

ten hours. It is of course less in the winter, which is Cape-town's rainy season, and when more cloud occurs, but ten hours is not more than the summer average on the plains, while on the plains in the winter clouds are rarely seen. In fact, on the plains over which our army will march through the Free State and Transvaal the sun reigns supreme. In the morning his coming is ushered in with a fringe of crimson light over half the wide horizon, which rapidly spreads upwards into the clear blue of the heavens. Thus comes the dawn, the *rooi dag* of South Africa, an hour familiar to all her children. It is then in times of peace the day's labour begins in earnest. It is then in times of war that the native and the Boer alike commence their attacks upon the enemy. By the sun throughout the day the native both marks the hour and steers his course. When evening approaches the sky is again resplendent, bathed in orange and green and crimson, and throwing dark purple into the shadows of the hills. Abundant sunshine, a dry, rarefied, and exhilarating air, and a temperature which is only at midday excessively hot, are the leading features of the climate on the plains. The habit of the Dutchman in travelling over this high veld is to remain quiet and in shelter from the sun during the middle hours of the day. This plan is undoubtedly a wise one, and if practicable should, when the heat is severe be followed by our army. The early morning, the evening, and often the hours of the magnificent moonlight nights are the times for movement. One hour of work or marching at midday is more exhausting than three in the early morning or at night.

REFERENCE.  
1 *Practitioner*, June, 1898.

### THE RESTLESSNESS OF OLD AGE AND ITS TREATMENT.

By CLEMENT DUKES, M.D.LOND., J.P.,  
Physician to Rugby School and Senior Physician to Rugby Hospital.

It has fallen to my lot to have had under my care from time to time a considerable number of old people, whose ages ranged from 75 to 96, free from disease.

The lives of some of these old people are frequently a burden to them, and they occasion considerable distress to friends who look after them by their incessant restlessness by day and by night. During the day they are never quiet. If they sit down they want to get up and walk about. Then they sit down, and in a few minutes are on the move again. This want of peace is very wearing to themselves and those who live with them. During the night they are merely restless, and toss and turn about in bed; or sleepless; or they have to sit up in bed or in a chair, with dyspnoea. Consequently they arise in the morning unrefreshed and unrested to resume the day performance.

It arises, in my opinion, from the gradual age-failing of the scavenger organs. Their incompetence fails to deplete the blood sufficiently. And this lack of perfect removal of the products of wear and tear occasions increased arterial tension. Hence the restlessness.

While the heart beats with the natural feebleness one expects, I have been frequently told what a very good pulse the patient has, which is really the pulse of rigid arteries.

The administration of carminatives, sedatives, or digitalis merely aggravates the condition. Where the cause is recognised, and mercurials given, many of these cases are considerably relieved; but I have seen a grain or two of blue pill produce a cold clammy sweat and considerable depression in the aged; while 3 grains of grey powder once entailed salivation in a very old lady. The remedies, however, which bring calm and peace, and remove all the discomforts, are those which relieve the arterial tension, such as nitro-glycerine gr.  $\frac{1}{32}$ , and even better still, because it requires to be taken less often, erythrol tetranitrate gr.  $\frac{1}{2}$  to gr. 1.

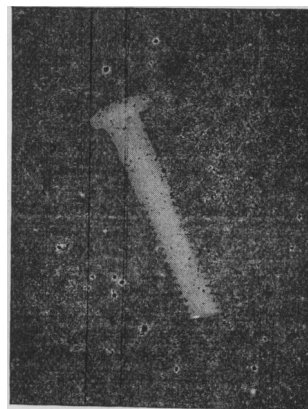
I have now under my care one lady, aged 85, who, instead of having such terrible nights that she had to sit in a chair most of the night, and she and her friends longed for her departure, is now able to sleep nearly all night, comfortably lying down, under the influence of erythrol. I have another lady nearly 80 whose day restlessness is so completely relieved by nitro-glycerine that she is able to pass her days in peace.

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

### A BRASS SCREW SWALLOWED BY AN INFANT AGED FIFTEEN MONTHS.

AMONG the variety of foreign bodies which have been swallowed by children and safely expelled *per rectum* many have been of such extraordinary size and shape as to cause wonder how the difficulties of transit through the alimentary tract could be so easily overcome. A good illustration of such a case has recently come under my notice.

A child, aged 15 months, was brought to me on April 24th with a history of having swallowed a brass screw. (The exact size and shape are shown in the figure.) The mother stated



that whilst the child was playing her attention was attracted to it by a sudden, severe, and prolonged attack of coughing and choking. Suspecting some obstruction she placed her finger in the child's mouth, and felt the screw at the back of the throat, and in her endeavours to remove it; it was swallowed. The child was at once relieved, and when brought to me half an hour later showed no indications of discomfort. The mother stated positively that the child must have swallowed the brass screw. Vomiting failed to expel the foreign body.

Considering the large size of the screw, and the fact that one had to deal with infantile structures, an element of doubt arose as to the probability, even possibility, of expulsion by natural means. It seemed as though the narrow lumen and orifices of the alimentary tract would prove insuperable obstacles.

Assuming, then, the presence of this foreign body in the stomach, was an immediate operation for its removal justifiable? Or, on the other hand, was it advisable rather to trust to natural means of expulsion under careful supervision and dieting?

My decision in favour of the latter course rested mainly on the acceptance of a principle which I had been led to conclude from previous experience of similar though less extreme cases, namely, that in children, if a foreign body of whatever size or shape can pass through the oesophagus into the stomach, it is possible for the same to pass through any other orifice of the alimentary tract. The child was accordingly carefully watched and dieted; instructions were given for the examination of every evacuation, and on the fifth day the screw was passed without any difficulty. There was no abnormal deviation from the child's usual health and spirits throughout.

Although the possibility and risk of such foreign bodies being impeded in their progress must ever be a source of anxiety, yet this and similar successful results demonstrate the facility with which foreign bodies can pass safely through the alimentary tract and its orifices. We may therefore expect, even in such extreme cases, a successful issue without having recourse to surgical interference.

