

four hours' cessation I judged further administration unnecessary. Still it seems remarkable in view of his reports that the patient, after the heroic doses given, responded throughout without suggestion to the calls of Nature, and was able so obviously to keep jealous watch, waking or sleeping, over the movements of his wife. The statement that "the full effect of the drug is not manifest for at least twenty-four hours after the last dose" is well borne out. With regard to this method being "a new departure in the treatment of acute mania," I would refer to Clouston,² when he says: "I have used the bromide alone in acute mania extensively and experimentally. In small doses it seems to have no effect. In very large and continuous doses, say a drachm every three hours, continued for many days, it will cause bromism and quiet the patient; but when its influence is over he becomes as bad as ever. I have never seen any medicine where the maniacal excitement and the physiological brain torpor of the drug seemed so visibly to fight for the mastery." It would appear from this that the same quantity of the drug per diem is more potent when given in larger doses at shorter intervals.

REFERENCES.

¹ BRITISH MEDICAL JOURNAL, January 20th, 1900. ² *Mental Diseases*, third edition, 1892, p. 171.

THE TREATMENT OF THE PAROXYSMAL STAGE OF WHOOPING-COUGH.

By JOHN EDWARD GODSON, M.R.C.S., L.R.C.P.LOND.
Manchester.

THE following drugs have been mentioned as of service in the treatment of this disease: Alum, antipyrin, acetanilide, belladonna, bromides, cannabis indica, carbolic acid, chloral hydrate, creosote, lobelia, opium and its derivatives, phenacetin, quinine, etc. This list, on account of its prodigality, is confusing to the novice, and appears to show that there is a considerable difference of opinion with regard to the correct treatment of pertussis. In the early months of the year I sent round a circular to a number of general practitioners in the hope of obtaining an answer to the following questions: Are all these drugs in actual use? Which drugs are considered to yield the best results? Which drugs are most frequently employed? An examination of the answers to this circular furnished the following conclusions: The list of drugs is considerably diminished. Those commonly employed and chiefly depended upon are antipyrin, belladonna, bromides, carbolic acid, creosote, and opium. While as accessory and occasionally useful drugs are mentioned chloral hydrate, quinine, butyl-chloral-hydrate, etc. The antispasmodics are always combined with expectorants, of which the alkalies are the greatest favourites. Inhalants appear to be in general use, the ones referred to being carbolic acid, creosote, bromoform, and chloroform. None of the other drugs in the first list have been employed by my correspondents. The relative popularity of the various drugs is as follows: Belladonna, 32 per cent.; carbolic acid, 28 per cent.; bromides, 20 per cent.; creosote, 12 per cent.; antipyrin, 6 per cent.; opium, as paregoric, 2 per cent. These results, while not pretending to be authoritative or exhaustive, are interesting as coming from a good representative group of general practitioners.

None of the answers I received were enthusiastic except from those who had used creosote. This remedy was strongly praised. It appears to have little effect when given internally, and must be used as a vapour. The results obtained are far more satisfactory when the inhalation is continuous than when it is intermittent. The simplest and best method is to sprinkle the drug on a cloth, and hang the cloth in the nursery or sick room to dry. In this way a highly-impregnated air can be constantly supplied to the patient. Many other methods can be employed, but none are so satisfactory as this. The inhalation appears to be free from danger except where the chest is full of moist sounds, in which case its effect should be carefully watched.

The method of treatment I have found most satisfactory is the following: Commence at once with the continuous inhalation of creosote. Clear the lungs of bronchitis as much as possible before using any special internal antispasmodic remedies. In broncho-pneumonia, however, belladonna appears at once to do good. In all cases, if or when the chest is

fairly clear, and the circulation good, antipyrin may be given in suitable doses. Expectorants should be combined with the antipyrin. Good air, warm clothing, light, and wholesome food are necessary in all cases. I have followed these rules for the last six years, and am quite satisfied with the results. The average length of time required for cure in a variety of cases last year was 19.8 days, but these figures in no way represent the benefit derived from the creosote treatment. In every case the diminution in the numbers of paroxysms was so immediate that the patients willingly put up with the inconvenience of the smell of the drug for the sake of its manifest advantage. This in itself is a sufficient testimonial to the remedy to warrant its more extensive employment.

MEMORANDA:

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

ABDOMINAL WOUND INFLICTED BY A RHINOCEROS.

On March 11th I received a telegram asking me to see a man who had been severely wounded by a rhinoceros about eighteen miles away. I was unable to get to the spot until about 11 P.M., the accident having occurred about twelve hours previously. The patient was a Soudanese orderly belonging to the Uganda Rifles. He was a man of about 40 years of age. After the injury had been inflicted, he had to walk about 2½ miles to get into camp. Everything in the way of examination and treatment had to be done in a bush tent, by the aid of the light from a couple of hurricane lamps, and without any experienced assistant. The abdominal wound was in the left inguinal region, occupying the anterior abdominal wall for a length of about 6 inches, about 2 inches above, and almost parallel to Poupart's ligament. Protruding beyond the wound, and resting on the adjacent parietes, were several knuckles of gut, all bloodstained, and looking very ragged. The visceral peritoneum was hanging in shreds but there was no perforation of the intestine visible.

I enlarged the original wound, so as to allow an examination of the gut above and below the protruded portion, and also to give a freer access to the abdominal cavity. The intestine thus brought into view appeared quite normal. Doubtless the injected appearance of the external knuckles was largely due to the severe constriction they were subjected to by the edges of the wound interfering with the venous return. I thoroughly cleansed the protruding gut, as well as the adjacent portions. The abdominal cavity, as far as I was able to make out, did not show signs of extravasation into it. I next carefully loosened the parietal peritoneum from the subjacent transversalis fascia, the delicate layer of extraperitoneal fat rendering this comparatively easy.

The protruded knuckles were now carefully returned, and the parietal peritoneum of either side was brought together by sutures, the muscles were brought together by another set of sutures, and the skin and superficial fascia of either side were drawn together by a third line of sutures. The wound was dressed antiseptically, and I placed a firm pad over it, to resist as far as possible the pressure of the internal viscera on this weakened spot. On the buttock of the same side there was a deep wound, evidently inflicted by the second horn of the infuriated beast. This was dressed and a dose of opium administered. Unless any alarming symptoms should supervene, I asked his commanding officer to have him carried to the station in forty-eight hours, and by train to Makindu Hospital, where I could have him directly under my care.

In two days the patient came to hospital appearing to be in very good spirits. There was no pyrexia. The abdominal wound was healing perfectly; the action of the bowels was regular, and there was no pain over the wounded region. Progress from this time onwards was very rapid, the patient being discharged on March 21st, eleven days after the accident.

I would have kept him longer, but he appeared at the door of my hut on the morning of March 21st whilst I was at breakfast, and expressed a wish to return to his duties. Before leaving I got a rough tuss made with a large pad to rest on

the line of the original wound, and told him most emphatically to wear it daily for a long time, which precaution I hope will prevent the formation of a ventral hernia.

E. WYNSTONE WATERS,
Assistant Medical Officer to the Uganda Railway.
Mombasa, British East Africa.

A CASE OF SCARLATINA PEMPHIGOIDES.

SOME months ago I was called to see a female child, aged 6, who was suffering from an attack of scarlatina of an apparently mild form. At the end of six days the fever had abated, and the patient was apparently convalescent. On the seventh day from the appearance of the typical rash the skin became covered with vesicles and the temperature rose again to 103° to 104° F.; this rise of temperature was accompanied by symptoms of arthritis in the knee-joints, elbow-joints, and wrist-joints. After three or four days the vesicles became merged together and pustular.

Under treatment by salicylate of soda the arthritis subsided, but the temperature remained high, ranging from 101° to 102°, and continued above normal for a period of ten days, during which time there was a free discharge of pus from the coalesced pustules. Although antiseptic dressings were carefully applied it was four weeks from the appearance of the vesicular rash before suppuration had ceased and the patient was able to leave her bed.

