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as cases of heart failure, but they are not properly regarded as cases of simple heart failure.

That the condition of the kidneys is an important factor in the result I have no doubt; but they are not cases of uremia in the usual acceptance of this term. Convulsions I have never observed, and coma is absent, being replaced by an exactly opposite condition. I have never seen a case in which these symptoms had developed recover under any form of treatment; but of late I have endeavoured to anticipate their occurrence in cases with scanty albuminous urine by the injection of pilocarpin (gr.  $\frac{1}{20}$ ) and hot-air baths, as in the case of E. C. given above. I believe nasal cases are particularly liable to develop these symptoms, and such cases ought to receive a large initial dose of antitoxin, although their condition at the time may not appear serious.

If we classify our cases since the commencement of the antitoxin period according to the day of the illness on which antitoxin was first administered, we obtain the following:

	Cases.	Deaths.	Mortality.
Treatment commenced on 1st day ...	7	—	
"    "    2nd " ...	39	2	
"    "    3rd " ...	50	6	
"    "    4th " ...	51	4	
Total ...	147	12	8.2 per cent.
Cases "of uncertain duration" ...	131	22	16.8 "
5th " or later ...	33	6	15.4 "

The two cases fatal from pneumonia, although antitoxin was administered on the second day of illness, have already been mentioned. Of the six deaths among those admitted on the third day, one occurred during the first period of antitoxin treatment when the doses administered were too small. Of the remaining five, four died from pneumonia; the last case was an infant of 18 months, admitted moribund from toxæmia on the third day of illness, and has been already alluded to. It is the only case we have seen since 1895 in which death occurred from uncomplicated diphtheria treated with antitoxin during the first three days of the disease.

These results emphasise the importance of early treatment. Every medical practitioner ought to have a supply of diphtheria serum and a suitable syringe at hand. In the large towns there is no difficulty in obtaining a supply, and it is easy to keep a few bottles of the liquid serum and to replace them as needed. The liquid preparation is the easiest for use, and may be kept for six months or more without losing its efficacy. Practitioners in the bush townships should keep a supply of the dried serum, which can probably be relied on to retain its strength unimpaired for years. It is absurd that a practitioner several days' journey from the metropolis, meeting with a case of diphtheria, should have to telegraph for antitoxin. This is too often not of any use to him by the time he gets it.

All other forms of treatment are of very minor importance. Routine applications to the throat have been altogether abandoned in the Children's Hospital. We only use them when the membrane is sloughy and offensive. It has been argued on theoretical grounds that as antitoxin only neutralises the poison, something should be done to kill the bacilli. But I have found by bacteriological examination that in the majority of cases the bacilli disappear within a few weeks without any local treatment; and in those cases in which they persisted longer I have been unable to hasten their disappearance by such treatment. Local applications are, in nine cases out of ten, unnecessary; and unnecessary treatment is bad treatment. When, however, there is much nasal discharge, gentle syringing with salt and water (a teaspoonful to a pint) is advisable. Internal medication has also been abandoned as a routine measure. When the pulse is showing signs of failure, we have given digitalis, strychnine, and alcohol in moderate doses, and these may be of some service. When the urine is very scanty and albuminous, I have lately administered pilocarpin hypodermically (the dose should not exceed gr.  $\frac{1}{20}$ ), followed by a hot-air bath, administered by covering the child with a cradle and blankets, under which

the moist hot air of a spirit lamp flame is conducted through a bent metal tube. In cases dying from bronchial membrane or pneumonia, inhalation of oxygen gas is of value in relieving distress and promoting euthanasia. I have not seen it save life.

To sum up the whole matter, the treatment of diphtheria consists in the administration of antitoxin early and in sufficient dose. A trustworthy preparation of known antitoxin strength should be employed. There need be no fear of administering an overdose; the only objection to giving an unnecessarily large dose is its cost. To give too little for this reason is a very poor economy. The saving in the number of doctor's visits, not to mention funeral expenses, much more than covers the cost of the serum. In the case of poor patients I have been accustomed to explain the danger of the disease, and have never found them object to the expense of the remedy. Those who cannot afford this are suitable cases for hospital treatment. I would certainly decline to take any responsibility, or to continue to attend a case, if the treatment were objected to, and I hope other practitioners would do likewise. I would appeal particularly to those engaged in club practice, who are more bound to their patients, to explain to them the need for immediate injection of serum or immediate removal to hospital. Too many patients of this kind have been brought to us too late.

We may say that if patients and medical men did their duty, the former in calling assistance early, the latter in applying the remedy early and in sufficient dose, the death-rate from diphtheria might be reduced to a small fraction of what it is at present, although it has been materially lowered in this colony of late years. Indeed, with the necessary qualifications, we may say no child ought to die of diphtheria. There are no doubt some cases complicated by pneumonia at a very early stage, some others at a distance from medical aid, some few in which the diagnosis in the early stages is extremely obscure. Cases sometimes occur of laryngeal diphtheria without any visible membrane, and these are sometimes very hard to distinguish from catarrhal laryngitis. In cases of doubt a full dose of antitoxin should be given. Sometimes an attack of diphtheria becomes engrained on a previous catarrh or tonsillitis, and is then very likely to be overlooked in the early stages. But these are all rare exceptions, for the most part death from this disease is avoidable and ought to be prevented.

