

whisky down the stomach tube, which was followed by very rapid improvement. At 8.30 he was a natural colour and breathing steadily; although very dazed, swallowed some beef-tea from a spoon about 9 A.M. At 10.30 A.M. he was practically recovered, except that his accommodation seemed paralysed, and his tongue and throat very dry, doubtless from the atropine.

I was able practically to exclude the possibility of an attempt at suicide or error in dispensing, and I estimated the total amount of the morphine salt he could have had in the day was just over 1 gr. (m<sub>110</sub> = 1 gr.). In the three days before he had been given 3 drachms of liq. morphinæ for a previous hæmoptysis. It seems hardly likely that a slight increased dose would be sufficient to poison him, but it is difficult to explain the occurrence. Possibly the employment of an active aperient the night before may have suddenly increased the absorbing power of the alimentary canal, and that thus some of the previously-administered morphine may have been rapidly absorbed in addition to the larger doses he was taking during the succeeding twelve hours.

The points of interest in the treatment were, first, the marked beneficial effect of inhalations of strong ammonia, a means I have not seen recommended before, but which I shall certainly try again if occasion offer. Secondly, the well known stimulant and antidotal effect of strong coffee, which in this case was not used till very late owing to our inability to obtain it. Thirdly, that  $\frac{3}{8}$  gr. of atropine in two doses gave very marked symptoms of belladonna poisoning.

The patient had no return of the hæmoptysis, and was very soon at work again.

## MEMORANDA:

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

#### ANOTHER UNUSUAL CASE OF BLOOD-POISONING.

I BEG to forward you, for publication, the following short report of a case which may be of some interest to the readers of *Some Unusual Cases of Blood Poisoning*, as contributed to the *JOURNAL* of July 8th by Dr. T. Harris.

The patient, aged 30, was confined of her third child on the morning of July 28th. The baby was born half an hour after I entered the house, the nurse not having arrived. Two vaginal examinations were made, as by the time I reached her the head was pressing on the perineum. The placenta was expressed twenty minutes later, and came away, with the membranes, apparently intact. There was the merest tear in the perineum.

Everything went on well for a week, save for some little trouble with one breast in which there had been an abscess. The bowels moved naturally on the third day, and daily thereafter. Once an enema was given. The lochial discharge was quite moderate, as it always was after her confinements, I was informed. No douches were used. Once the thermometer registered 99°.

On the eighth day I was surprised to find the patient enveloped in all the blankets in the house and a pillow on her feet. The nurse told me that she had "caught a chill" by not covering herself up at night. There was some nausea, her face was flushed, and urination "scalded" her. Temperature 104, pulse 130. No abdominal tenderness, even on deepest pressure, and no tympanites.

Quinine in an alkaline mixture was given. The lochial discharge was, as usual, quite inoffensive and light in colour.

The same evening the temperature had fallen, 100.4. pulse 100. Next day, August 5th, the thermometer registered 104.6, pulse 140. A vaginal examination was made, the uterus was freely movable, no tenderness on bimanual pressure, os patulous, perineal tear completely healed. A good douche was given, vaginal and uterine. At 5 P.M. the temperature was 105.6, pulse 140. Breasts had been opened two or three times. Breasts somewhat tender. She was stripped, and I gave her a tepid sponge, which lowered the temperature 1° and the pulse 20 beats, and she fell asleep.

At 9 o'clock the same evening, in conjunction with my colleague, Dr. Weld, she was anaesthetised, placed in the dorsal position, the vagina properly cleansed, and the os uteri dilated. On passing the finger into the uterus, which was some  $\frac{3}{4}$  inches long, the anterior wall and fundus were felt smooth and hard. On the posterior wall was the placental site elevated and boggy. This was carefully everted with the flushing spoon, and some small shreds of placental tissue removed, which to all appearances were perfectly sweet and

sound. The uterus was washed out with plain sterilised water, and the patient put back to bed. Three or four hours after the operation the temperature ran up to 106°.

At 9 o'clock next morning it was 100, pulse 100.2. She was resting easily, and taking nourishment well. The same evening the temperature was 100.2, the next day normal, and in a week the patient was out of bed.

The points to which I wish to draw attention are:

(1) The entire absence of any symptoms indicative of a uterine source of trouble, in which particular it resembles Case III reported by Dr. Harris.

(2) The advisability of regarding all serious or prolonged rises in temperature in the puerperal state, which cannot be accounted for by some definite evidence, as uterine in origin, and of acting swiftly on that decision. Try the douche first, and if that fails of speedy betterment use the curette.

And if we fail to do good we cannot do harm if careful and aseptic, but I maintain that in 99 per cent. of such cases nothing but good will result.

Vancouver, B.C.

J. M. PEARSON, M.D.

#### A CASE OF SNAKE BITE TREATED BY DR. CALMETTE'S ANTIVENENE.

THE patient, a strong Canarese coolie, aged 26 years, was bitten by a cobra on the right ankle, behind and just above the internal malleolus.

He rapidly became unconscious, and was brought to the surgery about one hour after being bitten. When seen he was in a state of collapse, but could be roused, when he complained of pain at the seat of injury, the marks of which were quite distinct. The pulse was thready and rapid, and surface of the body cold.

The wound was rapidly incised, until blood flowed freely, and pure nitric acid applied. He was then given an injection of 10 c. cm. of Calmette's antivenene deeply into the right flank.

Stimulants were given, and he was kept under observation for some hours, during which gradual improvement set in, though the man still remained very drowsy, and the pulse was weak and fast. When he attempted to walk the paresis was very marked, and he was removed to his lines. On visiting him some hours afterwards I found he could walk without assistance, but staggered, and complained of weakness and pains in both legs and slight diarrhoea.

He was then ordered a mixture of ammonia and nuxvomica every four hours, with strong soup and brandy every two hours.

As his surface temperature remained very low he was wrapped in blankets, and hot stones placed round him during the night.

Next morning he was much improved, and this was maintained; the paresis gradually wore off, the pulse steadily gained strength, and he returned to work four days after quite recovered.

The cobra was full grown, measuring 51 inches. The time which elapsed before the patient was seen is, perhaps, against his having received a very large dose of venom, but being a strong healthy coolie his resistance was probably great.

A few days ago a coolie was reported to me as having died a few minutes after being bitten by a snake which was not identified, and occurrences like these point to the necessity that every government or private dispensary should be supplied with antivenene, which is certainly the best remedy for snake bite available.

ARTHUR BEVERIDGE, M.B., C.M.

Surgeon S. Coorg Medical Fund.

#### AN ADULT INFESTED BY OXYURIDES FOR OVER TWELVE YEARS.

THE medical man who is consulted by an adult patient suffering from the presence of the parasite, oxyuris vermicularis (thread, or seat worm) often finds himself confronted with one of those problems which, whilst seemingly most easy of solution, are really most trying and worrying.

The patient, who has been under careful observation during the entire period, first complained of intense irritation at the anus in 1884, when he was over 20 years of age. Knowing little or nothing of intestinal parasites he consulted a physi-

cian who diagnosed the condition after inspection, and prescribed the usual santonin and castor oil, with iron and quassia, and enemata of fresh infusion of quassia chips. This treatment was continued with temporary relief as regards the worms, but with much discomfort owing to the effects of the santonin on the nervous system and bladder. Cessation of the treatment was always followed by reappearance of the parasite, and the patient, who had registered as a medical student in 1887, consulted three or four of the leading men amongst his teachers. He was put on santonica and jalap, with iron and quassia, and copious enemata of quassia, and of salt and water. But again, although relief followed for a time, if the treatment was stopped, even with the utmost care to prevent auto-infection, the trouble always returned in about a month. This went on from year to year, and it was suggested that the breeding ground was in the caput cæcum coli, whilst the treatment only removed those worms who happened at the time to be in the large intestine. Careful consideration and study added two facts: first, that the life of the parasite from birth to sexual maturity is about three weeks (Cobbold); and, second, that apart from the reputed specific vermicides, the treatment seemed to be the administration of bitters with a suitable purge. Acting on these data the patient—whose bowels were always extremely regular—was given a 4-grain pill of cascara sagrada (as a mild but very bitter purgative) every seventh night, and this was always followed by three or four very liquid motions the following day. This treatment was continued for eight or nine months, and now eighteen months have elapsed without any reappearance of the parasite.