From this time the child made an uneventful recovery. The pustules had extended all over the trunk, limbs, face, and scalp, and so large was the crop that it suggested a complication of small-pox. However, there was no umbilication, nor was there any pitting after recovery, with the exception of two or three places on the face which had been scratched by the child. There was no albumen present in the urine, nor were any of the serous membranes affected. The mother and brother of the child had just recovered from scarlatina when she was attacked.

Sir Samuel Wilks in his lectures writes: "Last year I saw two cases where so large a crop of vesicles came out on the forearms that it suggested to the medical men a complication of small-pox." I do not, however, find any mention of a case where the vesicles were distributed all over the body and went on to the pustular stage with such profuse suppuration as in the case recorded. It appears to me that this might have been a case of varicella in some way exaggerated by the scarlatina virus, and thus took on such a severe type. I have seen isolated varicella vesicles go on to the pustular stage owing to some interference with their normal course. As the period of incubation of varicella is at times extended to 16 or even 18 days the child may have been exposed to infection before the onset of scarlatina.

Selby. ARTHUR SOMERS, M.B., B Ch., B.A.O. Univ. Dub.

A CASE OF PERFORATING GASTRIC ULCER.

ON June 3rd, about 1.30 P.M., I received an urgent message to visit Mrs. O., aged 48, who had been taken seriously ill. I found that she had been suffering from chronic dyspepsia for some years, but had received no medical advice, although during the last week the symptoms of pain and discomfort after food had been much increased. About 12.30 P.M. she was suddenly seized with agonising pain in the stomach, with retching, but no vomiting, as she had taken no food since the previous evening. I found her in a state of extreme collapse, covered with a cold clammy sweat, and almost pulseless. Her face was drawn, and she was suffering intense pain. She had been given a little brandy, which increased the pain. On examination, I found great tenderness to the left of the epigastrium, in the left iliac region, and across the hypogastrium. There was no clavicular pain. The hepatic dullness was not diminished. Her breathing was almost entirely thoracic. The abdomen was slightly tympanitic.

From the history of the case, the sudden onset of the acute symptoms, and the extreme collapse, a diagnosis of perforating gastric ulcer was fairly evident. The surroundings of the patient precluded operative measures, and as she was too ill to bear removal to hospital, I ordered hot applications to the abdomen, and gave her $\frac{1}{2}$ gr. of morphine hypodermically. When I saw her again in the evening she had somewhat rallied, and the pain was not nearly so severe. The pulse was

a little stronger, and the body surface had recovered its warmth.

Early on Monday morning I was again called, and found the patient dying with all the symptoms of acute peritonitis. She was in a collapsed condition, though her temperature was 101° F., and the end came at 7 A.M., eighteen hours and a half after she was first taken ill.

Tiverton, Devon.

G. MICHELMORE, M.R.C.S., L.S.A.

FOREIGN BODY TWENTY-FIVE YEARS IN THE EXTERNAL AUDITORY MEATUS.

J. M., aged 35, was sent to me by Dr. Reid. He stated that 25 years ago he had put a piece of slate pencil into his right ear, and that it had since remained in. I admitted him to the Royal City of Dublin Hospital. He was very deaf, and both ears were packed with dense masses of cerumen. After syringing for some time the mass of cerumen in the right ear was softened, and a hard substance was felt embedded in it. I could seize it with a forceps, but it would not come, so it was moved about as much as possible inside the ear, and the cerumen further softened with oil, and next day, when the ear was being syringed, a piece of slate pencil, three-quarters of an inch long, came out; it was sharply pointed at one end, and had got jammed sideways in the meatus, where it lay for 25 years, causing no pain, but considerable deafness from the accumulation of cerumen. The membrana tympani was thickened and rough on the surface, but not unduly vascular, and after inflation by Politzer's method the hearing in the right ear was improved to whisper at 2 metres and C. V. at > 5 metres.

The above is a good instance of how long a foreign body may remain in the external auditory meatus without producing any serious inflammatory reaction.

ARTHUR H. BENSON, F.R.C.S.,
Ophthalmic and Aural Surgeon to the Royal City of
Dublin Hospital; Surgeon to St. Mark's
Ophthalmic Hospital.

WASP STING OF THE TONGUE.

ON the evening of September 7th a boy, aged 13, was brought to me who had been stung by a wasp on the under surface of the tip of the tongue twenty-five minutes previously. He was in great pain and salivating profusely. I found the tongue greatly swollen, hard, tender, and rounded in shape. The frænum was tightly stretched, and the tongue protruded nearly an inch beyond the teeth. A quarter of an hour later the organ had become still more swollen and quite immobile. Any attempt at movement produced pain in the floor of the mouth and in the neck. In the meantime the saliva ran away in astonishing quantities. The submaxillary glands were swollen and tender, and the widely-distended lingual ducts could be seen pouring out their secretion.

Thinking operative interference by no means a remote possibility, I kept the boy under observation for an hour and a half, by which time some movement had returned and the organ had become less tense. The salivation continued throughout the night, but the swelling rapidly subsided.

There is little doubt that had the insect flown far enough into the mouth to sting the soft palate the boy's life would have been in danger in a very few moments. The enormous activity of the salivary glands was the chief feature of the case. As pain seemed the severest symptom requiring treatment the tongue and mucous membrane of the mouth were brushed with a strong solution of carbolic acid, with the greatest relief to the sufferer. I saw no remote toxic symptoms; the pallor and faintness I attributed to fright.

Little Sutton, Chester.

HERBERT W. NOTT.

POISONING BY STRYCHNINE: RECOVERY.

A RECRUIT of the R.A.M.C. at Netley, disappointed that he had not been sent to South Africa, took one ounce of the liquor strych. hydrochlor. B.P. This solution was kept in the operating theatre to be used should there be untoward symptoms during chloroform anaesthesia, and the man was employed in the theatre. He had eaten a hearty dinner rather more than half an hour previously. An hour after swallowing the solution, symptoms came on. He called for assistance, and was at once given an emetic of mustard and

water. The spasms shortly became very severe, and chloroform was administered. During the administration vomiting set in with spasm of the glottis. He became asphyxiated, and as breathing stopped, and he was apparently dying, tracheotomy was performed. His condition at once improved, and the chloroform anaesthesia was continued. His stomach was then emptied by the stomach pump, and washed out with a solution of permanganate of potash (1 in 1,000). On recovery from the anaesthesia violent convulsions supervened; these were treated by the administration of chloroform, off and on, by relays of the young surgeons undergoing instruction here, for a period of fifteen hours. About eight ounces of chloroform were used altogether. During the next two days he was in a state of continual unrest owing to choreiform movements of his hands and feet. The tracheotomy tube was removed in twenty-four hours, and the wound closed, healing taking place by first intention. The subsequent progress of the case towards recovery was uneventful.

The following notes have been collected for me by Major Birt, R.A.M.C.:

The patient's weight was 118 lbs. or 43.5 kilogrammes, and the amount of the salt he swallowed was 4½ gr. or 284 milligrammes, which equals 5.29 milligrammes per kilogramme of body weight. Wynter Blyth considers that man is probably as susceptible to the action of the poison as cats or dogs. The lethal dose for the former is 0.75 milligramme per kilogramme of body weight injected subcutaneously. He adduces an instance in man where a dose of 0.24 milligramme per kilogramme taken by the mouth proved fatal. On the other hand death has been averted after 7 to 9 grs. have been swallowed, and Dixon Mann, in his *Forensic Medicine*, refers to 3 cases which survived after swallowing 20 grs. He also instances a case in which death had been caused by ½ gr. in twenty minutes.

WILLIAM DICK, Major R.A.M.C.,
Assistant Professor of Military Surgery,
Royal Victoria Hospital, Netley.

REPORTS

ON

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

GREENWICH UNION INFIRMARY.

CASE OF ULCERATIVE ENDOCARDITIS TERMINATING FATALLY BY RUPTURE OF THE HEART.

(Reported by W. DENISON WIGGINS, M.R.C.S., L.R.C.P., Senior Assistant Medical Officer to the Infirmary.)

