

of the water in localities where cancer cases are mostly met with, it would guide us in investigating the cause of this increasing and terrible malady. It is the fashion to drink table and aerated waters of all descriptions now, both in this country and America; it is possible that much of it is procured from limestone and chalk districts. Boiling the water in tea and beer making throws down much of the lime with deleterious deposits, and I think preference should be given to drinking water so treated, especially in chalk districts where clean pond and rain water is not always at hand, in fact this should be boiled also; and for all bottled waters it should be taken from springs not so impregnated with an excess of lime.

I have raised these questions arising out of my observations extending over many years, and out of records supplied to me by Mr. Gilmour, who is now practising there, of the extraordinary occurrence of cancer in that Hampshire chalk valley, hoping that other observers may trace the sources and aggravating causes of this fearful disease, and so endeavour to check its rapid increase.

## MEMORANDA:

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

#### THE TREATMENT OF LEUCOCYTHÆMIA.

In a boy with exceedingly large spleen and with marked, though not quite so extreme, an excess of white cells, who had been under treatment for eighteen months at other hospitals and at St. George's Hospital without relief, the inhalation of carbonic acid has been rapidly followed by a considerable reduction in the size of the spleen, and with a remarkable improvement in the general condition. The method is simple. Pure gas is easily obtained with the help of a Kipp's apparatus (supplied by Messrs. Baird and Tatlock, of 14, Cross Street, Hatton Garden, E.C.) and of a wash-bottle, in which it is made to bubble through a 20 per cent. solution of potassium carbonate to free it from all traces of hydrochloric acid, and from which it may be inhaled by means of a long india-rubber tube. The rate of delivery can be easily gauged by watching the bubbling of the gas in the wash-bottle, and easily regulated down to a moderate strength by adjusting the tap of the gasogene. The latter is charged with chipped marble in the middle bulb, and with a 1 in 4 solution of strong hydrochloric acid to fill the lower bulb and to rise into the middle bulb sufficiently high to submerge the marble.

In order to obviate any respiratory complication, I have administered oxygen simultaneously, likewise in a very slight stream through another tube connected with the oxygen supply. The duration of the inhalations did not at first exceed three minutes, but I now give seven and ten minutes' sittings several times a day, and I combine with the inhalation a preliminary application of galvanism to the spleen for five minutes before, and during the whole sitting. There has never been any cyanosis or feeling of discomfort at the time or afterwards.

A second case, that of a young man with less extreme splenic enlargement but with very great increase of white cells, also showed general improvement, but the diminution in the size of the spleen has hitherto been only slight.

The object of the early publication of the encouraging results obtained so far is to secure for those whose life may be at present in the balance the possible benefits of a method which is harmless and which might perhaps in some of them prove successful, even at the last stage. Its trial is also invited in the other varieties of leucocythæmia and in Hodgkin's disease, as well as tentatively in splenic, in simple, and in pernicious anæmia, and in malarial splenic enlargement, although in the latter affections the same rational indication does not obtain.

It is hoped that the subject may be brought up and the method demonstrated at the coming meeting in Edinburgh.

Curzon Street.

WM. EWART.

#### ON THE USE OF CARBO-SAPOL IN THE DISINFECTATION OF THE SURFACE OF THE BODY.

WHILE mechanical disinfection by scrubbing (preferably, as I pointed out recently in the *BRITISH MEDICAL JOURNAL* with pumice-stone soap) is of the first importance in the sterilisation of the surface of the body, we cannot altogether do without the subsequent use of some chemical antiseptic. Different surgeons use different substances, many preferring, especially in the operating theatre, Kelly's rather complicated plan of a solution of permanganate of potash, followed by a saturated solution of oxalic acid. For some time I have been using a combination of 50 per cent. carbolic acid (Calvert's No. 5) with 25 per cent. yellow soap (Tennant's), and 25 per cent. soft black soap. These ingredients (the yellow soap being in thin shavings), when put into a wide-mouthed bottle, heated gently in a water bath until a clear solution is obtained, and then strained through lint, give a clear brown fluid, which Mr. Macmillan, chemist, who first made it up for me, has not inappropriately termed "carbo-sapol," the name indicating exactly its composition.

Carbo-sapol mixes well with water, forming an oleaginous solution which yields an abundant lather when the hands are washed in it, and leaves them when dried soft and glossy. In fact, I find it very much less irritating than the ordinary carbolic lotions, which have a tendency to crack the skin. I employ a 1 per cent. solution of it for disinfecting the hands and the skin of the patient after they have been cleansed with the pumice-stone soap, and then finally a 1 to 2,000 corrosive solution is used. This procedure, I consider, renders the skin quite surgically clean.

During operations I find carbo-sapol of great service in connection with the cleansing of one's hands and the sponges. As is well known if one washes one's hands in corrosive solutions, the presence of any blood forms a compound which stains the skin and nails in a very unpleasant way. Sponges, natural or artificial, with blood in them are also discoloured. I find that a preliminary washing in carbo-sapol lotion (1 per cent.) gets rid most satisfactorily of the blood, after which the 1 to 2,000 corrosive lotion should be used, as the carbo-sapol leaves the hands too slippery for handling instruments; in fact, it behaves very much as lysol does, and I have quite given up the latter since I commenced the use of the carbo-sapol, the composition of which I know exactly, and of whose cleansing powers I have formed a high opinion.

Glasgow.

GEORGE T. BEATSON.

#### THE TREATMENT OF PNEUMONIA BY DIGITALIS.

DR. EUSTACE'S notes in the *BRITISH MEDICAL JOURNAL*, June 25th, 1898, p. 1656, on the above and the successful results therefrom are corroborated by my own experience. I have on several occasions adopted that course and have been invariably satisfied. As a rule, I add tr. ferri perchlor. to the digitalis, usually  $\text{℥xv}$  of the former to  $\text{℥xxx}$  of the latter every three hours. One case especially recurs to my mind. A lady of robust, not to say florid, type was attacked by pneumonia. On the third day her temperature was over  $105^{\circ}$ , and delirium was setting in. I at once placed her on the combined iron and digitalis, and the temperature gradually fell; arterial tension subsided, and the patient made an excellent recovery. I should hesitate to give digitalis to patients of somewhat anæmic type, and rely on iron alone. In the robust class I consider that I should fail in my duty not to prescribe digitalis.

ARTHUR H. W. AYLING, M. and L.S.A. Lond.  
Wellington, Shropshire

#### EPILEPTIFORM CONVULSIONS DURING ANÆSTHESIA.

IN connection with your article on the above, in the *BRITISH MEDICAL JOURNAL* of June 25th, 1898, p. 1671, I may mention that I had, six years ago, a death under chloroform, apparently due to a fit. A woman, aged 29, was having a suppurating kidney, with perinephritic abscess, removed. The operation was finished and the anæsthetic stopped, the pulse and respiration being good; while the dressings were being applied the patient became absolutely rigid, the pulse and respiration both stopping suddenly. In this case the rigidity exactly resembled the tonic stage of an epileptic seizure; there was no struggling. There was no history of epilepsy or uræmia.

I have also been present at a death under chloroform, where a middle-aged fat woman, after inhaling the anæsthetic for a minute from a Skinner's mask, began to struggle; the mask was removed; she went on struggling, and died. *Post mortem* her heart was found to be fatty.

C. HAMILTON WHITEFORD, M.R.C.S., L.R.C.P.

Plymouth.

In reply to your question concerning the death under an anæsthetic at the Ross Cottage Hospital<sup>1</sup> tracheotomy was discussed at the time, but was not carried out, as, owing to the intense rigidity of the whole respiratory muscles, opening of the trachea was considered to be a futile proceeding. The entire muscular system was in a state of continuous spasm, rendering efficient artificial respiration impossible, and the man died from asphyxia, caused, not by any obstruction at the glottis, but from the violent and prolonged spasm of the respiratory muscles, the chest wall being fixed and immobile to the end.

