

The left lung was enlarged and emphysematous in front, deeply congested at the base. The abdominal cavity contained 2 pints of blood-stained serum; the liver was much enlarged, and extended nearly down to the umbilicus. It was nodular, and presented the typical appearances of cirrhosis. On palpating the liver it was found soft and yielding, and distended with gas; a cross-section showed numerous distended veins. The kidneys, spleen, and brain were normal. A point of great interest was the great enlargement of the lumbar veins, while the inferior vena cava was almost empty in the greater part of its course, and contained a large organised thrombus in its upper third, almost completely occluding its lumen.

After removal of the blood from the right pleural cavity, the heart was examined before removal from the chest, and a distinct rent was seen in the inferior vena cava just before its entrance into the auricle and above the diaphragm. The heart, liver, and lungs were removed together. A large, hard tumour, measuring $3\frac{1}{4}$ inches in its longitudinal and 3 inches in its transverse diameter, occupied the right auricle and distended it greatly. It was firmly adherent to the wall of the auricle at its upper half and free below. At the inner side of the tumour was a thin calcareous plate. The growth directly extended down the course of the inferior vena cava as a dense hard mass $1\frac{1}{2}$ inch thick, quite nodular, and terminating on the under surface of the liver as distinct and separate hard nodular masses as large as walnuts. These separate growths had no direct connection with the primary growth in the auricle. The tumour was hard and difficult to cut, and quite solid. Histologically it was a section composed almost entirely of fibrous tissue, the cells of which were very unevenly distributed. The cells were elongated or spindle-shaped throughout the section, but in places, especially near the margins of the growth, there were numerous clusters of round cells. The general appearance of the sections was that of pure fibroma, but the macroscopic characters suggested a distinct metastasis in the form of separate growths on the surface of the liver. This, together with the rich distribution of small round cells, as seen in the sections, suggested a fibrosarcoma.

The sections of the secondary growths showed precisely the same appearances as the primary tumour. The wall of the auricle was stretched to such an extent in places as to be only the thickness of paper, and was with difficulty stripped from the growth. The whole of the body was carefully searched, but no other evidence of new growth could be found.

Peter Neu, in a dissertation to the University of Bonn on sarcomata of the heart, has collected 14 cases, 5 of which were primary and 9 secondary. Of the primary cases 3 were in the right auricle, the other 2 being in the septum ventriculorum.

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MEMORANDA:

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

CASE OF EXCISION OF A LARGE TUBERCULOUS MESENTERIC ABSCESS.

On August 12th of this year, C. M., a boy aged 4 years, was brought to me by his mother, at the request of Dr. Montgomery, because of an abdominal tumour. The history given was that until two years ago he was quite healthy, and throve

well. At that time he suffered from an attack of jaundice. This passed off, but he remained very weak in the limbs, and heartless. Last summer, however, he improved very much in health, and was now stronger and better than he had been for some time. A week before coming to see me there was noticed for the first time a "hard lump in the belly." It apparently gave the boy no inconvenience, and was quite painless. His appetite was good, his bowels were regular, and he slept well. The family history was satisfactory.

The patient was a pale but well-nourished boy, and his general appearance was healthy. The chest and heart sounds were normal, and the urine was free from urine and sugar. On examination of the abdomen it appeared unduly prominent towards its lower part, the prominence being best seen when the patient was standing erect. On palpation a smooth, globular, elastic swelling could be felt lying in the middle line in the umbilical region. It felt about the size of a cocoa nut, and occupied an area immediately below the umbilicus. It was anchored down at its deepest part, but could be moved from side to side. A catheter passed into the bladder made no alteration in the size of the tumour.

I advised an exploratory laparotomy, which was done on August 20th. The abdomen was opened in the middle line below the umbilicus. On cutting through the peritoneum the tumour appeared as a smooth, glistening, bluish grey structure, with numerous small vessels ramifying over its surface. The abdominal incision was then extended upwards and downwards (to 4 inches in length). While proceeding to separate some adherent omentum from the surface of the "tumour," a gush of pus took place from it. The rent from which the pus was escaping was grasped with forceps, and as it was evidently a tuberculous abscess that had to be dealt with, I decided to remove the abscess wall entire. This I accomplished after considerable difficulty, owing to adhesions between it and the neighbouring coils of intestine. It had apparently originated in one of the mesenteric glands, and in this region I had to use scissors freely to get it clipped away. Some neighbouring mesenteric glands were found enlarged, but were not further dealt with. The abdominal cavity having been carefully cleansed, the wound was closed without any drain.

There was considerable shock after the operation, but this soon passed off. The wound healed by first intention, and the boy is now (September 23rd) well and running about. It will be interesting to watch the future progress of the case as regards the effect of the abdominal section on the remaining enlarged glands.

Glasgow.

GEORGE THOMAS BEATSON, M.D.

PERINEPHRIC ABSCESS, WITH COMA.

Mrs. M., a well-developed and well-nourished woman, married but no children, consulted me on September 3rd, 1897, complaining of a dull aching pain in the right lumbar region of two days' duration, which she described as due to rheumatism. There was elevation of temperature (101.2°), and a pulse of 110. From this time the pain continued, and the temperature, which gradually rose, fluctuated between 102° and 104° . The patient had an enlarged spleen, and twelve months previously had passed a large quantity of blood *per rectum*. She had had not felt pain in the lower part of the abdomen or in the region of Poupart's ligament. There was no history of injury and no urinary symptoms. Examination over the seat of pain revealed the absence of oedema, tumour, and redness, and there was no flexion of thigh at the hip-joint.

Two days after I was called in the patient gradually became comatose, and remained so for five days, when she appeared to be sinking. There were no optic changes.

On the sixth day, after seeing her, when she was in a very low way, with a feeble flickering pulse which could not be counted, and a temperature of 104.2° , I decided to operate, and made an incision over the outer border of the right quadratus lumbus muscle, and then, passing a large aspirating trocar deeply, I discovered pus. On enlarging my incision I evacuated two pints of stinking green pus, which, on microscopic examination, was not found to contain any bony detritus.

I drained the abscess cavity, and in the course of the next two days quite 2 pints of similar pus were evacuated. From this time the temperature slowly fell, but fluctuated between 100° and 102° until the 16th, when it became normal and

remained so. After the evacuation of pus consciousness slowly returned, and in a few weeks the patient was perfectly well. Up till the present time (September 25th, 1898) she has had no return of the symptoms.

Remarks.—The case is interesting chiefly on account of the indefinite character of the symptoms. There was nothing in her condition at all characteristic of a psoas abscess, Pott's spine, appendicitis, or perinephric abscess, and to my mind the coma was difficult to explain, particularly as there was no clue either from the condition of the urine or from the presence of lumbar tumour, flexed thigh, etc. That the abscess was perinephric I have no doubt, although the stinking pus was suggestive of bowel connection.

Newcastle-on-Tyne.

JOSEPH WILLIAM LEECH, M.D.

CASE OF PUERPERAL ECLAMPSIA.

I was asked to attend a healthy-looking primipara, aged 21, in the middle of November. On October 6th she was in the best of health and had a supper of pork. On the morning of October 7th she got up complaining of a severe headache. She was listless and heavy. About noon she was seized with severe abdominal spasms, and I was sent for immediately. On my arrival I found her in a convulsion, her tongue was half bitten through, temperature 104° . I found a breech presentation, and delivered immediately. She was soon seized again, and I administered chloroform for the next eight hours, but the convulsions still occurred every hour. I then gave her 40 grs. each of chloral and bromide by the rectum. The temperature fell at 10 P.M. to 99° , but the convulsions commenced again about 3 A.M., when the dose was repeated. At 10 A.M. the next day the temperature was 105° , and the convulsions recurred every half hour. On the third day she was in a typhoidal condition, but with the jaws clenched. On the fourth day she vomited coffee grounds continually, and died in a state of exhaustion, but not comatose. *Post-mortem* rigidity set in a few minutes after death. The urine passed immediately before the first convulsion contained a trace of albumen.

Eastfield, Faringdon

H. DARWIN HEY.

A CASE OF SULPHONAL POISONING.

I was called at 1.40 P.M. on July 28th to see a middle-aged woman who was said to have taken "something," which turned out to be two drachms of sulphonal, about one hour previously. The following notes were taken at the time: Patient unconscious; eyes fixed; pupils dilated; conjunctival reflex gone; breath sounds inaudible even with stethoscope; heart sounds very faint, but still audible, slow, 47 to 50 per minute; pulse at wrist gone; extremities cold and livid; lips blue, as if she were suffocating, though no other symptom of such; general surface of the body cold and clammy.