A MAN, aged 56, was admitted to the Infirmary on November 2nd, 1899, suffering from pneumonia. He had always had good health till five days before admission, when he had "cold shivers," and was obliged to remain in bed. He suffered from thirst, dyspnoea, and cough with blood-stained expectoration, but no pain. On admission his pulse was small, but regular in force and frequency. His tongue was dry and brown. Examination of his chest showed all the signs of acute lobar pneumonia, limited to the right lower lobe. There were red crepitations, and the sputum was rusty. The temperature, which was 101° F. on admission, fell during the night to normal; it seemed, therefore, that the crisis had occurred. The superficial cardiac dulness was increased both to the right and the left, while the apex beat was diffuse and feeble, being most marked in the vertical nipple line; the normal heart sounds were feeble, and no abnormal *bruit* was detected, from which it was concluded that the pneumonia was complicated by dilatation of the heart. A specimen of urine examined at the time of the crisis had a specific gravity of 1008; was acid, and contained a trace of albumen. On the second night after admission the temperature rose to 102° F., and fell again to normal in the morning; it maintained this suppurative type till the end. On November 8th he was delirious, and his condition generally worse. The physical signs remained much the same; the consolidation in the lung did not appear to be clearing up; the bronchial breathing and moist sounds were still present. On November 19th he

became worse rather suddenly. The breathing became more embarrassed, and he was unconscious. The pulse could not be detected, and the heart sounds also seemed to have disappeared; while there was an increase in the superficial cardiac dulness. He lived in this state for three days, the temperature before death rising above 105° F.

Post-mortem examination showed that the right lower lobe of the lung was consolidated, and was reddish in colour. On opening the pericardium the sac was found to be full of blood clot and serum of recent origin. The pericardium, both of the sac and the heart, was much roughened and thickened by a recent deposit of lymph. The heart was large and flabby, both ventricles being dilated. The site of the hæmorrhage was just at the base of the aorta to the left of the pulmonary artery. The rupture communicated with the interior of the heart at the base of the left aortic semilunar valve. Two of these valves were found to be covered with a considerable deposit of fibrin, the deeper parts of which were beginning to break down. The deposit was limited to the ventricular aspect of the valves, and appeared to occlude the aortic orifice. The aorta was covered with numerous patches of atheroma, and at one spot there was an ulcer. No infarcts were found. The liver, spleen, and kidneys were all slightly cirrhotic.

REMARKS.—This case appears remarkable for two reasons, that ulcerative endocarditis should perforate the heart, and that life should have continued for three days subsequent to the perforation. The sudden change in the patient's condition and the appearance of the pericardium bear out the latter statement. It would appear that the atheromatous valves became ulcerated after pneumonia, and that the ulceration perforated the heart, causing an effusion of blood into the pericardium. (The specimen of the heart can be seen in the Museum of the Royal College of Surgeons.)

LIVERPOOL ROYAL INFIRMARY.

CASE OF CARCINOMA OF THE UPPER JAW TREATED BY INJECTIONS (1) OF YEAST CULTURE, (2) COLEY'S FLUID.

(Under the care of Mr. F. T. PAUL, Surgeon to the Infirmary.)

[Reported by J. H. WATSON, M.R.C.S., L.R.C.P.,
late House-Surgeon.]

THE patient, a male, J.M., was admitted on June, 1898, under the care of Mr. Paul (who has kindly permitted me to publish the case). At this time he complained of intense pain in his right eye, around which there was some fulness, the eyeball also being protruded.

An operation was undertaken by Mr. Paul. The orbit was found to be full of new growth which was cleaned out entirely, the eyeball being removed at the same time; unfortunately it was observed that this was only a process of a more extensive growth in the upper jaw which had to be left at this operation as circumstances did not permit its removal. The patient soon recovered from the effects of the operation and went home. Microscopic examination of the growth showed it to be a glandular carcinoma. In October he returned, the growth now bulging on the right half of his face. Removal being out of the question, injections of a culture of yeast, kindly supplied by Mr. Manders, were made into the subcutaneous tissues of the intrascapular region on the following dates:—

	Quantity.	Temperature of patient.	Result.
November 11th ...	10 c.cm.	102	Febrile symptoms.
" 18th ...	"	104	Rigor.
" 27th ...	"	100	Febrile symptoms.
December 6th ...	"	103	" "

The injections were followed by a rise of temperature, coming on in about three hours; the temperature reached its highest point at the sixth hour and regained the normal in about twelve hours. During this period (November 11th to December 8th) the patient had been taking ½ ounce of brewer's yeast daily in stout, but it was very evident that the tumour was increasing, so this treatment was abandoned.

THE SANITARY INSPECTORS' EXAMINATION BOARD.

The next examination for certificates of qualification for appointment of sanitary inspector or inspector of nuisances, under Section CVIII (2) (d) of the Public Health (London) Act, 1891, will be held in London on Tuesday, January 15th, 1901, and the four following days. Particulars will be forwarded on application to the Honorary Secretary, William R. E. Coles, 1, Adelaide Buildings, London Bridge, E.C.

DIPHTHERIA AND THE COLCHESTER SCHOOL BOARD.

The School Board of Colchester has unanimously passed a resolution requesting the Town Council to call into consultation an expert from the Local Government Board to inquire into the sanitary condition of Old Heath, to assist in discovering the cause of repeated outbreaks of diphtheria that have occurred in that village, and to help in stopping the present epidemic of the disease. It is alleged that there is some reluctance on the part of the local sanitary authorities to use the diphtheria antitoxin in the Borough Hospital for Infectious Disease. It is understood that an inspection is to be arranged.

TYPHOID FEVER AT PONTLOTTYN.

The *South Wales Daily News* has entered on a crusade against what it styles the "indifference" of the Gelligaer and Rhigos District Council. Enterica has broken out within the area under its supervision, and by giving publicity to the prevalent insanitary conditions, and the insufficient hygienic precautions adopted in that area, it is to be hoped that that Council will be brought to recognise its responsibilities. Pontlottyn is a hamlet supplied with water by the Rhymney Iron Company. According to the report of Dr. Williams, the County Medical Officer, this water, which is used for all domestic purposes, runs serious risk of pollution, and it seems probable that such pollution has occurred. Some 55 cases of typhoid fever had been notified in Pontlottyn down to October 22nd, and the epidemic showed no signs of abating. The sanitary conditions of the hamlets of Pontlottyn, Penygraig, and elsewhere in the neighbourhood, are, according to our contemporary, wretched and defective in the extreme—no provision for drainage in many cases, houses worn out and unfit for habitation, filthy closets, and the like, and with it all insufficient and unsuitable hospital accommodation, and no means of disinfection. The Rhymney Iron Company gave the notice that after October 10th the water would be unfiltered, and "should be boiled before using." The inhabitants are poor and badly educated, with no knowledge of hygiene, either personal or public, and the District Council having control over the public health of such a community incurs, therefore, a weighty responsibility. Certain steps have been taken by the Council, which include the provision of an ambulance and the insertion of an advertisement for an assistant sanitary inspector for twelve months at a salary of 35s. a week. But many of the other recommendations of the medical officer have been ignored. If this policy of drift is pursued for much longer, the epidemic will spread and serious loss of life will be incurred.

PRECAUTIONS AGAINST PLAGUE IN IRELAND.

The members of the Public Health Committee of the Urban District Council of Newry were recently summoned to meet Dr. Clibborn, the Medical Inspector of the Local Government Board, relative to the question of bubonic plague. Dr. Clibborn pointed out that the port of Newry extended from St. John Point to Cooley Point, and that it had seven sanitary authorities. He considered that the town of Newry was far more interested in preventing the ingress of plague into the port than any of the other six sanitary authorities, and that the Council should apply to the Local Government Board to constitute them the port sanitary authority. They should then make provisions against the plague, one of the most important of which was the establishment of an intercepting hospital in which patients could be kept and suspects prevented from coming into the town, or indeed so far as the quay. Recommendations in regard to both particulars were adopted.

HEALTH OF IRISH TOWNS.

