

ness commencing with headache, nausea, and sickness, pain in one side of the neck, and in by far the greater proportion the left side. Head turned towards painful side, and pain on moving or raising head from pillow. Temperature ranging from 100° F. in the milder to 105° F. in the more severe types. Pulse-rate high. Respirations quickened. The tongue varying from moist to dry and brown, according to the severity of the attack. Constipation was the rule, with pale stools. Convulsions ushered in the attack in two of the cases.

From 12 to 36 hours after the onset there appeared a distinct and definite swelling on the affected side of the neck, generally under the anterior edge of the sterno-mastoid muscle. In a few cases in the anterior triangle. On palpation the swelling proved to be a group of from three to five lymph glands, ranging in size from that of a pea to a walnut; very tender; separate, and quite movable. There was very little subcutaneous puffing around the glands, no redness of the skin over them, and no tendency to suppuration. In about one-third of the cases from the fifth to the seventh day the corresponding glands on the opposite side of the neck were similarly attacked, though much less severely, but always accompanied by an aggravation of the general symptoms.

In a few cases the posterior cervical glands were enlarged, and in three cases the inguinal glands. In a large proportion there was general tenderness over the abdomen, presumably due to an inflamed condition of the mesenteric glands, though none could be definitely palpated. In most of the cases the glandular swelling disappeared during the third week.

Except in the very mild types, there was well-marked increased hepatic dulness and tenderness. In a few cases there was tenderness over the spleen. In every case there was a peculiar deep purplish blush extending over the mucous membrane of the fauces, tonsil, and pharynx of the affected side, contrasting markedly with the healthy side. There was very little oedema of the mucous membrane, except in the worst cases, and in those the throat symptoms were more pronounced. Dysphagia was present in all, but more marked in some.

There was no evidence of any nasal discharge, though in a good many cases a nasal tone was developed towards the end of the first week. Slight deafness on the affected side was common, and in a few cases earache. In two cases acute otitis media occurred as a complication towards the end of the illness.

No special pulmonary symptoms were observed. Urine was highly coloured and apparently normal, except in two cases in which hæmorrhagic nephritis was developed as a complication.

About the end of the first week in most cases the previously existing constipation was replaced by diarrhoea, with slimy stools varying in colour from pale yellow to dark green, and very offensive. The onset of the diarrhoea seemed to mark a crisis, for in all the cases except those with complications there was a distinct improvement in the general condition of the patient. Nausea and sickness were specially prominent symptoms during the first stage, and in not a few cases persisted more or less during the whole illness.

Acute anæmia developed very rapidly, and in the worst cases was extreme. Convalescence in the majority started between the second and third week of the illness, was very protracted, even in the mild types, out of all proportion to the severity of the attack. There were no deaths.

So far as I am aware, the pathology of the disease is still unknown. That it is highly infectious—specially attacking the lymphatic glands—and is almost entirely confined to childhood, there can be no doubt. It has been suggested that the most likely centre of infection is the intestinal tract. The peculiarly disturbed condition of the mucous membrane of the fauces, tonsil, pharynx, and also in many of the cases that of the nasopharynx, Eustachian tube, and middle ear, and the very early inflamed state of the cervical glands seem to point to the throat as the most probable primary region of infection.

Sodium salicylate, with one or two calomel purges in the feverish stage, arsenic and iron during convalescence appeared to give good results. It would seem that an important element in the treatment is to maintain as thorough an antiseptic state of the mucous membrane of the throat and pharynx as possible. In a few of the earlier cases this precaution was

neglected, and it was in two of these that otitis media occurred. Either a spray of 1 in 5,000 mercuric perchloride or a swab of glycerine and carbolic acid was used to disinfect the throat. This had the effect of checking any further trouble in the middle ear.

MEMORANDA:

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

THE "HEPATIC ODOUR" IN ABSCESS OF THE LIVER.

In an interesting article on hepatic abscess, published in the BRITISH MEDICAL JOURNAL of September 1st, Mr. Johnson Smith gives a summary of the symptoms met with in cases of this disease, and truly remarks that the difficulties in diagnosis are considerable. There is one symptom which I have several times noted, but which I have never seen referred to by any writer, and that is "a strong hepatic odour from the patient."

No doubt this symptom would be most likely present only when there was an abscess of considerable size present, and therefore its value may not often be very great. Still in a patient who had suffered and had been treated for chronic diarrhoea of two months' standing, the presence of this smell guided me to suspect the liver, and as the temperature was subnormal and the liver very slightly enlarged, the medical attendant had not considered the liver at all affected. I tapped and afterwards evacuated the abscess, which was rather a large one. In hospitals so well ventilated and open as ours in Bombay it is very difficult to detect the odour, but I have done so and pointed it out to my colleagues and class. In a small, close room such as the poorer class natives inhabit it is often easy to at once perceive the odour, especially when the clothes are turned down for examination purposes. It would be interesting to me to know whether others have had a like experience.

W. K. HATCH, F.R.C.S.,
Lieutenant-Colonel I.M.S.
Bombay.

LAPAROTOMY FOR INTESTINAL OBSTRUCTION REPEATED WITHIN SEVEN MONTHS.

On April 21st, 1899, I received a telegram from Dr. Humphry, of Kurseong, near Darjeeling, asking me to go there prepared to operate on a case of intestinal obstruction. On arrival I found the patient, a young lady of 28, with all the symptoms of an advanced stage of obstruction, such as collapse, intense pain in the abdomen, which was distended, and constant retching. Assisted by Dr. Humphry and Dr. Seal, I opened the abdomen by the usual median incision, and found about 6 inches of the small intestine contracted to about the diameter of a lead pencil, the part above being greatly distended. No constricting band could be found. After pressing the contents of the upper part of the bowel through the constricted portion the incision was closed in three layers, and she made a good recovery. But about three months later she began to complain of abdominal pain, which felt, she said, as though "something was drawing the cicatrix backwards to the spine." I heard no more of her until November 5th, when Dr. Humphry telegraphed again under the same conditions as before, but as I could not go to Kurseong he brought the patient to me, and on November 6th I again opened the abdomen through the former cicatrix. I hoped the operation might have thrown some light on those abdominal pains of obscure origin which are not uncommon in the after-years of patients who have undergone abdominal section; but it did not do so; no bands or adhesions were found, and the condition of things was a precise reproduction of that found at the previous operation—namely, extreme contraction or collapse of a few inches of the small intestine. Again she made a quick recovery, and there has been no return of abdominal pain since the second operation. Of the anatomical cause of the obstruction nothing definite can be stated further than to say it was not due to either a band or an opening in the mesentery, nor did the constricted part of the intestine appear to lie in a retroperitoneal pouch. Hence one is almost driven to conclude

that obstruction may be caused by spasmodic contraction of the gut itself. The history of the first attack is suggestive, as it came on after an effort to carry upstairs a housekeeper who had supped not wisely but too well.

J. LEWTAS, M.D. Lond.,
Lieutenant-Colonel I.M.S.

Welbeck Street, W.

THE TREATMENT OF DIPHTHERIA BY IODINE.

It is now more than a quarter of a century since I began to treat this disease with iodine. I was led to do so by reading the report of some cases in the *Lancet* by Dr. Waring-Curran. During my professional career I have had a great number of cases to treat, and my faith in the curative power of iodine is very great, for since I adopted it my fatal cases have not numbered more than two. I regret that I have no record of the exact number of cases, but amongst them there have been severe and mild ones occurring in young and old.

On being called to a case I generally give a good dose of calomel. I paint the throat, tonsils, back of pharynx and uvula well with the tincture of iodine by means of a camel's hair brush or a swab of cotton wool, and I advise the repeated inhalation of the tincture of iodine in hot water—about one teaspoonful of the tincture in a quarter of a pint of hot water—for about five minutes at a time every half hour or so, or even in severe cases more frequently.

The good effect of this is soon seen by the quick arrest of the fœtor of the breath, and in a short time by the peeling off of the membrane. The inhalation must be well done; and I advise my patients to inhale through the nose and throat, by which means the vapour of the iodine is thoroughly carried through the nasal passages and throat to the lungs, etc.—a most important matter.

I saw a very severe case some short time ago late at night, and fortunately I had with me some tincture of iodine which I promptly applied without dilution to the back of the patient's throat, uvula, pharynx, and tonsils, and told him to inhale repeatedly the iodine vapour. The next day I went prepared to inject antidiphtheria serum, but I found him so much better that it was unnecessary to do so. The membrane had nearly all peeled off the parts attacked, and he expressed himself—to use his own words—"a different creature." I advised him to continue the inhalation, but not so frequently, and painted his throat again. He soon got well. In addition to this treatment, I always give quinine and the tincture of the perchloride of iron, brandy and port wine as required, with plenty of beef-tea and such things. I also sometimes give small doses of the tincture of iodine internally, but I do not often find this necessary, and volatilise on a hot shovel some grains of iodine for disinfection of the air in the room. I believe it is owing to the strong deodorising, antiseptic, and disinfectant properties of iodine that such good results accrue from its use.

I am one of those who entertain the belief that diphtheria commences in the throat, and that the general system is rapidly affected afterwards, thus necessitating the prompt application of treatment to the membranous exudations on the fauces, so as to prevent as much as possible the infection of the whole system.

Wroxham.

HUGH TAYLOR.

CASE OF BULLOUS URTICARIA.

On October 16th I was called to see Mrs. D., aged 35, who gave a history of having on the previous night eaten some cod-fish for supper. Almost immediately afterwards she complained of discomfort about the eyes and itching of the face. When I saw her she had developed a marked urticarial rash over the upper extremities, face, and upper part of the trunk. This was soon followed by the appearance of large bullæ on the lobes of both ears and on the wrists and forearms, simulating closely the effects of a scald. The eruption also severely affected the mouth and pharynx, so that she could scarcely swallow, and the lips were excoriated and covered with blood. The highest temperature reached was 103.6° F. There were innumerable small vesicles, which were distinctly seen to rise from the original urticarial wheals, so that there was no question of pemphigus. The itching was very great at first, giving way later to severe burning, and she could hardly bear the touch of the bedclothes. There was much cedema about the eyes, which discharged freely, and a quantity of offensive

matter came from the mouth. I can find the condition pictured in Hebra's *Atlas* only.

