

there may have been hundreds of unregistered cases. This year there have been about 7,600 attacks and 4,256 deaths.

Kashmir, with its protecting belt of mountains, lies so far from the plains of India, and has so cold a winter, that cholera is not endemic. Indeed, a special train of circumstances is almost required if the valley is to become infected. In 1888 the hundreds of camp followers of the Maharajah brought it in. I remember, on the day of his arrival, meeting four men, on the bank of the river, carrying into the city an emaciated corpse-like form, a man in the collapse stage of cholera. A few days later the disease broke out in all directions. Since then improved roads and increased facilities for travel have tended to increase the risk of periodic outbreaks. Even now the long mountain roads, crossing passes and rivers at intervals, admit of the application of quarantine. And yet, even with such favourable conditions, this has nevertheless failed absolutely.

Cholera had been prevalent in the Punjab during the summer. A traveller from the Lyallpur District was taken ill and died of cholera on the Banihal road, one of the shortest routes to Kashmir, on July 18th. About 4,000 coolies were working on a new road close by. On July 21st the disease broke out amongst these, and 200 cases occurred, of which 176 died. Probably a large number of the milder cases were concealed. The survivors fled, many of them to Kashmir, carrying, no doubt, the infection with them. Hindu pilgrims, too, on their way to the sacred cave of Amarnath, at the north-east of Kashmir, traversing the infected districts, also suffered, and acted as carriers.

After a time of anxious expectation it was announced that cases of cholera were beginning to appear at the east end of the valley, the point at which the Banihal road enters. By September 3rd, 470 cases had occurred, 35 villages were infected, and, worse still, 18 cases had appeared in the city of Srinagar, which has a population of 125,000. The disease continued to spread, and on September 12th there were 93 new cases in Srinagar, and 143 in the district around. After this there was a gradual decline in the city. The maximum in the surrounding district was reached on September 28th, when the record of new cases was 250. From this time there was a steady improvement. On October 24th there were only 40 fresh attacks in the whole valley.

Compared with the last two epidemics this one has been comparatively small. The reasons are not far to seek: (1) A good supply of pipe water has been brought to the city; (2) in the early autumn the nights begin to get quite cold owing to the altitude; (3) a great deal has been effected in the way of sanitation during the past few years.

The introduction of a supply of pure water has saved hundreds of lives in Srinagar. In spite of this, however, in some of the more crowded and insanitary quarters, the disease appeared to obtain at any rate a temporary footing.

The mortality as a whole was very constant, being about 56 per cent. The records of some districts are much higher. This may be due partly to the intensity of the poison, but is more probably owing to the concealment of non-fatal cases. As time went on there was a tendency for the attacks to assume a milder character. The cold no doubt checked the growth of the bacilli outside the body. Rain appeared to favour the spread of the disease. Continuous rain, however, which ushered in colder weather, proved very beneficial.

Prophylactic treatment with sulphuric acid is, I believe, of value in averting the disease. At the Mission Hospital all cases of chronic diarrhoea were treated in this way. Only one was attacked, and in spite of debility (due to traumatic discharging empyema, the result of a severe gunshot wound, for which he was under treatment), he made an excellent recovery.

The immense importance of early treatment with some preparation of opium cannot be too strongly insisted upon; 70 per cent. of those treated by us in this way recovered. The proportion would have been larger, but our returns included bad cases to which we were called too late. In two cases on the second day I found an appearance of spores in the bacilli after prolonged staining with carbol-fuchsin, a point of some interest, as their existence is denied by high authorities.

During the epidemic excellent work was done by Major Roberts, Acting Residency Surgeon, and by Dr. A. Mitra, the Chief Medical Officer to the Kashmir State.

## QUININE HÆMOGLOBINURIA.

By A. G. WELSFORD, M.D., F.R.C.S.ENG.,  
Johannesburg, South Africa, late P.M.O. of the Beira Railway.

WITH regard to the theory that the so-called blackwater fever of the tropics is a peculiar condition caused by the administration of quinine in malarious patients, few (if any) practitioners who are experienced in tropical practice believe that this is a common cause, because while they are in the habit of prescribing quinine in large doses for all varieties of the malarial fevers, they do not practically find that blackwater fever results, and they also know that blackwater fever is a strictly localised disease, and that there are some malarious districts Africa which are free from it.

It is a fact that quinine can in certain very rare cases cause hæmoglobinuria, but so rare are they that there are few observations on record. The following case is interesting as being one of these rare cases.

### CASE I.

A.B., a white prospector, was admitted into the Beira Railway Hospital in June, 1899. He had been in the country nine years, and had just returned from a trip into the interior, which had lasted nine months. He was suffering from a high degree of malarial cachexia. He had had frequent slight attacks of blackwater fever during the previous three years. He rarely, if ever, took quinine. On admission he objected to take quinine, alleging that a single dose invariably made his urine black, but he eventually consented to take two 10-grain doses, which were administered at 8 A.M. and 2 P.M. At 6 P.M. the patient had a rigor; the temperature, which before was normal, rose to 105° F. with vomiting and pain. At 7 P.M. he passed 10 ounces of black urine. He improved during the night, and next morning his urine was clear, but still contained a little albumen.

Before taking the quinine the patient had been up and about, and there was therefore a possibility of the hæmoglobinuria having been due to chill. To obviate this source of error the patient, who took a most intelligent interest in his case, after his temperature had remained normal for a period of seven days was put to bed for two days. On the third day two 10-grain doses of quinine were given with the same result; the temperature rose in the evening with rigor, vomiting, and pain, and 12 ounces of black urine were passed. The following morning the urine was clear, and in two days there was no albumen.

### CASE II.

A more doubtful case of quinine hæmoglobinuria occurred in the case of a man who was admitted with a somewhat severe attack of blackwater fever. This was treated without quinine and the patient recovered. Three weeks later his temperature rose to 100° F. and 10 grs. of quinine were ordered three times a day. Two days later his temperature suddenly rose to 105° F. and his urine became black and continued so for two days. As in this case the symptoms were well marked; this attack may have been a relapse.

The exact relationship between blackwater fever and malaria is not yet made out, but the symptoms of blackwater fever are so definite that the fever can be readily distinguished from the transient hæmoglobinuria which in the first-mentioned case followed the administration of quinine.

Hæmoglobinuria may be produced by several poisons, among which are potassium chlorate, carbolic acid, and arseniuretted hydrogen. It is in this category that quinine hæmoglobinuria must be placed.

Blackwater fever, if not due to a specific organism, is due to the toxin of malaria, and falls in line with the hæmoglobinuria sometimes produced by the toxins of syphilis, yellow fever, enteric, and scarlet fevers.

## MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

### A FATAL CASE OF POISONING WITH ZINC SULPHATE: NECROPSY.

I WAS called to see A. C., a widow, aged 53 years, at about 5 P.M. on July 5th, 1900. She was said to have swallowed a large packet of sulphate of zinc at some time between 1 and 3 P.M. She was suffering from severe pain in the stomach and bowels, paleness of the countenance, coldness of the limbs, irregular pulse, and cold sweats, with purging, but had only vomited about a teaspoonful. I administered a large amount of carbonate of soda diluted freely with tepid water. Copious vomiting of a white fluid ensued (showing presence of carbonate of zinc). After which I directed that she should be frequently given white of egg and milk, and later on, when signs of collapse appeared, whisky with the latter. I injected

1 gr. of morphine for the pain, and afterwards gave 1 gr. opium tablets at intervals. I saw her again at 7 and 9 P.M. At the latter time she seemed easier. When visited at 9.20 A.M. on July 6th she was almost pulseless and collapsed. Every effort was made to revive her, but she died in a state of collapse at about 10.30 A.M., about twenty hours after taking the poison.

#### NECROPSY.

(Made by the coroner's order forty-eight hours after death.)

*Externally.*—The body was well nourished: *post-mortem* lividity slight, decomposition rapid.

*Condition of the Head and Viscera.*—The membranes of the brain were congested, and there was a large amount of blood-stained serum in the sinuses. The brain weighed  $\frac{1}{2}$  lbs.; the arteries at the base were congested, and there was a considerable amount of serous fluid in the left ventricle, and a little in the right.

*Condition of Thorax and Viscera.*—The pleura was normal and non-adherent. Both lungs were engorged with dark blood. Heart normal, although slightly hypertrophied.

*Condition of Abdomen and Viscera.*—The stomach contained partially digested egg and milk. The mucous membrane lining it showed patches of intense inflammation, but this was much more marked in the small intestines, which were inflamed throughout; the inflammation in the large intestine was, again, of a patchy character. So vivid was the congestion of the small intestine that it was plainly visible from the outside before they were slit up. Liver, 5½ ozs., anæmic but otherwise normal. Spleen, soft and congested. Left kidney,  $\frac{1}{2}$  ozs., and fatty; right, 4 ozs., normal.

*REMARKS.*—Death was due to shock, resulting from the intense and very extensive inflammation of the mucous lining of the stomach and intestines. The condition of the brain, and particularly the amount of serum in the ventricles, would indicate that the woman was not of perfectly sound mind at the time. The packet contained 1 oz. of sulphate of zinc, but it is possible that she had a second ounce from another chemist.

Lower Kennington Lane, S.E. G. D. MACKINTOSH, L.R.C.P.

#### METABOLIC FEVER.

I VENTURE to suggest the above name for a form of fever which is common in children during the summer months, and which is generally called a "bilious attack" a "chill on the liver," a "bilious cold," a "feverish cold," and so on. Having seen so many cases this summer, all with identical symptoms, I think we might safely give a definite name to these cases. I have chosen the above name because it probably explains the cause of the fever—namely, increased metabolism, increased tissue waste, increased and at first unsuccessful attempt to replace the waste, and a system clogged with used-up tissues—"the products of metabolism," which the excretory organs are unable to dispose of fast enough.

*Symptoms.*—Severe frontal headache, profuse perspiration (probably an attempt to get rid of the products of metabolism), vomiting, irregularity of bowels (generally constipation), temperature  $101^{\circ}$  to  $102^{\circ}$  F., loss of appetite. The patient is not thirsty at first, but at the end of twenty-four hours great thirst is complained of. The vomiting is at first severe; in one case the patient vomited some blood. The perspiration is also most marked, the patient's nightgown being "soaking wet." The urine is much as usual, and does not appear unusually high coloured.

