

perhaps to be traced to the circumstance that Cecil was grandson of Sir Anthony Cooke, who was also the grandfather of Francis Bacon. Again, it is not without interest to remember that the most unsparing critic of Harvey's great discovery among his own countrymen was Dr. James Primrose, the collateral ancestor of another living statesman distinguished for his wit, learning, and patriotism, of whom it may be justly said that he is nothing if not critical. Sir John Spencer, who was Chairman of the Court when Harvey was elected to St. Bartholomew's, had been Lord Mayor, and was the father of that Elizabeth Spencer who eloped with Lord Northampton, and from whom is descended a well-known living enthusiast for municipal government. Lord Arundel, with whom Harvey travelled, and with whom he was on the best of terms, is only seven generations in the direct line from the present Postmaster-General. Two of the witnesses of Harvey's will, Mr. Heneage Finch and Sir Edward Dering, were his nephews by virtue of marriages with Elizabeth and Mary Harvey respectively, the daughters of Daniel Harvey of Coombe. The present Earl of Winchilsea is only fifth in direct descent from Elizabeth Harvey; while the present holder of the Dering baronetcy is eighth in direct descent from Mary. Although Harvey had probably taught the doctrine of the circulation for ten years before Bacon died, that philosopher gives us no hint that he was aware of it. Harvey's treatise was not finally published until two years after Bacon's death, so that Bacon's silence about Harvey's discovery is not very astonishing. But it points to the isolation of scientific workers before the establishment of the Royal Society, which has served as an invaluable exchange and mart for commodities, compared with which all the gold of the earth is "as a little sand." Our late President once remarked to me that Shakespeare's appreciation of our profession was not very flattering. This is not to be wondered at, for the doctrine of the circulation was certainly not taught until the year of Shakespeare's death (1616), and before the establishment of this doctrine rational medicine or rational biology was impossible.

## MEMORANDA:

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

#### DUPUYTREN'S CONTRACTION OF THE PALMAR FASCIA.

An interesting case of Dupuytren's contraction of the palmar fascia came under my care recently. The patient, a tailor aged 71, said that about 10 years ago he first noticed that the palm of each hand became somewhat hard and stiff; and shortly afterwards contraction, beginning simultaneously in the little finger of each hand, gradually spread to the other digits. The condition of the left hand (a sketch of which I enclose) was marked by the fact that the second finger was



Condition of the left hand in a case of Dupuytren's contraction of the palmar fascia. The right hand, with the exception of the ring finger, was similarly affected.

quite spared, while the right hand was similarly affected, with this exception that in the case of the ring finger the disease was only just commencing. The thumbs were partially implicated, so that the movements of abduction could not be performed to a greater extent than that illustrated in the diagram. The skin of the palms was considerably wrinkled from the presence of adventitious furrows, as well as the usual creases which were deeply exaggerated.

Wimpole Street, W.

E. ARCHER BROWN, M.B.

#### ANKYLOSTOMIASIS IN DOGS.

The ankylostoma duodenale is usually believed to be peculiar to man. The following instances of this parasite occurring in dogs may be of interest:

1. June 26th, L.—Tea Garden. The manager, Mr. R.—informed me that one of his dogs, a valuable foxhound, had just died after a brief illness from what he believed was

dysentery, the motions consisting of pure blood. The fact was mentioned that the dog had been seen eating human faeces. *Post-mortem* examination showed the presence in the intestines of blood and blood-stained mucus, and enormous numbers of ankylostomata. Death had resulted from hæmorrhage.

2. July 5th, M.—Tea Garden. *Post-mortem* examination of an unhealthy-looking "pariah" dog revealed numerous ankylostomata in the intestines.

3. July 8th, H.—Tea Garden. I made a *post-mortem* examination of a healthy-looking "pariah," and found a very few ankylostomata present.

The above instances show that the dogs which frequent tea garden lines in Assam suffer from ankylostomiasis. The tea-garden coolies are well known to suffer from the disease. Ample evidence of this is afforded, first, by *post-mortem* examination; secondly, by microscopic examination of the faeces; thirdly, by discovering the parasite in the faeces after the administration of thymol; fourthly, by the prevalence of anæmia. The coolies who are imported into Assam from various parts of India live in rows of dwellings known as "lines." They deposit their faeces in the immediate neighbourhood of their dwellings. Dogs, pigs, cows, etc., may be seen eating their faeces. The soil is probably infected with the eggs and embryos of the parasite, which probably survive a long time in the moist warm earth. Little or nothing is done to combat the disease. The use of latrines by the coolies and the disinfection of their faeces would be an effectual way of rendering the disease less prevalent; but the scepticism of the planters, the apathy of the Government, and the prejudices of the coolies are obstacles to their use. Unfortunately there is no other way of keeping the disease in check.

Assam.

ROBERT W. GRAY, M.B., C.M.

#### SUPPRESSION OF URINE FOR FIVE DAYS.

I AM indebted to the courtesy of Dr. Brittin, whom I met in consultation, for the permission to publish the notes of this case.

H. M., aged 56, had been ailing for some months with occasional attacks of abdominal pain. He was suddenly seized with suppression of urine. His condition was as follows: The abdomen is extremely distended, and tympanitic all over, even in the flanks. The umbilicus is protruded, and hard, and of a dark purple colour. Liver dullness normal. A catheter was passed, and the bladder found to be empty. Cystoscopy showed the bladder walls to be fairly normal. The left ureter appeared to be blocked with a plug of greyish mucus. From the right ureter a flame-shaped clot was protruding. Cancer of the kidney was diagnosed, whilst it was conjectured that the left kidney was either absent or destroyed.

The suppression lasted for five days and a few hours, and the patient at last consented to operation. Just before operating he passed seven ounces of urine, and the operation was postponed. During the next 48 hours he passed 62 ounces, the third day he passed only 3 ounces, and the abdomen was then opened. The intestines were empty, and of an unhealthy purple colour, the peritoneal cavity was filled with milky fluid. The left kidney was hard and enveloped in a stony mass of growth, the right was soft, but its ureter was apparently being compressed by a mass of hard nodules in the mesentery. The patient was sent back to bed, and in the next 24 hours he passed 169 ounces of clear urine. For the next seven days he passed an average of 100 ounces, the urine then decreased rapidly, and he died 11 days after operation.

On *post-mortem* examination the mesentery was found to be converted into a hard mass of carcinomatous growth, the intestines were not involved, the left kidney was completely destroyed, and could hardly be separated from the surrounding mass of cancer, the ureter was a mere fibrous cord, which could be dissected out from the general mass.

The right kidney was not involved except at the commencement of the ureter and a small portion of the pelvis. The ureter was patent, but had been apparently squeezed by the hard carcinomatous mass into which the mesentery was converted. Perhaps the manipulation during the operation had lifted up this compressing agent, whilst the evacuation of a large quantity of peritoneal fluid had given more room for the kidney and ureter to work.

It had been suggested that the peculiar congested colour of the umbilicus was due to compression of a persisting umbilical vein. This was found to be correct, and at the necropsy I was interested to find a large vein filled with clot, passing upwards from the umbilicus to the liver.

P. CLENNELL FENWICK, M.B.Lond., M.R.C.S., L.R.C.P.  
Surgeon to the Christchurch Hospital, N.Z.

## REPORTS

ON

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

#### NEWCASTLE ROYAL INFIRMARY.

##### ENCYSTED VESICAL CALCULUS.

(By FREDERICK PAGE, Surgeon to the Infirmary.)

My object in reporting this case is that it admirably illustrates the point laid down by Mr. Bruce Clarke in his excellent paper published in the *BRITISH MEDICAL JOURNAL* of May 13th—namely, where symptoms of cystitis persist, resisting all ordinary methods of treatment, even where the presence of a stone is not revealed by sounding, suprapubic exploration will frequently result in the discovery of an encysted calculus.

A man, aged 47 years, was admitted into the Newcastle Royal Infirmary in June, 1899. Ten years previously a stone was removed by lateral lithotomy. Six months ago his bladder symptoms returned, as indicated by the passage of a large quantity of blood by the urethra. Since this occasion there has been no repetition of the bleeding, his complaint being frequency of micturition, great pain on defecation, and, after excretion or straining, intense pain at the end of the penis. On examination of the urine it was found to be neutral, and contained a considerable amount of pus, but no blood. On rectal examination there was great tenderness on either side of the prostate, and on the right side a hard, irregular nodule could be felt. The bladder was sounded on several occasions, and no calculus detected. With rest and irrigation of the bladder the symptoms subsided, but returned in about a fortnight.

Under an anæsthetic, the bladder was again sounded, and no stone could be felt. A suprapubic opening was therefore made for purposes of exploration, and a small irregular calculus, about the size of a small bean, was found encysted behind and to the right of the prostate. On further examining the base of the bladder with the finger, a sharp point was detected near the site of the stone already removed, and this turned out to be the point of a stone in shape exactly like an ordinary tin tack, the whole of which was embedded in the substance of the bladder with the exception of the projecting sharp point. This curious calculus was enucleated with the finger. All symptoms ceased, and the man left the hospital free from any inconvenience, and he continues to be well.

## REPORTS OF SOCIETIES.

### PATHOLOGICAL SOCIETY OF LONDON.

W. WATSON CHEYNE, F.R.C.S., F.R.S., President, in the  
Chair.

Tuesday, October 17th, 1899.

AFTER an introductory address by the PRESIDENT, pointing out the advantage attaching to the cultivation of pathology in all its aspects and the disadvantages that come from extreme specialisation and isolation, a communication upon two cases of Congo sleeping sickness was made by Dr. Patrick Manson and Dr. Mott.

#### SLEEPING SICKNESS.

Dr. MANSON briefly recalled the clinical characters of this disease. It was limited to certain parts of Africa, yet cases occurred, widely scattered in consequence largely of migration. Its period of latency was remarkable. The negroes held its latency to extend over seven years, and probably correctly. Clinically there were three stages: First, one of physical and mental languor; secondly, one of sleep and of indifference, though from this the patient admitted of being temporarily roused; thirdly, to this there succeeded tremors,

emaciation, convulsions, and invariably death. In one of the two cases death was attributable to hyperpyrexia; in the other to a series of epileptiform seizures. There was no impairment of reflexes and the eyes were in all respects normal. In most cases there was a general enlargement of lymphatic glands and the appearance of itching papules. It was stated that at times the hair, naturally dark black in the negro, would turn light and red. The blood in this disease had always been found to contain the filaria perstans, and the distribution of this parasite was strictly confined to the areas where the disease was endemic. Yet against a causal relationship it was to be remembered that this parasite in such districts was so common that it was present in half the negroes. In the Indians of British Guiana filaria perstans was frequently present in the blood, but the evidence as to the occurrence of sleeping sickness amongst them was imperfect. Not only did the embryos of *F. perstans* and *F. nocturna* differ, but the adult worms did also; that of *F. perstans* had a bifid tail. No evidence that the disease was bacterial was forthcoming.