Hatcham, S.E.

SIDNEY H. CARR, M.D. Edin.

LIQUOR THYROIDEI IN HÆMOPHILIA.

In 1898¹ I reported a case of hæmophilia in a girl of 8 years of age who had had from infancy very extensive hæmorrhages every two or three weeks from the mucous membranes of the digestive tract. Iron, cod-liver oil, sulphuric acid, calcium, and arsenic all failed to have any effect, and I had ceased trying any drug when my attention was drawn to the fact that Delace had given thyroid in one case with success. I tried it in my case, giving 4 minims of liquor thyroidei three times a day, beginning on May 1st, 1900; there was a slight hæmorrhage a fortnight later, but none since. She continued taking the drug for six weeks; since then there has been no return of the bleeding, and the child looks far healthier and stronger than she ever did before. There seems little doubt that this good result is due to the thyroid treatment.

Bunbury.

C. ROYDS JONES.

APOMORPHINE AS A HYPNOTIC.

THE summary of Douglas's paper in *Merck's Archiv*, published in the EPITOME OF THE BRITISH MEDICAL JOURNAL for October 20th, par. 173, recalls an experience of the hypnotic properties of apomorphine which may perhaps be of interest.

Some little while ago I was called to see a middle-aged woman who, by her excitable and restless behaviour (due to alcohol) was causing no little inconvenience to those in her immediate neighbourhood. As a first step I deemed it would be advantageous if she and some of her unabsorbed alcohol could be made to part company. To this end I decided to administer apomorphine, declining the siphon from, I fear, not altogether disinterested motives. A hypodermic injection containing gr. ½ of this drug was accordingly given. The expected, however, did not occur. In about twenty minutes she was quietly sleeping, much to the relief of her friends and the surprise of her medical attendant.

The dose, it will be noticed, though smaller than usual, is yet double that mentioned in the paper referred to above, and its hypnotic effect in this case is rendered the more curious by reason of the fact that so far from aiding the ineffectual retching which was present, this latter was quelled by its exhibition.

Sheffield.

E. W. ADAMS.

A CASE OF COMPOUND DISLOCATION OF THE WRIST.

A YOUNG man in emptying a cart of coal was lifting up the front end of it, when the horse quickly plunged forwards, whereby the weight of the coal and the moving cart was thrown with great force upon the palm of the right hand; as the elbow was fixed on the shaft, a compound dislocation of the wrist resulted.

When I saw the case I found the lower ends of the radius and ulna partially denuded of periosteum projecting ½ inches into the palm of the hand. There was great hæmorrhage and considerable laceration of muscles and ligaments. The lower end of the radius and ulna were in fact stripped of all muscular and ligamentous attachments, and looked as if they had been scraped.

The parts were washed well with a strong solution of creolin and the dislocation reduced under chloroform. The lacerated and torn muscles, nerves and tendons were brought together with catgut and the skin sutured. Free drainage was provided for, and the parts well dusted with boric acid and dressed with carbolised gauze and the whole arm put into splints.

The parts healed by first intention, and at the end of three weeks massage and passive movement were regularly persevered in, with the happiest results—a perfectly movable joint with no deformity.

Newcastle-on-Tyne.

WM. TIPLADY, L.R.C.P.E.

¹ BRITISH MEDICAL JOURNAL, October 18th, 1898.

THE trustees of the Gesto Hospital, Edinbane, Isle of Skye, have appointed Dr. Alfred Charles Sandstein Resident Medical Officer. The Gesto Hospital is the only one of the kind in the Isle of Skye, and it ministers to a wide district.

lines, were appreciated to the full by his pupils at the Royal Academy of Arts.

As a surgeon, Anderson utilised his great anatomical knowledge, and showed a ready aptitude for the adoption of new ideas. He was one of the early surgeons to remove a renal calculus. He developed several individual lines: he was especially successful in the repair of deformities resulting from tuberculous lupus, and in the treatment of the various deformities of the digits. No operation, however big, disturbed his habitual quiet manner and imperturbability. An afternoon's operating that would have wearied out many a stronger man, left him smiling and prepared to enter his wards as if he had but just arrived at the hospital early in the afternoon. This, moreover, was an evidence of mental strength and self-control rather than of physical power.

This notice cannot be concluded without mention of Anderson's social characteristics. In his own house he ever made a pleasing and distinguished figure. His pleasant manners and genial smile, together with his delightful cordiality as a host, will not be forgotten by those who had the privilege of experiencing them. At St. Thomas's Anderson's death is very deeply felt by colleagues, pupils and nursing staff alike. By all he was beloved, by all he will be long missed, and his personality held in affectionate remembrance.

Mr. Anderson was twice married, first to Miss Margaret Hall, by whom he had two children, a son and daughter, and secondly, to Louisa, daughter of Mr. F. W. Tetley, of Leeds.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Gotthard Bülan, of Hamburg, whose name is well known in connection with the Heber system of drainage, and as author of contributions on the treatment of empyema and on typhoid fever, aged 65; Dr. Eugène Janssens, of Brussels, a leading hygienist, member of the Superior Council of Hygiene, and of the Belgian Royal Academy of Medicine, aged 69; and Dr. Laurence Turnbull, of Philadelphia, a well-known ophthalmologist, author of a work entitled *The Use of the Ophthalmoscope*, and of numerous other writings on diseases of the eye and ear, aged 79.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

MEDICAL REPORT OF THE UNITED STATES ARMY. SURGEON-GENERAL STERNBERG has recently issued his report on the United States Army Medical Service for the fiscal year ended June 30th, 1900.

The *Medical Department* consists at present of 192 officers, a number which barely sufficed for the needs of the army before the outbreak of the late war with Spain, and which proved inadequate in number, notwithstanding the earnest efforts of its members to form a satisfactory basis of organisation for the large increase made to the military forces during the progress of that war. Since the close of the war it has been impossible for the medical department, without professional assistance from civil life, to provide for the sanitary and medical work at the large number of new posts and stations that have been established at home for coast defence; in Cuba, Puerto Rico, and Hawaii for garrison duty, and for the military operations in the Philippine Islands. Excellent assistance has been obtained by contract with civil physicians, so far as concerns the professional care of the sick and wounded, but much experience is required to fit the medical men for the sanitary work of their position, and to familiarise them with army methods.

United States Volunteers.—At the end of the year there remained in service 34 surgeons with the rank of major, 11 of whom were captains in the regular establishment. On June 30th, 1900, there were 78 regimental surgeons and assistant surgeons in the service; 25 majors, 11 of whom were captains in the regular army; 27 assistant surgeons with the rank of captain, and 26 assistant surgeons with the rank of first lieutenant. In the service, 462 acting assistant surgeons are under contract.

Hospitals.—The number of hospital corps men in service on June 30th, 1900, was 167 hospital stewards, 381 acting hospital stewards, and 3,543 privates—a total of 4,091. The number of female nurses in the Army Nurse Corps has remained approximately constant during the year, there having been 187 in the service on July 1st, 1899, and 210 on June 30th, 1900; 165 contracts were made and 149 were annulled. The movement of troops to the Philippines has occasioned a corresponding movement of nurses, and 122 are there now, against 33 at the beginning of the year. The work of the nurses continues to be highly appreciated, and their services are in demand at almost all hospitals of importance. In addition to a number of new hospitals erected at different places, a general hospital or sanatorium for the treatment of officers and men of the army suffering from pulmonary tuberculosis has been established at Fort Bayard, New Mexico.

Sickness and Invaliding.—During the calendar year, 1899, there were 229,885 admissions to the sick report recorded in a mean strength of 105,546 regulars and volunteers. Of the admission-rate for the year 714 99

was constituted by malarial diseases, 380.69 by diarrhoeal diseases, and 192.48 by injury, of which 21.56 admissions per 1,000 men resulted from gunshot; typhoid fever contributed only 20.69 cases per 1,000 of strength. The death-rate from all causes was equal to a loss of 29.93 men per 1,000 of strength during the year, but only 11.80 of this was caused by disease. In the army, regulars and volunteers, during the calendar years 1898 and 1899, there were reported on the monthly reports of sick and wounded 347 cases of insanity, and 202 of these cases were committed to the Government Hospital for the Insane. Of the commitments 135 recovered in an average period of 3.9 months, 13 were improved, 6 died, and 49 remained unimproved. Of the 347 cases, 96 were reported on the monthly reports of troops serving in the Pacific Islands, and 32 of these were sent to the Government Hospital for the Insane. Of those committed 17 recovered in an average period of 3.6 months, 13 were improved, 2 died, and 11 remained not improved. The Surgeon-General says the exposures, fatigues, and excitements of a prolonged campaign are responsible for the large sick report and the relatively large death-rate among the troops in the Philippines. The latest reports received from the chief surgeon, division of the Philippines, dated August 15th, 1900, show a percentage of 8.47 sick for the command, which on that date had a strength of 60,554. Malarial fever, diarrhoea, and dysentery head the list in point of numbers.

ROYAL NAVY MEDICAL SERVICE.

FLEET-SURGEON (Retired) ALFRED G. DELMEGE, M.D., M.V.O., has been allowed to assume the rank of Deputy-Inspector-General of Hospitals and Fleets.

The following announcements, noticed in another column, appear in the *London Gazette* of November 6th: Fleet-Surgeon JAMES PORTER, M.A., M.B., to be Deputy-Inspector-General; Staff-Surgeon FREDERICK J. LILLY, to be Fleet-Surgeon; Surgeon ERNEST C. LOMAS, to be Staff-Surgeon, all dated October 21st.

