

commence to turn over on a transverse axis, and thus may actually enter the body base first.

"EXPLOSIVE" WOUNDS.

These wounds are practically always met with in connection with fractures of bone.

There is no hard and fast line to be drawn between an ordinary typical Mauser wound and those that have been termed explosive, and all gradations are met with between the small round puncture of the former and the yawning opening of the latter. The wounds shown in slides [exhibited] are cases in point. It will be seen that these apertures are large and irregular. The entrance wounds were perfectly typical. There was no evidence to show that the bullets were anything else but perfect, small calibre bullets, and there was no sign of any fracture of bone. The bullets here emerged at an acute angle, and to this must be attributed the character of the wounds.

The extent of the exit wound, it must be borne in mind, has no invariable definite relation to the underlying damage, although it may afford valuable indications thereof. The introduction of a finger will often show that although the exit aperture may be large, the skin is so undermined and the muscles so torn that a still larger irregular cavity is formed into which the ends of the fractured bone protrude, and this was especially well shown in cases of fractured femur.

Another form of wound is that in which the skin is blown away to a great extent. This is likely to happen if the bullet emerges from a subcutaneous bone, as the shin, and then there is a definite loss of substance so that a crater-like wound results.

A third form is that in which the muscles and tendons are torn, and at the same time extruded through the skin wound and form a protruding mass above the level of the skin resembling in some degree a fungating sarcoma, especially if seen for the first time some days after the infliction of the wound.

MEMORANDA:

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

TREATMENT OF DYSENTERY.

My experience of this disease during the last two summers in Natal, when dysentery has been very prevalent amongst the troops, prompts me to mention the method of treatment I have usually adopted and found most useful in very severe cases where there has been frequent stools accompanied by tenesmus and vomiting.

In such cases the patients were fed on white of egg only, the whites of three eggs being beaten up and mixed with one large bottle of soda-water; no milk or brandy was given. The latter, I find, has a great tendency to increase the diarrhoea; the former will usually cause sickness, owing to the irritable state of the gastric mucous membrane. This white of egg diet, I find, does not upset the stomach, and at the same time tends to prevent sickness, if any. It appeases the appetite and nourishes the patient. As many as 12 to 18 whites of egg may be given during the twenty-four hours. When the stools become less frequent, that is, 5 to 7 during the twenty-four hours, the patient is allowed to take the raw juice of a steak three times a day and an ounce of port wine mixed with the same quantity of the meat juice in addition to the white of egg.

Local treatment consists of a warm saturated solution of boracic acid given night and morning. For severe tenesmus the internal sphincter is swabbed with a 2 per cent. solution of cocaine. Hot fomentations are applied to the abdomen to relieve tormina—a few drops of turpentine being sprinkled upon the foment. The constant hiccup and vomiting, which generally supervenes in these severe cases, can be usually prevented by giving the patient small pieces of ice to suck, with the addition of: R Vin. ipecac. ℥j, tr. nux vom. ℥ij, sp. chloroform ℥x, aq. ad. 5j, every half-hour.

Lime-juice sweetened, mixed with soda-water, is a very refreshing drink, especially in cases in which the breath

has a foetid odour, the tongue is dry, the mouth parched, and the stools green and watery. In such cases this beverage has added not a little to the improvement, if not to the actual recovery, of some of these patients. This latter statement especially applies to those stricken of the disease who had been through the siege of Ladysmith.

W. ROUS KEMP, B.A. Camb., L.S.A. Lond.,
Civil Surgeon, No. 4 General Hospital, Mooi River, Natal.

LACERATION OF THE INFERIOR VENA CAVA:

DEATH AFTER FOUR HOURS.

On May 12th, a boy, aged 6 years was admitted to the Worthing Infirmary, having been run over by a rubber-tired cab: both wheels, according to a witness of the accident, passed over his body. On admission, about 10 minutes after the accident, he was in a state of collapse, and appeared dying. The obvious injuries were a slight graze of the skin on the right of the thorax, and a fracture of the left humerus. He was put to bed, treated with warmth and stimulants, and so far improved as to be able to say he had pain in the abdomen. His pulse was small and irregular both in force and rhythm, and his breathing was also irregular, being very shallow and rapid at times, and then almost stertorous for a short period; the pupils varied in size, and acted sometimes together, sometimes separately. He became irritable upon any attempt being made to rouse him.

The appearance of diminished resonance on percussion in the flanks and over an increasing area was taken to indicate intraperitoneal hæmorrhage; 20 ozs. of saline solution ($\frac{1}{2}$ per cent.) were injected into the right median basilic vein; the pulse improved. Laparotomy was performed by a median incision between the ensiform cartilage and the umbilicus; a large quantity of dark blood and some clots were found in the abdominal cavity; examination of the upper and lower surfaces of the liver and spleen revealed no injury; the rest of the abdomen was examined and sponged out; the bleeding had ceased, and the source of it had not been found. The hand was then passed beneath the diaphragm to the posterior surface of the liver; the finger entered a laceration, the limits of which could not be made out; there was a profuse flow of dark blood, and the patient immediately died. This was four hours after the accident.

Post-mortem examination showed that the brain was uninjured; the sixth right rib was fractured. There was a small quantity of bloody serum in the right pleura and in the pericardium, and there were two lacerations on the posterior surface of the right lobe of the liver, about an inch and a-half long, one of which was quite shallow, and the other about half an inch deep at one end; the falciform ligament was torn from the upper surface of the liver for its whole length. The inferior vena cava was torn through for half its circumference, just below the diaphragm, on its left side front, the opening of the right hepatic vein being visible through the tear; on the inner surface of the right auricle, but not extending through the wall, was a laceration from the inferior vena cava to within half an inch of the opening of the superior vena cava. There was a slight extravasation of blood beneath the right pleura and the pericardium, close to the spine.