Ross,

J. ASHFORD POTTS.

STRUGGLING occurring in the early stages of anæsthesia is of course not uncommon, but epileptiform seizures under an anæsthetic are rare, and are nearly always, not the cause of death, but symptoms of a fatal failure of the circulation. These convulsions are not due to the direct effect of the chloroform on the nerve centres, but are really anæmic convulsions consequent upon sudden paralysis of the circulation by the anæsthetic. This is evidently the mode in which the convulsions were produced in the case mentioned, and in others reported by Snow.<sup>2</sup>

The reasons for this view are briefly as follows: Depletion of the nerve centres of blood by sudden hæmorrhage or ligation of vessels causes certain definite spasmodic affections of the muscles.<sup>3</sup> Any sudden destruction of the circulation by injury, disease, or poisons, such as hydrocyanic acid, occasions an equivalent and similar train of symptoms. This disturbance of the muscular system, which originates from anæmia of the motor centres behind the optic thalamus, is exhibited by acceleration of the respiration, and extremely violent convulsions, etc. The severity of the convulsions vary according to the condition of the subject and the suddenness and completeness of the anæmia. Now, chloroform when inhaled has a marked depressing influence on the vasomotor centre; in fatal cases there is a sudden and extreme fall in blood pressure, due to paralysis of the centre. The effect of this paralysis is to cause the blood to flow into the veins and large vascular areas, and so deplete the nerve centres of blood. In the words of Professor Wood, "the patient is bled into his own veins as effectually as into a bowl." Under certain conditions the anæmia so induced by the inhalation of chloroform may give rise to convulsions. Thus, if the paralysis of the circulation occurs suddenly at an early stage of the administration, before the muscular system is narcotised, the induced cerebral anæmia will occasion exaggerated respiration and general convulsions. Failure of the circulation at a more advanced stage of narcosis will produce merely exaggerated respiratory movements. The cases described, in which the patient becomes rigid and there is a tonic spasm of the muscles and fixation of the chest, belong really to this class. In considering these cases it must be remembered that death under chloroform does not usually happen from a gradual progressive deepening of the narcosis, as in opium poisoning. It generally arises from the sudden excessive action of the drug on some vital centre, by which death may be caused at almost any stage of the administration.

ALEXANDER WILSON,

Senior Administrator of Anæsthetics, Royal Infirmary, Manchester.

#### STRANGULATED HERNIA IN OLD AGE.

I was called late one evening to Mrs. T., an old lady in her 91st year. She had suffered from a femoral hernia for many years. It had come down about twelve months earlier, and with much difficulty I reduced it under chloroform; since then she had worn a truss.

I found a hernia the size of a walnut, which she said had slipped down under the truss two hours previously, and that she had been unable to reduce it. On attempting taxis I found it so tender that I persuaded her to be put under an anæsthetic, explaining that if I failed to reduce it she would have to undergo an operation; to this last she would not give her consent. With the help of my partner, Dr. Welsford, she was placed under chloroform, which she took very well, but we failed to make an impression on the hernia. The next morning I placed matters before her, and it was not until 17 hours after it first came down that she gave her consent on the condition that it was done in her room which was her dwelling and sleeping apartment, she being the occupant of a room in an old almshouse.

With the assistance of Dr. Welsford she was again placed under chloroform. On opening the sac I found it blood-stained, and the knuckle of gut, which was tightly constricted at the neck, somewhat dark. After relieving the constriction at the neck I reduced the bowel, dissecting up the old sac, which I removed after transfixion. As I was not satisfied with our surroundings I thought it better to wash out the wound with a 1 to 20 carbolic lotion, and to this I attribute a small slough at the margin of the incision, which delayed the healing of the skin.

I may add that she had no nursing, and owing to old-standing ankylosis of the hip in a slightly flexed position, it was most difficult to keep her dressings in apposition with the wound.

I publish this case on account of the extreme age of the patient (I once had to operate on a child of 16 months for a congenital inguinal hernia, which became strangulated), and the fact that that was in no way a bar to a successful termination.

C. E. LIESCHING, M.R.C.S., L.R.C.P.,  
Surgeon to the Tiverton Infirmary.

#### INJECTION OF ALCOHOL IN THE TREATMENT OF GUINEA WORM.

I HAVE recently had a number of cases of guinea worm under my care. Although these cases seem but trivial, the patients are usually detained by them in our military hospitals for a considerable time. The idea occurred to me that the time under treatment might be shortened if some hardening agent were applied to the worm in order to lessen the chance of breaking it and also to allow of more force being used in drawing it out. It seemed probable that if alcohol were injected into the worm with a sufficient amount of force the alcohol would permeate it and harden its substance wherever it came into contact with it, and that a certain amount of shrinkage would take place which would loosen the worm from the surrounding tissues.

The first case on which trial of this process was made had been under treatment for about a fortnight, the usual course being pursued of rolling up an inch or two of worm daily round a piece of paper. I then injected alcohol into it, and allowed about half an hour for it to take effect. The remainder of the worm (about 2 feet) was then easily drawn out in a few minutes. Several other cases were equally successful, both in my own hands and in those of some of my colleagues.

I subsequently found that the alcohol did not always reach the farther end of the worm, and the same amount of withdrawing force being kept up, the part of the worm which was not pickled was liable to snap off. To remedy this a little fuchsin was added to the alcohol. This dyed the worm a fine red colour, and showed how far the alcohol had penetrated; further injections could then be made into the uncoloured part of the worm.

An additional advantage of this method of treatment is that if the worm by any mischance breaks and retracts, no suppuration occurs, the wound heals up, and the remainder of the alcoholised worm is absorbed like an aseptic ligature. I observed this in several cases.

Unfortunately my supply of guinea worm cases came to an end before I was able to test the treatment as fully as I could wish, so I write this as a suggestion for those who may be more favoured with cases than I have been and may like to try this process.

T. H. FOULKES,  
Salem, Madras.  
Surgeon-Captain, I.M.S.

<sup>1</sup> BRITISH MEDICAL JOURNAL, June 25th, p. 1671.

<sup>2</sup> Snow, *On Anæsthetics*, pp. 190, 167.

<sup>3</sup> Kussmaul and Jenner, *On Convulsions*, New Sydenham Society.

I trust that as many of those members who have reached Edinburgh, and are able to, will make it convenient to attend.

The best train from Manchester will leave Victoria on Monday at 12.50, reaching Princes Street at 6.5, and I shall be glad if anyone wishing to go by that train will let me know by Saturday night's post, so that the carriages may be reserved.—I am, etc.,

Old Trafford, July 18th.

JAMES BRASSEY BRIERLEY.

#### RESPIRATORY EXERCISES IN THE TREATMENT OF DISEASE.

SIR,—In the notice of my work, *Respiratory Exercises in the Treatment of Disease*, which appeared in the BRITISH MEDICAL JOURNAL of July 9th, a doubt is expressed as the practicability of getting any but the most intelligent patients to discriminate between the three primitive types of breathing I describe. Will you allow me to say that I have never yet found any difficulty in this respect?

Some of the statements contained in the notice in question are misleading. I let them pass; but I must protest against the implication that my book is mainly speculative; it is from start to finish essentially practical, and deals with methods of treatment which any practitioner may carry out for himself. Being convinced of the utility of these methods, I am anxious that they should have a fair trial. This is my excuse for writing to you.—I am, etc.,

Wimpole Street, W., July 11th.

HARRY CAMPBELL.

\*\* The statement that the book is "from start to finish essentially practical" is hardly consistent with the author's kindly warning in his preface that the practical part of the book begins at the twentieth chapter. The cases put forward as convincing of the utility of his methods are for the most part admitted by the author to be of the markedly neurotic type. A reviewer would, indeed, be "misleading" if he failed to call attention to these facts.

#### MITRAL STENOSIS.

SIR,—Dr. Harry Campbell, commenting in the BRITISH MEDICAL JOURNAL of July 9th on Dr. Sansom's lecture reported on June 25th, asserts that the slit-shaped "button-hole" orifice is better than the round orifice of equal area, and favours the forward flow of blood. This seems likely, but on trying the experiment of making a round hole about the size of a sixpenny piece in the bottom of a tin box, and a long oval hole of equal area in a similar box, I get no appreciable difference in the rates of flow, and rather suspect that Dr. Campbell made holes too small for useful comparison, or is speaking carelessly, when he says the coefficient of discharge is "nearly doubled," "with a linear one of the same dimensions" as the round hole.

I admit that the coefficient of discharge is greater with a funnel-shaped orifice than with one in a flat diaphragm, the proportion being experimentally about 3 to 2.

"Observe, however," says Dr. Campbell, "that during ventricular systole the funnel flattens out, producing the rounded orifice, probably narrowed by the contraction of the mitral sphincter." Is there any evidence of either of these? Is not the funnel still held towards the ventricle by the chordæ tendineæ, often themselves shortened, and does anyone know whether the mitral sphincter contracts, dilates, or remains unaffected, divided as expert opinion appears on the subject?

To answer the question, "Have we not here an agency for preventing regurgitation at least as potent as that suggested by Dr. Samways?" I would reply, What agency? May we speak of the deformity which causes regurgitation as the agency which prevents it, because we can conceive of a worse? A small leak similarly prevents a ship sinking.

Potain and others have maintained for years that the funnel-shaped stenosed mitral may sometimes prevent regurgitation by the approximation of the funnel walls through lateral pressure. Such an explanation is plausible, but Dr. Campbell tells us that "during ventricular systole the funnel flattens out producing the rounded orifice," thus sacrificing substance for shadow.