The following appointments have been made at the Admiralty:—JOHN MCELWEE, M.D., Staff-Surgeon, to the *Pioneer*, November 15th; ARTHUR H. H. VIZARD, M.B., Surgeon, to the *Boscawen* for the *Agincourt*, November 15th; H. I. ROGERS, B.A., M.B., Surgeon, to the *Northampton*, November 15th; EDWARD C. CRIDLAND, M.B., Surgeon, to the *Royal Marine Depot*, Deal, October 31st; MONTAGUE H. KNAPP, Surgeon, to the *Wildfire*, October 31st; GEORGE F. WALES, Fleet-Surgeon, to the *Impregnable*, November 2nd; FREDERICK W. STERICKER, Staff-Surgeon, to the *Melampus*, November 2nd; EDWARD W. LUTHER, Fleet-Surgeon, to the *Hood*, additional, for Pembroke Dockyard, undated; JOSEPH H. WHELAN, M.D., Staff-Surgeon, and HENRY R. GARDNER, Surgeon, to the *Hood*, undated; JOHN K. RAYMOND, M.B., Surgeon, to the *Wildfire*, for the *Edinburgh*, undated; AUGUSTUS J. LAURIE, Surgeon, to the *Cambridge*, lent, November 6th; CHARLES S. FACEY, M.B., Surgeon, to the *Vivid*, November 6th; WALTER K. HOPKINS, Surgeon, to the *Wye*, November 6th.

ROYAL ARMY MEDICAL CORPS.

THE undermentioned Officers are granted the local rank of Colonel whilst Principal Medical Officers of Divisions in South Africa: Lieutenant-Colonel J. D. EDGE, M.D., October 21st, 1899; Lieutenant-Colonel W. DONOVAN, October 22nd, 1899; Lieutenant-Colonel R. W. MAPLETON, M.B., September 30th; Lieutenant-Colonel J. A. GORMLEY, M.D., January 2nd; Lieutenant-Colonel W. A. MAY, March 10th.

Lieutenant-Colonel W. B. ALLIN, M.B., is granted the local rank of Colonel whilst Principal Officer of a Division, and Principal Medical Officer of the Field Army, Natal, November 25th, 1899.

Lieutenant-Colonel W. L. GUBBINS, M.B., is granted the local rank of Colonel whilst Principal Medical Officer of a Division, and Principal Medical Officer at Pretoria, December 23rd, 1899.

The undermentioned Officers are granted the local rank of Colonel whilst in charge of General Hospitals in South Africa: Lieutenant-Colonel O. G. WOOD, M.D., October 12th, 1899; Lieutenant-Colonel J. C. DORMAN, M.B., November 20th, 1899; Lieutenant-Colonel J. F. WILLIAMSON, M.B., February 17th; Lieutenant-Colonel B. W. SOMERVILLE-LARGE, January 4th; Lieutenant-Colonel R. T. BEAMISH, February 5th; Lieutenant-Colonel J. G. MACNEECE, January 29th; Major W. T. SWAN, M.B., June 12th.

The undermentioned officers are granted the local rank of Surgeon-General whilst Principal Medical Officers, Lines of Communication, South Africa: Colonel W. H. MCNAMARA, M.D., C.B., April 17th; Colonel J. A. CLERY, M.B., May 1st.

Colonel J. F. SUPPLE is granted the local rank of Surgeon-General whilst Principal Medical Officer at the Base, Capetown, November 18th, 1899.

Colonel T. J. GALLWEY, M.D., C.B., is granted the local rank of Surgeon-General whilst Principal Medical Officer, Natal, November 15th, 1899.

The undermentioned officers are granted the local rank of Colonel whilst Principal Medical Officers of Divisions, Field Force, South Africa: Lieutenant-Colonels S. H. CARTER, M.B., April 15th; O. TODD, M.B., May 2nd; G. T. GOGGIN, April 15th; Surgeon-Lieutenant-Colonel J. MAGILL, M.D., Coldstream Guards, April 16th; Major B. M. SKINNER, July 23rd.

The undermentioned officers are granted the local rank of Colonel whilst in charge of General Hospitals, Field Force, South Africa: Lieutenant-Colonel M. D. O'CONNELL, April 20th; Lieutenant-Colonel A. KEOGH, M.D., July 30th; Lieutenant-Colonel H. MARTIN, M.B., July 30th; Major T. R. LUCAS, M.B., May 1st; Major H. J. BARRATT, July 23rd; Major S. WESTCOTT, April 6th.

Major J. W. JEROME fell from his horse at Reitz, South Africa, on October 17th, and sustained a simple fracture of the left forearm.

Major J. G. BLACK is reported to be dangerously ill from enteric fever at Newcastle, Natal; and Civil Surgeon A. B. DUNNE as seriously ill at Germiston, from dysentery.

The undermentioned have been discharged from hospital in South Africa to duty: Civil Surgeons A. P. GIBBONS, J. A. HOWARD, W. H. MAY, Major S. F. FREYER.

Among the officers returning to England from South Africa are the following: Major BATESON, Lieutenants BRUCE and GLOVER, Civil Surgeon J. B. CHRISTOPHERSON.

Mr. Farrer in his presence; she had written a series of letters which show that her mind was unhinged; and last, but not least, she was a dispenser of medicine. Thereupon Dr. Dods, knowing all this, wrote this letter to the Relieving Officer of Paddington, intending to convey that Miss Dowling was not a safe person to have to do with the dispensing of medicine. This was not a certificate under the Lunacy Acts, and no question under those Acts arose in the case; that it was a libel there is no doubt. [His Lordship here read the letter.] But there is very strong privilege in this case. It is perfectly plain to any man of common sense that this lady's mind was unhinged. Had I to decide upon the facts of the case I would have differed from the jury, but that is not my duty here. The law as to privilege may be stated thus: When you once allow that the occasion upon which a libel is published is a privileged occasion, it then becomes necessary for the plaintiff to prove that the defendant was actuated by a sinister and corrupt motive. In other words, malice must be proved. That issue is at once cast upon the plaintiff, and unless it is established it is the duty of the judge to non-suit the plaintiff. The jury apparently found that the doctor had some malice, but there is not a scintilla of evidence upon the point, except what the respondent's counsel seeks to establish in his very able argument. I think this Court must enter judgment for the defendant.

Lord Justice Collins said: In my judgment it would be a scandal if we were to send this case back to a jury. It is proved beyond all question that there was no express malice. It is one of the common-places of libel actions, and an established principle, that when once privilege is admitted the plaintiff must prove express malice if he wants to succeed, but mere negligence in seeking information does not amount to malice.

Lord Justice Stirling concurred.

Judgment for the defendant with costs.

CANVASSING FOR HONORARY APPOINTMENTS.

W. L.—In reply to a similar question addressed to us earlier in the year, it was pointed out in the BRITISH MEDICAL JOURNAL of April 14th, 1900, p. 934, that "where appointments upon the staff of a hospital are determined by the votes of the whole of the governors or subscribers there is necessarily a very great deal of undesirable broadcast distribution of testimonials, letters of application, and letters in support of candidates. For this reason it is now usual to limit the electoral body to a small number of the governors chosen annually by ballot." What view the General Medical Council would take of canvassing for honorary appointments if a case was brought before it we are of course unable to say, but it cannot be doubted that the system under which candidates for medical appointments are practically compelled to canvass a large body of governors is open to grave objection and liable to great abuse.

MEDICAL SERVICES RENDERED BY A SHIP'S PASSENGER.

MEDICO.—A shipowner differs from other employers of labour in this important respect, namely, that under Section CCVII, Subsection 3 of the Merchant Shipping Act, 1894, he is legally liable for the expense of all medicines, surgical and medical advice, and attendance given to a master, seaman, or apprentice whilst on board his ship. In this case it would appear that the owner has already acknowledged his liability by sending a cheque for £10 10s. The question, therefore, only remains as to whether this sum is adequate remuneration for the services rendered by A. or not. While A. is probably entitled to somewhat higher fees than usual on account of the special circumstances of time and place, he should recollect that no Court will sustain him in claiming anything in the shape of a fancy price for his services, and that his position materially differs from that of a medical man attached to a ship in respect of the opportunities the latter has sacrificed, and the engagement of the whole of his time and attention. Owners and masters are usually ready to defray all legitimate charges of this kind, and none of the shipping or legal authorities contain any reference to cases that bear on the subject.

"MEDICAL ADVERTISING."

MR. JOHN C. DAWBARN, Managing Director Dawbarn and Ward, Limited, writes: In the BRITISH MEDICAL JOURNAL of November 3rd a complaint from Harrogate is made under the above heading. Thinking this may possibly refer to something we have done in connection with our book *The Mineral Waters of Harrogate*, by Dr. F. W. Smith, we think it necessary to inform you that the author has had nothing whatever to do with the advertising or publishing of this book. We alone are responsible. He cautioned us at the time when undertaking the publishing to be careful not to do anything to cause him trouble in connection with his profession. We have only taken such steps to push the sale of the book as we do with every work we publish.

Trusting you will give the same publicity to this letter as you did to the paragraph referred to above, and thus clear the author from any breach of professional etiquette.

PROCURATOR-FISCALS AND MEDICAL PRACTITIONERS IN SCOTLAND.

SPECULUM writes: The body of a boy was found in the sea, apparently drowned. I was hastily summoned, and attempted resuscitation, but in vain. The procurator-fiscal in making his precognition ignores these facts, and gets his certificate from another medical man who arrived upon the scene some time after I had left the case. Seeing there is a fee of a guinea for such certificate have I a grievance, and, if so, what can I do to prevent a recurrence under similar circumstances?

