

tive signs of congenital syphilis. Another family was interesting in this respect, that the eldest daughter of a mother who gave a history of infection showed no signs of syphilis on the body, yet died of general paralysis. The next daughter presented well-marked external signs, but at present is healthy otherwise. The majority of the 30 cases gave some interesting details bearing upon this question. Another factor which seemed to have an important bearing upon the occurrence of general paralysis in children of parents suffering with syphilis was the existence of chronic alcoholism in one or both of the parents. Thus, we see impaired vitality of specialised structures may result from devitalising influences acting upon the germinal plasm of one or both of the parents. Inherent defect in the germinal plasm as the cause of juvenile general paralysis is supported by the fact that very frequently the reproductive organs in both sexes never come to maturity, the genitals in the males being of infantile proportions, with absence of or very scanty hair on the pubes. Menstruation may never occur in the females, and if it does it is scanty as a rule and soon ceases. The ovaries and uterus are often of infantile proportions. In fact, Fournier regards infantile development of the genital organs as strong presumptive evidence of hereditary syphilis. If we admit the Weismann doctrine of the continuity of the germinal plasm, it is probable that the syphilitic poison has had a devitalising influence, which may cause arrest of development in the offspring of infected parents. With regard to the toxic influence of alcohol on the nervous system of individuals with an inherited neuro-pathic or psychopathic tendency, I have been particularly struck with this fact that, although at least 20 per cent. of the people admitted into the London County Asylums yield a history of intemperance as a result of their mental symptoms, yet I only once remember seeing in the *post-mortem* room of the asylums a case of well-marked cirrhosis of the liver with ascites, and that was in a person celebrated in the police courts, who was convicted nearly 400 times of drunkenness before she was found to be certifiable as incapable of taking care of herself. One must suppose, therefore, that these people who come into the asylum are susceptible to the toxic influence of alcohol, and long before they could drink sufficient to produce cirrhosis of the liver, symptoms of alcoholic poisoning of the nervous system arise. In fact, it would rather show that a person who could drink sufficiently long to get a hobnailed liver has inherited a nervous system of unusual stability. To the mentally unstable alcohol is a poison, and I have been particularly struck with the fact that it acts even in moderate quantities as a poison on women at the climacteric period when potential is low in the nervous system. Another class of individuals of low potential to whom alcohol is unquestionably dangerous is the neurasthenic. The sense of fatigue, whether of mind or body, is physiological and protective. It should be responded to by rest, but the active-minded town dweller who is suffering from nervous exhaustion takes spirits to enable him to make up the deficient energy. "He draws, so to speak, a bill on his health which must always be renewed at a higher rate of interest."

My own observations and those of Mr. Tredgold, the Technical Scholar, entirely agree with the observations of numerous authorities, who have shown that epilepsy, insanity, imbecility, idiocy, mental weakness, and loss of moral control and will power are frequently the heritage of children born of drunken parents and chronic tipplers. I am convinced that the two most important *extrinsic* (and therefore in some measure remediable) causes of the degeneration of the neurone are syphilis and alcohol.

BIBLIOGRAPHY.

Edinger and Helbing, Ueber experimentelle Erzeugung tabesartiger Rückenmarkskrankheiten, *Verhandlungen des XVI Congresses für innere Medizin*. François-Franck, *Comptes Rendus*, 1888, July 30th. Edinger, Einiges über Wesen und Behandlung der Tabes, *ibid.* Tuczek, Ueber die Veränderungen im Centralnervensystem, speciell in der Hintersträngen des Rückenmarks bei Ergotismus, *Archiv f. Psych.*, xiii, 189-155. Marie, *Progrès Méd.*, 1883. Lathyrisme et Beri-Beri. Mendel, *Neurol. Centralbl.*, No. 17, 1890. Tuczek, Ueber die nervösen Störungen bei der Pellagra, *Neurol. Centralbl.*, 1887. Hill, BRITISH MEDICAL JOURNAL. Craig, *Lancet*. Kraft-Ebing, *American Journal of Insanity*, vol. lvi, No. 4. Batten, *Brain*, Spring Number, 1900. Charcot and Marie, Deux Nouveaux Cas de Sclérose Latérale Amyotrophique, *Archives de Neurologie*, 1885. Kahler and Pick, *Beträge zur Pathol. und pathologisch. Anatomie des Centralnervensystems*.

1879 Kowjewinkoff, *Centralblatt für Nervenheilkunde*, 1885. Senator, *Wien. med. Woch.*, November 31st, 1894. Von Monakow, *Gehirn Pathologie*, Nothnagel's *System*. Schäfer, *Journal of Physiol.*, 1899. Lichtheim and Ninnich, *Neurol. Centralbl.*, 1889. Uverricht, reference Oppenheim, *Lehrbuch der Nervenkrankheiten*.

NOTES AND REFERENCES.

¹ *Archives of Neurology*, p. 102. ² *Ibid.*, p. 493. ³ Mott and Sherrington, *Proc. Roy. Soc.*, 1895. ⁴ It is very interesting to note that two of the cases of imbecility with congenital syphilis have become juvenile general paralytics, and in neither of these cases was there a family history of insanity, which is independent corroboration of my observations, as neither of these cases is included in my 30 cases. ⁵ A patient died in Banstead Asylum who was under Dr. Percy Smith in Bethlem for general paralysis. She had well-marked signs of congenital syphilis, but the dementia did not commence till after 25. It is possible, therefore, that cases occurring in adults in which no history can be obtained may owe the disease to an inherited syphilitic taint. It is not necessary that they should show external objective evidence of syphilis, for many of the cases which I have recorded were proved to be born of syphilitic parents, although manifesting no external signs of the disease.

MEMORANDA:

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

SCHOOLS AND DIPHTHERIA INFECTIVITY.

CASES in which the infectivity of diphtheria patients is unduly prolonged appear not uncommon; but in view of their great importance amongst children returning to school, the following case may be instructive.

Early in February I was called to a boy in a boarding school said to be suffering from a severe cold. A nasal discharge had been noticed staining the bedclothes from the first day of term. Correlative symptoms led me to suspect diphtheria, and bacterial test confirmed the suspicion. Other boys were suffering from nasal catarrh, but in no case was the Klebs-Loeffler bacillus found. Every boy, master (except one), and servant about the school was inoculated with anti-toxin, with the result that no one else contracted the disease except one master, the one who was not inoculated. He had a not severe faecal attack.

In the case of both master and boy the bacillus was found to linger for three months, in throat and nose respectively, in spite of energetic and constant disinfection.

Five weeks before the summer term and after disinfection had been stopped some days, both were tested with negative result, and the test was again repeated two days before term. In the case of the master the bacillus was again found to be present, and he was kept away from school altogether; but the test was again negative in the boy, and his nasal passages were quite clean. It was, therefore, looked upon as quite safe to let him return. Both cases were treated at the beginning with diphtheria antitoxin.

Three weeks after the beginning of term, another boy was found to be suffering from a severe type of the disease, to which he subsequently succumbed. The original case was, of course, immediately tested again, and the Klebs-Loeffler bacillus once more found to be present. Antidiphtherial inoculation was again practised throughout the school; and bacterial tests showed that three other boys were going about with the bacillus in their throats, two of them being quite well, while the third had only a slight rise of temperature for one night.

It should be mentioned that a small epidemic was present in the town during the whole of the winter 1899-1900, as to the origin of which local medical opinion was not in doubt.