Dr. MOTT related the results of the investigation of the central nervous system in these two cases of Congo sickness, which he illustrated by means of lantern slides and microscopic specimens. The brain and spinal cord, pituitary body and spinal ganglia were examined. To the naked eye the tissues in Case I presented but little change beyond some slight thickening of the pia-arachnoid. The cerebral convolutions were complex and not atrophied; the brain weighed 54 ozs. The two hemispheres were of equal weight, and there was no excess of fluid. In Case II (the younger patient) the dura mater was found adherent to the calvaria. A considerable quantity of cerebro-spinal fluid was present. The pia-arachnoid was somewhat thickened and opaque over the convolutions. The base of the brain likewise showed thickening and opacities of the pia-arachnoid. The weight of the brain was 36 ozs. Neither of the brains showed flattening of the convolutions, erosions on stripping the membranes, or dilated ventricles with granular ependyma. The nervous tissues before mentioned were removed so soon after death as to avoid *post-mortem* fallacies. Portions of different parts of the hemispheres, cerebellum, pons, medulla, and cord, as also the spinal ganglia, were stained by the Nissl, Marchi, and Marchi-Pal methods after suitable fixation. The microscopic examination of these sections exhibited in both instances similar conditions. There was a lepto-meningitis and encephalo-myelitis. Throughout the whole central nervous system, but especially in the medulla and base of the brain, sections showed all the perivascular limits distended with mononuclear leucocytes. The left cerebral hemisphere in Case II showed this condition in an especially marked manner, which very probably accounted for the right-sided fits from which this patient suffered towards the end of life. Sections were also stained for micro-organisms by Gram's, Pfeiffer's, and other methods, but with negative results, in this agreeing with the negative evidence obtained by Dr. Bullock, who examined the blood and lymphatic glands removed from Case II during life. Some of the cerebro-spinal fluid removed from Case II after death yielded on culture various organisms, but this evidence was of no value, since rigid precautions were not taken in obtaining the same; moreover, a large bed sore existed over the sacrum. The general and special appearance of the nerve cells was as follows: In Case I the outline of the nerve cells and their arrangement appeared fairly normal, neither was it considered that the neuroglia cells were markedly increased. The columns of Meynert in the cortex cerebri were distinctly evident, thus contrasting with the appearance of the brain in general paralysis. The cells themselves throughout the whole nervous system showed a uniformly dull, diffuse, staining reaction, and in none of the cells were the Nissl granules evident. This change was undoubtedly due to the hyperpyrexia during the last hours of life. In Case II the cells for the most part presented a normal outline and exhibited Nissl granules on the dendrons and in the body of the cell. In the medulla, however, a considerable number of cells showed chromolytic changes, and to a less degree changes were found in the motor cells of the anterior cornua. The cells in the left hemisphere showed degenerative changes in sections of the motor

British Archaeological Society, and each year, as long as he was able to do so, attended the various provincial meetings.

Mr. Mould's many-sided activity was cut short some four years ago by a stroke of paralysis, from which he never completely recovered. His constitution was gradually undermined, and he sank slowly but surely till the end came on October 10th. He was in his 82nd year.

Mr. Mould, who married a daughter of Mr. Robert Gray, an old and greatly esteemed practitioner of Brompton, leaves a widow and four children. His loss is also mourned by a large number of patients and a wide circle of personal friends.

#### PHILIP B. C. AYRES, C.M.G., M.R.C.S.

MR. PHILIP BURNARD CHENERY AYRES, C.M.G., M.R.C.S., L.R.C.S. Edin., formerly Colonial Surgeon, Hong Kong, died on October 12th, at Blackheath, Kent, in the 59th year of his age. Mr. Ayres qualified M.R.C.S. Eng. in 1864, and L.R.C.P. Edin. in 1865. Shortly after qualifying, Mr. Ayres went to India to take up an appointment as surgeon to railways then being constructed. Mr. Price, Director of Public Works in Hong Kong, had been associated with Mr. Ayres in India, and when in 1873 a vacancy in the colonial surgeoncy occurred in Hong Kong Mr. Price, knowing Mr. Ayres's capabilities and value, persuaded him to take the appointment. It was no light task that fell to Mr. Ayres's lot when he arrived in Hong Kong, but in conjunction with his friend, the Director of Public Works, an immense amount of useful work was done, and the sanitation of Hong Kong was completely reorganised. Great improvements were made in hospital accommodation, a staff of English nurses was introduced into the Civil Hospital where before coolies served; a Sanitary Board was created, over which he for some time presided; a medical officer of health was introduced to the colony, and a colonial veterinary surgeon was appointed. A vaccine institute and numerous other improvements for the public good were instituted under his enlightened guidance. For many years Mr. Ayres was engaged in private practice, but as the colony increased in size and importance he had to confine his attention wholly to his official duties. For some years the effects of his long residence in the East had been telling upon him, and it was plain that his physical powers were decreasing. His friends—and they included every individual in the colony—were grieved to see his failing strength proclaim the fact that they must part with their "Doctor." Generous, kindly of speech, and untiring in the interests of the sick, never was a medical man regarded with more affection than was Mr. Ayres. He left the colony some eighteen months ago in a state of health which caused great anxiety to his friends. In 1895 he was made C.M.G. in recognition of the great services he had rendered in the cause of public health in Hong Kong, and especially for his work in connection with the outbreak of plague in 1894.

#### EDWARD LAWFORD, J.P., M.D. ABERD., F.R.C.S. ENG.

By the death of Dr. Lawford at the age of 79 on October 2nd, Leighton Buzzard was deprived of one of its most prominent citizens. He had borne a long illness and much suffering with exemplary patience and fortitude. His father was William Robinson Lawford, a medical practitioner of Leighton Buzzard, where Dr. E. Lawford was born in 1820. His medical education commenced at the Salop Infirmary, Shrewsbury, and after three years there was continued at University College, London. When qualified at College and Hall he returned to his native town in 1844, obtained the degree of M.D. ABERD. in 1853, and was elected F.R.C.S. in 1875. Early in his career he published several papers in the *BRITISH MEDICAL JOURNAL*, and was elected President of the South Midland Branch of the British Medical Association in 1866. During the last twenty years he had turned his attention to the archaeology of Leighton and its district, and was elected a Fellow of the Society of Antiquaries of London. He was Physician to the Leighton Buzzard Dispensary for many years, and Certifying Factory Surgeon.

After forty-four years of constant medical work, in which he won the love and respect of rich and poor alike, he retired in 1888, retaining the post of Consulting Physician to the dispensary. He was for some years visiting justice to the asylums in Bedfordshire, a member of the school board and the urban council, trustee of many charities, and vicar's church-

warden. For years, too, he held a Bible class for youths who from age had discontinued attendance at school. He was a great benefactor to the parish church, restored its porches, gave clerestory windows to the nave, and had presented to the parish a house in Beaudesert as a residence for one of the curates. Kind, courteous, and most estimable in his private character, he had naturally won for himself a large circle of friends.

The burial took place in the family vault at All Saints' Churchyard amidst signs of widespread sorrow, and very many townspeople were present.

#### THE RT. REV. J. W. HICKS, M.D., D.D., F.R.C.P.

DR. JOHN WALE HICKS, Bishop of Bloemfontein, died at Maseru, Basutoland, on October 11th. He was born in 1840, and passed through the usual medical curriculum at St. Thomas's Hospital. He took the B.A. of the University of London in 1861, gaining honours in Chemistry, Physiology, and Botany, the B.Sc. degree with honours in Chemistry and other subjects in the following year, and the M.B. in 1863, when he obtained the Gold Medal in Obstetric Medicine. He became M.D. in 1864, and a Member of the Royal College of Physicians of London in 1865. Subsequently he entered as a foundation scholar at Sidney Sussex College, Cambridge, and in 1870 he was placed Senior in the Natural Science Tripos, and was at the same time 2nd Senior Optime. He was Demonstrator in Chemistry in the University for eleven years, and became a Fellow of his College in 1874. In 1871 he took Holy Orders, and after holding several cures became Dean of his College. In 1881 he was elected a Fellow of the Royal College of Physicians. In 1892 he was consecrated Bishop of Bloemfontein. His diocese included the Orange Free State, Basutoland, Bechuanaland, and Griqualand West. In his early days he wrote a textbook on inorganic chemistry. He always retained his interest in the medical profession, and was present at one of the meetings of the Royal College of Physicians during his last visit to this country. There are two other Bishops who hold the M.D. degree, the Bishop of Rangoon and the Bishop of Likoma.

DR. GERHARD WESTFELD, of Stockholm, Physician in Ordinary to Queen Sophia and to the Queen-Mother Josephine of Sweden, died recently at the age of 71. He entered the University of Upsala in 1848, and supported himself while a student by acting as a private tutor. He graduated as Licentiate in Medicine in 1852. In 1893, on the occasion of the celebration of the jubilee of Upsala, that university conferred on him the degree of Doctor. Dr. Westfeld held a very high position in the profession of Sweden, and did much for the promotion of temperance in that country.

MR. THOMAS IREDALE, M.R.C.S., L.R.C.P., of Leeds, died at his residence, Albion House, Spencer Place, after an illness of two months' duration. Mr. Iredale, after a successful career as a chemist in the town, elected to take up the study of medicine. With characteristic energy and persistence, he rapidly prepared himself for his new vocation. He was unvaryingly punctual at all lectures, and in the hospital spent all his time in the careful personal examination of patients. His acquisition of sound clinical knowledge was, therefore, unusually swift. After a short time spent at St. Bartholomew's Hospital, he qualified in 1887, and immediately began practice in Leeds. He was a man with a deep insight into the character of the class of people who formed his practice. With a happy knack of eliciting the confidence of his patients, a sound clinical method, and a wide knowledge of the properties of drugs, he soon attained a considerable practice. He was a member of the Yorkshire Branch of the British Medical Association. During the last few months of life symptoms of heart disease became increasingly troublesome, and owing to the onset of complications the disease proved fatal. He leaves a widow, one son in the profession, and five daughters.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Hermann Blaschko, of Berlin, a distinguished hygienist and collaborator with Professor Eulenberg in his *Encyclopædia of Hygiene*, aged 74; Dr. Giuseppe Puglia, some

time Professor of Physiology in the University of Modena; Dr. Theodore Puschmann, Professor of the History of Medicine in the University of Vienna; and Dr. Domingos Freire, formerly Professor of Organic Chemistry in the Medical Faculty of Rio de Janeiro.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

### MEDICAL ARRANGEMENTS FOR THE TRANSVAAL.

As regards the arrangements for the treatment of the sick and wounded soldiers in South Africa, it is now proposed that patients not likely to be fit for duty within one year should be sent direct to England, and the hospital-ship accommodation for the treatment of other cases might then be reduced to 200 beds instead of 500 as originally proposed.