. The relationship between medical practitioners and procurators-fiscal is undefined, and has often given rise to much dissatisfaction owing to the apparently high-handed treatment which medical men have received from procurators-fiscal, who in Scotland are in charge of criminal work. The procurator-fiscal is supreme, and can employ whomsoever he pleases, irrespective of such circumstances as those mentioned

by "Speculum." Thus there is no uniformity in any two counties, and the same procedure is not given effect to. "Speculum" evidently has a grievance. He might with advantage to himself and others lay the matter before the Lord Advocate, the head of the Criminal Department in Scotland; and failing to get a satisfactory answer, this might be followed by a question in the House of Commons. Medical practitioners are entitled to know their exact position. As a rule they are shabbily treated by the Crown authorities, and combined action might be conducive of much good.

THE RELATIONS OF MEDICAL OFFICERS OF HEALTH TO THEIR PROFESSIONAL COLLEAGUES.

DIPLOMATICUS.—Medical officers of health, especially those who are engaged in general practice, should be most careful to avoid appearing to interfere unduly with other men's patients. No doubt the law imposes the duty of notification upon the parents, but as they cannot be expected to possess the necessary powers of diagnosis, notification is usually made by the doctor. Our attention has been called to a circular issued by a medical officer of health in connection with a local epidemic of scarlatina, in which he says: "The earliest symptoms are feverishness and sore throat, followed generally by a red rash. Such cases should always be notified to me by the parents or those in charge of the patient even before a doctor is called in." This seems to be an example of excess of zeal on the part of the medical officer of health, and might lead to undue interference in the practice of his colleagues, which would be the more objectionable as the medical officer of health is, we are informed, an active general practitioner. It is greatly to be desired that there should be the most complete *entente cordiale* between health officers and medical practitioners.

THE TALLERMAN TREATMEN.

APPETITUS RATIONI PAREAT.—Our correspondent wishes to know whether we should approve of his acting as medical adviser to a local Committee formed for the purpose of obtaining a free grant of the Tallerman apparatus for the use of poor patients. We see no objection to our correspondent accepting the appointment on condition that the work of the Committee is properly managed. He knows the people with whom he is asked to associate himself, and he should look into the agreement referred to, which he does not send to us, but which contains the conditions upon which the free grant of the apparatus is made by Mr. Tallerman. Any objection that might be entertained is not to the method of treatment, but to the way in which its advantages may be set before the public.

INQUEST WITHOUT MEDICAL EVIDENCE.

J. H. W. draws our attention to an inquest recently held near Leeds. According to the report in the local press it appears that a school-boy of 8 years of age was found dead in his room suspended by a rope round his neck to a bedpost, and that instead of calling the medical man who had examined the body as a witness at the inquest, the coroner and the jury were content with the statement of the woman who laid out the body that she observed no marks upon the deceased with the exception of a blue one round the neck. The jury returned a verdict of suicide.

. Doubtless in this instance the verdict was correct, but the practice of arriving at the causes of death, and giving verdicts thereon without medical evidence, is fraught with danger, and to this we would refer our correspondent to the BRITISH MEDICAL JOURNAL of October 20th, page 1225, "Coroners and Uncertified Deaths," and also to our last issue, November 3rd, page 1354, "The Value of Inquests," where he will find that special attention was drawn to the absence of medical evidence at inquests, and the dangers likely to arise from its omission.

"ARTICLES DE PARIS."

PATER FAMILIAS.—Our correspondent complains of a price list emanating from an address in Bayswater which has been sent to him on two occasions after the published notice of the birth of a child, and he asks whether some steps cannot be taken to prevent the far-reaching evil effects which he believes must result from the unrestricted sale of such apparatus. We do not think that the sellers are infringing any existing law, and although we agree with our correspondent, we do not know of any practical means to stop the distribution of these advertisements.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

Benefactions.—The Vice-Chancellor has published a list of donations to the Benefaction Fund, which brings the total up to more than £66,000. Some £1,600 has also been contributed for the special purpose of equipping an experimental farm for the department of agriculture.

Examiners.—Dr. G. E. Herman, of the London Hospital, has been appointed an Examiner in Midwifery for medical and surgical degrees. Mr. C. T. R. Wilson, F.R.S., has been appointed an Examiner in Physics for the First M.B. Examination.

Cambridge Philosophical Society.—Professor Macalister, M.D., has been elected President, and Professor Woodhead, M.D., W. H. R. Rivers, M.D., and G. Elliot Smith, M.D., have been elected Fellows of the Society.

UNIVERSITY OF GLASGOW.

GRADUATION CEREMONY.

The usual autumn graduation ceremony took place in the Bute Hall on

November 1st, Principal Story presiding. The following degrees were conferred in the Faculty of Medicine:

Doctors of Medicine (M.D.). Old Regulations.—*L. Buchanan, M.B., C.M. (Thesis—Cyclitis: a Study of the Inflammatory Exudates into the Vitreous Body in Cases of Cyclitis); *M. A. M'I. Sinclair, M.B., C.M. (Thesis—A Study in Aphasia, with Special Reference to some of its Transitory Manifestations); A. Fairlie, M.A., M.B., C.M. (Thesis—Clinical Observations on Enteric Fever, with Notes and Impressions of a Personal Attack); J. R. Foulds, M.B., C.M. (Thesis—Puerperal Fever: its Source, Prophylaxis, and Treatment, with Cases); W. T. Hannah, M.B., C.M. (Thesis—A Clinical Study of Osteo-Arthritis); D. S. Kennedy, M.B., C.M. (Thesis—Tuberculosis in Man and the Lower Animals).

Doctors of Medicine (M.D.). New Regulations.—*Annie Louise M'Iroy, M.B., Ch.B. (Thesis—Tubal Gestation, its Pathology and Diagnosis, as illustrated by the record of twenty-two cases); T. Campbell, M.B., C.M. (Thesis—The Sanatorium Treatment of Pulmonary Tuberculosis, with the records of several cases and the results of a year's work at the Consumption Sanatorium, Bridge of Weir); J. A. Clarke, M.B., Ch.B. (Thesis—A Study of Acute Lobar Pneumonia); R. C. Highet, M.B., C.M. (Thesis—Blackwater Fever, with notes of a case and observations on the etiology of the disease); W. L. Jones, M.B., C.M. (Thesis—The Dyspepsia of Breast Babies, with special reference to its etiology); Marion Jamieson Ross, M.B., Ch.B. (Thesis—The Sensory Phenomena associated with Hemiplegia).

* With Commendation.

Bachelor of Medicine (M.B.) and Master in Surgery (C.M.).—P. S. Clark. *Bachelors of Medicine (M.B.) and Bachelors of Surgery (Ch.B.).*—†J. D. Lickley, W. A. Burns, Gertrude Jane Campbell, C. P. G. Crichton, J. Downie, M. W. Fraser, Lila Stephenson Greig, J. M. Henry, C. M. Hope, A. King, A. Leitch, D. M'F. Livingston, D. D. Logan, A. MacCulloch, G. S. M'Kinnon, D. M. MacRae (M.A.), Jean Marion Farie Marshall, P. Moir, D. Morrison, T. Neill, Agnes Brymner Sinclair, Mabel Talbot, R. B. Thom, J. Young.

† With Honours.

LONDON SCHOOL OF MEDICINE FOR WOMEN.

The Council of the London School of Medicine for Women has recently received a cheque for £5,000 in aid of the building fund from Mr. J. K. Turle. The rebuilding of the school, which has been in progress during the last three years, is now completed. It has cost over £35,000. There is still a debt on the building of £8,000. The total number of students in the school is now 216, of whom 39 joined at the beginning of the present session.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

Examination for Registered Practitioners.—Mr. William Robert Wilson, L.S.A.Lond., having passed the necessary examination, has been admitted a Licentiate in Surgery of the College.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,379 births and 3,908 deaths were registered during the week ending Saturday last, November 3rd. The annual rate of mortality in these towns, which had been 17.1 and 17.3 per 1,000 of the two preceding weeks, further rose last week to 17.5. The rates in the several towns ranged from 9.1 in Norwich, 10.3 in Croydon, 13.4 in Cardiff, and 13.6 in Leicester, to 22.2 in Sheffield, 22.4 in Gateshead and in Manchester, 23.4 in Liverpool, and 25.5 in Salford. In the thirty-two provincial towns the mean death-rate was 18.1 per 1,000, and exceeded by 1.4 the rate recorded in London, which was 16.7 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.9 per 1,000; in London this death-rate was equal to 1.4 per 1,000, while it averaged 2.3 in the thirty-two provincial towns, among which the highest zymotic death-rates were 3.1 in Leicester and in Birkenhead, 3.2 in West Ham, 3.4 in Blackburn and in Sheffield, and 3.6 in Burnley. Measles caused a death-rate of 1.3 in Brighton and 1.5 in Swansea; whooping-cough of 1.9 in Gateshead; "fever" of 1.1 in Portsmouth, 1.3 in Birkenhead, 1.4 in Birmingham, and 1.5 in Blackburn; and diarrhoea of 1.5 in Manchester and in Huddersfield, 1.6 in Halifax, and 2.2 in Burnley. The mortality from scarlet-fever showed no marked excess in any of the large towns. The 94 deaths from diphtheria in the thirty-three towns included 42 in London, 7 in West Ham, 7 in Leicester, 4 in Portsmouth, 4 in Liverpool, and 4 in Sheffield. No fatal case of small-pox was registered in any of the thirty-three large towns; and only one small-pox patient was under treatment in the Metropolitan Asylums Hospitals on Saturday last, November 3rd. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had increased from 1,703 to 2,489 at the end of the nine preceding weeks, had further risen to 2,619 on Saturday last; 336 new cases were admitted during the week, against 322, 328, and 320 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, November 3rd, 857 births and 607 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 17.5 and 19.6 per 1,000 in the two preceding weeks, was again 19.6 last week, and exceeded by 2.1 per 1,000 the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 11.3 in Leith and 15.1 in Edinburgh to 22.4 in Glasgow and 24.6 in Paisley. The zymotic death-rate in these towns averaged

2.5 per 1,000, the highest rates being recorded in Glasgow and Aberdeen. The 321 deaths registered in Glasgow included 5 from scarlet fever, 2 from diphtheria, 15 from whooping-cough, 8 from "fever," and 14 from diarrhoea. Two fatal cases of measles, 3 of diphtheria, and 3 of diarrhoea were recorded in Edinburgh. Four deaths from diarrhoea occurred in Dundee; 5 from measles in Aberdeen; 2 from scarlet fever in Paisley; and 2 from "fever" in Greenock.