The summary of the weekly returns of births and deaths in Dublin and in twenty-two of principal urban districts in Ireland for the quarter ending September 20th, 1900, shows the total number of births in the Dublin registration area to have been 2,677, which is equal to an annual rate of 30.6 per 1,000. In the city proper the birth-rate was 24.2 per 1,000, while in the suburban districts it was only 22.3 per 1,000. For the same period in London the annual birth-rate was 28.6 per 1,000, in Glasgow 32.5, in Edinburgh 26.5, and in Belfast 30.7.

The annual death-rate for the quarter was, in the Dublin registration area, 23.4 per 1,000, including 66 persons admitted from outside the area. This is slightly below the average (23.7) for the corresponding quarter of the previous ten years. In London the rate was 17.8 per 1,000, Glasgow 18.9, Edinburgh 16.9, Belfast 18.9, Londonderry 20.1, Galway 28.1, Sligo 14.0, Newtownards 12.0, and Carrickfergus 12.6.

The zymotic death-rate in Dublin was 3.4, Belfast 2.9, Ballymena 4.8, and Queenstown 6.6, and for the twenty-three districts, 2. Phthisis caused 73 registered deaths in the twenty-three districts, Dublin having 315, Belfast 240, Cork 52, and Londonderry 21. The deaths from phthisis in Dublin were 35 above the average for the corresponding quarter of the previous ten years, and were distributed in the following way: Professional and independent class 3, middle class 44, artisan and petty shopkeepers 80, general service class 111, inmates of workhouses 77.

HOSPITAL AND DISPENSARY MANAGEMENT.

THE ROYAL ASYLUM, PERTH.

The seventy-third annual report of this institution shows that 48 patients were admitted. Of these, 37 were admitted for the first time, 8 were returned to the asylum as relapsed cases after having been discharged recovered, and 3 were sent back as unsuitable for private care; 4 were transferred from other asylums. The average age of the patients

admitted was 41.2 years. In 23 of 45 cases the cause of insanity was found to be hereditary predisposition, while 8 belonged to families of "neurotic tendencies," and in 4 the male parents were alcoholics; 6 patients had suffered from severe attacks of influenza a short time previous to admission; 11 were suffering from the effects of alcoholism; and 5 of them were "voluntary boarders." The recovery-rate for the year is low, standing at only 27.08, which is considerably below the average for this asylum. It was due to the unfavourable nature of the cases admitted during the last two years. The death-rate stands at 8.63, calculated upon the average number resident, which was 127.72. Dr. Urquhart reports the general health of the asylum to have been good excepting for an epidemic of influenza in the spring. In concluding his report he emphasises his opinion that the remedy for the large number of lunatics under care throughout the country lies in prevention rather than cure. Hereditary defect, he states, is the first cause of the great mass of insanity, and faulty environment, wrong methods of education, and the wear and tear of modern conditions of life complete the ruin.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

Benefaction.—Mr. W. W. Astor has contributed to the University Benefaction Fund, for the erection and maintenance of the new buildings which are so urgently required, the munificent sum of £10,000.

Appointments.—Mr. J. J. Lister, F.R.S., of St. John's College, has been reappointed Demonstrator of Comparative Anatomy; and Dr. Haddon, F.R.S., has been appointed University Lecturer in Ethnology. A Lectureship in Experimental Physics in connection with the Cavendish Laboratory, with a stipend of £50 a year, has become vacant by the resignation of Mr. Wilberforce, lately appointed Professor of University College, Liverpool. Candidates are invited to send applications and testimonials to the Vice-Chancellor by Saturday, November 3rd.

Degrees.—At the Congregation on October 25th the following medical and surgical degrees were conferred:—M.D.: Anstruther Carden Rendle, B.A., of Christ's College. M.B. and B.C.: Eustace Talbot, M.A., of Trinity College; George Henry Hunt, M.A., of Clare College.

Deprivation of Degrees.—The power to deprive of their degrees persons who have been convicted of crimes for which sentence of imprisonment has been passed is one recently conferred on the University by statute, and it has already been exercised in the case of graduates formerly on the *Medical Register*. The power is, however, not limited to the case of medical graduates, and on October 25th it was used to deprive a convicted person of his degrees in Arts and Law.

VICTORIA UNIVERSITY.

At Owens College on October 25th a meeting of Convocation at Victoria University was held under the presidency of Professor Lamb.

Representatives on the Court.—Dr. J. Gray Clegg, Mr. Worthington, and Mr. A. Ernest Steinthal were elected representatives of Convocation in place of Mr. A. J. King, Mr. A. H. Worthington (whose term of office had expired), and the late Professor D. J. Leech.

Exercises for the Degree of M.D.—Dr. J. Gray Clegg moved that it was desirable that the statutes relating to the degree of doctor of medicine should be amended in such a manner that it would be optional for a candidate to present a thesis or pass an examination. He said that while an examination was a test of a man's general knowledge and was therefore most valuable to the general practitioner, a thesis, which was the test of a specialist, entailed much trouble and unreasonable expense. The proposal was opposed on the ground that the M.D. degree was conferred for special research. After considerable discussion the following amendment was accepted: "That in view of the fact that so few of the bachelors of medicine proceed to the degree of M.D., the Committee be asked to consider whether any alteration is desirable in the regulations and statutes relating to the degree of M.D., and to report to Convocation."

ROYAL COLLEGE OF PHYSICIANS.

An ordinary comitia was held on Thursday, October 25th, Dr. F. W. Pavy, F.R.S., Pro-President, in the chair.

Prizes.

The Pro-President announced that the Jenks Memorial Scholarship (1900) had been awarded to Mr. Alfred George Sworne; and that Staff-Surgeon Jas. M. Rogers, R.N., F.R.C.S., and Surgeon Oswald Rees, R.N., M.D., had been appointed Blane Medallists for the year. The following has been selected as the subject of the Weber-Parkes prize essay for 1901: The Channels of Infection in Tuberculosis, together with the Conditions, Original or Acquired, which render the Different Tissues Vulnerable.

Admission of Members.

The following gentlemen, having passed the required examination, were admitted Members of the College: Henry Russell Andrews, M.D. Lond., L.R.C.P.; Wm. Francis Victor Bonney, M.D. Lond., L.R.C.P.; Frederick William Collinson, M.D. Edin.; Karl Joseph Fürth, M.D. Freiburg, L.R.C.P.; Shapurji Hormasji Modi, L.R.C.P.; John Lloyd Roberts, B.A., M.D. Lond., L.R.C.P.

Licences.

Licences to practise Physic were granted to 112 gentlemen. Of these 17 were under regulations dated October 1st, 1884, and 1 under old regulations before October, 1884.

Communications Received.

The following communications were received and ordered to be entered upon the minutes:

1. The Secretary of State for War, thanking the College for their advice with regard to the investigation of the cause of dysentery among armies in the field, and announcing the appointment as Commissioners of Mr. William J. Simpson, M.D., F.R.C.P., Colonel J. Lane Nottter, M.D., lately

Professor of Military Hygiene, Army Medical School, Netley, and Major David Bruce, M.D., R.A.M.C.

2. The President of the College of Surgeons, thanking the President and Fellows for their address of congratulation on the occasion of the Centenary Commemoration at his College.

3. The Secretary of the College of Surgeons, reporting certain proceedings of their Council on July 25th and October 11th.

International Congresses.

Reports were received from the Pro-President upon the International Congress on Medicine, and from Dr. Corfield upon the International Congress on Hygiene and Demography, held at Paris in August last, and the thanks of the College were accorded to Dr. Pavy and to Dr. Corfield for the manner in which they had represented the College on these occasions.

Conjoint Committees.

Dr. Norman Moore was re-elected as a member of the Committee of Management. Dr. Sidney Martin was re-elected a member of the Laboratories Committee. A report from the Committee of Management dated October 8th, was received and adopted. The Committee recommend that the following institution, which has been visited by a member of the Committee and reported on favourably, be added to the list of institutions recognised by the Examining Board in England for instruction in chemistry, physics, and practical chemistry: Intermediate County School, Towyn, Merionethshire.

A Report from the Laboratories Committee dated October 5th was also received and adopted. *Goldsmiths' Company Research Grant.*—The Committee have awarded the further sum of £50 to Mr. W. Popplewell Bloxam from the Goldsmiths' Research Grant as a recognition of his chemical investigations into the methods of the separation of diphtherial antitoxins.