Twenty-nine N.C.O.'s. and men of the Royal Army Medical Corps left Devonport on October 10th for Southampton, Netley, and Aldershot, to bring the bearer companies which are being mobilised up to strength. The 16th Field Hospital Company at Devonport, numbering between 70 and 80 officers and men, is under orders to embark early in the week. Reservists are coming in with remarkable promptitude. The Army Medical Staff serving in Dublin garrison left on October 10th for Southampton; the *Spartan* hospital ship sailed on the same date. The 1st Scots Guards, it is stated, are somewhat largely affected by medical rejections, and men in hospitals together numbering about 100, and it is probable the battalion will need 300 reservists to make up the strength of 1,112 of all ranks required. The war correspondent of the *Daily Telegraph* writes that 150 invalid soldiers were sent to Pietermaritzburg on the evening of October 11th. A meeting of Afrikaners has been held in Paarl in Cape Colony, at which it was resolved to organise a Red Cross service for the Transvaal. The Dutch Red Cross Society will on October 28th send an ambulance corps under Dr. Lingbeck to the Transvaal via Lourenço Marques.

The Royal Engineers and other soldiers at Chatham ordered on service to South Africa are being inoculated against enteric fever. The same procedure is being adopted at Aldershot with officers and men.

The 18th British Field Hospital, of which Major Donegan, R.A.M.C., will have charge, was mobilised at Bangalore early in September for service with the cavalry brigade. The following medical officers and assistant surgeons I.M.S. (Sub-medical Department) have joined for duty: Captain W. D. Erskine, R.A.M.C., and Assistant Surgeon C. B. Green, from the Madras District; Captain T. McDermott, R.A.M.C., and Assistant Surgeon A. W. Thomas, from the Southern District; and Assistant Surgeons J. A. S. Connor, J. Gibson, A. A. S. Hart, and P. T. Duckworth, from the Bangalore District. The whole of the Army Hospital Corps Establishment of the Field Hospital will be provided from Secunderabad, and join it at Bombay. No transport or transport establishment, and no ambulance, tonga bullocks, or drivers will accompany the hospital from India.

A party of non-commissioned officers and men of the 10th Company R.A.M.C. left Chatham on October 11th for Aldershot to join the body under orders to embark for South Africa on the 13th from Southampton. Major-General Fraser, commanding the Thames District, inspected the men on parade at Fort Pitt Hospital, and congratulated them on their smart appearance, and wished them success and a safe return. The remainder of the company left Fort Pitt on October 13th, and the medical work of the hospital will be transferred to local civil practitioners, whilst the Lancashire Fusiliers will furnish ward attendants.

No. 4 Stationary Hospital (Edinburgh) will embark on October 21st; No. 2 General Hospital (Netley) on October 29th from Southampton; the Staffs for two hospital trains will embark on October 23rd.

The St. John Ambulance Association is forwarding stretchers, hampers, and other ambulance material of the value of several hundred pounds to its South African Centre. It has been decided that ambulance waggons, watercarts, etc., shall embark with the various units of the army corps instead of being issued in South Africa. The 4th Stationary Field Hospital mobilises in Edinburgh, from whence 10 con-commis-

sioned officers and men of the Royal Army Medical Corps left on October 10th to join the 3rd General Hospital forming at Aldershot.

It is stated that at Mafeking Dr. W. A. Hayes, the Medical Officer to the Railway and to the Police, had organised an ambulance service; a number of houses had been converted into hospitals, and several ladies had volunteered to remain and act as nurses. The Roman Catholic Bishop telegraphed to the Superior of the Convent at Mafeking, granting permission to the Sisters to leave, but they elected to stay and nurse the wounded.

Several members of the Army Medical Corps now doing duty with the Royal Artillery at Leeds are under orders for the Cape, and left for Aldershot last week. Early last week about 27 men of the R.A.M.C. left Portsmouth for Southampton, having been detailed for duty with the hospital ship *Trojan*.

The medical units for the 1st Division go to South Africa on Friday, October 20th.

Medical officers on the retired list have been communicated with from the Medical Division, War Office, for employment in military hospitals in the United Kingdom, should their services be hereafter needed.

The following is the arrangement for conveying the medical corps to South Africa: The detachment No. 2 Bearer Company R.A.M.C. proceeds in the *Yorkshire* on October 20th, while on the same date in the *Roslin Castle* proceed No. 2 Company R.A.M.C., Depot Companies R.A.M.C., and civilian medical officers. In the *Harlech Castle* a detachment, depot companies, field hospital; in the *Lismore Castle* also a detachment, depot companies, field hospital; and in the *Manila*, depot companies R.A.M.C. Both these vessels also leave Southampton on October 20th. On October 21st, the *Nubia* takes No. 18 Company R.A.M.C., field hospital; the *Gascon*, No. 18 Company R.A.M.C., Bearer Company, and No. 19 Company Field Hospital R.A.M.C.; the *Ghoorka*, a detachment No. 18 Bearer Company R.A.M.C. On October 22nd the *Malta* freight ship takes a detachment No. 18 Company Field Hospital R.A.M.C.; the *Pavonia*, No. 17 Bearer Company R.A.M.C. On October 23rd, the *Oriental* takes No. 11 Company, Bearer Company R.A.M.C.; the *Hawarden Castle*, No. 17 Company (Bearers) R.A.M.C.; the *Aurania*, No. 1 Company (Bearers) R.A.M.C.; the *Armenian*, detachment No. 19 Company Field Hospital R.A.M.C.; the *Nomadic*, detachment No. 9 Company (1st Cavalry Brigade Field Hospital) R.A.M.C. On October 24th, the *America* embarks at Tilbury a detachment No. 9 Company (Bearers) R.A.M.C. Each transport proceeding with troops to South Africa will thus have a detachment of the R.A.M.C. detailed either for field hospital or bearer company duties, and for any medical service required on board ship. Medical officers appointed to field hospitals or bearer companies will no doubt proceed with their respective detachments. The offer of a fully-equipped field hospital from the New South Wales Medical Staff has been accepted.

It has been thought advisable that the force shall be accompanied by an expert in bacteriology and chemical analysis, and accordingly Captain M. L. Hughes, R.A.M.C., has been selected to be at the disposal of the Principal Medical Officer whenever a careful investigation may be considered desirable. His services will be especially useful with reference to the sources of drinking water and the occurrence of enteric fever.

### HORSES AND FIELD KIT.

Referring to our article on the provision of horses and field kit which appeared on October 7th, a correspondent of some standing in the service detailed for duty with cavalry in South Africa writes:

"The horse question is the more serious. It means a financial catastrophe to a medical officer to be attached to a cavalry regiment for the campaign. The special regulations state that he is to have two horses, which means an expenditure at the very least of £100, and in a few months he may, if fortunate, recover from £20 to £25 by the sale of the two. It should be stated by the War Office what the intention is about horses for medical officers after the campaign. Should the present order be allowed to stand as it is the horses will be sold at a great loss in South Africa. The suggestion offered, therefore, of repurchase by Government at a valuation, or pro-

vision of transport to a new station after the campaign, is worthy of carrying out. Medical officers attached to cavalry should be entitled to get one troop horse under the same conditions that cavalry and mounted infantry officers obtain them (*vide* Paragraphs 624 and 625 Allowance Regulations). There is no reason why medical officers should be differently treated."

#### THE MILITIA AND THE MILITIA RESERVE.

Notice is given that the Militia is to be embodied, and the Militia Reserve Force, or so much as may be necessary, called out for permanent service. The latter force was instituted in 1867, and the men in it are enlisted for six years or for the remainder of their Militia engagement. The reservist remains for all purposes a militiaman until called out for permanent service, but when so called out he becomes for all purposes a soldier in the regular forces, and can be appointed to any corps, of which he then forms an integral part.

The medical arrangements for the Militia are as follows:

There are a few Militia medical officers still left who are in medical charge of their battalions. No new commissions have been given for many years.

When a Militia regiment is out for training, if at a station or depot where officers of the Royal Army Medical Corps are available, it is dealt with in the same way as a line regiment—that is, its sick are sent to the station hospital, and are seen in the first place at a medical inspection room by the R.A.M.C. officer. Where they are at a distance from hospital in camp an officer of the R.A.M.C. is detailed to look after them if available, and in other cases a civil practitioner is detailed and paid at army contract rates. In case of embodiment the same system would be followed.

The Militia Medical Staff Corps is largely composed of Militia reserve men, who would join the R.A.M.C. The remainder, if called out, would be posted to their territorial hospitals.

#### ROYAL NAVY MEDICAL SERVICE.

The following appointments have been made at the Admiralty:—PATRICK B. HANDYSIDE, M.B., Staff-Surgeon to the *Warepite*, for Esquimaux Hospital, October 17th; HENRY W. G. GREEN, Surgeon to the *Vivid*, for Plymouth Hospital, October 17th; SAMUEL H. FACEY, Surgeon to the *Hibernia*, for Malta Yard and R.N. Hospital, October 17th; THOMAS W. PHILIP, Surgeon for the *Jackal*, October 17th.

#### ARMY MEDICAL SERVICE.

SURGEON-MAJOR EDWARD YOUNG KELLET died at Southsea on October 8th, aged 68 years. He was appointed Assistant Surgeon, April 28th, 1854; Surgeon, June 20th, 1865; and Surgeon-Major without date. He retired on half pay, April 5th, 1880. He served in the Crimea from October 1st, 1854, to May 20th, 1856, including the siege and fall of Sebastopol, and in medical charge of detachments from Balaklava that took part in the battle on October 25th, 1854. He was in medical charge of Russian wounded prisoners after Inkerman, and of the General Field and Cholera Hospitals of the Third Division (medal with two clasps and Turkish medal). He was also in the New Zealand war in 1863-65, and was in medical charge of the 14th Regiment at the battle of Rangiriri (mentioned in despatches, medal).