HEALTH OF IRISH TOWNS.

THE average annual death-rate represented by the deaths registered in the week ending November 3rd, in the Dublin registration area and the twenty-two principal provincial urban districts in Ireland was 20.2 per 1,000 of their aggregate population, which is estimated at 1,062,188. The deaths from the principal zymotic diseases registered in the twenty-three districts was equal to an annual rate of 2.0 per 1,000.

In the Dublin registration area 152 deaths were registered, representing an annual mortality of 22.7 per 1,000 of the population, omitting the deaths (numbering 5) of persons admitted into public institutions from localities outside the area, the rate was 31.2 per 1,000. The death-rate for this area was 1.9 per 1,000 for the principal zymotic diseases. In Belfast there were registered during the week 132 deaths, representing an annual rate of mortality of 19.2 per 1,000 of the estimated population; the rate from zymotic diseases was 2.6 per 1,000. In Cork the deaths registered numbered 24, affording a rate of 16.6 per 1,000 of the population according to the census of 1891; the zymotic death-rate was 2.1 per 1,000.

THE REGISTRAR-GENERAL'S QUARTERLY RETURN.

THE Registrar-General has just issued his return relating to the births and deaths registered in England and Wales during the third, or summer, quarter of this year, and to the marriages during the three months ending June last. The marriage-rate was equal to 17.8 per 1,000, and was 1.3 per 1,000 above the average rate in the corresponding quarters of the ten preceding years.

The births registered in England and Wales during the quarter ending June last numbered 232,578, and were equal to an annual rate of 28.8 per 1,000 of the population, estimated by the Registrar-General at more than thirty-two millions in the middle of this year. This rate was 1.2 per 1,000 below the mean rate in the second quarters of the ten preceding years. The birth-rates in the several counties ranged from 21.3 in Sussex, 21.9 in Rutlandshire, 22.6 in Herefordshire, and 22.7 in Oxfordshire, to 31.8 in Warwickshire, 32.4 in Nottinghamshire, 33.3 in Northumberland, 34.2 in Staffordshire, and 35.7 in Durham. In thirty-three of the largest English towns, including London, the birth-rate last quarter averaged 29.6 per 1,000, and exceeded by 0.8 the general English rate. In London the birth-rate was equal to 28.6 per 1,000, while it averaged 30.2 in the thirty-two provincial towns, among which it ranged from 22.4 in Brighton, 23.5 in Huddersfield, 23.9 in Bradford, and 24.2 in Portsmouth to 33.7 in Hull, 36.2 in Liverpool, 37.7 in Sunderland, and 41 in Gateshead.

The births registered in England and Wales during the three months ending September last exceeded the deaths by 99,488; this represents the natural increase of the population during that period. From returns issued by the Board of Trade, it appears that 105,402 emigrants embarked during last quarter, for places outside Europe, from the various ports of the United Kingdom at which emigration officers are stationed. Of these 105,402 emigrants, 38,056 were English, 9,060 Scotch, and 12,824 Irish, while 45,462 others were of foreign nationality. Compared with the averages in the corresponding quarters of the three preceding years, the proportions of English, Scotch, and Irish emigrants showed an increase of 12.5 per cent., 39.8 per cent., and 10.7 per cent. respectively.

During the third quarter of the year the deaths of 133,090 persons were registered in England and Wales, equal to an annual rate of 16.5 per 1,000 of the population, the average rate being 17.1 per 1,000. The lowest county death-rates last quarter were 12.4 in Rutlandshire, 11.2 in Dorsetshire and in Westmorland, 11.3 in Oxfordshire, and 11.6 in Wiltshire; while the highest rates were 19.1 in Staffordshire and in Northumberland, 19.4 in Lancashire, and in the East Riding of Yorkshire, and 19.5 in Warwickshire. In the urban population of England and Wales, estimated at about twenty-two millions, the rate of mortality during the quarter under notice was 17.7 per 1,000; while in the remaining (and chiefly rural) population of about ten millions the rate was 12.7 per 1,000. These urban and rural rates were both 0.7 per 1,000 below the respective averages in the corresponding quarters of the ten preceding years. Among thirty-three of the largest English towns the mean death-rate was 18.6 per 1,000, or 2.1 in excess of the general English death-rate during the same period. In London the rate was 17.8 per 1,000, while it averaged 19.1 in the thirty-two large provincial towns, among which the rates ranged from 12.6 in Bradford and in Cardiff, 13.2 in Halifax, and 13.3 in Croydon, to 22.3 in Manchester, 23.3 in Preston, 23.9 in Salford, 24.5 in Liverpool, and 24.7 in Sheffield. In sixty-seven other large towns, with an estimated aggregate population of more than four millions, the mean death-rate was 16.8 per 1,000, or 1.8 below the average rate in the thirty-three great towns.

The 133,090 deaths registered in England and Wales during the three months ending September last included 15,773 which were referred to diarrhoea, 2,619 to whooping-cough, 2,503 to measles, 1,883 to diphtheria, 1,409 to "fever" (including typhus, enteric, and ill-defined forms of continued fever), 739 to scarlet fever, and 13 to small-pox; in all, 21,731 deaths resulted from these principal zymotic diseases, equal to an annual rate of 3.05 per 1,000, which was 0.11 below the average rate in the third quarters of the ten preceding years. The mortality from diphtheria and from whooping-cough was slightly above the average, while that from each of the other principal zymotic diseases showed a decline. Of the 13 deaths from small-pox registered in England and Wales during the quarter under notice, 7 were of persons belonging to the city of Liverpool.

The rate of infant mortality in England and Wales last quarter, or the proportion of deaths under 1 year of age to registered births, was equal to 188 per 1,000, and was equal to the average rate in the corresponding periods of the ten preceding years. In thirty-three of the largest English towns the rate of infant mortality averaged 231 per 1,000; in London the rate was 221 per 1,000; while it averaged 237 in the thirty-

the three months ending September last were 265 above the corrected average number in the corresponding periods of the ten preceding years; this disease showed the highest proportional fatality in St. Luke, Shoreditch, Limehouse, Poplar, St. George Southwark, and Woolwich sanitary areas.

In conclusion it may be stated that the 4,272 deaths referred to the principal zymotic diseases in London during the third, or summer, quarter of this year were 255, or more than 5 per cent., below the average number in the corresponding periods of the ten preceding years, 1890-1899. Among the various sanitary areas, the lowest zymotic death-rates were recorded in St. George Hanover Square, St. James Westminster, St. Martin-in-the-Fields, Strand, City of London, and St. Olave Southwark; and the highest rates in Shoreditch, St. George-in-the-East, Limehouse, Poplar, St. George Southwark, and Woolwich.

PROSECUTIONS UNDER THE VACCINATION ACTS.

At North London, on Monday, November 5th, 17 summonses against parents for not having their children vaccinated were down for hearing before Mr. Fordham. These summonses had been taken out by the vaccination officer for No. 1 District of Islington. A report of the proceedings appeared in the *Times* of November 6th. Mr. Yardley Tilley prosecuted; Mr. Schultess Young defended.

In the first case a man named McCarthy was summoned. The officer having given formal evidence, Mr. Schultess Young contended that it was necessary in these cases that the officer should be furnished with general directions to prosecute. He referred to the case of *Bramble v. Lowe* [(1897) 1 Q. B. 283]. He said it was there held that an officer could prosecute on a general authority, but that an authority was necessary. Continuing, he argued that, as the notice sent to the parent of the child was not before the court, the proceedings could not go on.

Mr. Tilley having asked for an adjournment, in order that notice might be produced,

Mr. Fordham said: The case quoted by Mr. Justice Wright does not support Mr. Young's contention. It was there decided that a vaccination officer is, without any special authority in that behalf from the guardians of the union for which he acts, empowered to take proceedings under Section XXXI of the Vaccination Act, 1867, for an order directing an unvaccinated child to be vaccinated, notwithstanding the provisions of Article 16 of the General Order of the Local Government Board. Mr. Justice Wright there said: "Even if it was necessary for the officer in the present case to get directions from the guardians, the general directions which were in fact given to him were, in my judgment, a valid authority to proceed. But I do not think he wanted any such directions. He may proceed under Section XXXI of his own motion." I can only grant another adjournment of these cases upon terms that the costs hitherto incurred—£5 5s.—be paid to the defendants. Otherwise I must dismiss all the cases.

Mr. Tilley said his client would take the adjournment, and pay the costs.

MEDICAL ATTENDANCE ON PAUPERS REMOVED FROM THEIR OWN RESIDENCE.

IGNOTUS, a district medical officer, writes to ask whether he can charge for his attendance on a pauper case, removed from her own cottage by his (the medical officer's) consent to the house of the guardian who gave the order for medical attendance, this having been done to ensure better care and nursing of the patient.

. If the patient, though removed from her own cottage, is still residing in the same medical officer's district, we do not see how he can establish any claim to be paid for attendance on the case.

MEDICAL NEWS.

THE degree of Doctor of Medicine has recently been conferred on Fräulein Charlotte Steinberger by the University of Buda-Pesth. She is the first female Doctor of Medicine in Hungary.

THE annual students' dinner of the National Dental Hospital, Great Portland Street, London, will be held at the Holborn Restaurant on Friday next, at 6.30 P.M., when the chair will be taken by Mr. Harry Rose, L.D.S.