*Etiology.*—In every single one of my cases I have been able to show that the patient had undertaken some unusual exercise during the days immediately preceding the attack; these cases are therefore most common in the summer holidays when boys who have spent many hours daily in school or at their home work suddenly find themselves free to roam about, play cricket all day, and generally over-exert themselves. In one of my cases a boy, 12 years old, who had not been on a bicycle for over a year, rode 20 miles one day and 40 the next, after which he developed the above symptoms. Another boy, 10 years old, developed them after some athletic sports, in which he entered for flat races; he spent the three days previous to the sports in "training." Another boy, aged 16, developed them after a 20-mile walk, he being employed in the city as a clerk, and quite unused to walking long distances. A girl, aged 8, developed them, because (in the words of her mother) "she had a hoop given her three days ago, and has been tearing about each day, and all day, like a mad thing, up and down, up and down the road." Another girl, aged 6, had been "trotting about in town all day with her parents, and came home tired out."

These are the predisposing causes. What happens? Probably the accumulation of "products of metabolism" acts on the heat-regulating centre in the medulla interfering with thermotaxis, causing thermogenesis and reducing thermolysis.

*Treatment.*—Absolute rest in bed for three days. Drugs: Calomel purge, one small dose of antipyrin, tonics. Diet: First day, practically *nil*; second day, bovril, milk, and soda; third day, fish.

The patient is usually well on the fourth day. There was no history of mosquito or gnat bites in any case, and no "chill."

Leightonstone.

ARTHUR TODD-WHITE.

## REPORTS

ON

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

ROYAL HANTS COUNTY HOSPITAL, WINCHESTER.

A CASE OF ANGIOMA OF THE SPINAL CORD, WITH RECURRENT HÆMORRHAGES.

(Under the care of Dr. HARMAN.)

[Reported by C. A. J. A. BALCK, M.B., Ch.B., House-Physician.] The patient, a grocer, was admitted on February 23rd, 1900.

#### Previous History.

Always of a neurotic temperament, he began in the summer of 1896 to complain of occasional pains in his legs. In November of that year there was a sudden exacerbation of these, combined with retraction of the head and loss of power of his lower extremities. There is said to have been also anesthesia of one leg. There was no apparent reason for the onset of this attack, and the symptoms gradually passed away, though it was six months before he could resume work. Exactly two years later—that is, in November, 1898—a second similar attack occurred as he was entering his lodging after his day's work. A feeling of stiffness and suffocation came over him, he was carried upstairs, and a medical man summoned, who injected morphine. A few minutes later his breathing became laboured and a fatal result appeared imminent. He rallied, however, and ten days later was able to be taken to his home. He was there treated with phenacetin, but apparently without much benefit, as three weeks later his removal to this hospital was advised. He was admitted on December 25th, 1898. The house-physician of that time has the following notes on him: "The muscles on the right hip are atrophied; the great trochanter stands out prominently and is also enlarged. The patient complains of pain on pressure along the whole course of the great sciatic nerve." The patient left the hospital on April 5th, 1899, much improved, though walking lame and with occasional shooting pains. On February 21st, 1900, he had a third attack. There was acute pain up the spine and retraction of the head. Some phenacetin relieved him sufficiently to enable him to undertake the journey home, a distance of six miles. He was brought in a cab to the house, where he seemed to improve a little. The next night, however, he became delirious, and was seen by a physician, who advised his immediate removal to the hospital.

#### Condition on Admission.

Nothing could be made out at the seat of pain. Tendon reflexes were exaggerated on both sides and the right leg was atrophied. Recovery again took place, and in the beginning of March he was up and walking about, apparently well.

#### After History.

On March 10th, while in bed, the patient suddenly uttered a loud scream. I went up to him, and found him in apparently intense pain, lying with his head retracted and groaning loudly. On inquiry he said he was suffering from great pain in the back of the neck and on the back of the right thigh, along the course of the great sciatic nerve. Any attempt to move his head forward caused him great agony. Various means were tried to relieve the pain; of these, the subcutaneous injection of morphine and the local application of heat seemed most successful. The patient complained of inability to micturate, and was very restless and wandering throughout that day and night, only quieted by morphine; there was no rise of temperature.

On March 11th the effect of chloroform was tried. But under the anæsthetic the rigid retraction of the head persisted. When the head was pushed forward it of its own accord returned into the retracted position. Morphine was again administered, and kept the patient fairly quiet during the day. About 11 P.M., however, he became delirious and quite unmanageable, shouting loudly, and trying to get out of bed. He was quieted by a large dose of morphine, and slept till about four o'clock in the morning. He then woke comparatively free from pain, and able to move his head backwards and forwards, asserting, however, that the forward position caused him great pain in the right arm and leg.

On March 12th the patient remained in much the same condition—restless, wandering, complaining of much pain, and only quieted by morphine; 9 ounces of urine were drawn off him by catheter. Bromides were given four-hourly, but as yet had no apparent effect on him.

On March 13th he complained of great pain in the eyes, and of impaired vision, otherwise his condition was unchanged.

On March 14th the pain in the eyes was worse. He was, however, able

Mr. Elliott graduated B.A.Camb. in 1892 and M.A. in 1895. He received his medical education at St. Thomas's Hospital, and took the diplomas of M.R.C.S., L.R.C.P.Lond. in 1898. He was a keen sportsman and a good all-round athlete, having won his Rugby Blue at Cambridge and his International Cap for England. Personally, the soul of honour and pluck, he was a man of whom the profession may be proud, and his untimely death at the outset of his career will be mourned by a wide circle of friends among whom he was deservedly popular.

Mr. FREDERICK TREVES has been kind enough to send us the following tribute to Mr. Elliott's services:

Mr. Elliott joined No. 4 Field Hospital at Frere some little time after the battle of Colenso. He accompanied the hospital to Spearman's Farm, and helped to attend the wounded from Spion Kop and Val Krantz. He followed the hospital back to Chieveley and thence on to Ladysmith. He was an admirable surgeon, most eager and most painstaking in his work and most thorough in all that he did. He was particularly unselfish and very kind-hearted. He had no idea of sparing himself, and if I saw a figure going round the tents at unusual hours of the night I knew it was Elliott. The soldiers were much attached to him and he to them. Nothing was too much trouble for Elliott, and his thoughtfulness for others was always making itself apparent. He was the very best of companions, always genial, always ready, keen for everything that was going, whether it was an extra spell of work or a suddenly-devised expedition. It was a great pleasure to work with him, and I know well that everyone in No. 4 Field Hospital will deeply and sincerely mourn his death. As the soldiers would say, he was "a really good sort."

PROFESSOR LEWIS SAYRE,  
New York.

PROFESSOR SAYRE, who died recently at the age of 80, was born on February 29th, 1820, at Battle Hill, New Jersey, and received his preliminary education in the Transsylvania University at Lexington. In 1839 he went to New York and studied medicine, taking his degree in 1842 at the College of Physicians and Surgeons. For the next ten years he was Preceptor in the College. After filling various hospital appointments he became Surgeon in 1853 to the Bellevue Hospital. In the same year he was appointed to the Chair of surgery in the College of which he was one of the founders—of the Bellevue Medical College, which in 1898 was annexed to the University of New York. He was also one of the founders of the New York Academy, of the New York Pathological Society, and of the American Medical Association, of which body he was President in 1880. He had a world-wide reputation as an orthopædic surgeon, and his name is well-known in connection with his method of treatment of spinal curvature. He took great interest also in sanitary reforms.

He was the first surgeon in America who successfully performed resection of the hip for coxalgia; this he did in 1854. During the meeting of the Congress of Medicine of Philadelphia in 1876 he performed the operation before a large number of surgeons, among whom was Lord Lister. It was in a report presented to the American Medical Association in 1876 that he first brought forward his method of treatment of curvature by the plaster jacket, and on that occasion the Association passed a special vote of thanks to him for this invention "as marking an epoch in the history of surgery."

Among his writings are the *Mechanical Treatment of Chronic Inflammation in the Joints of the Lower Extremities*, 1865; a *Practical Manual of the Treatment of Club-foot*, 1869; *Lectures on Orthopædic Surgery and Diseases of the Joints*, 1876; *Spinal Disease and Spinal Curvature: their Treatment by Suspension and the Use of the Plaster-of-Paris Bandage*, 1877.

We regret to record the death after a very brief illness at his residence, Tynyffordd, Colwyn Bay, on November 20th, of Dr. ROGER EDWARDS. Dr. Edwards was 60 years of age, and was a native of Dolgelly. He studied medicine at University College, London, taking the M.R.C.S.Eng. and L.R.C.P.Lond. in 1875. He subsequently held the appointments of House-Physician at University College Hospital, Senior House-Surgeon at the Royal Free Hospital, London, and Resident Medical Officer at the Toxteth Park Workhouse,

Liverpool. He started practice at Bala, and whilst there held the Medical Officership of Health. Removing to Llanfyllin, Montgomeryshire, he established an extensive practice, and became one of the most prominent public men in the county. He was several times re-elected Mayor of Llanfyllin, was a member of the County Council, and chairman of the County Governing Body. His active interest in education and local government affairs made him exceedingly popular, and when three years ago he left the county he was the recipient of a public testimonial from the inhabitants of Llanfyllin and district. He removed to Colwyn Bay where he acquired a wide and growing practice, and was much beloved for his generosity. In 1896 he took the degree of M.D. at Durham, he was a member of the North Wales Branch of the British Medical Association, and frequently contributed papers at the meetings. He was buried at Llandrillo-yn-rhos Churchyard on Saturday, November 24th, and leaves a widow to mourn his loss.

We have to record with regret the sudden death of Mr. J. M. MENZIES, M.A., the valued Honorary Secretary for sixteen years of the St. Andrew's Graduates' Association. He attended the annual general meeting of the Association on Friday, St. Andrew's Day, and on the proposal from the chair by the President, Sir Charles Gage Brown, he was re-elected with applause to the office he had filled so well. On Sunday, December 2nd, he felt a little poorly, this soon passed into acute pain in the chest and arms, and before medical assistance could be procured he died, apparently of angina pectoris. The Association sustains a great loss by his removal, for he was an able adviser on all university interests, and a genial friend of all its members by whom he was highly esteemed.

THE death on December 11th is announced of Mr. LIONEL EDWARD KAY-SHUTTLEWORTH, British Vice-Consul at San Remo. Mr. Kay-Shuttleworth, who was born in 1849, was educated at Cambridge, and became a Member of the Royal College of Surgeons of England in 1876.