#### ROYAL ARMY MEDICAL CORPS.

CAPTAIN H. A. DE LOM, half pay, is placed on retired pay, September 28th. He entered the service as Surgeon-Captain, August 4th, 1883, and was placed on half pay on account of ill health, September 28th, 1894. He was in the Nile expedition in 1884-5, and received a medal with clasp and an Egyptian bronze star.

Mr. L. B. CHRISTIAN has been appointed to the medical charge of the troops at Hounslow.

#### ARMY MEDICAL RESERVE.

SURGEON-MAJOR DAVID THOMSON, M.D., resigns his commission, October 18th.

#### INDIAN MEDICAL SERVICE.

LIEUTENANT-COLONEL W. H. CADGE, Bengal Establishment, retires from the service from November 15th. He joined the department as Surgeon, March 31st, 1876, and became Surgeon-Lieutenant-Colonel, March 31st, 1896. He was in the Afghan war in 1879 with the Peshawar Valley Field Force, and was mentioned in despatches.

The promotion of the undermentioned Lieutenants to be Captains, from July 29th, which has been already announced in the *BRITISH MEDICAL JOURNAL*, has received the approval of the Queen: *Bengal*—H. J. Walton, H. Ainsworth, A. E. H. Pinch, J. S. Stevenson; *Madras*—J. W. Cornwall, A. Miller, F. A. L. Hammond, H. R. Brown, W. G. Richards, S. P. James, A. N. Fleming, P. Dee, F. O. N. Mell, F. D. Browne, M. Dick; *Bombay*—F. A. Smith.

The retirement from the service of Major A. G. E. Newland, Madras Establishment, also previously announced in these columns, has likewise received the Queen's approval.

#### THE VOLUNTEERS.

SURGEON-LIEUTENANT W. K. CLAYTON, 1st Volunteer Battalion the King's Own Yorkshire Light Infantry, is promoted to be Surgeon-Captain, October 18th.

SURGEON-MAJOR A. BAKER, 1st Volunteer Battalion the Princess of Wales's Own Yorkshire Regiment, resigns his commission, and is granted the rank of Surgeon-Lieutenant-Colonel, retaining his rank and uniform, September 27th.

SURGEON-CAPTAIN E. H. DOUTY, M.B., 3rd (Cambridgeshire) Volunteer Battalion the Suffolk Regiment, resigns his commission, September 27th.

## UNIVERSITIES AND COLLEGES.

#### CAMBRIDGE.

APPOINTMENTS.—Mr. W. L. Duckworth has been appointed University Lecturer on Physical Anthropology in connection with the anatomical department. Sir Michael Foster has been reappointed for five years a Manager of the Balfour Fund.

GENERAL MEDICAL COUNCIL.—The election of a member to serve for the next five years will take place on October 23rd. Dr. MacAlister is re-eligible.

DEGREE.—On October 12th, Mr. J. K. Murphy, M.A., of Caius College, was admitted to the M.D. degree.

#### UNIVERSITY OF EDINBURGH.

##### UNIVERSITY COURT.

The Court met on October 16th, when there were present the Right Hon. Lord Balfour of Burleigh, in the chair; Principal Sir William Muir, the Hon. Lord Stormonth Darling, Professors Sir William Turner, Alex. Crum Brown, Butcher, and Laurie; Messrs. J. Hope Finlay, A. Taylor Innes, and Andrew Mitchell; Sheriff Eneas McKay; Drs. Joseph Bell and P. Heron Watson.

University Assistants.—The recommendations by the respective professors of University Assistants, which had been received since last meeting—were approved for the current academical year.

The Institute of Public Health.—The Committee on the Sir John Usher Institute of Public Health reported that they had accepted tenders for the erection of the building, and had authorised the architects to proceed at once with the work.

Chair of Medicine.—During the absence of Sir T. Grainger Stewart, Dr. John Wylie was approved to take his place in the class of Medicine, and Dr. Alexander Bruce in the class of Clinical Medicine.

The Moray Endowment.—On the recommendation of the Senatus the Court approved of grants being made from the Moray Endowment to Professor Schäfer for purposes of research on the Central Nervous System, and to Dr. John Malcolm for purposes of research on the alterations in bone marrow produced by nucleins and their allies.

Extra-Academical Teachers.—The Court granted recognition to George M. Robertson, M.B., and Theodore Shennan, M.D., Edinburgh, as Extra-Academical Teachers, whose course of instruction in Mental Diseases and Pathology respectively shall qualify for graduation in medicine in the University. The Court continued recognition to Dr. R. F. C. Leith as an Extra-Academical Lecturer on Pathology on change of teaching premises from Edinburgh to the Mason University College, Birmingham.

The University of Harvard.—The University of Harvard, U.S.A., was recognised as a University whose Medical Degrees qualify for entrance to the Examination for the Degree of Bachelor of Science in the Department of Public Health in the University of Edinburgh.

#### ROYAL COLLEGE OF SURGEONS IN ENGLAND.

##### THE CALENDAR.

THE annual Calendar has just been published by the Council of the College. It shows that there are 1,215 Fellows on the roll of the College against 1,195 last year, 1,078 of whom obtained the Fellowship by examination, 19 were elected as Members of twenty years' standing under Section V of Cap. 15 Vict., 111 by election, and 2 are *ad eundem* Fellows. There are 17,384 Members (as compared with a total of 17,199 last year, an increase of 185), and 562 Licentiates in Midwifery, the examination for this special licence having been discontinued since 1876. The Licentiates in Dental Surgery are stated to number 1,396 (an increase of 83 over last year, and 188 over 1897), and the Diplomates in Public Health to number 336.

During the past collegiate year only 3 candidates presented themselves in Elementary Physiology, all of whom passed; 376 candidates presented themselves in Elementary Biology, of whom 287 passed and 89 were referred. Of 425 candidates who presented themselves in Chemistry, 231 passed and 194 were referred; in Materia Medica, of 37 candidates, 21 passed and 16 were referred; in Practical Pharmacy, of 337 candidates, 264 passed and 73 were referred. The proportion of the fees paid by candidates for these examinations receivable by the College amounted to £1,908 18s., the examiners elected by the College receiving £189 5s. The examiners in Elementary Biology are appointed by the Council of the College, those in Elementary Physiology in conjunction with the Royal College of Physicians of London, and those in Chemistry, Materia Medica, and Practical Pharmacy by the Royal College of Physicians of London, under the Scheme for an Examining Board in England.

The examiners in Anatomy and Physiology for the Second Examination are appointed in conjunction with the Royal College of Physicians of London; they have conducted the Primary Examination under the Old Regulations, as well as the Second Examination of the Examining Board: 616 candidates presented themselves for examination in Anatomy, of whom 365 passed and 251 were referred; 612 presented themselves in Physiology, 366 of whom passed and 246 were referred. The proportion of fees paid by candidates to the College for these examinations amounted to £2,830 16s., of which the examiners received £1,005 13s. 4d.

The Board of Examiners in Anatomy and Physiology for the Diploma of Fellow, elected annually by the Council of the College, held two meetings for the examination of 101 Candidates, of whom 75 passed, whilst 16 were referred. The fees paid by candidates amounted to £1,254 15s., of which the Board of Examiners received £764.



The Court of Examiners, 10 in number, are elected by the Council from the Fellows of the College for a period of five years. They conduct the Third or Final Examination in Surgery of the Examining Board in England as well as the Second or Final Examination for the Diploma of Member under the Old Regulations, and the Pass or Final Examination for the Diploma of Fellow. During the past collegiate year the Court held two examinations for the Fellowship and four for the Membership. At the former there were 85 candidates, 41 of whom passed; 42 were referred for six months and 2 for one year. For the Membership 886 candidates presented themselves in Surgery, of whom 509 passed; 377 were referred. The fees paid by candidates for these examinations amounted to £9,923 11s. 3d., and the fees paid to the Court of Examiners and the Examiners in Midwifery amounted to £5,464 19s. The Examiners in Medicine, under the Scheme for an Examining Board in England, are elected by the Royal College of Physicians of London. Of 689 candidates who presented themselves, 477 passed and 212 were referred. The examiners in Midwifery are appointed in conjunction with the Royal College of Physicians of London, and have examined 887 candidates, of whom 548 passed and 339 were referred.

The Board of Examiners in Dental Surgery under the Old Regulations have held two meetings for the examination of 141 candidates, 85 of whom received the Licence, and 56 were referred. The fees received from candidates amounted to £892 10s., of which the examiners received £388. Under the New Regulations in Preliminary Science four examinations have been held, at which 33 candidates presented themselves, of whom 15 passed and 18 were referred. (This examination is identical with Part I of the First Examination of the Examining Board in England, and is conducted by the Examiners in Chemistry appointed under the Conjoint Scheme.) The fees received for these examinations amounted to £103 19s., of which the Examiners received £24 15s.

The Examiners in Public Health appointed in conjunction with the Royal College of Physicians of London examined 40 candidates for Part I, 25 of whom passed and 14 were referred; in Part II, of 34 candidates, 24 received their Diploma and 10 were referred. The fees received by the College for both parts of the Examination amounted to £182 14s., and the amount paid to the Examiners to £111.

With regard to the finances of the College it appears that the income for the year amounted to £24,711 1s. 1d., the largest item being derived from fees paid by candidates for the Diplomas of the College, viz., £17,097 3s., the next largest being dividends on the Erasmus Wilson bequest, £4,015 2s. 8d., investments £851 6s. 10d., rent from chambers adjoining the College produce £750, hire of rooms, sale of questions, etc., at the Examination Hall, £750 10s. 2d., incidental receipts at the College £45 9s. 9d., receipts from trust funds £291 6s. 6d., dividends from sinking fund for Savoy Estate £10 2s. 2d.