I ordered hot bottles and hot blankets to the feet and legs, and gave, first, one-sixtieth of a grain strychnine hypodermically, which had no effect. Three minutes after I gave another one-sixtieth of a grain of strychnine, combined with one-tenth of a grain apomorphine. In about 40 seconds twitching of the lips and face set in; then twitching of the arms and legs. The heart sounds got stronger and quicker, and in two minutes vomiting set in. After this she was kept awake and given stimulants freely, and in about six hours the whole effects had passed off.

Rochdale.

D. RICHMOND, M.B.

CASE OF LANDRY'S PARALYSIS IN A GIRL.

H. M., aged 16, had menstruated once, and on September 9th, being the day on which the catamenia were again due, she experienced tingling pains in the arms and legs. She had been in the same situation for 18 months, and was brought home on September 13th. I saw her on the following day for the first time. She was then unable to stand; the patellar reflexes were absent, and she spoke with difficulty, twisting her mouth very much when trying to articulate, the voice being guttural; there was weakness of the upper extremities, the pulse was 120, and the temperature 98° , on September 15th the pulse was 150, and the temperature 98.8° . The weakness increased and she fainted occasionally, otherwise she was quite conscious to the end. She was cheerful throughout, smiling at her ineffectual attempts to make any pressure

on my hand when I saw her on the morning of September 19th, and dying a few hours after.

Southam, Warwickshire.

WALTER LATTEY, M.D.

REPORTS

ON

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

CHELTENHAM GENERAL HOSPITAL.

A CASE OF SO-CALLED IDIOPATHIC TETANUS: ANTITETANUS SERUM: DEATH.

(By EDGAR TREVITHICK, M.D., Physician to the Hospital.)

THE patient, a girl 8 years old, was admitted under my care on September 22nd. On the morning of September 20th the child seems to have made some rather indefinite complaints of pain on one side of the jaw, but she attended school as usual on that day. On September 21st she complained of pain on swallowing, and was seen by a doctor, who wondered if it might not be a case of diphtheria. On that evening the practitioner who had been first called in saw her in consultation. The rigidity about the neck had somewhat increased then, and the case was thought to be perhaps one of meningitis. On the morning of September 22nd she was seen by another doctor, who sent her into hospital as a case of probable meningitis. On admission, both masseters and sternomastoids were very tense, and the flexors of the arms, extensors of the back, and upper facial muscles showed themselves ready to go into temporary contractions on very slight provocation.

On attempting to give the child some chloral by the mouth a very serious general spasm ensued, with arching of back and spasm of diaphragm, during which death nearly resulted. Chloroform was thereupon administered, and the patient was kept under its influence until her death twenty-four hours afterwards.

During this time it was noticeable that as soon as ever the narcosis was allowed to become slight, the muscles immediately showed signs of returning spasm. In addition to nasal feeding with milk, meat extract, brandy, and digitalis, three injections of antitetanus serum, 30 c.cm. in all, were given.

This remedy, however, did not come into our hands until late on the evening of September 22nd, and thus was not administered until some sixty hours after the earliest signs of the disease. Death appeared to result from heart failure. The temperature chart showed very irregular fluctuations between a maximum of 105° and a minimum of 98° . The pupils from the time of admission were very small and fixed, and remained so until the death.

Some hours before the end internal strabismus developed, probably, I thought, from over-action of internal recti rather than from any palsy of the others. Rigor mortis set in immediately after death. The body was examined six hours after death; rigor mortis was still well marked. After the most careful search I was unable to discover any superficial wound or abrasion. There had been pediculosis capitis, but the scalp showed no sores. In front of the right ankle was a small scar, but this—whatever the date of its origin—was entirely healed up and sound. No sore place was discoverable in the nose or mouth. There were no carious teeth. The tonsils and larynx were normal. A careful examination of the brain and meninges resulted in the discovery of nothing abnormal except very marked hyperæmia. The internal ears and cerebral sinus showed no signs of disease. The other organs of the body were normal.

In spite of the absence of any obvious point of entry there can be no doubt as to the nature of this case, and I say this after carefully considering the only other alternative, that of poisoning by strychnine.

A Chair of Dentistry has been established in the University of Munich, to which Dr. P. J. Berten, Extraordinary Professor in the Munich Medical Faculty, has been appointed.

LIEUTENANT-COLONEL JAMES RING, R.A.M.C.

A CORRESPONDENT writes: The death of Lieutenant-Colonel James Ring, M.D., M.Ch., of the Royal Army Medical Corps, shortly referred to in the BRITISH MEDICAL JOURNAL of October 22nd, deserves more than passing notice. The Medical Service has sustained, in this officer's death, a great loss. He was the soul of industry and devotion to duty, and displayed energy in the performance of responsible professional work, but these qualifications were not sufficient to obtain the recognition they so well deserved. Lieutenant-Colonel Ring was mentioned no fewer than five times in despatches, and yet never received a Distinguished Service Order, while, it may fairly be said, many a sabaltern has obtained the D.S.O. for being mentioned perhaps only once. Truly has it been stated that zeal and self-sacrifice in the Medical Service of the army are not sufficient for recognition or advancement, without influence at one's back. Lieutenant-Colonel Ring got a chill during the Tirah Expedition, and the kidneys became affected, death being caused by cardiac failure. This officer had only about a year to complete his Indian service. He entered the Royal Army Medical Corps on September 30th, 1873, and became Brigade-Surgeon on January 27th, 1897. His war services were alluded to in the JOURNAL of October 22nd. Those associated with Lieutenant-Colonel Ring on duty knew him to be thoroughly conscientious in his work.

THOMAS HENRY MOXON, M.R.C.S., L.S.A.

MR. THOMAS HENRY MOXON was at the time of his sudden death on Sunday, October 9th, the senior practitioner in Great Yarmouth. He was born at Hull in 1831, and in that town commenced his medical studies at the now extinct Hull and Yorkshire School of Medicine; he was also apprenticed to his brother Mr. James Burdett Moxon, who then practised as a surgeon at Brigg, in Lincolnshire, and who still survives him. In 1853 Mr. Moxon took the diplomas of M.R.C.S.Eng. and L.S.A. He first commenced practice at Kirton in Lindsey, Lincs, but after a few years disposed of his practice there and came to Great Yarmouth in 1865-66, when he entered into partnership with his brother-in-law, the late Mr. Charles Palmer, and on the death of that gentleman in 1884 he succeeded to the entire practice. Throughout the whole of his professional life in Great Yarmouth, he was looked upon by his brother practitioners as the soul of honour. He devoted himself with untiring zeal and energy to his profession, and his genial, kindly, sympathetic manner made all classes of his patients look upon him as a true friend as well as medical adviser. The honour and dignity of the profession were ever matters of the highest concern to him both in his relations to the public and to his medical brethren.

He was a staunch son of the English church, and for several years he served as a member of the Great Yarmouth School Board. He always took an active part in church affairs, and for many years was churchwarden to St. Andrew's Church. He was connected with the volunteers for a long period, and retired last year with the rank of Surgeon-Lieutenant-Colonel to the 1st Norfolk Artillery Volunteers (E.D.R.A.). He obtained the long-service medal for thirty years' service in 1897, and only this summer was presented by his brother officers in the brigade with a handsome testimonial. He was a member of the British Medical Association. In 1896 he became the first President of a District Branch of the Incorporated Medical Practitioners' Association, and on his retirement at the commencement of the third year the members presented him with a handsome piece of plate. Mr. Moxon was also a member of the Great Yarmouth Clinical Society, and a regular attendant at its meetings.

He was buried in the Great Yarmouth Cemetery on October 21st; the funeral was attended by nearly every medical man in the town, a detachment of officers and men of the 1st Norfolk Royal Artillery Volunteers marched behind the hearse, a large number of the shops in the town were shaded out of respect to his memory, and the church and the graveyard were thronged by his fellow townspeople of all classes and both sexes.

He leaves behind him two sons and six daughters, who deeply mourn the loss of a good man and a good father.