Cases such as these seem to me to make it urgently necessary to modify the instructions issued by the Medical Officers of Schools Association in their code of rules. They run as follows:

A pupil may.....rejoin the school after diphtheria. In no case in less than four weeks, provided convalescence is completed, and that there is no longer any sore throat, or any abnormal discharge from the throat, nose, ears, or eyes, and no albuminuria; and that bacterioscopic examination of the pharyngeal (or nasal) mucus for the specific bacillus has been attended with negative results, this examination having been made in not less than three days after the discontinuance of local antiseptic precautions.

I would suggest that:

1. In the case of every boy returning to a boarding school, two or three days before the beginning of term, both throat and nose should be bac-

terially tested for diphtheria. Only so could the above-mentioned boy have been excluded from school in January with absolute certainty.

2. In the case of any boy or person who has recently suffered from the disease, not less than six months should be allowed to elapse before his return to school; and then only after a negative test has been obtained on two or three separate occasions at intervals of one week, the use of disinfectants of course having been stopped during this month (if not dropped long before).

The above precautions may seem severe, but when one considers the number of instances in which an infectious boy returning to school has started an outbreak, and the incalculable damage such an event does to a school, schoolmasters, at any rate, are not likely to object to such measures; and I scarcely see how we of the profession can in future sign certificates without actual bacteriological evidence.

Sevenoaks.

FRANK M. BURNETT, M.D.Lond.

CONJUNCTIVAL DIPHTHERIA: RISK OF INFECTION. A CHILD, aged 2 years, had been suffering from epileptiform convulsions on and off for seven months, but had not been seen by me for a fortnight, when a message came for me to see the child as the convulsions were worse. The first thing which attracted my attention was a slight sanguous discharge from the right eyelids, which immediately made me suspect diphtheria. The parents, on being questioned, said that there had been a "cold in the right eye" for three days, but they had attached no importance to it. On examination I found no membrane, but I took a specimen of the discharge with the usual precautions, and had cultivations made from this, the result being that typical diphtheria bacilli were found. There was no lesion of the throat nor of the nose, and there had been no other cases of diphtheria in the same house.

The site of the local lesion is, of course, unusual, but the chief points of interest are: (1) the cause of illness might easily have passed unnoticed; (2) infection might readily have been spread; (3) the origin of such spread would probably not have been recognised.

HARRY E. SMITH, M.A., M.B., B.C.Cantab.

Streatham, S.W.

WEIL'S DISEASE.

WEIL's disease, or acute febrile icterus, being a somewhat rare condition, the following notes of two cases which have recently been under my care may be of interest:

CASE I.—W. B., aged 52, male, a butcher, was suddenly seized with intense headache, backache, and pains in the calves of the legs. When I first saw him his temperature was 103° F., pulse 135. The abdomen was slightly distended and tender over the right half. The following morning the temperature was normal, but the pains in the back and calves and the abdominal tenderness still persisted. The temperature rose again the same evening to 103° . He became very restless and slightly delirious. The next morning, that is, forty-eight hours after I first saw him, there was well-marked jaundice. The liver was enlarged and tender. The urine contained a small quantity of blood in addition to bile pigment. The stools were slightly clay-coloured. This condition persisted for five days, during which time an extensive crop of herpes appeared round the patient's nose and upper lip. Improvement commenced by the eighth day, and the patient was convalescent at the end of a fortnight. The blood was examined for the Widal reaction, which was, however, not obtained.

CASE II.—J. H., aged 35, a coachman, had been ailing for some three or four days. He said he had "pains all over him," particularly severe in the calves of the legs. He had vomited several times. When I first saw him he was slightly jaundiced, the liver was enlarged and tender. The temperature was 102.5° . The stools were of normal colour and consistency. The urine was albuminous, and contained bile pigment. The spleen was enlarged. The temperature was irregular for five days. The pulse was never abnormally slow, but varied in speed with the temperature. The jaundice gradually cleared up, and the patient was convalescent in a little over a week. The Widal reaction was not obtained.

The treatment adopted in both cases was rest in bed, milk diet, a laxative, a diaphoretic mixture, and intestinal anti-septics.

The pathology of this disease appears to be that of an acute general febrile disease due to a specific organism, which pro-

bably gains entrance through the digestive or respiratory tracts. It occurs generally during the warm summer months amongst people who have been in contact with decomposing organic matter. The jaundice in both these cases seemed to be of the toxæmic type, due to the destruction of the red blood corpuscles by the specific toxin of the disease, the freed haemoglobin increasing the bile pigment and viscosity of the bile, and thus producing virtual biliary obstruction. The disease in its early stage resembles the abdominal type of influenza, and later might be mistaken for enteric fever or one of the rarer forms of pernicious malarial fever known as "bilious typhoid."

Macclesfield.

J. H. MARSH, M.R.C.S., L.R.C.P.Lond.

OPIUM IN PNEUMONIA.

In reference to Dr. de Winter Baker's memorandum on the use of Dover's powder in pneumonia, the following case may be of interest:

A man, aged 49, consulted me on June 4th for a pain in the right axillary region. He related a history of influenza (pains in limbs and head, etc.) of two or three days' standing. His temperature was 100° ; there was dyspnoea and slight pleural friction in the axillary region, the pleurisy being evidently chiefly diaphragmatic. I sent him home to bed, having ordered linseed and mustard to the side. Next day he appeared better.

A day or two later well-marked consolidation was found at the right apex and violent delirium. On June 8th he was very ill—sleepless, tremulous, picking the bedclothes, with rapid pulse, presenting the appearance of impending collapse, and all the signs of one of those unfortunately rapidly fatal cases of pneumonia. As he had not slept for forty-eight hours, I injected at 10 A.M. $\frac{1}{4}$ gr. of morphine. At 5.30 P.M. this had had no effect; therefore I injected a further $\frac{1}{4}$ gr. On visiting him at 10 P.M. I was told there was a great change for the worse, and I was somewhat startled to see him soundly asleep, breathing stertorously, and with almost pin-hole pupils; but the pulse had slowed down considerably, and he was in a profuse perspiration. As he had slept for four hours, I roused him and injected $\frac{1}{100}$ gr. of sulphate of atropine. Next day he was better, but as he was again sleepless I injected once more $\frac{1}{4}$ gr. of morphine with the most decidedly beneficial effect, especially on the pulse, which again was much reduced in frequency.

From that time, with the exception of one rise of temperature to 103° , his progress towards recovery was uninterrupted. The lung has now entirely cleared up, and, except for debility, he is as well as ever. He was given liq. strychn. $\frac{1}{4}$ v and tinct. digitalis $\frac{1}{4}$ v almost from the beginning, and all poultices, except for the first day's pleurisy, were forbidden—an important point, I think.

I attribute the good effect of the morphine to its action in reducing the frequency of the pulse. No doubt the heart was also strengthened by the strychnine.

H. BOWEN WILLIAMS, M.D.Brux., M.R.C.S.Eng.,
L.R.C.P.Lond.

Lewisham High Road, S.E.