Work of the Bacteriological Department.—(1) The Superintendent of the Bacteriological Department reports that during the last four months 9,125 doses of diphtheria antitoxin, each containing 3,000 units, have been supplied to the hospitals of the Metropolitan Asylums Board, making a total of 27,375,000 units. (2) Under the grant from the Goldsmiths' Company 200 doses of antitoxin containing 3,000 units, and 420 doses of 2,000 units have been supplied to the General and Children's Hospitals in or near London since June 8th last. (3) During the quarter further batches of antitoxin supplied by Messrs. Parke, Davis, and Co. have been tested in the laboratory, and a certificate granted showing its strength, sterility, and freedom from excess of antiseptic.

Library.—A list of the books presented to the library during the past quarter was presented by the Librarian, and the thanks of the College accorded to the donors.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The concession granted by the Council for the Primary Fellowship for Licentiates of the College in recognition of the Royal visit to Ireland has been extended to July 31st, 1901, in the case of Licentiates of the College engaged in the present war or resident abroad.

MEDICAL NEWS.

It is reported that dysentery is rife among the British troops at Tientsin.

CHOLERA is reported to prevail at the present time in Japan, and in Afghanistan, at Cabul and other places.

It is stated that a laboratory of clinical medicine is to be established in Philadelphia in memory of the late Dr. J. M. Da Costa.

A **HEBREW** infant, aged 15 days, is reported to have recently died at Philadelphia from hæmorrhage caused by the rite of circumcision.

YELLOW FEVER.—One hundred and thirteen new cases of yellow fever occurred in Havana during the first twelve days of October. The death-rate is said to be 25.68 per cent. The disease is reported to be epidemic at Vera Cruz and other ports on the coast of Mexico.

SYPHILIS IN ALASKA.—According to a paper read before the Californian Academy of Medicine by Mr. W. Gilbert Hay (*Occidental Medical Times*, September, 1900), many Alaskan Indians suffer from syphilis. The form is in many cases severe owing probably to want of effective treatment. He suggests that some of the statements which have been made as to the prevalence of tuberculosis among these Indians may have been due to an error of diagnosis, although the domestic habits of these people are such as would conduce to the dissemination of tuberculosis if the infection were present. Civilisation, he says, has taught them to build the semblance of an American house. It has one room in which five or more people squat until it is imperative to go out fishing; all the windows are nailed down, a fire is going nearly all the time, mostly in a small American stove, and the atmosphere is, of course, stifling.

BOSCOMBE HOSPITAL NEW BUILDINGS.—On Tuesday, November 6th, the new buildings of this hospital, which is in future to be known as the Royal Boscombe and West Hants Hospital, are to be formally opened by Lady Will. The Queen having graciously consented to allow one of the new wards to be named after her, it will be called the Empress Victoria Ward.

PORT SANITARY AUTHORITY FOR DUBLIN.—The newly-constituted Port Sanitary Authority for Dublin, which is composed of representatives of Dublin City, the North Dublin Union, and Kingstown, Clontarf, and Pembroke Urban District Councils met on October 30th, and resolved to appoint a medical officer of health at a salary of £50 a year, but to postpone the appointment of the other officers who may be appointed (clerk, assistant medical officers, and sanitary sub-officers) until the medical officer shall have had experience of the work to be done. It is expected that the Medical Superintendent Officer of Health for the city will be elected.

THE IMMUNITIES AND PROCLIVITIES OF THE ARAB RACES.—At a recent meeting of the Société de Biologie in Paris M. Remling called attention to the immunity of the Arab to typhoid fever and other diseases of the digestive tract, and his susceptibility in regard to pneumonia, phthisis, and other affections of the respiratory organs. He attributed these peculiarities to the fact that the Arabs were accustomed from infancy to drink contaminated water, and that they had thereby undergone a kind of immunisation relative to enteric fever and kindred diseases. On the other hand, from always breathing the pure air of the deserts their lungs were particularly liable to suffer from atmospheric impurities.

ELECTROCUTION.—A description of the great Sing Sing Convict Prison of New York by Mr. E. Francis Jones, M.R.C.S., L.R.C.P., which has recently appeared in the *Northampton Herald*, contains a somewhat gruesome account of the arrangements for the electrocution of criminals. The floor and walls of the well-lighted electric chamber are of pitch pine. The only furniture it contains are three small stools and the criminal's chair, which is said to be very comfortable. There are stocks and straps for fastening the murderer to the chair. His head rests on a padded block at the back of the chair between which and the back of the head a metal plate forming the negative pole is interposed. Another metal plate forming the positive pole is attached to the calf of the right leg. An electrical machine is contained in a small wooden chamber behind the chair. When the switch is turned on the criminal instantly dies. A necropsy compartment is attached to the electrocution chamber.

THE METROPOLITAN ASYLUMS BOARD.—During the fortnight ending on Thursday, October 18th, 1,141 persons suffering from fever were admitted to the hospitals of the Metropolitan Asylums Board, and on that date the total number remaining under treatment was 4,058, an increase of 419 in the fortnight. In addition, 30 enteric fever patients had been admitted to general hospitals on the Board's application during the fortnight. The General Purposes Committee has informed the Poplar and Stepney Sick Asylum District Board that the Board is of opinion that the question as to whether accommodation for the open-air treatment of consumption should or should not be provided is one that should be determined by the several metropolitan Boards of Guardians. A discussion upon the question as to whether adult patients at Darenth Asylum should be removed from the schools to the asylum, with a view of admitting into the schools some of the many imbecile children awaiting admission, has been adjourned until the next meeting of the Board.

MEDICAL VACANCIES.

The following vacancies are announced:

BIRKENHEAD AND WIRRAL CHILDREN'S HOSPITAL.—House-Surgeon. Salary, £150 per annum, with board, residence, and laundry. Applications to Mr. E. H. Tilby, Hon. Secretary, 52, Gosvenor Road, Birkenhead, by November 19th.

BIRMINGHAM AND MIDLAND HOSPITAL FOR SKIN AND URINARY DISEASES.—Clinical Assistant. Applications to the Secretary of the Medical Committee, John Bright Street, Birmingham, by December 3rd.

BODMIN: CORNWALL COUNTY ASYLUM.—Junior Assistant Medical Officer. Salary, £120, rising to £150 per annum, with board, furnished apartments, etc. Applications to the Medical Superintendent.

BRIGHTON: SUSSEX COUNTY HOSPITAL.—(1) Resident Pathologist. Salary, £70 per annum. (2) Assistant House-Surgeon. Salary, £60 per annum. Board and residence provided in each case. Applications to the Secretary.

CANTERBURY: KENT AND CANTERBURY HOSPITAL.—Assistant House-Surgeon, unmarried. Salary, £50 a year, with board and lodging. Applications to the Secretary by November 24th.

CARDIFF INFIRMARY.—Assistant House-Surgeon. Appointment for six months, but renewable. Salary, at the rate of £75 per annum, with board, washing, and apartments. Applications, endorsed "Assistant House-Surgeon," to the Secretary by November 25th.

DEVONPORT: ROYAL ALBERT HOSPITAL.—Assistant House-Surgeon. Appointment for six months. Salary at the rate of £40 per annum. Applications to the "Chairman of Medical Committee" by November 8th.

DOWN DISTRICT ASYLUM, Downpatrick.—Assistant Medical Officer. Not more than 33 years of age, and unmarried. Salary, £150, increasing to £200, with furnished apartments, board, washing, and attendance. Applications to the Resident Medical Superintendent by November 7th.

DUBLIN: ROYAL HOSPITAL FOR INCURABLES, Donnybrook.—Resident Medical Officer. Salary, £80 per annum, with board and furnished apartments. Applications to the Registrar by November 5th.

DUDLEY: GUEST HOSPITAL.—Assistant House-Surgeon. Appointment for six months. Salary at the rate of £40 per annum, with residence, board, and washing. Applications to the Secretary by November 8th.

DUNDEE ROYAL LUNATIC ASYLUM.—Medical Assistant. Applications to the Secretary, Mr. E. C. Walker, 5, Whitehall Street, Dundee.