This case seems worth recording, as showing the length of time the victim of such an injury may live; it was four hours in this case, and would have been longer but for the operation. It also shows that the apposition of the liver to the under surface of the diaphragm is such as to allow the circulation to be carried on through the vena cava, even when half the circumference of the vessel has been torn through.

FRANK HINDS, M.D.,
Hon. Surgeon, Worthing Infirmary.

CASE OF TETANUS: RECOVERY UNDER CHLORAL.

THE case arose from an acute spreading gangrene following a severe compound fracture of the leg, complicated by simple fracture of the thigh on the same side. The injury was sustained on February 12th. The treatment consisted in keeping the patient fully under the influence of chloral, its effect being watched carefully; thus 30 grs. were given, usually every two hours; now and again, though rarely, every three hours, and occasionally a double dose, according to the severity of the tetanic seizures. The following is a brief history: On February 15th amputation was performed just be-

low knee. On the 16th a gangrenous patch the size of half-a-crown was removed from the posterior flap. On the 25th the patient complained of stiffness of the jaws, and of a cracking sensation when eating, but was otherwise well. Part of the stump had healed by first intention, part was granulating and healthy. The granulating surface was swabbed with pure carbolic. On February 28th risus sardonicus was noticed, and spasms in the muscles of the face and neck. He spat blood from a bite of the tongue, which had given pain at its root, and could only protrude the tip. The temperature was normal.

On March 3rd the jaws were firmly locked; there was vomiting all the day; rectal medication and nutrient enemata were employed. On the 4th there were spasms in the muscles of the back with opisthotonos; he had a feeling of "red-hot coal" behind the neck. On the fifth the abdomen was affected, and owing to the severe pain opium and belladonna were added to the medicine. He slept for about ten minutes at a time, when the mouth would be open, awaking with a cry of pain, a snap of the jaws, and a convulsive seizure.

On the 14th the lower extremities were affected; he was very weak; glycerine enemata caused agonising seizures; he was perspiring profusely, his pulse was 120. He was given digitalis and strophanthus. On the 16th he was delirious for the first time; the temperature was 103°, as he seemed to be collapsing he was given brandy. On the 17th the spasms were not so severe; there was evidence of hypostatic pneumonia, and a sacral bed sore. On the 19th expectoration was copious, but difficult, owing to rigidity of the chest and abdomen. On the 27th he was conscious for the first time since the 16th; perspiration was very profuse; there was a much longer interval between the spasms; the muscles were relaxing. From this time on he did well, occasionally becoming delirious, usually at night time; the chloral was accordingly eased off. The temperature varied from 100° to 103° for another fortnight, but disappeared under liberal diet. The feeding throughout was done by a tube. After recovery it was found that the crowns of 2 sound molars were broken off, and there was a deep scar on each side of the tongue. The amputation wound and the fracture were soundly healed. Cases of tetanus are divided into acute and chronic. It may be asked, is not every case of tetanus acute, for tetanus that gets better is necessarily chronic in recovery?

Wigan.

J. THOMSON SHIRLAW, M.B.

REPORTS

ON

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

LIVERPOOL ROYAL INFIRMARY.

AN UNUSUAL CASE OF EXTRAVASATION OF URINE.

(Under the care of Mr. RUSHTON PARKER.)

History and State on Examination.—On April 10th, 1901, Mr. Parker was called by Dr. Holmes, of Liverpool, to see a ship's steward, aged 51, who was suffering from a brawny cellulitis of the lower abdomen of four days' duration, attended by fever and illness, due to extravasation of urine. As the inflammatory swelling extended more to the right than the left, it looked at first like an abscess associated with appendicitis, but no symptom had existed pointing to that. The man was known to have had urethral stricture, for which he had been submitted ten years previously to internal urethrotomy by Mr. Parker, in conjunction with Dr. Holmes, with complete relief for five years, during which he occasionally passed bougies on himself. But there was not now, nor had he previously noticed, any retention of urine, though he passed urine with a certain amount of trouble from time to time during the previous five years, which he attributed to his neglect of bougies. Nor was the scrotum œdematous or in any way altered, as in the usual forms of extravasation. On examining the perineum, however, there was found thickening at the root of the penis, which was thrust forward as if by a deep perineal abscess.

His present illness began with a rigor on March 24th, the day after sailing for Liverpool from New Brunswick, and kept him in bed most of the voyage of ten days. As he could pass water, although with some discomfort, he had not connected his state with any urinary trouble, and was supposed to be ill with influenza. On April 6th, after arriving home, he first noticed the abdominal swelling, which he afterwards said had begun during the night after passing water.

Diagnosis.—It was concluded that the case was probably one of extravasation, and in view of a necessary operation he was removed to the Royal Infirmary the same day and operated on the next (April 11th).

Operation.—Three long incisions were made over the abdominal swelling, and thin puriform liquid, horribly foetid, was let out, exposing adherent sloughs of subcutaneous tissue and muscular aponeuroses. A single median cut was made in the perineum opening a deep abscess with cellulitis continuous with that on the abdomen. But, as he could pass water, the urethra was not opened. A search was made for a perforation but none was found, although, of course, it must have been there, as urine escaped afterwards.