The fact is that when there is most stenosis—that is, towards the latter part, the breakdown part, of a patient's life—there is commonly most regurgitation, though probably

least valvular incompetence. The auricle can defend no longer the diminishing valvular orifice, because it cannot empty its contents through in time to become itself small before the ventricle contracts, and the auricle cannot resist the ventricle except when small. The orifice will now continue to leak, and the auricle will become mechanically dilated, unless by rest and treatment it may regain its tone.—I am, etc.,

Crouch End, N., July 13th.

D. W. SAMWAYS.

#### DEATH CERTIFICATES FOR FRIENDLY SOCIETIES.

SIR,—With reference to Dr. Blight's letter of July 28th, in the BRITISH MEDICAL JOURNAL of June 9th hereon, permit me to point out, for his information, that Section LXI of the Friendly Societies Act (1896) (59 and 60 Vict.), reads as follows:

A registered society or branch shall not pay any sum of money upon the death of a member or other person whose death is, or ought to be, entered in any register of deaths, except upon the production of a certificate of that death under the hand of the registrar of deaths or other person having care of the register of deaths in which that death is, or ought to be, entered,

and that the registrar of deaths only charges 1s. for the first certificate and 6d. for the second if applied for at the same time, instead of 2s. 7d. as stated by him.—I am, etc.,

F. LITCHFIELD,

General Secretary of the National Deposit Friendly Society.  
Red Lion Square, W.C., July 13th.

## Obituary.

WE regret to announce the death of Dr. DAVID JOHNSTON, of Belfast, which took place upon July 6th. The deceased gentleman had been in failing health for some time, and had gradually retired from active practice. He received his medical education at the Queen's College, Belfast, and graduated as M.D. of the late Queen's University in Ireland in the year 1866. In the same year he obtained the Membership of the Royal College of Surgeons of England. Dr. Johnston occupied for many years a useful and honoured place in the medical profession in Belfast. He was a careful and kindly physician, much trusted by his patients, and respected by his professional brethren. He was very retiring in his habits, and never sought office or public honours of any kind.

WE regret to record the death of Dr. DUNCAN JAMES CADDY, which occurred at his residence, 4, Earl's Court Gardens, S.W. Dr. Caddy was educated at Merchant Taylors' School, and in 1889 became a medical student at King's College, London, graduating M.B. at the University of Durham in 1892. In 1894 he proceeded to the degree of M.D., and in the same year was elected a Fellow of the Royal Geographical Society. He entered the Colonial Medical Service, and while in the West Indies, where he held several appointments, he earned the bronze medal of the Royal Humane Society by saving a life from drowning at great risk to himself. He earned the respect of all with whom he came in contact, and was greatly esteemed by patients and friends, who will alike regret that his promising career should have been cut short at so early an age.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Carlo Giacomini, Professor of Anatomy in the University of Turin, aged 57; Dr. Victor Michaux, Surgeon to the Civil Hospitals of Metz, aged 70; Dr. C. Dufay, formerly Senator for the Loir et Cher, President of the Medical Association of that Department, and father-in-law of the Minister of War, General Billot; and Dr. Ernest Cadéze, Medical Superintendent of the Lunatic Asylum of Liège and a very distinguished entomologist, aged 71.

THE prizes gained in the London School of Dental Surgery were distributed by Lord Ludlow at the conversazione held at the Royal Institute Galleries, Piccadilly, on July 19th. After the presentation the numerous guests listened to a selection of music and to humorous sketches by Mr. Walter Churcher.

## NAVAL AND MILITARY MEDICAL SERVICES.

## THE NAVY.

THE following appointments have been made at the Admiralty: ARCHIBALD W. CAMPBELL, Surgeon, to the *Alarm*, July 12th; GEORGE E. MACLEOD, Surgeon, to the *Gossamer*, July 12th; GODFREY TAYLOR, B.A., M.B., Surgeon, to the *Leda*, for summer cruise, July 12th.

## INDIAN MEDICAL SERVICE.

SURGEON-CAPTAIN JOHN P. MORTON, M.B., Madras Establishment, is transferred to the half-pay list, June 21st.

The retirement from the service of the undermentioned officers has received the approval of the Queen: Brigade-Surgeon-Lieutenant-Colonel DAVID D. CUNNINGHAM, C.I.E., Bengal Establishment, June 26th; Surgeon-Lieutenant-Colonel OSWALD BAKER, Bengal Establishment, July 6th; Surgeon-Lieutenant-Colonel JOHN F. FITZPATRICK, M.D., Madras Establishment, July 8th; and Surgeon-Lieutenant-Colonel JOSEPH BACKHOUSE, Madras Establishment, July 1st.

The names of the undermentioned officers, whose promotion to the rank of Surgeon-Lieutenant-Colonel was notified in the *London Gazette* of June 17th, are as follows, and not as given in that *Gazette*: Sir GEORGE SCOTT ROBERTSON, K.C.S.I., DAMODAR PURSHOTAM WARLIKER.

Surgeon-Colonel ROBERT BOWMAN, late of the Bombay Establishment, died at 1, Charlmont Place, Armagh.

## THE VOLUNTEERS.

THE undermentioned gentlemen are appointed Surgeon-Lieutenants in the corps specified, dated July 2nd: GEORGE R. C. RUSSELL, M.B., 1st Orkney Artillery; HERBERT S. OLIVER, 1st Volunteer Battalion the Buffs (East Kent Regiment); HERBERT J. HARGRAVE, 2nd Volunteer Battalion the Suffolk Regiment; LAWRENCE BOWMAN, M.B., 2nd Volunteer Battalion the Royal Scots Fusiliers; WILLIAM G. HEASMAN, 1st Volunteer Battalion Princess Charlotte of Wales's Royal Berkshire Regiment.

The undermentioned are also appointed Surgeon-Lieutenants, July 6th: EDWARD A. C. BAYLOR, M.D., 1st Volunteer Battalion the Buffs (East Kent Regiment); SAMUEL MACLEAN, M.B., 1st (Cumberland) Volunteer Battalion the Border Regiment; WILLIAM F. MACDONALD, M.B., 2nd Volunteer Battalion the Highland Light Infantry.

Captain JAMES S. WILSON, M.D., 2nd Volunteer Battalion the South Staffordshire Regiment, formerly Surgeon, resigns his commission, and is appointed Surgeon-Captain, July 2nd.

Surgeon-Lieutenant-Colonel W. R. SMITH, M.D., 1st London Rifles, is promoted to be Brigade-Surgeon-Lieutenant-Colonel on appointment as Senior Medical Officer to the East London Volunteer Infantry Brigade, July 2nd.

Surgeon-Majors G. G. SPARROW, 2nd Hampshire Artillery Company (Southern Division Royal Artillery), and C. W. THORP, and Volunteer Battalion the Lancashire Fusiliers, are promoted to be Surgeon-Lieutenant-Colonels, July 6th.

## THE MEKRAN OPERATIONS.

A DESPATCH from Lieutenant-Colonel R. C. G. Mayne, commanding the troops in Mekran, describing the operations there in January and February last, is published in the *London Gazette* of July 15th. In the course of his report Colonel Mayne says: "Surgeon-Captain E. G. R. Whitcombe, with his hospital assistants, was up in the firing line from the commencement of the action tending the wounded."

## LIABLE TO RECALL.

A CORRESPONDENT wants to know whether an officer liable to recall can reside in Canada?

\*\*\* We know of nothing against it. Our correspondent also asks whether officers and men of the Reserves can, but we are unable to answer this question.

## SERVICE IN WEST AFRICA.

A CORRESPONDENT avers there are at present no fewer than six medical officers serving on the West Coast of Africa who were simply ordered out, and did not volunteer. He writes: It has been understood, hitherto, that such service was voluntary; and the removal, as you have pointed out, of the special West Coast medical list from the revised Army List lends colour to the view that such service is now and in future compulsory: if so, it will undoubtedly lead to trouble.

\*\*\* The serious nature and risks of the service at present carried out in the Sierra Leone hinterland is well shown by the large number of casualties among the white men.

## HONOURS FOR THE INDIAN FRONTIER WAR.

SURGEON-GENERAL (RETIRED) writes: I read with great indignation the answer of Lord George Hamilton to Sir W. Foster, that Surgeon-Lieutenant Hugo, whose splendid act of bravery and devotion, under fire for three hours, holding a bleeding artery, and carrying the wounded officer, Lieutenant Ford, to a place of safety, "has received for his services the decoration of the Distinguished Service Order." As is well known, this D.S.O. is freely granted for any good service in the field, but the V.C. is specially reserved for acts of conspicuous bravery in the field.

## PAY IN INDIA.

A CORRESPONDENT, writing from India, says: In your able article on the "Active List" of the Medical Service you did not mention that, although of the same age, the Surgeon-Lieutenant-Colonel in India draws Rs. 500 a month less than any army Lieutenant-Colonel.