Nottingham.

A. WARING, M.B.Lond.

## RUPTURE OF THE HEART.

A WOMAN, aged 73, suffering from left hemiplegia of four years' standing, was seized, while taking food, with a sudden attack of asphyxia. Violent respiratory efforts set in, and before assistance could be rendered, death ensued within a minute of the onset of the symptoms.

*Post-mortem Examination.*—An old, and partially absorbed, blood clot was present in the right cerebral hemisphere. All the cerebral vessels were atheromatous. No food was present in mouth or pharynx, but impacted in the larynx between the vocal cords, and completely blocking the orifice, was a small piece of cooked meat. The lungs were deeply congested, and some patches of hæmorrhage between the air cells were observed. The pericardium was fully distended with dark-coloured clotted blood, completely enveloping the heart, which was firmly contracted. On the anterior surface of the left ventricle was a small rent, a quarter of an inch in length, near the septum. The cardiac chambers were empty. The valves were competent. The coronary vessels and aorta, in common with the entire arterial system, presented marked atheromatous changes. Extensive fatty degeneration and infiltration were present in the cardiac muscle, which was very soft and friable.

*Remarks.*—Death seemed too sudden to be due alone to asphyxia, and a recurrent attack of apoplexy, induced by the violent efforts to remove the obstruction in the larynx, was suspected. The *post-mortem* examination showed that, while the vessels remained intact, the diseased cardiac muscle had given way before the strain.

E. S. BELL, M.D. Brux., L.R.C.P. Lond., M.R.C.S. Eng.  
Rotherhithe, S.E.

VESICAL CALCULUS: RUPTURE OF BLADDER:  
SUPRAPUBIC LITHOTOMY: RECOVERY.

L. R., aged 50, had had symptoms of stone for six years. On sounding the bladder, the stone appeared fairly small. The patient was directed to empty his bladder. I then injected four syringefuls of boracic lotion without a catheter. The resistance, which was considerable, diminished rather suddenly, while the third syringe was being emptied—that is, when rather less than 9 ounces of fluid had been injected. As, however, the patient came just at that time under the full influence of the anæsthetic, I hoped that the lessened resistance was due to cessation of voluntary expulsive effort. I proceeded to crush the stone. This presented no difficulty. After ten minutes, withdrawing the lithotrite, I passed the evacuating catheter. Although not blocked, only 2 or 3 ounces of fluid passed from the bladder. The diagnosis seemed indisputable. Rapidly cleaning the abdomen and boiling the necessary instruments, etc., I made an incision from 1 inch below the umbilicus to the pubes, prepared to find extravasation of lotion and fragments of stone into the peritoneal cavity. As, however, I reached the extraperitoneal cellular tissue, I found colourless fluid rapidly welling up into the wound, so, drawing up the pouch of peritoneum, I opened the bladder, extracted the stone and its fragments (300 grs.), and inserted a drainage tube. The rupture was behind the fundus. I could not discover any special reason for it. The patient made a good recovery.

The interest and importance of this case is that a bladder should rupture under a pressure of 9 ounces of fluid, for there was no residual urine. An accident of this kind is unusual, and, as it might happen in the hands of any surgeon, the case seems worth placing on record.

Kashmir.

ERNEST F. NEVE, M.D., F.R.C.S. Edin.

A CASE OF POISONING BY THE PRIMULA  
OBCONICA.

I AM informed that owing to the liability of the workers among the primula obconica to poisoning by it, the flower not being in great demand, less and less will be grown. Consequently cases of such poisoning will become much less frequent than is the case even at present. The following is a case which has come under my observation:

A man, aged 20, employed in the Horticultural Gardens here, consulted me for a rash on both his arms and on the right side of his face. Twenty-four hours previously, for the first time, he had been engaged in cutting the primula

obconica, and four hours after, whenever his arms had come into contact with the juicy stems, intolerable itching and redness (preceding the itching) had resulted. He rubbed his right eye with the back of his hand, and a few hours later the lids and adjacent skin became inflamed, irritable, and swollen. On examination I found no constitutional disturbance. The skin of both forearms and the backs of both hands were covered with a closely-set eruption of papules and vesicles on a raised red base, the rash having an abrupt termination at the healthy skin. The rash was very symmetrical, the skin of the right upper and lower eyelids was very red, with a sharply-defined raised edge, and there was considerable œdema of the lids. The erythema was very vivid, and, unlike that of the forearms, showed neither papules nor vesicles.

The treatment consisted of the repeated application to the arms of a paste of calamine, chalk, lime water, and olive oil, and a boracic lotion to the eyelids. In the course of a few days the inflammation subsided.

The case, I think, is worthy of record, since there was an entire absence of general poisoning, the polymorphism of the eruption on the arms, the symmetrical behaviour of this latter rash, the erysipelatous character of the affection attacking the eyelids, and, lastly, the very short incubation period.

Chiswick, W.

BERTRAM COOPER, M.R.C.S., L.R.C.P.

## BILHARZIA IN MESOPOTAMIA.

In *Tropical Diseases*, by Patrick Manson, M.D., F.R.C.P., published by Cassell and Co. in 1898, the geographical distribution of bilharzia hæmatobia is stated to be limited to Africa and its island dependencies. I regret to say the disease is widely spread throughout Mesopotamia, occurring in those living in towns and villages situated on the banks of the rivers Tigris and Euphrates. I have been able to trace it up to about 900 miles from the mouth of the united rivers, but so far no patients have applied for treatment who dwell upon the river where the influence of the tide of the Persian Gulf is felt. Vesical calculus is more prevalent above Bagdad, where apparently there are more cases of bilharzia hæmatobia.

P. S. STURROCK, M.B., B.C.

Church Missionary Society, Bagdad, Turkish Arabia.

