

need for one to come so far to tell you that which I have just unfolded—that it is commonplace, and by no means worth my long journey or your short one—I shall conclude with Hamlet's retort:

Why, right; you are i' the right;
And so, without more circumstance at all,
I hold it fit that we shake hands and part.

As a matter of fact, I have not, like the ghost, temporarily escaped for the purpose of this communication from a place where sulphur, burned in the open, is the ordinary domestic fuel, but I am here in response to a kind and highly flattering invitation from yourselves. I had, indeed, made arrangements for spending my autumn holiday, which certainly did not include two weeks of seasickness; but when I received your President's command (for so I regarded your invitation) I at once scattered my personal plans and considerations to the winds and decided to accept it. And let me tell you that coming to Ottawa is not to me like going amongst strangers, though it is my first visit here; it arouses in me a feeling somewhat like that experienced by a man who is taking a homeward journey, for my father was a Canadian. From my infancy I have had pictured to me, and have been encouraged to interest myself in, your forests and rivers, your orchards and wide fields of waving corn, your green pastures and still waters, and your lingering snows (kindly notice that I have put the snows *last*). I have also constantly heard from my childhood of the intense loyalty of the peoples of this great and fertile country, and of the loving devotion of its sons and daughters to that dear Lady who is, indeed, a mother to us all.

Lastly, let me tell you that your complimentary invitation came to me just after those dark days of trial in which an ambitious, a cunning, and an unscrupulous race had been endeavouring for ever to overwhelm us. Dark, indeed, were those days; but darker still would they have been had we not known that your strong-limbed and keen-eyed sons were standing by us in our time of need! It is certainly not for a humble individual like me to presume, or to attempt, to say what the feeling of undemonstrative England may be towards Canada—I allude to this and to other circumstances only that you may in some measure see with what pride I accepted your invitation, and in order that you may more fully appreciate the sincerity of the thanks which I herewith tender you for thus directing my course to Ottawa, with an inclination eastwards to Nova Scotia—and to Halifax—where, in 1812, my good father was born.

REFERENCE.

¹ *Observations on the Diseases of the Joints*, 1850, p. 342.

MEMORANDA:

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

CASE OF PUPERAL ECLAMPSIA TREATED BY PILOCARPIN.

On January 20th, about 1 P.M., I was called in consultation to a case of eclampsia persisting *post partum*. The patient, a primipara, aged 23, of slight build, dark complexion, and somewhat anaemic, had previously enjoyed good health, and convulsions had set in, without premonitory symptoms, with the commencement of labour about 6.30 P.M. on January 19th.

Labour was completed by rapid dilatation of the os, and a healthy male child delivered by forceps. The bowels were freely opened by croton oil which placed on the tongue, the patient being unconscious. Chloroform was given during the seizures, which some time after delivery commenced to increase in frequency.

When seen by me clonic convulsions were recurring about every five minutes. The temperature was 100°, the pulse 140, the extremities cold, the pupils dilated and equal, and there was strabismus.

Uræmic origin being suspected, pilocarpin $\frac{1}{6}$ gr. was injected pretty deeply into the arm, and a "poor man's bath" improvised by means of several hot-water bottles wrapped in pieces of blanket and placed under the bedclothes. Within ten minutes there was profuse diaphoresis, and warmth returned to the extremities. When this condition was

thoroughly established the convulsions ceased, and did not return during the two hours I remained with the patient with the exception of one slight seizure near the end of that time which lasted but a second or two. It was intended to repeat the dose of pilocarpin if required, but the prompt response of the system to the very moderate dose already given made this appear unnecessary; so that treatment was continued by the hot moist pack and poultices to the loins. With the exception of a fair amount of salivation, no untoward effects followed upon the administration of the drug.

The patient made a good recovery; had no more convulsions; but did not recover consciousness until early on the morning of January 21st.

I think the details of this case may be worthy of mention, as I have seen but little mention by obstetric authors in favour of the use of pilocarpin for the treatment of such cases. It is possible that this drug may be of some diagnostic as well as therapeutic value in cases where uræmic or other toxic conditions are present.