The accompanying pruritus ani was best relieved by an ointment composed of equal parts of ung. hydrarg. oxid. rubr. and ung. zinci oxid.

The intractability of such cases suggested to the patient's teacher the desirability of publishing this line of treatment, which has proved so successful in a case of such long standing, which resisted the measures usually employed.

It is, perhaps, of interest that in 1894 the patient suffered from a bad attack of mitigated small-pox, with diarrhoea for 36 hours. The oxyurides disappeared, and gave no trouble for six months, when they began to be felt again.

Dudley.

E. HAWKINS, M.A., M.D., D.P.H.

#### A CASE OF RUPTURE OF THE HEART.

[Communicated by the Principal Civil Medical Officer,  
Colombo.]

M., an estate labourer, aged about 45 years and married, was, on May 2nd, 1899, one of a gang of coolies paid off from one estate and going on to another, deceased carrying a box on her head weighing thirty pounds. The road was uphill. She was observed to strike her foot against a projecting stone, to try to regain her lost balance, but failing, to fall forward and to the right side. Her breathing was embarrassed, and she was restless and speechless for a few minutes, and died almost immediately.

Very little of her past history could be ascertained; she had been in good health, and worked regularly as a tea plucker.

*Post-mortem Examination 24 hours after death.*—She was well nourished—rigor mortis was present; the pericardium was found distended and contained about six ounces of dark fluid blood and a large clot. There was a rupture of the left ventricle half an inch from the auriculo-ventricular septum and along the left border, longitudinal in direction and one inch in length, the corresponding tear on the inner surface slightly less. The heart was fatty, and the muscular wall pale and friable; the cavities were contracted and empty, and the valves and orifices normal; there was no marked atheroma of the large blood vessels.

In this case it seems probable that as exciting causes there were the exertion of walking uphill with a box on the head, the stumbling and effort to regain her balance, with perhaps the fear of injury to herself and damage to the contents of the box, which caused violent action and consequent rupture, in a heart already predisposed to it by fatty degeneration.

ALLAN KALEMBERG, L.R.C.S. & P.Edin.

Bogawantalawa, Colombo.

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

GOVERNMENT HOSPITAL AT KUALA LIPIS, PAHANG,  
MALAY PENINSULA.

A CASE OF COMPOUND DEPRESSED FRACTURE OF THE SKULL.  
(By JOHN D. GIMLETTE, M.R.C.S., L.R.C.P.Lond.,  
Residency Surgeon.)

The following case is worth recording on account of the length of time—ten days—which elapsed before proper surgical relief could be afforded.

*History.*—The patient was a Chinese mining coolie, named Ng Hin, aged 43. On September, 27th, 1898, at 4.30 A.M., he was standing up at the bottom of a wet shaft. Owing to carelessness in overloading or handling the shaft bucket, a piece of quartz fell down from above. The stone struck him on the top of the head, after a fall of approximately 45 feet. The injured man did not lose consciousness, and remembers being brought to the surface in a bucket. He says that directly after the accident he was unable to use his left arm and leg. He was attended to by a native dresser, who found an irregular, triradiate scalp wound about 1 inch in size and  $\frac{1}{2}$  inch deep. There was also a smaller scalp wound. Both wounds exposed the bone; they were washed and sewn up on the spot with silk sutures. The unfortunate man remained under the dresser's care for ten days, and was admitted to hospital at noon on October 6th, 1898.

*Condition on Admission.*—A complete motor monoplegia of the left upper and lower limb was apparent. Voluntary movement was entirely lost, but sensation was unimpaired. Paralysis of the facial muscles was also present in a lesser degree. A little to the right of the middle line, and  $7\frac{1}{2}$  inches from the root of the nose, was a dirty wound covered by a tangled mass of hair. Temperature (axillary) was  $101^{\circ}$  F.; pulse regular and soft. The patient, who was a strong, muscular man, spoke cheerfully, but was much fatigued by his journey. The bowels had been confined for three days. Urine clear, acid; specific gravity 1034, no sugar, no albumen. He complained very sensibly of periodic attacks of fever, as well as of headache, giddiness, and sleeplessness. Respiration appeared to be normal. The pupils were equally contracted, I think from the effects of either opium or chandu taken previously. Each contracted to light.

*Treatment.*—The scalp was at once shaved, with the exception of the queue, and the wound thoroughly cleaned; a loose silk suture was removed and an antiseptic dressing applied; 5 gr. of calomel were given, followed by 5 gr. of quinine, which was repeated in four hours' time, with an ounce and a half of mistura alba. The bowels acted satisfactorily before morning, but vomiting occurred during the night. At day-break his temperature was normal.

*Operation.*—Chloroform was administered, and the scalp again very carefully washed and rendered aseptic. By digital examination through the wound, a depressed ragged fracture of the right parietal bone could be felt near the superior border (its centre). I enlarged the original wound freely, turning two semilunar flaps of scalp upwards and downwards. A depressed fracture with comminution of fragments and almost bare of periosteum was now evident. Two small insulated pieces of bone with a tuft of hair were removed without difficulty. Other pieces could be felt jammed under the vault towards the middle line, firmly compressing the brain. I applied the trephine to the right, removing an irregular circle of bone  $\frac{1}{2}$  inch in diameter, and was then able to elevate and remove in all six fragments of various sizes. Roughly these measured, when pieced together, 2 inches by 1, and weigh  $1\frac{1}{2}$  drachm. Some blood clot was adherent to the lower surface. The dura mater had the appearance of having been bruised by the fracture. At one point posteriorly it had been slightly punctured; a sanious discharge was escaping. The wound was douched with perchloride of mercury lotion (1 in 1,000), and the operation

The lamentable death of Sir Richard Thorne has suddenly withdrawn from the General Medical Council one of its most highly valued members, and has deprived the Crown and the people of their trusted and responsible medical adviser in questions affecting the public health. Sir Richard Thorne sat on the General Medical Council as one of the Crown representatives. He was appointed in May, 1895, in succession to Sir John Simon, and from his official position in the Local Government Board, and his knowledge and experience in sanitary administration, he was at once chosen by the Council to act as the Chairman of the Public Health Committee. He threw himself into the work of the Committee with characteristic energy, and under his leading several reports were produced which were accepted by the Council as their guides in the matters to which they referred. So late as December 5th a report was presented on the interpretations which have been put on the Regulations of the Council bearing on the course of study for the Diploma of Public Health, and important recommendations were made on the mode in which the period of special study might be spent, subsequent to the candidate having obtained the qualifications entitling him to be placed on the *Medical Register*.

Sir Richard Thorne's interest in the work of the Council was not, however, limited to matters bearing on the public health and the regulations for obtaining a diploma in that subject. He was an active member of the Committee appointed to consider the Midwives Bills, which of late years have been introduced into the House of Commons, and his opinions, on the lines which it was desirable that legislation should take, had great weight with the Council. He was also a strenuous advocate for raising the standard of the preliminary examination to be passed before students could be admitted to medical study and the *Students' Register*, and one of his latest speeches in the Council was on this subject. He advised the President of the Council on the steps to be taken to bring before the proper department of the Government the subject of death certification, with the view of obtaining amended legislation, and one of his last acts, as he lay on his bed of sickness, was to communicate with the President on this matter. The President feels that he has lost by the death of Sir Richard Thorne a warm friend and a counsellor who, from his long training in a public office, could wisely advise in those matters relating to the public welfare in which the Council has to confer with the Government of the day. The Council has had removed from it a member, strongly impressed with a sense of public duty, and endowed with a well-balanced mind, which he brought to bear on the business of the Council in no warrior or partisan spirit, but with a strong conviction to do what was just to both the public and the medical profession.

Professor W. H. Corfield writes: I have not recovered from the shock with which I heard of the death of Thorne Thorne, whom I have known for over 25 years, when I am called upon to write a few words about him. When I met him a month ago at a friend's house, I thought that he was looking better than I had seen him looking for years past, and I little thought that I should see his genial face no more! I will leave his colleagues to speak of the way in which their beloved "chief" managed his department, but I, as an outsider, can speak of the effect that was produced in Europe by the fact of that department having such a man at the head of it, a man who was not only a prince among hygienists, but who could express his ideas in French as well as in English, and who could therefore enforce the English views on quarantine, etc., at foreign conferences and congresses, with the result that those views have now been very generally adopted throughout Europe. I suppose that there is no English hygienist whose name is better known throughout Europe than that of Thorne Thorne, or whose opinion is better respected. As a man he had a charming personality; he was amiable without being too much so; he formed very definite opinions and held to them with tenacity, but he was willing to hear the other side of a question, and was always open to conviction. He was an excellent speaker, and has left a vacancy not only among his friends but in society which it will be difficult to fill.