## PRECOCIOUS DENTITION.

In connection with the case of precocious dentition mentioned in the *EPITOME* of July 8th, I may mention that I had a similar case in the autumn of 1896. The infant, a girl (sixth labour) was delivered at 7½ months. Labour was induced on account of justo-minor pelvis. The baby was perfectly normal and healthy in every way, but had the two lower central incisors appearing under the gum. These cut through in a few days after birth, the right on the fourth and the left on the fifth day, as well as I recollect. As in Joukovsky's case, in a few days an abscess began to form and the teeth to loosen. I then extracted them, and, as in the other case, it required a distinct effort to remove them. They were typical milk teeth of a whitish colour. For some time after the lateral incisors appeared there was a gap, but at the present time this has closed, and no one, unless they were in the secret, would remark anything amiss. This case is, I think, of special interest, owing to the fact that the teeth were cut at a period of 7½ months' gestation.

Monkstown, co. Dublin.

R. LYNN HEARD, M.B.

## ANKYLOSTOMA IN SIERRA LEONE.

HAVING recently found the ankylostoma duodenale in a case of obstinate and otherwise apparently causeless anæmia in the person of a negro soldier of the West African Regiment (a native of this country), I think it sufficiently interesting to make a note of, inasmuch as, though it has been surmised that the parasite exists in most tropical countries, it has not, so far as I know, been actually demonstrated in Sierra Leone until now.

I doubt, however, if the ankylostoma is responsible for much sickness, in this part of the Protectorate at any rate, as anæmia does not seem common among Mendi people.

FRED SMITH.

Captain R.A.M.C.

Bandajuma, Sierra Leone Protectorate.

as a member of the University. In 1878 he took the arts degree, obtaining a first class in the school of natural science. Two years later he was appointed Surgeon to the Radcliffe Infirmary, which post he held until the end of 1898.

Mr. Morgan in a short time gained an extensive practice as a surgeon in Oxford and the neighbouring district. For some time he gave special attention to ophthalmic surgery, and was the first occupant of the newly-created office of Ophthalmic Surgeon to the Radcliffe Infirmary. For many years he was Surgeon to the University Volunteers, and he was at the time of his death the Surgeon-Captain of the corps. On the resignation of Dr. Darbishire he was elected without opposition University coroner. He was also a member of the Board of Faculty of Medicine, and served several periods as Litchfield Clinical Lecturer in Surgery in the University.

In addition to his strictly professional work, Mr. Morgan was for some years one of the Lecturers in Science in the University, acting in this capacity at Exeter and Wadham Colleges. He lectured also in science at St. Peter's College, Radley.

Mr. Morgan was a clever and skilful surgeon, and was renowned for the neatness and manipulative skill he showed as an operator. Kindly in manner, and with an excellent gift of humour, he had many friends in Oxford. He was a prominent Freemason for many years and held many offices in the craft. Mr. Morgan was the first Secretary to the Oxford Branch of the British Medical Association, and on the resignation of this office early in 1898 he was appointed representative of the Branch on the Council of the Association. In the summer of 1898 his health became so much impaired that it was thought wise for him to give up his work in Oxford and leave England for the winter. At that time, though he had previously been obliged to winter in Cornwall, no immediate danger was anticipated, and it was hoped that after a winter at the Cape he might be able to return to England.

The esteem and regard with which Mr. Morgan was held in Oxford was well shown on his retirement from practice by the testimonials which were presented to him by his friends in the University, his brethren in the Craft, and by his fellow-practitioners in the city.

**DEATHS IN THE PROFESSION ABROAD.**—Among the members of the medical profession in foreign countries who have recently died are Dr. Basil Wolan, Professor of Forensic Medicine at Czernowitz, aged 68; Dr. Friedrich Nötel, Director of the Rhine Provinces Asylum, Andernach, aged 60; Dr. A. Bruff, some time Professor of Dermatology and Syphiligraphy in the University of Charkow; Dr. Albert Györy von Nadudvar, one of the best known practitioners of Vienna; Dr. Luther Dana Woodbridge, Professor of Anatomy and Physiology in Williams College, Massachusetts, aged 48; and Dr. F. V. Birch-Hirschfeld, Professor of Pathological Anatomy in the University of Leipzig, aged 57.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE.

**Examiners.**—The examiners for the diploma in Public Health for the ensuing year are Dr. B. Anningson, Dr. W. Collingridge, Dr. Lane Noller, Dr. T. Stevenson, and Professor G. S. Woodhead.

**Walsingham Medals.**—The medals given annually by the High Steward have been awarded to H. H. W. Pearson, Caius, for research in Botany, and to J. Barcroft, Fellow of King's, for research in Physiology.

**Degrees.**—At the Congregation on November 23rd, Mr. Timothy Holmes, F.R.C.S., was admitted to the degree of Master of Surgery. The following degrees were also conferred: *M.D.*: M. R. P. Dorman, M.A. Clare, and R. W. Michell, M.A., Caius. *M.B.*: E. C. Taylor, B.A., St. John's. *M.B. and B.C.*: T. W. Letchworth, B.A., Emmanuel.

### UNIVERSITY OF EDINBURGH.

**Prizes in Tropical Medicine.**—A number of medical practitioners in the Straits Settlements having presented to the University of Edinburgh a prize of the value of twenty-five guineas for research in tropical diseases, the Faculty of Medicine has determined that the prize shall be open for competition to students of medicine, or graduates in medicine of not more than two years' standing; that competing essays shall be given in on or before April 30th, 1900, and that any essay containing original scientific or literary research on tropical disease shall be eligible for competition. The following are suggested as appropriate subjects of research, in order to aid candidates in their selection of a subject: (a) Investigation on the conditions producing attenuation and exaltation in the activity of plague virus, and the relation of such changes to the symptoms of plague in man; (b) the bearing of meteorological conditions on the incidents of tropical disease.