A. INGLIS, M.D.,
Medical Officer of Health, Maybole, Ayrshire.

ANTISTREPTOCOCCUS SERUM IN ERYSIPelas.

DR. HARRISON's account of the successful treatment of erysipelas by antistreptococcus serum induces me to mention a case which occurred in my own work, and which, in the discussion on another subject (the treatment of pneumonia) I incidentally referred to at a meeting of the Clinical Society of Manchester, early in 1898.

Mrs. S., aged 63 years, when first seen on December 28th, 1897, presented an erysipelatous patch on the forehead extending down the nose. After a brisk saline aperient, she was ordered tinct. ferri perchlor. 30 minimis every three hours, and the forehead was dusted with flour. On December 29th the erysipelas was extending up the scalp and across the forehead, and the temperature was 101°. Drachm doses of perchloride were given, and the forehead was painted with friar's balsam. On December 30th the erysipelas was spreading; the temperature was 103°. On this day I had to leave home, and handed the case over to my partner, Dr. MacMillan. The condition of the patient went from bad to worse. On January 3rd, 1898, the patient was delirious, and the temperature 104°. Dr. MacMillan called in Dr. Graham Steel, who, while approving of the treatment, feared the most grave issue. On the following afternoon, January 4th, I returned home, and found the patient quite unconscious; the temperature 105°; and pulse indefinable. The appearance of the head and face reminded one forcibly of what one used to see long ago in cases of bad confluent small-pox, the features, eyes, nose, mouth, and ears being quite indistinguishable. At 8 P.M. I injected 20 c.cm. of antistreptococcus serum (Burroughs and Wellcome), 10 c.cm. beneath either scapula. The patient was fed by the rectum. At 6 A.M. on the following morning, January 6th, I found consciousness returning. The temperature had fallen to 102°; 10 c.cm. of serum were injected. At 10 A.M. the patient recognised my voice; the temperature was 102°; 10 c.cm. serum injected. At 6 P.M. the patient was quite conscious, and endeavoured to articulate. She had taken some nourishment by the mouth. The temperature was 100°. On January 7th, at 8 A.M. the temperature was 99°, and there was a striking improvement in the head and face. From this time recovery was rapid and uninterrupted.

I greatly regret I cannot recollect and acknowledge the source from which I derived the suggestion to use the serum.

Manchester. H. LESLIE JONES, M.D., M.Ch., F.R.C.S.I.

AMERICAN THERAPEUTIC SOCIETY.—The American Therapeutic Society was organised May 1st, 1900, in Washington during the session of the Congress of American Physicians and Surgeons. According to the statutes of the new society, "reputable physicians who are engaged in the regular active practice of medicine, and who are interested in the study of *materia medica* and therapeutics in any or all their branches, and such reputable physicians not engaged in active practice but who are engaged in legitimate experimental therapeutic research, shall be eligible for active membership." The president is Dr. Horatio C. Wood, of Philadelphia; the vice-presidents, Dr. Howard H. Barker, of Washington; Dr. Reynold W. Wilcox, of New York; and Dr. Eli H. Long, of Buffalo.

sion, beloved and trusted by officers and men, ever watchful and painstaking in all that concerned the health and well-being of his regiment, a military surgeon every inch of him, a high-toned honourable man, a kind and steadfast friend. For many years he was Surgeon to the Duke of York's Royal Military School, and was looked upon by the orphan boys there as their father, so kind, careful, and considerate was he of them. His services never received the acknowledgment they merited at the hands of the authorities. Many years ago a hint of a coming honour was made to him, but it never came, and he was of too retiring a character to advance his claims. He was nearly related to Sir Richard Burton, the famous traveller.

We regret to learn that the only son of Dr. George Stevens, of Norton, near Bury St. Edmunds, who was a member of the Rhodesian Field Force, died at Marandellas Camp, Rhodesia, on July 28th. Mr. STEVENS, who was only 19 years of age, was educated at Epsom College, and had recently become an apprentice of the Society of Apothecaries and a student of Charing Cross Hospital. He went out as a hospital assistant, and had latterly acted as dispenser. Letters which have been received by the family from Captain G. H. Arnold, R.A.M.C., and from two of his comrades, show that he had endeared himself to all with whom he came in contact, both by the charm of his character and by the faithful and conscientious discharge of the duties entrusted to him. He was buried with military honours, and his comrades intend to erect a cross with a suitable inscription over his grave. The deepest sympathy will be felt with his father and sister in their loss.