WE regret to record the death of Dr. BYWATER WARD, which took place at his residence, at Oxford, on October 3rd, at the comparatively early age of 54. Dr. Ward was born in Leeds, and received his early education at the Grammar School of that city. He then became a student at the Leeds Medical School, after which he went to Caius College, Cambridge, where he obtained the degrees of M.A. and M.D. He was appointed a house-surgeon at the Sheffield Infirmary, and on the completion of his term of office there he accepted a clinical clerkship at the West Riding Asylum, under Dr. (now Sir) James Crichton Browne. He then went to the Warwick County Asylum as Assistant Medical Officer under the late Dr. Parsey, from which post he came to the Warneford Asylum, Oxford, as Medical Superintendent twenty-five years ago. In spite of much suffering and difficulty from chronic ill-health, Dr. Ward discharged the responsible duties of this office with ability and success, and on his retirement on a pension just a year ago, the Governors of the Asylum passed a minute recording their appreciation of his valuable services. Dr. Ward's health, never strong, had for some time been becoming gradually worse. The cause of death was abscess of the kidney, for which an operation was performed thirty-six hours before death. It is a matter of unfeigned regret to Dr. Ward's many friends that he has lived so short a time to enjoy his well-earned retirement. Dr. Ward leaves a widow and children.

WE regret to announce the death of Professor AZZIO CASELLI, of Genoa, one of the leading surgeons of Italy. Born at Reggio, in Emilia, in 1847, he took his degree at the age of 22, and was almost immediately appointed Surgeon to the hospital of his native town. He came prominently before the surgical world in 1880 in consequence of a bold and successful operation which he performed for extirpation of the larynx. In 1882 he was appointed to the Chair of Clinical Surgery in the University of Genoa. He was preparing a great work, *Trattato Italiano di Chirurgia*, at the time of his death.

WE regret to have to record the death of Mr. EDWARD BARBER, which occurred at his residence in Glossop Road, Sheffield, on October 16th. He was born 60 years ago at Church Fenton, near York, but when quite young his parents removed to Sheffield. He studied at the Sheffield Medical School and at St. Mary's Hospital, London, and qualified as L.S.A. in 1874 and as L.R.C.P. Edin. in 1877. The early part of his career he spent as assistant to Mr. Redall, of Sheffield, and commenced practice for himself some twenty-five years ago. The deceased was a member of the Council of the Sheffield Medico-Chirurgical Society. Mr. Barber had a large practice, and had been recently overworking himself. His death was due to pneumonia. He leaves a widow, two sons, and two daughters.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Professor Heydenreich, Dean of the Medical Faculty of Nancy, aged 49; Professor Bouchacourt, of Lyons; Dr. Horacio A. Jimenez, Professor of Clinical Medicine in the Medical Faculty of Cadiz; Dr. Theodore Gsell-Fells, of Munich, Doctor of Divinity and Doctor of Philosophy as well as of Medicine, author of *The Baths and Climatic Health Resorts of Switzerland* and other works on climatological subjects, aged 80; Dr. Heinrich Spöndli, some time Professor of Midwifery in the University of Zurich; Dr. Claudius H. Mastin, a former President of the American Surgical Association of Genito-Urinary Surgeons, and first Vice-President of the Congress of American Physicians and Surgeons, aged 72; and Dr. Ewald Albert Geissler, of Dresden, author (in conjunction with Professor Möller) of the great *Real Encyclopædie der Pharmacie*, aged 49.

BISMARCK'S BRAIN.—According to a German anthropologist, Bismarck's brain was probably the heaviest on record. From measurements made on Schäffer's bust, he judges that the brain of the Iron Chancellor must have weighed 1,867 grammes (over 58 ounces). Cuvier's brain, which is usually cited as the heaviest, weighed 1,830 grammes. The estimation of the weight of the brain from measurements made on a bust strikes us as being about as scientific as it would be to gauge a man's vital capacity by measuring his waistcoat.

himself of the new law which enables a prisoner to give evidence on oath, and gave his version of the nature of his professional services to the deceased, but the story as he told it was not by any means convincing; and in all probability the jury were more firmly persuaded of his guilt when he left the witness-box than when he entered it. In the end the jury found the prisoner guilty of wilful murder, but with the strongest possible recommendation to mercy.

Mr. Justice Bigham, having assumed the black cap, said that the jury as reasonable and honest men could not arrive at any other conclusion than that conveyed in their verdict. He suspected that the prisoner had been carrying on a business in practices of the kind by which he had been brought into his present position. If his example would act as a warning to other people who might now be following the same dreadful business, perhaps the trial would be to the public benefit. The judge said that it was his duty to pass upon the prisoner the only sentence of the law for the crime of which he had been found guilty, but he would take care to forward the recommendation of the jury to the proper quarter, and everything that could properly be said in support of the recommendation by him would be said. His lordship then passed sentence of death.

THE PECULIAR PEOPLE.

JAMES COOK AND GRACE COOK, husband and wife, were at the Central Criminal Court on October 16th indicted for, and charged on the coroner's inquisition with, the manslaughter of their child, a girl aged 20 months. She was taken ill with whooping-cough, but no medical man was called in. An elder of the sect of the Peculiar People was called in to pray over the child and to anoint it with oil. The child died. Medical evidence was to the effect that if the child had received medical attention its life would have been prolonged, and it would in all probability have lived. The prosecution contended that in consequence of the neglect of the parents' duty to call in a medical man to attend the child its death was accelerated, and that they were therefore guilty of manslaughter. The defendants were tried upon the charge at the last session, but the jury were unable to agree. The male defendant gave evidence, saying that he and his wife trusted in the Lord, and was proceeding to give a religious address when he was stopped by the judge.

The judge having summed up, the jury eventually found both defendants guilty.

The judge, addressing the defendants, impressed upon them their duty to reconsider carefully whether they were following a right course in neglecting those worldly means which God had provided. They should remember that He intended man to use the assistance which science and skill undoubtedly afforded. Taking into consideration his belief that they thought they were acting rightly, though in reality they were acting wrongly, breaking the law, and neglecting the common dictates of human nature, the Judge said that he would discharge them upon their own recognisances to come up for judgment at some future time if called upon to do so.

The prosecuting Counsel, Mr. Guy Stephenson, said that the child of a witness named Gentry, one of the Peculiar People, who had given evidence, was now suffering from diphtheria, and Mr. Justice Bigham observed that he wished it to be understood that from the lenient course he had taken in this case no one was to suppose that he was at all likely in future to escape proper punishment for an offence such as this.

INQUESTS.

M.D. (Weymouth) asks the following questions:

1. Is the coroner bound to hold an inquest on the ground that the deceased person—a sailor—died in a public institution away from his friends?

2. Is the coroner precluded by law from paying a fee to the medical officer of such public institution—an isolation hospital—for giving evidence concerning the death of any patient dying there, it being his duty to attend the deceased as medical officer of such institution?

*** To the first question the reply is No, unless the death occurred from other than natural causes, or allegations were made which required investigation.

To the second question the answer is Yes; and this is regulated by the Coroners Act, 1887, Section XXII, Clause 2, which enacts as follows, after providing for ordinary payment of medical witnesses: "Where an inquest is held on the body of a person who has died in a county or other lunatic asylum, or in a public hospital, infirmary, or other medical institution, or in a building or place belonging thereto, or used for the reception of the patients thereof, whether the same be supported by endowments or by voluntary subscriptions, the medical officer whose duty it may have been to attend the deceased person as a medical officer of such institution as aforesaid shall not be entitled to such fee or remuneration."

UNDESIRABLE PAMPHLETS.

A CORRESPONDENT has forwarded to us a pamphlet of the usual type on "Nervousness and its Particular Causes," which he informs us has been distributed broadcast in his district, and he inquires if the General Medical Council has no control over such cases.

A special feature in reference to the pamphlet in question is that its author is described as "M.D., a Licentiate in Medicine, Surgery, and Midwifery; thirty-six years in practice. Diploma 1852." The name of the author in question was erased from the *Medical Register* in 1887, and it may be that the words to which we have referred would be held in a court of law (were proceedings taken under the Medical Act, 1858) to imply that the author was a duly registered practitioner. We think it would be desirable for our correspondent to send a copy of the pamphlet to the Registrar of the General Medical Council with a letter drawing attention to the facts. It is incumbent in the public interest to do everything that is possible to stamp out the circulation of literature of this kind.

THE GENERAL MEDICAL COUNCIL AND UNQUALIFIED ASSISTANTS.