INFANT MORTALITY IN LOWER EGYPT.—Dr. Engel Bey, in a continuation of his summary of the statistics of the towns of Lower Egypt for the period 1886-90, a previous instalment of which was noticed in the issue of the BRITISH MEDICAL JOURNAL for March, 1899 (p. 572), presents elaborate tables and diagrams illustrative of the mortality of infants under 5 years of age. He finds that the mortality reckoned on births (for census bases are not available) of the first year of life compares favourably with that of European cities, whereas the mortality of the succeeding years, especially of the second and third, is much higher. This is due to deaths caused by digestive and respiratory diseases and by measles, which he holds accountable for much of the stomach and chest troubles so prominent in the returns. The mortality of the first year is higher than of the succeeding years, which present the normal progressive decrease. When these later years give unusually high figures, the result is due to the excessive prevalence of measles. Scarletina is almost unknown in Egypt, and both diphtheria and whooping-cough, which account for many deaths, occur mostly during the first year of life.

cal men for services to be rendered at the request of the company, and it was urged that steamship companies, etc., constantly did this. This amendment was withdrawn upon the assurance of the Attorney-General that it was quite unnecessary, inasmuch as the clause would not have the effect supposed by the mover of the amendment. Speaking for ourselves, we should imagine that the clause in its present form, or in any amended form which is likely to be adopted, could only have one effect upon this form of practice, and that an advantageous one to the medical profession. If it touched the question at all it would be in the direction of securing that the personality and individuality of the actual practitioners would be brought into greater prominence.

EMPLOYMENT OF UNQUALIFIED ASSISTANTS.

M. P. wishes to know whether it would be contrary to regulations to engage a Swiss medical man as an assistant. He has no English qualification.

** As the gentleman is not registered in this country, his employment would be contrary to the regulations of the General Medical Council.

THE ETHICS OF CONSULTATION.

M.B.—It would be unethical for B. to visit the patient or his family in future illnesses without reference to A. This rule would not apply to visitors staying in the house.

MEDICAL ADVERTISING.

X. Y. Z.—Our correspondent has undoubtedly legal rights in the matter, and can, if he wishes, dissociate himself from an institution which is managed in a way he considers improper.

PROFESSIONAL SECRECY.

A. being called upon to see B., whom he finds dangerously ill, is informed by her that she has been the subject of an illegal operation, and at different times she accuses two individuals of being the operator. A. asks whether it is incumbent upon him to inform the police authorities?

** A. is not bound to reveal to the police that a breach of the law has been committed when his information has been derived from the patient's confession; but this doctrine should not be pushed so far as to make a doctor accessory to a crime which he could by any means prevent.

UNIVERSITIES AND COLLEGES.

THE VICTORIA UNIVERSITY.

THE following degrees were conferred by the Chancellor, Earl Spencer, K.G., on June 30th, at the Free Trade Hall, Manchester, at a meeting of the Court:

M.D.—H. Armstrong, University; A. Greenwood, Owens; J. A. MacLaren, Owens; W. A. Newall, Owens; F. W. Stansfield, Owens.

THE UNIVERSITY OF NEW BRUNSWICK.

THE University of New Brunswick, at Fredericton, celebrated its centenary during June. Honorary degrees were conferred on Principal Peterson of McGill University, representing Oxford University; Dr. J. G. Adam, of McGill University, representing Cambridge University; Professor Alexander Johnson, and Rev. Dr. Hackett, representing Dublin University; and on the Rev. R. A. Parrock, Bishop's College, Lennoxville. An honorary degree was conferred also on Professor William Crockett, of Quebec, for his distinguished services to the cause of education in the province of New Brunswick.

UNIVERSITY OF TORONTO.

THE vacancy in the Toronto University staff caused by the retirement of Professor Pike from the Chair of Chemistry has been filled by the appointment of Mr. William R. Lang, who has for some years filled the position of Lecturer in Organic Chemistry and Assistant to Professor Ferguson, of Glasgow University.

MCGILL UNIVERSITY, MONTREAL.

THE annual commencement of the medical faculty of McGill University was held during the latter part of June, at which time 75 men received the degree of M.D. C.M. Mr. E. R. Secord Brantford, Ontario, received the Holmes Gold Medal for the highest record for the four years of the curriculum. Mr. J. W. T. Patton won the Final Prize for highest aggregate for third and fourth year subjects. The diploma of D.P.H. was awarded to four candidates who had passed through the course recently inaugurated in McGill University, which is thus the first in America to award this diploma. The course leading up to it has been modelled on that given in the universities and colleges in England and Scotland, and includes six months' training in the various laboratory and clinical studies necessary for the proper qualifications of medical officers of health.

As a result of the recent third year examinations in medicine, Mr. R. H. Ker, of Montreal, was awarded the prize for the highest record made by the students of that year.

CONJOINT BOARD IN ENGLAND.

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

Anatomy and Physiology—R. M. im Thurn and A. Hallowes, St. Bartholomew's Hospital; J. S. Le Fevre, S. Smulian, G. D. Walsh, and G. M. Sanderson, London Hospital; R. H. Hardwick and T. A. Chater, St. Thomas's Hospital; J. M. O'Brien, G. S. Oades, and J.

Bourdais, Charing Cross Hospital; E. H. Griffin, Cambridge University and Guy's Hospital; P. C. V. Bent, H. D. Smart, and E. N. Jupp, Guy's Hospital; G. C. B. Miéville, University College, London; B. N. Footner and W. J. E. Stuttaford, King's College, London; F. R. Harris and G. R. H. Crozier, St. Mary's Hospital; C. O. Godson, H. B. Drake, and L. E. Ellis, St. George's Hospital; B. B. Riviere, L. L. Winterbottom, A. H. Pinder, and K. D. Bell, St. Bartholomew's Hospital; H. H. E. Scatlife and L. D. Bailey, St. George's Hospital; C. H. L. Coltar, Westminster Hospital; W. P. Hingston and P. G. Foulkes, Middlesex Hospital; C. R. Shattock, F. P. Hughes, C. F. Fraser, and F. W. Fawcett, Guy's Hospital; G. R. Rew, C. T. Cheate, and J. H. Napier, King's College, London; W. G. Cheate and R. E. Palmer, St. Mary's Hospital; A. C. Dixon, J. Stewart, and E. J. H. Rudge, London Hospital; H. M. Gilmour and A. H. Hudson, St. Thomas's Hospital; J. V. Arkle, University of New Zealand and St. Thomas's Hospital; G. A. Bosson, University College, London.

Anatomy only.—S. Goodman, St. Thomas's Hospital.

Physiology only.—C. G. Simms, Middlesex Hospital; J. Wilding, St. Bartholomew's Hospital; E. J. H. Bowen, University College, Cardiff, and King's College, London.

Twenty-one gentlemen were referred in both subjects; 2 in anatomy only, and 2 in physiology only.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

LICENTIATES of the College who desire to claim the advantage of the concession for the Fellowship, in recognition of the Royal visit, should apply before July 31st, 1900.

SCHOOL OF MEDICINE OF THE ROYAL COLLEGES, EDINBURGH.
AT a meeting of the Governing Board of the School of Medicine of the Royal Colleges, Edinburgh, the Secretary, Mr. R. N. Ramsay, reported that the number of students attending the School during the session was 1,109.

SOCIETY OF APOTHECARIES OF LONDON.

PRIMARY EXAMINATION, PART II.—The following candidates have passed in:

Anatomy.—J. J. Anning, Leeds; W. H. Bush, Guy's Hospital; D. Cotes-Preedy, Cambridge and St. George's Hospital; W. L. Crabtree, Leeds; J. Cretin, Bristol; I. Griffith, London Hospital; E. W. Hutton, St. Thomas's and Westminster Hospitals; H. A. Parker, St. Thomas's Hospital; W. W. Read, Guy's Hospital; Z. Rowlands, Royal Free Hospital; E. Serjeant, Royal Free Hospital; J. P. B. Snell, Middlesex Hospital; A. W. D. Thomson, St. George's Hospital; E. N. L. Wilson, Royal Free Hospital.