DR. JOSÉ GERSON DA CUNHA, of Bombay, who recently died at the age of 56, was born in the village of Arpora in Portuguese India. He began his preliminary studies in the capital of Goa, and finished them at the University of Bombay. He obtained the diplomas of L.R.C.P.Lond. and M.R.C.S.Eng. in 1867. He settled in Bombay, where he soon acquired a large practice. He read several papers which attracted much attention at the Medico-Physical Society, and an article on the Use of Chloral in Obstetrics, published in an English medical journal, is quoted by Professor Schroeder in his standard work on the subject. An essay on Dengue: its History, Symptoms, and Treatment was written after an epidemic of dengue in Bombay. Dr. da Cunha also devoted himself to the study of history, anthropology, and numismatics, gaining a considerable reputation in all these departments of knowledge. His collection of coins, catalogued by him with great precision and method, is said to be one of the best in the British Empire. He was the author of some twenty works on history and Indian philosophy, besides papers, etc., read at the Royal Asiatic Society of which he was a Vice-President, and at the Anthropological Society, of which he was a President. His best known books are the *History of Chaul and Bassein* and the *Life of Gantama Buddha*, which was translated into French. He has left in a complete state a voluminous *History of Bombay*, and to the mental strain caused by his labours in the preparation of this work is, to a large measure, due his premature death. Dr. da Cunha was awarded a prize at the Congress of Orientalists in Florence in 1877, and was one of the most interesting figures at the Twelfth Congress held in Rome in 1899. He was a Knight of the Crown of Italy, of St. Gregory the Great, and of the Literary and Scientific Order of St. James of Portugal, etc. One of his daughters is a graduate of medicine of the University of Bombay, and lately obtained a diploma of *perfezionamento* in bacteriology in Florence. The second is a B.A. of Bombay. A son is a student of medicine at Owens College. The loss of Dr. da Cunha is deeply felt in Bombay both in medical and in literary circles, where his knowledge of five European and six Oriental languages, besides Latin and Sanskrit, added to his charm of manner, made him a conspicuous and interesting figure.

We regret to announce that Dr. MAX SCHÄFER, of Bremen, a distinguished specialist in diseases of the throat and nose, recently lost his life while mountaineering in the Alps. Both he and his guide fell into a crevasse. From notes made by Dr. Schäfer in his diary, which was found with the bodies, it appears that the guide was seriously injured by the fall, and

that Dr. Schäfer made a strenuous effort to escape by cutting steps up the ice wall, but fell and broke his foot. After this accident he appears to have calmly awaited death, which was no doubt due to cold.

WE regret to announce the death of Professor JOHANN KJELDAHL, Director of the Chemical and Physiological Laboratory at Alt-Karlsberg, near Copenhagen, who was seized with cramp while trying to save the life of a drowning child, and fell a victim to his courageous philanthropy. Professor Kjeldahl's name is well known to scientific men from the method for the detection of nitrogen which goes by his name.

DEATHS IN THE PROFESSION ABROAD.—Among members of the medical profession in foreign countries who have recently died are: Dr. Pierre Lebrun, head of the Ophthalmic Institute of Brabant, where he succeeded Warlomont; Dr. Porson, a leading practitioner of Nantes, one of the founders and a past President of the Union of Medical Syndicates of France, aged 53; Dr. Franz Michl, Professor of Surgery in the University of Prague, aged 50; Professor Wagner, of Königshütte, Upper Silesia, Secretary of the German Surgical Society; Dr. Jankulow, of Philippsburg, some time President of the Bulgarian Sobranje; and Dr. Manuel Isidro Osio, a leading ophthalmologist of Madrid.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

THE UNDERMANNING OF THE ARMY MEDICAL SERVICE.

THE following is the distribution of the active list of the Army Medical Service and Royal Army Medical Corps for September, 1900, according to the monthly Army List:

Distribution in the September Army List, 1900.