We have to record with regret the death of FREDERIC EDMUND HUBBARD, M.R.C.S., L.R.C.P., of Diss, Norfolk, which occurred on November 25th after a long and trying illness borne with patient courage. Dr. Hubbard was born at Hythe in Kent in 1858, and received his preliminary medical training at Guy's Hospital. He was appointed Senior House Surgeon to the Kent and Canterbury Hospital in 1884, which office he held for nearly two years. In 1886 he entered into partnership with Dr. T. E. Amyot, of Diss, a well-known and widely-esteemed practitioner, on whose decease Dr. Hubbard took the whole practice, carrying it on with conspicuous success until slowly-increasing weakness, against which he struggled bravely, compelled him to cease work. He took a sea voyage to Norway in the summer of 1899, and another to the Mediterranean in September, 1899, unfortunately without benefit to his health. He was a member of the Norwich Medico-Chirurgical Society, and held the appointments of Medical Officer of the 5th Diss District of Depwade Union, and Public Vaccinator to the same District, Medical Officer of Health of Diss Urban District, and other appointments. His loss is deeply mourned by a wide circle of patients, by whom he had become greatly beloved for his kindly nature, uprightness of character, and earnest endeavours to allay suffering. He leaves a widow and two young children.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession who have recently died are Dr. Henry D. Noyes, ex-President of the New York Ophthalmological Society, aged 68; Dr. Gustave Peltier, of Sedan, who served as Surgeon to the Hospital of that town in the Franco-Prussian war, and was the author of numerous contributions to the *Progrès Médical*; Dr. Ant. Ferreira França, sometime Professor of Surgical Pathology in the Medical Faculty of Rio de Janeiro; Dr. Apollinaris Podres, Professor of Surgery in the University of Charkow, aged 47; Dr. Bernhard Spinola, Director of the Charité Hospital, Berlin, aged 64; Dr. Duploux, sometime Director of the Medical Department of the French Navy; and Dr. Giovanni Chiverny, of Milan, formerly Medical Superintendent of the

Asylum of Senavra in the Province of Coma, author of numerous contributions to medical literature, most of which appeared in the *Archivio delle Malattie Mentali*, aged 88.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

### THE UNDERMANNING OF THE ARMY MEDICAL SERVICE.

THE following is the distribution of the active list of the Army Medical Service, as shown in the Army List for December:

*Distribution in the December Army List, 1900.*

Ranks.	Home.	South Africa.	Other Foreign Stations.	Not Posted.	Total.	Remarks: Seconded.
Surgeon-Generals ... ..	5	1	4	—	10	—
Colonels ... ..	7	9	9	—	25	2
Lieutenant-Colonels...	23	37	63	—	123	4
Majors ... ..	32	174	159	3	368	3
Captains ... ..	19	69	103	1	192	6
Lieutenants ... ..	38	118	28	2	186	—
Total ... ..	124	408	366	6	904	15

The total is 5 less through retirements on the non-effective list. There are 6 more at home, 14 fewer in South Africa, 1 more at other foreign stations, and an addition of 2 to the unposted list. The colonels in South Africa in the position of surgeon-generals, and the lieutenant-colonels and majors in the position of colonels, are all now granted steps in local rank; this seems to be the result of our persistent advocacy of such measures.

There are 2 retired officers and 7 of the Militia Medical Staff Corps serving in South Africa, and 114 retired officers are employed.

It is now a year since we began to give these monthly abstracts relative to the distribution of army medical officers. There is a total increase of about 70 medical officers on the active list compared with December, 1899. South Africa, which then accounted for 245, now absorbs over 400, with a corresponding fall in the numbers at home and at other foreign stations. The number seconded has declined and the unposted fallen to a minimum, notwithstanding the stress of wounds and sickness which meanwhile has fallen on the service.

The service is probably in a better position as regards numbers than it was a year ago, but still far under the strength required to bring it to efficiency.

#### THE PEKIN DESPATCHES.

A PARLIAMENTARY paper just issued contains the "Reports from Her Majesty's Minister in China respecting events at Peking." The first despatch, dated June 10th, describes the rapid spread of the "Boxer" movement at the end of May; and in subsequent despatches Sir Claude Macdonald gives a vivid picture of the conduct of the Chinese authorities, and of the sufferings endured by those who were shut up with him in the Legations during their eight weeks' siege. Sir Claude speaks highly of the gallantry of the forces, British and foreign, which defended the Embassy, including in his praise the many volunteers who lent their aid. "One of the most important departments in the system of defence," he says, "was the international hospital. The two doctors doing duty were Dr. Poole, Legation Surgeon, and Dr. Velde, of the German Legation. During the siege 166 cases passed through the hospital, 20 suffering from illness; the rest were all severely wounded. Owing to the devotion and skill of these two medical officers, 110 of the wounded were eventually discharged cured; and this notwithstanding that towards the end of the siege, the resources of all the dispensaries having proved unequal to the strain, medical appliances, such as bandages and medicated wool, had to be replaced by makeshifts made from cast-off linen, the wool being replaced by sterilised sawdust.

Further despatches on the same subject appear in the *London Gazette* of December 11th. They are principally from Captain Edmund Wray, Royal Marine Light Infantry, Commanding the British Marine Guard at the Peking Legation, and are in form of a diary of events. Captain Wray encloses a report from Dr. Wordsworth Poole, C.M.G., Physician to the Legation, in which that gentleman desires to bring to notice "the conduct of Richard G. Fuller, Sick-Berth Steward of H.M.S. *Orlando*, who worked under me in the International Hospital during the siege of

Pekin. The work was excessively arduous, and he proved himself an invaluable assistant. He was indefatigable at his work, of which he has an excellent knowledge. He managed the sick of eight nationalities with great tact. Both myself and my colleague, Dr. Velde, formed a very high opinion of his capabilities. In fact, it would be impossible to overpraise his conduct."

#### ROYAL NAVY MEDICAL SERVICE.

THE following appointments have been made at the Admiralty:—ARTHUR S. G. BELL, Surgeon to the *Boscawen* for the *Minotaur*, December 5th; WALTER H. S. STALKARTT, M.D., Surgeon to the *Alacrity*, December 7th; HUGH T. BURNISTON, M.B., Surgeon to the *Duke of Wellington*, additional, for Portsmouth Dockyard, December 18th.

#### ROYAL ARMY MEDICAL CORPS.

MAJOR F. M. BAKER, M.D., retires on retired pay, December 8th. He was appointed Surgeon, March 6th, 1880, and Surgeon-Major twelve years later. He has no war record in the *Army Lists*.

Captain WILLIAM PEARSON BARTER died at Agra, India, on December 2nd, at the age of 34. He was the last surviving son of Brigade-Surgeon J. F. Barter, Indian Medical Service, retired, and was appointed Surgeon-Lieutenant, July 29th, 1893, becoming Surgeon-Captain three years thereafter.

Civil Surgeon COURTENAY C. PARSONS died of enteric fever on December 2nd at Harrismith, Orange River Colony. He was the eldest son of Dr. Parsons, of Dover.

The following have been discharged from hospital to duty: Lieutenant G. J. S. ARCHER, Captain G. ST. C. THOM.

#### MILITIA MEDICAL STAFF CORPS.

MAJOR Sir J. R. A. CLARK, Bart., late Army Medical Staff, is promoted to be Surgeon-Lieutenant-Colonel, December 5th.

Surgeon-Lieutenant-Colonel W. TWIGG, M.D., Mid-Ulster Artillery (Southern Division Royal Artillery), retires, retaining his rank and uniform, December 13th.

#### ARMY MEDICAL RESERVE.

SURGEON-MAJOR A. KINSEY MORGAN resigns his commission [December 8th.

#### COLONIAL MEDICAL SERVICE.

SURGEON-MAJOR JAMES IRVING, M.D. Edin., Canterbury Mounted Rifles, died at Christchurch, New Zealand, on October 28th. He was the first President of the British Medical Association in New Zealand, and was for some years resident at Newark-on-Trent.

#### INDIAN MEDICAL SERVICE.

LIEUTENANT-COLONEL C. LITTLE, M.D., Madras Establishment, who entered the service as Assistant Surgeon, March 30th, 1872, is promoted to be Colonel from February 12th, 1900.

Major JAMES HENDERSON SELICK, M.B., Bengal Establishment, died at Mandalay on November 27th, aged 37 years. He was appointed Surgeon September 30th, 1886, and Major twelve years later.

Surgeon-General GEORGE VERNON CURRIE, Bengal Establishment, died at Eastbourne Terrace, Hyde Park, on December 3rd, aged 72 years. He entered the service as Assistant Surgeon January 14th, 1854; became Brigade-Surgeon November 27th, 1879; and retired with the honorary rank of Deputy Surgeon-General April 10th, 1884. He served in the Indian Mutiny campaign in 1857, and was in the engagement at Hoti Mardan (medal), and in the Afghan war in 1879, including the action at Kam Dacca (medal).

#### THE VOLUNTEERS.

SURGEON-CAPTAIN T. W. J. ALLEN, M.D., 1st Lincolnshire Artillery (Western Division Royal Garrison Artillery), resigns his commission, November 28th.

The undermentioned gentlemen are appointed Surgeon-Lieutenants in the corps respectively specified: JOHN R. EVANS, 1st (Pembrokeshire) Volunteer Battalion the Welsh Regiment, November 28th; ARTHUR M. WARE, M.B., 14th Middlesex (Inns of Court) Rifles, November 28th; BEB-TRAM ADDENBROOKE, M.D., 1st Volunteer Battalion the Worcestershire Regiment, December 5th; HENRY G. L. ALLFORD, 1st Cinque Ports Rifles, December 5th.

Surgeon-Lieutenant R. B. WRIGHT, 1st Cheshire and Carnarvonshire Artillery, is promoted to be Surgeon-Captain December 5th.

Surgeon-Major D. E. FLINN, 5th (Irish) Volunteer Battalion the King's (Liverpool Regiment), is promoted to be Surgeon-Lieutenant-Colonel December 5th.

Surgeon-Captain H. G. ASHWELL, 1st Nottinghamshire (Robin Hood) Rifles, resigns his commission, December 5th.

Surgeon-Captain A. MACPHEE, M.D., 5th (Glasgow Highland) Volunteer Battalion the Highland Light Infantry, is promoted to be Surgeon-Major, December 5th.

Surgeon-Major F. W. GIBBON, 1st Durham Engineers, has been granted the Volunteer Officers' Decoration.

Surgeon-Lieutenant-Colonel J. MAY, 2nd Devonshire Artillery (Western Division Royal Garrison Artillery), resigns his commission, December 15th; he retains his rank and uniform.

Surgeon-Lieutenant S. P. JOHNSON, M.B., 1st Warwickshire Artillery, is removed from the Volunteer Force, Her Majesty having no further occasion for his services, December 12th.

Surgeon-Lieutenant-Colonel W. S. LIMBICK, 4th Volunteer Battalion the King's (Liverpool Regiment), resigns his commission, retaining his rank and uniform, December 12th.

The undermentioned gentlemen are appointed Surgeon-Lieutenants in the corps respectively specified, dated December 12th:—ARCHIBALD G.