Physiology.—J. J. Anning, Leeds; F. D. S. Barker, Royal Free Hospital; D. Cotes-Preedy, Cambridge and St. George's Hospital; J. Cretin, Bristol; E. W. Hutton, St. Thomas's and Westminster Hospitals; H. Johnson, Guy's Hospital; A. R. McEnnery, Bristol; W. W. Read, Guy's Hospital; Z. Rowlands, Royal Free Hospital; E. Serjeant, Royal Free Hospital; J. P. B. Snell, Middlesex Hospital; W. P. Taylor, Sheffield and Bristol; A. W. D. Thomson, St. George's Hospital; E. N. L. Wilson, Royal Free Hospital.

PRIMARY EXAMINATION, PART I.—The following candidates have passed in:

Biology.—C. H. Osmund, Glasgow.

Chemistry.—A. G. Gamble, Leeds; J. E. Jones, Bristol; O. F. W. Steele, Birmingham.

Materia Medica and Pharmacy.—B. F. Board, Royal Free Hospital; M. Foley, Royal Free Hospital; E. M. Handley, Royal Free Hospital; C. Kellgren, Royal Free Hospital; A. M. Marval, Royal Free Hospital; J. E. Mondon, Glasgow; O. P. N. Pearn, Westminster Hospital; E. Renouf, Royal Free Hospital.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,553 births and 3,220 deaths were registered during the week ending Saturday last, July 7th. The annual rate of mortality in these towns, which had been 14.0 and 15.1 per 1,000 in the two preceding weeks, fell again to 14.5 last week. The rates in the several towns ranged from 9.1 in West Ham, 9.9 in Croydon, 10.1 in Bristol, and 10.2 in Birkenhead to 18.9 in Salford, 19.3 in Manchester, 19.9 in Liverpool, and 24.1 in Sunderland. In the thirty-two large provincial towns the mean death-rate was 15.1 per 1,000, and was 1.6 above the rate recorded in London, which was 13.5 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.5 per 1,000; in London this death-rate was also equal to 1.5 per 1,000, while it averaged 1.6 in the thirty-two provincial towns, among which the highest zymotic death-rates were 2.1 in Derby, 2.5 in Sunderland, and 3.0 in Swansea. Measles caused a death-rate of 1.4 in Oldham and 2.4 in Derby; whooping-cough of 1.1 in Sunderland and 1.7 in Wolverhampton; and diarrhoea of 1.4 in Gateshead. The mortality from scarlet fever and from "fever" showed no marked excess in any of the large towns. The 53 deaths from diphtheria in the thirty-three towns included 20 in London, 4 in Swansea, 4 in Liverpool, and 4 in Leeds. Two fatal cases of small-pox were registered in Liverpool, but not one in any other of the thirty-three towns. There were 17 cases of small-pox under treatment in the Metropolitan Asylums Hospitals on Saturday last, July 7th, against 13 and 16 at the end of the two preceding weeks; 4 new cases were admitted during the week, against 8 in the two preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had been 1,766, 1,810, and 1,832, at the

end of the three preceding weeks, further rose to 1,843 on Saturday last; 229 new cases were admitted during the week, against 210, 219, and 210 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, July 7th, 938 births and 546 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 16.5 and 17.9 per 1,000 in the two preceding weeks, fell again last week to 17.7, but was 3.2 above the mean death-rate during the same period in the thirty-three large English towns. Among these towns the death-rates ranged from 8.4 in Perth and 9.3 in Paisley to 20.2 in Dundee and 20.3 in Glasgow. The zymotic death-rate in these towns averaged 2.8 per 1,000, the highest rates being recorded in Leith and Paisley. The 290 deaths registered in Glasgow included 17 from whooping-cough, 16 from diarrhoea, 13 from measles, 3 from scarlet fever, 3 from fever, and 3 from small-pox. Five fatal cases of diarrhoea, 3 of measles, and 1 each of diphtheria and whooping-cough were registered in Edinburgh. Diarrhoea caused 4 deaths in Dundee, 4 in Aberdeen, and 3 in Leith. Two fatal cases of measles were recorded in Dundee.

DUTIES OF MEDICAL OFFICERS OF HEALTH TOWARDS OTHER PRACTITIONERS.

J. M. McL.—The following extract from a memorandum drawn up by the Society of Medical Officers of Health for Scotland on the duties of the medical officer of health under the Infectious Disease (Notification) Act (BRITISH MEDICAL JOURNAL, June 4th, 1898, page 1468), will perhaps be accepted as an authoritative answer to our correspondent's question:

"In all cases, even where there may be grounds for suspecting gross carelessness or *mala fides*, the revision of a diagnosis ought to be carried out by rearrangement as a professional consultation. In no such case should the patient be visited without prior communication with the private practitioner. The right of personal inspection conferred upon the medical officer of health by Section XLV of the Public Health Act ought to be held in reserve for the direst emergency."

DISTRICT MEDICAL OFFICER'S FEES FOR OPERATIONS.

G. S. W. writes saying that he had occasion to amputate six fingers for one of his pauper patients, he asks whether he can claim the fee of £2 for each finger amputated.

* * * If (as we assume) these six fingers required amputation from one and the same cause, or as a consequence of the same injury, £2 only can be claimed for the case.

VACCINE LYMPH.

We have received from Dr. Chaumier (Tours) a letter, of which the following is a translation:

Sir,—I am writing merely to refer to the note which appeared in the BRITISH MEDICAL JOURNAL of May 5th, p. 1137, on the subject of my vaccine. The author of the letter wrote: "Since the breakdown last summer of the Local Government Board lymph I have been using Dr. Chaumier's lymph with the best results, but I fear that in the hot weather it will be too lively. Even with the present weather the vesicles are very inflamed."

The season, whether hot or cold, has no influence on the inflammation of the vesicles. The vaccine of great activity (virulence) always produces a more extensive inflammatory area than that of slight virulence. The highly virulent vaccine gives beautiful pustules, well developed, and as numerous as the points of inoculation. If one vacinates by incisions about a centimetre in length, the highly virulent vaccine gives a vesicle as long as the incision, pustulating in regular cords, whilst the vaccine of slight virulence produces in any incision only one or two small round vesicles instead of an elongated vesicle as long as the incision. I make every endeavour that my vaccine shall be the most virulent possible in order that those who are vaccinated with it may be certainly protected from small-pox. If one vacinates a person, who has been inoculated several years before, with a slightly virulent vaccine, and if the result is negative, that person believes himself (but wrongly) to be protected against small-pox, whilst if he be vaccinated with a highly virulent vaccine it produces vesicles unless the person is really protected from small-pox. There are certain organisms which can produce excessive inflammation (ulcerating vaccine), but I always test my vaccine both bacteriologically and clinically, and eliminate by subculture the organisms capable of producing this excessive inflammation, besides which the inflammation is in no way dangerous.—I am, etc.

Dr. CHAUMIER.

HOSPITAL AND DISPENSARY MANAGEMENT.

CONFERENCE ON NURSING.

A PAPER on Poor-law Nursing was read at the third annual conference of the Matrons' Council of Great Britain and Ireland by Miss Julian, Matron of Croydon Infirmary. Miss Julian put forward the disabilities which confront nurses working under the Poor Law in forcible language; her long experience of infirmary work enabling her to speak with no uncertain sound. The matron of a large infirmary only holds her authority by acts of grace; the superintendent nurse is under the control of the workhouse master and matron, and if the size of the infirmary only requires one nurse her lot is, in nine cases out of ten, a most unenviable one. The whole question of Poor-law nursing requires to be considered in the light of modern experience, to be entirely reorganised, accepting the fact that the workhouse hospital does the same kind of work as the voluntary

hospital, and that therefore those who are responsible for the nursing of the patients are entitled to the amenities of the position.