## UNIVERSITIES AND COLLEGES.

## ROYAL UNIVERSITY OF IRELAND.

FIRST EXAMINATION IN MEDICINE.—The following candidates have passed the Examination:

J. V. Bateman, Queen's College, Cork; R. Best, Queen's College, Galway; R. J. Bethune, Queen's College, Belfast; S. H. G. Blakely, Queen's College, Belfast; J. D. Buchanan, Queen's College, Belfast; J. H. Campbell, Queen's College, Belfast; T. Carnwath, Queen's College, Belfast; Florence M. M. Condon, Royal College of Science; R. Cox, Queen's College, Cork; W. Cummings, Queen's College, Belfast; J. W. Dale, Queen's College, Belfast; J. Dawson, Queen's College, Cork; R. J. Dwane, University College, Dublin; A. J. Footie, Queen's College, Cork; R. W. Harper, Queen's College, Belfast; J. P. I. Hart, Queen's College, Cork; N. d'E. Harvey, Queen's College, Cork; W. R. Hayden, Queen's College, Belfast; J. H. Hegarty, University College, Dublin; S. T. Irwin, Queen's College, Belfast; Mary E. Jeremy, B.A., University College, London; H. M. Johnston, Queen's College, Belfast; G. Kelly, University College, Dublin; J. W. Killen, Queen's College, Belfast; T. Killen, Queen's College, Belfast; J. McClatchey, Queen's College, Belfast; T. McFetridge, Queen's College, Cork; F. A. McOstrich, Queen's College, Cork; S. B. W. Moore, Queen's College, Belfast; F. M. O'Dwyer, Queen's College, Cork; C. R. Peters, Queen's College, Cork; W. J. Sheehan, University College, Dublin; J. Shipsey, Queen's College, Cork; J. K. Small, Queen's College, Belfast; F. C. Smyth, Queen's College, Belfast; S. Stockman, Queen's College, Belfast; J. H. Thompson, Queen's College, Belfast; W. Warnock, Queen's College, Galway; J. E. Wilson, Queen's College, Belfast.

The *Calendar* for 1898, which has recently been issued, consists of two volumes. The first contains particulars as to the conditions upon which degrees are granted in the various faculties, together with a list of graduates. The second contains the examination papers for 1897.

## CONJOINT BOARD IN IRELAND.

FIRST PROFESSIONAL EXAMINATION.—Candidates have passed this examination as undernoted:—

Completed the Examination.—Honours in order of merit: G. C. Robinson, A. Charles, and C. W. Ewing, equal; Miss M. J. Shire, W. J. O'Doherty, L. C. E. Murphy, W. B. A. Moore. Pass Division, alphabetically: Miss L. H. Alexander, C. N. Bryan, W. Delany, J. A. Dillon, C. H. Downing, J. P. Falls, T. G. Galligan, B. D. Gibson, J. Harvey, D. F. Hegarty, T. E. Johnston, J. Murray, T. A. M. Douglas, M. A. A. O'Brien, J. O'Doherty, E. O'Grady, C. E. O'Keeffe, M. J. O'Meara, P. W. Power, S. H. Raverty, C. Robinson, C. Waters, J. P. White, G. B. Wilkinson. Anatomy.—T. M. Allen, R. M. Atkin, J. E. Brereton, G. F. H. Davison, Miss S. F. Dickson, T. C. Fitzgerald, R. E. Humfrey, L. F. Kelly, J. J. Moore, J. Murphy, M. O'Keeffe, D. M. O'Sullivan, P. M. Sheridan, A. E. E. B. Williams.

Chemistry and Physics.—A. H. R. Duncan, R. E. Humfrey, J. Murphy. Biology.—R. M. Askin, G. F. H. Davison, T. C. Fitzgerald, R. E. Humfrey, J. J. Moore, M. O'Keeffe, J. Onreat, D. M. O'Sullivan. Pharmacy.—T. M. Allen, J. Archdeacon, R. M. Atkin, Miss S. F. Dickson, T. C. Fitzgerald, J. Gatavan, L. F. Kelly, J. J. Moore, J. Murphy, F. G. McCaughey, D. M. O'Sullivan, E. A. Reilly, A. M. Sayers, T. P. Seymour, P. M. Sheridan.

SECOND PROFESSIONAL EXAMINATION.—Candidates have passed this examination as undernoted:

Completed the Examination.—Honours: J. P. Byrne. Pass: W. E. Adrian, R. Allison, J. F. Brogan, P. N. Creagh, S. W. Cumming, A. D. C. Cummins, G. Downing, J. Dundas, G. H. Enright, S. G. Gordon, M. Graham, R. A. Johnston, J. F. L. Keegan, J. M. S. Levis, G. L. N. Miles, L. R. More-O'Ferrall, O. F. M. Ormsby, J. F. Peart, E. M. Pennefather, S. Potter, J. M. Reynolds, L. G. de Rosario, R. A. Ross, T. D. Sullivan, T. J. Tallon, E. R. Townsend, R. C. Venn.

Anatomy.—H. L. A. Barry, F. W. Brunker, J. J. S. Carbury, H. A. Cecil, C. W. Conry, W. N. Eustace, J. F. Fitzmaurice, E. Glenny, G. Goldfoot, P. J. Hanafin, J. J. Hart, M. J. Johnston, G. W. Knight, F. J. Lennon, J. R. Magee, W. R. Meredith, A. A. W. Merrick, R. F. MacMahon, P. J. Nicoll, J. C. O'Donnell, A. E. O'Reilly, D. J. O'Reilly, W. H. M. Phelan, F. G. Sharp, J. White, T. J. Wright.

Histology.—H. L. A. Barry, C. W. Conry, A. S. Cosgrave, P. L. Crosbie, W. Davis, E. Glenny, G. Goldfoot, P. J. Hanafin, M. J. Johnston, G. W. Knight, F. J. Lennon, J. R. Magee, J. P. O'Donnell, S. A. Tucker, J. White, T. J. Wright.

Physiology.—J. F. Fitzmaurice, E. Glenny, P. J. Hanafin, J. R. Magee, R. F. MacMahon, D. J. O'Reilly, W. H. M. Phelan, J. White, R. O. White.

Materia Medica.—P. L. Crosbie, D. Gilles, M. J. Johnston, W. R. Meredith, W. H. M. Phelan, S. A. Tucker.

THIRD PROFESSIONAL EXAMINATION.—Candidates have passed this examination as undernoted:

Completed the Examination.—Honours: D. A. Fitzgerald. Pass: E. Bennett, J. Conway, M. M. Crawford, R. B. Daly, T. G. O'Connor, Donlan; R. M. Fisher, R. J. Franklin, M. F. Hessian, C. J. Jones, R. H. Moffit, J. Neilan, J. McDonald, E. E. Roberts, R. J. White.

Anatomy (4 years).—J. F. Allan, G. W. R. Clarke, T. N. Smith. Physiology (4 years).—T. N. Smith.

Medicine.—B. McM. Coffey, T. P. Cormack, N. P. Kirby, J. A. Martin. Surgery.—J. W. Clarke-Bayliss, W. A. Cooke, S. R. Godkin, J. L. Jones, J. A. Martin, C. B. Pasley, W. Patterson.

Pathology.—R. J. Cane, B. McM. Coffey, D. J. Farrell, S. R. Godkin, A. H. Jacobs, J. L. Jones, C. B. Pasley, W. Patterson, D. Power.

Therapeutics.—W. S. D. Bird, B. McM. Coffey, W. A. Cooke, W. C. Croly, S. R. Godkin, J. L. Jones, G. L. N. Miles, P. J. McGinn, C. B. Pasley.

Forensic Medicine, etc.—W. S. D. Bird, R. J. Cane, W. A. Cooke, W. C. Croly, S. R. Godkin, A. H. Jacob, J. D. Jones, T. F. Loughrey, J. A. Martin, P. J. McGinn, C. B. Pasley, W. Patterson.

## QUEEN'S COLLEGE, GALWAY.

THE *Calendar* of the College for 1897-8 contains full particulars as to the constitution of the College, and of the courses of lectures and demonstrations given in it. It also contains specimens of examination papers. A photograph of the College is reproduced as a frontispiece.

## MEDICO-LEGAL.

## CONVICTION OF AN UNREGISTERED PRACTITIONER.

IN the Glasgow Sheriff Summary Court on July 8th Sheriff Boyd commenced the hearing of a case in which, according to the report in the *Glasgow Herald*, Abraham S. Eastburn, 13, Cambridge Street, who was alleged to call himself physician and surgeon, professor, American eclectic medical specialist, and using the letters A.M.S., was charged, at the instance of the Scottish Branch Council of the General Council of Medical Education and Registration of the United Kingdom, with having been guilty of an offence within the meaning of the Medical Act, 1858, in so far as, during the month of June, 1898, in Glasgow, he falsely pretended to be and took or used the name or title of a physician, doctor of medicine, licentiate in medicine and surgery, bachelor of medicine, or surgery, or other names, titles, additions, or descriptions, implying that he was registered under the Medical Act, 1858, or that he was recognised by law as a physician or surgeon, or a licentiate in medicine or surgery, or a practitioner in medicine, whereby he had incurred a penalty not exceeding £20. Mr. P. Lamond, Writer, appeared for the prosecutor, and Mr. A. S. D. Thomson, Advocate, Edinburgh, instructed by Mr. Daniel Mackenzie, Writer, Glasgow, appeared for the respondent.