GWILLAN, M.B., 8th (Scottish) Volunteer Battalion the King's (Liverpool Regiment); JAMES G. ANDREW, M.B., 1st Lanarkshire Regiment; VERNON J. GREENBOUGH, M.B., 2nd Volunteer Battalion the Sherwood Foresters (Derbyshire Regiment).

Surgeon-Captains P. S. SPOKES and J. W. PARE, M.D., 17th (North) Middlesex Rifles, and Surgeon-Captain A. G. BATEMAN, M.B., 16th Middlesex (London Irish) Rifles, resigns their commissions, December 12th.

#### VOLUNTEER MEDICAL STAFF CORPS.

The annual supper and smoking concert of No. 1 Company, composed of students from Middlesex, Charing Cross, King's College, and University College Hospitals, took place at headquarters, Calthorpe Street, on November 30th. Surgeon-Captain Whait was in the chair, and about seventy members and guests were present.

Among the toasts were "The Queen," "Our Guests," and "Those of the Corps serving in South Africa." Speeches were made by the Commanding Officer, the Major, and the Adjutant.

The concert was a great success, and an altogether enjoyable evening was spent.

#### THE ROYAL NAVY MEDICAL SERVICE.

NIL DESPERANDUM writes: It is with satisfaction I read the letters of "M.O., R.N.," "N.O.," and "Naval Medico" in the BRITISH MEDICAL JOURNAL concerning the Naval Medical Service, for they are the first to draw attention to what the majority of naval medical officers feel are the disabilities under which they serve. No doubt the previous silence has been largely due to the *esprit de corps* of the department, and to the strong feeling that the deliberations of the Departmental Committee which sat last year to inquire into the conditions of the Naval Medical Service would have resulted in the removal of these disabilities. Though some important alterations for the better instruction of surgeons on entry were made, the privilege of a post-graduate course extended to the senior medical officers and the supply of surgical instruments to ships decided on, they have failed to remedy what are felt to be real grievances. At present a surgeon joins at an average age of something over 24. He has to go twelve years before getting his promotion to staff-surgeon, which is equivalent to the rank of senior lieutenant, who receives his step after eight years' service as a lieutenant, which rank is usually obtained between the ages of 21 and 22. He, therefore, at the age of 29 is the surgeon's senior by some seven years, and is still more his senior some five or six years later on promotion to commander, a rank a surgeon cannot obtain under twenty years, which makes a disparity of rank for rank of ten years. This disproportion as regards rank is not felt to the same extent by the naval instructors, who get their various steps in the same manner as ourselves—namely, by length of service—but who obtain their promotion to staff and fleet rank after eight and fifteen years respectively.

To the civilian this question may sound a small matter, but to those who have to spend the greater part of their time on board ship it is of the greatest moment, as on the question of seniority the choice of cabins depends, besides which even the most open-minded man must feel some loss in dignity to have as his senior in rank an officer so very much his junior in age.

Financially the surgeon in the service is certainly able to live on his pay so long as he remains single, but, being human, he probably sooner or later contemplates matrimony, and may, while *non compos mentis*, enter the wedded state. From this time onward, unless blessed with private means, he is constantly hampered with financial difficulties. Taking a man of 30 years of age with six years' service, his salary is £246 per annum. Out of this salary he has to support two establishments, even though he be attached to a harbour ship and lives to a great extent at his home. His mess bills on board can hardly be less than £5 per mensem; and what with uniform and customary ship entertainment, his service expenditure is close on £100 a year, leaving something less than £150 for the support of his home and the keeping up of the necessary insurance on his life. No very substantial increase takes place till his promotion to staff-surgeon, six years later.

Under the present conditions the surgeon who entered at the age of 25, having fulfilled special appointments, has much less chance of reaching the higher ranks than the man who entered immediately after qualifying, for although ability is taken into account in promotion to Deputy-Inspector-General, the younger man starts with some years to his credit, and can afford to wait, while the elder one has to retire on account of age.

The grievance pointed out by "Naval Medico" is certainly a very real one, and no doubt the prospect of having to take turns in the ship duties with a surgeon in many cases fresh from Haslar influences men to retire on reaching the completion of their twenty years.

## UNIVERSITIES AND COLLEGES.

#### UNIVERSITY OF CAMBRIDGE.

**Appointments.**—Mr. F. H. Neville, F.R.S., and Dr. Marshall Ward, F.R.S., have been appointed members of the General Board. Dr. H. L. Anderson and Mr. W. Bateson, F.R.S., have been appointed members of the Degree Committee of the Board for Biology. Mr. J. E. Marr, F.R.S., has been appointed University Lecturer in Geology, and Mr. H. Herbert Smith, Gilbey Lecturer in Agriculture; Professor Macalister an additional Examiner in Anatomy, and Dr. S. H. Habershon an additional Examiner in Medicine; Dr. Annington, Dr. Collingridge, Dr. Tatham, and Professor Woodhead Examiners in Sanitary Science for the D.P.H.

**Walsingham Medal.**—The gold medal has been awarded to Mr. H. H. Dale, of Trinity College, for his essay on the Galvanotaxis of Ciliate Infusoria; and the bronze medal to Mr. R. C. Punnett, of Caius College, for his essay on the Formation of the Pelvic Plexus.

**Affiliation.**—The University of New Brunswick has been affiliated to the University of Cambridge.

**Humphry Museum.**—The Senate has decided to demolish the old octagonal museum at the medical school, which at present occupies the site of the proposed Humphry Museum. Temporary accommodation for the displaced departments will be provided in buildings belonging to the University Press.

#### UNIVERSITY OF EDINBURGH.

##### NUMBER OF STUDENTS IN MEDICINE AND IN SCIENCE.

TABLE I gives the number of entries in the various years of medical study during the past five sessions, in each case at November 30th. The last line gives the increase or decrease as between this session and last:

TABLE I.

Session	Year of Study.					
	1st.	2nd.	3rd.	4th.	5th.	Total.
1896-97 ... ..	218	223	202	239	279	1161
1897-98 ... ..	205	208	228	193	333	1167
1898-99 ... ..	187	211	212	211	329	1150
1899-1900 ... ..	221	176	213	207	319	1136
1900-1901 ... ..	237	192	187	203	275	1094
Increase or decrease ...	+ 16	+ 16	- 26	- 4	- 44	- 42

The most interesting point in this table is the increase in the numbers in the first two years of study. The fall in the second, third, and fourth years was a necessity from the smaller numbers in the earlier years. As to the first year note also that the present session is 23.4 above the average of the past five years.

Table II gives the numbers of students of science during the past five sessions.

TABLE II.

Session.	Year of Study.			
	1st.	2nd.	3rd.	Total.
1896-1897... ..	54	25	38	117
1897-1898... ..	48	39	33	120
1898-1899... ..	58	28	33	119
1899-1900... ..	61	32	33	126
1900-1901... ..	61	31	44	136
Increase or decrease ...	No change	- 1	+ 11	+ 10

The total number of students in all the Faculties is less by 45 than last session, and less by 26 than the average of the past five years.

At the Medical Preliminary Examination in October last there appeared for examination 128 candidates, including 13 women. Of these, 61 passed in English and 20 failed; in mathematics 48 passed and 38 failed; in Latin 48 passed and 47 failed; in Greek 13 passed and 1 failed; in French 56 passed and 49 failed; in German 3 passed and 7 failed; in Bengali 5 passed; in Urdu 1 passed.

It the Faculty of Medicine there passed the Preliminary at one University Examination 36; at two University Examinations 9; partly with outside exemptions 17; entirely with outside exemptions 59; exempted by degree in Arts or Science 7, completed Preliminary 128, as against 119 in November, 1899; partly completed Preliminary 14; formerly completed Preliminary or otherwise accounted for 106; total first year students of medicine (including extra-academical graduation women), 248.

There are 13 matriculated women students of medicine. These are in attendance at the Class of Physics, the only University class open to them. There are 73 Extra-Academical Graduation Students of Medicine.

#### UNIVERSITY OF LONDON.

**M.B. EXAMINATION FOR HONOURS.**—The following candidates have passed this Examinations as undernoted:

**Medicine.**—First Class: E. A. Gates, St. Thomas's Hospital; Olive McDougal (Gold Medal), London School of Medicine and Royal Free Hospital; D. J. McGavin (Scholarship and Gold Medal), Mason College and Queen's and General Hospitals, Birmingham. Second Class: Louisa Hamilton, Royal Free Hospital; Mary Hannah Frances Ivens, London School of Medicine and Royal Free Hospital; W. H. Willcox, B.Sc., St. Mary's Hospital; Louisa Woodcock, London School of Medicine and Royal Free Hospital. Third Class: W. F. Addey, University College; W. Payne, Westminster Hospital; A. B. Soltan, London Hospital.

**(b) tetric Medicine.**—First Class: Mary Hannah Frances Ivens (Scholarship and Gold Medal), London School of Medicine and Royal Free Hospital; D. J. McGavin (Gold Medal), Mason College and Queen's and General Hospitals, Birmingham; A. B. Soltan, London Hos-



pital. Second Class: Louisa Hamilton, Royal Free Hospital. Third Class: E. M. Niall, St. Bartholomew's Hospital; M. H. Phillips, University College and Royal Infirmary, Bristol; W. H. Willcox, B.Sc., St. Mary's Hospital; Florence Elizabeth Willey, B.Sc., London School of Medicine and Royal Free Hospital.

**Forensic Medicine.**—First Class: W. H. Willcox, B.Sc. (Scholarship and Gold Medal), St. Mary's Hospital. Second Class: Margaret Bernard Dobson, London School of Medicine and Royal Free Hospital. Third Class: W. H. Coltart, Mason College; W. Gough, B.Sc., Yorkshire College; Mary Hannah Frances Ivens, London School of Medicine and Royal Free Hospital; J. W. Little, St. Thomas's Hospital; A. B. Soltan, London Hospital.

#### UNIVERSITY OF ST. ANDREWS.

The half-yearly meeting of the General Council of St. Andrews University was held on November 30th in the hall of the United College, under the presidency of Mr. James Stewart, the Lord Rector.

**Deaths of the Duke of Argyll and the Marquis of Bute.**—Resolutions were passed recording the regret of the Council at the loss sustained by the University by the death of the late Duke of Argyll, who for forty-eight years had been its Chancellor, and by that of the late Lord Bute, who, besides having been Lord Rector of the University for six consecutive years, was one of its most munificent benefactors in modern times.

**Election of Chancellor.**—Lord Balfour of Burleigh was unanimously elected Chancellor in succession to the late Duke of Argyll.

**Professorships of Anatomy and Physiology.**—The report of the Committee on Ordinances and Draft Ordinances was read recommending the General Council to approve of the two draft ordinances for the foundation of the Bute Chair of Anatomy and of the Chandos Chair of Physiology; the report and recommendations were unanimously adopted. The step of establishing two medical Professorships in Anatomy and Physiology had been made possible by the munificence of the late Lord Bute, who had set apart a sum of £20,000 to form the endowment of the Chair in Anatomy.