THE METROPOLITAN HOSPITAL SATURDAY FUND.—The annual meeting of this fund was held at the Mansion House, under the presidency of the Lord Mayor, on November 3rd. The report stated that the total amount collected during the year ending in October last was £12,695 as compared with £20,219 collected during 1899. The working expenses of 11 per cent. had been lower than in any previous year.

THE NEW HOSPITAL AT BOSCOMBE.—The first part of the new Royal West Hants and Boscombe Hospital, to which reference was made in the *BRITISH MEDICAL JOURNAL* of November 3rd, was opened on November 6th. The Empress Victoria ward is included in this block. It was announced that Sir Frederick Wills had presented a cheque for £1,000 to cover the cost of the Lady Wills ward for ten men.

THE annual dinner of the staff and past and present students of the Dental Hospital of London and their friends will be held on Saturday, November 24th, at the Hotel Métropole (Whitehall Salon), Mr. F. A. Bevan, a trustee and Vice-President of the hospital, in the chair.

MEDICAL MAGISTRATES.—On the recommendation of His Grace the Duke of Abercorn, Lord Lieutenant of the County, the Lord Chancellor has appointed Dr. Patrick J. Hamilton, Ardara, to the Commission of the Peace for the County Donegal. Dr. T. W. Buckley, of Thrapston, has been placed on the Commission of the Peace for the County of Northamptonshire on the nomination of Earl Spencer, K.G., Lord Lieutenant.

BIRMINGHAM AND DISTRICT GENERAL MEDICAL PRACTITIONERS' UNION.—The annual meeting of the Birmingham and District General Medical Practitioners' Union was held on November 1st, Mr. Langley Browne, Chairman of Council, in the chair. In presenting their first annual report the Council said they had every reason to congratulate the members on the progress made by the Union during its first year of existence. Twelve months ago the medical profession in Birmingham was disunited; now it had a vigorous and complete organisation based on democratic principles, and securing united action of the local profession through direct representatives. The area included was that known as "greater Birmingham," extending on all sides to some five miles from the centre of the city, and it had been divided into 14 medical wards; 202 members had already been enrolled. Some modifications in points of detail of the laws adopted by the general meeting held on December 12th, 1899, were adopted. All the officers were re-elected for the ensuing year.

EDINBURGH HEALTH SOCIETY LECTURES.—The first of the series of lectures by the Edinburgh Health Society was given on November 3rd, when Dr. Leslie Mackenzie, the Medical Officer of Health for Leith, discoursed on Public Health and Individual Duty. He held that three of the urgent problems of public health were (1) the problem of tuberculosis, (2) the problem of the housing of the working classes, and (3) the problem of how to improve the keeping of the houses that already exist. These questions were discussed in detail.

DEATH OF DR. SHERLOCK IN THE UGANDA PROTECTORATE.—Reuter's Agency reports that the fighting in the Uganda Protectorate on October 13th, when Dr. J. L. Sherlock was killed and Lieutenant Henderson wounded, was in the course of the punitive operations which have been prosecuted at intervals during the last three months, and were made necessary by the persistently hostile attitude of the Nandi people, who are a branch of the once powerful Masai. The Nandi have attacked and cut up caravans along the Uganda-Mombasa road; they have destroyed the telegraph line, so that there is little or no communication with Uganda proper. A telegram was, however, recently received at the Foreign Office, sent by Sir Harry Johnston from Fort Ternan on October 21st, stating that he had sufficient troops in the eastern provinces to deal with the disturbances, and required no further assistance.

DR. JOSEPH PRIESTLEY, Medical Officer of Health for Lambeth, had been unanimously selected by the Municipality of the City of Bombay for the appointment of Executive Health Officer, at a commencing salary of Rs.1,500 a month, but has declined to accept the appointment. The Borough of Lambeth will, therefore, retain the valuable services of Dr. Priestley, who may be trusted to see that the Council of the new Borough maintains the satisfactory position which its Public Health Department has already attained, as shown by a recently-published Summary of Work carried out by the Sanitary Committee of the late Vestry during the last five years, during which Dr. Priestley has been their Medical Officer of Health.

MEDICAL VACANCIES.

The following vacancies are announced

BIRKENHEAD AND WIRRELL CHILDREN'S HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board, residence, and laundry. Applications to Mr. E. H. Tilby, Hon. Secretary, 53, Gosvenor Road, Birkenhead, by November 15th.

BIRMINGHAM: GENERAL HOSPITAL.—(1) Two Assistant House-Physicians. (2) Two House-Surgeons. Appointments for six months. No salary, but residence, board, and washing provided. Applications to the House Governor by December 1st.

BIRMINGHAM AND MIDLAND HOSPITAL FOR SKIN AND URINARY DISEASES.—Clinical Assistant. Applications to the Secretary of the Medical Committee, John Wright 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: ROYAL ALEXANDRA HOSPITAL FOR SICK CHILDREN.—Acting Physician. Applications to the Chairman of the Medical Committee by November 22nd.

BRIGHTON: SUSSEX COUNTY HOSPITAL.—Resident Pathologist. Salary, £70 per annum. Board and residence provided. Applications to the Secretary.

CANTERBURY: KENT AND CANTERBURY HOSPITAL.—Assistant House-Surgeon, unmarried. Salary, £60 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, with board, lodging, and washing. Applications to the Chairman of Medical Committee by November 22nd.

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

EXETER: ROYAL DEVON AND EXETER HOSPITAL.—Assistant House-Surgeon. Appointment for six months. Salary at the rate of £80 per annum, with board, lodging, and washing. Applications to the House-Surgeon.

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

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.O.—Resident Medical Superintendent. Salary, 100 guineas per annum, with board and residence. Applications, on forms provided, to the Secretary by December 11th. Also 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, Otham, 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, £105 per annum. Board, quarters, washing and attendance provided in each case. Applications to Dr. Fitzgerald, Medical Superintendent.

MANCHESTER HOSPITAL FOR CONSUMPTION AND DISEASES OF THE THROAT AND CHEST.—Resident Medical Officer for the In-patient Department, Bowdon. Salary, £100 per annum, with board, apartments, and washing. Applications to the Secretary by November 14th.

MANCHESTER: ROYAL INFIRMARY.—Resident Medical Officer of the Convalescent Home at Cheshire, unmarried and not under 25 years of age. Salary, £150 per annum, with board and residence. Applications to the Secretary by December 1st.

METROPOLITAN ASYLUMS BOARD.—Four Assistant Medical Officers at the Fever and Small-pox Hospital, unmarried, and not exceeding 35 years of age. Salary, £160 for the first year, £180 for the second, and £200 the third and subsequent years, with board, lodging, attendance, and washing. Applications, on forms provided, to be sent to the office of the Board, Victoria Embankment, E.C., by November 15th.

MORPETH: NORTHUMBERLAND 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.

NATIONAL ORTHOPEDIC HOSPITAL, 234, Great Portland Street, W.—Surgical Registrar. Applications to the Secretary by November 23rd.

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. M. W. Slason, 13, Grey Street, Newcastle-on-Tyne, by November 17th.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, N.E.—House-Surgeon. Appointment for six months. Salary at the rate of £80 per annum, with board, residence, and laundry allowance. Applications to the Secretary at the City Office, 27, Clements Lane, E.C., by November 24th.

NORTH-WEST LONDON HOSPITAL, Kentish Town Road, N.W.—(1) Assistant Surgeon, (2) Resident Medical Officer, (3) Assistant Resident Medical Officer. A salary at the rate of £50 per annum with board, residence, and washing is attached to the latter two. Applications to the Secretary by November 21st.

NOTTINGHAM CITY ASYLUM.—Senior Assistant Medical Officer, unmarried, and not above 30 years of age. Salary, £200 per annum, with board, apartments, and washing. Applications to the Medical Superintendent by November 23rd.

NOTTINGHAM: BAGTHORPE ISOLATION HOSPITAL.—Resident Medical Officer. Salary, £100 per annum, with board and residence. Applications to Dr. P. Scobey, Medical Officer of Health, Guildhall, Nottingham.

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

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, King William Street, W.O.—Clinical Assistants. Applications to the Secretary by December 1st.

ST. PANCRAS PARISH.—Junior Assistant Medical Officer for the Workhouse. Salary, £135 per annum, with residential allowances. Applications, on forms provided, to the Clerk to the Guardians, Vestry Hall, Pancras Road, N.W.

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.

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.

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

YORK DISPENSARY.—Resident Medical Officer, unmarried. Salary, £110 per annum, with board, lodging, and attendance. Applications to Mr. W. Draper, De Grey House, York, by November 21st.

MEDICAL APPOINTMENTS.

ALDERSON, Wilfred E., M.D., M.S.Durb., appointed Surgeon to the Trinity House, Newcastle-on-Tyne.

BATHURST, William Wood, M.D. Lond., appointed Assistant Medical Examiner to the Technical Education Board of the London County Council.

CAMPBELL, John Archibald, L.R.C.P. & S. Edin., L.F.P. & S. G., appointed Demonstrator of Anatomy at Anderson's College Medical School, Glasgow.

CORRETT, L. F., L.R.C.P., L.R.O.S. Ire., appointed Certifying Factory Surgeon for the Killybeg District in the Union of Tullamore.

DEVLIN, Hugh, F.R.C.S. Eng., M.B., B.S. Lond., appointed Surgeon to the Miller Hospital, Greenwith, vice T. Moore, F.R.C.S. Eng., deceased.

DUNHAM, Frederic, M.B., F.R.C.S., appointed Consulting Surgeon to the North-West London Hospital, Kentish Town Road, N.W.

GRANT, Lachlan, M.D. Edin., appointed Parish Medical Officer and Public Vaccinator for Ballachulish and Glencoe; also Certifying Factory Surgeon for Parish of Lismore and Appin, Argyleshire.