#### NOTES AND REFERENCES.

<sup>1</sup> Goodall, BRITISH MEDICAL JOURNAL, 1899, vol. i, p. 107. <sup>2</sup> Intercolonial Medical Journal, October, 1896. The figures given of the preantitoxin period contain a few unimportant errors which are here corrected.

<sup>3</sup> Owing to pressure of other work, I ceased making these examinations, but I hope they will be soon resumed by the hospital residents, for which purpose a laboratory is being fitted up. <sup>4</sup> Cases showing merely hoarseness, croupy cough or even visible membrane in the epiglottis are excluded. It is always possible to distinguish laryngeal stridor from pharyngeal, stertorous breathing.

## MEMORANDA :

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

#### A CASE OF MALIGNANT PUSTULE: NECROPSY, WITH BACTERIOLOGICAL INVESTIGATIONS.

On June 4th I was called to see a girl, aged 17, said to be suffering from oedema of the glottis. I found her moribund, and presenting symptoms which suggested the possibility of anthrax—namely, a pustule at the angle of the mouth, swelling and redness of the cheek, general cyanosis and insensibility which was of very rapid onset. The pustule was atypical.

The history was as follows: Eight days previously the patient spent the day in the country at a village C.; three days later she developed a pustule, rapidly became worse, and died within five days of the appearance of the local lesion. She did not dress meat, handle hides or wool, and had nothing to do with animals.

A post-mortem examination was made thirteen hours after death, when the pustule appeared more typical; it was black in the centre, about the size of a threepenny piece, but had

no vesicles surrounding it. Inside the cheek were many small purulent points like small ulcers. The right side of the heart contained much *ante-mortem* clot, as also did the pulmonary artery. The lungs had many petechiae scattered over their surface, and several points of pus. There was no pneumonia. The pleural cavity contained a small amount of fluid. The liver and spleen were congested, normal in size, and not friable. The intestines were in many places thickly sprinkled with jelly-like bodies containing pigment, and the peritoneum showed many small haemorrhages. The other viscera were normal. Microscopic examination did not reveal bacilli in the pustule or any of the organs. Potato cultures were made from the clot in the pulmonary artery, and incubated at 27° C. for twenty-four hours. Sufficient growth occurred to enable a confirmatory diagnosis of anthrax to be made microscopically. These specimens were in every respect quite typical.

Inquiry was then made at the village C., when it was discovered that no fewer than five animals had died under somewhat suspicious circumstances two days before the girl's visit. She had walked through a yard where some dead meat had been thrown to a dog, and immediately afterwards had picked off some dirt from her heel. A dealer in carcasses had purchased the animals in question to sell for fowls' food and dogs' meat; a visit was paid to his "stable," which was freshly cleaned and quicklimed. Some lime was scraped away, and a small piece of red hair taken for investigation, as also were many specimens of mould, grass, etc., from each place where it was ascertained that the patient had been.

The result of subsequent examination was negative in the case of each specimen except the hair; from this latter numbers of bacilli of different kinds were grown upon potato and blood serum, and after going through five selected inoculations a fairly pure culture was obtained on blood serum at 34° C., presenting the usual microscopic appearance of anthrax bacilli and their spores. A one-twelfth oil immersion lens was used, showing the typical encapsulated bacilli, sporing without bulging, square-ended, and answering to the known micrometric standard, namely, 1 to 1½ microns in breadth, 3 to 10 in length.

I have to thank Dr. John Wallace for his assistance in this investigation, and for his help in the microscopic work.

In conclusion, there are three points in this case which appear worthy of notice: First, the rarity of reported cases of malignant pustule in women who have nothing to do with animals, skins, or wools; secondly, the possibility of such cases being easily overlooked; thirdly, the great difficulty of detecting anthrax among stock before an epidemic occurs, as in this instance a large number of animals have died of variously-named diseases at or near C., but the authorities know of no case of splenic fever in that district.

Weston-super-Mare.

GEORGE H. TEMPLE, M.B.

#### A CASE OF MEMBRANOUS CONJUNCTIVITIS TREATED BY ANTIDIPHTHERIAL SERUM.

ON July 18th an infant, aged 8 months, was brought to me suffering from an affection of the eyes. An examination disclosed that the palpebral conjunctivæ of the eyes were covered with a whitish membrane, which could be detached entire. The membrane was opaque, and of considerable consistency. The conjunctivæ did not bleed on removal of the membranes, but they were edematous, and their vascularity much increased. There was no sore throat, and no history of diphtheria. The temperature was 101°. No secondary enlargements of glands could be made out. No treatment was applied beyond irrigating the conjunctivæ with a weak antiseptic solution. On the evening of the same day the membranes had reformed. I detached them, and forwarded one in a sterilised tube to Mason College, Birmingham, for bacteriological examination. The report thereon stated the presence of the diphtheria bacillus. Next day I visited the child, and found that the membranes had completely reformed. The parents declined any local interference. I notified the case as one of diphtheria. On the following morning, July 20th the parents, having meanwhile consented, I injected 6 c.cm. of antidiphtheritic serum, and again removed the membranes. Temperature 100.8°. On July 21st the membranes were less opaque,

and more friable. Temperature 100.6°. I again injected 6 c.cm. of the serum. Next morning there was simply a trace of membrane which became more marked towards evening, when I again injected 5 c.cm. of the serum. The temperature was normal. Next day there was a slight trace, and on the following day, July 24th, the eyes were clear. No recurrence has since been observed, and, with the exception of marked anaemia, there were no sequelæ.