**Finance.**—A long discussion followed with regard to University finance. The excess of expenditure over income for the previous year had been £400. A Committee was appointed to procure funds for and to select a suitable memorial to the late Marquis of Bute.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

### MEDICAL ADVERTISING.

A CORRESPONDENT sends us a copy of the *Dundee Evening Telegraph* in which are announced Sunday evening health lectures to be given by five well-known local members of the medical profession. We do not think that the fact that these lectures are to be delivered on Sunday evening in a Congregational church differentiates them in essence from other health lectures delivered elsewhere, but there has been great laxity in the way in which such lectures have been advertised. We may add that it is derogatory to the medical profession for medical men to allow themselves to be advertised by large posters as delivering a lecture upon some professional subject, and we have no evidence that this is contemplated in the particular case. We would suggest that local Ethical Committees should endeavour to check the practice.

### DANGEROUS PRESCRIBING.

It is laid down by decisions in the High Court that "it is no crime for anyone to administer medicine, but it is a crime to administer it so rashly and carelessly as to produce death." Sir Matthew Hale, in his *History of the Pleas of the Crown*, in relation to this point has said: "The doctrine, therefore, that if any dies under the hand of the unlicensed physician it is felony is apocryphal, and fitted, I fear, to gratify and flatter doctors and licentiates in physic, though it may, as I have said, have its use in making people cautious and wary how they take upon them too much in this dangerous employment." When, however, gross negligence, unskillfulness, and ignorance are proved to have either caused or accelerated the death of a person treated either by a registered or unqualified practitioner, culpable homicide can be charged where no intention to kill can be alleged.

In an inquest held recently at Treccynon, before Mr. Rhys, the deputy coroner, and reported in the *South Wales Daily News*, the danger of unskilled persons prescribing for and treating surgical injuries was illustrated. The inquest was upon the body of a miner named Thomas. From the evidence it appeared that he had been working at his colliery on October 3rd, and that a lump of coal thrown towards the "tram" had struck him upon a finger, causing an incised and contused wound, which bled freely. The wound was immediately attended to by a medical man, assistant to Dr. Banks. Six days later Dr. Banks was again sent for, when he found that the patient was suffering from erysipelas and abscesses in the hand and arm. On inquiring into the history of his treatment since the date of the accident, Thomas informed the doctor that he had been putting barley meal and an ointment to the wound. Death ensued from blood poisoning and exhaustion.

A Mrs. Annie Howells, of 8, Harriett Street, after being duly cautioned by the coroner, stated that she had been asked by the deceased to make up some ointment for him. She asked him for 7d. for the same, and he gave her 1s. She made up the ointment, which consisted of olive oil, black resin, yellow wax, Burgundy pitch, and horse turpentine, and he took this away with him. She never saw him again, and she did not know whether the ointment was used by him or not. She had never seen the wound.

Dr. Banks, recalled, stated that the ointment used was not suitable for such a cut. He was not, however, prepared to say that the blood poisoning was necessarily caused by the said treatment.

A daughter of the deceased who was called said the ointment was left in the house, but she had not seen the deceased use it.

The coroner, in his summing up, pointed out that there was really nothing to connect Mrs. Howells with the death. He added that she never saw or dressed the wound, and that it was very stupid for a man

who paid for a doctor to go and get quack medicines. A verdict of death from blood poisoning was returned.

It is to be hoped that Mrs. Howells will treat this case as a salutary warning, and not dispense and sell ointments of the use of which she is ignorant, in future; but we doubt it.

### A GOOD SAMARITAN.

We have received from two correspondents copies of the *East Anglian Daily Times* containing a letter expressing gratitude to a certain club doctor for his devoted attendance to a poor woman for a period extending over many years. The letter bears internal evidence of being sincere, and we cannot agree with our correspondents that there is the smallest ground for the insinuation that the gentleman named in it has had any share in its preparation or publication. As a profession we deprecate such public professions of gratitude, but in the present instance the circumstances seem to have warranted the praise. If a medical man goes down a coal mine to render services to entombed miners, his name gets into the papers, and it would be very unworthy to suggest that he went down the mine or procured the publication of the paragraph in order to advertise himself. In the case now under consideration, a club doctor, probably overworked, certainly underpaid, attended for more than nine years a poor young woman who was suffering from a distressing and incurable malady, going very frequently to see her, and doing all that he possibly could to alleviate her sufferings. There are many medical practitioners giving the same humble and nearly unpaid services whose main reward is the gratitude of the poor; if occasionally this feeling seeks expression in a letter to the papers, we cannot find it in our hearts to blame those who take this way of showing it.

### THE CENTURY THERMAL BATH CABINET COMPANY.

A CORRESPONDENT writes, complaining that being induced by the offer to allow him a cabinet at half-price on condition that he recommended the bath to his patients, he sent £1 15s., and received an apparatus which he regards as not worth more than 15s. He sent the bath back and tried to get his money returned, but this only involved an additional 6s. 5d. carriage from the railway company. He now offers to sell it to any medical practitioner for 7s. or less. We cannot say that we have very much sympathy for our correspondent. The implied contract to buy something at less than its value on condition that the purchaser recommends it to his patients is an improper one, and has been condemned in these pages (see *BRITISH MEDICAL JOURNAL*, October 27th, 1900, and November 11th, 1899).

### UNQUALIFIED PRACTICE.

IN the *BRITISH MEDICAL JOURNAL* of December 3rd we noted that Mr. Rawlings was charged with the manslaughter of a woman named Dransfield, of Royston, near Barnsley, whom he had treated (as an unqualified practitioner) for cancer by means of applications for external use. The magistrates dismissed the case, but, we learn from a report in the *Cheshire County News*, that the committal by the coroner was taken before the judge at the assizes held at Leeds, and was by him referred to the grand jury. A "true bill" was not, however, found by the grand jurors, and the foreman having duly reported this to the judge, Mr. Rawlings was discharged from custody.

### LAND TAX ON HOSPITAL PROPERTY.

IN the case of the Governors of St. Thomas's, St. Bartholomew's, and Bridewell Hospitals v. Huggell, heard by Mr. Justice Wills, the plaintiffs, according to a report in the *Times* for November 27th, claimed exemption from land tax levied on certain buildings belonging to them in the borough of Southwark, known as Maidstone Buildings. Relief was demanded under 38 Geo. III, c. 5, which exempted all houses and lands which on the 20th day of March, 1694, belonged to the "sites" of (inter alia) the plaintiffs' hospitals. The point in dispute was whether the word "sites" referred merely to buildings on the sites of the hospitals in question, or to other property belonging to the plaintiffs. In spite of the fact that the tax had been paid without demur since 1780, his lordship gave judgment for the plaintiffs, declaring that they were not liable to pay the tax.

### SEPTICÆMIA AFTER EXTRACTION OF TEETH.

Two deaths from septicæmia following tooth extraction have recently been recorded. In both cases the operators were unqualified dentists, and in both there seems reason to suppose that the infection was produced by dirty instruments. In the first case, which occurred at Bow, the deceased had a tooth extracted at a chemist's in Rotherhithe, and stated to his wife that a pair of old dirty black pincers had been used, and added that he had felt half-inclined to tell the man not to put the dirty things in his mouth. The necropsy made by Dr. Frederick Smith, Senior Pathologist and Lecturer at the London Hospital, disclosed intense meningitis; all the teeth were loosened, there was an open wound in the left cheek, and the bone was bare. In witness's opinion the wound was due to carelessness: a properly skilled dentist would not have caused such a wound. The forceps having been produced, one of the jurors remarked that the instrument was more fit for drawing teeth from horses than from human beings. The other case occurred at Manchester, death being due to septicæmia, which was set up, in the opinion of the surgeon called in consultation, by infection received at the time of operation. The operator was unqualified, and it was elicited from him that the words, "qualified by examination" appeared upon the premises, but this, he said, did not apply to him but to the deceased Mr. Parkinson, whose executors carried on the practice. The words "exors of" are, or used to be, used in advertisements in very inconspicuous letters, while the name of Parkinson and his qualification are made conspicuous; this has been going on for some years. In both of these cases the jury raised an emphatic protest against this sort of unqualified practice being carried on without let or hindrance.

ENQUIRENS.—The ordinary social rule should be followed

## MEDICAL NEWS.

**DR. ANTON BARON VON EISELSBERG**, Professor of Surgery in Königsberg, has been recommended by the Professoren-Collegium as the successor of the late Professor Albert in the Chair of Surgery in the University of Vienna.

**IRISH MEDICAL SCHOOLS' AND GRADUATES' ASSOCIATION.**—The Commander-in-Chief, Field Marshal Lord Roberts, V.C., K.P., will honour the Irish Medical Schools' and Graduates' Association by his presence at a banquet to be given by its members to their distinguished fellow-countryman on his return from South Africa. Lady Roberts and her daughters have also graciously accepted the invitation.

**THE JOURNEY TO THE RIVIERA.**—We have received from the Brighton Railway Company a small illustrated handbook, entitled *The Riviera and Italy for a £10 Note*. A series of inexpensive Riviera tours are given *via* Newhaven and Dieppe, and we are informed that by a return ticket costing £10 first class, and £7 7s. second class, and available for forty-five days, it is now possible to visit the whole Riviera coast, including Marseilles, Cannes, Nice, Monte Carlo, San Remo, etc. The journey can be broken at Paris in both directions.

**THE CENTRAL LONDON THROAT AND EAR HOSPITAL.**—An entertainment in aid of the above hospital was held at the Queen's Hall on November 29th. A lecture entitled *Four Months in Beleaguered Ladysmith* was given by Mr. W. T. Maud, the special artist of the *Graphic*. General Sir Redvers Buller was in the chair. Among many other very interesting details touched on by Mr. Maud was the clumsiness of the ammunition pouches with which the British soldier is provided. He showed how exceedingly uncomfortable they must be, when fully packed, to the unfortunate man who has to lie down for hours at a stretch, it may be, without daring to stir. During the interval in the lecture Mr. Lennox Browne announced that the funds of the hospital had benefited to the extent of over £1,000 as the result of the entertainment.