HAM, B. Burnett, M.D., M.R.C.S., L.R.O.P., D.P.H. Camb., appointed Commissioner of Public Health for Queensland, Australia.

HOBART, Nathaniel H., B.A., M.B., F.R.C.S. Camb., appointed Intern Surgeon to the North Charitable Infirmary, Cork, vice N. J. Hobart, M.D. Glasg., resigned.

HUEY, John James, L.S.A., appointed Medical Officer and Public Vaccinator for the Mexborough District of the Mexborough Union.

MACGURE, F. J., L.R.C.P., L.R.O.S. Ire., appointed Medical Officer for the Longford Workhouse.

MACQUEEN, I., M.B., C.M., appointed Medical Officer for the Ireby District of the Wigton Union, vice T. P. Thomson, M.B., C.M. Aberd.

MAUDSLAY, Noel, M.B., C.M. Edin., appointed Medical Officer for the Alwinton District of the Rothbury Union, vice W. F. Miller, M.B., B.S. Durm., resigned.

NICHOL, Reginald S., M.B., Ch.B. Vict. Univ., appointed House-Surgeon to the Southern Hospital, Manchester.

ROBB, A. G., M.B.E.U.I., appointed Superintendent Medical Officer to the Fever Hospital, Belfast Union, vice Dr. E. C. Biggar, appointed Local Government Inspector.

THOMAS, Frank, M.B., B.O. Cantab., appointed Ophthalmic Surgeon to the Swansea Hospital, vice Jabez Thomas, F.R.C.S. Eng., appointed Consulting Surgeon.

DIARY FOR NEXT WEEK.

MONDAY.

West London Post-Graduate Course. West London Hospital, W. 5 P.M.—Dr. Beddard: Diet in Health and Disease.

Medical Society of London. 8.30 P.M.—Clinical evening. Cases: Dr. Chautley: Bilateral Birta Palsy. Mr. Kellock: Mollities Ossium in a Child. Dr. Caley: Vascular Swelling connected with the Thyroid. Mr. Weeks: Congenital Locomotor Ataxy.

Dr. Dockrell: (1) Hyaline Degeneration of the Skin. (2) Onchocerca Sebaceum. Dr. Savill: Erythromelalgia (Acroparasthesia). Mr. Wallis: Baker's Cyst of Leg (?). Mr. Little: Specimens from a Case of "Lace Kickets," shown at a previous meeting.

TUESDAY.

Hospital for Diseases of the Skin. 5.30 P.M.—Mr. George Fernet: Differential Diagnosis of Syphilitic and Non-Syphilitic Affections of the Skin.

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

tion. (Medical.) 6 P.M.—Mr. James Cantlie: Class, "Applied Anatomy."

Royal Medical and Chirurgical Society. 8.30 P.M.—Dr. A. H. N. Lewers: The After-Results in Forty Cases of Vaginal Hysterectomy performed for Cancer of the Uterus.

WEDNESDAY.

London Throat Hospital. 3.30, Great Portland Street, W. 5 P.M.—Dr. Horton-Smith: Bronchiectasis.

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

Medical Graduates' College and Polyclinic. 22, Chancery Street, W.C. 5 P.M.—Mr. W. H. A. Jacobson: Clinical Lecture. Some Remarks on the Question of Early Operation in Acute Appendicitis.

Harveian Society. London Institution, Finsbury Circus, E.C. 8.30 P.M.—Dr. F. G. Stevens: Some Points in the Diagnosis and Treatment of Puerperal Sepsis.

THURSDAY.

Central London Throat, Nose, and Ear Hospital. 5 P.M.—Dr. Dundas Grant: Diagnosis of Diseases causing Stridor or Obstruction to Respiration.

West London Post-Graduate Course. West London Hospital, Hamersmith Road, W. 5 P.M.—Dr. Seymour Taylor: Surface Anatomy.

Royal College of Surgeons of England. Annual Meeting of Fellows and Members.

Charing Cross Hospital. Post-Graduate Course, 4 P.M.—Dr. Eden: Gynaecological Demonstration.

Harveian Society of London. Stafford Rooms, Titchborne Street, Edgware Road, W. 8.30 P.M.—Dr. Roseot Maguire: The Prognosis and Treatment of Tuberculous Disease of the Lungs. Harveian Lecture III.

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

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

FRIDAY.

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

Society for the Study of Disease in Children. Evelina Hospital, Southwark Bridge Road, S.E. 5.30 P.M.—Cases will be shown by Drs. Carpenter,

Chaffey, and Sunderland, and by Messrs. Lucas, Tubby, and Edmunds. Paper:—Dr. Theodore Fisher: Cases of Thrombosis of the Cerebral Veins in Children.

Epidemiological Society of London. 11, Chandos Street, Cavendish Square, W. 8.30 P.M.—Inaugural address by the President (Dr. Patrick Manson), on Some Problems in Tropical Epidemiology.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office order or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

BIRTHS.

KEATS.—On October 26th, the wife of William J. C. Keats, Medical Superintendent of Camberwell Infirmary, of a daughter.

WALTERS.—On November 3rd the wife of Dr. F. Rufusnacht Walters, of 21, Wimpole Street, W., and Crooksbury Edges, Farnham, of a daughter.

MARRIAGES.

CRIMMIN—LENNAN.—On October 29th, at the Church of St. Joseph, Terenure, by the Very Rev. Terence Anderson, P.P., Major John Crimmin, V.C., Indian Medical Service, to Julia (late) only daughter of William F. Lennan and Mrs. Lennan, St. Ronans, Orwell Road, Rathgar, co. Dublin, and granddaughter of the late Major J. J. Poett, Indian Army. No cards.

SWALLOW—ATKINSON.—On November 1st, at All Saints Church, South Lambeth, S.W., by the Rev. Canon Allen Edwards, M.A., Vicar of the parish and Rural Dean of Kensington, assisted by the Rev. Stanley Power, B.A., of St. Mary, Stoke Newington, and the Rev. W. J. Spink, M.A., Rector of St. Martin, Chelsea, Allan James Swallow, M.B., B.S., of 5, Mount Edgumbe Gardens, Clapham Park, S.W., eldest son of James Dodd Swallow, M.D., of Clifton Lodge, Clapham Park, S.W., to Elizabeth, eldest daughter of the late John Bewley Atkinson, Esq., of Chertsey Hill, Harbury, Cambs., and of the late Mrs. Atkinson, of 3, Lulworth Road, Birkdale, Southport.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE
LONDON HOSPITALS.