PERPLEXED MEDICO.—The newspaper cutting enclosed by our correspondent has been received, and we note his remarks. We think it will be a sufficient reply to our correspondent's observations to draw attention to the marked distinction which exists between the employment by a medical practitioner (for the purposes of his practice) of an unqualified assistant and the employment of a medical student in the exercise of his duties in connection with the ordinary routine cases of hospital practice.

H. W.—While commenting on this subject we acknowledge the receipt of a cutting from "H. W." taken from a local newspaper, containing an advertisement by an "Eclectic Practitioner" for an assistant (unregistered). Our correspondent, "H. W.," inquires if it does not come within the province of the General Medical Council to attend to this kind of advertisement and practice.

The regulations prescribed by the General Medical Council in reference to the employment of unqualified assistants had reference solely to their employment by qualified medical practitioners. The advertisement in question purposely, no doubt, invites applications from unregistered men, as it would not be open to a qualified man to accept such an appointment.

PRINCIPAL AND ASSISTANT: A QUESTION OF CONTRACT.

We have read the statements submitted to us as to the questions which have arisen between our correspondents, "B" and "A." It seems that the parties are at issue on several points, and certainly on the fundamental one of whether or not the assistant was to be at liberty to sever the engagement at any moment without notice. This being so, we cannot offer any definite opinion as to the legal right of the parties. There is nothing, of course, to prevent the assistant taking legal proceedings to recover the amount alleged to be due if he so desires, but he could not be recommended to take this course except under the advice of a solicitor with all the facts and documents (if any) before him.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

EXAMINATION IN SANITARY SCIENCE.—The following candidates have sat for the examination in both parts of the examination:

L. P. Black, T. Carr, J. I. Cook, M. L. Dhingra, A. Duncan, H. E. Goulden, J. Knight, C. S. Marshall, J. E. O'Connor, P. W. O'Gorman, A. G. Penny, J. A. K. Renshaw, J. J. Taylor, and J. H. Whitaker.

EXAMINATION FOR MEDICAL DEGREES.—The following have been appointed for the current academical year: Physics: Mr. Wilberforce, Mr. Capstick. Chemistry: Mr. Sell, Mr. Adie. Biology: Mr. Bateson, Mr. Seward. Pharmaceutical Chemistry: Mr. Ivatt, Mr. Easterfield. Anatomy: Dr. Barclay-Smith, Professor D. J. Cunningham. Physiology: Dr. Anderson, Dr. Starling.

MATRICULATION.—On October 21st freshmen were matriculated to the number of 897, including 19 advanced students who have graduated in other universities. This brings the total for the year 1898 up to 944, the largest number since 1890.

COUNCIL OF THE SENATE.—On October 22nd Dr. Langley, F.R.S., was elected without opposition to the vacancy on the Council caused by the resignation of Mr. Glazebrook.

UNIVERSITY OF EDINBURGH.

FINAL EXAMINATION.—The following candidates have passed the Final Examination for Degrees in Medicine under the Old Regulations:

F. T. H. Adamson, A. L. Anderson, E. B. Anderson, F. Beecroft, A. L. J. Brandy, H. M. Bunday, D. A. Cameron, R. Craven, J. G. Forsyth, J. V. Fox, A. G. Hayden, Edith Isabella Hudson, F. J. Jude, D. J. C. Oliver, D. J. Peirson, Dorothy Helen Pratt, T. Pretsell, F. W. Price, F. S. Rose, A. H. Rutherford, C. R. Scott, G. H. Wilson, J. B. Wilson.

New Regulations.—D. V. M. Adams, A. S. Allum, E. G. French, E. R. Gray, B.A.; A. Gunn, A. G. Hamilton, J. Haworth, J. Hunter, B. S. Hyslop, G. Hendrik, W. de Labat, D. V. McIntyre, M.A.; A. McKaig, W. W. Maxwell, P. E. Millard, W. J. Nutter, H. K. Paxton, E. C. Peake, A. de St. L. F. Perigal, G. H. Stewart, A. H. Thompson, P. G. L. du Toit, A. G. Worrall.

CONJOINT BOARD IN IRELAND.

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

Completed the Examination.—C. H. Cormac, W. Davis, D. A. Faris, J. F. Fitzgerald, E. Glenny, E. Goldfoot, R. Hughes, J. Hutch, M. J. Johnston, T. F. Kennedy, C. C. Meeke, S. R. McCausland, R. F. MacMahon, A. E. O'Reilly, A. B. Stephenson, F. R. Thorn.

In Anatomy.—C. H. Browne, F. H. Cooke, H. T. Cookman, R. Donnellon, M. T. Donovan, Miss Driver, T. Farrell, R. R. Faussett, M. E. Lynch, R. P. McDonnell, C. J. O'Connell, C. R. M. Pattison, J. C. Ryan, J. H. White, R. O. White.

In Physiology.—H. L. Barry, J. J. S. Casbery, J. J. Harty, R. W. Hillis, M. E. Lynch, A. A. W. Merrick, T. J. Nicholl, C. J. O'Connell, J. H. White, T. J. Wright.

In Histology.—F. W. Brunker, M. T. Donovan, W. N. Eustace, R. W. Hillis, M. J. Loughrey, M. E. Lynch, T. J. Nicholl, D. J. O'Reilly, J. C. Ryan.

In Materia Medica.—P. Donnellon, A. A. W. Ganderton, J. J. Harty, M. J. Loughrey, A. A. W. Merrick, J. C. Ryan, F. G. Sharpe, J. P. Ryan, R. O. White.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, October, 1898. The following candidates passed in *Surgery*—F. Edg, Royal Free Hospital; L. Liebster, Vienna; W. M.

McLoughlin, University College Hospital; A. H. Priestley, Manchester; W. R. Wilson, Dublin and Belfast.

Medicine.—C. G. Catterall (Section II), Leeds and Westminster Hospital; H. Clough, Leeds; H. H. Cotnam (Section II), Aberdeen and London Hospital; H. L. Hands, Madras and Charing Cross Hospital; A. H. Priestley, Manchester; S. Sugden, Manchester; A. F. Weston (Section I), St. George's Hospital; R. Le G. Worsley (Section II), St. George's Hospital.

Forensic Medicine.—G. F. M. Clarke, Charing Cross Hospital; H. Clough, Leeds; P. T. Goodman, St. Thomas's Hospital; H. L. Hands, Madras and Charing Cross Hospital; P. A. Pierre, Westminster Hospital; A. H. Priestley, Manchester; A. F. Weston, St. George's Hospital.

Midwifery.—A. G. C. Davies, Guy's Hospital; G. W. H. Edgewell, London Hospital; F. Golding-Bird, Guy's Hospital; F. S. Leech, University College Hospital; D. V. Lowndes, Westminster Hospital; R. R. Mowll, King's College Hospital; H. J. Pickering, St. Bartholomew's Hospital; P. A. Pierre, Westminster Hospital; A. H. Priestley, Manchester.

The diploma of the Society was granted to the following candidates: G. F. M. Clarke, F. Ede, A. H. Priestley, and W. R. Wilson.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

VITAL STATISTICS OF LONDON SANITARY DISTRICTS DURING THE THIRD QUARTER OF 1898.

[SPECIALLY REPORTED TO THE BRITISH MEDICAL JOURNAL.]
In the accompanying table will be found summarised the vital statistics of the forty-three sanitary areas of the metropolis, based upon the

Registrar-General's returns for the third or summer quarter of this year. The mortality figures in the table relate to the deaths of persons actually belonging to the various sanitary areas, and are the result of a complete system of distribution of deaths occurring in the institutions of London among the various sanitary areas in which the patients had previously resided.

The 33,170 births registered in London during the three months ending September last were equal to an annual rate of 29.5 per 1,000 of the population, estimated at 4,504,766 persons in the middle of this year; this rate was 0.9 per 1,000 below the mean rate in the corresponding quarters of the ten preceding years, 1888-97. The birth-rate during the period under notice in the various sanitary areas showed, as usual, wide variations, owing principally to the differences in the sex and age distribution of the population. In Kensington, St. George Hanover Square, Westminster, St. James Westminster, Hampstead, St. Martin-in-the-Fields, and London City the birth-rates were considerably below the average; while they showed the largest excess in Fulham, St. Luke, Whitechapel, St. George-in-the-East, Mile End Old Town, and Bermondsey.