A printer stated that he had printed 20,000 of the large bills for Mr. Eastburn in the course of a year, and that 1,000,000 of the small handbills were ordered at a time, though the delivery was spread over a long period.

Mr. James Robertson, Registrar of the Scottish Branch Council, said that Eastburn's name was not on the official list of registered persons. The title A.M.S. was not registrable.

The case was adjourned until July 13th, when evidence was given as to the posting and distribution of bills.

The Sheriff stated that the Medical Act was passed to protect the public by enabling them to distinguish between qualified practitioners and people who practised without a qualification. Parliament could not by a mere Act put down fools, and as long as there are fools there will be quack-salvers; but the target at which the Act aimed was the quack-salver who falsely pretended to be a registered person. Had the title A.M.S. stood alone the case might have been somewhat narrower, but by a very ingenious qualification the respondent supplied what was the meaning and interpretation thereof, because immediately under his name, "Professor Eastburn, A.M.S.," came the words "the Celebrated American Eclectic Medical Specialist," and it did not take any very astute person to see in A.M.S. "American Medical Specialist." It was part of the common stock of knowledge that legal medical qualifications were represented by initials, and the use of these letters, especially in this qualification which he (the Sheriff) had pointed to, led naturally to the impression that the respondent was recognised by law as a practitioner of medicine. The Sheriff thought that this was done falsely, and the respondent had laid claim to a qualification which had been proved was not his to claim. The Sheriff thought that if he were anxious to keep exactly to the terms of the section he should find that the respondent had "wilfully and falsely taken and used the title or addition of A.M.S., implying that he was recognised by law as a practitioner in medicine." He saw no reason for limiting the penalty which was the logical result of his conclusion, and accordingly he fined the respondent £20, with £3 3s. expenses.

## RIGHTS OF PURCHASER ON SALE OF GOODS.

A CORRESPONDENT asks whether a wholesale chemist is obliged to replace a defective article or not. It is a point, he adds, of importance to medical men, though the amount involved is usually so small that it is not worth while to seek any legal remedy.

\*\* We fear this question raises too many difficulties to enable us to give any useful general reply in the columns of the *BRITISH MEDICAL JOURNAL*. We may say, however, that if in the case quoted by our correspondent, the contract for sale were complete, the seller could not probably be required to replace the article. The remedy (if any) would be in damages for breach of an implied warranty.

## MEDICAL PRACTITIONER AND PATIENT.

PERPLEXED asks the following question: When a patient sends for a doctor and offers him his fee, can the doctor legally refuse to attend such patient?

\*\* There is no legal obligation on the part of a medical practitioner to attend a patient, and the tender of a fee does not affect the matter, assuming, of course, that the fee is refused.

## PROPOSED ARBITRATION FOR SETTLING DISPUTE.

A CORRESPONDENT refers to a question at issue between an employer and assistant, and inquires if we should be willing to arbitrate between the parties.

\*\* We fear we could not undertake the duties of an arbitrator in the ordinary sense of the term, but if both parties would sign an agreed statement of facts, we should on such statement being submitted to us be willing to express an unbiased opinion.

## MEDICAL NEWS.

PROFESSOR W. H. CORFIELD, M.D., has, at the request of the Committee, accepted the post of Honorary Sanitary Adviser to University College and Hospital.

THE sum of £12,000, the proceeds of the Press Bazaar held recently at the Hotel Cecil, has been handed over to the London Hospital.

PERCY THEODORE HERRING, M.B., C.M., and George Freeland Barbour Simpson, M.B., C.M., have been appointed House-Surgeons to the Edinburgh Royal Maternity and Simpson Memorial Hospital, and enter on duty on August 1st next.

THE ORAL INSTRUCTION OF DEAF MUTES.—At the annual meeting of the Fitzroy Square Institution, which consists of a college for training teachers, and a school for deaf mutes, Mr. R. Brudenell Carter presided over a large attendance. Speech through the eye, and by lip imitation was (in the opinion of the Chairman) of great advantage mentally over the old system of signing, and nothing was to be compared with it in breaking down the barrier and bridging over the gulf which separated the deaf from the hearing. Mr. Van Praagh, the Director, having described and demonstrated the educational methods adopted, the prizes were distributed by Mrs. Arthur Lucas.

FRENCH SURGICAL CONGRESS.—The twelfth Congress of the French Surgical Association will be held in Paris, from October 17th to 22nd, under the presidency of Professor Le Dentu, Surgeon to the Necker Hospital. The opening meeting will take place in the Great Amphitheatre of the Faculty of Medicine, on Monday, October 17th, at 2 P.M. The questions proposed for discussion are: (1) Nephrotomy, to be introduced by MM. Guyon and Albarran; (2) the Treatment of Goitre, excluding cancer of the thyroid and exophthalmic goitre, to be introduced by M. J. Reverdin, of Geneva. Full information as to the Congress may be obtained from the General Secretary, Dr. Lucien Picqué, 8, Rue d'Isly, Paris.

THE SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—Mr. Christopher Heath, Vice-President, took the chair at the quarterly court of the directors of this Society on July 13th. Two members were elected, and the death of Mr. Henry Lee, a Vice-President, announced. The death of a widow was reported who had been in receipt of grants since January, 1868, and had received in all £893. It was resolved to distribute £1,203 10s. among the 49 widows, and 12 orphans on the books of the Society, and the 6 recipients from the Copeland Fund. The expenses of the quarter were £44 13s. 6d. The funded property had been increased by the purchase of £500 Birmingham Corporation stock.

THE medals and prizes were presented at the Charing Cross Hospital Medical School on July 20th by Mr. McKinnon Wood, Chairman of the London County Council. Mr. McKinnon Wood in his speech said he assumed he had been asked to preside because an important function of the County Council was the same as that of medical men generally—namely, to reduce the death-rate. He referred to the increasing influence of the medical profession as shown in the literature of the country compared with that of two centuries ago, and argued that the change was mainly due to the decline of empiricism and the proportionate progress of accurate scientific knowledge upon which more valuable opinions could be based. The vote of thanks was moved by Sir Joseph Fayrer, Bart., seconded by Mr. J. H. Morgan, and carried by acclamation.

HAMPSTEAD HEATH EXTENSION SCHEME.—The proposal to add the Golders Hill Estate to Hampstead Heath as a public gift is, we are glad to see, being received with favour by the public. As factors in the healthiness of London the value of open spaces cannot be overestimated; but the claims of Hampstead are, as Canon Ainger remarked at the Mansion House meeting in aid of the scheme on Tuesday, July 19th, unique, inasmuch as it is the only one of London's lungs that retains the "sentiment of country." At the same meeting Sir Samuel Wilks made an eloquent appeal for help



for the scheme on the grounds of the value of fresh air to the health of Londoners; and Lady Jeune asked for similar support by reason of the joy that the country gave to London children. The scheme, which was the last public work promoted by Mr. Ernest Hart, has thus fallen into good hands, and we sincerely hope it will be brought to a successful issue.

**CREMATION IN NORWAY.**—The Norwegian Legislature recently passed a law permitting cremation in the case of persons over 15 years of age who make a declaration in the presence of two witnesses that they wish their bodies to be disposed of in that manner. In the case of children under 15, a declaration must be made by the parents. The medical registrar, the medical attendants, and the police must also make statements in writing as to the cause of death before a body can be cremated. The measure was opposed by the ecclesiastical authorities on religious grounds, and by the judicial authorities on the ground that cremation would make medical investigation in cases of suspected crime impossible. The weight of medical opinion was in favour of the proposal.

### MEDICAL VACANCIES.

The following vacancies are announced:

**BETHLEHEM ROYAL HOSPITAL**, Lambeth Road, S.E.—Second Assistant Medical Officer. Unmarried, and not exceeding 35 years of age. Salary, £130 per annum, apartments, board, and washing. Applications to the Clerk by August 23rd.

**BIRMINGHAM GENERAL HOSPITAL**.—House-Physician. Salary, £70 per annum, with residence, board, and washing. Applications to the House Governor by July 30th.

**BISHOP'S STORTFORD UNION**.—Medical Officer and Public Vaccinator for the Pelhams District. Salary, £85 per annum. Applications to the Clerk by July 25th.