THE Balneological Congress will hold its twenty-first meeting at Frankfurt-on-the-Main, March 8th to 13th.

#### JOHN F. HODGES, M.D., F.C.S., J.P.

PROFESSOR HODGES, the last representative of the original professorial staff of the Queen's College, Belfast, passed away upon December 13th at the ripe age of 84 years. He was born in 1815 at Downpatrick, and belonged to a well-known family of county Down. He studied at the Royal College of Surgeons of Ireland and at Trinity College, Dublin. He also studied at Glasgow, where he became a Licentiate of the Faculty of Physicians and Surgeons. Returning to his native country, he began practice at Newcastle, but soon removed to Downpatrick. He began to interest himself in the subject of agriculture and with the view of studying agricultural chemistry he went to Germany and studied under von Liebig, with whom he formed an intimate friendship. About this time he took the M.D. degree of the University of Giessen. Returning to Ireland he became instrumental in the foundation of the Chemico-Agricultural Society of Ulster in the year 1845. This organisation is the oldest but one of its kind in the United Kingdom. Not long afterwards Dr. Hodges became the editor of the *Irish Agriculturalist*, a weekly journal which was published in Belfast.

He went to reside in Belfast in 1844, and a year or two later he was appointed Lecturer in Chemistry in the old Belfast College, in succession to the late Dr. Andrews, F.R.S., who had been appointed Professor of Chemistry in the newly-founded Queen's College. On the Government endowing a Chair of Agricultural Chemistry in Queen's College, Dr. Hodges was appointed its first occupant, as well as Lecturer in Medical Jurisprudence. In the year 1868 the Queen's University conferred upon him in recognition of his services the honorary degree of M.D. His work as a chemist and agriculturist was well known both in this country and abroad, and almost every European country had conferred honorary distinctions upon him. Amongst his writings may be mentioned *First Steps in Chemistry*, *The Structure and Physiology of the Animals of the Farm*, *Lessons in Chemistry for Farmers and Teachers*. He was one of the founders of the Royal College of Chemistry, London. He was for a long time Government Analyst, and gave evidence in many famous criminal trials. He was also Public Analyst for five counties, as well as for the city of Belfast.

Professor Hodges enjoyed in a high degree the regard and esteem of his colleagues on the staff of the Queen's College, of the medical profession, and of the general public of the North of Ireland, and his demise will be sincerely regretted.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the profession in foreign countries who have recently died are Dr. Piechaud, Physician to the French Senate; Dr. Georg Krukenberg, Professor of Gynaecology in the University of Bonn, aged 43; Dr. Dominik Ritter von Hauschka, sometime Professor in the old Joseph Medico-Chirurgical Academy, aged 84; and Dr. Johann Mitvalsky, *Privat-docent* of Ophthalmology in the Czech University of Prague, aged 38.

MEDICAL CONGRESS IN COPENHAGEN.—The Third Scandinavian Congress of Internal Medicine will be held in Copenhagen in July, 1900. The principal subject on the programme is Serumtherapy. The discussion will be introduced by Professor Sørensen (Copenhagen), Dr. Aaser (Christiania), and Dr. Hellstroem (Stockholm).

SANATORIA FOR THE POOR.—The foundation stone of a sanatorium for German consumptives of slender means was recently laid at Davos. A similar establishment for Russians has been erected at Jalta. It will be supported by voluntary contributions. Princess Maria Barjatinski is at the head of the organising committee.

THE annual meeting of the constituents of the Metropolitan Sunday Fund was held at the Mansion House on December 13th, under the presidency of the Lord Mayor. The annual report stated that the total amount collected during the year ending October, 1899, was £53,504, while the average receipts since the establishment of the Fund had been £37,394. It was arranged that June 24th should be Hospital Sunday for the year 1900. The Lord Mayor, in bringing the meeting to a close, stated that a legacy of £1,090 was in course of being paid to the Fund by the executors of the late Mr. King, of Tisbury, Wilts.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 5,905 births and 4,820 deaths were registered during the week ending Saturday last, December 16th. The annual rate of mortality in these towns, which had been 18.9 and 20.8 per 1,000 in the two preceding weeks, further rose to 22.0 last week. The rates in the several towns ranged from 9.6 in Huddersfield, 14.0 in Birkenhead, 14.7 in Derby, and 15.8 in West Ham, to 25.7 in Preston, 26.5 in Liverpool, 27.5 in Plymouth, and 30.3 in Portsmouth. In the thirty-two provincial towns the mean death-rate was 20.8 per 1,000, being 3.0 below the rate recorded in London, which was 23.8 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.3 per 1,000; in London the death-rate was equal to 2.1 per 1,000, while it averaged 2.4 in the thirty-two provincial towns, among which the highest zymotic death-rates were 2.9 in Leicester, 4.0 in Sheffield, 4.2 in Hull, and 5.8 in Preston. Measles caused a death-rate of 1.1 in Halifax, in Bradford, and in Hull, 1.2 in Liverpool, 1.4 in Sheffield, 1.8 in Birkenhead, 2.0 in Swansea, and 3.1 in Preston; scarlet fever of 1.1 Bradford, and whooping-cough of 1.0 in Leicester, 1.2 in Blackburn, and 1.4 in Norwich and in Salford. The mortality from "fever" and from diarrhoea showed no marked excess in any of the large towns. The 124 deaths from diphtheria in the thirty-three towns included 55 in London, 16 in Leeds, 11 in Sheffield, 8 in Portsmouth, 5 in Leicester, and 5 in Liverpool. Twelve fatal cases of small-pox were registered last week in Hull, and 1 in London, but not one in any other of the thirty-three large towns; and no small-pox patients were under treatment in any of the Metropolitan Asylums Hospitals on Saturday last, December 16th. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had declined from 3,578, to 3,290 at the end of the four preceding weeks, had further fallen to 3,084 on Saturday last; 180 new cases were admitted during the week, against 293, 294, and 277 in the three preceding weeks.

### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, December 16th, 939 births and 657 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 20.5 and 20.0 per 1,000 in the two preceding weeks, had increased again to 21.5 last week, but was 0.5 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 17.2 in Edinburgh and 18.1 in Leith to 32.5 in Greenock, and 35.5 in Perth. The zymotic death-rate in these towns averaged 2.7 per 1,000, the highest rates being recorded in Greenock and Perth. The 312 deaths registered in Glasgow included 14 from measles, 3 from scarlet fever, 2 from diphtheria, 9 from whooping-cough, 4 from "fever," and 5 from diarrhoea. Two fatal cases of scarlet fever and 2 of "fever" were recorded in Edinburgh; 3 of measles, 3 of whooping-cough, and 4 of diarrhoea in Dundee; 5 of diarrhoea in Aberdeen; 6 of measles in Paisley, and 8 in Greenock; and 2 of scarlet fever and 3 of whooping-cough in Perth.

### THE PREVENTION OF PULMONARY TUBERCULOSIS.

THE Medical Officer of Health for Norwich has issued a card for distribution in the following terms:

#### PRECAUTIONS FOR CONSUMPTIVE PERSONS.

Consumption is a catchable disease. It is most commonly caught by inhaling infected spittle which has been allowed to become dry, and float about the room as dust.

*Do not spit except into special vessels, the contents of which are to be destroyed by burning before they become dry. If this simple precaution be taken, there is practically no danger of infection. The breath of consumptive persons is not directly infectious.*

The following suggestions will be found useful, both to a sufferer and to his friends:

1. Spittle (indoors) should be received into small paper bags or pieces of paper, which should be afterwards burned.
2. Spittle out-of-doors should be received into a suitable bottle, which should be afterwards washed out with boiling water; or into a small paper handkerchief, which should be afterwards burnt.
3. If ordinary handkerchiefs are ever used to spit into they should be put into boiling water before they have time to become dry; or into a solution of a disinfectant, as directed by the doctor.
4. Wet cleaning of rooms, particularly of bedrooms occupied by sick persons, should be substituted for "dusting" and sweeping.
5. Sunlight, good food, and fresh air are the best remedies for the disease. Every patient should, if possible, sleep in a bedroom by himself, and should sleep with the bedroom window open, a screen being arranged, if necessary, to prevent direct draught; stretched coarse flannel may be used to free incoming town air from dust, smuts, etc. The patient need not fear going out-of-doors in any weather if warmly clad.