Clinically, the case might have been regarded as a simple croupous conjunctivitis. The surfaces of the conjunctivæ after detachment of the membranes did not present the characteristic bleeding points usually found after detachment of diphtheritic membrane. The temperature and discovery of diphtheria bacilli, and the rapid disappearance under the serum treatment would point to the case having been one of true diphtheria. The ocular conjunctivæ were never involved. A case occurred in this practice some years ago, presenting much the same appearance, which was regarded as diphtheritic, and in the absence of serum treatment led to the destruction of the eye.

Old Hill, Staffs.

A. D. MCQUEEN, M.B.

#### PIPERAZIN IN GOUT.

IN the spring of 1896 I published in the BRITISH MEDICAL JOURNAL a striking case of a gouty patient of mine who had attacks of acute gout every year or often whom I advised to take piperazin, and who to the time of his death some years after never had another attack of acute gout. Since then I have had other most striking experiences, for instance:

One of the most ubiquitous, active, and tireless men in Harrogate at this day is a gentleman well over 60, who owes his vigour and health to his habit of taking piperazin. I found him three years ago a great invalid, with a man in attendance upon him throughout every night relieving his wife and daughter who took day duty. About ten months ago I was called to see him, and found him in bed with gout in both feet. He observed my chagrin, and quickly told me it was his own fault—that he had been very well and very busy lately, and had neglected his piperazin.

Harrogate is justly famous as a resort of the gouty; its famous sulphur baths are unequalled. With these baths and the daily unloading of the colon by our sulphur water few cases fail to get complete relief during an ordinary visit; but in the worst cases, where the health is badly broken, or where the patient can spare only a week or ten days, the addition of piperazin to the treatment is invaluable.

In every instance where I come across a gouty patient I never lose the opportunity of impressing him with two facts, namely, that as long as he lives he will daily generate gout products which will undermine his health if allowed to remain in his system, and that piperazin is a sure solvent of these products. The expense and the trouble of taking it are its only drawbacks, but I impress on the gouty that it is as necessary for them as their daily bread.

Harrogate.

WILLIAM FEARNLEY, M.D.

#### POISONING BY THE APPLICATION OF GLYCERINE OF BELLADONNA.

SEEING two cases of poisoning by the application of belladonna plaster, reported in the BRITISH MEDICAL JOURNAL of April 8th and May 27th, I thought the following case, where toxic symptoms set in a few hours after the application of glycerine of belladonna, may prove interesting. A woman was delivered of a stillborn infant, and, as she complained of pain and tenderness in both breasts a few days after delivery, I ordered an application of glycerine of belladonna. This was applied in the morning, and I was summoned the same evening with a report that she was dangerously ill. The news rather surprised me, for I had left her in the morning apparently well. When I saw her, I found her delirious with hallucinations; there was difficulty in swallowing, and her pupils were widely dilated. There was a free application of the glycerine of belladonna on the breasts. I stopped the application, had her breasts thoroughly washed, and gave her a hypodermic injection of liq. strychninæ. She recovered slowly, and it was some days before her vision was perfect.

Rajamah, Ceylon.

H. P. JOSEPH.

died at Blackheath on November 14th, aged 64. He was appointed Assistant-Surgeon, January 20th, 1860, and Surgeon-Major twelve years later. He retired from the service, with the honorary rank of Brigade-Surgeon, April 4th, 1882. He had no war record in the *Army Lists*.

Brigade-Surgeon GEORGE WILLIAM JAMESON, late Bengal Establishment, died recently at Blackheath at the age of 64. He joined the department as Assistant-Surgeon, January 20th, 1860, and retired with the honorary rank of Brigade-Surgeon, April 4th, 1882.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE.

*Appointments.*—Dr. S. Ruhemann has been appointed University Lecturer in Organic Chemistry. Mr. F. G. Parsons, F.R.C.S., has been appointed an Additional Examiner in Anatomy, Professor E. Ward an Additional Examiner in Surgery, and Dr. Isambard Owen an Additional Examiner in Medicine for the M.B. degree.

*Recognised Medical School.*—The University of St. Andrews (including the University College, Dundee) has been added to the list of recognised schools of medicine by the Medical Board.

*Degrees.*—At the congregation on December 14th the following were admitted to the degrees of M.B. and B.C. : J. A. H. Brincker, B.A., St. John's; C. D. Somers, M.A., Pembroke.