Dr. Toogood (Medical Superintendent of the Lewisham Infirmary) spoke some thoughtful words on the registration of nurses, which he said was a demand which could not long be neglected, in justice to the patient and to the medical man. He urged the nurses to close their ranks and reconcile their factions, the present divided state being the great hindrance to registration.

MEDICAL NEWS.

SUCCESSFUL VACCINATION.—The grant for successful vaccination has been awarded to Mr. George Gilmore Willett, Public Vaccinator of the Marksbury District of the Keynsham Union.

THE new Clubs Union Rooms, Garden, and Fives Court of the London Hospital Medical College will be opened by Mr. Frederick Treves on Thursday next at 3.30. Mr. Treves will at the same time distribute the prizes to the students and nursing probationers.

FOREST SANATORIUMS FOR THE TUBERCULOUS.—According to the *Philadelphia Medical Journal* the Commissioner of Forestry of Pennsylvania is in favour of throwing open to consumptives the forest lands owned by the State. They are the property of the people, and were pledged to the maintenance of public health.

THE Parish Magazine of Tideswell (Derbyshire) for July contains a warm tribute to the services of Dr. J. L. Parke, who for over fifty years has practised in that place. This must be, we should imagine, almost a "record," and we would join the writer of the article to which we have referred in wishing Dr. Parke, who is a member of the Midland Branch of the British Medical Association, many more years of good health and activity.

EPSOM COLLEGE.—The following are the results of recent examinations for entrance scholarships and exhibitions:—Senior Scholarships: A. Master and A. C. C. Parkinson. Junior Scholarships: C. E. Milner and A. Ll. Jones. Entrance Scholarships: G. T. Vivian, D. Rahilly, E. A. C. Fazan, and E. L. M. Emtage. Council Exhibitions: R. Nankivell and J. H. A. Hynes.

IDENTIFICATION OF CRIMINALS.—The Home Secretary has appointed a committee to enquire into the working of the method of identification of criminals by measurements and finger prints, the administrative arrangements for carrying on this method, and to make recommendations as to any changes desirable. Lord Belper is the Chairman, and the members are the Common Serjeant (Mr. F. A. Bosanquet, Q.C.), Mr. A. De Rutzen, metropolitan police magistrate, Mr. C. S. Murdoch, C.B., and Mr. C. E. Troup, C.B., of the Home Office, with Mr. C. Lubbock, of the same office, as Secretary.

OPPOSITION TO MIDWIVES' REGISTRATION.—Dr. F. S. Toogood, Chairman of the Joint Committee to Oppose Midwives' Registration, desires to ask for contributions to continue the work of the Committee. He states that the Committee is not opposed to the registration of midwifery or monthly nurses. "The distinction taken is that diagnosis of presentation and conditions in labour is a difficult and highly responsible medical service, which can be safely entrusted only to medical skill and knowledge." Donations may be sent to the Honorary Treasurer, Dr. F. Lorimer Hart, Kirkdale, Sydenham, S.E., and further information may be obtained from the Honorary Secretaries, Messrs. R. B. Anderson, F.R.C.S., and S. R. Russell Matthews, at the Secretarial address, 32, Montague Place, London, W.C.

MEDICAL VACANCIES.

The following vacancies are announced:

AMERSHAM UNION.—Medical Officer and Public Vaccinator for the Beaconsfield District. Salary, £23 per annum, and fees. Applications to the Clerk, Union Offices, Amersham, by July 16th.

BANBURY HOSPITAL.—House-Surgeon and Dispenser. Salary, £30 per annum, with board and lodging. Applications to the Hon. Secretary.

BEDFORD COUNTY HOSPITAL.—Assistant House-Physician. Salary, £25 for six months, with board, lodging, and washing. Applications to the Secretary by July 19th.

BIRMINGHAM CORPORATION.—Second Assistant Medical Officer to the City Hospital, Lodge Road, Salary, £120, with board, residence, etc. Applications to the Medical Superintendent.

BIRMINGHAM GENERAL HOSPITAL.—House-Surgeon. Appointment for six months. No salary, but board, residence, and washing provided. Applications to the House Governor by July 26th.

BIRMINGHAM AND MIDLAND EYE HOSPITAL.—Assistant House-Surgeon. Salary, £60 per annum, with apartments and board. Applications to the Chairman of the Medical Board by July 16th.

BOOTLE INFECTIOUS DISEASES HOSPITAL.—Resident Medical Superintendent, unmarried. Salary, £120 per annum, with board, washing, and apartments. Applications, endorsed "Resident Medical Superintendent," to the Chairman of the Health Committee, Town Hall, Bootle, by July 21st.

BOURNEMOUTH ROYAL VICTORIA HOSPITAL.—House-Surgeon. Salary, £80 per annum, with board. Applications to the Chairman of the Committee by September 6th.

BRECON INFIRMARY.—Resident House-Surgeon, unmarried. Salary, £100 per annum, with furnished apartments, board, etc. Applications to the Secretary, 6, Bulwark, Brecon.

BUXTON: DEVONSHIRE HOSPITAL.—(1) House-Surgeon. Salary, £100 per annum. (2) Assistant House-Surgeon. Salary, £50 per annum. Furnished apartments, board, and washing provided in each case. Applications to the Secretary by July 21st.

CARDIFF INFIRMARY.—Assistant House-Surgeon. Appointment for six months, but renewable. Salary at the rate of £50 per annum, with board, washing, and apartments. Applications, endorsed "Assistant House-Surgeon," to be sent to the Chairman.

CARDIFF: UNIVERSITY COLLEGE.—(1) Demonstrator and Assistant Lecturer in Anatomy. (2) Demonstrator and Assistant Lecturer in Physiology. Salary in each case £120. Applications to the Secretary by September 8th.

CARLISLE DISPENSARY.—House-Surgeon. Salary, £150 per annum, with apartments. Applications to the Hon. Secretary, 23, Lowther Street, Carlisle.

CENTRAL LONDON SICK ASYLUM DISTRICT.—Locum Tenens at the Hospital, Cleveland Street, W. Remuneration £3 3s. weekly, with board, lodging, and washing. Personal applications to the Hospital.

CHELSEA HOSPITAL FOR WOMEN. Fulham Road, S.W.—Registrar. Honorarium, 20 guineas per annum. Applications to the Secretary by July 1st.

CHORLEY DISPENSARY AND COTTAGE HOSPITAL.—House-Surgeon. Salary commencing at £80 per annum, with board and lodging. Applications to the Honorary Secretary.

COENWALL COUNTY ASYLUM. Bodmin.—Locum Tenens. Terms, £2 3s. a week and all found, with second return journey. Applications to the Medical Superintendent.

DERBYSHIRE ROYAL INFIRMARY. Derby.—Assistant House-Surgeon. Appointment for six months. Salary, £80, with board, residence, and washing. Applications to the Secretary by July 20th.

DURHAM COUNTY ASYLUM. Winterton, Ferryhill.—Junior Assistant Medical Officer. Salary, £140, increasing to £160, per annum, with board, laundry, and attendance. Applications to the Medical Superintendent.

CHESTER GENERAL INFIRMARY.—Assistant House-Surgeon. Salary, £60 per annum, with residence and maintenance. Applications to the Chairman of the Board of Management, 29, Eastgate Row North, Chester, by July 28th.