N.B.—The patient himself is the greatest gainer by the above precautions, as his recovery is retarded and frequently prevented by renewed infection derived from his own expectoration.

6. Persons in good health have no reason to fear the infection of consumption. Overfatigue, intemperance, bad air, dusty occupations, and dirty, ill-ventilated, and badly (sun) lighted rooms favour it.

We are not sure that the first sentence of Paragraph 6 is altogether a safe statement. It rather tends to neutralise the good effect produced by the other recommendations, and its accuracy is not quite beyond dis-

### FEE FOR EXAMINATION OF PAUPER LUNATICS.

DELTA.—A medical officer is not entitled to any fee for visiting and reporting to the guardians as to the mental condition of any pauper lunatic, but if he examines any such patient at the request of a magistrate and certifies the case as being fit for an asylum, or the reverse, he is then entitled to a special fee for so doing. This is usually one guinea, but it rests with the magistrate to fix the amount if this cannot be otherwise settled.

### EXTRA FEE FOR CASE OF MIDWIFERY NOT ATTENDED.

JUSTITIA writes: I lately had an order from the Board of Guardians to attend a case of labour which, however, was completed without my being sent for, and I never saw the case. Should I be justified in demanding payment?

\* \* We should recommend our correspondent not to make any charge for this case, he not having given any attendance whatever, which would be indicated by the patient's name not having appeared in the weekly return of patients attended by him and furnished for the information and guidance of the Board of Guardians.

### ESTIMATE OF CLAIM FOR SUPERANNUATION UNDER ACT, 1898.

L.R.C.P.L. etc., writes to ask by what method the annuity due to him as a retired Poor-law medical officer should be estimated, and whether he ought to make application for the same, his resignation of office held for thirty-one years having been accepted by the guardians?

\* \* The claim for superannuation should be estimated on the average amount of salary and extra fees received during the five years ending on the quarter day which immediately precedes the day on which the officer ceases to hold office. All fees paid for fractures and dislocations, midwifery, and operations, can be reckoned, also fees for quarterly visits to pauper lunatics. Fees paid for certification of lunatics sent to an asylum cannot be reckoned, as this certification is not the duty of any Poor-law medical officer, nor can any fees earned as public vaccinator be reckoned, but if any cases are vaccinated by a Poor-law officer in his capacity as such (or may happen during an epidemic of small-pox), such fees could be reckoned as emoluments of his office. The five years average remuneration should be multiplied by the aggregated number of completed years which the officer has served (whether in one union or more, and whether continuous or not), and this divided by sixty will give the annual sum he can claim as superannuation under the Act of 1896. Our correspondent should inform the clerk to the guardians that he claims superannuation under the Act.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE.

SECOND EXAMINATION FOR MEDICAL AND SURGICAL DEGREES.—The following have passed this examination in the subject noted:

*Pharmaceutical Chemistry.*—E. D. Anderson, Pemb.; H. M. Aviss, Down; J. R. Beale, Cla.; A. R. Bralley, Down; A. D. Brunwin, Trin.; A. S. Burgess, Cai.; H. C. Cameron, Joh.; M. A. Cassidy, Cla.; R. P. Cockin, Cai.; A. W. D. Coventon, Trin.; W. J. Cumberland, Christ's; G. E. Davidson, B.A., Cai.; H. S. Dickson, Christ's; L. Dukes, Trin.; W. G. P. Ellis, M.A., Cath.; H. H. J. Fawcett, Trin.; C. F. Fothergill, Emm.; E. Garnsey, Cai.; W. Hastings, Christ's; G. L. Hodgkin, Trin.; D. Humphrey, Sid. Suss.; H. B. Jackson, Cla.; F. A. Juler, Trin.; J. Lambert, Down; J. C. Lawton-Roberts, Cla.; E. Lloyd, Emm.; K. Lucas, Trin.; G. H. K. Macalister, Joh.; J. T. Macnab, Christ's; M. McPherson, Cla.; S. A. Owen, Trin.; C. E. Palmer, Cai.; P. R. Parkinson, Cai.; C. F. Parry, B.A., Cai.; C. W. Ponder, Emm.; E. S. Scott, B.A., Pemb.; E. Slack, B.A., Pemb.; W. H. Smyth, Emm.; W. H. Thresher, B.A., Cai.; H. C. Turner, Emm.; G. T. Western, B.A., Pemb.; J. D. C. White, M.A., Trin.; R. E. Whitting, King's; F. Worthington, Joh.; E. A. Wright, B.A., H. Selw.; S. L. O. Young, B.A., Christ's.

*Human Anatomy and Physiology.*—L. E. H. R. Barker, B.A., Cai.; E. A. A. Beck, B.A., Cla.; A. S. Bradley, B.A., Cai.; A. R. Bralley, Down; P. J. Burgess, M.A., Sid. Suss.; C. Burrows, B.A., Emm.; N. C. Carver, B.A., King's; R. B. Coare, B.A., King's; G. H. Colt, Sid. Suss.; C. R. Crowther, B.A., Joh.; W. H. Dickinson, B.A., Trin.; S. Dodd, B.A., Cai.; T. L. Drapes, Sid. Suss.; G. G. Ellett, B.A., Cath.; A. F. Elliott, B.A., Emm.; E. A. Ellis, Down; H. R. Fisher, B.A., Emm.; G. D. Franklin, B.A., King's; J. D. H. Freshwater, B.A., Trin.; J. H. Fuge, M.A., H. Selw.; E. Gardner, B.A., Cai.; F. W. Goyder, B.A., Joh.; C. H. Gregory, B.A., Emm.; W. L. Harnett, B.A., Joh.; A. G. Harvey, B.A., Joh.; G. P. Hawker, B.A., Cai.; H. D. Hoffmann, B.A., Trin.; D. Holroyde, B.A., Trin.; W. W. Holtzmann, B.A., Christ's; L. B. Hopper, B.A., Cai.; H. M. Joseph, Trin.; F. I. M. Jupe, B.A., Down; F. S. Kidd, B.A., Trin.; H. D. Ledward, B.A., Trin.; H. E. McCaskie, B.A., Cai.; W. V. May, Joh.; C. W. P. Moffatt, Cla.; W. M. Mollison, King's; C. O. May, Joh.; C. Emm.; C. L. Nedwill, B.A., Trin.; F. D. Nicholson, B.A., King's; J. E. Payne, B.A., Pet.; H. Rischbieth, B.A., Trin.; H. J. Robinson, B.A., Joh.; W. T. Scott, B.A., Cla.; H. J. Shon, B.A., Emm.; J. E. Spicer, B.A., Trin.; H. Statham, B.A., Christ's; S. J. Steward, Down; G. E. St. G. Stockwell, B.A., King's; W. M. Strong, B.A., Trin.; W. B. Swete-Evans, B.A., Cla.; A. W. Wakefield, Cla.; H. Wales, B.A., Sid. Suss.; E. Ward, B.A., Cla.; G. H. L. Whale, B.A., Jes.; F. Whitaker, B.A., Trin.; A. G. E. Wilcock, Cai.; J. H. F. Wilgress, B.A., H. Selw.; A. F. R. Wollaston, B.A., King's.

FIRST EXAMINATION FOR MEDICAL AND SURGICAL DEGREES.—The following have passed this examination in the subjects noted:

*Elementary Biology.*—H. B. Atkinson, Trin.; L. J. Austin, Sid. Suss.; A. L. Baly, Emm.; D. W. A. Bull, Cai.; G. H. U. Corbett, King's;

R. A. Cullen, Cla.; G. B. Davis, B.A., Corp. Chr.; N. C. Fletcher, Queen's; R. E. French, King's; L. G. H. Furber, Cal.; J. R. C. Greenlees, Joh.; C. E. F. Hall, B.A., Trin.; O. Heath, Trin.; S. A. Henry, Trin.; R. F. V. Hodge, Emm.; W. R. Honeyburne, B.A., Fet.; Q. S. Keat, Joh.; A. A. H. Lawrence, Emm.; H. Maclean, Cal.; J. B. Mennell, Pemb.; A. H. Miller, Trin.; S. B. Pope, Christ's; W. H. Rayner, Trin.; W. H. Robinson, Down.; E. W. Sheaf, Down.; F. Shingleton-Smith, King's; G. C. E. Simpson, Joh.; C. Stanley Clarke, Cal.; E. H. Stewart, B.A., Jes.; F. J. Thornton, Cal.; W. S. Tressawna, Sid. Suss.; F. B. Treves, Cal.; C. Tylor, Cal.; C. H. W. Weekes, Trin.; A. Wilkin, King's; E. G. Williams, B.A., Cal.; W. H. Woodburn, Christ's; F. P. Young, Christ's; R. F. Young, Christ's.