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

*Part II. Medicine, etc.*—R. Ainsworth, B.A., Pemb.; W. L. Ascherson, Non-Coll.; A. E. Bodington, M.A., Cai.; W. P. S. Branson, B.A., Trin.; J. W. E. Cole, B.A., Corp. Chr.; E. Cox, B.A., Cai.; S. W. Cull, B.A., Down; F. C. Eve, B.A., Emm.; A. T. Fraser, B.A., Cai.; A. C. Fry, M.A., Pemb.; T. Gillespie, B.A., Joh.; H. Glasier, M.A., Emm.; H. M. Harwood, B.A., Trin.; C. L. Hawkins, B.A., Emm.; E. W. Hedley, M.A., King's; G. H. Hunt, M.A., Cla.; O. Inchley, M.A., Joh.; A. Killick, B.A., Down; J. E. Linnell, B.A., H. Selw.; N. J. McCaskie, B.A., Cai.; A. E. Martin, B.A., Down; W. H. Maxwell, B.A., Trin.; W. T. Mullings, B.A., Christ's; J. P. L. Mummery, B.A., Cai.; J. A. Nixon, B.A., Cai.; G. E. Orme, B.A., Cai.; S. V. Pearson, B.A., Emm.; J. C. A. Rigby, B.A.; Cai.; R. N. Salaman, B.A., Trin.; H. R. E. Sedgwick, B.A., Cai.; F. Shuttlebotham, B.A., Trin.; J. F. Skrimshire, Joh.; F. T. Talbot, B.A., King's; E. Talbot, M.A., Trin.; R. S. Trevor, M.A., Cla.; B. R. E. Truman, B.A., Trin.; H. R. F. C. Ward, B.A., Joh.; D. P. Watson, B.A., Trin.; E. A. Wilson, B.A., Cai.; W. B. Minton, M.A., Cla.

### UNIVERSITY OF LONDON.

**M.S. EXAMINATION.**—The following have satisfied the examiners: W. F. V. Bonney, M.D., Middlesex Hospital; W. S. Handley, M.D., Guy's Hospital; W. T. Milton, Guy's Hospital.

### SOCIETY OF APOTHECARIES OF LONDON.

**PASS LIST, DECEMBER, 1899.**—The following candidates passed in:

*Surgery.*—T. B. Haig (Section I), St. Bartholomew's Hospital; J. B. Hall (Section II), Leeds; T. E. Holman, Guy's Hospital; C. Johnson (Section II), Durham and London Hospital; G. G. Membrey (Section II), Toronto; O. H. Rogerson (Section II), Leeds; M. J. Ryan, St. Bartholomew's Hospital; O. C. Sibley, Middlesex Hospital; H. E. Weston (Section I), St. George's Hospital.

*Medicine.*—G. H. Bedford (Section II), Guy's Hospital; W. F. C. Bennett (Section II), Sheffield; E. Grange, Edinburgh and London Hospital; K. Grube, Bonn; H. N. Horton (Section II), Middlesex Hospital; G. G. Membrey (Section II), Toronto; O. H. Rogerson (Sections I and II), Leeds; G. H. Watson, St. Bartholomew's Hospital.

*Forensic Medicine.*—F. C. H. Dady, Bombay; F. Elias, London Hospital; E. Grange, Edinburgh and London Hospital; K. Grube, Bonn; O. H. Rogerson, Leeds; G. H. Watson, St. Bartholomew's Hospital.

*Midwifery.*—C. B. S. Amos, Royal Free Hospital; C. E. Brooks, Manchester; W. A. C. Cox, St. Mary's Hospital; W. D. French, University College Hospital; J. C. Furness, Glasgow and Charing Cross Hospital; G. R. Lucas, Edinburgh and Charing Cross Hospital; W. Roberts, University College Hospital; O. H. Rogerson, Leeds; C. V. Smith, University College Hospital; C. C. Worts, Guy's Hospital.

The diploma of the Society was granted to Messrs. G. H. Bedford, C. E. Brooks, F. Elias, J. B. Hall, G. G. Membrey, O. H. Rogerson, O. C. Sibley, and C. C. Worts.

## HOSPITAL AND DISPENSARY MANAGEMENT.

**WONFORD HOUSE HOSPITAL FOR THE INSANE, NEAR EXETER.** The total number of cases under treatment at this institution during the year 1898 was 149. The total number admitted was 25, and the number of deaths and discharges was 31. There remained in the hospital at the end of the year 118. The record of recoveries was an exceptionally good one, the percentage, calculated on the number admitted, was 66.6, a ratio that has only once been exceeded in the history of this hospital, the average rate of recovery for the last 15 years standing at the very satisfactory figure of 46.7 per cent. Dr. Maury Deas reports the general health of the institution to have been satisfactory, and nothing more serious has been recorded than an attack of epidemic influenza. This, moreover, was confined to the female division, where 15 cases occurred. Of the 5 deaths 1 was due to cerebral tumour and haemorrhage. The death-rate was only 4 per cent. The charitable side of the work of the hospital is not lost sight of by the Committee. Fifty-six cases were maintained at reduced ratios, and 3 were kept free of expense.

### THE MONMOUTH ASYLUM.

THIS institution receives rate-supported patients chargeable to the counties of Monmouth, Brecon, and Radnor, as well as the borough of Newport. Of the 1,050 patients remaining on the books at the close of 1898, 65 were patients boarded therein from other counties. There were 239 admitted, and 202 discharged and died. The recovery rate was 31.4 per cent., and the death-rate 10.7 per cent., calculated upon the average number resident. The deaths were all due to ordinary causes. In this, as in most other asylums throughout the country, overcrowding and the proposed remedy for it holds an important place in the annual report, and Dr. Glendinning emphasises as the most important event of the year the erection of temporary buildings for 50 patients of both sexes, which, he says, will afford suitable and comfortable accommodation, and will be the means of relieving the present overcrowding. In this well-managed asylum, as in the great majority of our asylums, lectures are given by the medical officers to the nurses, male and female, and 22 passed the examination of the Medico-Psychological Association for proficiency in nursing.