CANCER, Brompton (Free). *Attendances.*—Daily, 2. *Operations.*—Tu. W. F., 2.
CENTRAL LONDON OPHTHALMIC. *Attendances.*—Daily, 1. *Operations.*—Daily.
CENTRAL LONDON THROAT, NOSE, AND EAR. *Attendances.*—M. W. Th. S., 2; Tu. F., 5. *Operations.*—I-p., Tu., 2.30; o.p., F., 2.
CHARING CROSS. *Attendances.*—Medical and Surgical, daily, 1; Women, W., 1; S. 9.30; Skin, M. Th., 1; Dental, M. Th. 8.45; Throat and Ear, F., 9.30; Electro-Therapeutics, Tu. Th. 9.30; Children, Tu. F., 1; Roentgen, W., 9.45; Orthopaedic, Th., 1. *Operations.*—W. Th. F., 3; S., 2.
CHURCH HOSPITAL FOR WOMEN. *Attendances.*—Daily, 1.30. *Operations.*—M. Th. F., 2.
CITY OPHTHALMIC. *Attendances.*—O-p., M. Tu. Th. F., 2. *Operations.*—M., 4.
EAST LONDON HOSPITAL FOR CHILDREN. *Operations.*—M. Tu. Th. F., 2.
GREAT NORTHERN CENTRAL. *Attendances.*—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F., 2.30; Skin, W., 2.30; Dental, W., 2.30. *Operations.*—M. W. Th. F., 2.
GUY'S. *Attendances.*—Medical, I-p., M. Tu. Th. F. S., 1.30; o.p., M. W. Th. F., 12; Surgical, I-p., daily, 1.30; o.p., M. W. Th. S., 12; Obstetric, I-p., M. Tu. Th. F., 1.30; o.p., Th. S., 12; Eye, I-p., M. Tu. Th. F., 1.30; o.p., M. Tu. Th. F., 12; o.p., Ear, Tu. Th. F., 12; Skin, Tu., 12; Throat, F., 12; Dental, daily, 9.30. *Operations.*—Tu. F., 1.30; (Ophthalmic), M., 1.30; Th., 2.
HOSPITAL FOR WOMEN, SCHO. *Attendances.*—O-p., M., 9; Tu. W., 12; Th., 9; F. S., 12. *Operations.*—M. Th., 2; Th. S., 9.30.
KING'S COLLEGE. *Attendances.*—Medical and Surgical, daily, 2; Obstetric, daily, 2; o.p., daily, 1.30; Eye, M. W. Th., 1.30; Ear, Th., 2.30; Throat, M., 1.30; F., 2; Dental, M. Th., 10; Skin, M., 10. *Operations.*—W. Th. F., 2.
LONDON. *Attendances.*—Medical, daily, I-p., 2; o.p., 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, W., 9; Skin, Th., 9; Dental, M. Tu. Th. F., 9.30; (Diseases of Women), 2.
LONDON TEMPERANCE. *Attendances.*—Medical, I-p., M., 2.30; Tu. F., 3.30; Th. 2.0; O-p., M. Tu. W. F., 1; Surgical, I-p., M., 2; Th., 3; O-p., M., 1.30. *Operations.*—Tu. F., 6. *Operations.*—Daily, 9.30.
LONDON THROAT, GREAT PORTLAND STREET. *Attendances.*—Daily, 2; Tu. F., 6. *Operations.*—Daily, 9.30.
METROPOLITAN. *Attendances.*—Medical and Surgical, daily, 2; S., 9; Obstetric, W., 2; Eye, M., 2; Throat and Ear, Th., 2; Dental, Tu. Th. S., 9. *Operations.*—Tu. W., 2.30; Th., 4.
MIDDLESEX. *Attendances.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., 1.30; o.p., M., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu. F., 9; Skin, Tu., 4; Th., 9.30; Dental, M. F., 9.30; W., 9. *Operations.*—Daily, 1.30.
NATIONAL OPHTHALMIC. *Attendances.*—M. Tu. Th. F., 2. *Operations.*—W., 10.
NEW HOSPITAL FOR WOMEN. *Attendances.*—Daily, 2; Ophthalmic, W. S., 9.30. *Operations.*—Tu. F., 9; Th., 2.
NORTH-WEST LONDON. *Attendances.*—Medical, daily, exc. S., 2; S., 10; Surgical, daily, exc. W., 2; W., 10; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations.*—Th., 2.30.
ROYAL EAR, FRITH STREET. *Attendances.*—M. S., 3; Tu. F., 9; W., 2.30; Th., 7.30. *Operations.*—Tu., 3.
ROYAL EYE, SOUTHWARK. *Attendances.*—Daily, 2. *Operations.*—Daily.
ROYAL FREE. *Attendances.*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Skin, Th., 9.30; Throat, Nose, and Ear, W., 9.30. *Operations.*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
ROYAL LONDON OPHTHALMIC. *Attendances.*—Daily, 9. *Operations.*—Daily, 10.
ROYAL OPHTHALMIC. *Attendances.*—Daily, 2. *Operations.*—O-p., M., 2; I-p., Tu. Th., 2.30.
ROYAL WESTMINSTER OPHTHALMIC. *Attendances.*—Daily, 1. *Operations.*—Daily, 3.
ST. BARTHOLOMEW'S. *Attendances.*—Medical and Surgical, daily, 1.30; Obstetric, M. W. F., 2; o.p., W. S., 9; Eye, M. Tu. W. Th. F. S., 2; o.p., M. Th., 9; W. S., 2.30; Ear, Tu. F., 2; Skin, Tu., 9; Larynx, M. Th., 2; Orthopaedic, Tu., 1.30; Dental, Tu. F., 9; Electro-ocul., M. Tu. Th. F., 1.30. *Operations.*—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariotomy, W., 2.
ST. GEORGE'S. *Attendances.*—Medical and Surgical, daily, I-p., 1; o.p., 1.30; Obstetric, I-p., Tu. F., 1.45; o.p., M., 2.30; Eye, W. S., 1.30; Ear, M., 2; Skin, 2.45; Throat, F., 2; Dental, M. Tu. F., S., 12. *Operations.*—Daily, 1; Ophthalmic, W., 1; Dental, Th., 9.
ST. MARK'S. *Attendances.*—Pistula and Diseases of the Rectum, males, S., 2; females, W., 9.30. *Operations.*—Tu., 2.30; Th., 2.
ST. MARY'S. *Attendances.*—Medical and Surgical, daily, 1.45; o.p., 12.45; Obstetric, Tu. F., 1.45; o.p., M., 1; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 8; 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. *Attendances.*—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations.*—W. F., 2.
ST. THOMAS'S. *Attendances.*—I-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, Tu. F., 1.30; Children, W., 10; Electro-Therapeutics, Tu. F., 2; Mental Diseases, Th., 10; Dental, Tu. F., 10; X-Rays, Tu. F., 2; Vaccination, W., 11.30. *Operations.*—Daily, 2; (Ophthalmic), Th., 2; (Gynaecological), Th., 2; (Throat), M., 9.30; (Ear), Th., 9.30.
SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances.*—Daily, 1.30. *Operations.*—Gynaecological, M., 2; W., 2.30.
THROAT, Golden Square. *Attendances.*—Daily, 1.30; Tu. F., 6.30. *Operations.*—Daily, exc. M., 10.
UNIVERSITY COLLEGE. *Attendances.*—Medical and Surgical, daily, 1.30; Obstetrics, M. F., 1.30; Eye, M. W., 1.30; Ear, M. Th., 9; Skin, Tu. F., 2; Throat, M. Th., 9; Dental, Tu. F., 9.30. *Operations.*—Tu. W. Th., 2.
WEST LONDON. *Attendances.*—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, M. Th., 2; Ear, Tu. F., 2; Orthopaedic, W., 2; Diseases of Women, W. S., 2; Electro-ocul., M. Th., 3.15; Skin, Tu. F., 2; Throat and Nose, Tu. F., 2; S., 10. *Operations.*—Daily, about 2.30; F., 10.
WESTMINSTER. *Attendances.*—Medical and Surgical, daily, 2; Obstetric, M. Tu. F., 2; Eye, Tu. F., 9.30; Ear, Tu., 2; Skin W., 2; Dental, W. S., 9.15. *Operations.*—M. Tu. W., 2.

LETTERS, NOTES, AND ANSWERS TO
CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 1, Agar Street, Strand, W.C. London; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

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

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

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—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.

L.S.D. (LONDON) would be glad if any member could recommend him a reliable collector of debts.

INQUIRER would be glad to have reliable information regarding the climate and sanitary arrangements at Durban, Natal.

L.T.T. wishes to know whether the Harrogate "massage douche" baths can be obtained in London.

M.R.C.S. has a patient who suffers from chronic diarrhoea (? tuberculous). No benefit has been derived from drugs. What part of England, he asks, would be the most likely to prove beneficial during the winter?

S. asks what fee should be charged for the services of himself and another qualified practitioner for making a necropsy on the body of a gentleman who had directed that a *post-mortem* examination should be made. The income of the deceased is estimated at £150 a year.

* * We are advised that if the deceased was a bachelor £5 5s. would be a suitable fee; if leaving widow and family, £3 3s.

PERSISTENT PLEURITIC FRICTION.

JUVENIS asks for advice as to the treatment and prognosis of the following case: A lady, aged 32, during a mild attack of enteric contracted a "dry pleurisy" with a harsh creaking rub. She is now quite well again, with the exception of this friction rub, which is present over the lower third of one lung. The sound annoys her, and, as there is phthisis in the family history, it renders her uneasy. It has now persisted about two months in spite of counter-irritation.

INSURANCE OF ANNUITY.

MEMBER wishes to know how a school teacher, aged 30, could best insure £20 a year to bring in an annuity at age of 50 or over. Or in other words, what insurance company offers best terms for such a case?

* * The "Provident Clerks," 27, Moorgate Street, has a special arrangement with the Teachers' Guild for assurances of this kind, and is a safe office. The "Rock" gives rates for this kind of assurance in its prospectus, and almost any first-class office would give a rate on application.

ANSWERS.

DISGUSTED PRACTITIONER has omitted to enclose his card.

D. P.—It is surprising that the obvious nonsense in the advertisements in the newspapers should deceive any person of common sense. The advice of a surgeon should be obtained.

BRUM.—The money value of an English translation of the *London Pharmacopoeia* (1716) would not be great. The interest of the early editions of the *Pharmacopoeia* of the London College lies in typographical details, which would of course be absent from a translation.

DR. G. E. SHUTTLEWORTH (Richmond Hill, Surrey) writes in reply to Dr. Herbert Hart's query, p. 1359, BRITISH MEDICAL JOURNAL, November 3rd, 1900: The National Association for Promoting the Welfare of the Feeble-minded (53, Victoria Street, S.W.) has homes for mentally defective children not certifiably imbecile. Payment 7s. to 10s. per week.

MR. L. M. GRIFFITHS, Honorary Librarian to the Bristol Medical Library, writes: In inference to your reply to "G. R. J. F." the following extract from Quaritch's catalogue, p. 69, No. 87, March, 1899, is of interest: "*Anatomical Exercitation, concerning the Generation of Living Creatures.* By William Harvey, Doctor of Physick. Printed by James Young for Octavian Pulleyn.....1653. 12mo, wanting the portrait, but otherwise a perfect copy in the original calf, rebaked. 1653. £7 10s. Extremely rare. Unmentioned by Lowndes. Mr. Hazlitt remarks, 'It is said that only 150 copies were printed, and of these 115 destroyed by fire.' A perfect copy fetched £40 10s. at Sotheby's in 1892."

ISOLATION AFTER WHOOPING-COUGH.

E. AND C. R.—In the Code of Rules for the Prevention of Infectious and Contagious Diseases in Schools, issued by the Medical Officers of Schools Association (Fourth Edition. London: J. and A. Churchill. 1899, 1s.) it is stated that a patient may be allowed to mix with others "in not less than five weeks from the commencement of the whooping, and provided that the characteristic spasmodic cough and the whooping have ceased for at least two weeks."

"TREATMENT OF FLATULENT DYSPEPSIA.

DR. A. O. HONNYWILL (Sutton) writes: In answer to "T. B. H." I would suggest the following treatment, as I have often found it very efficacious: In addition to the ordinary dietary treatment (abstinence from much liquids, green vegetables, potatoes, etc.), the following powder will, I think, be found efficacious: R Bism. subnit. gr. v; carbonis ligni gr. viij. To be taken after each meal.

DR. ARTHUR WATSON (Llanymynech) writes: I think much relief, if not cure, would result from taking half an hour before each meal: R Pulv. rhei gr. jss; sodii bicarb. gr. x; bismuthi nitrat. gr. v. Misce. Ft. pulv. Sig. To be taken in ∞ size gelatine capsule of P. D. and Co. without water. And taka diastase gr. jss in tablet form with each meal.

CURE OF THREADWORMS IN CHILDREN.

J. E. P. writes: In my former communication I find that I recommended the unguentum hydrarg. mitius, or milder mercurial ointment. This preparation is not found in the present *Pharmacopoeia*, but is given in that of the College of Dublin, where I received my early education. It is made with twice the weight of lard used in the preparation of unguentum hydrargyri. There is half a drachm of mercury in a drachm of the