**BRADFORD ROYAL INFIRMARY**.—Honorary Physician. Applications to the Secretary by September 26th.

**BRIGHTON, HOVE, AND PRESTON DISPENSARY**, Queen's Road, Brighton.—House-Surgeon for the northern branch, unmarried. Salary, £140 per annum, with furnished apartments, coal, gas, and attendance. Applications to the Honorary Secretary before August 17th.

**BRIGHTON: SUSSEX COUNTY HOSPITAL**.—House-Physician; unmarried, and under 30 years of age. Salary, commencing at £50 per annum, with board and residence. Applications to the Secretary by August 24th.

**CANCER HOSPITAL (FREE)**, Fulham Road, S.W.—House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with board and residence. Applications to the Secretary by August 2nd.

**CARDIFF INFIRMARY**.—Assistant House-Physician and an Assistant House-Surgeon. Salary at the rate of £50 per annum, with board, washing, and apartments. Applications to the Secretary by July 26th.

**CARDIFF: UNIVERSITY COLLEGE OF SOUTH WALES AND MONMOUTHSHIRE**.—Assistant Lecturer and Demonstrator in Anatomy. Stipend, £120 per annum. Temporary Assistant Lecturer and Demonstrator in Physiology for one year. Salary, £120. Applications to the Registrar by July 30th.

**CHARING CROSS HOSPITAL**.—Assistant Anaesthetist. Applications to the Secretary by July 30th.

**CHELSEA HOSPITAL FOR WOMEN**, Fulham Road, S.W.—Registrar. Honorarium, 20 guineas a year. Applications to the Secretary by August 8th.

**DERBY COUNTY ASYLUM**.—Second Assistant Medical Officer; unmarried. Salary, £100 per annum, rising to £120, with board, lodging, and washing. Applications to B. Scott Curry, St. Michael's Churchyard, Derby, by July 28th.

**DERBY: DERBYSHIRE ROYAL INFIRMARY**.—Assistant House-Surgeon. Salary, £40 per annum, with board, residence, and washing. Applications to the Secretary by August 12th.

**DORCHESTER COUNTY ASYLUM**.—Second Assistant Medical Officer; not exceeding 30 years of age. Salary, £130, rising to £160. Applications to the Medical Superintendent by July 30th.

**DUNDEE ROYAL INFIRMARY**.—Two Resident Medical Assistants. Appointments for six months. Salary at the rate of £40 per annum, with board and washing. Applications to the Medical Superintendent by August 10th.

**HASTINGS, ST. LEONARDS, AND EAST SUSSEX HOSPITAL**.—Assistant House-Surgeon. No salary, but residence, board, and laundry provided. Applications to the Secretary by July 27th.

**HOLBORN UNION**.—Resident Medical Officer for the Workhouse, Shepherdess Walk, City Road, N. Salary, £200 per annum, with furnished apartments, fees for vaccination, and fee of 10s. 6d. for each lunacy certificate; between 25 and 40 years of age. Applications to the Clerk by July 27th.

**HOSPITAL OF ST. FRANCIS**, 145, New Kent Road.—Orthopedic Surgeon and Ophthalmic Surgeon. Applications to the Honorary Secretary by August 20th.

**LAMBETH INFIRMARY**.—Resident Clinical Assistant, and Second Assistant to the Medical Superintendent. Appointment for six months. Salary at the rate of £50 per annum. Applications to the Medical Superintendent, Brook Street, Kennington Road, S.E.

**MACCLESFIELD GENERAL INFIRMARY**.—Junior House-Surgeon. Salary, £70 per annum, with board and residence. Applications to the Chairman of the House Committee by July 27th.

**MANCHESTER: ANCOATS HOSPITAL**.—Resident Junior House-Surgeon. Salary, £50, with board and washing. Applications to the Secretary by August 8th.

**MANCHESTER: ARTHUR'S COLLEGE**.—Demonstrator of Anatomy. Applications to the Registrar by August 1st.

**MANCHESTER ROYAL EYE HOSPITAL**.—Junior House-Surgeon. Salary, £70 per annum, with residence, board, and washing. Applications, endorsed "House-Surgeon," to the Chairman of the Board of Management by July 25th.

**MARGATE: ROYAL SEA-BATHING HOSPITAL**.—Resident Surgeon. Salary, £100 per annum, with board and residence. Applications to the Secretary at the offices, 30, Charing Cross, S.W.

**METROPOLITAN ASYLUMS BOARD**.—Assistant Medical Officer at the Park Fever Hospital, Hither Green, Lewisham. Salary, £160, rising to £200, with board, lodging, attendance, and washing; unmarried, and age not to exceed 35 years. Applications to the Clerk by August 22nd.

**NEW HOSPITAL FOR WOMEN**, 144, Euston Road.—House-Physician and House-Surgeon (females). Applications to the Secretary by July 23rd.

**NOTTINGHAM GENERAL DISPENSARY**.—Senior Resident Surgeon. Salary, £180 a year, increasing to £200, with coal, gas, furnished apartments, etc. Also Clinical Assistant. Salary, £80 for six months, with coal, gas, furnished apartments, etc. Applications to the Secretary.

**ST. ANDREWS UNIVERSITY**.—Professors of Materia Medica and Pathology. Applications to the Secretary of the University Court by August 31st.

**SALISBURY INFIRMARY**.—Assistant House-Surgeon. Honorarium of £10 at end of six months' service, with board, lodging, and washing. Unmarried. Applications to the Secretary by July 28th.

**STAFFORDSHIRE COUNTY ASYLUM**.—Medical Officer to act as "Locum Tenens" for two or three months. Salary, 2 guineas per week, with board, etc. Applications to the Medical Superintendent.

**VICTORIA UNIVERSITY**, The Yorkshire College, Leeds.—Demonstrator of Pathology. Salary, £150. Applications to the Registrar by July 23rd.

**WAKEFIELD: WEST RIDING ASYLUM**.—Pathologist. Salary, £150 per annum, increasing to £200, with board and furnished apartments. Applications to the Medical Director.

**WEST HAM UNION**.—Assistant (Resident) Medical Officer for the Workhouse and School. Salary combined, £125 per annum, with usual residential allowances. Applications, on forms provided, to the Secretary by July 27th.

**WORCESTERSHIRE COUNTY COUNCIL**.—Additional County Analyst. Salary, £400 per annum. Appointment for six months. Applications, endorsed "County Analyst," to the Clerk, Shirehall, Worcester, by August 19th.

### MEDICAL APPOINTMENTS.

**BAILEY**, Francis William, M.R.C.S. Eng., L.R.C.P. Lond., appointed Honorary Anaesthetist to the Royal Infirmary, Liverpool.

**CHRISTOPHERSON**, J. B., M.A., M.D., B.C. Cantab, F.R.C.S. Eng., elected Assistant Demonstrator of Anatomy at St. Bartholomew's Hospital, London.

**COLLEN**, George Denbigh, M.A., M.D., R.Ch., B.A.O., Dublin University, appointed Medical Officer for All Saints District of Northampton Union.

**DOBBIN**, Francis W., B.A. Dub., M.D., appointed Medical Officer of Health to the St. Albans Rural District Council.

**DUNWOODY**, W. G., M.D. Dub., appointed Medical Officer for the Downham District of the Ely Union.

**ELKINS**, F. A., M.D. Edin., appointed Medical Superintendent to the Leavesden Asylum.

**EVANS**, Dr. H. H., appointed Resident Surgeon at the Ararat Hospital, Victoria.

**HEATH**, Charles J., F.R.C.S. Eng., appointed Surgeon to the Throat Hospital, Golden Square, W.

**HERRING**, Percy Theodore, M.B., C.M., appointed House-Surgeon to the Edinburgh Royal Maternity and Simpson Memorial Hospital.

**HICKEY**, E. L., M.D. Dub., M.R.C.S. Eng., appointed Government Medical Officer and Vaccinator at Nyngau, New South Wales, *vice* Dr. W. H. Jernyn, resigned.

**HICKS**, E. B., L.R.C.P. Lond., M.R.C.S. Eng., appointed Medical Officer for the Easingwold District and the Workhouse of the Easingwold Union.

**HOLLINGS**, C. E., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Kilham District of the Driffield Union.

**HOW**, A. B., B.A. Oxon., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer for the Claygate District of the Kingston Union.

**HUNTON**, Frederick, M.D. Durh., M.B., B.S., appointed Medical Officer of Health to the Sedgefield Rural District Council.

**MCARTUR**, A. N., M.R.C.S. Eng., appointed House-Surgeon to the General Hospital, Launceston, Tasmania.

**MILL**, G. Edward, L.R.C.P. Lond., appointed Medical Superintendent at the Hospital for Insane, Rydalmore, New South Wales.