*Chemistry and Physics.*—L. J. Austin, Sid. Suss.; I. G. Back, Trin. H.; D. K. D. Bain, B.A., Trin.; S. Barradell-Smith, Joh.; J. D. Barris, Cal.; E. Beaton, Cal.; H. A. Browning, Joh.; G. H. U. Corbett, King's; G. L. Cox, Christ's; R. G. Elwell, B.A., Trin.; N. C. Fletcher, Queens'; R. E. French, King's; W. B. Gradage, Cla.; H. T. Gray, Trin.; R. E. G. Gray, Pemb.; R. F. V. Hodge, Emm.; G. Holroyd, Christ's; C. L. Isaac, B.A., Joh.; Q. S. Keat, Joh.; B. T. Lang, Trin.; C. S. Lee, Cal.; J. McIntyre, King's; S. M. Mackenzie, Trin.; E. H. Mayhew, Emm.; J. B. Mennell, Pemb.; A. H. Miller, Trin.; A. R. Moore, Cal.; G. W. de P. Nicholson, B.A., Jes.; F. W. M. Palmer, B.A., Jes.; D. W. Roy, Sid. Suss.; R. E. S. Sewell, Christ's; E. W. Sheaf, Down.; G. C. E. Simpson, Joh.; C. Strickland, Cal.; F. J. Thornton, Cal.; W. S. Tressawna, Sid. Suss.; E. Wallis, Trin.; W. H. Williams, Cal.; W. P. Williams, Down.; J. L. Wood, Trin.; L. Worrall, B.A., Christ's; F. P. Young, Christ's.

**THIRD EXAMINATION FOR MEDICAL AND SURGICAL DEGREES.**—The following have passed the examination in the subject noted.

*Surgery and Midwifery.*—W. H. W. Atlee, B.A., Joh.; F. G. Bowen, B.A., Cal.; G. Browne, M.A., Cla.; F. E. Brunner, B.A., Cal.; T. Burfield, B.A., Emm.; E. R. Clarke, A. Joh.; A. H. Davies, B.A., Cal.; A. B. Dunne, B.A., Queen's; M. Fletcher, M.A., Trin.; H. S. Gabb, B.A., Down.; C. H. Glenn, B.A., Pemb.; J. A. Glover, B.A., Joh.; E. V. Gostling, B.A., Cal.; O. F. Grünbaum, B.A., Trin.; A. C. Hill, M.A., Trin.; T. E. Holmes, B.A., Cal.; A. C. Ingram, B.A., Joh.; A. W. Izzard, B.A., Trin.; G. S. Keeling, B.A., Cal.; C. Killick, B.A., Trin.; W. B. Knobel, B.A., Trin.; G. O. Lambert, B.A., Joh.; J. W. Malim, B.A., Christ's; F. J. Paton, B.A., Cal.; F. C. Shruball, M.A., Cla.; W. C. P. Smith, B.A., Down.; H. H. Stiff, Cal.; W. J. Susmann, Cal.; T. S. Taylor, B.A., King's; E. D. Telford, B.A., Cal.; H. A. Upward, B.A., Christ's; A. Whitmore, B.A., Cal.; T. Wood, B.A., Cal.; W. H. O. Woods, B.A., H. Selw.; R. T. Worthington, B.A., Trin.

#### UNIVERSITY OF LONDON.

**B.S. EXAMINATION.**—The following candidates have satisfied the Examiners:

*First Division.*—T. R. H. Bucknall, M.D., University College; Adeline Mary Roberts, London School of Medicine and Royal Free Hospital; Mabel Geraldine Stevenson, Royal Free Hospital; W. B. L. Trotter, M.D., University College; Jane Holland Turnbull, Royal Free Hospital; P. Turner, B.Sc., Guy's Hospital.

*Second Division.*—W. M. Anderson, London Hospital; H. R. Andrews, M.D., London Hospital; A. H. Carter, Guy's Hospital; Maud Mary Chadburn, M.D., London School of Medicine and Royal Free Hospital; J. F. Dobson, Yorkshire College and General Infirmary, Leeds; W. Ferris, St. Mary's Hospital; C. T. Hilton, Guy's Hospital; J. Howell, Guy's Hospital; Mary Muriel Griffin Iles, Royal Free Hospital; Louisa Martindale, Royal Free Hospital; G. N. Meachen, Guy's Hospital; Ethilda Budgett M. Meakin, Royal Free Hospital; Christine Mary Murrell, Royal Free Hospital; Ettie Sayer, Royal Free Hospital; C. A. Sprawson, King's College; Mary Ariel Stewart, London School of Medicine and Royal Free Hospital; W. G. Stewart, Guy's Hospital; R. G. Strange, St. Thomas's Hospital; Ethel Miller Vernon, Royal Free Hospital; Eliza Turner Watts, London School of Medicine and Royal Free Hospital.

#### UNIVERSITY COLLEGE, CARDIFF.

*Department of Public Health.*—The Council of the College, appreciating the special opportunities available at Cardiff, has determined to establish a Department of Public Health in connection with its medical school. The following arrangements have been already made, and it is hoped that the courses of instruction will begin early in the new year. Dr. Edward Walford (Medical Officer of Health, Cardiff Urban and Port Districts), and Dr. William Williams (Medical Officer of Health, County of Glamorgan), have kindly consented to give instruction in Public Health and Out-door Sanitary Work. Dr. William G. Savage (Bacteriologist to the Glamorgan County Council and the Cardiff Corporation) has been appointed Lecturer in Bacteriology at the College, and the joint Committee of the Glamorgan County Council and the Cardiff Corporation has placed their Public Health Laboratory at the disposal of the College for teaching purposes. The Council is applying for recognition for the courses of instruction given by these gentlemen, and it is hoped when this is obtained that candidates for the Diploma in Public Health will be able to take their six months' practical instruction with Dr. Savage in the County and Borough Laboratory, and their out-door sanitary work with Dr. Walford in the borough of Cardiff, or with Dr. Williams in the county of Glamorgan. It is also intended in connection with the department to arrange a course of instruction for candidates preparing for the examinations of the Sanitary Institute and the Sanitary Inspectors' Examination Board.

#### ROYAL COLLEGE OF SURGEONS, EDINBURGH.

*Admission of Fellows.*—After having passed the requisite examinations the following gentlemen were, at a meeting held on December 15th, admitted Fellows of the College: H. Bennett, M.B., C.M. Edin., Captain I.M.S.; C. W. Booker, M.R.C.S.Eng.; J. Clark, M.D. Edin.; W. H. Cooke, M.R.C.S.Eng.; C. W. Dean, L.R.C.S.E.; W. Evans, M.R.C.S.Eng.; A. J. Martineau, M.R.C.S.Eng.; A. G. Park, M.D. Glasg.; D. R. Rowlands, M.B., C.M. Glasg.; R. B. Stamford, M.R.C.S.Eng.; J. Whitton, L.R.C.S.E.

*Prize Essay.*—The prize of 100 guineas for an original unpublished essay on a subject in any branch of Surgery, or in Anatomy, Physiology, Thera-

peutics, or Pathology, bearing on Surgery, open to all Fellows and Licentiates of the College other than Members of the President's Council, was awarded from amongst the competitors to Dr. Arthur Logan Turner, F.R.C.S.E., Edinburgh, the title of whose essay was Racial Characteristics of the Frontal Sinuses.

*Bathgate Medal.*—The Gold Medal presented to the College by Colonel William Lorimer Bathgate, in memory of his late father, Mr. William McPhune Bathgate, F.R.C.S.E., Lecturer on Materia Medica in the Extra-Academical School, was awarded after the usual written examination in Materia Medica to Mr. David Mitchell.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An Ordinary Council was held on December 14th, 1899; Mr. H. G. Howse, Vice-President, in the chair.