EDINBURGH: ROYAL COLLEGE OF SURGEONS.—Conservator of the Museum. Salary, £105 per annum. Applications to Mr. J. Robertson, Clerk of the College, 54, George Square, Edinburgh, by December 1st.

FRENCH HOSPITAL, London.—Resident Medical Officer, unmarried, and must speak French. Salary, £80 per annum, with full board. Applications to the Secretary.

HEREFORDSHIRE RURAL DISTRICT COUNCILS.—Medical Officer of Health. Not less than 30 or more than 50 years of age. Salary, £530 per annum. Applications to the Clerk, Hereford, by November 9th.

HOSPITAL FOR DISEASES OF THE THROAT, Golden Square, W.—Four vacancies in the Office of Senior Clinical Assistant. Applications to the Secretary by November 7th.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—Ophthalmic Surgeon, must be F.R.C.S. Eng. Applications to the Secretary by November 20th.

JENNER INSTITUTE OF PREVENTIVE MEDICINE, Chelsea Gardens, S.W.—Assistant in the Department of Pathological Chemistry. Salary, £300. Applications to Dr. Allan Macfadyen by November 15th.

KENT COUNTY ASYLUM, Chatham, near Canterbury.—(1) Second Assistant Medical Officer, unmarried, and under 30 years of age. Salary commencing at £175 per annum. (2) Third Assistant Medical Officer. Salary, £125 per annum. Board, quarters, washing and attendance provided in each case. Applications to Dr. Fitzgerald, Medical Superintendent.

LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.—Resident Medical Officer. Salary, £200 per annum, with board, lodging, and washing. Applications to the Secretary by November 10th.

MORPETH: NORTHUMBRIAN COUNTY ASYLUM.—Assistant Medical Officer, unmarried, and not more than 30 years of age. Salary, £125 per annum, rising to £155 with board, lodging, and washing. Applications to the Medical Superintendent by November 14th.

NEWCASTLE-ON-TYNE DISPENSARY.—Visiting Medical Assistant. Salary, £160 for first year, and £180 afterwards. Applications, on forms provided, to be sent to the Hon. Sec., Mr. R. W. Slison, 13, Grey Street, Newcastle-on-Tyne, by November 17th.

OPORTO, PORTUGAL: BRITISH HOSPITAL.—Medical Officer. Salary, £150 per annum. Applications to Mr. E. Coverley, Treasurer, 55, Rua da Reboloira, Oporto.

PLYMOUTH: SOUTH DEVON AND EAST CORNWALL HOSPITAL.—Assistant House-Surgeon. Appointment for six months, but renewable. Salary at the rate of £50 per annum, with board and residence. Applications to the Hon. Secretary by November 8th.

SALFORD UNION.—Assistant Resident Medical Officer at the Union Infirmary, Hope, near Eccles. Salary, £130 per annum, with furnished apartments and attendance. Applications, endorsed "Assistant Medical Officer," to the Clerk to the Guardians, Union Offices, Eccles New Road, Salford, by November 6th.

SALISBURY INFIRMARY.—House-Physician, unmarried, and not exceeding 30 years of age. Salary, £75 per annum, with board, lodging, and washing. Applications to the Secretary by November 15th.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN, Marylebone Road, N.W.—Surgeon to the Out-Patient Department. Applications to the Secretary by December 5th.

SHEFFIELD: ROYAL INFIRMARY.—House-Physician. Salary, £100 per annum, with board, lodging, and washing. Applications to be addressed to the Medical Staff, care of the Secretary, by November 12th.

SOUTHPORT CONVALESCENT HOSPITAL AND SEA-BATHING INFIRMARY.—Resident Medical Officer, unmarried, and between 25 and 30 years of age. Salary, £150 per annum. Applications to the Chairman by November 12th.

STAUNTON-ON-WYE: JARVIS CHARITY.—Medical Officer. Salary, £150 per annum, with house, etc. Applications to the Correspondent, Jarvis Charity, Staunton-on-Wye, Hereford, before November 5th.

VICTORIA HOSPITAL FOR CHILDREN, Queen's Road, Chelsea.—House-Physician. Appointment for six months. Honorarium £25, with board and lodging. Applications to the Secretary by November 17th.

VIRGINIA WATER: HOLLOWAY SANATORIUM HOSPITAL FOR THE INSANE.—Junior Assistant Medical Officer. Salary, £150 per annum, rising to £200, with board, lodging, and washing. Applications to the Medical Superintendent by November 17th.

WATERFORD DISTRICT ASYLUM.—Assistant Medical Officer, unmarried, and not exceeding 30 years of age. Salary, £100 per annum, with furnished apartments, board, washing, and attendance. Applications to the Resident Medical Superintendent by November 9th.

WOLVERHAMPTON EYE INFIRMARY.—House-Surgeon. Salary, £70 per annum, with rooms, board, and washing. Applications to the Secretary by November 17th.

MEDICAL APPOINTMENTS.

AYMER, Charles, M.B. Aberd., C.M., appointed Surgeon and Agent, Calterline, Bervie and Johnshaven, near Aberdeen.

BATES, Allan Arthur, M.A., M.B. Oxon., appointed an Honorary Medical Referee to the Royal National Hospital for Consumption.

BROWN, H. C., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer for the Tipton West District of the Dudley Union, vice James Brown, M.R.C.S. Eng.

CAMPBELL, John, L.R.C.S., L.R.C.P. Ire., appointed Medical Officer to the Estates of the New London Borneo Tobacco Company, Kudat.

GRANNUM, W. B., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the East District of the Luton Union, vice D. E. McArthur, M.D. Edin., resigned.

GURSON, Charles Herbert, M.B., Ch.B. Glas., appointed Resident Surgeon to the North Cambridgeshire Hospital, Wisbech.

HAWORTH, James, M.B., Ch.B., appointed House-Surgeon to the Sunderland Infirmary.

HOBBS, G. C., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Hampstead Hospital.

JAQUES, Arthur S., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the East District of the Gateshead Union, vice A. Greig, M.B. Durh., resigned.

McKEE, F. C., B.A., M.B., B.Ch., B.A.O.R.U.I., appointed House-Physician in the Sunderland Infirmary.

MAPLETON, H. B., M.A. Oxon., M.D. Edin., appointed Medical Officer of Health for the Newton Abbott Rural District, vice W. Harvey, F.R.C.S. Eng.

MERRYWEATHER, S. H., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Tattershall District of the Horncastle Union, vice W. F. Simpson, M.B., C.M. Edin., resigned.

MOORHEAD, John, M.A., M.D., appointed Consulting Physician to the Royal Hospital, Weymouth.

NAISMITH, J. H., M.B. Glas., appointed District Medical Officer to the Weardale Union, vice W. Tiplady, L.R.C.P., L.R.C.S. Edin.

PLATT, J. E., M.S. Lond., F.R.C.S., appointed Assistant to the Professor of Surgery in the Owens College, Manchester.

STEVENSON, Roland A., L.R.C.P. Lond., M.R.C.S. Eng., appointed House-Physician at the Hospital for Consumption, Brompton, S.W.

THACKWELL, J. B., M.B. Edin., appointed District Medical Officer to the Wandsworth and Clapham Union, vice E. M. Wilkes, L.S.A., D.P.M.

THOSOGWOOD, John C., M.D. Lond., appointed Consulting Physician to the Royal National Hospital for Consumption at Ventnor.

WILL, Robert B., M.Sc. Vict., M.D. Lond., M.R.C.P., appointed Honorary Physician to the Cancer Pavilion and Home, Manchester, vice Dr. J. Leech.

WILLSON, Rivers, Ph.D., L.S.A. Lond., appointed Surgeon to the Oxford Medical Dispensary and Lying-in Charity, vice Charles Ballard, M.R.C.S., L.S.A., resigned.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C. 4 P.M.—Dr. J. Pringle: Consultation. (Skin.)

TUESDAY.

Hospital for Diseases of the Skin, 31, Stamford Street, Blackfriars, S.E. 5 P.M.—Dr. Phineas S. Abraham: On Eczema.