## MEDICO-LEGAL.

### PROSECUTION BY THE LUNACY COMMISSIONERS.

RECENTLY, Mr. Philip Henry Harmer was summoned for receiving a lunatic on May 2nd, 1899, and also for unlawfully receiving payment for a lunatic in an unlicensed house. The proceedings were instituted by the Commissioners in Lunacy. We summarise from a report in the *Sussex Daily News*:

There was a conflict of evidence. The evidence for the prosecution indicated lunacy both before and after the time of the patient's reception by the defendant. On the other hand, the evidence for the defence was to the general effect that the patient suffered from locomotor ataxy, and was not thought to be in a state for certification under the Lunacy Acts during the earlier portion of his residence under care of the defendant; and that, becoming worse in July or August, he was certified on August 27th, and on September 2nd was removed to an asylum.

In the event, the Bench dismissed the case.

### ATTEMPTED BLACKMAILING.

The *Western Mail* of November 17th reported a trial at the recent Glamorganshire Assizes of great interest to club doctors. A workman at the Dowlais Iron Works, of the name of Francis, who was also a member of the Workmen's Provident Society, was charged with blackmailing Dr. Corrigan, the surgeon to the works, by sending to him a letter feloniously demanding money, with menaces.

It would appear that in August last Francis was attended by Dr. Corrigan's *locum tenens*, the doctor being away for his holiday. The latter, however, visited the prisoner on his return, and found that there was not much the matter with him, but the prisoner affected to be very dissatisfied with his treatment by Dr. Corrigan, and informed him that many of his fellow-workmen considered that the doctor had been negligent, and that it was proposed to agitate for another doctor. He said that it was in his power to smooth the matter over, and that he would do so for a consideration. Later on he wrote a letter to Dr. Corrigan, in which he reiterated his charge of neglect, and stated that it was in his power to do the doctor "a good turn or a bad turn," and he expressed a hope "he would keep the letter to himself."

The jury found the prisoner guilty, but recommended him to mercy. The Judge said he could not understand how the jury could find any other verdict, but he did not agree with the recommendation to mercy. He would, however, give effect to it by sentencing the prisoner to three months, instead of six months, imprisonment with hard labour.

### DOCTOR AND PATIENTS.

UNDER this head the *Hamphshire Telegraph* of November 18th reports an action at the Portsmouth County Court, in which Dr. A. J. Dalton sued a Mrs. Lucy Moore for the sum of £85 11s. 6d., being fees due for medical attendance and medicine supplied between February 13th and May 3rd last. The plaintiff said that his charges were for professional attendance both on the defendant and her husband for alcoholism, the latter being on the verge of delirium tremens. The attendance had been particularly onerous, necessitating 180 visits in eighty days, and owing to the servants leaving the defendant he had on more than one occasion to prepare food for the patients in their own kitchen, or to send it from his own house. He had charged 7s. 6d. for an ordinary visit, and 21s. when called at night or in the early morning. He considered these fees not exorbitant, especially considering that his patients could afford four bottles of brandy a day at 5s. 6d. a bottle, in addition to paying heavy millinery bills.

Dr. Ward Cousins gave evidence that in his opinion the charges were fair and reasonable, and that he thought all patients should be charged according to their means. For the defence it was sought to show that defendant's total income did not amount to more than £420 per annum.

The jury, after a short deliberation, returned a verdict for the plaintiff for £75, and judgment for this amount was given with costs.

### COMPLAINT AGAINST AN IRISH DISPENSARY DOCTOR.

At the Tralee Board of Guardians recently a complaint was made against Dr. Denny that he had not come promptly to see a woman who was dying; that after the woman's death he was asked by the priest to remove the living child; that he did not do so; that four hours afterwards he sent for Dr. Brick and Dr. Harrington, who extracted the child; that "it gave two little screeches and died immediately after birth"; and that the woman had not been properly treated, or she would have lived. To this Dr. Denny replied that he was in bed when he was summoned, and that he left his house in fifteen minutes. He found the woman dropsical and pulseless, and he understood she died in a few seconds after he left the room. In an hour afterwards the priest asked him to remove the child, but he refused, as on another occasion he had been turned out of a house for making the suggestion. He asked for a sworn inquiry. It was resolved to ask the opinion of the Local Government Board.

### THE DUTIES OF MEDICAL OFFICERS IN THE HEBRIDES.

A MEDICAL OFFICER in one of the Western Islands of Scotland asks whose duty it is to coffin and see to the burial of patients dying from fever, and states that in the Western Islands the medical officer is the only person courageous enough to perform such duty, and that the custom has been so common that medical men are now looked upon as regular undertakers, and are frequently commanded to turn out and do the coffining.

\* It is the duty of the sanitary inspector and not of the medical officer to attend to such matters. The Public Health (Scotland) Act, 1897, Section xv, states that local authorities shall, subject to the approval of the Local Government Board, regulate the duties of medical officers and sanitary inspectors. If the district committee have not drawn up regulations defining the duties of their officials, the Local Government Board may be communicated with on the subject. It would be well for medical men in the Western Islands to combine and put a stop to such unreasonable demands.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### FEE FOR ATTENDANCE ON SERIOUS ILLNESS AFTER CONFINEMENT.

M. O. writes asking whether he, as district medical officer, can claim an extra fee for the following case. Called by relieving officer's order (given two days after delivery) which described the case as "illness after confinement;" found the patient in a very critical condition, with signs and symptoms of retention of part of placenta; adopted necessary treatment, with satisfactory results.

\* \* The M. O. should claim the extra fee of £2 for this case, it being one which would necessitate long attendance in respect of a puerperal affection. The regulation which relates to this case is Article 183 of Consolidated Order July, 1847: "Provided that in any special case in which great difficulty may have occurred in delivery, or long subsequent attendance in respect of some puerperal affection may have been requisite, any district medical officer shall receive £2."