The 21,277 deaths of persons belonging to London registered during the three months ending September last were equal to an annual rate of 18.9 per 1,000, against 18.2, 18.4, and 18.9 in the corresponding periods of the three preceding years; with the exception of the third quarter of 1897, when the rate was also 18.9 per 1,000, the rate last quarter was higher than in the corresponding period of any of the ten preceding years, during which the rate averaged 17.8 per 1,000. The lowest death-rates in the various sanitary areas were 10.6 in Hampstead, 11.8 in St. George Hanover Square, 14.7 in Stoke Newington and in Wandsworth, 14.8 in London City, and 15.5 in Paddington, in St. Martin's-in-the-Fields, and in Lee; the highest rates were 23.5 in Holborn, 24.1 in St. Luke, 24.7 in St. Saviour Southwark, 25.2 in Shoreditch, 26.6 in Limehouse, 26.8 in St. George-in-the-East, and 27.1 in St. George Southwark. During the quarter under notice 4,816 deaths resulted from the principal zymotic diseases in London; of these, 3,570 resulted from diarrhoea, 430 from whooping-cough, 356 from diphtheria, 236 from measles, 113 from enteric fever, 108 from scarlet

Analysis of the Vital and Mortal Statistics of the Sanitary Districts of the Metropolis, after Distribution of Deaths occurring in Public Institutions during the Third Quarter of 1898.

SANITARY AREAS.	Estimated Population middle of 1898.	Births.	Deaths.	Annual Rate per 1,000 Living.			Deaths from Principal Zymotic Diseases.	Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping-Cough.	Typhus.	Enteric Fever.	Simple and Unclassified Fever.	Diarrhoea.	Phthisis.	Deaths of Children under 1 year of age to 1,000 Births.
				Births.	Deaths.	Principal Zymotic Diseases.												
LONDON	4,504,766	33,170	21,277	29.5	18.9	4.29	4,816	—	236	108	356	430	—	113	3	3,570	1,692	259
<i>West Districts.</i>																		
Paddington	127,480	727	494	22.9	15.5	3.27	104	—	7	2	16	6	—	1	—	72	35	257
Kensington	172,174	934	673	21.8	15.7	2.77	119	—	4	4	2	17	—	1	—	91	48	270
Hammersmith	107,370	761	525	28.4	19.6	4.97	133	—	5	5	8	8	—	2	—	105	42	293
Fulham	125,275	1,150	646	36.8	20.7	5.99	187	—	3	3	12	7	—	3	—	158	43	298
Ghelsea	96,713	573	422	23.8	17.5	3.57	86	—	—	4	9	9	—	4	—	60	35	290
St. George Hanover Sq.	80,608	345	238	17.2	11.8	1.49	30	—	1	1	2	2	—	2	—	22	25	145
Westminster	52,574	286	256	21.8	19.5	2.67	35	—	—	—	4	6	—	1	—	24	31	238
St. James Westminster	22,200	113	98	20.4	17.7	1.98	11	—	—	2	1	1	—	—	—	6	11	186
<i>North Districts.</i>																		
Marylebone	140,483	1,014	554	29.0	15.8	2.34	82	—	6	4	8	7	—	3	—	54	43	176
Hampstead	78,755	380	208	19.4	10.6	1.32	26	—	1	—	5	—	—	1	—	18	16	184
St. Pancras	243,416	1,681	1,239	27.7	16.6	4.06	247	—	10	15	12	27	—	8	—	175	111	295
Islington	344,616	2,466	1,441	28.7	16.8	3.79	325	—	28	5	12	26	—	11	—	243	107	285
Stoke Newington	34,660	213	127	24.6	14.7	2.78	24	—	—	—	—	—	—	—	—	23	10	164
Hackney	219,030	1,632	953	29.8	17.4	3.84	211	—	10	4	16	11	—	10	—	100	65	247
<i>Central Districts.</i>																		
St. Giles	37,519	266	185	28.4	19.8	2.78	26	—	—	—	2	3	—	—	—	20	21	211
St. Martin-in-the-Fields	12,424	42	48	13.6	15.5	1.61	5	—	—	—	1	1	—	—	—	3	5	262
Strand	23,284	135	124	23.3	21.4	2.06	12	—	—	—	1	1	—	—	—	9	18	252
Holborn	30,056	158	176	21.1	23.5	4.00	30	—	1	1	8	3	—	—	—	17	22	342
Clerkenwell	66,120	523	386	31.7	23.4	6.31	104	—	9	2	13	5	—	3	—	72	33	300
St. Luke	41,076	476	247	46.5	24.1	6.35	65	—	2	—	8	—	—	—	—	50	21	206
London City	29,088	119	107	16.4	14.8	1.25	9	—	1	1	1	—	—	1	—	5	8	143
<i>East Districts.</i>																		
Shoreditch	121,485	1,040	764	34.3	25.2	6.48	196	—	12	2	10	4	—	5	—	163	49	341
Bethnal Green	129,027	1,150	687	35.7	21.4	4.52	146	—	23	1	4	4	—	2	—	112	75	247
Whitechapel	80,559	745	435	37.1	21.7	3.34	67	—	10	2	4	1	—	4	—	46	40	240
St. George-in-the-East	48,241	523	322	43.5	26.8	4.40	53	—	4	1	3	4	—	2	—	39	34	268
Limehouse	58,661	474	389	32.4	26.6	6.84	100	—	8	1	4	13	—	2	—	72	30	335
Mile End Old Town	112,528	1,038	597	37.0	21.3	5.74	161	—	11	—	21	5	—	3	—	121	31	253
Poplar	170,220	1,408	964	33.2	22.7	6.03	256	—	17	3	25	11	—	5	—	195	64	313
<i>South Districts.</i>																		
St. Saviour Southwark	24,562	185	151	30.2	24.7	4.89	30	—	—	1	1	3	—	1	—	24	18	330
St. George Southwark	60,461	520	409	34.5	27.1	7.57	114	—	3	8	6	12	—	2	—	83	47	331
Newington	123,183	992	667	32.3	21.7	6.44	198	—	5	8	21	19	—	3	—	142	62	274
St. Olave Southwark...	11,288	84	52	29.9	18.5	2.85	8	—	—	—	1	2	—	—	—	5	8	119
Bermondsey	85,738	770	447	36.0	20.9	4.99	107	—	8	8	11	15	—	3	—	62	34	305
Rotherhithe	40,849	316	193	31.0	19.0	2.26	23	—	3	1	1	2	—	—	—	16	16	256
Lambeth	304,073	2,361	1,460	31.1	19.3	4.43	336	—	12	1	34	53	—	5	—	108	108	248
Battersea	171,921	1,239	782	28.9	18.2	4.22	181	—	1	1	21	20	—	2	—	136	64	270
Wandsworth	202,526	1,358	743	26.9	14.7	3.84	194	—	13	2	13	27	—	4	—	135	49	222
Camberwell	261,189	1,993	1,119	29.1	17.2	4.07	266	—	4	4	14	32	—	4	—	208	85	257
Greenwich	180,441	1,396	932	31.1	20.7	5.51	248	—	5	4	12	28	—	9	—	190	59	304
Lee	39,717	224	153	22.6	15.5	3.72	37	—	3	1	2	3	—	3	—	25	8	250
Lewisham	88,562	640	400	29.0	18.1	4.80	106	—	2	1	6	10	—	—	—	87	22	277
Woolwich	41,478	328	202	31.7	19.5	5.52	57	—	—	1	1	10	—	2	—	43	20	256
Plumstead	62,531	492	262	31.6	16.8	3.91	61	—	3	2	—	7	—	—	—	49	19	226

fever, and 3 from ill-defined forms of continued fever. These 4,816 deaths were equal to an annual rate of 4.29 per 1,000, against an average rate of 3.63 in the corresponding quarters of the ten preceding years, 1888-97. In the third quarter of the three preceding years the zymotic death-rate was 4.28, 4.20, and 4.49 per 1,000 respectively. In the various sanitary areas the lowest zymotic death-rates last quarter were 1.25 in London City, 1.32 in Hampstead, 1.49 in St. George Hanover Square, 1.61 in St. Martin-in-the-Fields, 1.98 in St. James Westminster, and 2.26 in Rotherhithe; and the highest rates were 6.11 in Clerkenwell, 6.35 in St. Luke, 6.44 in Newington, 6.48 in Shoreditch, 6.84 in Limehouse, and 7.57 in St. George Southwark. The high rates in these last-mentioned sanitary areas were due to the excessive fatality of summer diarrhoea.