**THE TREATMENT OF YELLOW FEVER.**—Under this heading there appeared in the *BRITISH MEDICAL JOURNAL* of December ist a paragraph stating, on the authority of the *Vossische Zeitung*, a German periodical of the highest character, that Dr. Angelo Bellinzaghi had been awarded a prize for his researches on the treatment of yellow fever. We think it right therefore to give equal publicity to the following paragraph which was published in the *New York Medical Record* of November 24th: "Dr. Angelo Bellinzaghi, who is reported in the papers to have received from the Mexican Government an award of 50,000 dollars for the production of a really curative serum for yellow fever, is said to be on his way to New York and Washington. He announces that he is about to organise a company with a farm near San Antonio, Texas, for the production of his serum on a large scale. Dr. Bellinzaghi seems not to have published his method of preparing the serum, nor have we seen in any medical journal any account of his bacteriological studies of yellow fever, if he has made any such."

**GLASGOW UNIVERSITY CLUB, LONDON.**—The winter dinner of this club was held at the Café Royal on December 5th, and was attended by a large company of members and their guests. Professor Sir Hector C. Cameron, M.D., took the chair, and among those who supported him were Lord Lister, Sir W. T. Gairdner, K.C.B., Right Hon. James A. Campbell, M.P., Surgeon-General Jameson, M.D., Director-General A.M.D., Rev. Dr. Macewan, and Mr. G. L. Craik. Among the guests were Major Babbie, V.C., C.M.G., Sir J. Batty Tuke, M.P., Dr. Bruce of Dingwall, and Surgeon-General Don. The dinner was a very pleasant one, and the various toasts were received with much heartiness, but the enthusiasm of the evening rose to a climax in response to the special toast to Major Babbie, who has just returned from South Africa with the honours of the Victoria Cross fresh upon him. Major Babbie is a Glasgow graduate, and was welcomed home by his old friends and fellow students with a warmth that we fancy will remain a pleasant recollection to him for a long time to come.

**A CORONER ON HOSPITAL ABUSE.**—In the course of a coroner's inquest upon the body of a 6 months old child of an accountant, held at Huddersfield, it appeared from the evi-

dence of the mother that the child had been delicate from birth, and that she had twice taken it to the infirmary, where it had been attended to by one of the medical officers. On the Monday previous to its death she wrapped it up and placed it inside the fender, but as far as possible from the fire, which was low. This was done to give the child warmth. During her absence in the cellar for not more than two minutes the child's clothing became ignited and its legs were severely burned. The mother in her alarm rushed with it to the infirmary, but the child, never very strong, succumbed to its injuries. The deputy-coroner who held the inquest pointed out to the parents that the infirmary was not the proper place for those who could afford to pay for medical attendance. No medical man, we feel sure, would raise any objection to a child in a case of serious accident receiving immediate attention at a hospital or infirmary; but in this case the child had previously been taken to the hospital on more than one occasion, and we take it that the deputy-coroner's remarks referred to this and were therefore justified.

**EXTENSION OF THE STOCKPORT INFIRMARY.**—The new north wing of the Stockport Infirmary erected in commemoration of the Diamond Jubilee of the Queen was opened on November 28th by Lord Newton. This extra accommodation is needed particularly in order to provide wards for female patients and for children. The estimated cost of the extension is about £12,000, and of its maintenance about £2,000 a year. The additions consist of a large pavilion block covering an area of 420 square yards, and four storeys in height. There is a one-storey laundry and mortuary block at the back of the main building. On the lower ground floor of the new wing, directly below the wards, is a large recreation room for patients. On the upper ground floor is a spacious, well ventilated, and well-lighted ward, measuring 54 feet by 23 feet, which provides room for 14 beds. On this floor, also, are provided patients' day rooms and house-surgeon's quarters. On the first floor is another similar ward with offices, and in addition a small ward, measuring 17 feet by 16 feet, for special cases. Adjoining the latter is a top and side-lighted, well-appointed operating theatre with anterooms. The operating theatre and adjoining rooms have a special system of warming and ventilating. Fresh air supplied by an electric fan is made to pass through water and play over a coke breeze screen, so that it can be warmed in cold weather and cooled in warm weather. The nurses' quarters are on the second floor. The building is heated with hot-water apparatus and open fireplaces. The front elevation is a replica of the existing wing completing a symmetrical façade.

## MEDICAL VACANCIES.

The following vacancies are announced:

- BIRMINGHAM:** GENERAL HOSPITAL.—Two Casualty Assistant Physicians. Appointments for one year, but eligible for re-election. Salary, £50 per annum. Applications to the House Governor by December 23th.
- BIRMINGHAM AND MIDLAND EYE HOSPITAL.**—Assistant House-Surgeon. Salary, £80 per annum, with apartments and board. Applications to the Chairman of the Medical Board by December 17th.
- BOURNEMOUTH:** ROYAL BOSCOMBE AND WEST HANTS HOSPITAL.—House-Surgeon. Salary, £60 per annum, with board, lodging, and washing. Applications to the Secretary by January 1st, 1901.
- BRIDGNORTH AND SOUTH SHROPSHIRE INFIRMARY.**—House-Surgeon. Salary, £80 per annum, with board and lodging. Applications to the Secretary by December 22nd.
- BRIGHTON, HOVE, AND PRESTON DISPENSARY.**—Three House-Surgeons. Salary, £100 per annum, with furnished apartments, etc. Applications to the Assistant Secretary, 118, Queen's Road, Brighton, by December 27th.
- BRIGHTON:** SUSSEX COUNTY HOSPITAL.—(1) Second House-Surgeon and Anaesthetist. Salary, £70 per annum. (2) Third House-Surgeon. Salary, £60 per annum. Candidates must be unmarried. Board and residence provided in each case. Applications to the Secretary by December 26th.
- CHELSEA, BROMPTON, AND BELGRAVE DISPENSARY,** Sloane Square, S.W.—Surgeon. Applications to the Secretary by December 31st.
- CHELSEA HOSPITAL FOR WOMEN,** Fulham Road, S.W.—Clinical Assistant. Applications to the Secretary.
- CHELSEA GENERAL HOSPITAL.**—Junior House-Surgeon, unmarried. Salary, £45 per annum, with board, lodging, and washing. Applications to the Honorary Secretary by January 5th, 1901.
- CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL AND DISPENSARY.**—Resident House-Surgeon. Salary, £100 per annum, with board, apartments and laundry. Applications to the Secretary.
- DONCASTER GENERAL INFIRMARY AND DISPENSARY.**—Assistant House-Surgeon. Salary, £40 per annum, with board and residence. Applications to the Honorary Secretary by December 18th.
- EDINBURGH UNIVERSITY.**—Additional Examiner in the following departments: (1) Pathology, (2) Surgery, (3) Practice of Medicine, (4) Clinical Medicine, (5) Midwifery, (6) Physiology, (7) Anatomy, including Anthropology, (8) Medical Jurisprudence and Public Health and Sanitation, Sanitary Law, and Vital Statistics, (9) Public Health Laboratory Work, (10) Chemistry, (11) Botany. Applications to the Secretary, University Courts, University of Edinburgh, by January 8th, 1901.
- GLAMORGAN COUNTY ASYLUM,** near Bridgend.—Assistant Medical Officer, unmarried, age preferred between 25 and 35 years. Salary, £150 per annum, with board, lodging, and washing. Applications to the Medical Superintendent by December 17th.

**LOUGHBERRY: COUNTY ASYLUM.**—Junior Assistant Medical Officer; unmarried, and not over 30 years of age. Salary, £120 per annum, rising to £150, with board, lodging, and washing. Applications to the Medical Superintendent.

**GLOUCESTER: GENERAL INFIRMARY AND THE GLOUCESTERSHIRE EYE INSTITUTION.**—Assistant House-Surgeon. Appointment for six months, but eligible for re-election. Remuneration at the rate of £30 per annum, with board, residence, and washing. Applications to the Secretary by December 18th.

**GREAT NORTHERN CENTRAL HOSPITAL.**—Non-resident Assistant House-Surgeon. Appointment for six months. Salary at the rate of £30 per annum, with luncheon and dinner. Applications to the Secretary by December 17th. (The salary was incorrectly given as £60 last week.)

**HOSPITAL FOR WOMEN.** Soho Square, W.—Assistant Surgeon, must be F.R.C.S. Eng. Applications to the Secretary by December 29th.

**HULL ROYAL INFIRMARY.**—Junior Assistant House-Surgeon. Salary, £40 per annum, with board and lodging. Applications to the Chairman, House Committee, by December 24th.

**KIMBERLEY BOARD OF HEALTH.**—Medical Officer. Salary, £750 per annum, with allowance of £5 per month for horse keep. Applications to "The Secretary Kimberley Board of Health, care of the Agent-General for the Cape of Good Hope, 112, Victoria Street, London, S.W.," by December 28th.

**LAMBETH INFIRMARY.**—Clinical Assistant. Appointment for six months. Salary at the rate of £50 per annum. Personal application to the Medical Superintendent.

**LEEDS PUBLIC DISPENSARY.**—Two Resident Medical Officers. Salary, £100 per annum, with board and lodging. Applications to the Secretary of the Faculty.

**LEICESTER INFIRMARY.**—House-Physician. Salary, £100 per annum, with board, apartments, and washing. Applications to the Secretary, 24, Friar Lane, Leicester, by January 5th, 1901.

**MARGATE: ROYAL SEA BATHING HOSPITAL.**—Assistant Resident Surgeon. Salary, £52 per annum, with board and residence. Applications to the Secretary at the offices, 30, Charing Cross, London, S.W., by January 19th, 1901.

**METROPOLITAN ASYLUMS BOARD.**—Assistant Medical Officer for the Asylum for Imbeciles at Caterham. Unmarried, and not exceeding 35 years of age. Salary, £150, rising to £170, with rations, lodging, attendance, and washing. Applications on forms provided to be sent to the office of the Board, Victoria Embankment, E.C., by January 1st.

**MILLER HOSPITAL AND ROYAL KENT DISPENSARY.** Greenwich Road, S.E.—Junior Resident Medical Officer. Salary, £60 per annum, with board, attendance, and washing. Appointment tenable for six months, with prospect of re-election as Senior. Applications to the Secretary by December 18th.

**NEWCASTLE-UPON-TYNE UNION.**—Assistant Medical Officer at the Workhouse. Unmarried. Salary, £150 per annum, with furnished apartments, rations, and washing. Applications to the Clerk to the Guardians, Union Offices, Newcastle-upon-Tyne, by December 19th.

**NOTTINGHAM GENERAL DISPENSARY.**—Assistant Resident Surgeon; unmarried. Salary, £140 per annum, and all found except board. Applications to the Secretary.

**ROYAL HOSPITAL FOR CHILDREN AND WOMEN.** Waterloo Bridge Road, S.E.—Assistant Surgeon, must be F.R.C.S. Eng. Applications to the Secretary by December 28th.

**ST. MARYLEBONE GENERAL DISPENSARY.** 77, Welbeck Street, W.—Resident Medical Officer. Salary, 100 guineas per annum, increasing to 120 guineas, with furnished apartments, etc. Applications to the Secretary by December 18th.