Lister's bougies up to No. 13 were passed without difficulty. He made a steady recovery, the wounds gradually clearing and healing, and water passing the natural way at his convenience. No bougies were passed again for some weeks, but as on the attempt a hitch was several times found, he was put under chloroform on May 28th, and internal urethrotomy was again performed, followed at once by the passage of large bougies. The urethrotome used in both instances was that of Maisonneuve.

REMARKS BY MR. PARKER.—The case was peculiar and unusual in the following particulars: There was never any notable retention, as micturition went on regularly; but whether the bladder was regularly emptied or not was not known. The initial trouble was probably a deep urinary abscess, due to a small perforation near the bulb; and a greater extravasation occurred secondarily, but did not increase as such. The scrotum for some reason was never implicated in the extravasation from first to last. This was to me a novel feature in the presence of abdominal infiltration. The reason of it would appear to be that the original urinary abscess blocked the way to the scrotum, and that when the larger extravasation occurred it had only the abdominal course to follow. I have seen other cases of extravasation in which the urethral opening was not noticeable on inspection of the exposed urethra, and in some of them the urethral passage was wide enough in front of the rupture or perforation not to absolutely require laying open according to conventional usage. But hitherto I had always practised that conventional incision, which here was obviously unnecessary. The absence of a tube to drain the bladder proved convenient by limiting the after-treatment to the dressing of the abscesses.

NO. 8 GENERAL HOSPITAL, BLOEMFONTEIN.

THE TREATMENT OF SOME AFFECTIONS COMMON IN MILITARY PRACTICE.

(By F. J. W. PORTER, Captain R.A.M.C.)

Ingrowing Toe-nail.—This is very commonly met with among soldiers. The treatment usually adopted is either to remove the whole nail or a strip on the side which is ingrowing, care being taken, by packing with wool or lint, during the growth of the new nail, to keep the edge of the skin from overlapping again. Sometimes part of the overhanging skin is dissected away. Whatever method is adopted, it necessitates the detention of the soldier in hospital for at least fourteen days, and in my experience relapse usually results after a time. The following will be found a most satisfactory method of treatment. Render the toe anæsthetic by injecting some 5 per cent. solution of cocaine. Then with sharp scissors remove a thin strip of the ingrowing nail right down to the root, and apply pure carbolic acid to the exposed matrix for three successive days. At the end of this time the strip of matrix can be peeled off, and it is never renewed, consequently there is no fresh growth of nail. The man is fit for duty in less than a week, and relapses never occur.

Phimosis.—Phimosis, due to a long prepuce becoming œdema-

COMPOUND TITLES.

A RETIRED medical officer writes: A certain number of us are still handicapped by these absurd and unwieldy titles. Would it not be a gracious act of the War Office, in instituting reforms, to sweep them all away?

* The theory is that officers must retain the titles under which they served and retired; hence the variety still shown in the retired lists. For our own part we should be glad to see uniformity introduced in all lists, at all events so far as compound titles, such as brigade-surgeon-lieutenant-colonel, are concerned.

AMALGAMATION OF THE HOME AND INDIAN MEDICAL SERVICES.

THE suggestion that such an amalgamation should be carried out has, we are aware, evoked wide and strong protests in India; and so far as we can judge the question at present is one more for academic discussion than coming within the scope of practical politics. At the same time, the members of the Indian Medical Service are not all against it, as is shown by a communication we have received from one of them, who in time hopes to be a member of an "Imperial Medical Service." Perhaps his wish may ultimately be realised, when some large future scheme of Imperial federation and consolidation of Imperial forces is carried out. In any such scheme India, of course, would be treated as an integral portion of the Empire. Our correspondent sketches out a scheme of amalgamation which, however feasible, need hardly be set forth at present.

GRIEVANCES OF CIVIL SURGEONS EMPLOYED IN THE ARMY.

A CORRESPONDENT urges that civil surgeons are entitled, with other branches of the service, to the gratuity under Army Order 136 of June, 1901. A simple perusal of the Order, he says, will show this, yet it has not been extended to civil surgeons acting with Imperial troops. We trust this matter will be ventilated and brought to the notice of the War Office.

ATTACHING MEDICAL OFFICERS TO CORPS.

A CORRESPONDENT objects to the proposal to attach junior medical officers to corps or units for three or five years on the following grounds: (1) It would ruin R.A.M.C. messes. (2) It would place the officer in the impossible position of serving two masters. (3) It would harm medical *esprit de corps*. If carried out it should be under the following conditions: (1) The attached officer should be under the orders of his own corps, and not those of the officer commanding the regiment; (2) he should belong to the R.A.M.C. mess at stations where there is one. What leave is the attached solitary medical officer likely to get?

* We fear the conditions indicated by our correspondent are not likely to be carried out; the attached officer would undoubtedly be regimental, as of old, and no colonel would be likely to suffer "my" doctor to be interfered with by outsiders of the medical service. As to leave indicated—well?

UNIVERSITIES AND COLLEGES.

CONJOINT BOARD IN ENGLAND.

THE following gentlemen passed the Second Examination of the Board, at the July quarterly meeting of the Examiners in the subjects noted:

Anatomy and Physiology.—E. F. R. Alford and J. Armstrong, University College, London; B. N. Ash, St. Bartholomew's Hospital; C. K. Attlee, B.A.Camb., St. Thomas's Hospital; J. L. Blakie and F. J. Borrie, Otago University and Middlesex Hospital; J. H. Burridge, King's College, London; A. H. Bond and H. Clapham, St. Mary's Hospital; W. Byam and H. G. Courtney, St. George's Hospital; T. C. A. Cleverton, London Hospital; R. H. Cotton, St. Thomas's Hospital; W. Crampton, University College, Liverpool; A. M. De Silva, Ceylon Medical College and London Hospital; W. L. Dickson, Middlesex Hospital; K. A. C. Doig, Westminster Hospital; W. S. Edmond, St. Bartholomew's Hospital; E. R. Evans, University College, Liverpool; H. L. Evans and C. R. B. Eyre, St. Thomas's Hospital; H. A. Fenton, St. Mary's Hospital; G. E. O. Fenwick, Otago University and University College, London; H. N. Fink, B.A.Camb., and D. H. Fraser, B.A.Camb., Cambridge University; W. T. Finlayson, St. Mary's Hospital; W. H. France, Westminster Hospital; E. H. Good, London Hospital; G. C. Grundy, Yorkshire College, Leeds; P. Gully, Charing Cross Hospital; A. L. Heiser and D. M. Humby, L.D.S.Eng., Middlesex Hospital; G. W. Heron, Westminster Hospital; T. M. Hughes, Owens College, Manchester; C. D. M. Holbrook, H. M. Huggins, and A. M. A. James, St. Bartholomew's Hospital; A. H. Jacob, London Hospital; H. H. Jenkins, Guy's Hospital; W. H. Kaye, Owens College, Manchester; T. B. Kobbekaduwa, Ceylon Medical College and University College, London; H. A. Kisch and G. M. L. Lester, M.A. Oxon., St. Thomas's Hospital; J. E. Lascelles, St. Mary's Hospital; E. B. Lathbury, St. Bartholomew's Hospital; F. B. Lowe, W. N. May, P. F. Minett, C. S. Morris, L.D.S.Eng., and M. M. Mottram, Guy's Hospital; W. C. Macaulay, B.A.Lond., Middlesex Hospital; J. C. S. McDouall, Otago University, New Zealand; A. V. Maybury, Durham University and Guy's Hospital; P. J. Maret, Westminster Hospital; R. C. Merryweather, University College, London; E. S. Molyneux and I. N. Morgan, London Hospital; H. R. Moxon, St. Thomas's Hospital; A. H. Muirhead, F. M. Newton, and H. Nicol, Westminster Hospital; G. Nunn, Guy's Hospital; C. W. O'Brien and A. F. C. Pollard, St. Bartholomew's Hospital; G. R. Painton, London Hospital; G. A. Paulin, Royal College of Surgeons, Edinburgh; C. T. Fellow, St. Thomas's Hospital and Cooke's School of Anatomy and Physiology; E. C. Peers, G. H. Rees, G. C. F. Robinson, F. Rogerson, and R. P. Rowlands, Guy's Hospital; G. H. Rains, Westminster Hospital; C. E. Reynolds, University College, London; C. S. S. Rigby, Bir-

mingham University; H. H. Rolfe and H. B. Scott, St. Bartholomew's Hospital; A. Ruete and E. A. Smith, University College, Liverpool; E. J. R. Surrage, B.A., LL.B., King's College, London; R. Stg. Seagrove, Guy's Hospital; K. Takaki, St. Thomas's Hospital; F. Thompson, A. G. Tresidder, and J. Turtle, London Hospital; J. E. L. A. Turnly, B.A.Camb., St. Bartholomew's Hospital; C. Vosper, King's College, London; A. J. Walton, S. J. Williams, J. H. Wolfe, and P. C. Woolliatt, London Hospital; A. E. Weaver, Birmingham University; S. J. Weinberg, Owens College, Manchester; A. D. White and F. E. Whitehead, St. Bartholomew's Hospital; E. K. Williams, B.A.Camb., St. Andrew's University, and J. A. Williams, University College, London.

Physiology Only.—A. V. Benson, London Hospital.

Fifty-two gentlemen were referred in both subjects and one in anatomy only.

CONJOINT BOARD IN SCOTLAND.

THE quarterly examinations of the above Board, held in Edinburgh, were concluded on July 27th, with the following results:

First Examination (Five Years' Course).—L. H. Gill, G. A. S. Hamilton, J. Murphy, Jessie Jean Martin Morton, H. G. Smith, J. Watson, A. Oyejola, Edith Boomgardt, E. P. Titterton, G. H. Waugh, R. M. Fraser, N. D. Sweetnam, W. P. Walker, and C. S. P. McDermott.

Five passed in Physics, 4 passed in Elementary Biology, and 1 in Chemistry.

Second Examination (Five Years' Course).—J. van S. Taylor (with distinction), W. H. Boalch, B. E. M. Newland (with distinction), R. H. Rigby, D. Banerji, Sybil Louie Lewis, J. J. Lawton, S. McCarthy, Bessie Chapple, Eileen FitzGerald, C. E. Watts, P. Shaw, R. D. Hirsch, and W. E. O'Hara.

Two passed in Anatomy and 1 in Physiology.

Second Examination (Four Years' Course).—A. P. Walker, W. F. Waugh, U. Burston, F. D. Yourelle, J. C. Grant, and J. Martin.

Third Examination (Five Years' Course).—A. W. Hall, T. A. Mendes, L. Levi, C. S. Macaskie, J. A. Douglas, W. P. Cowper, T. J. Walsh, W. J. Gray, J. M. Gereky, G. J. Harman, A. Kellgren-Cyriax, Alice Esther Gilford, P. O. Jollie, S. P. Mistri, H. Carlaw, and J. O'Connor, and 1 passed in Anatomy and 1 in Materia Medica.

Final Examination.—D. Mitchell, J. C. Nicholson, A. A. Beeks, C. St. Aubyn-Farrer, J. A. Baird, F. J. Pattee, R. F. de Boissiere, N. M. Gavin, Alice Marietta Marval, J. B. Mason, Alice Deborah Sibree, A. W. Frew, B. Flood, A. H. Corley, H. Holden, N. L. Stevenson, J. Crawford, F. W. McCay, D. G. Metheny, D. L. Williams (with honours), C. W. Sharp, G. C. Ghose, M. B. Conroy, Alice Evangeline Brown, Jeanie Newton, W. G. Edwards, H. E. J. Batty, C. R. Martin, A. D'Souza, J. P. Modi, T. F. Okell, H. E. Blackwood, P. W. McHugh, G. S. Coghlan, R. Fox, B. B. Paymaster, J. S. da P. Rodrigues, K. D. Cooper, E. Millicans, D. McN. Ford, W. Sykes, J. H. Stewart, H. N. Anklesaria, H. D. Pitt, D. F. Sanjana, W. P. Grellett, Helen Mary Serjant, and J. Dunlop; and 6 passed in Medicine and Therapeutics, 5 in Midwifery, and 6 in Medical Jurisprudence.

CONJOINT BOARD IN IRELAND.

FINAL EXAMINATION.—Candidates have passed this examination as undernoted:—

In all Subjects.—Honours in order of merit: P. J. Hanafin, E. Glenny, Miss M. J. Shire, A. H. B. Hartford. Pass alphabetically: H. L. A. Barry, J. P. Byrne, F. J. Cahill, M. J. Johnston, J. F. L. Keegan, J. M. S. Lewis, M. J. Loughrey, D. J. O'Reilly, J. White.

Completed the Examination.—A. J. Connolly, P. L. Crosbie, C. H. Felvey, J. S. Lane, M. E. Lynch, R. F. MacMahon.

SECOND PROFESSIONAL EXAMINATION (PART I).—Candidates have passed this examination as undernoted:

In all Subjects.—I. Grace.

Completed the Examination.—P. Donnellon, A. H. R. Duncan, H. B. Evans, D. Gillies, B. D. Gibson, M. Hurley, L. F. Kelly, T. Keogh, A. C. Lewis, F. J. Moore, J. O'Doherty, J. P. O'Donnell, D. J. O'C. Kelly, P. P. Ryan.

SECOND PROFESSIONAL EXAMINATION (PART II).—Candidates have passed this examination as undernoted:

In all Subjects.—Honours: M. J. Ryan.

Pass.—C. P. O'B. Butler, R. G. Griffin, S. B. Hanbury, J. Hayes, R. A. Murphy, L. P. Stokes.

Completed the Examination.—H. E. F. Hastings, J. R. H. Macmanus, V. H. MacSwiney.

THIRD PROFESSIONAL EXAMINATION.—Candidates have passed this examination as undernoted:

In all Subjects.—Miss L. N. Alexander, J. E. Brereton, A. Charles, T. A. Dillon, J. Dwyer, C. Foley, Miss H. A. Hall, W. B. A. Moore, C. E. O'Keefe, P. W. Power, C. Waters.

Completed the Examination.—Miss M. E. Bridgford, S. Brown, J. Cuffe, Miss H. A. Driver, G. Lacey, J. J. McInerney, S. R. M'Cauley, O. F. M. Ormsby, W. Scott, G. J. Sexton, S. A. Tucker, G. B. Wilkinson.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following gentlemen passed the Preliminary Science Examination for the Licence in Dental Surgery at the July quarterly meeting of the Examiners:

W. Breese, Birkbeck Institute; J. P. Brown, Holt School of Science, Birkenhead; H. E. Collett and W. E. Derriman, Guy's Hospital; J. T. Daly, Middlesex Hospital; N. S. Deravin, Melbourne University and Charing Cross Hospital; H. J. Fooke and F. Gordon, Middlesex Hospital; E. Gibbon, Rutherford College, Newcastle-upon-Tyne; T. E. Gibbs, Birkbeck Institute and Charing Cross Hospital; L. A. Glaisby, Yorkshire College, Leeds; R. Glendinning, Polytechnic Institute, Regent's Street; W. J. Goodman, T. J. Green, and R. G. Harrington, Guy's Hospital; C. T. V. Greenslade, Brighton School of Science; S. Hallam, Yorkshire College, Leeds; J. C. Harris, Birmingham University; S. Isaacs, Owens College, Manchester; M. Jackson, Middlesex Hospital; H. H. James, Charing Cross Hospital; J. J. Law, Technical School, Blackburn;

G. E. McMahon, Holt School of Science, Birkenhead; A. Miller, Harris Institute, Preston; A. L. Moon, Guy's Hospital; F. R. Moser, Charing Cross Hospital; N. McL. Nibbs and J. A. Oates, Birkbeck Institute; A. B. Oddie, W. C. Retallack, and J. S. Sawyer, Birmingham University; T. W. Robinson and R. A. Scott, Guy's Hospital; W. D. Southern, Munciple Technical College, Derby; B. M. Stephens, Middlesex Hospital; F. E. Sprawson and F. R. Wilson, Birkbeck Institute; and H. H. Tomlinson, Holt School of Science, Birkenhead.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

The following gentlemen having passed the requisite Examination were, at a meeting of the College, held on 30th July, elected ordinary Fellows:—

G. Alexander, M.B., Ch.B., W. H. G. Aspland, M.R.C.S.Eng., L.R.C.P., Lond., A. Girvan, M.B., Ch.B., P. Kinmot, M.B., Ch.B., W. T. McArthur, L.R.C.S.E., A. Macdonald, M.B., Ch.B., S. A. Ord-Mackenzie, M.R.C.S.Eng., L.R.C.P.Lond., A. D. Feill, M.B., Ch.B., G. H. Pooley, L.S.A.Lond., M. A. Reid, M.B., Ch.B., E. Robertson, L.R.C.S.E., F. H. Sturdee, M.R.C.S.Eng., L.R.C.P.Lond., and G. F. Vincent, L.R.C.S.E.

APOTHECARIES' HALL, IRELAND.

At the annual meeting of the General Council of the Apothecaries' Hall of Ireland, convened by the Act of Incorporation, 1791, on August 1st, 1901, the following were duly balloted for and elected to hold office for the ensuing year, ending July 31st, 1902:—Governor: George A. Stritch, L.F.P.S.G., L.M. Deputy-Governor: Arthur Atcock, M.D., M.S., R.U.I. Directors: Hugh A. Auchinleck, F.R.C.S.I., L.R.C.S.Édin., John Evans, L.R.C.S.I., William V. Furlong, L.R.C.S.I., L.R.C.P.E., J. Adam Johns, M.D., T.C.D., Thomas D. Finucane, M.D., Edward Hanrahan, M.B., R.U.I., Robert Montgomery, M.R.C.S., Robert J. Montgomery, M.B., T.C.D., F.R.C.S.I., Richard G. O'Flaherty, L.R.C.S., M.B., T.C.D., James Raverty, L.R.C.S.E., Joseph A. Ryan, L.R.C.S.E., James Shaw, L.R.C.S.I., Charles R. C. Tichborne, L. and D.P.H., R.C.S.I. Representative on the General Medical Council: Charles R. C. Tichborne, L. and D.P.H., R.C.S.I. Secretary: Robert Montgomery, M.R.C.S.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,727 births and 4,673 deaths were registered during the week ending Saturday last, August 17th. The annual rate of mortality in these towns, which had been 22.4 and 22.1 per 1,000 in the two preceding weeks, further declined last week to 21.3 per 1,000. The rates in the several towns ranged from 10.4 in Halifax, 13.2 in Croydon, 13.9 in Cardiff, and 14.2 in Bristol to 27.2 in Sheffield and Hull, 28.7 in Salford, 30.2 in Sunderland and in Gateshead, and 30.5 in Birkenhead. The mean rate in the thirty-two provincial towns was 22.4 per 1,000, and exceeded by 2.8 the rate recorded in London, which was 19.6 per 1,000. In the thirty-three large towns the zymotic death-rate last week averaged 7.4 per 1,000, in London this death-rate was equal to 6.0 per 1,000, while it averaged 8.2 in the thirty-two provincial towns, among which the highest zymotic death-rates were 12.4 in Sunderland, 12.6 in West Ham, 12.7 in Salford, 12.9 in Hull, and 15.6 in Gateshead. Measles caused a death-rate of 1.1 in Sheffield, 1.4 in Salford, and 2.5 in West Ham; scarlet fever of 1.8 in Preston; whooping-cough of 1.0 in West Ham and 1.7 in Swansea; and diarrhoeal diseases of 10.1 in Salford, 10.2 in Manchester, 10.6 in Sunderland, 11.3 in Burnley, 12.1 in Hull, and 14.2 in Gateshead. In none of the thirty-three towns was the death-rate from "fever" equal to 1.0 per 1,000. The 64 deaths from diphtheria in these towns included 30 in London, 6 in Leeds, 5 in Leicester, 3 in West Ham, and 3 in Sheffield. Two fatal cases of small-pox were registered in London, but not one in any of the thirty-two large provincial towns; 8 small-pox patients were admitted into the Metropolitan Asylums Hospitals during the week, against 2, 4, and 3 in the three preceding weeks, and 13 remained under treatment on Saturday, August 17th. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had been 2,974, 3,091, and 3,148 at the end of the three preceding weeks, had declined again to 3,111 on Saturday last; 300 new cases were admitted during the week, against 374, 391, and 306 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, August 17th, 892 births and 606 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 19.8 and 19.2 per 1,000 in the two preceding weeks, further declined to 19.0 per 1,000 last week, and was 2.3 per 1,000 below the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 12.7 in Leith and 14.2 in Perth to 19.6 in Paisley and 20.8 in Glasgow. The zymotic death-rates in these towns averaged 4.7 per 1,000, the highest rates being recorded in Glasgow and Leith. The 306 deaths registered in Glasgow included 11 from measles, 2 from scarlet fever, 10 from whooping-cough, 2 from "fever," and 58 from diarrhoea. Four fatal cases of whooping-cough and 12 of diarrhoea were recorded in Edinburgh. Two deaths from whooping-cough and 18 of diarrhoea occurred in Dundee; 2 from whooping-cough, 2 from "fever" and 3 from diarrhoea in Paisley, and 10 from diarrhoea in Leith, 4 in Greenock, 3 in Aberdeen, and 3 in Perth.

LADY INSPECTORS OF HEALTH.

The Norwich City Council has appointed Miss Brenda O'rme as lady inspector and health visitor to go to the homes of the poor and instruct

mothers in the proper upbringing of their children and report on the sanitary surroundings. It may be remembered that at Cheltenham, in the section of State Medicine, Dr. Fosbroke, the Worcester County Medical Officer, instanced the excellent work which was being done by three lady inspectors, retained at an annual expense of £180, to go from house to house in certain districts and teach the mothers there not to feed their babies on potatoes, brandy, and other such foods. The work of these ladies has been very successful.

ISOLATION WARDS FOR THE LIVERPOOL WORKHOUSE HOSPITAL.

At a meeting of the Liverpool Workhouse Committee held on August 15th a plan was moved and adopted for the conversion of the matron's cottage in the acute hospital buildings into small isolation wards at an estimated cost of £170. The new wards will provide accommodation for three or four patients of either sex. In view of the difficulty or impossibility of diagnosing the precise nature of acute infectious diseases in their early stages, such a provision as that made by the Liverpool Workhouse Committee is an almost indispensable part of hospital administration.

SWANSEA GUARDIANS AND MEDICAL OFFICERS.

ACCORDING to the *Western Mail* the Swansea Board of Guardians have so far been unable to obtain a medical officer. They have twice advertised the post of assistant medical officer, but have failed to attract candidates. It has been decided again to advertise the post at a remuneration of £200 a year as before, but providing for weekly lectures to be delivered by the assistant medical officer at a fee of half a guinea each.

THE LOCAL GOVERNMENT BOARD AND VACCINATION PRACTICE.

We learn from the *Yorkshire Daily Post* that the Local Government Board have written to the Gainsborough Board of Guardians in reply to their complaint of the cost of administering the Vaccination Acts, and their request for permission to revert to the methods practised between the passing of the Act of 1898. The Local Government Board points out that the cost is increased by the fact that the visits and special precautions now employed in the actual performance of the operation demand a larger portion of the time of the officers. They further suggest that there are compensating advantages, for apart from the safeguards which the present procedure affords against injury from vaccination, much time and trouble are saved to the parents, who formerly were compelled to take their children to the public stations. With regard to the suggested reversion to the former procedure, the Board states that they have no authority to over-ride the requirements of the Vaccination Act of 1898.

INCREASE OF SALARY OF WORKHOUSE MEDICAL OFFICERS.

We see by the *Craven Herald* that Dr. Readman, the medical officer of the Skipton (Yorks) Workhouse, has had an increase of salary awarded to him by the guardians of that union, this increase being from £45 per annum to £52, and recommended on the ground that the work had greatly increased since Dr. Readman's appointment four years back. We cannot think that the increase of salary bears any fair proportion to the increase of the work; but we note with no little surprise that even this trivial increase, which was recommended by the Committee, was strenuously opposed by some of the members of the Board, who advocated a £5 increase instead of £7 as recommended, one of the guardians stating that the extra fees which Dr. Readman received for attendance on midwifery cases might amount to £100 per annum. It can scarcely be expected that, so long as guardians attempt to settle important questions by such fallacious arguments as this, either medical officers or patients will be able to acquire their legal rights. The question may very properly be asked, Has not the time arrived when a different class of men should be selected to act as guardians of the poor?

EXTRAS ORDERED BY MEDICAL OFFICER.

POT. BROM., who is a workhouse medical officer where the guardians find the drugs, says that some time since when a glass measure was required in the workhouse surgery, he gave an order for one, and has now been informed by the clerk that he had no authority to do this. He wishes to know whether the clerk is right on this point. Our correspondent says he has been in the habit of ordering all such requisites, also trusses for patients who require them. He asks whether he can continue to order the latter, as they are sometimes required immediately.

. Glass measures must be regarded as fittings or furniture for the surgery, and we think our correspondent would do well to throw the responsibility of ordering all such things on someone else; he might properly put in writing that they are required. In some unions the medical officers are authorised by the guardians to order trusses for any paupers who require them, but the more usual plan is for the medical officer to report the requirements, and then leave the guardians or relieving officer to give the necessary order.

MEDICAL NEWS.

THE King has consented to become Patron of the Royal Hants County Hospital at Winchester, in succession to the late Queen Victoria. His Majesty has also intimated his intention of contributing 100 guineas to the building fund.

THE OPEN-AIR TREATMENT IN LONDON.—In the new Camberwell Infirmary in course of erection by the Board of Guardians there will be three large wards, with 24 beds each, where tuberculous patients will be treated.

REQUEST TO THE PRINCE OF WALES'S HOSPITAL FUND.—The legacy of £3,000, bequeathed by the late Sir Henry Page-Turner Barron has been received, free of duty, at the Bank of England by the honorary secretaries of the Prince of Wales's Hospital Fund.

THE ENDOWMENT OF RESEARCH IN AMERICA.—A donation of £10,000 has been made to the Medical Department of the University of Buffalo, for the purpose of erecting a laboratory to be devoted entirely to research work. It will be known as the Gratwick Research Laboratory.

AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS.—The American Association of Obstetricians and Gynecologists will hold its fourteenth annual meeting at Cleveland, Ohio, on September 17th and two following days, under the presidency of Dr. William E. B. Davis.

THE ALVARENGA PRIZE.—The College of Physicians of Philadelphia has awarded the Alvarenga Prize this year to Dr. George W. Crile, of Cleveland, Ohio, for his essay entitled *An Experimental and Clinical Research into certain problems Relating to Surgical Operations*.

THE LATE PROFESSOR BIRCH-HIRSCHFELD'S LIBRARY.—The library of the late Professor Birch-Hirschfeld, Director of the Leipzig Pathological Institute, has, it is said, been acquired by Cornell University. The library consists of some 5,000 volumes, and is one of the largest collection of writings relating to pathology in existence.

NOTIFICATION OF TUBERCULOSIS IN AMERICA.—The medical practitioners of Jersey City, New Jersey, have been notified that henceforth cases of tuberculosis must be included in their reports of contagious disease. This is taken to be the beginning of a movement in the direction of isolation of such cases.

FRENCH HOSPITAL IN ST. PETERSBURG.—A French hospital has recently been opened in St. Petersburg. The cost of the buildings and installation was £16,000. The hospital contains twenty beds, and although preference will be given to patients of French nationality, it is not intended that the benefits of the institution shall be restricted to them.