### THE HEALTH OF ALDERSHOT.

At the meeting of the Council in the second week of November, Dr. Shoolbraid was able to report that October had been a very healthy month, only 3 infectious cases having been notified since his last report. The mortality of the town, and also of the camp, had been very considerably lower than for the corresponding period covered by a previous report. For the town 17 deaths were recorded, and for the camp 8, giving a death-rate of 12.2 per 1,000 per annum. As against these figures, 30 births for the town and 36 for the camp had been recorded. The Council proposes to appoint a medical officer of health, with Dr. Shoolbraid as assistant medical officer, the latter having agreed conditionally to resign his appointment. Respecting the analysis of well water, it appears that the medical officer had been instructed to take samples from eight sources. These had been subjected to analysis by an expert, who had pronounced six out of the eight "bad," and the other two "fairly good."

### HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,539 births and 4,216 deaths were registered during the week ending Saturday last, November 25th. The annual rate of mortality in these towns, which had decreased from 21.1 to 17.3 per 1,000 in the four preceding weeks, rose again to 19.3 last week. The rates in the several towns ranged from 12.1 in Huddersfield, 13.2 in Derby, 13.5 in Croydon, and 14.4 in Halifax, to 24.6 in Salford, 24.8 in Liverpool, 28.0 in Hull, and 29.7 in Preston. In the thirty-two provincial towns the mean death-rate was 20.5 per 1,000, and exceeded by 3.0 the rate recorded in London, which was 17.5 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.0 per 1,000; in London the death-rate was equal to 1.8 per 1,000, while it averaged 2.1 in the thirty-two provincial towns, among which the highest zymotic death-rates were 3.6 in Birkenhead, 4.0 in Sheffield, 4.3 in Salford, and 6.9 in Hull. Measles caused a death-rate of 1.3 in Sheffield and in Hull, 1.4 in Burnley, 1.8 in Birkenhead, and 2.4 in Salford; whooping-cough of 1.2 in Croydon and 1.4 in Norwich; and "fever" of 1.2 in Wolverhampton and 2.0 in Nottingham. The mortality from scarlet fever and from diarrhoea showed no marked excess in any of the large towns. The 97 deaths from diphtheria included 43 in London, 11 in Sheffield, 7 in Leeds, 7 in Liverpool, 5 in Birmingham, 4 in Leicester, and 3 in Cardiff. Twenty-two fatal cases of small-pox were registered last week in Hull, but not one in any other of the large towns; and only one small-pox patient was under treatment in the Metropolitan Asylums Hospitals on Saturday last, November 25th. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had increased from 2,538 to 3,578 at the end of the twelve preceding weeks, had declined again to 3,503 on Saturday last; 203 new cases were admitted during the week, against 331, 328, and 334 in the three preceding weeks.

### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, November 25th, 903 births and 581 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 17.0 and 19.0 per 1,000 in the two preceding weeks, was again 19.0 last week, and was 0.3 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 13.1 in Aberdeen and 15.1 in Edinburgh, to 21.6 in Paisley and 37.6 in Greenock. The zymotic death-rate in these towns averaged 3.2 per 1,000, the highest rates being recorded in Perth and Greenock. The 290 deaths registered in Glasgow included 12 from measles, 6 from scarlet fever, 6 from diphtheria, 4 from whooping-cough, 3 from "fever," and 8 from diarrhoea. Two fatal cases of diphtheria were recorded in Edinburgh; 10 deaths from measles and 3 from diarrhoea occurred in Dundee; 3 from whooping-cough in Aberdeen; 17 from measles and 2 from diphtheria in Greenock; and 3 from whooping-cough in Perth.

## MEDICAL NEWS.

DR. J. ROBERTS THOMSON, the President of Council of the British Medical Association, has been gazetted Lieutenant-Colonel 4th Volunteer Battalion Hampshire Regiment.

MR. W. HOWARD BELL, one of the largest beneficiaries under the will of the late Mr. John Nixon, one of the pioneers of the South Wales coal trade, has sent a cheque for £1,000

to the Mountain Ash Cottage Hospital and £1,500 to the Cardiff Infirmary.

**BRITISH GYNÆCOLOGICAL SOCIETY.**—The President and Council desire to announce that at the meeting of the Society on Thursday, December 14th, M. Doyen of Paris has arranged to give a cinematographic demonstration to illustrate his operative procedures on the abdominal and pelvic organs. The meeting begins at 8 o'clock. All medical men are invited to be present, whether Fellows of the Society or not.

**EXPERIMENTAL PSYCHOLOGY.**—During the Lent Term, 1900, a course of demonstrations in the methods of experimental psychology will be given in University College, London, under the direction of Professor Sully. The course will be conducted by Mr. W. McDougall, M.B., Fellow of St. John's College, Cambridge, who will be glad to receive beforehand the names of any who propose to attend.

**PRESENTATION.**—On the occasion of his marriage, Dr. W. F. Farquharson, Medical Superintendent of the Cumberland and Westmorland Asylum, has been presented by the Lunacy Committee of these counties with a silver-plated table lamp; by the officers, female staff, and workmen at the asylum with a pair of bronzes and a silver-mounted paper-knife; and by the male attendants and workmen at the asylum with a black marble clock.

**EDINBURGH ROYAL MATERNITY AND SIMPSON MEMORIAL HOSPITAL.**—F. W. N. Haultain, M.D., F.R.C.P.E., has been appointed one of the Assistant Physicians to the Hospital, vice Dr. A. H. F. Barbour, who has been promoted to be a full Physician in place of Dr. Halliday Croom, whose term of office has expired. We understand that the Directors of this institution intend shortly to proceed to the appointment of two further assistant physicians, making four in all.