### CUMBERLAND AND WESTMORLAND ASYLUM.

THE number of patients at the end of 1898 was higher by 29 than at the beginning of the year, and Dr. Farquharson, the new medical superintendent, reports that, with the exception of an outbreak of erysipelas, the health of the patients had been fairly good. A considerable number had been confined to bed in the infirmary wards, but a large proportion of them suffered from senile decay, still they cause considerable strain upon the staff, as they entail feeding and nursing carefully to avoid bedsores and other lesions consequent upon their low vitality. One patient who was not suspected of suicidal tendency committed suicide by cutting his throat. The average number of patients resident was 637. There were 180 admissions; 93 were discharged, with a recovery rate of 35 per cent.; and 58 patients died, with a death-rate of 9.1 per cent., calculated upon the daily average number of patients resident.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### ZYMIC DISEASE IN EDINBURGH.

THE state of Edinburgh with reference to zymotic disease during the past three months merits a brief note of comment. Probably never in the history of the city have there been so few cases of disease, and never in the history of the City Hospital have there been so few cases under treatment at this season. During the period from September 30th till December 23rd only 502 cases have been intimated, and there have been only 44 deaths. In detail these are the figures:

	Intimations.	Deaths.
Typhoid fever	71	11
Diphtheria	84	7
Scarlet fever	306	12
Measles	41	2
Whooping-cough	—	10
Erysipelas	—	2

The two latter diseases are not notified.

There have been no cases of small-pox or typhus fever. But a yet more remarkable point is that in the week ending December 6th not a single death occurred from any zymotic disease whatsoever, a fact without precedent in the history of the city at this particular period of the year. Not only so, but in that particular week the notifications fell to 30, the smallest number in any one week in the period under review. In the preceding week, that ending on December 2nd, there were 40 notifications and only 1 death. These facts and figures are all the more noteworthy in that after an unusually hot summer there is generally a greater incidence of zymotic disease. Whence, then, the great immunity of Edinburgh? In many districts of Scotland there has been a great prevalence of enteric and scarlet fevers, with, in some localities, a high death-rate, during these three months in question. Referring again to the Edinburgh figures, the low mortality relatively to the intimated cases is to be noted, especially in diphtheria, scarlet fever, and measles.

## INDIA AND THE COLONIES.

### QUEENSLAND.

*Lunacy.*—The report of the Inspector of the Hospitals for the Insane for 1898 shows that the total number of patients brought under the official cognisance of the Inspector for the year was 1,800, and the average daily number resident in the asylums was 1,540. There were 293 patients admitted, being 43 more than the previous year; this increase is ascribed by Dr. Hogg to the after-effects of dengue and influenza. The discharges numbered 113, and the recovery-rate was 35.5 per cent., calculated upon the number admitted. There are 94 coloured aliens in the various institutions, and the question is raised as to whether it would not be cheaper and better to remove many of them to their own country, seeing that it costs the Government £25 a year to maintain each of them.

*Presentation.*—Dr. R. Brooks Popham, who is leaving England for South Africa, has been presented with a silver salver, with suitable inscription and a travelling flask "from a few poor but grateful patients, as a token of respect and in recognition of many acts of kindness."

## MEDICAL NEWS.

THE Societa Freniatrica Italiana has nominated Dr. Ireland, Mavisbush House, Polton, as a corresponding member. This Society answers to the Medico-Psychological Association of Great Britain, and the President is Professor Tamburini, of Modena.

THE APPOINTMENT OF A VACCINATION OFFICER AT LEICESTER.—The Leicester Board of Guardians held a special meeting on December 22nd, and appointed Mr. Kyte out of six selected candidates who had signified that they would carry out the duties according to Act of Parliament as vaccination officer; 30 voted for Mr. Kyte, 1 against, and 4 were neutral.

PRESENTATION.—The members of the Liverpool Medical Institution are presenting Mr. W. Jones, who has been resident librarian to the institution for twenty-one years, with a testimonial. A small Committee was formed in June, consisting of Drs. Robertson, Burton, Clarke, C.C., and Richardson, with Dr. Rentoul as Honorary Secretary and Treasurer. The proposal has been responded to by 225 of the 283 members, and it is expected that the presentation will amount to 200 guineas. Perhaps of more value to Mr. Jones will be the very appreciative letters which have accompanied the donations.

THE proposed Conference on Medical Organisation, the scope and object of which have been pretty fully explained in the prolonged correspondence which has taken place in our columns, is to be held during the first week in May either in Manchester or in London. It will last, we are informed, for two or possibly three days, and the last day will be devoted to the discussion of the best methods of organising the profession. Among other subjects suggested for discussion are Direct Representatives on the General Medical Council, Contract Practice, the Midwives Question, Medical Charities and the Representation of the Profession on their Management, Medical Education and especially the provision of one portal, and the Medical Acts and their Amendment. Further particulars can be obtained from Dr. S. Crawshaw, Honorary Secretary of the Conference Committee, Trafalgar Square, Ashton-under-Lyne.

## MEDICAL VACANCIES.

The following vacancies are announced:

**ABERYSTWITH INFIRMARY.**—House-Surgeon. Salary, £150 per annum, with usual residential allowances (stimulants excepted). Applications to the Secretary by January 20th, 1900.

**ASHTON UNDER LYNE DISTRICT INFIRMARY.**—House-Surgeon. Salary, £100 per annum, with board and lodging. Applications marked outside "Applications for the Office of House-Surgeon," to the Secretary by January 9th, 1900.