The expenses for the year amounted to £23,558 16s. 8d., leaving a balance at bank and in hand at Midsummer day, 1899, of £1,152 4s. 5d., the largest item being (as in the receipts) in connection with the examinations, viz., Examiners Fees, £8,147 12s. 4d., half-expenses at Examination Hall for the purposes of the examinations £3,939 17s. 10d. (this amount includes rent, rates, taxes, and insurance, which absorbs the no small amount of £1,889 3s.), expenses of the Fellowship and Dental Examinations £448 1s. 3d., expenses of Public Health Examinations £29 4s. 11d., half-expenses of the Scientific Research Laboratories on Victoria Embankment amount to £708 4s. 8d. (This does not include any part of the rent, rates, taxes, insurance, fuel, and light). At the College, rates, taxes, and insurance stand at £1,388 11s. 6d., extraordinary expenses, that is, installation of electric light, Hunterian festival, etc., £540 13s. 3d., fees to Council £244 13s., salaries, Wages and Pensions in the three departments—Museum, Library and College £4,718 11s. 2d., law expenses £475 18s. 4d., stationery, printing, postage, etc., £304 17s. 6d., fuel and light £367 7s., repairs, painting, furniture, etc., £434 12s. 4d., purchase of books £737 11s. 10d., printing and binding calendar 198 1s. 3d., lectures, catalogues, specimens, etc., for Museum £464 8s. 10d., trust funds £302 4s., miscellaneous items £202 15s. 9d.

The Secretary's report contains an abstract of the work done by the Council and Committee at the College, the Committee of Management of the two Royal Colleges, the Research Laboratories on Victoria Embankment, also reports of meetings of Fellows and Members, elections, etc.

#### MEETING OF COUNCIL.

A quarterly meeting of the Council was held on October 12th, 1899, Sir William MacCormac, Bart., K.C.V.O., President, in the chair.

**MUSEUM CATALOGUE.**—The Council adopted the recommendation of the Museum Committee that Dr. G. Elliot Smith, of St. John's College, Cambridge, be employed to compile a descriptive catalogue of the vertebrate brains in the museum for an honorarium of £100.

**REPORT TO THE FELLOWS AND MEMBERS.**—A draft copy of this, to be presented at the annual meeting of Fellows and Members on November 16th, 1899, was approved.

**VICTORIA DENTAL HOSPITAL OF MANCHESTER.**—A letter of September 5th, 1899, was read from the Dean of the Victoria Dental Hospital of Manchester asking for the recognition of the hospital as an institution for instruction in mechanical dentistry, and inquiring whether the preliminary science examination for dental students, as well as the instruction for that examination, may be taken prior to registration. This was referred to the Board of Examiners in Dental Surgery to deal with as it thought fit.

**BRADSHAW LECTURE.**—The President stated that this lecture would be delivered by Mr. H. G. Howse, and that the subject would be a Centennial Review of Surgery.

**ALTERATION OF LECTURE HOUR.**—The lecture hour for the year 1900 was fixed at 4 P.M. instead of 5 P.M.

**CENTENARY OF THE COLLEGE.**—The date of the celebration was fixed, for various reasons, to be July 25th, 26th, and 27th.

#### ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN extraordinary comitia was held on Thursday, October 12th, the President, Dr. W. S. Church, in the chair.

The report of a committee on the further draft statutes communicated as a confidential document by the London University Commissioners was considered and after some discussion adopted.

A communication was received from the Colonial Office, forwarding a communication from the Government of the Straits Settlements, inviting research scholars to investigate in the Colony the disease known as beri-beri, and offering a free passage, quarters, and other assistance. (See BRITISH MEDICAL JOURNAL, September 2nd, 1899, p. 6c8.)

Communications were also received: (1) From the University of Edinburgh announcing the award of the Murchison Scholarship in July last to Mr. Alfred Charles Sandstein, M.B. Edin.; (2) from the Secretary of the College of Surgeons, reporting certain proceedings of the Council on June 29th and July 27th.

#### ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At a stated meeting of the College, held on Friday, October 6th, Mr. E. Gibbs Smith was admitted as a Licentiate in Medicine.

#### LONDON (ROYAL FREE HOSPITAL) SCHOOL OF MEDICINE FOR WOMEN.

A SCHOLARSHIP of £90 will be awarded in July, 1901, by the Council of the London (Royal Free Hospital) School of Medicine for Women on the results of the Preliminary Scientific Examination of the London University. Particulars to be obtained from the Secretary of the School, Miss Douie, M.B., 8, Hunter Street, W.C.

#### CONJOINT BOARD IN ENGLAND.

The following gentlemen have passed the Second Examination of the Board in the subjects indicated:

**Anatomy and Physiology.**—H. G. Daft and Leonard Daft, School of Medicine, Sheffield; H. Round, J. Wells, H. W. Plant, and W. H. Flint, Mason University College, Birmingham; Mr. T. Ascough, C. W. Forsyth, A. E. Bird, and C. W. Turner, Owens College, Manchester; J. Jenkins, University College, Cardiff; G. W. Miller and H. J. Slade, St. Bartholomew's Hospital; J. S. Paton, Melbourne University and Surgeon's Hall, Edinburgh; T. H. Bishop, Edinburgh University; W. H. Neil, University College, London; G. F. G. de Laubenque, Middlesex Hospital; F. D. Parbury, J. M. Plews, E. O. Hughes, G. C. J. Acres, T. H. Fowler and R. J. Hanbury, St. Bartholomew's Hospital; R. B. Coare, Cambridge University and St. Bartholomew's Hospital; A. J. Urquhart, P. W. Hamond, W. C. Lewis, J. B. Copland, and C. E. Bartlett, Guy's Hospital; H. F. Everett, G. F. Rudkin, and T. E. Blunt, London Hospital; G. B. McKean, University College, London; P. D. Ramsay, St. Mary's Hospital; T. Richards, University College, Cardiff, and Mr. Cooke's School of Anatomy and Physiology; R. S. W. FitzHenry and E. R. Griffiths, Middlesex Hospital; H. G. K. Young, Cambridge University and Middlesex Hospital; J. R. L. Woods, St. Thomas's Hospital; M. Eager, King's College, London; J. C. O. Bradbury, Cambridge University and Mr. Cooke's School of Anatomy and Physiology; F. B. Pinniger, H. McG. Newport, and F. Cock, Charing Cross Hospital; T. W. Jeffery, H. J. H. Graves, and G. B. Davies, London Hospital; H. B. Mylvaganan, Ceylon Medical College and London Hospital; J. H. Le B. Page, F. C. Lambert, E. E. Naggar, St. Mary's Hospital; C. Battle, R. H. Bridges, and G. H. Lathom, St. Thomas's Hospital; C. N. Davis and R. C. Wilmot, St. Bartholomew's Hospital; C. L. Medwill, Cambridge University and St. Bartholomew's Hospital; C. J. Blason, F. M. Matheson, and O. W. A. Lowe, University College, London; A. W. Iredell, P. P. Piggot, H. L. Shelton, and C. H. Denyer, Guy's Hospital; C. J. Pinching, Oxford University and Guy's Hospital; R. M. Nanji, Grant Medical College, Bombay; and A. A. C. Möller, Newcastle-upon-Tyne School of Medicine and Mr. Cooke's School of Anatomy and Physiology.

**Anatomy only.**—J. Ewing, Yorkshire College, Leeds; E. J. H. Bowen, University College, Cardiff, and Mr. Cooke's School of Anatomy and Physiology; and G. L. J. Wilson, St. George's Hospital.

Thirty-eight gentlemen were referred in both subjects, and four in Physiology only.

## PUBLIC HEALTH

AND

## POOR-LAW MEDICAL SERVICES.

### VITAL STATISTICS OF LONDON SANITARY DISTRICTS DURING THE THIRD QUARTER OF 1899.

[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 the current 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 public institutions of London among the various sanitary areas in which the patients had previously resided.

The 32,466 births registered in London during the three months ending September last were equal to an annual rate of 28.6 per 1,000 of the population, estimated at 4,546,752 persons in the middle of this year; this rate was 0.9 per 1,000 below that recorded in the corresponding period of last year, and was 1.3 per 1,000 below the average rate in the third quarters of the ten preceding years, 1889-1898. The birth-rates 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 St. George Hanover Square, Westminster, Hampstead, St. Martin-in-the-Fields, Strand, and London City the birth-rates were considerably below the average; while they showed the largest excess in St. Luke, Bethnal Green, Whitechapel, St. George-in-the-East, Poplar, and St. Olave, Southwark.

The 22,824 deaths of persons belonging to London registered during the three months ending September last were equal to an annual rate

and diarrhoea of 1.4 in Cardiff and in Burnley, 1.5 in Gateshead, 1.6 in Bolton, and 2.7 in Preston. The mortality from scarlet fever and from whooping-cough showed no marked excess in any of the large towns. The 101 deaths from diphtheria in the thirty-three towns included 57 in London, 10 in Sheffield, 6 in Leeds, 4 in Portsmouth, and 4 in Liverpool. Four fatal cases of small-pox were registered last week in Hull, but not one in any other of the thirty-two provincial towns or in London; and no small-pox patients were under treatment in any of the Metropolitan Asylums Hospitals on Saturday last, October 14th. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had increased from 2,533 to 3,003 at the end of the six preceding weeks, had further risen to 3,217 on Saturday last; 455 new cases were admitted during the week, against 364, 409, and 461 in the three preceding weeks.

#### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, October 14th, 932 births and 553 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had decreased from 24.1 to 17.5 per 1,000 in the six preceding weeks, rose again to 18.1 last week, and was 0.6 per 1,000 below the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 16.0 in Edinburgh, and 16.9 in Dundee and in Perth, to 18.9 in Paisley, and 19.3 in Glasgow. The zymotic death-rate in these towns averaged 2.4 per 1,000, the highest rates being recorded in Aberdeen and Perth. The 273 deaths registered in Glasgow included 14 from measles, 2 from diphtheria, 2 from whooping-cough, 5 from "fever," and 15 from diarrhoea. Three fatal cases of scarlet fever, and 3 of whooping-cough were recorded in Edinburgh; 2 deaths from "fever" were registered in Leith, and 2 from whooping-cough in Aberdeen.

## MEDICO-LEGAL.

#### POISONING BY HYDROFLUORIC ACID.

AN inquest was recently held at Wimbledon with reference to the death of a man, named Joseph Wilson Hollyer, aged 51 years. As a sign writer and glass embosser, he had completed some work and retired to a public house for some refreshment, having with him his tools and an indiarubber bottle of hydrofluoric acid, used in his employment. The witnesses on this occasion described him as being quite sober, but "fooling about," the barmaid, with whom he was joking, stating that he first told her that he had some scent, and then that he had some glycerine in the bottle, and would give her some for her hands if she would give him a glass. After a time he seems to have poured out a table-spoonful or "a half-quartern" of the acid into a glass and diluted it with water. Thereupon he held it up, remarking to the barmaid, "This is as harmless as the liquor you sell," and put it to his lips, but did not drink it until he had added more water. Shortly after he was seen to be looking very white and clammy, and assistance was obtained. He was able to speak, and said that he had taken it before, but now had taken too strong a dose, and asked for milk to kill the acid. This was given him, but without effect, and after some vomiting, he was removed to the Cottage Hospital, where he died about an hour afterwards, previously stating that he had taken it "for foolery."