**HARVEIAN SOCIETY OF LONDON.**—The annual dinner of the Harveian Society was held at the Café Monico, on Thursday, November 23rd. Mr. H. E. Juler, the President, was in the chair, and more than a hundred members and guests were present, amongst whom were the President of the Royal College of Physicians, Dr. Church, Sir R. Douglas Powell, Bart., M.D., Dr. J. B. Ball, Dr. F. T. Roberts, Mr. Alban Doran, Dr. Sansom, Mr. H. Power, Mr. Watson Cheyne, Dr. Buzzard, Mr. Alfred Cooper, Mr. E. Owen, Dr. T. Morton, Mr. Eastes, Mr. Roughton, Dr. Guthrie, and Mr. Raymond Johnson. The menu card gave the following quotation from Pepys's *Diary*, "His discourse being ended, we walked into the hall, and there being great store of company, we had a fine dinner, and good learned company, many doctors of physique, and we used with extraordinary great respect." In proposing "Success to the Harveian Society," Sir R. Douglas Powell dwelt upon the fact that its members represented every branch of the healing art, and that although the Society had attained middle age it was still very robust. The President, in returning thanks, said that the Society was founded in 1831 to foster observation and induction, and he believed the mantle of Harvey had fallen upon it. Mr. Alban Doran proposed "The Sister Societies and Guests." Dr. F. T. Roberts, who responded, said the societies were full of vitality, all doing excellent work and trying to do their duty for the advantage of the community in general. Mr. H. Power proposed the last toast, "The President," which was received with applause and "musical honours," and elicited a warm acknowledgment from Mr. Juler, who spoke of the great assistance he had received from the Secretaries, especially the Senior Secretary, Dr. Guthrie, whose health was also drunk. In the course of the evening Dr. George Ogilvie related some humorous anecdotes, Dr. Roberts sang in his inimitable fashion, "Sally in Our Alley," and gave as an encore, "Poor Tom Bowling." Mr. Frederick Upton recited "A Sensational Novel," "My Vegetable Garden," and a few tales. Mr. John Josey and Mr. Frank Tebbutt sang some excellent songs, and Mr. Fountain Meen presided at the pianoforte.

### MEDICAL VACANCIES.

The following vacancies are announced:

**BIRMINGHAM GENERAL DISPENSARY.**—A Resident Surgeon. Salary £150 per annum (with an allowance of £30 per annum for cab hire), with furnished rooms, etc. Applications to the Secretary by December 15th.

**BIRMINGHAM AND MIDLAND EYE HOSPITAL.**—Assistant House-Surgeon. Salary, £50 per annum, with apartments and board. Applications to the Chairman of the Medical Board by December 15th.

**BRADFORD POOR-LAW UNION.**—Two Resident Assistant Medical Officers (male or female) for the Hospital and Workhouse of the Union. Unmarried. Appointments for one year. Salary for senior £150, and £100 for junior, with prescribed ratios, etc. Applications to the Clerk to the Guardians, 22, Manor Row, Bradford, by December 4th.

**BEECON INFIRMARY.**—Resident House-Surgeon; unmarried. Salary £70 per annum, with furnished apartments, etc. Applications to W. Powell Price, No. 6, Sulwork, Brecon, by December 20th.

**CAMBRIDGE: ADDENBROOKE'S HOSPITAL.**—Resident Assistant House-Surgeon. No salary, but board, lodging, and washing provided. Applications to the Secretary, 23, St. Andrew's Street, Cambridge, by December 9th.

**CENTRAL LONDON OPHTHALMIC HOSPITAL,** Gray's Inn Road, W.C.—House-Surgeon. Board and residence provided. Applications to the Secretary by December 15th.

**EAST LONDON HOSPITAL FOR CHILDREN,** Shadwell.—House-Physician. Board and residence, etc., provided. Honorarium of £25 on completion of six months' service. Applications to the Secretary by December 9th.

**EDINBURGH: UNIVERSITY OF.**—(1) Examiner in Materia Medica; (2) Two Examiners in Clinical Surgery. Appointments for four years. Salary of the former £75 per annum and of the latter £50 per annum. Applications to the Secretary, University Court, by December 30th.

**GLASGOW VICTORIA INFIRMARY.**—Superintendent and Resident Medical Officer. Salary, £300 per annum, with board in the Infirmary and a free house. Applications to the Secretary, 22, Carlton Place, Glasgow, by December 9th.

**HOSPITAL FOR SICK CHILDREN,** Great Ormond Street, Bloomsbury, W.C.—(1) House-Physician; (2) House-Surgeon. Appointments for six months. Salaries, £20 each, with board and residence. (3) Resident Medical Superintendent. Appointment for one year, subject to annual re-election. Salary, 1,000 guineas per annum, with board and residence. Applications on forms provided to be sent to the Secretary by December 12th.

**LONDON LOCK HOSPITAL.**—(1) House-Surgeon to the Female Hospital, Harrow Road, W.; (2) House-Surgeon to the Male Hospital, 91, Dean Street, W. Salary of the former £65 per annum, and of the latter £50 per annum, with board, lodging, and washing in each case. Applications to the Secretary at the hospital, Harrow Road, by December 14th.

**MIDDLEBROUGH-ONTARIO: NORTH RIDING INFIRMARY.**—House-Surgeon. Salary £10 a year, with lodging, board, and washing. Applications marked "Application for post of House Surgeon" to the Secretary by December 6th.

**NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC,** Queen Square, Bloomsbury.—Registrar. Annual honorarium, fifty guineas. Applications to B. Burford Rawlings Secretary and Director by December 8th.

**NORTH BATHEN HOSPITAL FOR CHILDREN.**—House-Physician. Appointment for six months at the rate of £50 per annum. Applications to the Secretary, at the City Office, 27, Clement's Lane, Lombard Street, E.C., by December 15th.

**NORTH STAFFORDSHIRE INFIRMARY,** Hartshill, Stoke-on-Trent.—House Governor and Secretary (non resident), age from 30 to 45 years. Salary £300 per annum. Applications to the Chairman of the General Committee by December 6th.

**NOTTINGHAM GENERAL DISPENSARY.**—Clinical Assistant; unmarried. Salary, £20 for six months (renewable), with furnished apartments, etc. Applications to the Secretary.

**PERTH: JAMES MURRAY'S ROYAL ASYLUM.**—Assistant Medical Officer. Applications to Dr. Urquhart, Physician-Superintendent.

**PLYMOUTH: SOUTH DEVON AND EAST COENWALL HOSPITAL.**—House-Surgeon. Salary £100, with board and residence. Applications to the Honorary Secretary by December 15th.