*Dental Schools.*—The Victoria Dental Hospital, Manchester, was recognised for instruction in Mechanical Dentistry; University College, Sheffield, was added to the list of recognised dental schools.

*Members' Gown.*—A report upon this matter by the Committee for General Purposes was adopted. The gown may be worn on all ceremonial occasions, and is obtainable from Messrs. Ede and son of Chancery Lane, London.

*Court of Examiners.*—The three vacancies were filled in by the reappointment of Mr. William Anderson and Mr. Page, and by the election of Mr. Bernard Pitts in place of Mr. Edmund Owen, who did not seek re-election.

*The Meeting of Fellows and Members.*—The following answers were returned to the four resolutions adopted at the meeting of Fellows and Members on November 16th, 1899: Resolution (1): That the Council are of opinion that there are no sufficient grounds for altering the decision at which they arrived on July 13th last, respecting the introduction into the supplementary charter of some provision for the representation of Members upon the Council. Resolution (2) was referred to the Discipline Committee. Resolution (3): That the principles adopted by the Council respecting the registration of midwives were fully set forth in the Report of the Council laid before the meeting of Fellows and Members in 1898, these principles being the same as those adopted by the General Medical Council. Resolution (4) was referred for consideration to the General Purposes Committee.

*Alteration of the Charter.*—Mr. Harrison, as Chairman of the Centenary Committee, stated that the Home Secretary had received instructions to make the necessary alterations in regard to the Charter.

*General Medical Council.*—The following letters from this body were referred to the Committee of Management for consideration and report: (1) A letter stating "that the Council, having regard to the fact that it is contrary to the interest of the public to have two competing Examining Boards sitting in London, strongly recommend the Royal College of Physicians of London, the Royal College of Surgeons of England, and the Apothecaries' Society of London, to combine for the purpose of holding qualifying examinations conjointly." (2) A letter of December 6th from Sir William Turner, President of the General Medical Council, stating that that Council adhere to their Regulation of June 7th, 1899, respecting the registration of medical and dental students, and inviting the College to again take matter into consideration.

*Proposed Cartwright Prize.*—A report was received from the Vice-Presidents stating that a proposed transfer could not be accepted by the Council under the existing deed of trust, and recommending that the present trustee might apply to the Charity Commissioners, so as to make the trust amenable to certain conditions, after which it might be accepted.

## MEDICAL NEWS.

THE Princess Christian will open a new wing of the Warneford Hospital, Leamington, early next month.

THE UNIVERSITY OF ST. PETERSBURG.—By a recent Ministerial decree, M. Sergejevich, whose unpopularity with the students is said to have been one of the chief causes of the disturbances that have occurred among them, has been relieved of his functions as Rector of the University of St. Petersburg. He has been succeeded by Professor Holmstein, who is credited with liberal tendencies.

THE SANITARY INSTITUTE.—At the examination in practical sanitary science, held by the Sanitary Institute on December 1st and 2nd, 9 candidates presented themselves, but none passed. At the examination for inspectors of nuisances, held on the same dates, 80 candidates presented themselves, of whom 48 were certified—as regards their sanitary knowledge—competent to discharge the duties of inspectors of nuisances under the Public Health Act, 1875. At the examination for inspectors of meat and other foods, on December 8th and 9th, 13 candidates presented themselves, to 9 of whom certificates were granted.

AN X-RAY CLUB.—Dr. J. J. Ridge of Enfield informs us that an x-ray club has been founded at Enfield by six medical men in conjunction with a representative of the Cottage Hospital Committee. These gentlemen have purchased for 21 guineas a newly-introduced portable Roentgen ray apparatus, manufactured by Messrs. Parsons and Eachus, electrical engineers, Queen Victoria Street, E.C. The rules arrange that the apparatus is to be kept at the Cottage Hospital, and



may either be used there or be taken away for use at a patient's house, the sum of one shilling being paid for one day's use, two shillings for the second day (consecutive), three shillings for the third, and so on. The Committee of the Cottage Hospital will pay at the same rate if the apparatus is used for a patient in the hospital. The size of the case, which is of polished oak, is—height, 13 inches; length, 12 inches; and width, 7 inches; its weight, 27 lbs.; and it contains an 8-inch spark coil, contact breaker, commutator, fluorescent screen (8 inch by 6 inch), Crookes's focus tube and holder, which simply slides out of the case, condenser, and fluoroscope. It is said to be exceedingly simple to use.

**ROYAL INSTITUTION.**—The following are the lecture arrangements at the Royal Institution before Easter: Mr. C. Vernon Boys, six Christmas lectures (specially adapted for young people) on Fluids in Motion and at Rest; Professor E. Ray Lankester, twelve lectures on the Structure and Classification of Fishes; Dr. W. H. R. Rivers, three lectures on the Senses of Primitive Man; Professor H. H. Turner, three lectures on Modern Astronomy; Dr. Charles Waldstein, three lectures on Recent Excavations at Argive Heræum (in Greece); three lectures by Sir Hubert H. Parry; Mr. W. L. Courtney, three lectures on the Idea of Tragedy in Ancient and Modern Drama; the Right Hon. Lord Rayleigh, six lectures on Polarised Light. The Friday evening meetings will begin on January 19th, when a discourse will be given by the Right Hon. Lord Rayleigh, on Flight; succeeding discourses will probably be given by the Hon. C. A. Parsons, Professor J. Reynolds Green, Mr. H. Warrington Smyth, Professor J. H. Poynting, Major Ronald Ross, Professor Frank Clowes, Sir Benjamin Stone, M.P., Professor J. Arthur Thomson, Sir A. Noble, Professor Dewar, and others.

### MEDICAL VACANCIES.

The following vacancies are announced:

- BELGIVRE HOSPITAL FOR CHILDREN.**—Dental Surgeon. Applications to the Honorary Secretary, 77 and 79, Gloucester Street, S.W., by January 2nd, 1900.
- BRISTOL ROYAL HOSPITAL FOR SICK WOMEN AND CHILDREN.**—House-Surgeon. Salary, £100 per annum, with room and attendance. Applications, endorsed "House-Surgeon," to the Secretary by January 2nd, 1900.
- CANTERBURY KENT AND ANTEBURY HOSPITAL.**—(1) House-Surgeon. (2) Assistant House-Surgeon. Unmarried in each case. Salary for the former, £50 per annum, rising to £100, and the latter £50. Board, etc., provided. Applications to the Secretary by December 26th.
- CENTRAL LONDON OPHTHALMIC HOSPITAL.** Gray's Inn Road, W.C.—House-Surgeon. Salary at the rate of £50 per annum, with board and residence. Applications to the Secretary by January 9th, 1900.
- ITY DISPENSARY.** 48, Watling Street, E.C.—Physician. Must be F. or M.R.C.P. Lond. Applications to the Secretary by January 13th, 1900.
- DEBBYSHIRE ROYAL INFIRMARY.**—Resident House-Physician. Appointment for twelve months, with possibility of extension. Salary, £80 per annum, with apartments and board. Applications to the Secretary by January 5th, 1900.
- DORCHESTER DORSET COUNTY HOSPITAL.**—House Surgeon. Salary, £100 per annum, with board and residence. Applications to the Chairman of the Committee by December 23rd.
- DUBLIN: CITY OF DUBLIN HOSPITAL.**—Vacancy on the Surgical Staff. Applications to the Honorary Secretary, Medical Board, by January 5th, 1900.
- DUBLIN: NATIONAL HOSPITAL FOR CONSUMPTION FOR IRELAND.**—Resident Medical Officer and Registrar. Salary, £100 per annum, with apartments, board, etc. Applications to the Honorary Secretary, 5, Leinster Street, Dublin, by December 30th.
- 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 the latter £50 each per annum. Applications to the Secretary, University Court, by December 23rd.
- GLASGOW DISTRICT ASYLUM.** Garthloch.—Junior Assistant Medical Officer. Salary, £100 per annum, with board, apartments, etc. Applications, marked "Assistant Medical Officer," to be sent to the Secretary, 35, Cochrane Street, Glasgow, by December 30th.
- GLOUCESTER GENERAL INFIRMARY AND EYE INSTITUTION.**—Assistant House-Surgeon. Appointment for six months, subject to re-election. Remuneration at the rate of £30 per annum with board, residence, and washing. Applications to the Secretary by December 26th.
- GREAT NORTHERN CENTRAL HOSPITAL.** Holloway Road, N.—Assistant Anaesthetist. Appointment for six months, but eligible for re-election. Honorarium at the rate of 10 guineas per annum. Applications to the Secretary by January 15th, 1900.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.** Brompton, S.W.—Resident House-Physician. Appointment for six months. Honorarium, £25. Applications to the Secretary by December 28th.
- HOSPITAL FOR WOMEN.** John Square, W.—Assistant-Surgeon, must be F.R.C.S. Eng. Applications to the Secretary by January 3rd, 1900.
- KENSINGTON UNION.**—Second Assistant Medical Officer to the Workhouse and Infirmary, must not exceed 35 years of age. Salary, £80 per annum, with apartments, board, and washing. Applications on forms provided to the Clerk to the guardians, Marlborough and Kensington, W., by December 26th.
- LEBES: GENERAL INFIRMARY.**—Resident Surgical Officer. Salary, £100 per annum, with board, residence and washing. Applications to the Secretary of the Faculty by December 27th. (This vacancy was by mistake printed as "Resident Medical Officer" last week.)
- LEICESTER INFIRMARY.**—House-Physician. Salary, £100 per annum, with board, apartments, and washing. Applications to the Secretary, 24, Friar Lane, Leicester, by January 1st, 1900.
- LEWES DISPENSARY AND INFIRMARY.**—Resident Medical Officer. Salary, £100 per annum, with furnished apartments, board, etc. Applications to the Honorary Secretary, 211, High Street, Lewes, December 30th.
- LONDON HOSPITAL.** Whitechapel, E.—Dental Surgeon. Applications to the House Governor by January 6th, 1900.
- NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.** Queen Square, W.C.—Senior House-Physician. Junior House-Physician is applicant, and if ap-