Royal College of Physicians of London, 5 P.M.—Dr. A. E. Garrod: The Bradshaw Lecture on the Urinary Pigments in their Pathological Aspects.

Pathological Society of London. Laboratories of the Royal Colleges of Physicians and Surgeons, 8 P.M.—Laboratory Meeting.—Dr. F. W. Pavy, R. L. Saut, and T. G. Brodie: Phloridzin Glycosuria. Dr. A. E. Russell and T. G. Brodie: On Cardiac Reflexes. Mr. Walter Edmunds: On the Results of Removal of the Thyroid in Dogs. Dr. W. D. Halliburton and F. W. Mott: The Chemistry of Nerve Degeneration. Drs. W. E. Dixon and T. G. Brodie: Further Experiments upon the Pulmonary Muscular Mechanisms. Mr. A. G. Crouch: The Action of Chloroform upon the Heart.

Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C. 4 P.M.—Dr. R. Bowles: Consultation. (Medical.)

WEDNESDAY.

Royal Institute of Public Health, Examination Hall, Victoria Embankment, W.C. 5 P.M.—Professor Calmette on Bubonic Plague, Harben Lecture 1.

London Throat Hospital, 204, Great Portland Street, W. 5 P.M.—Dr. Cathcart: Impaired Movements of Vocal Cord.

Obstetrical Society of London, 8 P.M.—Specimens will be shown by Dr. Giles, Mr. Noddes, and Dr. Hind's (introduced by Dr. Spencer), Mr. Bland-Sutton, and others. Papers: Dr. Croft: An Anomalous Case of Ectopic Pregnancy; probably Ovarian. Dr. Lewers: A Case of Repeated Ectopic Gestation in the same patient; Laparotomy on each occasion.

Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C. 5 P.M.—Dr. Christopher Childs: Clinical Lecture.

Hospital for Consumption and Diseases of the Chest, Brompton, S.W. 4 P.M.—Dr. Hector Mackenzie: On Hemoptysis.

THURSDAY.

Central London Throat, Nose, and Ear Hospital, 5 P.M.—Dr. Dundas Grant: Diagnosis of Diseases causing Hoarseness or other Disturbance of Voice.

Hospital for Sick Children, Great Ormond Street, W.C. 4 P.M.—Mr. Kellock: Demonstration of Selected Cases.

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

Opticometrical Society of the United Kingdom.—Patients and Card Specimens at 8 P.M. Chair at 8.30 P.M. Papers: Dr. W. E. Thompson: The Determination of the Influence of the Eyeball on the Growth of the Orbit by Experimental Enucleation of One Eye in Young Animals. Mr. Norman G. Bennett: Etiology of Lamellar Cataract. Dr. F. W. Eadidge-Green: Evolution of the Colour Sense.

British Gynaecological Society, 20, Hanover Square, W. 3 P.M.—Specimens will be shown by Dr. R. T. Smith, Dr. Macnaughton-Jones, and Mr. Charles Ryall. Paper: Mr. Rutherford Morrison: Some New Methods in Pelvic Operations in the Female.

Charing Cross Hospital. Post-Graduate Course, 4 P.M.—Dr. Green: Cases in the Wards.

FRIDAY.

Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C. 4 P.M.—Mr. Herbert Tilley: Consultation. (Nose and Throat.) 5.15 P.M.—Mr. P. J. Freyer: Some Practical Points in the Surgery of the Urinary Organs.

Clinical Society of London, 20, Hanover Square, W. 8.30 P.M.—Dr. Norman Dalton: The Sequel to a Case of Hydatid of the Liver, showing also the Result of Abdominal Section on Ascites. Dr. Stacey Wilson: On the

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 5s. 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.

MARTIN-ROW.—On October 24th, at "The Playdells," Warbleton, Sussex, the wife of C. Martin-Row, M.B.E.S., L.R.C.P., of a daughter.

RAW.—On October 21st, the wife of Nathan Raw, M.D., Liverpool, of a daughter.

MARRIAGES.

LYONS-NELSON.—October 27th, at St. Andrew's Church, Bombay, by the Rev. J. Henderson, M.A., Main Medical Service, to Miriam Isabel, younger daughter of the late W. B. Nelson, Fernville, Strandtown, co. Down.

SCOTT-JEFFREY.—At St. Enoch's Station Hotel, Glasgow, on October 29th, by the Rev. Robert Pollok, M.A., B.Sc., West U. P. Church, Irvine, Joseph Scott, M.B., C.M., Assistant Medical Superintendent, Government Indo-European Telegraph Department, Shiraz, Persia, to Sarah McKinnon, second daughter of Matthew Jeffrey, Irvine.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). Attendants.—Daily, 2. **Operations.**—Tu. W. F., 2.

CENTRAL LONDON OPHTHALMIC. Attendants.—Daily, 1. **Operations.**—Daily.

CENTRAL LONDON THROAT, NOSE, AND EAR. Attendants.—M. Tu. Th. S., 2; Tu. F., 5. **Operations.**—1 p., Tu. 2.30; o.p. F., 2.

CHARING CROSS. Attendants.—Medical and Surgical, daily, 1; Women, W., 1; S., 2.30; 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; Accidents, W., 9.45; Orthopedic, Th., 1. **Operations.**—W. Th. F., 3; S., 2.

CHESAIRE HOSPITAL FOR WOMEN. Attendants.—Daily, 1.30. **Operations.**—M. Tu. Th. F., 2.

CITY OPERATIONS. Attendants.—O.p., M. Tu. Th. F., 2. **Operations.**—M., 4.

EAST LONDON HOSPITAL FOR CHILDREN. Attendants.—M. Tu. Th. F., 2.

GREAT NORTHERN CENTRAL. Attendants.—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., 2.

GUY'S. Attendants.—Medical, 1 p., M. Tu. Th. F., 1.30; o.p., M. W. Th. F., 12; Surgical, 1 p., daily, 1.30; o.p., M. W. Th. F., 12; Obstetric, 1 p., M. Tu. Th. F., 1.30; o.p., Th. S., 12; Eye, 1 p., M. Tu. Th. F., 1.30; o.p., M. Tu. Th. F., 12; o.p., Ear, Tu. Th., 12; Skin, Tu. Th., 12; Throat, F., 12; Dental, daily, 9.30. **Operations.**—Tu. F., 1.30; (Ophthalmic), M., 1.30; Th., 2.

HOSPITAL FOR WOMEN, Boho. Attendants.—O.p., M., 9; Tu. W., 12; Th., 9; F. S., 12. **Operations.**—M. Th., 2; Th. S., 9.30.

KING'S COLLEGE. Attendants.—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. Attendants.—Medical, daily, 1 p., 2; o.p., 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, W., 9; Skin, Th., 9; Dental, M. Tu. Th. F., 9. **Operations.**—Daily, 2.

LONDON TEMPERANCE. Attendants.—Medical, 1 p., M., 2.30; Tu. F., 9.30; Th. 2.0; O.p., M. Tu. W. F., 1; Surgical, 1 p., M., 2; Th., 2; O.p., M. Th., 1.30. **Operations.**—Th., 4.

LONDON THROAT, Great Portland Street. Attendants.—Daily, 2; Tu. F., 6. **Operations.**—Daily, 9.30.

METROPOLITAN. Attendants.—Medical and Surgical, daily, 2; 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. Attendants.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., 1.30; o.p., M., 9; W., 1.30; Eye, Tu. Th., 9; Ear and Throat, Tu. F., 9; Skin, Tu., 4; Th., 9.30; Dental, M. F., 9.30; W., 9. **Operations.**—Daily, 1.30.

NATIONAL ORTHOPEDIC. Attendants.—M. Tu. Th. F., 2. **Operations.**—W., 10.

NEW HOSPITAL FOR WOMEN. Attendants.—Daily, 2; Ophthalmic, W. S., 9.30. **Operations.**—Tu. F., 9; Th., 2.

NORTH-WEST LONDON. Attendants.—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. Attendants.—M. S., 3; Tu. F., 9; W., 2.30; Th., 7.30. **Operations.**—Tu., 3.