No fatal case of small-pox was registered in London during the three months ending September last, and no death from this disease has been recorded in the metropolis since August, 1897. Measles showed the highest proportional fatality in Clerkenwell, Shoreditch, Bethnal Green, Whitechapel, Limehouse, Mile End Old Town, Poplar, and Bermondsey; scarlet fever in St. James Westminster, St. Pancras, St. George Southwark, Newington, and Bermondsey; diphtheria in Paddington, Holborn, Clerkenwell, St. Luke, Mile End Old Town, Poplar, Newington, Bermondsey, and Battersea; whooping-cough in Lewisham, St. George Southwark, Newington, St. Olave Southwark, Bermondsey, Lambeth, and Woolwich; enteric fever in Hackney, Clerkenwell, Whitechapel, Greenwich, Lee, and Woolwich; and diarrhoea in Fulham, Clerkenwell, St. Luke Shoreditch, Limehouse, Mile End Old Town, Poplar, St. George Southwark, and Newington.

During the three months ending September last, 1,692 deaths from phthisis were registered in London, equal to an annual rate of 1.51 per 1,000, against 1.58 and 1.60 in the corresponding periods of the two preceding years. Among the various sanitary areas the lowest phthisis death-rates were recorded in Paddington, Hampstead, London City, Mile End Old Town, Wandsworth, Lee, and Lewisham; and the highest rates in Strand, Holborn, St. George-in-the-East, St. Saviour Southwark, St. George Southwark, and St. Olave Southwark.

Infant mortality, measured by the proportion of deaths under 1 year of age to registered births, was equal to 259 per 1,000 last quarter, and considerably exceeded the rate recorded in the corresponding period of any of the ten preceding years, during which the rate averaged 196 per 1,000. Among the various sanitary areas the rates of infant mortality were lowest in St. George Hanover Square, St. James Westminster, Marylebone, Hampstead, London City, and St. Olave Southwark; while they showed the largest excess in Holborn, Shoreditch, Limehouse, Poplar, St. Saviour Southwark, and St. George Southwark.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,217 births and 4,043 deaths were registered during the week ending Saturday last, October 22nd. The annual rate of mortality in these towns, which had declined from 24.6 to 19.0 per 1,000 in the six preceding weeks, further fell to 18.8 last week. The rates in the several towns ranged from 11.4 in Cardiff, 11.7 in Huddersfield, 12.5 in Blackburn, and 12.8 in Bristol, to 24.4 in Liverpool, 25.7 in Sunderland, 25.4 in Newcastle-upon-Tyne, and 30.2 in Salford. In the thirty-two provincial towns the mean death-rate was 19.8 per 1,000, and was 2.5 above the rate recorded in London, which was 17.3 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.5 per 1,000; in London the rate was equal to 1.6 per 1,000, while it averaged 3.1 in the thirty-two provincial towns, among which the highest zymotic death-rates were 4.7 in Norwich, 5.1 in Sunderland, 6.1 in Hull, and 7.0 in Salford. Measles caused a death-rate of 1.0 in Gateshead, 1.4 in Norwich, and 1.6 in Plymouth; "fever" of 1.1 in Halifax and in Leeds, 1.2 in Salford, 1.3 in Nottingham, 1.4 in Hull, and 2.2 in Sunderland; and diarrhoea of 3.1 in West Ham, 3.6 in Hull, and 4.1 in Salford. The mortality from scarlet fever and from whooping-cough showed no marked excess in any of the large towns. The 72 deaths from diphtheria in the thirty-three towns included 30 in London, 6 in Swansea, 6 in Sheffield, 5 in Portsmouth, 5 in Liverpool, and 4 in Leicester. No fatal case of small-pox was registered during the week under notice, either in London or in any of the thirty-two large provincial towns; and no small-pox patients were under treatment in any of the Metropolitan Asylum Hospitals. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had increased from 2,178 to 2,728 at the end of the eight preceding weeks, had further increased to 2,915 on Saturday last, October 22nd; 381 new cases were admitted during the week, against 300, 358, and 357 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, October 22nd, 951 births and 572 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had increased from 19.1 to 20.7 per 1,000 in the three preceding weeks, declined to 19.9 last week, but was slightly above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 13.0 in Leith and 13.7 in Aberdeen to 22.1 in Perth and 23.8 in Greenock. The zymotic death-rate in these towns averaged 2.9 per 1,000, the highest rates being recorded in Dundee and Greenock. The 283 deaths registered in Glasgow included 3 from scarlet fever, 2 from diphtheria, 11 from whooping-cough, 5 from "fever," and 18 from diarrhoea. Five fatal cases of measles, 3 of scarlet fever, and 2 of diphtheria were recorded in Edinburgh; and 4 deaths were referred to "fever" in Greenock.

IRREGULAR APPOINTMENT OF A DISTRICT MEDICAL OFFICER.

We learn from the *Bristol Times* that at a meeting of the Warmley Board of Guardians held on the 10th inst., a letter was read from the Local Government Board, pointing out to the guardians that the recent appointment by them of Dr. C. J. Perrott as Medical Officer of the Oldland District for a period of three years did not appear to be in accordance with regulations, as Dr. Perrott was fully qualified and resided in the district for which they proposed to appoint him temporarily, and that unless some satisfactory explanation could be given for this apparent irregularity, a fresh election would have to take place. We are sorry to

find that Dr. Perrott after having been once elected by the guardians should be put to any trouble by having to face a fresh election, but notwithstanding this, it is very satisfactory to note that the Local Government Board will not allow guardians to make temporary medical appointments when by regulations these should be for life. We hope to hear shortly that Dr. Perrott has been permanently appointed to the office.

SMALL-POX AT STOCKTON.

IN connection with the recent prevalence of small-pox at Stockton, the Urban Council, on the motion of the Mayor, have passed a resolution of thanks to Alderman Hind and Councillor Dr. Hughes for their services as an emergency committee. On the motion of Dr. Hughes the thanks of the Council were also recorded to the medical officer of health, Dr. J. Horne, and his staff for their work during the epidemic. In addition, a money bonus was unanimously voted to the medical officer of health, the assistant surveyor, and the inspector of nuisances.

VACCINATION ADMINISTRATION AT KINGSTON-ON-THAMES.

A MEMORIAL signed by the Mayor of Kingston and a number of influential gentlemen, including Dr. H. Beale Collins, the Medical Officer of Health, and several other medical men, has been presented to the Kingston Board of Guardians regarding the administration of the new Vaccination Act. The memorial suggests: (1) That the Board should request the public vaccinators of the district to meet and prepare a set of regulations for the performance of vaccination under antiseptic conditions, and for the prevention of subsequent contamination of the vaccine vesicle; and (2) that as under the new law, with public stations abolished, the time occupied in vaccination will be greatly increased, this fact should be considered in arranging the future remuneration of the officers. At the meeting of the guardians it was ordered that the memorial lie on the table, on the ground apparently that it was not an official document.

ELIGIBILITY OF JUNIOR PARTNER TO OFFICE VACATED BY SENIOR.

SENEX writes that he has held the appointment of medical officer to a union over forty years, and is now inclined to accept the superannuation allowance. His partner has been associated in the work four or five years, and is willing to take the appointment. Is he eligible, as being partner of the recipient of superannuation?

. As medical partnerships are not recognised in the Poor-law Medical Service, the junior partner would be eligible for the vacancy created by the retirement of "Senex."

THE EFFECT OF THE NEW VACCINATION ACT.

R. writes: It would be interesting to know whether the experience of other public vaccinators as to the result of the new law corresponds with my own. The outcome of my autumn attendance at my only station is the vaccination of two. The numbers for the previous nine years have varied from 6 to 16, the average being 11.5. I know of no other cause than the change in the law for this marked falling off.

. It is too soon yet to judge of the result, and discussion at present would therefore be premature.

MEDICAL NEWS.

SUCCESSFUL VACCINATION.—Dr. Robertson, Public Vaccinator for the Bloxham District of the Banbury Union, has for the second time in succession been awarded the Government grant for efficient vaccination.

SIR RICHARD THORNE, K.C.B., will give the Harben Lectures for 1898 of the Royal Institute of Public Health on Wednesday, November 2nd, 9th, and 16th at 5 p.m. at the Examination Hall of the Royal Colleges of Physicians and Surgeons, Victoria Embankment. The subject of the course will be the Administrative Control of Tuberculosis.