**PONTEFRACOT GENERAL DISPENSARY AND INFIRMARY.**—Resident Medical Officer. Salary commencing at £150 per annum, with furnished rooms, etc. Applications to the Secretary by December 11th.

**RIPON DISPENSARY AND COTTAGE HOSPITAL.**—Resident House-Surgeon and Dispenser. Unmarried. Salary, £70 for the first year, with board and lodging. Applications to the Honorary Secretary.

**ROYAL COLLEGE OF PHYSICIANS,** London.—Milroy Lecturer for 1901. Applications to the Registrar by January 5th, 1900.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—Three Members of the Court of Examiners. Must be Fellows of the College. Applications to the Secretary by December 6th.

**ROYAL FREE HOSPITAL,** Gray's Inn Road, W.C.—Assistant Physician, must be F. or M.D.C.P. Applications to the Secretary by December 16th.

**ROYAL HOSPITAL FOR DISEASES OF THE CHEST,** City Road, E.C.—Assistant Physician; must be F. or M.D.C.P. Applications to the Secretary by December 5th.

**ST. NEOTS: THREE COUNTIES ASYLUM.**—Second Assistant Medical Officer, under 35 years of age. Salary commencing at £150 per annum, with board, apartments, etc. Applications to F. G. Butler, Clerk to the Visiting Committee, St. Neots, Hunts, by December 7th.

**ST. SAVIOUR'S UNION.**—Dispenser at the Infirmary, East Dulwich Grove, S.E. Salary, £120 per annum, and dinner and tea daily. Applications on forms provided to be sent to the Clerk, Union Office, John Street, W., Blackfriars Road, S.E., by December 11th.

**SALISBURY: FISHERTON HOUSE ASYLUM.**—Assistant Medical Officer. Salary, £150 per annum, with board, lodging, and washing. Applications to Dr. Finch, the Asylum, Salisbury.

**SALOP COUNTY COUNCIL.**—County Medical Officer of Health. Salary, £750 per annum. Applications to the Clerk, Shirehall, Salop, by December 27th.

**STAFFORDSHIRE GENERAL INFIRMARY.**—Assistant House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to the House-Surgeon by December 5th.

**THURKAT HOSPITAL,** Golden Square, W.—Junior Resident Medical Officer. Appointment for six months, but renewable. Salary, £50 per annum. Applications to the Secretary by December 10th.

**WEST LONDON HOSPITAL,** Hammersmith Road, W.—(1) Physician; (2) House-Physician; (3) House-Surgeon. Two latter appointments tenable for six months, with board and lodging provided. Election for the former on December 13th. Applications to the two latter to the Secretary Superintendent by December 13th.

**WREXHAM INFIRMARY.**—House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications on forms provided to the Secretary, 1, Church Street, Wrexham, by December 16th.

## MEDICAL APPOINTMENTS.

**ALFRED J. White, M.B., Ch B.Vict.,** appointed House-Surgeon to the North Lonsdale Hospital, Barmston, Lincolnshire.

**BOASE, E. D., L.R.C.P., M.R.C.S.Eng.,** appointed Medical Officer of Health to the madron Urban District, vice J. O'Conor, M.R.C.S.Eng.

**BRADFORD, P. P., L.R.C.P.Lond., M.R.C.S.Eng.,** appointed Medical Officer for the Bracknell district and Workhouse of the Easthampstead Union, vice N. Davis, M.D.Durham, resigned.

**CHAPPEL, George P., M.D. B.Cantab.,** appointed Honorary Physician to Out-patients at the Tottenham Hospital.

**HILLIAR, G. H. S., L.R.C.P., L.R.C.S. Edin.,** appointed Medical Officer for the Third District of the Church Streeton Union, vice A. G. Mackenzie, M.B.O.P., F.R.C.S. Edin., resigned.

**PHILIPS, J. H. D., B.A. Oxon., M.B.O.S., L.R.C.P.,** appointed House-Surgeon to the Buenos Ayres British Hospital.

**PHILLIPS, Leslie, M.D. Brux., M.R.C.S.Eng.,** appointed Consulting Surgeon to the Birmingham Hospital for Skin and Urinary Diseases on retirement from the acting staff.

**TAYLOR, Frank E., M.A., M.Sc., M.B., B.Ch., M.R.C.S. L.R.C.P.,** appointed Senior Resident Medical Officer to Queen Charlotte's Lying-in Hospital, London.

**WAGGETT, Ernest, M.B., B.C.,** appointed Surgeon to the London Throat Hospital.

**WETHERED, F. J., M.D., F.R.C.P. Lond.,** appointed Assistant Physician to the Middlesex Hospital.

**WILLIAMSON, R. T., M.D. Lond., M.R.C.P.,** appointed Assistant Lecturer in Medicine at Owens College, Manchester.

**WILLIS, E. E., L.R.C.P., L.R.C.S. Edin.,** appointed Medical Officer for the Littleport District of the Ely Union, vice A. H. Copeman, B.A. Camb., M.R.C.S., L.R.C.P. Lond., resigned.

## DIARY FOR NEXT WEEK.

## MONDAY.

**Odontological Society of Great Britain.** 40, Leicester Square, W.C. 8 P.M.—Paper by Mr. W. H. Dolan, and casual communications by Mr. C. Robbins and Mr. M. Hopson.

**West London Post-Graduate Course.** West London Hospital, Hammersmith, W., 5 P.M.—Mr. S. Paget: Aural Cases. Lecture I.

**Central London Throat, Nose, and Ear Hospital,** Gray's Inn Road, W.C. 5 P.M.—Mr. Wyatt Wingrave: The Pathology of Acute and Chronic Inflammation of the Tonsils.

**Medical Graduates' College and Polyclinic,** 22, Chancery Street, W.C. 4 P.M.—Mr. Malcolm Morris: Consultation (Skin).

## TUESDAY.

**National Hospital for the Paralyzed and Epileptic,** Queen Square, W.C. 8.30 P.M.—Dr. Risien Russell: Peripheral Neuritis.