ROYAL EYE, Southwark. Attendants.—Daily, 2. **Operations.**—Daily.

ROYAL FREE. Attendants.—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., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.

ROYAL LONDON OPHTHALMIC. Attendants.—Daily, 9. **Operations.**—Daily, 10.

ROYAL ORTHOPEDIC. Attendants.—Daily, 2. **Operations.**—O.p., M., 2; 1 p., Tu. Th., 2.30.

ROYAL WESTMINSTER OPHTHALMIC. Attendants.—Daily, 1. **Operations.**—Daily, 2.

ST. BARTHOLOMEW'S. Attendants.—Medical and Surgical, daily, 1.30; Obstetric, M. W. F., 2; o.p., W. S., 9; Eye, M. Tu. Th. F., 2; o.p., M. Th., 9; Ear, S., 2.30; Ear, Tu. F., 2; Skin, Tu., 9; Larynx, M. Th., 2; Orthopedic, Tu., 1.30; Dental, Tu. F., 2; Electrical, M. Tu. Th. F., 1.30. **Operations.**—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariotomy, W., 2.

ST. GEORGE'S. Attendants.—Medical and Surgical, daily, 1 p., 1; o.p., 12; Obstetric, 1 p., Tu. F., 1.45; 2.30; Eye, W. S., 1.30; Ear, W., 2.30; Skin, W., 2.45; Throat, F., 2; Dental, M. Tu. F., S., 12. **Operations.**—Daily, 1; Ophthalmic, W., 1; Dental, Th., 2.

ST. MARK'S. Attendants.—Fistula and Diseases of the Rectum, males, S., 2; females, W., 9.30. **Operations.**—Tu., 2.30; Th., 2.

ST. MARY'S. Attendants.—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., 2.50; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.

ST. PETER'S. Attendants.—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. **Operations.**—W. F., 2.

ST. THOMAS'S. Attendants.—1 p., Medical and Surgical, M. Tu. Th. F., 2; o.p., daily, 1.30; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu. F., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Th., 1.30; Children, W., 10.30; Electro-Therapeutics, Th., 2; Mental Diseases, Th., 10; Dental, Tu. F., 10; X-Rays, Tu. F., 2; Vaccination, W., 11.30. **Operations.**—Daily, 2; (Ophthalmic), Th., 2; (Gynecological), Th., 2; (Throat), M., 9.30; (Ear), Th., 9.30.

SAMARITAN FREE FOR WOMEN AND CHILDREN. Attendants.—Daily, 1.30. **Operations.**—Gynecological, M., 2; W., 2.30.

THROAT, Golden Square. Attendants.—Daily, 1.30; Tu. F., 6.30. **Operations.**—Daily, exc. M., 10.

UNIVERSITY COLLEGE. Attendants.—Medical and Surgical, daily, 1.30; Obstetrics, M. F., 1.30; Eye, M. W., 1.30; Ear, M. Th., 9; Skin, Tu. F., 2; Throat, M. Th., 9; Dental, Tu. F., 9.30. **Operations.**—Tu. W. Th., 2.

WEST LONDON. Attendants.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, M. Th., 2; Ear, Tu. F., 2; Orthopedic, W., 2; Diseases of Women, W. S., 2; Electric, M. Th., 3.15; Skin, Tu. F., 2; Throat and Nose, Tu. F., 2; S., 10. **Operations.**—Daily, about 2.30; F., 10.

WESTMINSTER. Attendants.—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. 2; notices 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 notices to be taken of their communications should authenticate them with their names; of course not necessarily for publication.

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

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

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

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Articulate, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

GENTIAN asks "Rosin" to kindly give particulars as to how and where the Canadian M.D. may be obtained by a M.R.C.S., L.R.C.P.

PHILOCTETES asks for the titles of the best book or paper on "referred pain" (in English). He is acquainted with Hilton's *Lectures*.

S. J. R. desires a comfortable home for an old nurse who requires the usual attention of an aged person. Fifteen shillings per week would be paid.

R. S. wishes to hear of books or pamphlets on the "light treatment" and the chemistry of the various rays.

* Articles on various aspects of this subject have been published in the BRITISH MEDICAL JOURNAL of September 30th, 1899, p. 825; May 5th, 1900, pp. 1082 and 1083; June 30th, 1900, p. 1595; July 7th, 1900, p. 33.

S. T. R. asks for the names of a few institutions, preferably on the south coast, where a joiner, aged 32, suffering from phthisis could be admitted either free or on payment of a reasonable fee, say, within £5. He has been an excellent workman, and the firm for whom he works is willing to help him and anxious about his recovery.

G. R. J. F. asks whether Harvey's *Anatomical Exercitation concerning the Generation of Living Creatures*, London, 1653, is of any value.

* This is the English translation, in 8vo, of Harvey's treatise on *Development*. The first edition was published by Pulleyn in London in 4to, and by L. Elzevir at Amsterdam in 24mo, in the year 1657. The English translation is interesting, but has no great money value.

DR. HERBERT HART, 101, Queen Victoria Street, E.C., is anxious to know of a comfortable home or institution for a girl, aged 15 years, who when young suffered from hydrocephalus. She has always been a dull child, and although not exactly an imbecile requires to be under careful management. Her father is willing to contribute 7s. 6d. per week towards her maintenance.

* Imbecile children are admitted from any part of the British dominions (as elected cases or on small payment) to the Earlwood Asylum. Further particulars can be obtained from the Secretary, Mr. Howard, 36, King William Street, London Bridge, E.C. Miss Dandy, Honorary Secretary to the Lancashire and Cheshire Association for the Permanent Care of the Feeble Minded, might be able to advise. Her address is 13, Clarence Road, Withington, Manchester. Homes are about to be established by this Association.

THE EXAMINATIONS OF THE UNIVERSITY OF LONDON.

PLONDER asks for the advice of others who have had experience under the following circumstances: He is a country practitioner; he has passed the Preliminary Scientific Examination at the University of London; he has not been at a medical school for ten years. He asks what chance he would have, after six months' reading and a month in a medical school before the examination, of passing the Intermediate Examination in Medicine.

TREATMENT OF FLATULENT DYSPEPSIA.

T. B. H. asks for advice in the treatment of an inveterate case of flatulent dyspepsia in a man aged 64, who is fairly healthy, but suffers from great distension after each meal. For four hours he is restless, and cannot lie down or even sit quietly. During this time constant eructations of flatus occur, but no regurgitation of food. There is no vomiting or actual pain, but he complains of soreness all over the abdomen. The bowels move once or twice daily with much flatus. Many remedies have been tried.

ISOLATION AFTER DIPHTHERIA.

C. H. G. writes: What length of time should be allowed before a patient having had diphtheria can mix with other people, or a boy return to a public school?

* Dr. E. W. Goodall, Medical Superintendent of the Eastern Fever Hospital, has been good enough, at our request, to send the following answer to the above question: In answer to "C. H. G.'s" inquiry I have to say that I allow adults to mix with other people in from four to five weeks from the commencement of the attack of diphtheria, but children (that is, patients under 16 years of age) I keep in isolation for six weeks. I should not, therefore, allow a boy to go back to school in less than that period. Of course all complications or sequelae must have cleared up.

If our correspondent is medical officer to a school we should strongly recommend him to get a copy of *A Code of Rules for the Prevention of Infectious and Contagious Diseases in Schools*, issued by the Medical Officers of Schools Association. London: J. and A. Churchill. 1s.

INCOME TAX AND SERVICE IN SOUTH AFRICA.

CHRISTIAN asks the following questions: (1) Whether a medical man who has been in South Africa from February to September, 1900, serving his country, but being senior civil surgeon in a private hospital, that is, one presented to the country, is obliged to pay income tax on such sum, as well as rations and quarters. His pay was made direct out there, and the money spent there; in fact, more money spent there than value of salary received. (2) If income tax in England ought to be paid on this sum; whether he can make deductions for kit and uniform, horse hire, etc., from such sum.

* The Income Tax Repayment Agency, of 6, Chichester Road, Paddington, to whom we have submitted the questions, replies as follows: