

about sixteen weeks before his admission into hospital, and vomiting occurred occasionally. There had never been any paralysis of the limbs. There was no history of injury to the head, of syphilis, or of any antecedent to which the illness could be attributed.

State on Admission.—The patient could walk, and perform all the movements of the limbs quite well. The knee-jerks and plantar reflexes were present; ankle clonus was absent. There was no anaesthesia. The bladder and rectum were not affected. The patient complained much of headache, which was most severe in the right frontal region. There was a tender spot on percussion just above and behind the right frontal eminence. There was no affection of the facial, ocular, or tongue muscles. The senses of smell and hearing were not affected. There was no anaesthesia in the distribution of the fifth nerve. The pupils were equal, and reacted to light and accommodation. The vision was impaired, but he could count fingers and read large print with each eye. Ophthalmoscopic examination revealed intense double optic neuritis, with marked swelling of the discs. The fields of vision were tested with the finger, but no hemianopsia could be detected. There were no mental symptoms. Examination of the heart, lungs, and abdomen reveal nothing abnormal. The urine had a specific gravity of 1025; albumen and sugar were absent.

Progress.—The patient's condition gradually became worse; vomiting occurred occasionally. The fields of vision were examined a second time, but no hemianopsia could be detected. The failure of sight increased, owing to the optic neuritis, and further examination of the visual fields was impossible. Soon the patient became quite blind. The changes in the optic discs were intense, and numerous hemorrhages were scattered over the retina. The headache became very severe and continued to be most intense in the right frontal and temporal regions. There was marked tenderness just behind and above the right frontal eminence; this persisted until the operation. When the skull was auscultated with a stethoscope in various regions, whilst the patient was whispering, the whispering sound was best heard at the region of tenderness just behind and above the frontal eminence. At this point the whispering sound was better heard on the right side than on the left. The patient became more and more apathetic, and in a few weeks after admission to the hospital he appeared to be in a semi-conscious condition. He remained quiet all day long, he never spoke to anyone, and always appeared to be asleep, but if spoken to he would answer quite clearly and describe his symptoms in the most intelligent manner. On January 10th it was found that he was not able to dorsiflex the left foot so well as the right; all the other movements of the legs could be performed. The knee-jerks were present. No paresis of the arms, facial, ocular, or tongue muscles could be detected. There was no impairment of sensation in the face, arms, or legs. There was no affection of the muscles of the trunk. As the headache in the frontal region was so intense and prevented him from sleeping at night, the patient wished to have some operative treatment.

Operation.—On February 13th my colleague, Dr. Tytler, trephined the skull at the seat of the greatest pain and at the region where there was tenderness on percussion, that is, at a point just above and behind the right frontal eminence. He removed a small circle of bone, but did not open the dura mater. A fine hypodermic exploring needle was pushed through the dura mater into the brain substance of the frontal region, but no pus or fluid was detected. No bad symptoms followed the trephining. The temperature remained normal and the wound healed by first intention. The trephining relieved the headache markedly, and after the operation there was very little headache. At the end of February the patient became more dull mentally, but there was no delirium. Finally coma developed and death occurred on March 13th, 1901.

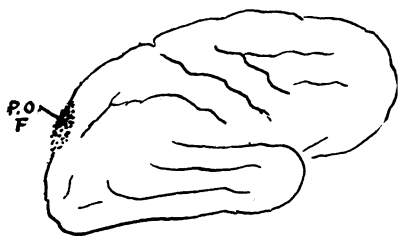


Fig. 1.—Convex surface of right cerebral hemisphere. Dotted area = position of tumour. P.O.F. = parieto-occipital fissure.

Necropsy (head only).—The dura mater appeared normal on its outer surface. The surface of the brain was rather pale, but otherwise normal, except at the region of the parieto-occipital fissure of the right cerebral hemisphere. At this region there was a tumour growth which was slightly adherent to the dura mater. The growth was about 1 inch in the antero-posterior diameter, and about $\frac{1}{2}$ inch transversely (on the surface of the cerebral cortex). It extended both on the median and convex surfaces of the hemisphere; it appeared wedged into the right parieto-occipital fissure, and invaded the brain substance on each side of the fissure; but the growth extended more into the occipital than into the parietal lobe. On the convex surface of the occipital lobe it invaded the superior (or first) occipital convolution just behind the parieto-occipital fissure; on the median side it occupied the upper anterior angle of the cuneus lobe. In front of the parieto-occipital fissure it invaded, for about half an inch, the most posterior part of the superior parietal lobule on the convex surface of the cerebral hemisphere, and, for the same distance, the most posterior part of the quadrate lobule (precuneus) on the median surface of the hemisphere. (See diagrams.) On section the growth was seen to be roughly spherical, and its diameter was about 1 inch. The outer part of the growth was greyish-red, the centre slightly yellowish and somewhat gelatinous, and crossed by paler tracts of firmer tissue. Microscopically the growth was a mixed-celled sarcoma. In the centre there had been apparently some old blood extravasation. The frontal

lobes, the other parts of the parietal and occipital lobes, and all other parts of the brain were unaffected by tumour growth, and were quite normal.

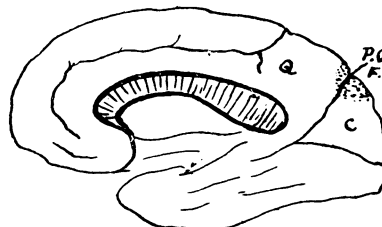


Fig. 2.—Median surface of right cerebral hemisphere. Dotted area = position of tumour. P.O.F. = parieto-occipital fissure. C = cuneus. Q = quadrate lobule.

The symptoms of this case pointed clearly to a cerebral tumour. From the history of the three fits, each commencing in the left leg, and from the fact that the leg did not become paralysed, it appeared probable that the growth was situated in the right cerebral cortex close to, but not destroying, the leg centre (that is, just in front of, or just behind the leg centre). At the early period no hemianopsia could be detected, but soon the blindness, due to the optic neuritis, rendered further examination of the fields of vision impossible; so that no conclusions could be drawn with reference to the effect of the growth on the visual fields. The only mental symptoms were dulness and delay in commencing to answer questions.

In the absence of any sign indicating whether the growth was in front of, or behind the leg centre, the frontal headache, and the tenderness on percussion just behind and above the frontal eminence appeared to be in favour of the former localisation. But as the locality of headache and tenderness is so often unreliable as regards the position of a lesion, the localisation of the growth, during life, did not appear sufficiently definite to justify any attempt to remove it. Hence, though the skull was trephined, the dura mater was not divided. The removal of the bone was followed by very marked relief of the headache. The patient had been blind for several weeks before the operation, and, of course, no return of vision followed the trephining.

The chief interest of the case was the locality of the tumour and the three unilateral convulsions beginning in the left leg. The case shows that a tumour at the most anterior part of the occipital lobe and at the parieto-occipital fissure, may produce convulsions commencing in the leg on the opposite side, through the extension of the growth into the most posterior part of the superior parietal and quadrate lobules for about half-an-inch. This would coincide with the view that the leg centre extends backwards both on the convex and median surfaces of the cortex (in the superior parietal and quadrate lobules) almost up to the parieto-occipital fissure. The ascending frontal and ascending parietal convolutions and the paracentral lobule were unaffected. It was only the most posterior portions (half-an-inch) of the superior parietal and quadrate lobules that were invaded by the growth. Another point of interest was the impaired power of dorsiflexion of the left foot, noted a short time before death. This was due, no doubt, to the involvement of the most posterior part of the superior parietal and quadrate lobules.

MEMORANDA:

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

THE DURATION OF DREAMS.

As the opportunity for comparing the duration of a dream with the rate of thought of the dreamer is rare, the following instance may be of interest to some.

Some little time ago I had occasion to administer nitrous oxide gas to a sailor for the purpose of tooth extraction. He was a petty officer in the merchant service, and an intelligent man. He took the anaesthetic well, the tooth was duly extracted, and he recovered consciousness with the usual rapidity. However, just at the moment of waking up, he

sprang wildly forward clutching in all directions with his hands, and with a wild and terrified look upon his face, shrieked out, "Hold me, hold me, or I shall be drawn back again!" And then in an instant he was wide awake but sweating with terror, and still trembling with fright.

After an interval of time, when the man had completely recovered his self-possession, I questioned him as to what he meant when he called out that he would be drawn back if he were not held. He said that he had been shipwrecked a year before, and that he had dreamt of the entire episode with every detail, finishing with the breaking of a rope while he was being dragged out of the surf, his last shout being a call upon those on shore to catch hold of him.

His dream was an exact reproduction of previous impressions. The original and real wreck lasted, so far as he was concerned, for three hours and three-quarters, commencing with his being aroused from his sleep by being thrown from his bunk on to the floor, by the striking of the ship upon the rocks, and terminating with his being dragged up the beach through the surf.

The dream certainly did not last more than ten seconds—the production of the original impressions took three hours and three-quarters.

I questioned the man very closely as to the first wreck, and am thoroughly satisfied he spoke the truth.

Old Burlington Street, W.

G. B. FLUX.

HEPATIC CIRRHOSIS CAUSED BY OBSTRUCTION OF THE BILE DUCTS.

In November, 1895, I was called to see P. B., a farmer, with gastric pain; this pain was quickly relieved, but a few days afterwards it occurred again with vomiting, and from this on the attacks became more frequent and of greater intensity, till at last they culminated in severe paroxysms of pain of a stabbing character, the intensity of which was so great that a hypodermic of morphine on two occasions failed to relieve.

Dr. J. Magee Finny, of Dublin, saw him in consultation, and he diagnosed gall stones. He was placed on appropriate diet and treatment, and the stools were washed and examined carefully for the discovery of calculi. One day, when the patient was sitting on the night chair, he heard something hard strike the bottom of the vessel, and this substance was taken out and kept for me. On examination it proved to be a hepatic calculus, cigar or torpedo-shaped and black in colour; it was the size of a large oat grain. After a day or two it crumbled to powder, and the centre proved to be of a deep yellow colour. He passed three or four of these calculi, and in three weeks was quite convalescent, and since that he never suffered from these attacks of pain. He was able to attend to his business, but from time to time suffered from attacks of slight jaundice, with pain in the back and over the liver, which was enlarged.

He died on April 10th, 1900, from hypertrophic cirrhosis of the liver without ascites four years and five months after his attack of hepatic calculi. It is quite evident that in this case the obstruction of the bile ducts produced the cirrhosis.

Rhode, King's Co.

W. T. MILLS.

THE STAINING OF THE TUBERCLE BACILLUS.

For the rapid detection of the bacillus tuberculosis in sputum and urine I have found the following method very satisfactory with the Ziehl-Neelsen carbol-fuchsin stain.

I employ extra thin slips of white crown glass, 76 mm. by 25 mm., and circular cover glasses (16 mm. = $\frac{5}{8}$ "). On a slip cleared of all grease by means of ether and rectified spirit, three separate films are spread in the usual way, and "fixed" by passing the slide rapidly over the flame of a spirit lamp. By means of a small pipette filled with the stain, two or three drops of carbol-fuchsin are placed on each film. The slip is then held about 10 inches above the flame and gently moved about, the fluid being allowed to "steam" for five minutes without boiling. Fresh stain is dropped on with the pipette to prevent the films drying. The slide is then washed and decolorised in the usual way by dipping it into 25 per cent. of nitric or sulphuric acid, etc. A spot of Loeffler's methylene blue is placed on each film, the slide is gently warmed for a few seconds, and then washed.

The bacilli are usually stained perfectly.

By this method (1) three specimens can be prepared at

once; (2) by applying the film to the slide and not to the cover glass all chances of breaking or dropping the latter and of losing the specimen are avoided. The circular cover glass is more easily manipulated and is less fragile than the square, and it encloses the largest space in the smallest boundary. By holding the slide in the fingers when "steaming," and not with Cornet's or other forceps, overheating is prevented.

This also does away with heating the film in a capsule over a sand bath, which takes a much longer time; and if in this process a cover glass is used it is stained on both sides, and matters are complicated. Forceps holding a slide or cover glass get smeared at their points with carbol-fuchsin, and may re-stain the film after it has been decolorised by the acid. By the other method this is avoided.

For saving time in clinical work and at examinations it is rapid and effective.

HERBERT W. G. MACLEOD,

M.D. Edin., D.P.H. Camb. and Lond.

Streatham, S.W.

POSITION OF THE AORTIC REGURGITANT MURMUR.

If a needle is passed through the third left intercostal space, close to the sternum and the upper margin of the fourth cartilage, it will traverse first the pulmonary conus and, next, the underlying aortic conus. At the moment of the creation of an aortic *bruit* by regurgitating blood, the walls of the pulmonary conus are in contact; hence there is a continuous solid mass between the aortic conus and the auscultating ear; and the earliest recognition of the murmur is for this reason usually obtained at or about the fourth left costal cartilage near the sternum. If the murmur is audible anywhere it will usually be heard at this point also; it may be audible at no other point. In children, women, and persons with a short chest the *bruit* may be a little higher; in old cases, with greatly enlarged heart, it is lower. I have many times demonstrated the position of this *bruit* and the position of the channels (BRITISH MEDICAL JOURNAL of November 4th, 1899, page 1292-3), and I agree with Dr. Syers (JOURNAL, June 1st, page 1335) that unless the murmur is very loud it is not as a rule audible in the second space on the right side of the sternum.

Leeds.

T. CHURTON, M.D.

ANOPHELES IN IRELAND.

In the BRITISH MEDICAL JOURNAL of June 15th, p. 1473, in Dr. Nuttall's contribution, Hibernation of *Anopheles* in England, I notice in the last portion the following statement: "I might state that I caught a male *A. bifurcatus* on May 7th at Clonbrock, co. Galway, this being the first recorded finding of a member of the genus in Western Ireland." To add to the distribution of *Anopheles* in Ireland, I may mention that I captured a female *A. bifurcatus* near here on April 12th last at a flower of willow, while out mothing, and have in the month of May last procured half-a-dozen specimens of this species. My insect was identified by Mr. Verrall. I have also obtained another species—most probably *A. nigripes*—and have sent it to Professor Blanchard, of Paris, for identification.

Courtmacsherry, C. DONOVAN, M.D., F.E.S., Captain, I.M.S. co. Cork.

ANOMALIES OF THE LABIAL FRÆNUM.

PECULIARITIES in the formation of the labial frænum are not uncommon. Sometimes the frænum persists as a fibrous cord extending from the mucous membrane of the lip, and passing between and separating the central incisor teeth, and continuing its attachment along the mid-line of the premaxillary portion of the palate, as far as the orifice of the anterior palatine canal. The redundant frænum is frequently noticeable as a fleshy body, appearing below the upper lip, and resting between the two front teeth. It will be seen upon examination that the movements of the lip pull upon this bridle, ultimately causing separation of the teeth. Permanent unsightly gaps between the central incisor teeth are greatly due to this cause in adults. Other causes are deficient lateral pressure from absence of teeth, and various other dental causes. Heredity plays an important part in its causation.

As regards the etiology of this anomaly the following seems a plausible explanation: A portion of epiblast from which the epithelial structures are derived is included during the union of the mesial nasal processes of the fronto-nasal processes, which forms the os incisivum (endo-quattrion). Sometimes owing to deficient union or delayed union, this portion of epiblast fails to be sufficiently absorbed, and persists as a redundant frænum. The inferior labial frænum is formed by an involution of epiblast between the mandibular plates (first branchial arches). This inclusion of epiblast takes place at a very early period of intrauterine life, as all the various fissures of the face should have closed by the tenth week.

The treatment for this condition is to divide the frænum midway with a pair of blunt-pointed scissors, and then to cauterise the cut surface with pure carbolic acid or silver nitrate. In some cases, where there is much redundant tissue, it is necessary to remove a small V-shaped portion. The frænum should not be divided higher up than midway between the free margin of the gum and the reflection of mucous membrane of the lip. A mechanical apparatus is often necessary to draw the teeth together.

Old Burlington Street.

PERCY A. LONGHURST.

REPORTS

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

NORTH LONDON CONSUMPTION HOSPITAL.

TWO CASES OF PHTHISIS UNDER OPEN-AIR TREATMENT.

(Under the care of Dr. J. E. SQUIRE.)

[Reported by ROBERT G. JOHNSON, M.B.]

CASE I.

J. F., aged 30, a draper's assistant, did not give any family history of consumption. She had been perfectly healthy till two years and a-half before, when she became very languid and found her occupation very trying. Cough commenced a couple of months later and continued, being severe during the last year, accompanied with copious expectoration. No hæmoptysis had occurred, but loss of flesh had been marked.

Condition on Admission.—The apex beat was in the fifth left space a quarter of an inch outside the nipple. There was retraction above both clavicles and in the first left space; the chest was well formed. Movement on the left side was diminished. There was diminished resonance at both apices, more marked on the left side, and extending into the upper part of the left axilla. Breath sounds were bronchial at both apices to the fourth rib in front, in both suprapinnal fossæ, and in the upper part of the left axilla. Dry crepitations were heard at the right apex to the fourth rib in front and along the interlobar border behind; while in the left lung crepitations and moist râles were heard over the front, axilla, and back as low down as the angle of the scapula. The patient's general condition was bad; she was emaciated (6 st. 8 lbs.), and very anæmic. During the first week the temperature (in the mouth) averaged 99° in the morning and 100.6° in the evening. The pulse was about 100.

Treatment and Course.—The patient was put under full open-air treatment, being in bed day and night on the open balcony, and taking ol. morrhue 3ij t.d.s.; forced feeding was not resorted to. At the end of five weeks she expressed herself as feeling better, and the temperature was a little lower, being 99.6° at night, but there was a loss of 2½ lbs. in weight, and the physical signs were much the same. Creasotal 3ss in milk t.d.s. was ordered. Six weeks later there was no fever, and the weight had increased by 8 lbs. over that on admission. Physical signs showed distinct improvement, only one or two crepitations being heard on the right side; while on the left the adventitious sounds, though heard over the same area, were much drier in character. The patient was now up for the greater part of the day, taking gentle exercise in the grounds. Two months later, though up all day, and taking plenty of exercise, there was no fever, no adventitious sounds were heard over the right lung, and over

the left a few sticky râles in front, and a few dry crepitations in the interseapular region behind could be made out. Great improvement had also taken place in her general condition, the anæmia and appearance of ill-health having passed off. She returned to her work having a slight cough, and expectorating a little in the early morning.

CASE II.

R. W., aged 17, a domestic servant, had a good family history.

History.—About a year previous to admission she gradually developed a sore throat with some loss of voice, and had attended another hospital as out-patient for "lupus of the throat." During the past year she had been getting weaker, and there had been amenorrhœa for the last six months, the catamenia having previously been regular. Cough, which was never troublesome, had come on within the last three months, accompanied by occasional expectoration. She had steadily lost flesh, and night sweats had occurred a few times. There had been no hæmoptysis.

Condition on Admission.—The chest was well developed and movement good, though slightly less on the left side. The apex beat was normal in position, though the point of maximum intensity was in the fourth space inside the nipple line. There was diminished resonance over the left apex as far down as the third rib in front and the spine of the scapula behind. Breath sounds were weak in front at the apex, while behind they were bronchial. Crepitations were heard as far down as the fourth rib in front, and over the apices of both lobes of the left lung behind. The right lung was normal. The epiglottis, false cords, and arytenoid regions were thickened and nodular, the nodules being small and resembling the tiny nodules of granulation tissue. The left posterior pillar of the fauces and the uvula showed a similar condition. The patient's general condition seemed good. Her weight was 6 st. 10½ lbs. The evening temperature during the first week in the hospital, taken in the open-air ward, averaged 98.8° F. Expectoration was slight and infrequent, and what little there was possibly came from the throat. Tubercle bacilli were not found.

Treatment and Course.—For the throat, Mr. Richard Lake, who considered the condition typically one of lupus, advised insufflations of equal parts of orthoform and amyloform twice daily. As regards the lungs open-air treatment was followed, the patient sleeping at night in a ward with all the windows wide open, and being in the grounds through the day. Internally, ol. morrhue 3ij t.d.s. was administered. Steady improvement followed in every respect. At the end of fifteen weeks, when the patient was discharged, 34 lbs. in weight had been gained (an average of over 2½ lbs. a week). There was neither fever nor cough. The throat was greatly improved, and no crepitations could be heard on auscultating the lungs. Two months after discharge she was again seen, and had held her ground well, and was still entirely without cough.

REMARKS.—Case I illustrates considerable improvement occurring despite long-standing and advanced disease. The very distinct improvement in the physical signs in the lungs in so short a time is noteworthy, it usually requiring a longer period to effect so much. The administration of creasotal in large doses certainly seemed to be of service, as almost immediately following its being ordered the patient began steadily to amend. Case II is interesting as being almost undoubtedly a case of pulmonary tuberculosis, although tubercle bacilli were not obtained, the disease being in an early stage. An early diagnosis, before there is any expectoration to examine bacteriologically, can be made in some cases much to the well-being of the patient. The combination of phthisis and lupus of the larynx is not very often met with, but in no respect did the throat in this case resemble the ordinary tuberculous laryngitis. The case is further interesting in showing a gain in weight of 34 lbs. in fifteen weeks, entirely apart from "forced feeding."

INTRAMUSCULAR INJECTIONS IN SYPHILIS.—Dr. Conolly mentioned incidentally in a discussion which took place at the Conference of Medical Officers of the Federated Malay States last year a case of syphilis treated in the jungle "with intramuscular injections of mercury through the primitive means of a piece of bamboo and a bit of old kerosene tin made into a tube."

whole operation. In the case of my son the mischief is done, but in the interest of the general public I submit that such inhuman treatment at any hospital is a disgrace to the institution." The letter being brought before the plaintiff by the authorities of the hospital, the allegations contained therein were denied, and the defendant was asked for an explanation. Later the defendant wrote again to the Committee "in adhering to the facts set forth in my former communication to you I now supplement my charge against Dr. Clark by affirming that he is a man utterly devoid of honour, and as such he should not be associated with an institution where the highest humanitarian principles should obtain. Dr. Clark seeks to cover his inhuman conduct by falsehood, misrepresentation, and intimidation." No apology having been tendered by the defendant, the action was brought by Dr. Clark. The defence was justification.

The plaintiff's counsel stated to the court that the plaintiff did not seek to make any profit out of the action, and would have been content with an apology and the payment by the defendant of a sum of money to a charitable institution, failing which he only asked for reasonable damages.

Dr. Clark denied in his evidence that he had ever promised to administer chloroform, and denied that in the case it would have been advisable at all.

The defendant asserted the truth of his allegations and was supported in his evidence by his two sons.

The Jury conferred for a few minutes in the box and found for the plaintiff with £20 damages, which they suggested should be given to a local hospital.

A PAINTER AND "PLASTERER."

AN inquest was held lately, according to a report in the *South Wales Daily News*, on the body of an infant aged 21 months, the child of Mr. D. M. Davies, of Ebbw Vale. It appeared from the evidence that the child had sustained an injury to his knee owing to having been knocked down by a cart. The parent of the child took him to John Rudman, a painter by trade, and a "plasterer," who, after examining the leg, told the woman that he had no ointment weak enough for one so young. It occurred to him, however, that he had a "piece" which would do, and applied some on linen, stating that if it did no good it would do no harm. He told the woman he made no charge, but trusted to people's honour. The ointment used, he stated, was composed of olive oil, ground ivy, and elder leaf, which he had found would "kill inflammation." His aunt had given him the receipt for it fifty years ago. On seeing the child a second time he found it better, and repeated the application.

It appeared from the medical evidence that the application used by the plasterer contained animal grease, sulphate of iron, with traces of copper and lead, though not in sufficient quantity to injuriously affect the wound. The wound required antiseptic treatment, but it could not be said that death was accelerated by the use of the plaster.

Rudman, the plasterer, was recalled, and stated that he did use sulphate of iron, but there was none in the ointment. He had it with a powder and some other things in a pot, and probably some of it got into the plaster accidentally.

The Coroner strongly deprecated what he termed the practice of ignorant quacks, and foolishness of people in dispensing with medical treatment.

The jury found that death was due to the accident, and, considering the nature of the evidence, did not wish to censure Rudman too severely.

The Coroner stated that the jury desired him to say to Rudman that they much regretted that he undertook the treatment of the child, and they thought he ought to have advised the parents at once to have continued medical treatment.

MEDICAL ADVERTISING.

T. W. M. writes to complain of a letter over the signature of a resident practitioner in a local paper advocating the foundation of a cottage hospital in the district, and asks our opinion of it.

"* Cottage hospitals are useful institutions, and the publication of this letter does not appear to be blameworthy, although a better plan might have been to have called a meeting of the local profession, who could have sent a joint letter to the press with all their names appended."

INTRODUCTION OF A PARTNER.

UNIVERSITY GRADUATE writes that he gave one and a-half year's purchase for a share in an old-established practice, and that there is but little scope for obtaining patients who can be considered his own individual patients, as the great majority have already belonged to the senior partner. He asks whether it would not be fair and right that he should as much as possible visit the patients alternately with the senior partner, unless the patients have any particular objection.

"* Our correspondent's views of the rights of a junior partner are somewhat extensive. No doubt his partner will be glad of his assistance at times, but he is hardly likely to admit a right on the part of the junior to see his patients alternately with himself even if the patients themselves were willing, which would be more than doubtful. If our correspondent will only have patience, he will in due course get an ample introduction, without requiring the novel expedient he suggests, which might, if carried out, considerably reduce the practice to which he desires an introduction."

COLOURED MEDICAL PRACTITIONERS IN WASHINGTON.—Among the negro population of Washington are 53 medical practitioners, 12 trained nurses, and 10 dentists, and among their organisations are a medical society, a dental society, and a society of trained nurses.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF BIRMINGHAM.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE AND BACHELOR OF SURGERY.—The following candidates have satisfied the Examiners in the subjects undernoted:

Elementary Biology (Part I).—H. N. Crowe, H. A. Evans, R. S. W. Hunt, G. F. Jotham, N. V. Williams.

Chemistry and Physics (Part II).—Class I: F. R. D'A. Glissan, N. J. L. Rollason. Class II: R. W. Aitken, R. H. Astbury, E. L. Bunting, Helen Gertrude Greener, L. L. Hadley, W. C. Horton, W. C. Houghton, H. P. Pickerill.

DEGREES OF BACHELOR OF MEDICINE AND BACHELOR OF SURGERY.—The following candidates have satisfied the Examiners:

*H. W. Langley-Browne, *E. Cureton, *C. Leedham-Green, *J. Lloyd, *D. C. Lloyd-Owen, *P. Smith, *T. L. Webb, *E. B. Whitcombe, †G. C. Belcher, †R. S. Burd, †A. Cant, †G. W. Charsley, †A. Emery, †T. W. Fowler, †J. E. Godson, †F. J. V. Hall, †C. H. Harcourt, †A. Hawley, †G. L. Hill, †W. A. L. Jackson, †T. Longmore, †H. P. Motteram, †H. J. Orford, †J. O. Orton, †E. F. Page, H. W. Pepper, †H. W. Pooler, †A. B. Prosser, †W. Sisam, †A. J. Stanley, †A. A. D. Townsend, †G. A. Wilkes, †M. J. Quirke.

DEGREE OF BACHELOR OF DENTAL SURGERY.—The following candidates have satisfied the Examiners:

*J. D. Whittles, †H. Round.

* Associates. † Past students of the Birmingham Medical School.

‡ Under ordinary Regulations.

DIPLOMA OF PUBLIC HEALTH.—The following candidates have satisfied the Examiners:

R. A. Lyster, R. Turner.

SPECIAL SECOND EXAMINATION FOR THE DEGREES OF BACHELOR OF MEDICINE AND BACHELOR OF SURGERY.—The following candidates have satisfied the Examiners:

Class I.—A. E. R. Weaver, F. Wilkinson.

Class II.—W. G. Aviss, W. Cook, C. K. Gettings, R. B. D. Hird, L. G. J. Mackey, E. Wilkinson.

THE LONDON (ROYAL FREE HOSPITAL) SCHOOL OF MEDICINE FOR WOMEN.

THE distribution of prizes took place at this School on June 27th. Mrs. Garrett Anderson, Dean of the School, presided, and the prizes were given by Mrs. Westlake.

In a short address to the students Mrs. Westlake expressed her faith in the capability of women to fill posts in all learned professions. The report of the London Intermediate examination showed that during the past school year, out of 54 successful candidates from all schools, 24 were women. The striking progress in education during the last thirty years was not confined to women nor to the medical profession. In all professions the standard had been raised. This was true of so many occupations that, even in the domain of sports, there was now little room for the poor amateur anywhere. She trusted they would set their faces against the indolence, luxury, and "giving up" after illness which was becoming common, and urge upon their patients to make life itself a strenuous and a real profession.

Mrs. Garrett Anderson, M.D., spoke of the progress of the School and of pressing matters of finance. She expressed a wish that some kind friend would endow one or more of the lectureships, more especially the Chemical Chair, which was a very expensive one. More students were wanted, and she would welcome well-educated women, with a sense of responsibility, and of the type of character that went to make good physicians. She believed that in the future a great deal of ordinary practice would pass entirely into the hands of women; but there would still be room for men, as there was a great demand for them in the army and elsewhere.

The prize list was as follows:—*Materia Medica*, Miss Whitlock. *Practical Organic Chemistry*, Miss Slater. *Practical Inorganic Chemistry*, Miss Schiele. *Histology and Practical Histology*, Miss French. *Pathology*, Mrs. Wiley. *Gynaecology*, 1st Durham prize, Miss Ivens; 2nd prize, Miss V. Bennett. *Anatomy*, senior, Miss Kensington; junior, Miss Symington. *Practical Anatomy*, 1st prize, Miss Hacking; 2nd prize, Miss Kensington. *Physiology*, senior, Miss Frazer; junior, Miss Sommer. *Organic Chemistry*, Miss Bolton. *Inorganic Chemistry*, Miss Magill. *Biology*, Miss Coupland and Miss Magill. *Medicine*, Miss Hickman. *Surgery*, Miss Hooper. *Operative Midwifery* (Evans prize), Miss A. C. Scott. The *Entrance Scholarship* given by the Executive Council was awarded to Miss Coupland. The *S. Dunstan Scholarship* given by the Governors of the Endowed Charities of S. Dunstan in the East, value £60 a year for three years, was gained by Miss N. Smith. *Mackay Prize*, value £20, Miss Slater; 2nd prize, value £20, Miss Chambers.

At the M.B. Examination of the University of London in November, 1900, Miss Woodcock was one of the six candidates in the first division, and of 48 names in the second division 12 belong to students of the School. In the Honours examination 9 out of 25 honours were gained by students of the School. Miss Ivens obtained the Gold Medal and Scholarship in Obstetrics, and Miss MacDougall the Gold Medal in Medicine. At the Intermediate M.B. (London) Examination in July, 1900, Miss Slater obtained marks qualifying for the Gold Medal in *Materia Medica*.

Mr. Holroyd Chaplin proposed a vote of thanks to Mrs. Westlake, and Dr. Brodie seconded.

Mrs. Westlake replied.

Mr. Turle proposed a vote of thanks to Mrs. Garrett Anderson, and was himself accorded a spontaneous round of cheers, his friendship and generosity to the School being warmly appreciated by the students.

ITALIAN PÆDIATRIC CONGRESS.—The fourth meeting of the Italian Pædiatric Congress will be held at Florence from October 15th to 20th. The President of the Organising Committee is Professor Giuseppe Mya, Director of the Clinic of Children's Diseases in the Royal Institute of Superior Studies.

Dr. Russell Stritch (Ardgay, Ross-shire), writes thus with regard to his deceased friend, as follows: "His life forms a part of that price which we are paying for the honour and integrity of our Empire; but who can estimate the mental and physical losses our country and the world must have sacrificed in the present war? A chivalric and thoroughly kind-hearted disposition ensured Dr. Graham the love and esteem of all his friends; and the sincerest sympathy is felt for his parents and sisters, whose only son and brother he was."

WE regret to announce the death at sea of FRANCIS CHARLES LENEHAN, L.R.C.P.&L.M., L.R.C.S., L.M.I., late Colonial and West Indian Service, and fifth son of Mr. Edward Lenehan, of 1, St. Edwards Terrace, Garville Avenue, Rathgar, co. Dublin. Dr. Lenehan, who was aged 33, was educated in the Royal College of Surgeons Ireland, the School of Medicine, Trinity College Dublin, the Carmichael School of Medicine, and the School of Medicine Catholic University of Ireland; was appointed Assistant Colonial Surgeon, Gold Coast Colony in 1893. He was Resident Surgeon to the Colonial Hospital, Accra, Gold Coast Colony, and was Surgeon to the Hausa forces during the Ashanti expedition 1893-94, when he was mentioned in despatches. He was surgeon to the Hausa forces, Kevabu, Ashanti, 1894-96; District Commissioner, Gold Coast Colony, 1896; Government Medical Officer, Turks and Caicos Islands, 1897; Assistant Surgeon, San Fernando Hospital, 1897; Supernumerary Surgeon, Trinidad, 1897. He was Public Vaccinator, Caicos Islands, and a Member of Board of Health and Quarantine and Pilotage Boards of these islands.

MEDICAL NEWS.

WE are asked to state that the Continental Anglo-American Medical Society proposes to hold a luncheon in Cheltenham during the annual meeting of the British Medical Association; the date and place will be announced later.

THE King has consented to grant his patronage to the National Sanatorium for Consumption and Diseases of the Chest at Bournemouth. Her late Majesty, Queen Victoria, became Patron of the Institution in 1869.

THE Hon. Ella Campbell Scarlett, M.D., daughter of Lady Abinger, sailed on June 26th in the transport *Assay* for South Africa, having been appointed by the Colonial Office one of the doctors to the Refugee Camp in the Orange River Colony.

NEW MEDICAL MAGISTRATES.—Earl Egerton, the Lord Lieutenant, has inserted in the Commission of the Peace for the County of Chester the names of Dr. George Thomas Joynson, Parkfield, Northwich, and Dr. Frederick Howard Tinker, Talbot House, Hyde.

BRUSSELS MEDICAL GRADUATES' ASSOCIATION.—The general meeting of the members of this association will take place at the Hotel Cecil on Tuesday, July 9th, at 6.30 P.M. At 7.30 P.M. the members and their friends will dine together. Any Brussels medical graduate desiring to be present is requested to give notice to the Hon. Secretary, Dr. Major Greenwood, 243, Hackney Road, N.E. Dinner 7s. 6d., exclusive of wine.

DR. J. W. WASHBOURN, Assistant Physician to Guy's Hospital, who went out to South Africa with the Imperial Yeomanry Hospital as its physician in February, 1900, has now returned home. He has made a satisfactory report to the Committee, and states that when he left a branch hospital was being established at Elandsfontein.

THE BUXTON BATHS.—During the past winter the Buxton Hot-air Baths at the east end of the Crescent have been enlarged and newly furnished. There is a central entrance hall with lobbies on either side communicating with the corridors leading to the separate sides of the building set apart for ladies and gentlemen. On passing through the lobbies the visitor comes first to the waiting and cooling rooms, which are large and handsome apartments, comfortably furnished; following these are extensive ranges of immersion baths, and in the rear are the various appliances for treatment with vapour, either in combination with immersion baths, or otherwise;

also a suite of massage-rooms and cubicles. A massage department has been adapted on the first floor, and a hydraulic passenger lift has been provided.

A PAPAL DECORATION FOR A CANADIAN SURGEON.—Sir William Hingston, of Montreal, has received from the Pope the Cross *Pro Ecclesiâ et pro Pontifice* in recognition of his eminent services in the cause of charity and his unalterable devotion to the Church. Archbishop Bruchesi conveyed to Sir William the gift of the sovereign Pontiff, which was accompanied by the following letter from Cardinal Rampolla, the Papal Secretary of State: "His Holiness has deigned to accord 'the Cross for the Church and Pontiff' to Sir William Hingston, as a recognition of his devotion and fidelity to the Church and its Supreme Head. The Cardinal Secretary of State has the pleasure to transmit him the diploma and the said cross, in order that he may wear it on his breast, as it is customary to do with other decorations."

ANTIMALARIA CAMPAIGN IN ITALY.—It has been decided that in addition to the stations of observation and experiment in the provinces of Rome, Milan, Cremona, Mantua, Gercara, Foggia, Lecce, others shall be established in the provinces of Udine, Verona, Vicenza, Padua, Ravenna, Pisa, Basilicata, and Syracuse. Besides epidemiological researches applications on a large scale will be made of preventive measures for the protection of the agricultural population against the scourge. Another extensive experiment on the prophylaxis of malaria will be made on the Emilian littoral. Moreover, in all the malarious regions of the Italian Peninsula the provincial and communal administrations and many private persons will co-operate in the application of preventive measures. From all this it may be gathered that during the summer and autumn the war against malaria will be carried on in Italy with great vigour and thoroughness.

THE annual dinner of the Association of British Postal Medical Officers, which took place on July 3rd, at the Hôtel Métropole, London, was largely attended. The chair was taken by Dr. J. Walton Browne, of Belfast, who after dinner conducted the company with much skill through a very long toast list. The toast of "The Imperial Forces" was given by Mr. Edmund Owen; that of "The Royal Colleges in England," given by Sir Joseph Fayrer, was acknowledged by Sir Dyce Duckworth and Sir William Mac Cormac. The toast of the evening was given by Sir J. Leng, M.P., who referred at some length to the proposals in the Factory Bill which would curtail the functions of the Postal Medical Officers. He commended the Memorandum recently issued by their Association (BRITISH MEDICAL JOURNAL, June 29th, p. 1653), and said that the best answer they could make to criticisms was to go on doing their duty in pointing out sanitary defects without fear or favour. Dr. Walton Browne, who replied, spoke briefly of the work done by the Association in the past and of the tasks before it, and thanked the members for re-electing him to the office of President. Other toasts followed or preceded this.

DURHAM UNIVERSITY MEDICAL GRADUATES' ASSOCIATION.—The annual meeting was held at the rooms of the Medical Society of London on June 27th, when the following officers were elected for the year 1901-2:—*President*: Frederick S. Palmer, M.D., M.R.C.P. *Vice-Presidents*: W. D. Arnison, M.D., and Frederick Spicer, M.D. *Members of Council*: Drs. Mitchell Bird, Charles Blair, Percy Jakins, T. Beattie, R. A. Bolam, E. W. Diver, J. W. Hembrough, Charles W. Chapman, W. G. Richardson, J. Eyre, J. T. James, and A. Cox. *Honorary Treasurer*: Dr. Selby W. Plummer. *Honorary Secretaries*: H. Brunton Angus, M.S., M.B., T. Outterson Wood, M.D. In the evening the members and guests, to the number of 77, dined together at the Café Royal, Dr. Frederick S. Palmer, the President, in the chair. After the usual patriotic toasts had been proposed by the President, he gave the toast of "The University of Durham," and Dr. Selby Plummer, member of Senate of the University, replied. Sir James Crichton-Browne, in eloquent terms, proposed "Success to the Durham University Medical Graduates' Association," recalling his connection with the Medical College where he was formerly lecturer on mental diseases, and Mr. H. Brunton Angus, the Northern Secretary replied, congratulating the Association upon its success, the number of members now reaching close on 400. The health of "The President" was proposed by Mr. Christopher Heath, the

health of "The Visitors" by Dr. Frederick Spicer, for whom Sir Richard Douglas Powell, Bart., K.C.V.O., replied, and the President proposed the health of Dr. Outterson Wood, the Honorary Secretary for the South.

ASSOCIATION OF PUBLIC VACCINATORS.—The Association of Public Vaccinators held their annual dinner on June 28th at the Hotel Great Central under the presidency of Dr. E. Climson Greenwood, who, in proposing the toast of "The Local Government Board," said that it was a difficult matter to realise the changes the Vaccination Act had brought about. The name of Monckton Copeman would always be associated with the Act as being practically the introducer of glycerinated calf lymph; had it not been for his researches the present system could not have been carried through. In responding to the toast, Dr. S. Monckton Copeman referred to the assistance afforded by Dr. Blaxall and Dr. Tremlin. The number of cases of alleged death or injury from vaccination had largely decreased since the new Act had been passed. Dr. R. Macartney proposed "The Association," and drew attention to the fact that public vaccinators were subject in some cases to the caprice of uneducated persons imbued with anti-vaccination ideas; he complained of the Government allowing insufficient and inefficient vaccination by medical men in private practice. The toast was acknowledged by Dr. A. E. Cope, one of the Hon. Secretaries, who said that the number of members was over 400. Every public vaccinator should become a member so as to enable the usefulness of the Association to be increased. Owing to interviews with Mr. Chaplin on the passing of the last Act the minimum fee had been fixed at 5s. instead of at 3s. 6d. as proposed. Dr. Lloyd Brown gave the toast of "The Guests," which was acknowledged by Dr. Danford Thomas and Dr. Bateman. "The Health of the President," given by Dr. Wells, concluded the evening.

MEDICAL VACANCIES.

The following vacancies are announced:

- ABERDEEN UNIVERSITY.**—(1) Examiner for Graduation in Anatomy and Physiology (2) Examiner for the Diploma in Public Health. Applications to the Secretary by July 13th.
- BATH: ROYAL UNITED HOSPITAL.**—House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary by July 13th.
- BETHNAL GREEN INFIRMARY.** Cambridge Road, N.E.—First Assistant Medical Officer: unmarried. Salary, £150 per annum, with board, lodging, and washing. Applications, on forms provided, to be sent to the Medical Superintendent by July 8th.
- BIRMINGHAM: QUEEN'S HOSPITAL.**—House-Surgeon. Post tenable till August 31st, 1902. Salary at the rate of £50 per annum, with board, lodging, and washing. Applications to the Secretary by July 24th.
- BRISTOL ROYAL INFIRMARY.**—(1) Anaesthetist and Junior House-Surgeon. (2) Casualty Officer. Appointments for six months. Salary at the rate of £50 per annum, with board, lodging, and washing. Applications to the Secretary by August 1st.
- BUXTON: DEVONSHIRE HOSPITAL.**—Assistant House-Surgeon. Salary, £50 per annum, with furnished apartments, board, and washing. Applications, endorsed "Assistant House-Surgeon," to be sent to the Secretary.
- CAMBERWELL PARISH INFIRMARY.**—Third Assistant Medical Officer. Salary, £50 per annum, with apartments, board, and washing. Applications on forms provided to be sent to the Town Clerk to the Guardians, 29, Peckham Road, S.E., by July 8th.
- CANTERBURY: KENT AND CANTERBURY HOSPITAL.**—Assistant House-Surgeon; unmarried. Salary, £60 per annum, with board and lodging. Applications to the Secretary by July 26th.
- ALISLE: CUMBERLAND AND WESTMORLAND ASYLUM.** Garlands.—Senior Assistant Medical Officer; unmarried, not over 30 years of age. Salary, £150 per annum, rising to £180, with board, lodging, etc. Applications to the Medical Superintendent.
- CARLISLE DISPENSARY.**—Resident Surgeon; unmarried. Salary, £150 per annum, with apartments. Applications to the Honorary Secretary, Mr. G. A. Lightfoot, 23, Lowther Street, Carlisle.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.** Victoria Park, E.—Second House-Physician. Appointment for six months. Salary at the rate of £30 per annum, with board, residence, and washing. Applications to the Secretary by July 8th.
- DENTAL HOSPITAL OF LONDON.** Leicester Square.—Two Assistant Anaesthetists. Applications to the Secretary by July 8th.
- DUDLEY: GUEST HOSPITAL.**—(1) Assistant House-Surgeon. Appointment for six months. Salary at the rate of £40 per annum, with residence, board, and washing. (2) Vacancy on the Honorary Surgical Staff. Applications to the Secretary for (1) by July 11th, and for (2) by July 12th.
- GERMAN HOSPITAL.** Dalston.—(1) Honorary Assistant Physician. (2) Honorary Assistant Surgeon. Applications to the Secretary by July 22nd.
- GLAMORGAN COUNTY ASYLUM.** Bridgend.—Junior Assistant Medical Officer (male); unmarried, and age not over 30. Salary, £170 per annum, with board, lodging, washing, and attendance. Applications to the Medical Superintendent by July 20th.
- GREAT NORTHERN CENTRAL HOSPITAL.** Holloway, N.—(1) House-Physician. Salary at the rate of £80 per annum. (2) June House-Physician. Salary at the rate of £30 per annum. (3) Non-Resident Assistant House-Surgeon. Salary at the rate of £20 per annum. Board, lodging, and washing provided for (1) and (2), and luncheon and dinner provided for (3). Appointments for six months. Applications to the Secretary by July 15th.
- GREENOCK INFIRMARY.**—House-Surgeon. Salary, £60 per annum, with board and residence. Applications to the Secretary by July 13th.
- GUILDFORD: ROYAL SURREY COUNTY HOSPITAL.**—Assistant House-Surgeon. Salary, £75, with board, residence, and laundry. Applications to the Honorary Secretary.
- HEXHAM RURAL DISTRICT COUNCIL:** Medical Officer of Health. Salary, 200 guineas per annum. Applications on forms provided to be sent to the Clerk, Midland Bank Chambers, Hexham, by July 13th.
- HOSPITAL FOR SICK CHILDREN.** Great Ormond Street, W.—(1) Medical Registrar. Honorarium 50 guineas. (2) Clinical Pathologist and Bacteriologist. Honorarium,

- 50 guineas. (3) Second Anaesthetist. Honorarium, 15 guineas. (4) House-Surgeon, unmarried. Appointment for six months. Salary, £20, with washing allowance, board, and residence. Appointments for (1), (2), and (3) for one year, but (1) is eligible for re-election. Applications, on forms provided, to be sent to the Secretary by July 18th.
- HULL ROYAL INFIRMARY.**—Junior Assistant House-Surgeon. Salary, £60 per annum, with board and lodging. Applications to the Chairman of the House Committee.
- KING'S COLLEGE.** London.—Professor of General Pathology and Bacteriology. Applications to the Secretary by July 22nd.
- KING'S COLLEGE HOSPITAL.** London.—Assistant Physician (or Surgeon) for Diseases of the Throat. Applications to the Secretary by July 22nd.
- LINCOLN: LAWN HOSPITAL FOR INSANE.**—Assistant Medical Officer. Salary, £100 per annum. Applications to the Medical Superintendent.
- LIVERPOOL: DAVID LEWIS NORTHERN HOSPITAL.**—Assistant House-Surgeon. Salary, £70 per annum, with residence and maintenance. Applications to the Chairman by July 24th.
- LIVERPOOL STANLEY HOSPITAL.**—Honorary Assistant Physician. Applications to the Honorary Secretary by July 15th.
- LONDON COUNTY ASYLUM.** Banstead.—Medical Superintendent. Salary, £1,000 per annum, with unfurnished house, etc. Applications on forms provided to be sent to the Clerk of the Asylums Committee, 6, Waterloo Place, S.W., by July 17th.
- LONDON COUNTY ASYLUM.** Claybury.—Junior Assistant Medical Officer; unmarried, between 23 and 30 years of age. Salary, £150 per annum, with board, furnished apartments, and washing. Applications, on forms provided, to be sent to the Clerk of the Asylums Committee, 6, Waterloo Place, S.W., by July 10th.
- LONDON LOCK HOSPITAL.** 91, Dean Street, W.—House-Surgeon to the Male Hospital. Salary, £60 per annum, with board, lodging, and washing. Applications to the Secretary by July 15th.
- MANCHESTER: OWENS COLLEGE.**—(1) Senior Demonstrator in Physiology. Stipend, £100, rising to £200. (2) Junior Demonstrator in Physiology. Stipend, £100, rising to £150. Applications to the Registrar by July 18th.
- NEWPORT AND MONMOUTHSHIRE HOSPITAL.**—Honorary Surgeon for the Ophthalmic Department. Applications to the Secretary, 26, Dock Street, Newport, Monmouthshire, by July 12th.
- NORTHAMPTON GENERAL INFIRMARY.**—Honorary Physician, not under 25 years of age. Applications to the Secretary by July 12th.
- NORTH-EASTERN HOSPITAL FOR CHILDREN.** Hackney Road, N.E.—(1) House-Surgeon. (2) House Physician. (3) Dental Surgeon, £100 per annum. Appointment for (1) and (2) for six months, with salary at the rate of £80 per annum each, with board, residence, and laundry allowance. Applications to the Secretary at the City 27, Clement's Lane, E.C., for (1) by July 17th, and (2) by July 15th.
- NORTH-WESTERN FEVER HOSPITAL.** Hampstead, N.W. Locum Tenens. Salary at the rate of £160 per annum, with board, lodging, and washing. Applications to the Medical Superintendent.
- NOTTINGHAM GENERAL DISPENSARY.**—(1) Senior Resident Surgeon. Salary, £200 per annum, increasing £15 yearly. (2) Two Assistant Resident Surgeons. Salaries £100 per annum, increasing £10 yearly. Furnished apartments, attendance, etc., provided in each case. Applications to the Secretary, Mr. M. I. Preston, Journal Chambers, Nottingham.
- OLDHAM INFIRMARY.**—Senior House-Surgeon. Salary, £100 per annum, with board, residence, and washing. Candidates to state if willing to accept Junior post at £75 per annum. Applications to the Honorary Secretary by July 15th.
- PLYMOUTH BOROUGH ASYLUM.**—Assistant Medical Officer; unmarried. Salary, £150 per annum, rising to £200 per annum, with furnished apartments, board, and washing. Applications, endorsed "Assistant Medical Officer," to be sent to Dr. W. H. Bowes, Medical Superintendent, by July 20th.
- PORTSMOUTH: BOROUGH ASYLUM.**—Junior Assistant Medical Officer. Salary, £120 per annum, increasing to £150, with board, lodging, and washing. Applications to the Medical Superintendent.
- ROCHESTER: ST. BARTHOLOMEW'S HOSPITAL.**—Assistant House-Surgeon. Salary, £100 per annum, with board, etc. Applications marked "Application for Assistant House-Surgeon," to be sent to the Clerk to the Trustees by July 9th.
- ROYAL HOSPITAL FOR CHILDREN AND WOMEN.** Waterloo Road, S.E.—Assistant Surgeon; must be F.R.C.S. Eng. Applications to the Secretary by July 23rd.
- ROYAL HOSPITAL FOR DISEASES OF THE CHEST.** City Road, E.C.—House-Physician. Appointment for six months. Salary at the rate of £60 per annum, with furnished apartments, board, and washing. Applications to the Secretary by July 30th.
- ROYAL ORTHOPEDIC HOSPITAL.** Oxford Street, W.—Resident House-Surgeon and Registrar; unmarried. Appointment for six months but eligible for re-election. Salary, £100 per annum, with full board. Applications to the Secretary by July 27th.
- ST. ANDREWS UNIVERSITY.**—Additional Examiners for Graduation in Anatomy, Materia Medica and Therapeutics, Pathology, Medical Jurisprudence and Public Health, Surgery (Systematic and Clinical), Medicine (Systematic and Clinical), and Midwifery. Applications to the Secretary by July 8th.
- ST. MARY'S HOSPITAL MEDICAL SCHOOL.** Paddington.—Demonstrator of Anatomy. Salary, £70 per annum. Applications to the Dean by July 8th.
- SALISBURY: FISHERTON ASYLUM.**—Assistant Medical Officer. Salary, £150 per annum, with board, lodging, and washing. Applications to Dr. Finch, Salisbury.
- SHOREDITCH INFIRMARY.** Hoxton Street, N.—Second Assistant Medical Officer. Appointment in first place for six months. Salary at the rate of £100 per annum, with rations, washing, and furnished apartments. Applications on forms provided, to be sent to the Clerk to the Guardians, 213, Kingsland Road, N.E., by July 9th.
- SHREWSBURY: SALOP INFIRMARY.**—Assistant House-Surgeon. Appointment for six months but capable of renewal. Salary at the rate of £40 per annum, with board and washing. Applications to the Secretary.
- SOUTHAMPTON: ROYAL SOUTH HANTS AND SOUTHAMPTON HOSPITAL.**—Junior House-Surgeon. Salary at the rate of £50 per annum, with rooms, board, and washing. Applications to the Secretary by July 18th.
- TAUNTON: TAUNTON AND SOMERSET HOSPITAL.**—Assistant House-Surgeon. Appointment for six months. Salary at the rate of £60 per annum, with board, lodging, and laundry. Applications to the Honorary Secretary.
- TRURO: ROYAL CORNWALL INFIRMARY.**—House-Surgeon, unmarried. Salary, £100 per annum, increasing £10 a year, with board and apartments. Applications to the Secretary.
- VICTORIA HOSPITAL FOR CHILDREN.** Queen's Road, Chelsea.—(1) Surgeon to In-patients. Assistant Surgeon to the Out-patients. Applications to the Secretary by July 13th.
- WADSWLEY: WEST RIDING ASYLUM.**—(1) Third Assistant Medical Officer. Salary, £150 per annum, rising to £200. (2) Fifth Assistant Medical Officer. Salary, £140 per annum, rising to £160. Board, etc., provided in each case. Applications to the Medical Superintendent by July 10th.
- WAKEFIELD: CLAYTON HOSPITAL AND WAKEFIELD GENERAL DISPENSARY.**—Junior House-Surgeon; unmarried. Salary, £80 per annum, with board, lodging, and washing. Applications to the Honorary Secretary by July 10th.
- WESTERN GENERAL DISPENSARY.** Marylebone Road, W.—Second House-Surgeon; unmarried. Salary, £80 per annum, with board, residence, and laundry. Applications to the Honorary Secretary.

MEDICAL APPOINTMENTS.

- BULL, G. C. R., M.B. Lond., F.R.C.S. Eng.,** appointed District Medical Officer of the Newport Pagnell Union.
- CRINION, L. J., M.B., B.Ch., R.U.I.,** appointed Medical Officer for the Blessington No. 1 Dispensary District of the Naas Union, vice Dr. Bleakley.
- GRIEISON, John Turner, M.B., Ch.B. Vict.,** appointed Resident Medical Officer to the Liverpool Corporation Hospitals.

GULLAN, A. Gordon, M.D.Lond., F.R.C.S.Eng., appointed Honorary Physician to the Stanley Hospital, Liverpool, *vice* R. J. M. Buchanan, M.D.Vict., elected Honorary Assistant to the Liverpool Royal Infirmary.

HALPIN, E., L.R.C.P.I., M.R.C.S.Eng., appointed Certifying Factory Surgeon for the Arklow District of the county of Wicklow.

HEATHER, Lewis D., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer of Health to the Hay and Bradwardine Rural District Council.

HOOP, Noel Lockwood, M.D.Camb., B.C., appointed an Honorary Surgical Officer to the York County Hospital.

JONES, O. Clayton, M.B.Oxon., L.R.C.P.Lond., appointed Medical Officer and Public Vaccinator for the Ilfracombe District of the Barnstaple Union, *vice* G. L. Thornton, M.R.C.S., L.R.C.P.Lond.

LITTLEJOHN, Thomas H., M.B., C.M.Edin., D.P.H., appointed Medical Officer of Health for the Metropolitan Borough of Hampstead, *vice* Edmund Gwynn, M.D.St.And.

MARSH, John Hedley, M.R.C.S., L.R.C.P.Lond., appointed Honorary Surgeon to the Macclesfield General Infirmary.

MCCALL, Eva, M.B., B.S.Glasg., appointed Assistant Resident Medical Officer to the Birkenhead Union Infirmary.

MCCARTHY, M. Beckett, L.R.C.P., L.R.C.S.Eng., L.F.P.S.Glasg., appointed one of the Honorary Surgeons of the Masterton Hospital (Masterton, New Zealand).

MOORE, Samson G., M.B., Ch.B.Vict., D.P.H.Eng., appointed Medical Officer of Health for the Borough of Huddersfield, *vice* E. G. Annis, M.R.C.S., L.R.C.P.Lond., D.P.H., L.R.C.P.S.I., resigned.

ROBINSON, J. C. B., M.R.C.S., L.R.C.P.Lond., appointed Certifying Factory Surgeon for the Harleston District of Norfolk.

UNDERS, J. C., L.R.C.P.Edin., M.R.C.S.Eng., appointed Medical Officer for the Bootle Division of the West Derby Union.

SMITH, J. W., M.B., C.M.Edin., F.R.C.S.Eng., appointed Honorary Assistant Surgeon to the Manchester Royal Infirmary, *vice* Joseph Collier, M.B.Lond., F.R.C.S.Eng., appointed Honorary Surgeon.

SOCK, W. S. V., M.B.Lond., M.R.C.S.Eng., appointed Resident Medical Officer to the Manchester Royal Infirmary.

OS, P. M., M.R.C.S.Eng., L.S.A., appointed District Medical Officer of the East Ham Union.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Graduates' College and 4 P.M.—Dr. Jas. Galloway: Consulta-
Polyclinic, 22, Chancery Street, W.C., tion (Skin).

TUESDAY.

Society for the Study of Inebriety, 11, Chandos Street, Cavendish Square, W., 4 P.M.—Dr. T. N. Kelynaek and Mr. W. Kirkby: On Arsenical Poisoning from Beer Drinking in its Relation to the Study of Inebriety.

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

WEDNESDAY.

Medical Graduates' College and 4 P.M.—Dr. Acland: Cases Illustrating Various
Polyclinic, 22, Chancery Street, W.C., Types of Pleurisy.

Hospital for Consumption and 4 P.M.—Dr. W. Ewart: Consultation
Diseases of the Chest, Brompton, 4 P.M. (Medical).

THURSDAY.

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

British Gynaecological Society, 20, Hanover Square, W., 8 P.M.—Dr. H. P. Noble, of Philadelphia: On the Degenerations and Complications of Uterine Fibromyomata. Specimens illustrating the paper will be shown.

Charing Cross Hospital Post-Graduate Course, 4 P.M.—Dr. Willcocks: Medical Cases.

Hospital for Sick Children, Great Ormond Street, W.C., 4 P.M.—Dr. Still: Abdominal Tuberculosis.

FRIDAY.

Medical Graduates' College and 4 P.M.—Mr. Work Dodd: Consultation
Polyclinic, 22, Chancery Street, W.C., (Eye).

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 orders or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

MARRIAGES.

ALDERSON-BREWIS.—At Christ Church, Sunderland, on June 25th, by the Rev. C. G. Hopkinson, M.A., Vicar, assisted by the Rev. W. M. Davidson, M.A., M.Sc., of Gosforth, Wilfred Ernest Alderson, M.D., M.S., third son of Thomas Albion Alderson, of Newcastle-upon-Tyne, to Ida May, elder daughter of Thomas Brewis, of Sunderland. At home, 5, Eldon Square, Newcastle-upon-Tyne, July 25th and 26th.

BARLOW-PONSFORD.—On June 27th, at Stanford, Kent, by the Rev. T. Disney Barlow, assisted by the Rev. H. Smith, Rector of the parish, Herbert Cecil Barlow, M.B.Lond., L.R.C.P., M.R.C.S., of St. Ives, Farnborough, Hants, eldest son of the Rev. T. Disney Barlow, of Park House, Blaby, Leicester, to Muriel, second daughter of the late Rev. W. Ponsford, formerly Chaplain to the Forces, and late Rector of Stanford, Kent.

EVANS-GRANGER.—June 20th, at St. Stephen's Church, Battersea, by the Rev. C. Walter Russell, B.D., Vicar, John William Evans, LL.B., D.Sc., late State Geologist and Chief Inspector of Mines in Mysore, son of the late Evan Evans, M.D., R.N., of the city of London, to Jessie Downie Granger, M.B., Ch.B.Glasg., daughter of the late Dr. J. R. Granger, of Glasgow, and of Mrs. Granger, of 2, Grosvenor Terrace, Glasgow.

GILL-KING.—On June 6th, at the Friends' Meeting House, Bull Street, Birmingham, Samuel E. Gill, M.D., of 96, Mansfield Road, Nottingham, to Ethel, daughter of William R. King, of Edgbaston, Birmingham.

MACTIER-PIERCE.—June 25th, at St. Mark's, Cheltenham, by the Rev. H. D. Williamson, M.A., Association Secretary C.M.S., assisted by the Rev. G. F. Cooke, of Linton, Somerset, cousins of the bride, Henry Carter Mactier, B.A., M.B., B.Ch., B.A.O.T.C.D., elder son of the late James Mactier, of Vernant Lodge, Belfast, and Castlebar, co. Mayo, to Adeline Herbert, elder daughter of the late Hugh Pierce, of Birkenhead and Gresford, and Mrs. Pierce, Brookfield, Cheltenham.

TURNER-WAINWRIGHT.—On June 6th, at Holy Trinity, Lambeth, by the Rev. Gilbert Weigall, M.A., assisted by the Rev. H. B. Hatherley, M.A., Curate of St. Andrew's, Worthing, Sydney Duke Turner, M.B., B.S., D.P.H., of Purley, Surrey, eldest son of Richard Turner, M.R.C.S., late of Lewes, to Lilian Maud, fourth daughter of James Gadesden Wainwright, Treasurer of St. Thomas's Hospital.

DEATHS.

LOVEGROVE.—On May 23rd, at Perth, Western Australia, Gertrude, the beloved wife of Frederic Lovegrove, M.B., M.R.C.S., late of Liverpool, England.

SOPER.—On July 2nd, 1901, Hugh Thomas Soper, aged 21 years, the dearly-loved son of William Soper, M.R.C.S., of 307, Clapham Road, London.

LETTERS, NOTES, AND ANSWERS TO
CORRESPONDENTS.

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

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

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

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

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

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

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

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

F.B.M. asks for references to descriptions of recently-erected dispensaries, particularly any with illustrations.

CANDIDE wishes to know where he can obtain the most recent analyses of infant foods (proprietary) after these are prepared ready for the infant's meal.

G. desires to hear of a good school which a young gentleman, aged 20, physically strong, but mentally weak, could attend daily. He speaks indistinctly, can read slowly, spelling long words; writes slowly, and can add up a few figures. He is good-natured, studious, and anxious for information. He has improved slowly under a tutor during the last three years. The school should be in England, and preferably in Somersetshire.

TREATMENT OF HYPERIDROSIS.

K. asks for advice in the treatment of a patient who suffers from excessive perspiration, apparently nervous, on slight physical exertion or mental excitement. It produces no feeling of weakness, but causes slight chills, which he combats with small doses of sodium salicylate. He has to change his entire underclothing several times daily. The usual remedies have been prescribed without benefit.

PATIENTS AND DOCTORS.

A CORRESPONDENT desires to know who is the author of the following well-known lines:

"God and the Doctor we alike adore
When on the brink of danger, not before;
The danger past, both are alike required;
God is forgotten, and the Doctor slighted."

** The lines are quoted in Styrap's *Code of Medical Ethics* (London, 1890, p. 75), but the author's name is not mentioned. They have a generic resemblance to the Latin quatrain said to have been written by a mediæval physician, whose name escapes us:

"Tres medicus facies habet: unam quando rogatur,
Angelicam; mox est, cum juvat, ipse Deus;
Post, ubi curato poscit sua præmia morbo,
Horridus apparet, terribilisque Sathan!"

The following translation of this epigram is taken from Timothe Kendall's *Flowers of Epigrams* (1577):

"Three faces the Physition hath.

First as an Angell he,
When he is sought; next when he helpes,
A god he seems to be;
And last of all, when he hath made
The sicke, deceased well,
And asks his guerdon, then he semes
An oughly Fiend of Hell."

It has been cynically suggested that the gratitude of the patient is a part of his disease. It comes on with the fever, improves during convalescence, and disappears on the return of health.

ARTIFICIAL LEGS.

S. G. H. writes: I have a patient, a man, aged 36, on whom it has been necessary to perform double amputation of the legs six inches above the knee, for spontaneous symmetrical gangrene of the feet and legs proper. As he is engaged in business, and is comfortably well off, he is anxious to get a pair of artificial limbs if possible. How much can be expected from artificial limbs in such a case? Will he be able to walk at all, with or without the aid of crutches or sticks? What is the kind of artificial limbs most likely to suit?

** This patient should be able to walk after a little practice with crutches and any well-made and well-fitted artificial limb, or with a stick and a pair of bucket legs. With more practice and care, a young man should, in time, be able to walk even with artificial limbs and one stick. By artificial limbs is meant such as have feet and joints at the knee and ankle. There are many occasions on which an active man