**STOKE-UPON-TRENT: NORTH STAFFORDSHIRE INFIRMARY.** Hartshill.—Assistant House-Surgeon. Appointment for six months. Board, apartments, and washing, and an honorarium of not less than £10. Applications to the Secretary by December 27th.

**SHEWSDURY: SALOP INFIRMARY.**—House-Surgeon. Salary, £110 per annum, with board, washing, and residence. Applications to the Board of Directors by December 18th.

**SUNDERLAND: MONK FARM MOUTH AND SOUTHWICK HOSPITAL.**—House-Surgeon; unmarried. Salary, £80 per annum, with board, residence, and washing. Applications to the Honorary Secretary by January 5th, 1901.

**WANSEA GENERAL AND EYE HOSPITAL.**—House-Physician. Salary, £75 per annum, with board, apartments, and washing. Applications to the Secretary by December 24th.

**TAUNTON: TAUNTON AND SOMERSET HOSPITAL.**—Assistant House-Surgeon. Appointment for six months. Salary, £60 per annum, with board, lodging, and laundry. Applications to the Honorary Secretary.

**TIVERTON INFIRMARY AND DISPENSARY.**—House-Surgeon. Salary, £80 per annum, and all found. Applications to the Honorary Secretary.

**TYNEMOUTH VICTORIA JUBILEE INFIRMARY.**—Resident House-Surgeon. Salary, £100 per annum, with board, residence, and attendance. Applications to the Secretary, 43, Howard Street, North Shields, by December 18th.

**VICTORIA HOSPITAL FOR CHILDREN.** Queen's Road, S.W.—House-Surgeon. Appointment for six months. Honorarium, £25, with board and lodging. Applications to the Secretary by December 29th.

**WARRINGTON INFIRMARY AND DISPENSARY.**—Junior Resident House-Surgeon. Unmarried. Salary £100 per annum, with furnished residence and board. Applications to the Honorary Secretary by December 22nd.

**WEST DERBY UNION.**—Resident Assistant Medical Officer at Mill Road Infirmary, Everton; unmarried. Salary, £10 per annum, with rations. Applications to the Clerk to the Guardians, Brougham Terrace, Liverpool, by December 18th.

**WESTERN GENERAL DISPENSARY.** Marylebone Road.—Two Honorary Surgeons. Applications to the Honorary Secretary.

**WEST LONDON HOSPITAL.** Hammersmith Road, W.—(1) House-Physician, (2) House-Surgeon. Appointments for six months. Board and lodging provided in each case. Applications to the Secretary by December 29th.

**WESTMINSTER GENERAL DISPENSARY.**—Resident Medical Officer. Applications to Mr. F. Dawkins, 9, Gerrard Street, Soho, W., by December 21st.

**WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.**—Assistant House-Surgeon. Appointment for six months. Honorarium at the rate of £75 per annum, with board, lodging, and washing. Applications to the Chairman of the Medical Committee by January 3rd, 1901.

### MEDICAL APPOINTMENTS.

**ANDERSON, Daniel Elie.** B.A., B.Sc., M.B.Lond., M.R.C.S. Eng., L.R.C.P.Lond., L.S.A., M.D.Paris, appointed Visiting Physician to the Hertford British Hospital, Paris.

**ATKINSON, T. R.** M.D.Durham, appointed Medical Officer for the Third District of the Norfolk Union, vice C. J. Glasson, M.D.Brux., L.R.C.P.Lond., M.R.C.S. Eng., resigned.

**BATHURST, L.** M.R.C.S., L.R.C.P.Lond., appointed District Medical Officer of the Ellesmere Union, vice J. Griffiths, M.R.C.S. Eng.

**BRENNARD, G. M.** D. Kingston, L.R.C.P., L.R.C.S. Edin., appointed District Medical Officer of the Sunderland Union.

**BRAND, G. H.** M.D.Brux., L.R.C.P., L.M.Irel., L.S.A.Lond., appointed Medical Officer for the examination of candidates for the Royal Navy and Royal Marines for the Northampton District.

**BROWN, J. Walter.** B.A., M.B., B.Ch.B.U.I., appointed House-Surgeon to the Children's Hospital, Forest House, Nottingham.

**BYFORD, W.** M.R.C.S., L.R.C.P.Lond., appointed Medical Officer of Health for the Borough of Ruthin, vice W. D. Jones, L.R.C.P. Edin., M.R.C.S. Eng., resigned.

**BYRNE, E. B.** A.B.U.I., L.R.C.P., L.R.C.S. Edin., appointed Extern House-Surgeon to the North Charitable Infirmary, Cork.

**COOKE, R. P.** L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Oldbury District of the West Bromwich Union, vice C. Lyndon, L.R.C.P. Edin., M.R.C.S. Eng., resigned.

**DREW, Douglas.** B.S., M.D.Lond., F.R.C.S. Eng., appointed Surgeon to the In-patients at the Hospital for Women, Soho Square.

**ELLIS, R. Sidney.** M.B., Ch.B. Edin., appointed Resident Medical Officer to the St. Mary's Hospital for Sick Children, Plaistow, vice I. E. Sellers, L.S.A.Lond., resigned.

**HOBHOUSE, M. D.** Oron., M.R.C.P., appointed Physician to the Alexandra Hospital for Sick Children, Brighton.

**HUDSON, O. H.** L.R.C.P.I., M.R.C.S. Eng., appointed Medical Officer of Health to the Dronfield Urban District, vice H. M. Richards, M.D.Lond., resigned.

**KIRK, T. D.** M.D., M.Ch.B.U.I., appointed Medical Officer of Health for the Montgomery Urban District, vice T. Morgan, L.R.C.P., L.R.C.S.I., resigned.

**LOCKYER, Cuthbert.** M.D., B.S., M.R.C.P.Lond., F.R.C.S. Eng., appointed Honorary Gynaecologist to St. Mary's Hospital, Plaistow.

**MCGRIGOR, Robina.** M.B., Ch.B. Edin., appointed House-Surgeon to the Victoria Hospital for Sick Children, Hull.

**MACKENZIE, W. Leslie.** M.D. Aberd., D.P.H., appointed Medical Inspector to the Local Government Board for Scotland.

**MANNING, Ernest J.** M.R.C.S. Eng., L.R.C.P.Lond., appointed Junior Assistant House-Surgeon to the Royal Devon and Exeter Hospital.

**MITCHELL, O. M.** M.D., appointed District Medical Officer of the Oakham Union, vice G. Shields, M.B., C.M., resigned.

**ROBB, J. B. K.** M.A., M.D. Aberd., appointed District Medical Officer of the Burnley Union, vice B. Lawson, L.F.P.S. Glas., L.M., resigned.

**ROBINSON, Leonard.** M.D. Edin., M.D. Paris, appointed Visiting Physician to the Hertford British Hospital, Paris.

**SHEAHAN, Gerald.** L.R.C.P. & S., appointed House-Surgeon to the Royal Southern Hospital, Liverpool, vice Infirmary for Children, Liverpool.

**SIDEBOTHAM, G. W.** M.R.C.S. Eng., appointed Certifying Factory Surgeon for the Broughton Astley District of Leicestershire.

**SIMPSON, Alexander.** M.A., M.D. Aberd., appointed Medical Superintendent of the New Lancashire County Asylum, Winwick, Newton-le-Willows.

**TROMPSON, O. H.** M.D., M.R.C.P., appointed Clinical Assistant to the Chelsea Hospital for Women.

**WHITEHEAD, Arthur E.** L.R.C.S., L.R.C.P. Edin., appointed Assistant Resident Medical Officer to St. Mary's Hospital for Sick Children, Plaistow.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**London Temperance Hospital.** Hampstead Road, 3 P.M.—Dr. Addison: Some Abdominal Tumours.

**Medical Graduates' College and Polytechnic.** 22, Chancery Street, W.C.

4 P.M.—Mr. Malcolm Morris: Consultation. (Skin.) 5.15 P.M.—Dr. St. Clair Thomson: The Surgical Anatomy of the Nose and Accessory Sinuses, including Nasal Suppuration.

#### TUESDAY.

**Medical Graduates' College and Polytechnic.** 22, Chancery Street, W.C.

4 P.M.—Dr. C. T. Williams: Consultation. (Medical.)

**Pathological Society of London.** 20, Hanover Square, W., 8.30 P.M.—Mr. F. T. Paul (of Liverpool) will read a

paper on Chronic Mastitis and its Relation to Tumour Formation (Antenatal demonstration). Card specimens: Dr. J. H. Drysdale: Broncho-oesophageal Fistula. Mr. G. Schallberg: Hemorrhagic Pancreatitis with Fat Necrosis.

#### WEDNESDAY.

**Medical Graduates' College and Polytechnic.** 22, Chancery Street, W.C.

4 P.M.—Dr. Burney Yeo: Clinical Lecture: The Treatment of Tuberculous Peritonitis.

**Royal Microscopical Society.** 20, Hanover Square, W., 8 P.M.

**Hospital for Consumption and Diseases of the Chest.** Brompton, S.W.

4 P.M.—Dr. Habershon: Emphysema.

**Royal Meteorological Society.** Institution of Civil Engineers, Great George Street, Westminster, 7.30 P.M.

#### THURSDAY.

**Medical Graduates' College and Polytechnic.** 22, Chancery Street, W.C.

4 P.M.—Mr. J. Hutchinson: Consultation. (Surgical.)

**London Temperance Hospital.** Hampstead Road, 2 P.M.—Dr. Soutar Fenwick: Clinical Demonstration.

**Harveian Society of London.** Stafford Rooms, Titchborne Street, Edgware Road, W., 8.30 P.M.—Mr. J. A. Power: The Disappointments of Surgery.

#### FRIDAY.

**Medical Graduates' College and Polytechnic.** 22, Chancery Street, W.C.

4 P.M.—Mr. Herbert Tilley: Consultation. (Throat.)

**London Temperance Hospital.** Hampstead Road, 2 P.M.—Dr. Porter Parkinson: Case of Tricuspid Regurgitation.

### 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.

**COLLINS.**—On December 1st, at the Mall, Wanstead, Essex, the wife of Geo. W. Collins, M.R.C.S. Eng., L.R.C.P.Lond., of a son.

**DAVIES.**—On November 30th, at Home Lodge, Great Amwell, the wife of Arthur Temperley Davies, M.D.Cantab., F.R.C.P., of a daughter.

#### MARRIAGES.

**BARNES-GOARE.**—On December 6th, at St. Thomas's Church, Portman Square, W., Edgar George Barnes, M.D.Lond., of Hill House, Epsom, Surrey, to Florence Campbell Goare, younger daughter of the late Major William Ranby Goare, of the 35th (Royal Sussex) Regiment.