His wife, in evidence, stated that she had heard her husband say that one drop of the acid was good when taken medicinally, but he knew it was a deadly poison; he had never threatened suicide.

Medical evidence showed that death was due to shock and collapse caused by the acid, and *post mortem* examination revealed the following appearances:—

*Blood:* Very tarry, but without clots; *lips* very charred; *tongue:* Sides denuded of papillae, dorsum brownish, but not much burnt, by back part, with the epiglottis and fauces a deep red colour, congested and ecchymosed; *pharynx:* Purplish slate colour, ecchymosed and congested, tissues round, reddened and ecchymosed; *oesophagus:* Much congested. The whole of a slate colour, with deep red patches; *stomach:* Cardiac portion markedly ecchymosed, slight ecchymosis towards the pyloric orifice. No perforation and no denudation of mucous membrane of stomach; *intestines:* Nothing abnormal could be detected; *lungs:* Both very much congested and almost black in colour.

The jury found that death arose by misadventure.

#### MEDICAL WITNESSES.

PUBLIC VACCINATOR states that the vaccination officer of his district has approached him as to the necessity of subpoenaing him or not as a witness in prosecutions under the Vaccination Acts, and also as to the fee or fees at each court he attends. Our correspondent states that he is not inclined to give evidence unless subpoenaed in each case (there may be one, three, six, or thirty cases) in order to make sure of a fee in each case; of course, only expecting travelling expenses as for one case.

Having regard to the fact that the fees payable to medical witnesses in these cases are in the magistrate's discretion, and as it is highly probable that if the cases were at all numerous the magistrates would decline to give more than a very moderate fee in each case, it might perhaps be as well for our correspondent to come to terms previously with the vaccination officer.

**SOLDIERS AND FIRST AID.**—In consequence of the excellent results obtained at Santiago through the knowledge possessed by the soldiers of the United States Army of the principles of antiseptics and first aid to the injured, a small handbook on this subject, couched in the most simple language, is to be issued to the American troops. It is understood that the first issue, comprising 15,000 copies, will be largely distributed among the company and non-commissioned officers.

## MEDICAL NEWS.

THE late Mr. Martin Pratt of Croydon has bequeathed £300 each to the Seamen's Hospital Society, the London Hospital, and the Croydon General Hospital.

AN institute for the study of malaria and other diseases prevalent in man in Merv has been established as a department of the St. Petersburg Institute of Experimental Medicine. The staff consists of a director with three assistants.

THE dinner of the Liverpool Medical Institution, which is usually held every second year, will take place on Saturday, October 21st, at 7 P.M., in the Exchange Station Hotel. Among the guests who have accepted invitations are the Right Hon. the Lord Mayor, Mr. Warr, M.P., and the Principal of University College.

**KING'S COLLEGE HOSPITAL.**—The opening of King's College Hospital after the reflooding of all the wards was the occasion on October 18th of an interesting ceremony in the Wigram Ward. Viscount Dillon, who took the chair, addressed a few words to the large assembly, and stated that in order to carry out the work of reflooding and of installing the electric light, the hospital had been closed for ten weeks only. The reflooding had been undertaken because it was felt to be necessary. The Visiting Committee of the Prince of Wales's Fund also quite recognised the desirability of the work being done, for as an earnest of their approval they had granted a special donation of £475 for the new floors. The total cost of this work and of lighting the wards with electricity amounted to £3,000, of which £800 was paid, leaving a deficit of £2,200. Referring to the question of abuse of charity in hospitals, he expressed the opinion that at King's College Hospital there had been no appreciable abuse, and that the necessary inquiries into the patients' circumstances had been made without in any way trenching upon the sacredness of the privacy so precious to English people, a privacy which was respected everywhere, even in the pawnshop and the drinking bar; anyone who trenched upon that privacy would do more harm than good. He next discussed the proposal that had been made for the removal of hospitals to purer air in the country, and declared the idea a perfectly unworkable one. Hospitals, he said, must be where the hospitals were wanted. Further, the medical staff who devoted valuable time to their duties could not give the hospital the advantage of their help if the institution were placed at a distance from London. Mr. Audry, Treasurer to the hospital, said that though the floor had been laid and the electric light installed they had not got the money to pay for it. The company then separated to inspect the electric lighting arrangements and the new parquet flooring of the wards.

#### MEDICAL VACANCIES.

The following vacancies are announced:

**ABERDEEN UNIVERSITY.**—(1) Examiner for Graduation in Surgery (including Clinical Surgery); (2) Examiner for the Diploma in Public Health. Applications to the Secretary of the Court by November 6th.

**BETHLEM HOSPITAL.**—Two Resident House-Physicians. Appointment for six months. Apartments, board, and washing provided, and honorarium of £12 12s. per quarter. Applications, endorsed "House-Physicians," to the Treasurer, Bridewell Hospital, New Bridge Street, E.C., by November 6th.

**BIRMINGHAM CITY ASYLUM.**—Senior Medical Officer. Unmarried, and not more than 30 years of age. Salary, £150 per annum, with board, apartments, etc. Applications to the Medical Superintendent.

**BIRMINGHAM GENERAL HOSPITAL.**—Assistant House-Physician. Appointment for six months. No salary; residence, board, and washing provided. Applications to the House-Governor by October 28th.

**BRIGHTON, HOVE, AND PRESTON DISPENSARY** (Northern Branch).—House-Surgeon. Salary, £100 per annum, with furnished apartments, coal, gas, washing, and attendance. Applications to the assistant secretary, 113 Queen's Road, Brighton, by November 1st.

**BUXTON DEVONSHIRE HOSPITAL.**—Assistant House-Surgeon. Salary, £50 per annum, with furnished apartments, board, and washing. Applications, endorsed "Assistant House-Surgeon," to the Secretary.

**CARLISLE CUMBERLAND INFIRMARY.**—Assistant House-Surgeon. Salary, £40 per annum, with board, lodging, and washing. Applications to the Secretary by October 24th.

**CARLISLE CUMBERLAND AND WESTMORLAND ASYLUM, Garlands.**—Junior Assistant Medical Officer. Unmarried. Salary, £100 a year, with board and residence. Applications to the Medical Superintendent.

**CENTRAL LONDON OPHTHALMIC HOSPITAL, Gray's Inn Road, W.C.**—House-Surgeon. Board and residence provided. Candidates must attend at the Hospital on Thursday, November 9th, at 4 P.M.

**CHELSEA HOSPITAL FOR WOMEN, Fulham Road, S.W.**—Clinical Assistant. Post feeble for three months. Fee, eight guineas. Applications to the Secretary.

**COUNTY OF LONDON: MANOR ASYLUM, Horton, Epsom, Surrey.**—Dispenser salary, £110 per annum, rising £10 a year to £150, with dinner daily. Applications, on forms provided, to the Clerk of the Asylums Committee, 6 Waterloo Place, S.W., by October 31st.

**DOUGLAS, NOBLE & ISLIP OF MAN GENERAL HOSPITAL AND DISPENSARY.**—Assistant House-Surgeon. Unmarried. Salary £72 a year, with board and washing. Applications to F. B. Fleming, Honorary Secretary, 15, Cecil Street, Douglas, by November 2nd.

**EDINBURGH ROYAL INFIRMARY.**—Superintendent. Salary, £500 per annum, with free house, coal, and light. Applications to Mr. W. Caw, Treasurer and Clerk, by November 15th.

**EXETER: ROYAL DEVON AND EXETER HOSPITAL.**—Junior Assistant House-Surgeon. Appointment for six months. No salary; board, lodging, and washing provided. Applications to the House-Surgeon by October 24th.

**FRENCH HOSPITAL AND DISPENSARY.**—Resident Medical Officer; unmarried. Salary £80 per annum, with full board. Applications to the Secretary, 172, Shaftesbury Avenue, W.C.

**GLAMORGAN COUNTY COUNCIL AND CARDIFF CORPORATION.**—Bacteriologist to the Joint Committee and Lecturer on Bacteriology in the University College, Cardiff. Salary, £800 per annum. Applications to W. E. E. Allen, Clerk to the Joint Committee, Glamorgan County Office, Cardiff, by November 6th.

**GREAT YARMOUTH COUNTY BOROUGH OF.**—Medical Officer of Health, Medical Officer of the Borough Isolation Hospital, and Port Medical Officer of Health. Not exceeding 35 years of age. Salary, £400 a year. Applications, endorsed "Medical Officer, etc.," to A. H. Miller, Town Clerk, Town Hall, Yarmouth, by November 4th.

**HALIFAX: ROYAL INFIRMARY.**—Dresser. Board and residence provided. Applications to the Secretary.

**KING'S COLLEGE, LONDON.**—Sambrooke Surgical Registrarship. Applications to the Secretary by October 23rd.

**LINCOLN COUNTY HOSPITAL.**—House-Surgeon; under 30 years of age and unmarried. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary by October 26th.

**LIVERPOOL STANLEY HOSPITAL.**—Senior House-Surgeon. Salary, £80 per annum, with board, residence, and washing. Applications to the Chairman of the Medical Board by October 26th.

**LONDON THROAT HOSPITAL, 204 Great Portland Street, W.**—(1) Surgeon on Senior Staff. (2) Anaesthetist. (3) Assistant Anaesthetist. Applications to the Honorary Secretary before October 25th.

**MANCHESTER: GHORLTON-UPON-MEDLOCK DISPENSARY.**—Resident House-Surgeon. Unmarried. Salary, £250 per annum, with furnished rooms and attendance. Applications to the Honorary Secretary by October 31st.

**MANCHESTER: MONSALL FEVER HOSPITAL.**—Third Medical Assistant. Salary, £100 per annum, with board and lodging. Applications, endorsed "Appointment of Medical Assistant," to the Chairman of the Sanitary Committee, Public Health Office, Town Hall, Manchester, by October 27th.

**MEDICAL GRADUATES' COLLEGE AND POLYCLINIC, 23, Chancery Street, W.C.**—Medical Superintendent. Salary, £150 per annum, with furnished rooms, lighting, warming, and attendance, and a share of fees of cases he may be appointed to. Applications to the Secretary by October 27th.

**MIDDLESEX HOSPITAL, W.**—Assistant Physician. Must be F. or M.R.C.P. Lond. Applications to F. C. Medley, Secretary, Superintendent, by November 2nd.