GLASGOW DISTRICT LUNACY BOARD.—Assistant Medical Officer for the Gartloch Asylum. Salary, £125 per annum, with board and apartments. Applications to the Medical Superintendent.

GLASGOW: ST. MUNGOS'S COLLEGE.—Bellahouston Chair of Anatomy. Emoluments, £300 per annum. Applications to the Secretary, 93, West Regent Street, Glasgow, by August 7th.

GREAT NORTHERN CENTRAL HOSPITAL.—Senior House-Physician. Appointment for six months. Salary at the rate of £60 per annum, with board, lodging, and washing. Applications, on forms provided, to be sent to the Secretary by July 16th.

GROVE HALL ASYLUM. Bow, E.—Senior and Junior Assistant Medical Officers. Salary at the rate of £175 and £120 per annum respectively, with board, furnished apartments, etc. Applications to the Medical Superintendent.

HALIFAX ROYAL INFIRMARY.—(1) Senior House-Surgeon. (2) Third House-Surgeon. Salary, £30 and £50 per annum respectively, with residence, board, and washing. Applications to the Secretary by July 23rd.

HOSPITAL FOR SICK CHILDREN. Great Ormond Street, W.C.—House-Physician, unmarried. Salary, £200, with board and residence. Appointment for six months. Applications to the Secretary by July 25th.

HULL CITY AND COUNTY LUNACY ASYLUM.—Second Assistant Medical Officer. Salary, £120, rising to £150 per annum, with board, apartments, and washing. Applications on forms provided, endorsed "Assistant Medical Officer," to be sent to the Chairman of the Asylum Committee, care of the Town Clerk, Town Hall, Hull, by July 17th.

IPSWICH: EAST SUFFOLK AND IPSWICH HOSPITAL.—Second House-Surgeon, unmarried. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary by July 18th.

JENNER INSTITUTE OF PREVENTIVE MEDICINE. Chelsea.—Assistant Bacteriologist in the Antitoxin Department at Sudbury, Harrow. Salary, £200 per annum, with rooms. Applications to Dr. Allen Macfadyen, Secretary, immediately.

KING'S LYNN: WEST NORFOLK AND LYNN HOSPITAL.—House-Surgeon. Salary, £80, increasing to £100, per annum, with board, residence, and washing. Applications to the Chairman of the Weekly Board by July 20th.

LANARK COUNTY ASYLUM. Hartwood, Glasgow.—Third Assistant Medical Officer. Salary, £120, with fees, board, washing, and residence. Applications to the Medical Superintendent.

LIVERPOOL DISPENSARIES.—Four Assistant House-Surgeons, unmarried. Salary, £100 per annum, with board and apartments. Applications to the Secretary, 34, Moorefields, Liverpool, by July 26th.

LIVERPOOL: STANLEY HOSPITAL.—Senior House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications, endorsed "House-Surgeon," to the Secretary, Medical Board.

MACCLESFIELD GENERAL INFIRMARY.—Junior House-Surgeon. Salary, £70 per annum, with board and residence. Applications to the Chairman of the House Committee by July 18th.

METROPOLITAN ASYLUMS BOARD.—Fourth Assistant Medical Officer to the Parental Asylum. Unmarried, and not exceeding 35 years of age. Salary, £150 per annum, rising to £210, with board, lodging, attendance, and washing. Applications on forms provided, to be sent to the office of the Board, Victoria Embankment, E.C., by July 18th.

NEWCASTLE-UPON-TYNE ROYAL INFIRMARY.—Honorary Assistant-Surgeon. Applications to the Secretary by July 25th.

NORTH-EASTERN HOSPITAL FOR CHILDREN. Hackney Road, N.E.—(1) House-Physician. Appointment for six months. Salary at the rate of £50 per annum. (2) Resident Medical Officer. Salary, £120 per annum. Board, residence, and washing allowance provided in each case. Applications to the Secretary, 27, Clement's Lane, E.C., by July 21st.

NOTTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL. Hartshill, Stoke-upon-Trent.—House-Surgeon. Salary, £120 per annum, increasing £10 yearly, with furnished apartments, board, and washing. Applications to the Secretary and House Governor by July 25th.

NOTTINGHAM GENERAL DISPENSARY.—Assistant Resident Surgeon. Unmarried. Salary, £140 per annum, with all found except board. Applications to the Secretary.

OLDHAM INFIRMARY.—Junior House-Surgeon. Salary, £75 per annum, with board, residence, and washing. Applications to the Honorary Secretary by August 6th.

PLYMOUTH BOBROUGH ASYLUM.—Assistant Medical Officer, unmarried. Salary, £125, increasing to £175 per annum, with furnished apartments, board, and washing. Applications, endorsed "Assistant Medical Officer," to Dr. W. H. Bowes, Medical Superintendent, Plymouth Borough Asylum, Blockadon, Ivybridge, Devon, by July 20th.

RAINHILL COUNTY ASYLUM.—Assistant Medical Officer, unmarried, and not more than 30 years of age. Salary, commencing £125 per annum, with prospect of increase to £250, with furnished apartments, board, attendance, and washing. Applications to the Medical Superintendent by July 24th.

SCARBOUROUGH HOSPITAL AND DISPENSARY.—(1) House-Surgeon. Salary, £50 per annum. (2) Assistant House-Surgeon. Salary, £75 per annum. Residence, board, and washing provided in each case. Applications to the Honorary Secretary by July 18th.

SHEFFIELD UNION.—Junior Assistant Medical Officer for the Workhouse Infirmary, Fir Vale. Salary, £50 per annum, with furnished apartments, board, and washing. Applications to the Clerk to the Guardians, Union Offices, Westbar, Sheffield, by July 28th.

SHEWsbury: SALOP INFIRMARY.—Assistant House-Surgeon. Appointment for six months, but renewable. Salary at the rate of £50 per annum, with board and washing. Applications to the Secretary.

TEIGNMOUTH HOSPITAL.—House-Surgeon. Salary, £70 a year, with board, lodging and washing, and allowance. Application to the House Committee.

TUNBRIDGE WELLS EYE AND EAR HOSPITAL.—House-Surgeon. Salary, £60 per annum, with board, lodging, and washing. Applications to the Honorary Secretary by July 24th.

WEST HAM HOSPITAL. Stratford, E.—Junior House-Surgeon. Salary, £75 per annum, with board, residence, etc. Appointment for one year, but eligible for re-election as Senior, salary £100. Applications, marked "Junior House Surgeon," to the Secretary by July 18th.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—Assistant House-Physician. Appointment for six months. Honorarium at the rate of £75 per annum, with board, lodging, and washing. Applications to the Secretary by August 2nd.

MEDICAL APPOINTMENTS.

ASTIN, Wilson, M.B., C.M.Aberd. appointed Medical Officer of Health for the Loughton Urban District.

BELLAMY, John Hy., M.R.C.S., L.R.C.P. appointed Senior Resident Medical Officer to the Shifield Union Infirmary, vice A. F. Cameron, M.B., C.M.

BURGESS, G., M.B., C.M.Aberd. appointed Medical Officer of Health for the Great Driffield Urban District, vice E. Wood, M.D.S.Abd., resigned.

CRESWELL, F. P. S., R.Sc., B.S.Lond., F.R.C.S.Eng. appointed Assistant Ophthalmic Surgeon to the Cardiff Infirmary.

FERGUSON, R. B., M.D. appointed Certifying Factory Surgeon for the New Southgate District.