**BELGRAVE HOSPITAL FOR CHILDREN.**—Dental Surgeon. Applications to the Honorary Secretary, 77 and 79, Gloucester Street, S.W., by January 2nd, 1900.

**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 January 15th, 1900.

**BRISTOL, CITY AND COUNTY OF.**—Workhouse Medical Officer. Salary, £250 per annum, and allowances of £30 per annum for rent. Applications, on forms provided, to the Clerk to the Guardians, St. Peter's Hospital, Bristol, by January 10th, 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.

**CENTRAL LONDON OPHTHALMIC HOSPITAL.** Gray's Inn Road, W.C.—House-Surgeon. Salary, £200 per annum, with board and residence. Applications to the Secretary by January 9th, 1900.

**CITY DISPENSARY.** 46, Welling Street, E.C.—Physician. Must be F. or M.R.C.P. Lond. Applications to the Secretary by January 13th, 1900.

**CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.** Victoria Park—Second House-Physician. Appointment for six months. Board and residence provided, and salary at the rate of £30 per annum. Applications to the Secretary by January 10th, 1900.

**DERBYSHIRE ROYAL INFIRMARY.**—Resident House-Physician. Appointment for twelve months, with possibility of extension. Salary, £90 per annum, with apartments and board. Applications to the Secretary by January 5th, 1900.

**DUBLIN: CITY OF DUBLIN HOSPITAL.**—Vaccinator of the Surgical Staff. Applications to the Honorary Secretary, Medical Board, by January 5th, 1900.

**GREAT NORTHERN CENTRAL HOSPITAL.** Holloway Road, N.—Assistant Anæsthetist. 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.

**HIGHLINE: THREE COUNTIES ASYLUM.**—Second Assistant Medical Officer; unmarried and 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 January 1st, 1900.

**HOSPITAL FOR WOMEN.** Soho Square, W.—Assistant-Surgeon, must be F.R.C.S. Eng. Applications to the Secretary by January 3rd, 1900.

**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.

**MIDDLESEX HOSPITAL.**—(1) Director of the Cancer Research Laboratories. Salary, £200 per annum, with honorarium of £50 after second year of office. (2) Assistant Anæsthetist. Applications to the Secretary-Superintendent by January 10th and January 6th, 1900, respectively.

**MIDDLESEX HOSPITAL.**—(1) Director of the Cancer Research Laboratories. Salary, £200 per annum, with honorarium of £50 after second year of office. (2) Assistant Anæsthetist. Applications to the House-Governor by January 28th and January 6th, 1900, respectively.

**NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.** Queen Square, W.C.—Senior House-Physician. Junior House-Physician is applicant, and if appointed 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.

**NORTH LONDON HOSPITAL FOR CONSUMPTION.** Hampstead.—(1) Resident Medical Officer. Appointment for twelve months. Honorarium £210. (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.

**SHEFFIELD ROYAL INFIRMARY.**—Junior Assistant House-Surgeon. Salary, £50 per annum, with board, lodging, and washing. Applications to the Medical Staff, under cover to the Secretary, by January 24th, 1900.

**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.

**BAUMANN, R. P., M.B. Edin., M.R.C.S. Eng.** appointed House-Surgeon to the Glasgow Maternity Hospital.

**BENNETT, W. F. C., L.R.C.P., L.R.C.S. E.** appointed Assistant House-Surgeon to the Borthwick Hospital and Dispensary, vice Arthur H. Gaddesden, M.R.C.S., L.R.C.P., resigned.

**FLEMING, G., M.B., C.M., M.R.C.P.E.** appointed Medical Officer to the Omersley District of the Droitwich Union, vice G. Cape Hall, late Surgeon-Captain I.M.S., retired.

**GOUGH, John Harley, F.R.C.S. Edin., L.R.C.P. Lond.** appointed Honorary Physician to the Western Hospital for Consumption, Torquay, vice T. E. Lombe, M.D., appointed Consulting Physician.

**HAYES, Reginald H., M.R.C.S.** appointed Assistant Anæsthetist to the Royal Ear Hospital.

**ROSE, George, M.R.C.M., D.P.H. Aberd.** appointed Surgeon to the Royal Aberdeen Hospital for Sick Children, vice Robert John Garden, M.D., resigned.

**SPURGIN, Wm. Hy., M.R.C.S. Eng.** appointed Medical Officer to the Western Division of the Post Office, Newcastle-on-Tyne.

**STURROCK, A. Corsair, M.A., M.D. Edin.** appointed Resident Medical Officer to the Manchester Royal Infirmary.

**WOOD, W. Stanley, L.R.C.P., M.B.C.S.** appointed Medical Attendant at the Cambridge Borrough Infectious Diseases Hospital.

**ROYAL LONDON OPHTHALMIC HOSPITAL, CITY ROAD, E.C.**—The following appointments have been made:

**Curator.**—W. H. Lister, B.A., M.B., F.R.C.S.

**Senior House-Surgeon.**—W. E. Smith, M.B., C.M.

**Junior House-Surgeon.**—A. F. MacCallan, B.A., M.B., B.C., F.R.C.S., L.R.C.P.

**Junior Out-patient Surgical Officer.**—F. A. C. Tyrrell, B.A., M.B., B.C., M.R.C.S., L.R.C.P.

**DIARY FOR NEXT WEEK.**

## WEDNESDAY.

**Obstetrical Society of London.** Specimens will be shown by Drs. Macaulay-Jones, John Philpott, and others. Paper—Dr. Herbert Gauze.