**NICHOLSON**, C. R., L.R.C.P., M.R.C.S., appointed Senior House-Surgeon to the Hastings, St. Leonard's, and East Sussex Hospital, *vice* H. C. T. Langdon, M.B., resigned.

**RICHARDS**, S. J., M.B., appointed Medical Officer at Mount Morgan, Queensland, *vice* H. C. Brannigan, M.D., M.Ch. Irel., resigned.

**ROSS**, J. A., M.B., C.M. Aberd., appointed Medical Officer to the Penistone Union Workhouse.

**ROUTH**, Amand, M.D. Lond., appointed Obstetric Physician to Charing Cross Hospital, *vice* Wad Black, M.D. Edin., resigned.

**SIBLEY**, J. C., M.D. New York, appointed Medical Officer of the Goodooga Hospital, New South Wales.

**SIMPSON**, G. F. B., M.B., C.M., appointed House-Surgeon to the Edinburgh Royal Maternity and Simpson Memorial Hospital.

**STEWART**, C. Hunter, M.B., D.Sc., F.R.S.E., appointed Professor of Public Health and Sanitary Science at Edinburgh University.

**SMITH**, W. E., M.B., M.D. Edin., appointed Junior House-Surgeon to the Royal London Ophthalmic Hospital, Moorfields, E.C.

**STUART**, J. A. Erskine, L.R.C.P. Edin., L.R.C.S. Edin., reappointed Medical Officer of Health and Superintendent of the Infectious Hospital for the Borough of Batley.

**SYMES**, J. Odery, M.D. Lond., appointed Registrar to the Royal Hospital for Sick Children and Women, Bristol.

**THOMSON**, St. Clair, M.D., M.R.C.P. Lond., F.R.C.S. Eng., appointed Physician to the Throat Hospital, Golden Square.

**THORN**, May, L.S.A. Lond., M.D. Brux., appointed Clinical Assistant to the Royal Free Hospital.

**VERNON**, Claude Martin, appointed Medical Officer of Health for Ashford Urban District, *vice* H. Bevan, resigned.

**VINCENT**, Dr. William James, appointed Second Assistant Medical Officer to the Wadsley Asylum.

**WHITFIELD**, Arthur, M.D. Lond., M.R.C.P., appointed Physician to the Skin Department, Great Northern Central Hospital.

**WILLIAMS**, Lewis A., M.B., M.S., appointed Visiting Surgeon to the Chester General Infirmary.

**WILLIAMSON**, W. Cotter, M.D., appointed Medical Superintendent to the Hospital for Insane, Gladesville, New South Wales.

**WILSON**, Dr. Thomas, appointed Medical Officer to the Parish of Birmingham Infirmary.

### BIRTHS, MARRIAGES, AND DEATHS.

*The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post office order or stamps with the notice not later than Wednesday morning in order to insure insertion in the current issue.*

#### BIRTHS.

**DAYUS**.—On July 13th, at 13, Church Street North, West Ham, E., the wife of Frederick Herbert Dayus, M.R.C.S. Eng., L.R.C.P. Lond., of a daughter.

**FORSTYTH**.—At Telford House, Castletown, Thurso, on July 5th, the wife of William Forstyth, M.B., C.M. Edin., of a daughter.

**KNIGHT**.—On July 10th, at Brentwood, St. Annes-on-the-Sea, the wife of Ernest Knight, M.B. Lond., M.R.C.S., of a daughter.

**MILL**.—On July 15th, at Dunkeld, Orsett, Yorkshire, the wife of G. Symers Mill, M.D., of a daughter.

#### MARRIAGES.

**APPLEYARD-HARRIES**.—On June 13th, at the Court House, Umtali, Rhodesia, Francis Edward Appleyard, B.A., M.B., B.C. Cantab, M.R.C.S. Eng., L.R.C.P. Lond., elder son of George Appleyard, Halifax, to Beatrice Louise, youngest daughter of Barret Harries, Esq., of Hyfleet, Surrey.

**BROCK-LUPTON**.—On July 16th, at St. Mary Abbots, Kensington, by the Rev. J. M. Lupton, M.A., Assistant Master in Marlborough College, brother of the bride, assisted by the Rev. Canon Pennefather, Vicar of Kensington; and the Rev. Aiken-Sneath, M.A., Curate of St. Mary Abbots, James Harry Ernest Brock, M.D., B.S., D.P.H. Lond., F.R.C.S. Eng., eldest son of S. Brock, Esq., late Controller of Public Works Accounts, Madras, to Margaret, elder daughter of the Rev. J. H. Lupton, D.D., sur-Master of St. Paul's School, and Preacher to the Honorary Society of Gray's Inn.

**DRAKE-BROCKMAN-HODGE**.—On July 16th, at St. Bartholomew's Church, Bristol, by the Rev. Canon Allen, D.D., assisted by the Vicar, the Rev. Francis Hudson, M.A., Edward Forster Drake-Brockman, F.R.C.S., Brigade-Surgeon-Lieutenant-Colonel I.M.S. (retired), to Ellen Florence, eldest daughter of Edward Hodge, Esq., Montpellier, Bristol. No cards. Indian papers please copy.

## HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

- CANCER, Brompton (Free).** *Attendances*—Daily, 2. *Operations*.—Tu. F. S., 2.
- CENTRAL LONDON OPHTHALMIC.** *Attendances*—Daily, 1. *Operations*.—Daily.
- CENTRAL LONDON THROAT, NOSE, AND EAR.** *Attendances*.—M. W. Th. S., 2; Tu. F., 5. *Operations*.—I. p., Tu., 2.30; o. p., F., 2.
- CHARGING CROSS.** *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M. Th., 1.45; Dental, M., 9; Throat and Ear, F., 9.30. *Operations*.—Th. F., 8, 3.
- CHURCHILL HOSPITAL FOR WOMEN.** *Attendances*.—Daily, 1.30. *Operations*.—M. Th. F., 2.
- CITY ORTHOPEDIC.** *Attendances*.—M. Tu. Th. F., 2. *Operations*.—M., 4.
- EAST LONDON HOSPITAL FOR CHILDREN.** *Operations*.—M. W. Th. F., 2.
- GREAT NORTHERN CENTRAL.** *Attendances*.—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F., 2.30; Skin, W., 2.30; Dental, W., 2. *Operations*.—M. W. Th. F., 2.
- GUY'S.** *Attendances*.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 2. *Operations*.—Tu. F., 1.30; (Ophthalmic) M., 1.30; Th., 2.
- HOSPITAL FOR WOMEN, SOHO.** *Attendances*.—Daily, 10. *Operations*.—M. Th., 2.
- KING'S COLLEGE.** *Attendances*.—Medical and Surgical, daily, 2; Obstetric, daily, 2; o. p., daily, 30; Eye, M. W. Th., 1.30; Ear, Th., 2.30; Throat, M., 1.30, F., 2; Dental, M. Th., 10; Skin, W., 11.30. *Operations*.—W. Th. F., 2.
- LONDON.** *Attendances*.—Medical, daily, 1-p., 2, o. p., 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o. p., W. S., 1.30; Eye, Tu. S., 9; Ear, W., 9; Skin, Th., 9; Dental, Tu., 9. *Operations*.—Daily, 2.
- LONDON TEMPERANCE.** *Attendances*.—Medical, M. Tu. W. Th. F., 1.30; Surgical, M. Th., 1.30. *Operations*.—M. Th., 4.30.
- METROPOLITAN.** *Attendances*.—Medical and Surgical, daily, 2; S., 9; Obstetric, W., 2; Eye, W., 2; Throat and Ear, Th., 2; Dental, Tu. Th. S., 9. *Operations*.—Tu. W., 2.30; Th., 4.
- MIDDLESEX.** *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., 1.30; o. p., M., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu. F., 9; Skin, Tu., 4; Th., 9.30; Dental, M. F., 9.30; W., 9. *Operations*.—Daily, 1.30.
- NATIONAL ORTHOPEDIC.** *Attendances*.—M. Tu. Th. F., 2. *Operations*.—W., 10.
- NEW HOSPITAL FOR WOMEN.** *Attendances*.—Daily, 2; Ophthalmic, W. S., 9.30. *Operations*.—Tu. F., 9.
- NORTH-WEST LONDON.** *Attendances*.—Medical, daily, exc. S., 2, S., 10; Surgical, daily, exc. W., 2, 10; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations*.—Th., 2.30.
- ROYAL EYE, Southwark.** *Attendances*.—Daily, 2. *Operations*.—Daily.
- ROYAL FREE.** *Attendances*.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Skin, Th., 9; Throat, Nose, and Ear, W., 9. *Operations*.—W. S., 2; (Ophthalmic) M. F., 10.30; (Diseases of Women) S., 9.
- ROYAL LONDON OPHTHALMIC.** *Attendances*.—Daily, 9. *Operations*.—Daily, 10.
- ROYAL ORTHOPEDIC.** *Attendances*.—Daily, 2. *Operations*.—M., 2.
- ROYAL WESTMINSTER OPHTHALMIC.** *Attendances*.—Daily, 1. *Operations*.—Daily, 2.
- ST. BARTHOLOMEW'S.** *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. W. F., 2; o. p., W. S., 9; Eye, M. Tu. W. Th. S., 2; o. p., M. Th., 9; W. S., 2.30; Ear, Tu. F., 2; Skin, Tu., 9; Larynx, Tu. F., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 9. *Electrical*, Tu. F., 1.30. *Operations*.—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariectomy, F., 2.
- ST. GEORGE'S.** *Attendances*.—Medical and Surgical, daily, 1-p., 1 o. p., 12; Obstetric, 1-p., Tu. F., 1.45; o. p., M. Th., 2.30; Eye, W. S., 1.30; Ear, Tu., 2; Skin, W., 2.45; Throat, F., 2; Orthopaedic, F., 12; Dental, M. Tu. F., 12. *Operations*.—Daily, 1; Ophthalmic, M., 1; Dental, Th., 9.
- ST. MARK'S.** *Attendances*.—Fistula and Diseases of the Rectum, males S., 2; females, W., 9.30. *Operations*.—M., 9; Tu., 2.30.
- ST. MARK'S.** *Attendances*.—Medical and Surgical, daily, 1.45; o. p., 12.45; Obstetric, Tu. F., 1.45; o. p., M. Th., 10; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 3; Skin, M. Th., 9; Dental, W. S., 9; Electro-therapeutics, M. Th., 2.30; Children's Medical, Tu. F., 9. *Operations*.—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.
- ST. PETER'S.** *Attendances*.—M. 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations*.—W. F., 2.
- ST. THOMAS'S.** *Attendances*.—Medical and Surgical, M. Tu. Th. F., 2; o. p., daily, 1.30; Obstetric, Tu. F., 2; o. p., W. S., 1.30; Eye, Tu. F., 2; o. p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, M., 1.30; Throat, Th., 1.30; Children, S., 1.30; Electro-therapeutics, o. p., Th., 2; Mental Diseases, o. p., Th., 10; Dental, Tu. F., 10. *Operations*.—M. W. Th. S., 2; Tu. F., 3.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.
- SAMARITAN FREE FOR WOMEN AND CHILDREN.** *Attendances*.—Daily, 1.30. *Operations*.—Gynaecological, M., 2; W., 2.30.
- THROAT, Golden Square.** *Attendances*.—Daily, 1.30; Tu. F., 6.30. *Operations*.—Daily, exc. M., 10.
- UNIVERSITY COLLEGE.** *Attendances*.—Medical and Surgical, daily, 1.30; Obstetrics, M. F., 1.30; Eye, M. W. Th., 1.30; Ear, Tu. F., 2; Throat, M., 9; Dental, Tu. F., 9.30. *Operations*.—Tu. W. Th., 2.
- WEST LONDON.** *Attendances*.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th., 2; Ear, Tu., 2; S., 10; Orthopaedic, W., 2; Diseases of Women, W. S., 2; Electric, M. Th., 2; Skin, M. F., 2; Throat and Nose, Tu., 2; S., 10. *Operations*.—Daily, about 2.30; F., 10.
- WESTMINSTER.** *Attendances*.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, Tu. F., 9.30; Ear, Tu., 1.30; Skin, W., 1.30; Dental, W. S., 1.15. *Operations*.—M. Tu. W., 2.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY POST ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 429 Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