**CROWE-GRIFFITHS.**—On November 29th, 1900, at Christ Church, Didsbury, Manchester, by the Rev. Walter Thompson, assisted by the Rev. E. Abbey Threl, George E. Crowe, M.B., of 55, Barlow Moor Road, Didsbury, to Elsie, eldest daughter of Thomas Griffiths, Esq., of Fairfield, Didsbury.

**HILLARD-HAZELL.**—On December 8th, at St. George's, Bloomsbury, by the Rev. A. B. Boyd-Carpenter, M.A., assisted by the Rev. O. Ridley, R.A., Vicar of Fleet Marston, Burns, Harvey Hilliard, M.R.C.S., L.R.C.P.Lond., of 30, Wilton Place, S.W., eldest son of the late Robert Harvey Hilliard, M.R.C.S., L.R.C.P. Edin., of Aylesbury, to Charlotte Rippon, younger daughter of Walter Hazell, of 9, Russell Square, London.

**PERRY-GORDON.**—On November 19th, 1900, at Akra, India, Francis Frederic Perry, F.R.C.S., Lieutenant-Colonel Indian Medical Service, to Hilda Madeleine, daughter of D. Clunes Gordon, Esq.

#### DEATHS.

**CHAMP.**—On October 25th, at Mathinna, Tasmania, John Howard Champ, M.D., aged 1 years.

**IRVING.**—On October 25th, suddenly, at Christchurch, New Zealand, James Irving, M.D., First President of the New Zealand Branch of British Medical Association, aged 61.

**MONKS.**—On November 22nd, at Marseilles, Raymond, eldest son of Lieutenant-Colonel Monks, M.B., Port Surgeon, Aden, aged 34 years.

**TERRY.**—On November 24th, 1900, at Daventry, Mary, wife of John Terry, L.R.C.P.Lond., M.R.C.S. Eng., also on December 2nd, 1900, at Reading, John William, son of the above, aged 20 days.



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.  
**CHALKING CROSS.** *Attendances.*—Medical and Surgical, daily, 1; Women, W., 1; S. 2.30; Skin, M. Tu. Th. F., 2; Dent., M. Th. 8.45; Throat and Ear, F. 9.30; Electro-Therapeutics, Tu. Th., 9.30; Children, Tu. F., 1; Accidents, W., 9.45; Orthopaedic, Th., 1. *Operations.*—W. Th. F., 3; S., 2.  
**CHICHESTER HOSPITAL FOR WOMEN.** *Attendances.*—Daily, 1.30. *Operations.*—M. Th. F., 2.  
**CITY ORTHOPEDIC.** *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.  
**GUYS.** *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. 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, Soho.** *Attendances.*—O-p, M., 9; Tu. W., 12; Th., 9; F. S., 12. *Operations.*—M. Th., 2; Th. S., 9.30.  
**KING'S COLLEGE.** *Attendances.*—Medical and Surgical, daily, 2; Obstetric, daily, 2; o-p, daily, 1.30; Eye, M. W. Th., 1.30; Ear, Th., 2.30; Throat, M., 1.30 F., 2; Dental, M. Th., 10; Skin, M., 10. *Operations.*—W. Th. F., 2.  
**LONDON.** *Attendances.*—Medical, daily, i-p, 2; o-p, 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o-p, W. S., 1.30; Eye, Tu. S., 9; Ear, W., 9; Skin, Th., 9; Dental, M. Tu. Th. F., 9. *Operations.*—Daily, 2.  
**LONDON TEMPERANCE.** *Attendances.*—Medical, i-p, M., 2.30; Tu. F., 3.30; Th., 2.0; O-p, M. W. Th. F., 1; Surgical, i-p, M., 2; Th., 3; O-p, M. Th., 1.30. *Operations.*—Th., 4.  
**LONDON THROAT, Great Portland Street.** *Attendances.*—Daily, 2; Tu. F., 6. *Operations.*—Daily, 9.30.  
**METROPOLITAN.** *Attendances.*—Medical and Surgical, daily, 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 ORTHOPEDIC.** *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., 10.30; (Diseases of Women), S., 9.  
**ROYAL LONDON OPHTHALMIC.** *Attendances.*—Daily, 9. *Operations.*—Daily, 10.  
**ROYAL ORTHOPEDIC.** *Attendances.*—Daily, 2. *Operations.*—O-p, M., 2; i-p, Tu. Th., 2.30.  
**ROYAL WESTMINSTER OPHTHALMIC.** *Attendances.*—Daily, 1. *Operations.*—Daily, 2.  
**ST. BARTHOLOMEW'S.** *Attendances.*—Medical and Surgical, daily, 1.30; Obstetric, M. W. F., 2; o-p, W. S., 9; Eye, M. Tu. 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; Electrical, 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, 12; Obstetric, i-p, Tu. F., 1.45; o-p, M. Tu., 2.30; Eye, W. S., 1.30; Ear, M., 2; Skin, W., 2.45; Throat, F., 2; Dental, M. Tu. F., S., 12. *Operations.*—Daily, 1; Ophthalmic, W., 1; Dental, Th., 9.  
**ST. MARK'S.** *Attendances.*—Fistula and Diseases of the Rectum, males, S., 2; females, W., 9.30. *Operations.*—Tu., 2.30; Th., 2.  
**ST. MARY'S.** *Attendances.*—Medical and Surgical, daily, 1.45; o-p, 12.45; Obstetric, Tu. F., 1.45; o-p, M. Th., 9; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 9; 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., 9.30; 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., 11.50. *Operations.*—Daily, 2; (Ophthalmic), Th., 2; (Gynecological), Th., 2; (Throat), M., 9.30; (Ear), Th., 9.30.  
**WOMANITAN FREE FOR WOMEN AND CHILDREN.** *Attendances.*—Daily, 1.30. *Operations.*—Daily, 1.30; (Gynecological), 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. F., 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, Th., 2; Ophthalmic, W. S., 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.** *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 the name 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 *Atiology, 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.

C. J. T. asks: Are the figures obtainable of the death-rates from heart disease since 1860, or is this disease included in the death-rate from "diseases of the circulatory system" and not differentiated?

\* \* The deaths from the different forms of heart disease are distinguished from deaths from other diseases of the circulatory system. See Registrar-General's Annual Report for 1898, p. 140 and lxxviii.

## FEES FOR COUNTRY JOURNEYS.

A GENERAL PRACTITIONER in London has asked us a question of a kind which is not infrequently addressed to the BRITISH MEDICAL JOURNAL, and which it has always been found extremely difficult to answer. He is asked to go into the country to see a patient in good circumstances; the visit takes up altogether about twenty-four hours, his out-of-pocket expenses are about £1. The fee which he would charge the same patient at his residence in London would be half a guinea. What ought he to charge for the country journey?

Our correspondent does not say whether when he visited the patient in the country he met a local practitioner in consultation. If he did we presume that he might justly charge a higher fee than if he merely paid his visit in his capacity as the family medical attendant. We are advised by a gentleman engaged in general practice in a part of London where houses are highly rated, that he would himself charge, for such distances as forty or fifty miles, half the consultant's fee, that is to say he would charge one-third of a guinea a mile; where the distance was greater he would charge at a somewhat lower rate per mile. He adds, however, that he would be largely guided by all the circumstances of the case, which can only be known to the practitioner himself.

As far as we can ascertain, there is no recognised scale of charge for visits at a considerable distance paid by a general practitioner in practice in London or elsewhere. We think it would be useful if any of our correspondents who find that they are often asked to pay such visits would be good enough to let us know upon what system they base the fees they charge.

## ANSWERS.

"MIDLAND" does not say whether he has any error of refraction. We think it would be essential to ascertain this before any treatment likely to be successful could be recommended.

J. D. H.—We believe that pharmacologists generally recognise that calomel (mercurous chloride) generally contains a small portion of mercuric chloride (perchloride of mercury), and that many hold that the action of calomel in small doses as an antiseptic, especially in intestinal disorders, is to be attributed to the presence of the perchloride.

BOLUS.—A recognised nurse's certificate can only be given by a hospital or infirmary with not less than 100 beds, having a resident medical officer and a trained matron. Lectures in elementary anatomy, physiology, hygiene, and practical nursing must be given by the staff and matron. The probationers residing three years in such an institute could receive a certificate which would be recognised.

## DWARFED GROWTH.

MR. H. GILFORD, F.R.C.S., Norwood House, King's Road, Reading, offers to give information to "Atrophic," who asked a question in the BRITISH MEDICAL JOURNAL of December 1st, if application is made to him direct.

## INDIAN MEDICAL SERVICE.

A CORRESPONDENT who has not enclosed his card or given any *nom de guerre*, will find a set of examination papers in the Educational Number of the BRITISH MEDICAL JOURNAL, August 25th, p. 520. For the other information which he requires he should apply to Surgeon-General Hooper, C.S.I., India Office.

## PREGNANCY IN CONTRACTED PELVIS.

RACHITIS.—Such suppositories are largely sold, are sometimes successful, but sometimes fail. Most obstetricians would think it the better course for the patient to be delivered at full term by Cæsarean section, and then sterilised.

## PREGNANCY AFTER NEPHRECTOMY.

DR. C. E. PURSLOW, M.D. Lond. (Birmingham), writes as follows in reply to "J. A. K.," who asked for information as to any cases of pregnancy after nephrectomy where the pregnancy has been allowed to go to full term and the result: I reported one such case in the BRITISH MEDICAL JOURNAL of March 26th, 1898. The patient, aged 27, had been operated on by my colleague, Mr. Bennett May, and her left kidney removed. Eighteen months later she was confined of her first child at term under my superintendence, and although during pregnancy there had been some albuminuria and occasional headache, both mother and child did well.

## TOBACCO SINE NICOTINE.

DR. S. INGLEBY ODDIE (Croxley Heath, Herts), Dr. H. R. BROWN (Maldon, Essex), and Dr. A. LLOYD JONES (Colney Hatch Asylum) write to suggest that the tobacco, stated to be deprived of its nicotine, as to which "Ophthalmic Surgeon" inquires, is the Tinico flake tobacco sold by Messrs. J. P. Burns, 17, South Exchange Place, Glasgow. Mr. R. H. NICHOLSON (Easter Aberdeen, Fife) writes to say that Mr. John Sinclair, 60A, Princes Street, Edinburgh, prepares a tobacco called Parson's Pleasure, which is "particularly devoid of nicotine."

F. in reply to "Ophthalmic Surgeon" wishes to ask if he has heard of cigarettes made with a paper mouthpiece containing cotton wool on which is sprinkled some drops of acetic acid? It is said to counteract the effect of the nicotine.