pointed there will be a vacancy as Junior. Salary, as Senior £100 per annum, as Junior £50, with board and apartments. Applications to the Secretary by January 3rd, 1900.

**NOTTINGHAM GENERAL DISPENSARY.**—Assistant Resident Surgeon; unmarried. Salary, £120 per annum, with furnished apartments, etc. Applications to the Secretary.

**NORTH LONDON HOSPITAL FOR CONSUMPTION.** Hampstead.—(1) Resident Medical Officer. Appointment for twelve months. Honorarium £100. (2) Assistant Resident Medical Officer. Appointment for six months. Honorarium at the rate of £60 per annum. Applications to the Secretary by January 6th, 1900.

**PLAISTOW ST. MARY'S CHILDREN'S HOSPITAL.**—Senior Resident Medical Officer. Appointment for one year. Salary, £80 per annum, with residence, board, and washing. Applications to the Secretary by January 4th, 1900.

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

**ST. MARYLEBONE GENERAL DISPENSARY.** Welbeck Street, W.—Resident Medical Officer. Salary, 100 guineas per annum, with annual increase of 10 guineas to maximum of 120 guineas, with furnished apartments, etc. Applications to the Secretary by January 2nd, 1900.

**ST. THOMAS'S HOSPITAL MEDICAL SCHOOL.**—Demonstrator of Physiology. Applications to the Dean by January 2nd, 1900.

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

**SEABURN'S HOSPITAL SOCIETY.**—Senior House-Surgeon for the Branch Hospital, Seaburn Victoria and Albert Dock. Salary, £75 per annum, with board and residence, and £25 additional if certain clinical work is performed satisfactorily. Applications to the Secretary, Greenwich, by December 27th.

**STIRLING DISTRICT ASYLUM.** Larbert.—Junior Assistant Medical Officer. Salary, £100, with board, etc. Application to the Medical Superintendent.

**TEIGNMOUTH HOSPITAL.**—House-Surgeon. Salary, £50 a year, with board, lodging, and washing, and £5 in lieu of stimulants. Applications to the House Committee by December 27th.

**YORK.**—Medical Officer of Health of the City. Salary, £400 per annum. Must devote his whole time to the duties. Applications, endorsed "Medical Officer of Health," to the Town Clerk, Guildhall, York, by January 4th, 1900.

### MEDICAL APPOINTMENTS.

**COLLIER, James, M.D., M.R.C.P., B.Sc.**, appointed Medical Registrar to the National College, Queen Square, W.C., vice A. J. Hitting, M.D., resigned.

**COLVILLE, Neil, M.B. Toronto**, appointed Clinical Assistant to the Chelsea Hospital to Women.

**GIBBS, Lewes, M.R.C.S., L.R.C.P.**, appointed Clinical Assistant to the Hospital for Diseases of the Skin, Blackfriars.

**HAYES, G. Constable, F.R.C.S. Eng.**, appointed Assistant Ophthalmic and Aural Surgeon to the Leeds General Infirmary.

**HILL, A. A., L.R.C.P., L.R.C.S. Edin.**, appointed Certifying Factory Surgeon for Tunstall and District, vice C. S. Edwards, L.R.C.S. Edin.

**LITTLEJOHN, T. H. M.B., C.M., D.P.H. Edin.**, appointed Medical Officer of Health to the Heathfield Urban District Council, vice N. Wade, M.R.C.S., L.R.C.P. Lond., resigned.

**MACCALLAN, A. Ferguson, M.B., B.O. Cantab., F.R.C.S. Eng.**, appointed Junior House-Surgeon at the Royal London Ophthalmic Hospital.

**OWAN, R. Jeffrey, L.R.C.P. Lond., M.R.C.S. Eng.**, appointed Medical Officer of Health for the Llandoverly Town Council.

**PARSONS, Walter Brock, M.R.C.S., L.R.C.P. Lond.**, appointed Resident Medical Officer at the North-West London Hospital, Kenilworth Road.

**RUSSELL, Charles H. M.R.C.S., L.R.C.P., D.P.H. Lond.**, appointed Medical Officer of Health for Great Yarmouth, vice John Kately, M.D. Durh., resigned.

**UNDERHILL, S. V. E., L.R.C.P., M.R.C.S.**, appointed House-Surgeon to the Suffolk General Hospital.

**QUEEN CHARLOTTE'S HOSPITAL, Marylebone, N.W.**—The following appointments have been made in the Medical Staff:

Consulting Physician—Dr. William Chapman Grigg.

Physicians to In-patients—Dr. William Rivers Pollock, Dr. William J. Gcw.

Physician (Non-Obstetric)—Dr. W. P. Herringham.

Physicians to Out-Patients—Thomas Watts Eden, M.D. Edin., M.R.C.P. Lond.; Chas. Bryant, B.Sc. Lond., M.D., M.R.C.P. Lond.; Arthur Francis Stabb, M.B., B.O. Camb., M.R.C.P. Lond., M.R.C.S. Eng.

Ophthalmic Surgeon—Sydney Stephenson, M.B., C.M. Edin., F.R.C.S. Edin.

Dental Surgeon—Frank Morley, M.B. C.S. Eng., L.R.C.P. Lond., L.D.S. Eng.

### 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.*

#### BIRTH.

**STEPHENS.**—At Capetown, [South Africa, the wife of H. W. Stephens, M.R.C.S., of a son.

#### MARRIAGES.

**KINGSFORD-BASSETT.**—December 14th, at Wintebourne, Houghton, Dorset, by the Rev. H. Tilney Bassett, Rector of the parish and her brother of the bride, Bertram Harold Kingsford, M.B. Lond., of Woking, youngest son of the late Henry Baldock Kingsford, to Mildred Maudie Tilney Bassett, third daughter of the late Rev. Francis Tilney Bassett, Vicar of Dulverton, Somerset, and Prebendary of Wells, and Mrs. Bassett, of Weston super-Mare.

**MARTIN-DICKSON.**—On December 14th, at Ormond Quay Presbyterian Church, Dublin, by Rev. A. G. Hall, M.A., Drogheda, Robert M. Martin, of 5, Upper Terrace, Millington Park, co. Dublin, son of J. E. Martin, J.P., Helenaburgh Scotland, to E. Winifred Dickson, M.D., F.R.C.S.I., second daughter of the right Honourable Thos. A. Dickson, Drogheda.

**WEDMORE-KIRSEY.**—On December 6th, at the Minster, Westminster, by the Rev. E. W. Legge, M.A., Curate of the parish, Charles Ernest Wedmore, M.A., M.B. Cantab., J.P., of Cirencester, to Caroline, daughter of the late Frederick Kirsey, of Romsey, Hants.