GOLDSMITH, G. H., M.B.Cantab. appointed Medical Officer to the Bedford Union Workhouse.

GRAY, W. G., L.S.A. appointed Medical Officer of Health for the Holswoth Urban District.

HOWELL, W., M.D., C.M.Glass. appointed Medical Officer to the Brecon Union Workhouse, vice W. M. Parham, M.B. Edin., resigned.

HUTCHENS, H. J., M.R.C.S., L.R.C.P. appointed Medical Superintendent of the Plague Hospital, Brisbane, Queensland.

MC CALL, Eva, M.B., Ch.B.Glasg. appointed Assistant Resident Medical Officer to the Infirmary of Salford Union.

MACKIE, J., M.B., C.M. appointed Surgeon to the Exeter Dispensary.

PICKARD, Ransom, M.S., M.D.Lond. appointed Surgeon to the Exeter Dispensary.

PLATT, J. E., M.S., M.D.Lond., F.R.C.S.Eng. appointed Honorary Assistant Surgeon to the Manchester Royal Infirmary, vice G. A. Wright, F.R.C.S.Eng., appointed an Honorary Surgeon.

WEBSTER, T. J., M.R.C.S.Eng. appointed Medical Officer of Health for the Vaynor and Penderyn Rural District, vice T. J. Dyke, F.R.C.S.

WEIGHTMAN, E. J., M.B., C.M. Edin. appointed Medical Officer for the Workhouse and the Children's Homes of the Middlesbrough Union, vice L. G. Davies, M.D.Camb., resigned.

WHITAKER, E. T., M.B., C.M. Edin., D.P.H.Camb. appointed Medical Officer of Health for the Wem Urban District.

WILLIAMS, W. B. E., M.B., M.R.C.S., etc. appointed Assistant Resident Medical Officer to the Mill Road infirmary, Liverpool.

CENTRAL LONDON THROAT AND EAR HOSPITAL.—The following appointments have been made:

- Assistant-Surgeons.—Peter H. Abercrombie, M.D., C.M.; W. J. C. Nourse, F.R.C.S.E.
- Assistant Anæsthetist.—Arthur Barford, M.D.

DIARY FOR NEXT WEEK.

MONDAY.

London Throat Hospital. 204, Great Portland Street, W. 4.30 P.M.—Dr. Davis: Nasal Obstruction.

West London Post - Graduate Course. West London Hospital, Hammersmith Road, W., 5 P.M.—Mr. A. Baldwin: The Importance of Methodical Physical Examination.

Medical Graduates' College and Polyclinic. 22, Chenes Street, W.C. 4 P.M.—Consultation (Medical).

National Hospital for the Paralysed and Epileptic. Queen Square, Bloomsbury, W.C. 3.30 P.M.—Dr. Batten: Subacute Combined Degeneration of Spinal Cord.

TUESDAY.

Medical Graduates' College and Polyclinic. 22, Chenes Street, W.C. 5 P.M.—Mr. Mayo Robson: Clinical Lecture, Chronic Pancreatitis.

WEDNESDAY.

West London Post - Graduate Course. West London Hospital, Hammersmith Road, W., 5 P.M.—Mr. A. Baldwin: The Application of Plaster-of-Paris Splints.

Medical Graduates' College and Polyclinic. 22, Chenes Street, W.C. 4 P.M.—Mr. J. Hutchinson: Consultation (Surgical).

THURSDAY.

Medical Graduates' College and Polyclinic. 22, Chenes Street, W.C. 4 P.M.—Mr. E. Lake: Consultation.

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.

VIGURS.—On June 28th, at Ferncliffe, Newquay, Cornwall, the wife of C. C. Vigurs, M.D.Cantab., of a son.

WARD.—On July 9th, at 22, Museum Street, Ipswich, the wife of Francis Ward, M.D., of a son.

DEATHS.

BALDING.—On July 2nd, at her residence, Barkway, Herts, Octavia, youngest and last surviving daughter of the late Susan and James Balding, M.M.C.S., after a long and painful illness, aged 56.

DONALDSON.—On July 7th, at his residence, Mearns Villa, Saltburn-by-the-Sea, Surgeon-General J. Y. Donaldson, M.D., in his 65th year.

JAMES.—On July 9th, at 62, Comeragh Road, West Kensington, Henry James, formerly of Weybridge, Surrey, F.R.C.S., aged 83. No flowers, by desire.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). *Attendances*.—Daily, 2. *Operations*.—Tu. W. F., 2. CENTRAL LONDON OPHTHALMIC. *Attendances*.—Daily, 1. *Operations*.—Daily. CENTRAL LONDON THROAT, NOSE, AND EAR. *Attendances*.—M. W. Th. S., 2; Tu. F., 5. *Operations*.—I.p., Tu. 2.30; o.p., F., 2. CHALING 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; Reclining, 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*.—O.p., M. Tu. Th. F., 2. *Operations*.—M., 4. EAST LONDON HOSPITAL FOR CHILDREN. *Operations*.—M. Tu. 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., 2.30. *Operations*.—M. W. Th. F. GUY'S. *Attendances*.—Medical, I.p., M. Tu. Th. F., 1.30; o.p., M. W. Th. F., 12; Surgical, I.p., daily, 1.30; o.p., M. W. Th. S., 12; Obstetric, I.p., M. Tu. Th. F., 1.30; o.p., Th. S., 12; Eye, I.p., M. Tu. Th. F., 1.30; o.p., M. Tu. F., 12; o.p., Ear, Tu. F., 12; Skin, Tu. F., 12; Throat, F., 12; Dental, daily, 9.30. *Operations*.—Tu. F., 1.30; (Ophthalmic), M., 1.30; Th., 2. HOSPITAL FOR WOMEN, SOHO. *Attendances*.—O.p., M., 9; Tu. W., 12; Th., 9; F.S., 12. *Operations*.—M. Th., 2; Th. S., 9.30. KING'S COLLEGE. *Attendances*.—Medical and Surgical, daily, 2; Obstetric, daily, 2; o.p., daily, 1.30; Eye, M. W. Th., 1.30; Ear, Th., 2.30; Throat, M., 1.30; F., 2; Dental, M. Th., 10; Skin, M., 10. *Operations*.—W. Th. F., 2. LONDON. *Attendances*.—Medical, daily, I.p., 2; o.p., 1.30. *Surgical*, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, W., 9; Skin, Th., 9; Dental, M. Tu. Th. F., 9. *Operations*.—Daily, 2. LONDON TEMPERANCE. *Attendances*.—Medical, I.p., M., 2.30; Tu. F., 3.30; Th., 2.0; o.p., M. Tu. W. F., 1; Surgical, I.p., M., 2; Th., 3; o.p., M. Th., 1.30. *Operations*.—Th., 4. LONDON THROAT, Great Portland Street. *Attendances*.—Daily, 2; Tu. F., 6. *Operations*.—Daily, 9.30. METROPOLITAN. *Attendances*.—Medical and Surgical, daily, S., 9; Obstetric, W., 2; Eye, M., 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., 1.30; 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; Th., 2. 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. S., 3; Tu. F., 9; W., 2.30; Th., 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., 9.30; Throat, Nose, and Ear, W., 9.30. *Operations*.—W. S., 3; (Ophthalmic), M. F., 1.30; (Diseases of Women), S., 9. ROYAL LONDON OPHTHALMIC. *Attendances*.—Daily, 9. *Operations*.—Daily, 10. ROYAL ORTHOPAEDIC. *Attendances*.—Daily, 2. *Operations*.—O.p., M., 2; I.p., Tu. Th., 2.30. 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. F., 2; o.p., M. Th., 9; W., 2.30; Ear, Tu. F., 2; Skin, Tu., 9; Larynx, M. Th., 2; Orthopaedic, Tu., 1.30; Dental, Tu. F., 9; Electrical, M. Tu. F., 1.30. *Operations*.—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariectomy, W., 2. ST. GEORGE'S. *Attendances*.—Medical and Surgical, daily, I.p., 1; o.p., 12; Obstetric, I.p., Tu. F., 1.45; o.p., M. Tu., 2.30; Eye, W. S., 1.30; Ear, M., 2; Skin, W., 2.45; Throat, F., 2; Dental, M. Tu. F., 12. *Operations*.—Daily, 1; (Ophthalmic), W., 1; Dental, Th., 9. ST. MARK'S. *Attendances*.—Fistula and Diseases of the Rectum, males, S., 2; females, W., 9.30. *Operations*.—Tu., 2.30; Th., 2. ST. MARY'S. *Attendances*.—Medical and Surgical, daily, 1.45; o.p., 12.45; Obstetric, Tu. F., 1.45; o.p., M. Th., 1; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 3; Skin, M. Th., 9; Dental, W. S., 9; Electro-Therapeutics, W. S., 10; Children's Medical, M. Th., 9. *Operations*.—M., 2.30; Tu. W. F., 2; Th., 3.30; S., 10; (Ophthalmic), F., 10. ST. PETER'S. *Attendances*.—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children); S., 4. *Operations*.—W. F., 2. ST. THOMAS'S. *Attendances*.—I.p., Medical and Surgical, M. Tu. Th. F., 2; o.p., daily, 1.30; Obstetric, Tu. F., 2; o.p., W., 1.30; Eye, Tu. F., 2; o.p., daily, exc. S., 1.30; Ear, M., 2; Skin, Tu., 1.30; Throat, Tu., 1.30; Children, W., 10.30; Electro-therapeutics, Tu. F., 2; Mental Diseases, Th., 10; Dental, Tu. F., 10; X-Rays, Tu., 12; Vaccination, W., 11.30. *Operations*.—Daily, 2; (Ophthalmic), Th., 2; (Gynaecological), Th., 2; (Throat), M., 9.30; (Bar), Th., 9.30. SAMARITAN FEE 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. K., 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, M. Th., 2; Ear, Tu. F., 2; Orthopaedic, W., 2; Diseases of Women, W. S., 3; Electrical, M. Th., 3.15; Skin, Tu. F., 2; Throat and Nose, Tu. F., 2; S., 10. *Operations*.—Daily, about 2.30; F., 10. WESTMINSTER. *Attendances*.—Medical and Surgical, daily, 2; Obstetric, M. Tu. F., 2; Eye, Tu. F., 9.30; Ear, Tu., 2; Skin W., 2; 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—or course not necessarily for publication.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the 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 *Artiology, 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.