**NEWCASTLE-UPON-TYNE: CITY HOSPITAL FOR INFECTIOUS DISEASES.**—Resident Medical Assistant. Salary, £80 for the first year, and if reappointed £80 the second year, with board, lodging, and washing. Applications to the Medical Officer of Health, Town Hall, Newcastle-upon-Tyne, by October 24th.

**NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL, Hartshill, Stoke-upon-Trent.**—(1) House-Surgeon. Salary, £120 per annum, increasing by £10 per annum, with furnished apartments, board, and washing. Applications to the Secretary by October 9th. (2) Assistant House-Surgeon. Apartments, board, and washing to be an equivalent for services rendered. Applications to the Secretary for the former by October 9th and the latter by October 23rd.

**NORTH-WEST LONDON HOSPITAL, Kentish Town Road.**—(1) Honorary Anaesthetist. Appointment for one year, but eligible for re-election. (2) Resident Medical Officer. Appointment for six months. Salary, £50 per annum. (3) Assistant Resident Medical Officer. Appointment for six months; eligible for election to the senior post. Candidates must attend the meeting of the Medical Committee on November 2nd, at 5 P.M.

**NOTTINGHAM HOSPITAL FOR THE INSANE, The Copple.**—Assistant Medical Officer. Unmarried, and under 30 years of age. Salary, £150 per annum, with apartments, board, attendance, and washing. Applications to Dr. Tate, Medical Superintendent.

**PADDINGTON GREEN CHILDREN'S HOSPITAL.**—House-Surgeon. Appointment for six months. Salary at the rate of 50 guineas per annum, with board and residence. Applications to the Secretary by October 24th.

**PONTFRACT GENERAL DISPENSARY AND INFIRMARY.**—Resident Medical Officer. Commencing salary, £130 per annum, with furnished rooms, fire, light, and attendance. Applications to the Secretary by November 11th.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—Examiner in Dental Surgery. Must be registered under the Dentists Act of 1878. Applications to the Secretary by November 1st.

**ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.**—(1) Two House-Physicians. (2) One House-Surgeon. (3) One Casualty House-Surgeon. Appointments for six months. No salary, but board, etc., provided. Applications to the Secretary by October 30th.

**ST. MARY'S HOSPITAL MEDICAL SCHOOL, Paddington, W.**—Demonstrator of Physiology. Applications to Dr. Waller.

**SUSSEX COUNTY HOSPITAL.**—House-Physician. Unmarried, and under 30 years of age. Salary commencing at £50 per annum, with board, residence, and washing. Applications to the Secretary by November 1st.

**VICTORIA UNIVERSITY.**—External Examiner in Anatomy. Appointment for three years. Applications to the Registrar by November 1st.

**WAKEFIELD: WEST RIDING ASYLUM.**—Junior Assistant Medical Officer. Salary, £100 per annum, rising £10 annually to £150, with furnished apartments, board, etc. Applications to the Medical Director.

**WESTMINSTER GENERAL DISPENSARY.**—Honorary Surgeon. Applications to the Secretary, 9, Gerrard Street, Soho, by October 23rd.

**WESTMINSTER HOSPITAL, Broad Sanctuary, S.W.**—Surgical Registrar. Must be F. or M.R.C.S. Eng. Appointment for twelve months. Salary, £50 per annum. Applications to the Secretary by October 24th.

**YORK DISPENSARY.**—Resident Medical Officer. Unmarried. Salary, £110 a year, with board, lodging, and attendance. Applications to Mr. W. Draper, De Grey House, York, by October 25th.

### MEDICAL APPOINTMENTS.

**ADDENBROOKE, Bertram, M.D., B.S., M.B., B.Hy., M.R.C.S. Eng., L.R.C.P. Lond.,** appointed Honorary Surgeon to the Kidney and Infirmary and Children's Hospital, vice E. H. Addenbrooke, resigned.

**ADDENBROOKE, E. H., M.R.C.S. Eng., L.S.A.,** appointed Honorary Consulting Surgeon to the Kidney and Infirmary and Children's Hospital.

**BAILLY, Reginald Threlfall, M.R.C.S. Eng., L.R.C.P. Lond.,** appointed Resident Medical Officer to the Ashton Street Department (Lock) Royal Infirmary, Liverpool; and House-Surgeon to the Ophthalmic, Laryngological, and Aural Departments, Royal Infirmary, Liverpool.

**BEATTIE, James M., M.B., Ch.B.,** appointed University Tutor in Clinical Medicine, Royal Infirmary, Edinburgh.

**DAVIDSON, W., L.R.C.P., L.R.C.S. Eng.,** appointed Medical Officer for the Sixth District of the Beverley Union, vice H. Hine, L.R.C.P. Lond., M.R.C.S. Eng., resigned.

**EVANS, J., M.R.C.S. Eng.,** appointed Medical Officer of the Children's Homes of the Cardiff Union.

**GUY, William, F.R.C.S., L.R.C.P., L.D.S. Edin.,** appointed Dean of the Edinburgh Dental Hospital and School.

**HARTON, E. M., M.D.,** appointed Medical Officer for the West Hartlepool and Stratton District of the Hartlepool Union, vice S. Gentry, M.D. Glasg., resigned.

**HUTTON, Eustace, M.R.C.S. Eng., L.R.C.P. Lond.,** appointed Visiting Surgeon to the Stockport Infirmary.

**LUCKHOFF, J., M.B., Ch.B.,** appointed a Clinical Assistant to the Chelsea Hospital for Women.

**MOORE, H. C., M.R.C.S. Eng., L.S.A.,** appointed Medical Officer of Health to the Hereford Town Council.

**MUIR, J. C., M.B., B.C. Camb.,** appointed Second Resident Assistant Medical Officer at the Crumpsall Workhouse, Manchester.

**OLIVER, Charles P., M.D. Lond., D.P.H.,** appointed Medical Officer of Health to the Maidstone Urban Rural District Council, vice M. A. Adams, F.R.C.S. Eng., L.S.A., resigned.

**PERIGAL, A. F., M.B., Ch.B.,** appointed a Clinical Assistant to the Chelsea Hospital for Women.

**PRESTON, George, M.R.C.S. Eng., L.R.C.P. Lond.,** appointed Pathologist to the Hospital for Diseases of the Skin, Stamford Street, Blackfriars.

**QUENNELL, A. M., M.R.C.S., L.R.C.P. Lond.,** appointed Medical Officer for the Mountnessing District of the Billericay Union, vice P. Johnson, L.R.C.P., L.R.C.S. Edin., resigned.

**RAYNER, H. E., F.R.C.S. Eng.,** appointed Medical Officer of the Frimley District of the Farnham Union, vice C. E. Paterson, M.D. Edin., resigned.

**REED, John Arthur, M.B., Ch.Vict.,** appointed House-Surgeon to the Stockport Infirmary.

**REED, A. Korrel, L.R.C.P. Edin., L.M., L.R.C.S. Edin.,** appointed Medical Officer of the Yarrow District of the Hamilton Union.

**SCATTERY, Wm. M.D. Aberd.,** appointed Medical Officer of Health to the Keighley School Board.

**SISSON, A. T., M.B., B.Ch.,** appointed Junior Resident Assistant Medical Officer at the Crumpsall Workhouse of the Township of Manchester, vice J. C. Muir, M.B., B.C. Camb.

**TROTTER, Edward, M.B., Ch.B.,** appointed House-Surgeon to the Hospital for Women and Children at Leith.

**WILLIS, E. E., L.R.C.P. Edin., L.R.C.S. Edin., L.F.P.S. Glasg.,** appointed Medical Officer of the Seventh District of the Downham Union, vice A. H. Copeman, M.R.C.S., L.R.C.P. Lond., resigned.

**Leith Hospital.**—The following appointments to the Resident Medical Staff have been made:—House-Physician, E. H. Hudson, M.B., Ch.B., House-Surgeon, Arthur D. Yule, M.B., Ch.B., S.S.C. Assistant House-Physician, Harriet A. Bird, M.B., Ch.B., Assistant House-Surgeon, John C. Carr, M.B., Ch.B., Surgeon in the Outdoor Department.—Robina McGregor, M.B., Ch.B.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**Medical Society of London, 8.30 P.M.**—Dr. J. W. Washburn and Mr. Pellingham Smith: The Infectivity of Malignant Growths.

#### TUESDAY.

**North-West London Clinical Society, Trocadero Restaurant, Piccadilly, Circus, 6.45 P.M.**—Presidential address by Dr. T. Lauder Brunton on Billions and Gall Stones. 7.45 P.M.—Annual Dinner.

**National Hospital for the Paralysed and Epileptic, Queen Square,**

#### WEDNESDAY.

**Dermatological Society of Great Britain and Ireland, 20, Hanover Square, W., 5 P.M.**—Dr. Radcliffe Crocker in the chair. Informal exhibition of cases at 4.30 P.M.

**Hunterian Society, 8.30 P.M.**—Clinical evening. Cases will be shown by Sir H. Beever, Dr. F. J. Smith, Dr. Ross, Mr. Barnard, and other Fellows.

#### THURSDAY.

**Neurological Society of London, 4, Chancery Street, W., 8.30 P.M.**—Clinical meeting. The following cases will be shown: Dr. F. E. Batten: Unusual case of Muscular Atrophy. Dr. T. Buzzard: Myasthenia Gravis. Dr. James Taylor and Dr. Wilfrid Harris: Two cases of Myopathy of Landouzy-Dejerine Type, and other cases.

**British Balmatological and Climatological Society, 20, Hanover Square, W., 8.30 P.M.**—Address by the President (Sir E. H. Sieveking): A Retrospect and Forecast.

**Hospital for Sick Children, Great Ormond Street, W.C., 4 P.M.**—Dr. Penrose: Demonstration of selected cases.

**Charles Cross Hospital, Post-Graduate Course, 4 P.M.**—Mr. Galicway: Dermatological Demonstration.

#### FRIDAY.

**Clinical Society of London, 8.30 P.M.**—Clinical evening. The following cases will be shown: Dr. Leonard Guthrie: Cerebellar Symptoms relieved by Trephining. Mr. G. E. Turner: A case of Actinomycosis of the Cervix. Mr. G. E. Turner: A case of Osseous Deformations. Mr. J. Jackson Clarke: A Patient in whom Kraskie's Operation was performed, with specimen. Mr. Watson Cheyne, F.R.S.: Old-standing Dislocation of the Hip with Fracture of the Acetabulum, reduced by Operation. Other cases will be shown. Patients will be in attendance at 8 P.M.