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

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 to 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 to his private house.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with duplicate copies.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Dr. W. H. W. Jones, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are directed will be found under their respective headings.

## QUERIES.

SUPPLE asks for advice as to the best method of treating flat foot in a boy aged 12 years.

G. A. asks to be referred to publications giving full and official particulars of the hospitals, medical schools, etc., in (1) India, (2) the British colonies generally, (3) Japan.

\* \* Our correspondent will probably find some of the information he requires as to Australasia in the *Australasian Medical Directory and Handbook*, edited and compiled by Ludwig Bruck. Sydney: L. Bruck. London: Baillière, Tindall, and Cox. Some particulars as to the medical schools and colleges in the Dominion of Canada were published in the BRITISH MEDICAL JOURNAL during the course of last year.

## ASTIGMATISM.

Dr. J. TREGELLIS FOX (Strathpeffer) writes: Can anyone refer to statistics or authoritative account of the most usual position of the bulging meridian in astigmatism, and its probable cause?

## TREATMENT OF INGUINAL HERNIA IN INFANCY.

J. D. asks for suggestions in treating an obstinate case of inguinal hernia in an infant 11 months old. Worsted will not prevent the bowel descending, while the ordinary circular truss causes chafing. The pad on the ordinary spring truss could not retain the rupture, and an indiarubber-covered truss without a spring proved equally ineffectual.

## TREATMENT OF PAROXYSMAL HÆMOGLOBINURIA.

Z. Y. asks for advice in the treatment of the following case: A girl, aged 7, born in the Fens, has during the last two years suffered from frequently recurring attacks of erythema, with arthritic pains and swelling, but no redness of joints. There is great irritability of stomach and a constant brown fur on the tongue, moderate degree of fever with attacks, and the two last have been attended with hæmoglobinuria, but with this the joint trouble has been less. There is no enlargement of the spleen. There is a history of gout and eczema in the family, and the father is of a nervous and excitable temperament. The grandparents on the father's side were cousins. One child suffers from an impediment of speech. Quinine, iron, arsenic, mercury, saline aperients, salicylates and other remedies have been used without permanent benefit.

## LECTURES ON NURSING INFECTIOUS DISEASE.

M. O. H. asks to be referred to a book that would help the medical superintendent of a hospital for infectious diseases in preparing a course of lectures for his nurses.

\* \* Their name is legion. We cannot attempt to enumerate them all.

Professor Billroth's excellent little book on *The Care of the Sick*, translated by J. B. Endean, and published by Sampson Low, Marston, and Co. (6s.), contains two valuable chapters specially dealing with fever patients. Billroth's name is a sufficient guarantee of excellence. The work is popular. Dr. Cullingworth's *Manual of Nursing, Medical and Surgical* (Churchill, 2s. 6d.) is well known, and devotes a chapter to infectious disease. Dr. P. G. Lewis's *Nursing: its Theory and Practice* (Scientific Press, 3s. 6d.). E. J. Domville's *Manual for Hospital Nurses* (Churchill, 2s. 6d.). H. C. Burdett's *Helps in Sickness and Health* (Scientific Press, 6s.) deals with nursing in most of its phases, and refers to infectious diseases. "M. O. H." might also find useful matter in Dr. Louis Parkes's *Infectious Diseases* (H. K. Lewis, 2s. 6d.). The art of popularising what the Scotch Universities still call the "institutes of medicine" may be studied in such manuals as Michael Foster's *Primer on Physiology* (Macmillan, 1s.). Our contemporary the *Hospital* had recently a useful series of nursing lectures. We are not aware whether Dr. Allan's little work, *Notes on Fever Nursing* (1879) is still in print.

## THE AFTER-HISTORY OF PATIENTS SUBMITTED TO LAPAROTOMY.

MISS MAY THORNE, M.D. (20, Nottingham Place, W.) (late House-Surgeon, New Hospital for Women), writes: I was much interested in reading an editorial in the BRITISH MEDICAL JOURNAL of March 26th, 1898, entitled Abdominal Section and—After? part of which ran as follows: "At the October meeting of the Obstetrical Society, Dr. Herbert Spencer pointed out that intestinal obstruction from the adhesion of the intestine to the stump after ovariectomy was by no means rare, as his experience of general hospitals amply proved. A month later, at the Harveian Society, Mr. Doran showed how frequently hernia of the abdominal cicatrix followed laparotomies."

I was influenced by this article to make inquiries on the after-history of the various cases of laparotomy that have been performed in the New Hospital for Women, and thanks to the courtesy of Mrs. Scharlieb, M.S., and Mrs. Stanley Boyd, M.D., I have been enabled to look up the old casebooks. The inquiries I have made extend over nine years 1888-1896, inclusive. I have not taken note of the laparotomies performed in 1897, as time must, as a rule, be allowed for the formation of dense adhesions or the giving way of scar tissue.

I have received news of or have interviewed 75 patients, with the following results: One operated on in 1892 for ovarian abscess returned with acute intestinal obstruction in 1897, being brought to the hospital in a moribund condition. One operated on for ovariectomy (double) in 1888 returned with a ventral hernia in 1895. Since leaving the hospital in 1888 she had worked hard as a laundress, and done a great deal of mangling. One, a dwarf, operated on at full term by Cæsarean section in 1895, returned with severe metrorrhagia in 1896; owing to the