Ranks.	Home	South Africa	Other Foreign Stations.	Not Posted	Total	Remarks: Seconded.
Surgeon-Generals ..	5	1	4	—	10	—
Colonels ..	7	9	11	—	27	3
Lieutenant-Colonels...	22	41	63	1	127	4
Majors ..	23	185	160	—	368	3
Captains ..	15	74	104	—	193	6
Lieutenants ..	44	116	24	2	186	3
Total ...	116	426	366	3	911	19

The total strength is the same as for August, but the distribution has slightly varied; there are (including the Guards) 12 more medical officers at home, 5 fewer in South Africa and 5 fewer at other foreign stations, while the non-posted are 3 against 5. There are also 4 retired pay and 6 Militia Medical Staff Corps officers in South Africa. About 117 retired pay medical officers and 16 retired quartermasters are employed. There is no return of the number of Volunteer medical officers and civil surgeons serving in South Africa.

THE OUTBREAK IN CHINA.

DESPATCHES from Admiral Seymour, dated June 27th, have been published detailing the operations of the force under his command which attempted the relief of the Legations at Peking. Admiral Seymour gives full particulars of the operations undertaken and of the composition of the force, which consisted of several nationalities. He speaks with unstinted praise of the conduct of all, both officers and men, British and foreign, who participated. From his report we learn that the medical officers R.N. were Fleet-Surgeon Thomas M. Sibbald, whose death we had to record last week; Surgeon Edward B. Pickthorn, of H.M.S. *Centurion*, and Surgeon Eric D. Macnamara, B.A., of H.M.S. *Endymion*.

Captain McCalla, who commanded the officers and men of the United States ship *Newark*, who took part in the march under Admiral Seymour, reports to his Government the

The death rate was 6.20 per cent., 48 deaths were due to general paralysis; pulmonary diseases caused 58 deaths, and one-half of these were due to pulmonary phthisis. There are at present in the colony 6 hospitals for the insane, 3 licensed houses, a hospital for the criminal insane, and a reception house; the total accommodation thus provided being for 3,911 patients, but these various institutions have been overcrowded to the extent of 87 patients. The necessity for a new hospital at Orange has again been strongly urged to provide the accommodation for the yearly increase in the number of patients. It is proposed to take advantage of this new hospital, which will be situated in an admirable climate for phthisical patients, to provide special wards for male and female cases of tuberculosis. The average weekly cost per patient was 11s. 1d.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

EXAMINATION IN SANITARY SCIENCE.—Part I of the Examination in Sanitary Science will commence on Tuesday, October 2nd, and will be continued on the two following days. Part II will commence on Tuesday, October 9th, and will be continued on October 10th and 11th.

UNIVERSITY OF DURHAM.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE.—The following candidates have satisfied the examiners:

Chemistry with Chemical Physics (Old Regulations).—E. A. Clayton, L.R.C.P. & S., Edinburgh School of Medicine; J. S. Hall, M.R.C.S., L.R.C.P., St. Thomas's Hospital; J. Sandison, M.R.C.S., L.R.C.P., London Hospital.

Elementary Anatomy and Biology, Chemistry, and Physics.—Honours—First-class: T. W. Maddison, College of Medicine, Newcastle-upon-Tyne. Honours—Second-class: S. Robson, College of Medicine, Newcastle-upon-Tyne; A. L. Sheppard, College of Medicine, Newcastle-upon-Tyne. Pass List: G. N. Biggs, St. Thomas's Hospital; H. M. Braithwaite, College of Medicine, Newcastle-upon-Tyne; W. E. Falconer, College of Medicine, Newcastle-upon-Tyne, J. Galloway, College of Medicine, Newcastle-upon-Tyne; N. H. Hume, College of Medicine, Newcastle-upon-Tyne; J. H. Lewars, College of Medicine, Newcastle-upon-Tyne; A. V. Maybury, Guy's Hospital; E. Martin, College of Medicine, Newcastle-upon-Tyne; D. M. Ross, University of New Zealand; W. E. Stevenson, College of Medicine, Newcastle-upon-Tyne; S. G. Webb, College of Medicine, Newcastle-upon-Tyne; J. L. Wilson, M.A., College of Medicine, Newcastle-upon-Tyne.