T.M.W. asks to be referred to an authority on the nature, causes, and treatment of "the fidgets"? *Neale's Digest* is no help here.

A. I. asks for advice as to the local treatment of the parasitic skin disease seen occasionally over the sternum and between the scapulae of consumptives. He has a case dating back six or seven years in a man, aged 29, who has had symptoms of phthisis, but whose lung and general condition is evidently improving. Amongst the numerous lotions and ointments tried, ung. acid. chrysophanic, seems to have most effect, but it stains and destroys the underclothing. What material should be worn over the chest, and what are the prospects of getting rid of the disease? Itching is intolerable in bed.

SALARY OF LOCUM TENENS.

H. M. D. asks what weekly salary a reliable *locum tenens*, with two years' experience and not afraid of hard work, should be able to command during the coming August and September?

* * * We are advised that three guineas a week would be a usual fee.

ANTITOXINS AND SEA.

A. L. asks what antitoxins and what amount should be taken for a yacht's crew of 70 and 12 passengers for eight months going to Japan.

* * * We are indebted to Dr. Allan Macfadyen, the Director of the Jenner Institute of Preventive Medicine, for the following reply to the above question: "I would suggest ten cases of diphtheria antitoxin, ten cases of tetanus antitoxin, and if they are likely to meet snakes some bottles of Calmette's antivenene. The party ought of course to be vaccinated."

THE DISSEMINATION OF TYPHOID FEVER.

R. N.—Neither water nor air can be looked upon as the real "culprit," but the specific organisms which were present in both. Supposing that the Modder River water were the channel of infection for the earlier cases, it is probable that the air was the channel for the bulk of the later cases corresponding with the experience in the war between the United States and Spain in 1898. We would like our correspondent to include under the term "climate" all external hygienic conditions as contrasted with the artificial conditions produced by the use of antiseptics.

ANSWERS.

DR. W. HARDCASTLE.—The wording of the rule is defective, but we should certainly interpret it as including Licentiates of the Royal College of Surgeons of Edinburgh.

CANDIDATE.—Medical inspectors to the Local Government Board for Ireland are appointed by that Board. The candidate must have been in practice for seven years, but the appointments are made as a rule from men acquainted with the Poor-law Medical Service, or from those who have specially interested themselves in public health work. Further particulars will be found in *The Guide for Irish Medical Practitioners*, by Professor R. J. Kinhead. Dublin: John Falconer. 1889.

PRACTICE IN CANADA.

DR. WM. C. RAINSBURY (Skegby, Notts) writes: In reply to "Canada" (BRITISH MEDICAL JOURNAL, July 7th, p. 72) having obtained the M.D., C.M. degrees of Queen's University, Kingston, Ontario, last year, I am able to give some "first hand" information. No man is allowed to practise in Ontario on British qualifications; he must first pass the examinations of the Ontario Medical Council. There are "openings" in Canada as in any other British colonies for an English doctor. The fees vary, but the lowest visiting fee is one dollar. I have before me copies of the Regulations of the Ontario Medical Council for the last few years. In last year's copy I find that British registered practitioners who have been domiciled in Great Britain for five years after registration can enter for the examination of the Ontario Medical Council. This rule does not appear in the current year's copy; it may be an oversight. However, "Canada" could proceed now or in a month or two to Ontario and attend lectures in my university, and after taking the degrees could then sit for the council examination, which, by-the-bye, will not be held until next May. I shall be pleased to communicate privately with "Canada," as I could furnish him with useful information.

"ORIENTING" ACTION OF EPITHELIUM.

In reply to Dr. T. M. Watt's query regarding the exact meaning of the word "orienting" used in connection with the action of the epithelium in the article on Intestinal Absorption in the BRITISH MEDICAL JOURNAL of July 7th, the writer of the article in question has sent us the following:

"The word 'orient' literally means the east. The verb to orient in connection with a church, means to arrange its direction so that the altar end of it is eastward. The word orientation has been extended to include cases of buildings arranged to lie in a fixed geographical position which may not necessarily be east and west. Thus in the orientation of Greek temples they are arranged to face certain heavenly bodies at certain times of the year. By a very common usage in the history of words, the literal meaning of the word has been gradually lost, and its meaning widened to include cases in which a fixed direction is given to a structure or a movement. Thus Cohnheim finds the gut wall permeable to sodium chloride from the gut side, but relatively impermeable to that salt from the blood side. Reid showed a similar one-sided permeability to salts in the living skin of the frog. This power of living cells to determine the direction in which certain substances are allowed to pass through them is very conveniently termed orientation."