**THURSDAY.**

**Roentgen Society.** 20, Hanover Square, W. 8 P.M.—Mr. Chisholm Williams: The Interpretation of Skilograms.

**FRIDAY.**

**Laryngological Society of London.** 20, Hanover Square, 4.30 P.M.—Annual general meeting. lantern demonstrations of Normal and Pathological. Preparations of the Nose and Throat will be given by Dr. Watson Willans and Dr. Jobson Horne. Cases will be shown by Sir Felix Semon, Mr. Walter Spencer, Dr. Fitzgerald Powell, Dr. Herbert Tiley, Mr. L. A. Laurence, Mr. Stephen Paget, Mr. Lake, and others.

## 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.

**BOKEHAM.**—On December 25th, at 10, Devonshire Street, Portland Place, W., the wife of Thomas J. Bokenham, M.R.C.S., L.R.C.P., of a daughter.

**BROWN.**—On December 27th, at 6, Gibson Square, Ilford, N., the wife of George Brown, M.R.C.S. Eng., of a son.

**KIRKPATRICK.**—At 1, Leads Road, Attercliffe, Sheffield, on December 7th, the wife of Alex. Kirkpatrick, M.B., of a daughter.

## MARRIAGES.

**CLARKE-GRAY.**—On December 21st, at St. John's Church, Dudley, by the Vicar, the Rev. E. H. L. Nott, M.A., M.B., Stanhope Clarke, M.R.C.S., L.R.C.P., of 173, Dudley Road, Wolverhampton, elder son of Henry Barnes Clarke, of Malvern and Hanley Castle, to Maud Mary, third daughter of the late John Eaton Gray, of Tipton. No cards.

**MAXWELL-JONAS.**—At the Cathedral, Hong Kong, on December 16th, John Preston Maxwell, M.B., B.S. Lond., F.R.C.S., to Lilly E. Isaacson Jonas, Cordova, Burnt Ash Hill, Lee, S.E. (By telegram.)

## DEATHS.

**DALY.**—On November 22nd, of acute Bright's disease while visiting at the residence of her brother, M. B. Cooper, in Garner, Iowa, U.S. America, Mrs. Athalia Cooper Daly, wife of Dr. W. H. Daly, of Pittsburg, Pennsylvania, U.S. America.

**HARTNELL.**—On December 18th, at Dover, Kent, the wife of Edward Bush Hartnell, M.R.C.S., L.R.C.P., of 1, Market Street, Fulham.

## 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., Tu. F., 5. *Operations*.—L.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-Therapeutic, Tu., Th., 9.30; Children, Tu., F., 1; Roentgen, W., 9.45; Orthopaedic, Th., 1. *Operations*.—W. Th., F., 3; S., 2. CHELSEA HOSPITAL FOR WOMEN. *Attendances*.—Daily, 1.30. *Operations*.—M. Th. F., 2. CITY 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, M. Th., 2. *Operations*.—M. W. Th. F., 2. GUY'S. *Attendances*.—Medical, daily, 1.30; Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 3; Throat, F., 2. *Operations*.—Tu. F., 1.30; (Ophthalmic), M., 1.30; Th., 2. HOSPITAL FOR WOMEN, SOHO. *Attendances*.—M., 9; Tu. W., 12; Th., 9; F. S., 12. *Operations*.—Th., 2. KING'S COLLEGE. *Attendances*.—Medical and Surgical, daily, 2; Obstetric, daily, 2; o.p., daily, 1.30; Eye, M. W. Th., 1.30; Ear, Th., 2.30; Throat, M., 1.30; F., 2; Dental, M. Th., 10; Skin, M., 10. *Operations*.—W. Th., F., 2. LONDON. *Attendances*.—Medical, daily, 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*.—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; 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, FITH 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. F., 9; Larynx, Tu. F., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 9; Electrical, M. Th. Th., F., 1.30. *Operations*.—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariectomy, F., 2. ST. GEORGE'S. *Attendances*.—Medical and Surgical, daily; i.p., 1; o.p., 12; Obstetric, i.p., 1; o.p., M. Tu., 2.30; Eye, W. S., 1.30; Ear, Tu., 2; Skin, W., 2.45; Throat, F., 2; Orthopaedic, F., 12; Dental, Tu. F., 12. *Operations*.—Daily, 1; Ophthalmic, W., 1; Dental, Th., 9. ST. MARY'S. *Attendances*.—Fistula and Diseases of the Rectum, males, S., 2; females, W., 9.30. *Operations*.—Tu., 2.30; Th., 2. ST. MARY'S. *Attendances*.—Medical and Surgical, daily, 1.45; o.p., 12.45; Obstetric, Tu., F., 1.45; o.p., M. Th., 1; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 3; Skin, M. Th., 9; Dental, W. S., 9; Electro-Therapeutic, M. Th., 2.30; Children's Medical, Tu. F., 9. *Operations*.—M., 2.30; Tu. W. F., 2; 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, M. Tu. Th. F., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu., 1.30; Children, S., 1.30; Electro-Therapeutic, o.p., Tu. Th., 2; Medical Diseases, o.p., Tu. Th., 10; Dental, Tu. F., 10. *Operations*.—M. W. Th. S., 2; Tu. F., 2.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2. SAMARITAN FUND 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., 6.30. *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, 429, Strand, W.C., London.