Chemistry and Physics.—F. D. Atkins, St. Thomas's Hospital; L. A. H. Bulkeley, College of Medicine, Newcastle-upon-Tyne; A. Budd, College of Medicine, Newcastle-upon-Tyne; E. H. Barrett, M.R.C.S., L.R.C.P., St. Mary's Hospital; H. Cristal, College of Medicine, Newcastle-upon-Tyne; H. B. Cunningham, College of Medicine, Newcastle-upon-Tyne; F. T. H. Davies, Mason College, Birmingham; H. E. Featherstone, College of Medicine, Newcastle-upon-Tyne; A. J. Gilbertson, College of Medicine, Newcastle-upon-Tyne; A. H. Hogg, College of Medicine, Newcastle-upon-Tyne; G. E. Lloyd, College of Medicine, Newcastle-upon-Tyne; C. F. F. McDowell, College of Medicine, Newcastle-upon-Tyne; Mary Raw, College of Medicine, Newcastle-upon-Tyne; L. M. Rosten, St. Bartholomew's Hospital; Olga Schiele, London School of Medicine for Women; F. J. Strachan, College of Medicine, Newcastle-upon-Tyne; W. T. Sewell, College of Medicine, Newcastle-upon-Tyne; W. L. Tindle, College of Medicine, Newcastle-upon-Tyne; R. Le G. Worlsey, M.R.C.S., L.P.C.P., L.S.A., St. George's Hospital.

Elementary Anatomy and Biology.—C. C. Lavington, College of Medicine, Newcastle-upon-Tyne; W. Seymour, College of Medicine, Newcastle-upon-Tyne; W. F. Wilson, College of Medicine, Newcastle-upon-Tyne; E. Young, St. Mary's Hospital.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,888 births and 4,375 deaths were registered during the week ending Saturday last, September 8th. The annual rate of mortality in these towns, which had been 10.5, 10.8, and 21.7 per 1,000 in the three preceding weeks, declined again to 19.6 last week. The rates in the several towns ranged from 10.1 in Derby, 12.4 in Halifax, 12.7 in Bradford, and 13.3 in Blackburn, to 29.9 in Sheffield, 26.4 in Leicester, 26.8 in Preston, and 35.6 in Hull. In the thirty-two provincial towns the mean death-rate was 20.7 per 1,000, and exceeded by 2.7 the rate recorded in London, which was 18.0 per 1,000. The zymotic death-rate in the thirty-three towns averaged 5.1 per 1,000; in London this death-rate was equal to 4.0 per 1,000, while it averaged 5.9 in the thirty-two provincial towns, among which the highest zymotic death-rates were 9.3 in Wolverhampton, 9.4 in Burnley, 13.1 in Leicester, and 17.5 in Hull. Measles caused a death-rate of 1.0 in Oldham; scarlet fever of 1.4 in Oldham; whooping-cough of 1.3 in Preston, 1.4 in Derby and in Gateshead, and 1.8 in West Ham; "fever" of 1.9 in Portsmouth; and diarrhoea of 6.7 in Brighton, in Bolton, and in Manchester, 8.0 in Burnley, 8.1 in Wolverhampton, 9.0 in Leicester, and 15.5 in Hull. The 63 deaths from diphtheria in the thirty-three towns included 19 in London, 13 in Leicester, 8 in Sheffield, 4 in Bristol, and 4 in Manchester. No fatal case of small-pox was registered last week either in London or in any of the thirty-two large provincial towns; and only 3 small-pox patients were under treatment in the Metropolitan Asylum Hospitals on Saturday last, September 8th. The number of scarlet fever patients in these