RELIGIOUS VERSUS LAY NURSES.—The General Council of the Bouches-du-Rhône Department recently passed a resolution that the nursing of the hospitals of Marseilles should be taken out of the hands of the Sisters of Charity and entrusted to lay nurses. The Medico-Chirurgical Society of the Hospitals of Marseilles has addressed a strong and unanimous protest against the proposed change to the President of the Council of Ministers, to the Prefect of the Bouches-du-Rhône Department, to the Mayor of Marseilles, and to the Hospital Administrative Council.

NATIONAL AID SOCIETY.—Colonel Young, Commissioner of the National Society for Aid to the Sick and Wounded in War (British Red Cross Society), with the sanction of the Council of the Society, recently placed in the hands of the Sirdar the sum of £300, to be applied directly for the benefit of the Egyptian soldiers who have suffered in the recent campaign, and the sum of £200 for the purchase and immediate dispatch to Omdurman of articles urgently needed for the Dervish wounded who are being treated by the Egyptian medical

staff. We are informed that the supplemental aid rendered in the Soudan campaign by the Society has made a very favourable impression in Egypt and the Soudan, and has been most highly appreciated by the sick and wounded.

HYDROPHOBIA IN THE PHILIPPINE ISLANDS.—According to a local scientific journal (*Cronica de Ciencias de Filipinas*) rabies, when it attacks the human subject in the Philippines, is popularly believed to occur under two distinct forms, to wit, hydrophobia properly so-called, and aerophobia, the malady in the first form being characterised by an intense horror of all lustrous objects, including water, while in the second form the spasms are excited by air currents however slight. A further subdivision into furious madness, when hyperexcitement of the nervous centres prevails, and dumb madness, when the chief symptoms are paralytic, is also generally recognised by observers. The following treatment is customarily adopted: 1. Cauterisation of the wound with a live ember, or by means of the actual cautery. 2. Washing the part with a concentrated decoction of a plant known locally as "macabuhay" (*Menispermum crispum*). 3. The administration in copious draughts of a warm infusion of canella (*Laurus cinnamomum*) until the effects show themselves in exaltation of the nervous system. The canella, which should be persevered with for a fortnight, is said to cause profuse perspiration lasting four or five hours, the patient meanwhile being kept closely enveloped in thick blankets in order to encourage the action of the skin. In the opinion of the heaven-born physicians who chiefly represent the medical faculty the foregoing treatment is nothing less than infallible provided it be commenced early enough, but unfortunately trustworthy statistics are lacking.

MEDICAL VACANCIES.

The following vacancies are announced:

- ALEXANDRA ORPHANAGE**, Hornsey Rise, N.—Medical Officer; non-resident. Applications to A. C. P. Coote, M.A., Secretary, 73, Cheapside, E.C.
- BATH GENERAL OR ROYAL MINERAL WATER HOSPITAL**.—Resident Medical Officer, unmarried. Salary, £100 per annum, with board and apartments. Applications to the Secretary by October 31st.
- BIRMINGHAM GENERAL DISPENSARY**.—Resident Surgeon. Salary, £150 per annum (with an allowance of £30 for cab hire), with rooms, fire, light, and attendance. Applications to the Secretary by November 14th.
- BIRMINGHAM PAISH**.—Resident Assistant Medical Officer for the Workhouse Infirmary. Salary, £100 per annum, with furnished apartments, rations, coals, gas, washing, and attendance. Applications, on forms provided, to the Clerk to the Guardians by November 5th.
- CAMBRIDGE: ADDENBROOKE'S HOSPITAL**.—Resident House-Physician. Salary, £55 per annum, with board, lodging, and washing. Applications to the Secretary by December 31st.
- 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 October 31st.
- CARDIFF INFIRMARY**.—Honorary Gynaecologist. Applications endorsed "Gynaecologist" to the Secretary by November 7th.
- CARMARTHENSHIRE INFIRMARY**.—Resident Medical Officer, unmarried. Appointment for twelve months. Salary, £100 per annum, with furnished apartments, board, attendance, fire, gas, and washing. Applications to the Secretary by November 1st.
- CHARING CROSS HOSPITAL**.—Assistant Obstetric Physician. Applications to the Chairman of the Council by November 5th.
- CHATTERIS URBAN DISTRICT COUNCIL**.—Medical Officer of Health. Salary, £20 per annum. Applications to the Clerk to the Council by November 5th.
- EVELINA HOSPITAL FOR SICK CHILDREN**, Southwark, S.E.—Clinical Clerks (unqualified), tenable for three months. Applications to the Registrar.
- GERMSBY AND DISTRICT HOSPITAL**.—Resident House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary by November 21st.
- HOSPITAL FOR DISEASES OF THE THROAT**, Golden Square, W.—Resident Medical Officer. Salary, £50 per annum, with board, residence and washing. Applications to the Secretary-Superintendent by November 5th.
- HOSPITAL FOR SICK CHILDREN**, Great Ormond Street, Bloomsbury.—House-Surgeon, and a House Physician, unmarried. Appointment for six months. Salary, in each case, £30, with board and residence. Applications (on forms provided) to the Secretary by November 15th.
- HULL: VICTORIA CHILDREN'S HOSPITAL**.—Lady Assistant House-Surgeon. Salary, £40 a year, with board, lodging, and laundry. Applications to the Honorary Secretaries by November 2nd.
- LEEDS: GENERAL INFIRMARY**.—Resident Casualty Officer. Salary, £100, with board, lodging, and washing. Applications to the Secretary to the Faculty by November 8th.
- LIVERPOOL DISPENSARIES**.—Assistant Surgeon; unmarried. Salary, £80 for the first year, £90 per annum afterwards, with apartments, board, and attendance. Applications to the Secretary, 34, Moorfields, Liverpool, by November 2nd.
- LONDON HOSPITAL**, Whitechapel, E.—Surgeon. Election on November 7th.
- LONDON LOCK HOSPITAL**, 91, Dean Street, W.—Surgeon to out-patients. Must be F.R.C.S. Eng. Applications to the Secretary, at Harrow Road, W.
- MANCHESTER: HULME DISPENSARY**.—Honorary Surgeon. Applications to the Hon. Secretary by November 7th.
- MORPETH: NORTHUMBRIA COUNTY ASYLUM**.—Assistant Medical Officer; unmarried, and not more than 30 years of age. Salary, £125 per annum, rising to £155, with board, lodging, and washing. Applications to the Medical Superintendent by November 14th.
- NORTH-EASTERN HOSPITAL FOR CHILDREN**, Hackney Road, N.E.—House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with board and washing. Applications to the Secretary, 27, Clement's Lane, Lombard Street, E.C., by November 28th.
- NORTH-WEST LONDON HOSPITAL**, Kentish Town Road, N.W.—Resident Medical Officer and Assistant Resident Medical Officer. Appointment for six months. Salary of £50 per annum attached to the senior post. Personal application on November 1st, at 5 P.M.
- OLDHAM INFIRMARY**.—Junior House-Surgeon. Salary, £70 per annum, with board and residence. Applications to the Hon. Secretary by November 1st.

- PRESTWICH: MANCHESTER COUNTY ASYLUM**.—Pathologist. Salary, £200 per annum, with furnished apartments, board, attendance, and washing. Applications to the Superintendent.
- RICHMOND BOROUGH AND HESTON AND ISLEWORTH URBAN DISTRICT JOINT ISOLATION HOSPITAL COMMITTEE**.—Resident Medical Officer at the Mogden Isolation Hospital. Salary, £100 per annum, with furnished apartments, rations, and washing. Not less than 25, or more than 40, years of age, unmarried. Applications (on forms provided) to F. C. Greville Smith, Clerk to the Joint Committee, 172, High Street, Hounslow, by November 7th.
- ROYAL EAR HOSPITAL**, Frith Street, Soho, W.—House-Surgeon, non-resident, for six months. Honorarium 12 guineas. Applications to the Hon. Secretary before November 15th.
- ROYAL FREE HOSPITAL**, Gray's Inn Road, W.C.—House-Surgeon. Appointment for six months. No salary, but board will be provided. Applications to the Secretary by October 31st.
- ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM**, City Road, E.C.—Honorary Surgeon; and Honorary Assistant Surgeon. Applications to the Secretary by November 18th.
- ST. PANCRAS AND NORTHERN DISPENSARY**, 126, Euston Road.—Honorary Physician. Applications to the Hon. Secretary, 23, Gordon Street, W.C., by October 31st.
- TIVERTON INFIRMARY AND DISPENSARY**.—House-Surgeon and Dispenser; unmarried. Salary, £105 per annum, with lodgings, attendance, fire, and lights. Applications to the Hon. Secretary by November 16th.
- TORQUAY, TORBAY HOSPITAL PROVIDENT DISPENSARY AND EYE HOSPITAL**.—House-Surgeon, not less than 25 years of age. Salary, £30 per annum, with board, lodging, and attendance. Applications to the Secretary by November 1st.
- YORK DISPENSARY**.—Resident Medical Officer, unmarried. Salary, £150 per annum, with furnished apartments, coals, and gas. Applications to Mr. W. Draper, De Grey House, York, by November 1st.