**British Laryngological, Rhinological, and Otolological Association, 11, Chandos Street, Cavendish Square, 4 P.M.**

### 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 ensure insertion in the current issue.*

#### BIRTHS.

**LOYD.**—At Woodstock, Abergavenny, on October 16th, the wife of T. E. Lloyd, M.D., etc., of a daughter.

**MACKAY.**—At 20, Drumshough Gardens, Edinburgh, on October 14th, the wife of George Mackay, M.D., F.R.C.S. Edin., of a son.

**ROBERTS, W.**—On October 15th, at Belmont, Stocksbridge, near Sheffield, the wife of Walter M. Robertshaw, M.B., Ch.B., of a son.

#### MARRIAGES.

**BRADFORD-ROBERTS.**—On October 17th, at St. Philip's, Alderley Edge, by the Rev. J. W. Consterdine, M.A., John Rose Bradford, M.D., F.R.S., to Mary (May) daughter of the late Thomas Foulkes Roberts, J.P.

**CAMPBELL-BISHOP.**—On October 18th, at Calne, Wilts, by the Rev. E. G. Wheeler, M.A., assisted by the Rev. F. G. Howland, Donald Campbell, M.D., to Mary, widow of John Donmett Bishop, Surgeon.

**OSBORN.**—On October 12th, 1899, at Lorrha Parish Church, by the Rev. E. Le B. French, Rector, George E. Howe Crighton, L.R.C.P. and S.L., eldest son of Richard Crighton, Valeview, Greys, to Lydia Florence Edith (Florrie) second daughter of Thomas Kenny, Kilsarron, Lorrha, Co. Tipperary.

**FLETCHER-SINCLAIR.**—At the Royal British Hotel, Edinburgh, on October 11th, by the Rev. W. Williamson, Duncan Fletcher, L.R.C.P. and S. Edin., L.F.P. and S. Glasg., to Elizabeth Jean, eldest daughter of Robert Sinclair, Factor, North Harris.

#### DEATHS.

**HUTTON.**—At the Manor, Oldhamstocks, East Lothian, on October 12th, William Menzies Hutton, M.D., F.R.C.S. Edin., of 23A, Minto Street, Edinburgh, younger son of Rev. William Menzies Hutton, M.A., aged 29 years 6 months.

**TORRANCE.**—At 16, Buccleuch Place, Edinburgh, the house of his sister, Mrs. Wilson, on October 4th, after a long illness most patiently borne, Dr. Robert Torrance, F.R.C.S. Edin., late of Newcastle-on-Tyne.

**WALLACE.**—Killed by a landslide during the disastrous cyclone and floods at Darjeeling, in Bengal, on Sunday morning at 2 o'clock, September 24th, 1899. Ruth Elizabeth, aged 9 years, and Joseph, aged 3 years, the much-loved daughters of James Robert Wallace, M.D., F.R.C.S. Edin., Editor "Indian Medical Record," Calcutta.



HOURS OF ATTENDANCE AND OPERATION DAYS AT THE  
LONDON HOSPITALS.

**CANCER, Brompton (Free). Attendances.**—Daily, 2. **Operations.**—Tu. W. F., 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.  
**CHARING CROSS. Attendances.**—Medical and Surgical, daily, 1; Women, W., 1; S. 9.30; Skin, M. Th., 1; Dental, M. Th., 8.45; Throat and Ear, F., 9.30; Electro-Therapeutics, Tu. Th., 9.30; Children, Tu. F., 1; Roentgen, W., 9.45; Orthopaedic, Th., 1. **Operations.**—W. Th. F., 3; S., 2.  
**CHELSEA HOSPITAL FOR WOMEN. Attendances.**—Daily, 1.30. **Operations.**—M. Th. F., 2.  
**CITY OPHTHALMIC. 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. Th. 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.**—M., 9; Tu. W., 12; Th., 9; F. S., 12. **Operations.**—Th., 2.  
**KING'S COLLEGE. Attendances.**—Medical and Surgical, daily, 2; Obstetric, daily, 2; o.p., daily, 1.30; Eye, M. W. Th., 1.30; Ear, Th., 2.30; Throat, M., 1.30; F., 2; Dental, M. Th., 10; Skin, M., 10. **Operations.**—W. Th. F., 2.  
**LONDON. Attendances.**—Medical, daily, i.p., 2; o.p., 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 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.  
**LONDON THROAT, Great Portland Street. Attendances.**—Daily, 2; Tu. F., 6. **Operations.**—Daily, 9.30.  
**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 OPHTHALMIC. Attendances.**—M. Tu. Th. F., 2. **Operations.**—W., 10.  
**NEW HOSPITAL FOR WOMEN. Attendances.**—Daily, 2; Ophthalmic, W. S., 9.30. **Operations.**—Tu. F., 1.  
**NORTH-WEST LONDON. Attendances.**—Medical, daily, exc. S., 2; S., 10; Surgical, daily, exc. W., 2; W., 10; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. **Operations.**—Th., 2.30.  
**ROYAL EAR, Frith Street. Attendances.**—M. W. F., 3; Tu. F., 9.30 and 7.30. **Operations.**—Tu., 3.  
**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, Tu., 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 ORTHOPAEDIC. 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, M. Tu. Th. 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, i.p., 1; o.p., 12; Obstetric, i.p., Tu. F., 1.45; o.p., M. Tu., 2.30; Eye, W. S., 1.30; Ear, Tu., 2; Skin, W., 2.45; Throat, F., 2; Orthopaedic, F., 12; Dental, M. Tu. F., S., 12. **Operations.**—Daily, 1; Ophthalmic, W., 1; Dental, Th., 9.  
**ST. MARK'S. Attendances.**—Fistula and Diseases of the Rectum, males, S., 2; females, W., 9.30. **Operations.**—Tu., 2.30; Th., 2.  
**ST. MARY'S. Attendances.**—Medical and Surgical, daily, 1.45; o.p., 12.45; Obstetric, Tu. F., 1.45; o.p., M. Th., 1; 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, F., 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., 9.30; (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., 1.30; Ear, M. Th., 9; Skin, Tu. F., 2; Throat, M. Th., 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; Electro, M. Th., 2; Skin, M. F., 2; Throat and Nose, Th., 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., 9.15. **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 ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 1, Agar Street, Strand, W.C. London; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C. London.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone, unless the contrary be stated.

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

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

In order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not at his private house.

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

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

## QUERIES.

S. R. would be glad to be informed as to the cheapest means of obtaining efficient Nauheim treatment.

OXFORD would be glad to be recommended to a good debt-collecting agency.

MUSICAL would be glad to know of any books, treatise, pamphlets, or personal experience of music relative to medicine, in whatever way it may have been considered.

## COTTAGE HOSPITALS.

DURHAM asks whether medical men attending their patients in a cottage hospital are entitled to send in a bill to the patients for that attendance.

\* \* It would be contrary to precedent to do so.

## ACNE ROSACEA.

DR. CLARK LAIRD (Milngavie, N. B.) would be glad to be informed if any readers of the BRITISH MEDICAL JOURNAL have used injections of alcohol in cases of acne rosacea, and what their experience is of such treatment.

## EXAMINATION FOR THE I.M.S.

G. D. asks: (1) Is the same standard of vision required in the case of candidates for the Indian Medical Service as for the Army Medical Service? As the examinations in French, German, and Hindustani are *visu voce* as well as written, are there practical as well as written examinations in botany, zoology, and the other science subjects?

\* \* The standard of vision is the same for home and Indian. (2) There are *visu voce* examinations in French, German, and Hindustani. (3) There are no practical examinations in botany, or zoology, or science subjects, but there is a *visu voce* examination in chemistry and pharmacy.

## EXPRESSION OF THE PLACENTA AND RUPTURE OF THE PERINEUM.

WESTMORELAND writes: I should like to elicit an opinion from some engaged in midwifery practice as to whether expression of the placenta is not a frequent cause of rupturing the perineum. I have been struck at the frequency of a torn perineum after having observed the fetus expelled head, shoulders, and hips with an intact perineum. There seems to be no other explanation. I was taught and have practised no other method than expression, but this seems to be a serious drawback to it over the older method of drawing upon the cord.

## ANSWERS.

M.—It is generally recognised that the vendor of a practice has the right to send out circulars introducing the newcomer to his former patients, but such circulars should not be sent to other persons.

E. L. C.—There could not, we think, be any objection to the insertion of an advertisement of the institution, suitably worded, in the *Medical Directory*.

INDIA.—Most married couples follow their own inclination in the matter, without asking for "permission." We think our correspondent may safely let his patients do the same.

FIAT JUSTITIA.—We sympathise with the candidate in his disappointment, but we do not feel that any opinion can be expressed on an *ex parte* statement. The only body which could take any useful action would be the Senate of the University.

M. M. (Middlesex Hospital).—Our correspondent does not state the kind of secondhand medical works he particularly requires. He might try Kimpton, Wardour Street, W.; H. K. Lewis, Gower Street, W.C.; or Williams and Norgate, Henrietta Street, W.C.

MEDICUS.—The Technical Education Committee in a village or connected with an urban district council often organise first-aid lectures, provide the appliances, find the room, and pay the lecturer. The chairman of the parish council or district council, or county council might be approached on the subject.

BUTE writes: I had occasion recently to stay up all night alone with a delirium tremens patient, that is, for at least seven hours. What is to be reckoned a fair charge for so prolonged a visit, the patient being in moderate circumstances?

\* \* We are advised that two guineas would be a fair remuneration.

## MEDICAL ADVERTISING.

Two correspondents have sent us papers circulated by a printer with attached specimens of surgical labels intended to be placed upon bottles of medicine sent out by practitioners who dispense their own medicines. These labels in each case contain the name and address of the practitioner, and our correspondents draw attention to this, and complain of such labels as a form of advertisement. On a previous occasion our attention was drawn to the case of a practitioner who supplied bottles to his patients upon which his name and address were moulded in the glass. Every week complaint is made to us of some fresh form of advertisement, and we think it high time that the General Medical Council was asked to lay down some rules in the matter. At the present time, the only check is the action taken by some of the qualifying bodies, but such action is the exception rather than the rule.

## MEDICAL MEN AND THE LAY PRESS.

AGGRIEVED.—A correspondent sends us a copy of a local paper published in Scotland and draws attention to the first column upon the first page which contains a directory where amongst such information as the places of public worship, libraries, and reading rooms, there is a list of four medical practitioners whose names, qualifications, and