hospitals and in the London Fever Hospital, which had declined from 1,838 to 1,702 at the end of the four preceding weeks, had risen again to 1,736 on Saturday last; 213 new cases were admitted during the week, against 157, 140, and 176 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, September 8th, 900 births and 540 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 17.0 and 17.6 per 1,000 in the two preceding weeks, further declined to 17.5 last week, and was 2.1 per 1,000 below the mean-rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 14.6 in Paisley and 15.1 in Edinburgh, to 21.9 in Aberdeen and 23.2 in Greenock. The zymotic death-rate in these towns averaged 2.7 per 1,000, the highest rates being recorded in Aberdeen and Greenock. The 256 deaths registered in Glasgow included 3 from measles, 3 from scarlet fever, 2 from diphtheria, 11 from whooping cough, 2 from "fever" (including 1 from bubonic plague), and 17 from diarrhoea. Two deaths from measles and 9 from diarrhoea were recorded in Edinburgh. Six deaths from diarrhoea occurred in Dundee; 3 from whooping cough and 6 from diarrhoea in Aberdeen; and 5 from whooping-cough in Greenock.

APPOINTMENT OF A LADY LOCUM TENENS FOR A DISPENSARY DOCTOR.

DR. ARTHUR WIGLESWORTH (Liverpool) writes: I should be very sorry to think that the congratulations that you have offered in the BRITISH MEDICAL JOURNAL of September 8th to the Poor-law Guardians of Cookstown and to Dr. Bell on the appointment of Miss Crawford as his *locum tenens* were endorsed by the profession at large. Apart altogether from the very open question whether the introduction of the feminine element into the ranks of the profession is necessary, wise, or politic, I believe that hitherto all public appointments that have been conferred on female practitioners have been of such a nature that allowed the recipients of the various charities the option of choosing between male and female practitioners for the purpose of being treated (except, of course, hospitals for women); but in this case I apprehend there is no choice whatever given to the poor of that district, but they will either have to consult Miss Crawford or suffer their complaints in silence until the return of Dr. Bell. So long as the option of choice remained to these poor people I apprehend there would not be much cause for complaint, but to force the poor to bring their complaints before a female practitioner is a moral wrong of no mean order. I have found amongst the poor as great a delicacy of feeling as amongst the higher grades of society, and an equal aversion to discuss certain complaints, even in the presence of a nurse; and to compel such to consult a female practitioner concerning, for instance, renal or rectal affections, to undergo an inspection for bubo or haemorrhoids, or to have to submit to the passing of a catheter, or the hundred and one similar things that fall to the lot of a dispensary surgeon, is an outrage on the first principles of morality. So long as a female practitioner confines herself to the treatment of her own sex many persons would not object, and if one of the opposite sex should seek her advice she could consult her own feelings whether she would acquiesce in giving it; but to force this attendance upon those who, from innate feelings of true modesty, object thereto, is a retrograde and not a "progressive step," and the *ipso dictu* of the JOURNAL on this point will not, I venture to say, be endorsed by the major portion of the subscribers thereto.

EXAMINATION OF LUNATICS UNDER THE SCOTTISH POOR LAW.

DEMENTIA writes: Parish A. has two parish medical officers. If the certification of a lunatic is required, be he pauper or otherwise, is there any legal right by which these two parish medical officers should be called in to certify the lunacy to the exclusion of another member of the profession who may be in attendance on the case? In the event of there being no legal right what would you advise us to do? We have applied to the inspector of poor here, but all that we can get out of him is that it is customary.

** As the inspector of poor is charged with the duty of intervening in cases of insanity under the Lunacy Acts, it is customary for him to refer the medical questions arising to the medical officers appointed by the local authority. Certainly there is no power to compel him to consult other medical practitioners.

SUCCESSFUL VACCINATION.

COUNTRY PRACTITIONER.—A case can be certified as successfully vaccinated if one good mark results from four punctures. It is quite true that a revaccination on the eighth day in cases vaccinated with glycerinated calf lymph where only one vesicle has resulted will generally be entirely without result.

LEPROSY IN LITHUANIA.—The Lithuanian Society for the repression of leprosy, as the report for 1899 shows, received during that year 24,928 and expended 49,787 roubles. The excess of expenditure over income is due chiefly to the erection and equipment of a new leper house with 120 beds, which was opened at Tarwast in October, 1899. In the four leper houses at Muhli, Nennal, Wenden, and Tarwast, there were at the beginning of the year 137 patients, as against 143 in the previous year. During the year 24 died, 20 discharged themselves, and 72 new cases were admitted. At the close of the year the total number of patients was 165. The four leper houses together provide accommodation for 280 cases.