#### DEATHS.

**BOYLE.**—On December 2nd, at Haslemere, Chelmsford Road, Leytonstone, Robert Boyle, L.R.C.S., L.R.C.P., L.F.P.S., aged 45 years.

**BREDIN.**—On December 4th, at Little Sutton, Cheshire, Howard Albert Bredin, M.D., aged 38 years.

**BRODIE.**—At 5, Woodside Place, Glasgow, on December 16th, John Ewan Brodie, M.D., brigade-Surgeon C.V.I.B., and S.M.O., Clyde Defence.

**FLINT.**—On December 13th, Frederick Mayer Flint, L.R.C.S., L.R.C.P., at Orford, Suffolk, aged 81. Australian papers please copy.

**FROST.**—On December 13th, at 30, Leadenhall Lane, Charles Maynard Frost, F.R.C.S. (formerly of Ladbroke Square), aged 58.

**THORNE.**—On December 18th, at his London residence, Sir Richard Thorne Thorne, K.C.B., F.R.S., F.R.C.P., aged 58, of Inverness Terrace and Fairlawn, St. John's, Woking, Principal Medical Officer of the Local Government Board. Friends will kindly accept this the only intimation. No flowers.

**WARRING.**—On December 12th, at his residence 8, Eaton Road, Hove, Dr. Francis John Arthur Warring, Retired Surgeon R.N., deeply mourned.

### 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., 1. *Operations.*—1. 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.  
**CHLSEA HOSPITAL FOR WOMEN.** *Attendances.*—Daily, 1.30. *Operations.*—M. Th. F., 2. CITY ORTHOPAEDIC. *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.*—Tu., 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, Tu., 2.30; Throat, M., 1.30 F., 2; Dental, M. Th., 10; Skin, M., 10. *Operations.*—W. Th. F., 2.  
**LONDON.** *Attendances.*—Medical, daily, 1 p., 2; o. p., 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o. p., W. S., 1.30; Eye, Tu. S., 9; Ear, W., 9; Skin, Th., 9; Dental, Tu., 9. *Operations.*—Daily, 2.  
**LONDON TEMPERANCE.** *Attendances.*—Medical, M. Tu. W. Th. F., 1.30; Surgical, M. Th., 1.30. *Operations.*—M. Th., 4.30.  
**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 ORTHOPAEDIC.** *Attendances.*—M. Tu. Th. F., 2. *Operations.*—W., 10.  
**NEW HOSPITAL FOR WOMEN.** *Attendances.*—Daily, 2; Ophthalmic, W. S., 9.30. *Operations.*—Tu. F., 9.  
**NORTH-WEST LONDON.** *Attendances.*—Medical, daily, exc. S., 2; S., 10; Surgical, daily, exc. W., 2; 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, Th., 9; Throat, Nose, and Ear, W., 9. *Operations.*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.  
**ROYAL LONDON OPHTHALMIC.** *Attendances.*—Daily, 9. *Operations.*—Daily, 10.  
**ROYAL 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, 1 p., 1; o. p., 12; Obstetric, 1 p., Tu. F., 1.45 o. p., M. Th., 2.30; Eye, W. S., 1.30; Ear, Tu., 2; Skin, W., 2.45; Throat, F., 2; Orthopaedic, F., 12; Dental, M. Tu. F., 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., 9; 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., Tu. F., 2; Th., 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., 3.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.  
**SAMARITAN FREE FOR WOMEN AND CHILDREN.** *Attendances.*—Daily, 1.30. *Operations.*—Gynaecological, M., 2; W., 2.30.  
**THROAT, Golden Square.** *Attendances.*—Daily, 1.30; Tu. F., 6.30. *Operations.*—Daily, exc. M., 10.  
**UNIVERSITY COLLEGE.** *Attendances.*—Medical and Surgical, daily, 1.30; Obstetrics, M. F., 1.30; Eye, M. W., 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; Electric, M. Th., 2; Skin, M. F., 2; Throat and Nose, Tu., 2; S., 10. *Operations.*—Daily, about 2.30; F., 10.  
**WESTMINSTER.** *Attendances.*—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, Tu. F., 9.30; Ear, Tu., 1.30; Skin W., 1.30; Dental, W. S., 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, 422, 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, 422, 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.

DR. TOM TAYLOR (Guilford Street, W.C.) desires to know where "gyrol" can be obtained.

CORNWALL asks for references to books dealing with the medical and surgical treatment of diseases of the thyroid gland.

\* Pick's *Surgery* (London: Longmans, Green, and Co., 1899, 25s.) gives a good account of the surgery of the thyroid. Other references: BRITISH MEDICAL JOURNAL, 1899, vol. i, pp. 577 and 649 (Dr. Murray's lectures); *Annals of Surgery*, 1896, p. 99 (Kocher's cases); *Chirurgie du Cou*, by F. Terrier (Paris: Felix Alcan, 1898, F.4).

#### HOME FOR INEBRIATE.

M.D. asks for advice that would enable him to get the son of an old member of our profession into an institution or private family where the expenses would not exceed 15s. or £1 a week. The age of the patient is 27. He is well educated, has enjoyed good health from his birth, has agreeable and cleanly habits, but has lately shown a fondness for intoxicants.

#### TOUTING FOR PATIENTS.

DELTA inquires whether there is anything unprofessional in being medical officer to a society that adopts the following procedure to procure members. Canvassers go round to poor people, and endeavour to induce them to insure their lives in the society. Whether successful or not they then ask if they would like to join the society for sick benefits. If they agree, they are given their choice of three medical men to attend them. The name of each of these is written, not printed, on a card. Is this "touting" where no particular man is recommended?

\* Our correspondent cannot be recommended to accept such an office. This society would appear to "tout" for three medical men instead of one.

#### FEES TO MONTHLY NURSES.

ETHICUS complains of a custom which he believes prevails in many districts for the practitioner to pay a fee (usually 2s. 6d.) to the nurse at a confinement if the child is born before he reaches the house. He says that the consequence of this is that some nurses put every obstacle in the way of a doctor being fetched in time, and that any practitioner who stands out against the custom has the whole body of midwives arrayed against him. He wishes to know whether this is honourable conduct, and if so, whether any means can be found to stop such practices.

\* The custom seems to us a most foolish one if it has the effect which our correspondent describes, but the medical profession have the matter entirely in their own hands and surely should be strong enough to stop it. We are of opinion that all payments by medical practitioners to midwives and monthly nurses are objectionable and should be discountenanced.

#### INCOME TAX.

M. writes: I returned my income under Schedule E upon the average of three years, namely, 1896-7-8, but the surveyor of taxes now tells me that this is irregular, and that "the officers of the public body or corporation are chargeable under Schedule E upon the profits of the year of assessment, and not upon the average of three years."

\* The Income Tax Repayment Agency, of 6, Chichester Road, Paddington, informs us that assessments under Schedule E are made not upon the three years' average but upon the year's salary. They lay stress upon the word "salary," because fees or other emoluments may be estimated on the profits of the preceding year, or on the average of the three years preceding. They further call attention to the fact that all official deductions and all expenses incurred in the performance of the duties of the office are allowable deductions. They undertake to advise in each case as to those deductions on receiving full particulars.

#### SURGICAL INSTRUMENT MAKERS AND COMMISSIONS.

T. L. C. asks: What is the proper course to adopt when a surgical instrument maker sends the medical man who has sent a patient to him for an appliance a cheque as commission, stating such is his usual practice? The patient paid the usual price given in the price list, and the commission, therefore, our correspondent says, comes from the tradesman. He goes on to say (1) Should the doctor return the cheque to the tradesman, who will pocket it with a smile, and think what fools professional men are; or (2) shall he keep it; or (3) shall he give it to his patient, telling him the facts? He adds finally that he inclines to the third of these courses.

\* We regret that our correspondent should have any doubt as to the proper course of procedure, which is to return the cheque expressing his sense of the impropriety of the offer. If he keeps it for his own benefit he is soiling his own honour; if he keeps it and hands it on to his patient, his conscience may be clear but his conduct in the tradesman's eyes will be exactly the same as if he had kept it himself, and he will have injured his profession nearly as much as if he had kept it himself. A gentleman ought not to mind being thought a fool because he is particular as to the sources of the money he accepts.

#### ANSWERS.

F.—No action at law could be taken, but our correspondent might communicate the facts to the Medical Defence Union, 4, Trafalgar Square, W.C.