MEDICAL APPOINTMENTS.

- ALFORD**, Henry James, M.D. Lond., M.R.C.S. Eng., reappointed Medical Officer of Health to the Taunton Town Council.
- BARBOUR**, A. H., M.D., F.R.C.P. Edin., appointed Assistant Physician to the Edinburgh Royal Maternity and Simpson Memorial Hospital, vice R. Milne Murray, M.B., C.M., F.R.C.P. Edin.
- BEATTIE**, J. M., M.B., C.M. Edin., appointed Assistant Professor of Pathology at the University of Edinburgh.
- BLAMEY**, J., M.R.C.S. Eng., L.S.A., appointed Medical Officer for the Mylor District of the Falmouth Union, vice E. Head Moore, L.R.C.S. Edin., L.S.A.
- BRENGHAM**, C. D., F.R.C.S. Eng., L.D.S. & D.P.H.M.R.C.S.I., appointed Medical Officer for the Third District of the Yeovil Union.
- BRIDGES**, Ernest Chittenden, M.B., B.S. Durh., appointed Physician-in-Ordinary to the Infirmary for Consumption, Margaret Street, Cavendish Square, W.
- BURGESS**, A. H., M.B., B.Ch. Vict., appointed Second Assistant Medical Officer to the Crumpsall Workhouse, Manchester, vice J. A. MacLaren, M.B.
- DE JESSEY**, Walter B., M.B., B.C., L.R.C.P. Lond., appointed Honorary Assistant Medical Officer to the Surrey County Hospital.
- DOWN**, A. R., L.R.C.P. Lond., L.S.A., appointed Medical Officer for the Bampton District of the Tiverton Union, vice G. de V. Belsom, M.R.C.S., L.R.C.P.
- EYVON**, Mr. A. F., appointed Medical Officer for the Second District of the North Wiltshire Union, vice F. O'Connor, L.R.C.P., L.R.C.S.I.
- FENWICK**, S. C., Collingwood, M.R.C.S. L.R.C.P., appointed Medical Officer for the No. 10 District of the Lambeth Union.
- GOODBODY**, E. E., M.B. Dub., appointed Medical Officer for the Great Bardsfield District of the Dunmow Union, vice R. Richmond, M.D. Edin.
- GRAHAM**, F. M., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Fifth District of the Drayton Union, vice A. C. Hartness, L.R.C.P., L.R.C.S. Edin.
- JOLLY**, Dr., appointed Medical Officer for the No. 6 District of the Bridgewater Union, vice G. Forde, M.R.C.S. Eng., resigned.
- KITCHIN**, Dr., appointed Medical Officer for the Box District of the Chippenham Union, vice C. H. Hill, M.D. Brux., M.R.C.S. Eng.
- LOCKING**, Dr. B., appointed to the Honorary Medical Staff of the Napier Hospital, Hawke's Bay, New Zealand.
- MACCIE**, P. Percival, M.R.C.S. Eng., L.R.C.P. Lond., appointed Junior Assistant Medical Officer to Salop and Montgomery Asylum, near Shrewsbury.
- MACLAREN**, J. A., M.B., appointed Senior Assistant Medical Officer to the Crumpsall Workhouse, Manchester, vice Dr. T. Gregory, resigned.
- MORGAN**, Albert Thomas, M.D. Brux., L.S.A., appointed Medical Officer for the No. 4 District of the Bristol Union.
- MUIR**, David C., M.D. Glasg., appointed Medical Officer of Health to the Abertillery Urban District Council, vice W. E. Williams, F.R.C.S. Edin., resigned.
- MULLIGAN**, J. W., M.B., B.S. L., M.Ch., appointed Medical Officer for the Abersychan Local Sanitary District of the Pontypool Union, vice A. R. Verity, M.R.C.S. Eng.
- PARSONS**, Allan C., M.R.C.S. Eng., L.R.C.P. Lond., appointed House-Surgeon to the Victoria Hospital for Children, Chelsea.
- SHARMAN**, Mark, M.B., M.S. Glasg., M.R.C.S. Eng., D.P.H. Scot., appointed Medical Officer of Health to the Rickmansworth Urban District Council.
- SKEARER**, Alfred, M.B., C.M., appointed House-Surgeon to the Edinburgh Royal Maternity and Simpson Memorial Hospital.
- SIMPSON**, A. R., M.D., F.R.C.P. Edin., appointed Physician to the Edinburgh Royal Maternity and Simpson Memorial Hospital, vice Halliday Croon, M.D., F.R.C.S. Edin.
- STANDSTEIN**, Alfred Charles, M.B., Ch.B., appointed House-Surgeon to the Edinburgh Royal Maternity and Simpson Memorial Hospital.
- STAPLE**, James Dibble, M.R.C.S. Eng., appointed Medical Officer for the No. 3 District of the Bristol Union.
- TAYLOR**, F. A., M.R.C.S. Eng., appointed Medical Officer for the Third District of the Romsey Union, vice E. N. K. Wells, M.B., C.M. Edin.
- THOMAS**, J. Lynn, F.R.C.S. Eng., appointed Honorary Surgeon to the Hamadryad Hospital, Cardiff, vice Alderman Edgar Jones, M.D., deceased.
- WADIA**, D. R., L.R.C.P. Edin., M.R.C.S. Eng., L.M. & S. Bombay, appointed Honorary Physician to the Parsee Fever Hospital, Bombay, vice K. N. Bahadurjee, M.D. Lond., deceased.
- WILSON**, Dr. A. T., appointed Medical Officer for the Inkberrow District of the Alcester Union, vice Dr. W. Jones.
- WILSON**, W. M.D., appointed Medical Officer for the Abereychan Northern District of the Pontypool Union, vice A. R. Verity, M.R.C.S. Eng.
- EDINBURGH ROYAL INFIRMARY**.—The following appointments have been made for the six months beginning October 1st, 1898:
Resident Physicians.—G. F. Barbour Simpson, M.B., Ch.B., appointed to Professor Sir T. Grainger Stewart; J. D. Slight, M.A., M.B., Ch.B., to Professor T. R. Fraser; Duncan Forbes, M.B., C.M., to Professor Greenfield; David W. MacLagan, M.B., C.M., to Dr. J. O. Affleck; Charles W. F. Melville, M.B., Ch.B., to Dr. Smart; G. W. Miller, M.B., C.M., to Dr. Byrom Bramwell.
Resident Surgeons.—Charles John Caddick, M.B., C.M., to Professor Annandale; C. M. Cooper, M.B., Ch.B., to Professor Chiene; James Graham, M.B., C.M., to Dr. P. H. MacLaren; Edgar Sommerville, M.B., Ch.B., to Dr. C. W. MacGillivray; W. W. Wood, M.B., C.M., to Mr. Cotter.
Clinical Assistants.—J. Taylor Grant, M.D., B.Sc., to Dr. Alexander Bruce; H. J. F. Simpson, M.B., C.M., to Dr. Murdoch Brown; John McGibbon, M.B., L.R.C.P. & S.E., to Dr. William Russell; G. W. Simla Patterson, M.B., C.M., to Dr. G. Lovell Gulland; John Malcolm, M.B., C.M., to Dr. E. F. C. Leith; J. Ligtbow, M.B., C.M., to Dr. P. H. MacLaren; James V. Paton, M.R.C.S. Edin., to Dr. George Mackay; William Finlay, M.B., Ch.B., to Dr. P. M. B. B. Gibb; H. E. Gibb, M.B., Ch.B., to Professor Greenfield; L. J. Montagu Deas, M.B., Ch.B., to Dr. MacGillivray.
Non-Resident House-Physicians and Surgeons.—John Henry Rhodes, M.B., Ch.B., to Professor Simpson; W. Macrae Taylor, M.B., C.M., to Dr. J. Halliday Croon; F. J.