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

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

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

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

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

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

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Artiologic*, 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. A. DE WATTEVILLE (Welbeck Street) writes: A lady, holding a London certificate for massage, etc., speaking both French and English, has asked me whether there is any chance of finding some work to do in Cairo or Alexandria. As I do not feel competent to give an opinion, may I ask for information?

## ACCIDENT CLUBS.

A CORRESPONDENT writes that he has been asked by the manager of some local cement works to contract to attend to accidents occurring at his works for the weekly payment of one penny for each man employed. He states that they number about 60, and he should like to know if the terms offered could be considered adequate.

\*.\* The adequacy or otherwise of payment would depend on the average number of accidents occurring annually at these works. If accidents are at all frequent the terms quoted are very inadequate.

## LOCAL INJECTION OF EUCAINE.

R. asks for facts as to the use of eucaine in operation cases. He wishes to remove a tumour from the breast, and wishes to know the manner, dose, etc., of the drug, its dangers, etc.

\*.\* We may refer our correspondent to a paper on Eucaine as a Local Anaesthetic in the Surgery of the Throat, Nose, and Ear, by W. Jobson Horne, M.B., and M. Yearsley, F.R.C.S. (BRITISH MEDICAL JOURNAL, November 27th, 1897, page 1560), and also to the BRITISH MEDICAL JOURNAL, January 16th, 1897, page 134.

## ANSWERS.

"DILEMMA."—(1) No. (2) Yes, subject to the risk of being misunderstood.

MEMBER B.M.A.—It is impossible to express a trustworthy opinion in reply to questions 1 and 2. As to question 3 it is not impossible that a patient might develop an attack of scarlet fever twenty-nine days after commencement of exposure to infection, but this is a different thing to the period of incubation. Second attacks of scarlet fever shortly after a first have been supposed to occur.

## PREGNANCY IN UNMARRIED GIRLS.

"VIRIDIS" should inform his patient what is the matter with her, and persuade her either to tell her mother or to allow him to do so. If he cannot persuade her to do so, he must use his own judgment, and if he thinks that his silence would lead to greater harm than his speaking he must accept the risk to himself, and take the course that seems to him for the patient's good. From such a course, taken *bond fide*, he incurs very small risk.

## BOOKS ON DIETETICS.

ENQUIRER.—In answer to our correspondent's question we would refer him to *Foods: Their Composition and Analysis*, by Alexander Wynter Blyth, fourth edition (London: Charles Griffin and Co., 1896, 21s.); *Foods*, by Edward Smith, eighth edition (London: Kegan Paul Trench, Trübner, and Co., 1883, ss.); and a *Treatise on Food and Dietetics*, by F. W. Pavy, second edition (London: J. and A. Churchill, 1875, 15s.). We know of no book which gives an analysis of the proprietary articles mentioned. We would refer our correspondent to the *Collected Contributions on Digestion and Diet*, by Sir William Roberts, second edition (London: Smith, Elder, and Co., 1897, ss.).

## NOTES, LETTERS, ETC.

VOLUNTEER MEDICAL STAFF CORPS RELIEF FUND. SURGEON-MAJOR VALENTINE MATTHEWS, V.M.S.C. Honorary Secretary, Headquarters, London Company, V.M.S.C., 51, Calthorpe Street, W.C., writes: This fund is established to assist the families on or off the strength of non-commissioned officers and men of Royal Army Medical Corps on active service in South Africa. All moneys received will be handed over to the Royal Army Medical Corps Dépôt Mobilisation Relief Fund, Aldershot, the Honorary Secretary of which will be glad to hear of any cases of distress needing immediate assistance, whether the husbands were mobilised at Aldershot or not.

L. s. d.	L. s. d.
Amount already acknowledged ...	... 14 15 4
Bedale's School, Haywards Heath ...	... 17 10 0
No. 4 Company ...	... 35 15 9
No. 5 Company ...	... 33 4 6
F. Lorimer Hart, M.D. ...	... 0 10 6
Band (and contribution) ...	... 2 17 2
Mr. F. Godfrey ...	... 1 1 0
Sergeant-Instructors ...	... 3 17 0
Subscribed and collected by London Companies, V.M.S.C.:	... Per Surg.-Capt. Warwick 0 10 0
Walker ...	... Per Quart.-Master-Serg. 2 0 0
No. 1 Company ...	... 9 9 0
Per Staff-Serg. Beetham	... 2 2 0

THE OBLIGATION TO REPORT CASES OF LEAD POISONING. DR. THOMAS FENTON (Bakewell) writes: Until lately I held the same opinion as that which is expressed in the last sentence of the paragraph under the above heading in the BRITISH MEDICAL JOURNAL for December 2nd, page 1564, to wit: It is incumbent on medical practitioners, therefore, to report to the Home Office all cases of lead poisoning ..... due to occupation." Recent experience has led me to change that opinion, and, in face of your paragraph, my experience may be of some interest. On December 5th, 1898, I notified to the Home Office a case of lead poisoning occurring in a painter, and as a result a packet of forms on which to notify cases in the future was sent to me