**West Kent Medico-Chirurgical Society.** 73, Welbeck Street, W., 4 P.M.—Dr. Dundas Grant: Cases of Nervous Disorder of the Pharynx, Larynx, and Esophagus.

**London Throat Hospital,** 204, Great Portland Street, W., 4.30 P.M.—Mr. Waggett: Dangerous Complications of Suppurative Otitis.

**Pathological Society of London,** 21, Hanover Square, W., 8.30 P.M.—Mr. William Gowers, F.R.S., and Dr. Savage

will reopen the discussion on Dr. Mott's paper on the "Pathology of Tabes and its Relation to General Paralysis." Drs. Ferrier, Payne, Hale White, Newton Pitt, Batten, Head, Ormerod, Salaman, Briston Russell, Purves Stewart, and others are expected to take part in the discussion. Drs. Mott and Batten will show Microscopical Preparations and some of the speakers will illustrate their remarks with the lantern.

**Medical Graduates' College and Polyclinic,** 22, Chancery Street, W.C. 4 P.M.—Mr. W. H. Broadbent, Bart.: Consultation (Medical).

## WEDNESDAY.

**Odontological Society of London.** 8 P.M.—Specimens will be shown by the President, Drs. Baskett, Tate, Spencer Robinson, Corrie, Keay, and John Phillips. Paper, John Phillips: On a case of Acute (?) Idiopathic Peritonitis complicating Pregnancy and Labour.

**Hospital for Consumption,** Brompton, 4 P.M.—Dr. Acland: Cases illustrating some of the difficulties in recognising those intrathoracic conditions which are amenable to surgical treatment.

**Central London Throat, Nose, and Ear Hospital,** 8 P.M.—Clinical Evening. Dr. Percy Jakins: Demonstration of cases of Operation on the Mastoid Process, Cochlearum, and Cerebellum for Post-Otitic Suppuration.

## THURSDAY.

**West London Post-Graduate Course.** West London Hospital, Hammersmith, W., 5 P.M.—Mr. S. Paget: Aural Cases. Lecture II.

**Central London Throat, Nose, and Ear Hospital,** 5 P.M.—Dr. Dundas Grant: Treatment of New Growths in the Nose and Naso Pharynx.

**Medical Graduates' College and Polyclinic,** 22, Chancery Street, W.C. 3 P.M.—Dr. Woods Hutchinson, Brompton, 4 P.M.—Comparative Pathology.

**Hospital for Sick Children,** Great Ormond Street, W.C. 4 P.M.—Dr. Colman: Pathological Demonstrations.

**Harveian Society of London,** 8.30 P.M.—Mr. Watson Cheyne: Surgical

Taberculous Diseases. Harveian Lecture No. 1.

**Neurological Society of London,** 11, Chancery Street, W., 8.30 P.M.—Dr. F. E. Batten and Dr. J. S. Collier: Spinal Cord Changes in cases of Cerebral Tumour. Treatment of the pupil in light (Meyner's fibres). An experimental investigation on the Decussation of Optic nerves in various animals, and on the path of the reflex for the contraction of the pupil in light (Meyner's fibres). Dr. Mott and Mr. A. F. Tredgold: Hemistropy of the Brain and its effects upon the Spinal Cord.

**Charing Cross Hospital.** Post-Graduate Course, 8 P.M.—Dr. Murray: Demonstration of Medical Cases.

## FRIDAY.

**London Throat Hospital,** 204, Great Portland Street, W., 4.30 P.M.—Dr. Outhart: Chronic Otitis Media.

**West Kent Medico-Chirurgical Society.** Royal Kent Dispensary, Greenwich Road, 8.45 P.M.—Mr. Victor Harvey: The Pulse Grains on the Treatment of Trigeminal Neuralgia. (Illustrated by lantern views.) After the oration a conversation will be held at which there will be a demonstration of x-ray photographs and an exhibition of surgical instruments.

**Clinical Society of London,** 8.30 P.M.—Mr. A. E. Barker: Remarks on twelve cases of Perforating Gastric Ulcer treated by operation. Mr. Jonathan Hutchinson, jun.: Two cases of successful Primary Resection of Gangrenous Small Intestine. Dr. A. F. Voelcker: A case of Arrested Development of the Speech Centre.

**Medical Graduates' College and Polyclinic,** 22, Chancery Street, W.C. 4 P.M.—Mr. Treacher Collins: Consultation (Eye).

## 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.

**GRANT.**—On November 27th, at 523, Commercial Road, E., the wife of Charles Graham Grant, of a daughter.

**LOWSELY.**—On November 24th, at Kilton Lindsay, the wife of Montagu M. Lowseley, R.A.M.O., of a daughter.

**SHEPLAND.**—On November 22nd, at Alma House, Beacon Hill, Exmouth, the wife of John Lee Shepland, M.A., M.D., of a son.

## MARRIAGE.

**FARQUHARSON—FLETCHER.**—On November 21st, at the Parish Church, Broughton-in-Furness, by the Rev. James Cropper, Vicar, William Frederick Farquharson, M.D., Medical Superintendent of the Cumberland and Westmorland Asylum, Carlisle, to Lucy Allison, daughter of the late Henry Allison Fletcher, of Croft Hill, Whitehaven, and of Mrs. Gillings, Broughton-in-Furness.

## DEATHS.

**HUMBLE.**—On November 22nd, at Corfe Castle, Dorset, Eliza Letitia, the dearly-loved daughter of William Edward Humble, M.D., aged 53.

**LEWIS.**—On November 25th, after a few hours illness, Frederick Williams Lewis, Surgeon, Violet Cottage, Llandowry, aged 48.

**SWALES.**—On November 24th, at his residence, 3, Trinity Road, Sharners-on-Sea, Edward Swales, surgeon, aged 73 years. Friends will kindly accept this (the only) intimation.