MEDICAL NEWS.

PROFESSOR CARL GEGENBAUER, the distinguished Professor of Anatomy in the University of Heidelberg, has resigned his chair on the ground of his advanced age.

THE Middlesex Hospital has received a donation of one thousand guineas from Miss Wicksteed to endow a bed in perpetuity in the cancer ward for female patients.

NEW GERMAN PHARMACOPEIA.—The fourth revised edition of the German Pharmacopœia has just been published. It contains 628 articles, of which 26 are new, while 10 articles official in the third edition have been dropped in the fourth.

AT the Paris Exhibition two Grands Prix have been awarded to the Pasteur filter, one to M. Chamberland in the class of General Hygiene, and one to the manufacturers in the class of Military Hygiene.

GOAT'S SERUM IN LEPROSY.—It is stated that experiments are being made with goat's serum in the treatment of leprosy, at the Pasteur Institute at Hanoi, the capital of Tonkin. Two patients in whom this method of treatment has been employed are said to have benefited considerably.

A FALSE ALARM OF PLAGUE IN BERLIN.—Some alarm was lately caused by a report that a case of plague had occurred in Berlin. The patient was a servant in the Institute for Infectious Diseases, who on August 13th was found to be suffering from furuncular inflammation of the nose, which was at first suspected to be due to plague infection. The strictest precautions were at once taken to prevent any spread of the disease. The suspicion was afterwards clearly shown to be groundless, as the man had not been exposed to infection. All the "contacts" who had been kept under observation were therefore set at liberty.

THE LEAGUE OF MERCY.—Their Royal Highnesses the Prince and Princess of Wales, as Grand President and Lady Grand President of the League of Mercy, recently entertained the Presidents and Vice-Presidents (ladies and gentlemen) of the League at Marlborough House. The guests assembled in the garden and on the arrival of the Prince and Princess were presented to their Royal Highnesses. During the afternoon the Prince and Princess of Wales, in accordance with the statutes of the League, presented the Order of Mercy for services to the League, and also for services in connection with the London hospitals to the following: Sir Whittaker and Lady Ellis, Mr. E. A. Hambro, and Mrs. Herbert Allingham. Two more orders have been awarded, but the presentation of them was deferred owing to the unavoidable absence of the lady presidents (the Duchess of Westminster and Isabella Lady Lennard) to whom they were to have been given.

THE UNITED STATES ARMY MEDICAL ARRANGEMENTS FOR CHINA.—The American *Army and Navy Journal* for August 11th says that the Surgeon-General of the United States Army has ordered thirty-five hospital corps men from Fort Columbus and forty-one from Washington Barracks to San Francisco for service in China. It was intended that the transport *Warren*, which sailed on August 16th, should carry at least one hundred members of the hospital corps and several surgeons and assistant surgeons to join the army in China. At the present time there are two hundred hospital corps men in China, but it is deemed necessary, with the reinforcements being sent to General Chaffee, to also send an additional number of medical corps men and officers. The serious aspect recently assumed by the situation in China made it necessary greatly to increase the hospital corps of the army. At the present time this corps consists of 4,117 men, of whom over 2,000 are in the Philippines. Many additional contract surgeons have been employed for Chinese service, and large quantities of medicines have already been shipped to China. The medical corps is doing excellent work, says our contemporary, and will be well able to adequately handle the medical situation.

THE IMPERIAL SCHOOL OF MEDICINE AT CONSTANTINOPLE.—Drs. Haïreddine Pacha and Fuad Sureya Bey were some time ago asked by the Turkish Government to draw up a detailed

report indicating the reforms which should be introduced into the imperial faculty of civil medicine. By an imperial *Edict* issued in accordance with a decision of the Council of State, ten doctors of the Constantinople Faculty of Medicine have been appointed to serve for a year as assistants in the clinics and in the chemical laboratories. Two are to study specially medical pathology, two ophthalmology, two venereal diseases, one diseases of the ear, one surgical pathology, one obstetrics, and two chemistry. By the terms of an ordinance of the Sultan, a surgeon is to be engaged in Germany as Professor of Anatomy, and is to perform the operations in the clinic of the Imperial Faculty of Medicine.

MEDICAL SOCIETY OF JAPAN.—Eleven years ago, Dr. Senya Saito founded a medical society at Kyao, an ancient imperial residence of Japan, with 34,000 inhabitants. That society, of which he is President, now numbers 291 members. Its objects are to further the progress of humanity, and to improve the condition of the medical profession. The members give disinterested help to the Government and the authorities of the town on medical and hygienic questions. Thus last winter, thanks to their active intervention, they saved the town from the plague, and ten years ago they were instrumental in saving innumerable victims after the great earthquake. They meet every month for the discussion of professional questions, and they have a journal which is published monthly. There are in Japan two universities and five medical schools. There is in addition a kind of practical medical school under the auspices of the Government.

BEQUESTS.—The late Dr. Pierce Adolphus Simpson, Emeritus Professor of Forensic Medicine in the University of Glasgow, has directed his trustees to pay the following among other legacies for charitable purposes on the death of his wife: The Western Infirmary, £1,000; the Royal Infirmary of Glasgow, £1,000; the Victoria Hospital, Glasgow, £500; Sick Children's Hospital of Glasgow, £1,000; Higginbotham Home for Nurses in Glasgow, £1,000; Glasgow Eye Infirmary, £1,000; Glasgow Maternity Hospital, £500; Broomhill Home for Incurables, £500; Glasgow and West of Scotland Society for the Prevention of Cruelty to Animals, £500; Glasgow Charity Organisation Society, £500; Mission to the Outdoor Blind for Glasgow and the West of Scotland, £500; Scottish Branch of the National Society for the Prevention of Cruelty to Children, £500; Quarriers' Consumptive Home, £500; Quarriers' Homes for Children, £500; Royal Asylum for the Blind, £500; West of Scotland Convalescent Seaside Homes, Dunoon, £500; and Glasgow Convalescent Home, Lenzie, £500.

SMALL-POX IN THE UNITED STATES.—According to the *Medical News* the spread of small-pox continues throughout most of the States. Up to the present time there have been reported 3,346 cases of this disease, as compared with 805 cases reported during the same period of time in 1899. The increase is particularly notable in Alaska, Colorado, Indiana, Louisiana, Minnesota, Texas, North Carolina, and Ohio. These last two States show a marked increase. In North Carolina, from May 1st to June 30th, 440 cases were reported, as contrasted with 68 during the same period of 1899, while during the first six months of 1900 Ohio has reported 1,353 cases, contrasted with a total of 20 cases for 1899 during the corresponding months.

MEDICAL VACANCIES.

The following vacancies are announced:

AYLESBURY: ROYAL BUCKINGHAMSHIRE HOSPITAL.—Resident Surgeon; unmarried. Salary, £80 for the first year, increasing to £100, with board and furnished apartments. Applications to the Secretary by October 22nd.

BELGRAVE HOSPITAL FOR CHILDREN, Gloucester Street, S.W.—House-Surgeon. Appointment for six months. Board, residence, and £5 allowance. Applications to the Honorary Secretary by September 22nd.

BIRMINGHAM GENERAL DISPENSARY.—Resident Surgeon, unmarried. Salary, £150 per annum, with £30 allowance for cab hire and furnished rooms, etc. Applications to the Secretary by September 24th.

BIRMINGHAM GENERAL HOSPITAL.—House-Surgeon. Appointment for six months. No salary, but residence, board, and washing provided. Applications to the House Governor by September 29th.

BRADFORD ROYAL INFIRmary.—Dispensary Surgeon, unmarried. Salary, £100 per annum, with board and residence. Applications endorsed "Dispensary Surgeon" to the Secretary by September 18th.

BRIGHTON: ROYAL ALEXANDRA HOSPITAL FOR SICK CHILDREN.—House-Surgeon for twelve months. Salary £80, with board, lodging, and washing. No stipend. Applications to the Chairman of the Medical Committee, by September 28th.

BRISTOL GENERAL HOSPITAL.—House-Surgeon. Salary, £120 per annum, with board, residence, etc. Applications to the Secretary by September 20th.

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