THE OPEN-AIR TREATMENT OF PHTHISIS AT CARDIFF.—In accordance with resolutions passed recently, a tent for consumptive patients was opened in the Cardiff Union grounds on August 19th. Five patients were lodged in the tent on Tuesday under the care of Dr. Jenkins, medical officer of the workhouse, and everything was provided to make them comfortable.

THE LATE DR. RAMSDEN OF SADDLEWORTH.—A massive and handsome marble fountain was unveiled on August 17th at Saddleworth to the memory of the late Dr. Ramsden. There was a large assembly, the Rev. H. P. Edwards presiding, the ceremony being performed by Miss Susan Brierley of Denshaw House. Dr. Ramsden resided at Saddleworth for thirty-six years, and was highly respected.

A GERMAN ORTHOPÆDIC SOCIETY.—It is proposed to found a German Orthopædic Society, and a meeting for that purpose will be held at Hamburg at the time of the meeting of the Association of Scientists and Medical Practitioners in September. Dr. Hoeffman of Königsberg has in the name of leading German specialists in orthopædic surgery sent out invitations to all presumed to be interested in the subject.

CONGRESS OF ITALIAN ALIENISTS.—The Società Freniatrica Italiana will hold its eleventh Congress at Ancona from September 29th to October 3rd under the presidency of Professor Tamburini, of Reggio-Emilia. Among the subjects to be discussed are the Classification of Psychoses (to be introduced by Dr. S. de Sanctis); the Genesis and Nosography of Progressive Paralysis (to be introduced by Professor L. Bianchi); and the Practical Direction which Psychiatry may give to Pedagogy (to be introduced by Dr. C. Agostini). In connection with the Congress there will be an exhibition of objects relating to asylums, psychiatric and neuropathological clinics, etc.

THE LANE LECTURES FOR 1901.—The sixth course of the Lane Medical Lectures in Cooper Medical College, San Francisco, inaugurated by Dr. L. C. Linn in 1896, will be given this year by Mr. Malcolm Morris, who has chosen as his subject *The Social*

Aspects of Dermatology. The lectures will be given on September 2nd, 3rd, 4th, 5th, and 6th. The following is the syllabus:—(1) Social Aspects of Skin Diseases: General outline of the subject. (2) Inoculable Diseases of the Skin: Animal parasites—scabies, pediculosis, and vegetable parasites—ringworm, favus, recent researches in fungi producing them, need of special schools for ringworm children, the hygiene of the barber's shop. (3) Local Inoculable Diseases: Contagious impetigo, sycosis, boils, carbuncles, acne, elephantiasis, their prevention and treatment. (4) General Inoculable Diseases of the Skin: Tuberculosis, the part played by the skin in its dissemination, the crusade for its extirpation. (5) Lupus: The light treatment, and other modern treatments. (6) Syphilis: The International League; Leprosy in the past and in the present. (7) Affections of the Skin dependent on Nerve Disorder: Prurigo and other itching affections, mental effects of cutaneous irritability, skin diseases in the insane, erythema, lupus erythematosus, rosacea, herpes zoster, pemphigus. (8) Hysterical Edema: Feigned eruptions, stigmata, bloody sweat, dermatographism, diabolic marks. (9) Diseases of Unknown Causation: Eczema, psoriasis, pityriasis rubra. (10) Malignant Diseases of the Skin: Epithelioma cutis, rodent ulcer, Roentgen-rays treatment, mycosis fungoides.

MEDICAL VACANCIES.

The following vacancies are announced:

- BELGRAVE HOSPITAL FOR CHILDREN**, Gloucester Street, S.W.—House-Surgeon. Appointment for six months. Board, lodging, and gratuity of £5. Applications to the Secretary by September 14th.
- BIRMINGHAM GENERAL DISPENSARY**.—Resident Surgeon; unmarried. Salary, £150 per annum, and allowance of £30 per annum for cab hire, with furnished rooms, etc. Applications to the Secretary by September 9th.
- BIRMINGHAM WORKHOUSE INFIRMARY**.—Assistant Resident Medical Officer. Salary, £100 per annum, with furnished apartments, board, coals, gas, washing, and attendance. Applications to the Clerk to the Guardians by August 31st.
- BRADFORD CHILDREN'S HOSPITAL**.—House-Surgeon. Salary, £100 per annum, with residence, board, and washing. Applications to the Secretary by September 6th.
- BRADFORD ROYAL INFIRMARY**.—(1) Dispensary Surgeon. Salary, £100 per annum, with board and residence. (2) Junior House-Surgeon. Salary, £50 per annum, with board and residence. Candidates must be unmarried. Applications, endorsed "Dispensary Surgeon" and "Junior House-Surgeon" to be sent to the Secretary by August 26th.
- BRENTWOOD: ESSEX COUNTY ASYLUM**.—Junior Assistant Medical Officer. Salary, £140 per annum. Applications to Medical Superintendent.
- BRIDGEND: GLAMORGAN COUNTY ASYLUM**.—Assistant Medical Officer. Salary, £175, with board, lodging, etc. Applications to Medical Superintendent, by September 13th.
- BRIGHTON: SUSSEX COUNTY HOSPITAL**.—(1) Surgeon. (2) Assistant Surgeon. Applications to the Secretary by September 4th.
- BRISTOL GENERAL HOSPITAL**.—Casualty House-Surgeon. Salary, £75 per annum, with board, residence, etc. Applications to the Secretary by August 27th.
- BURY ST. EDMUNDS: SUFFOLK GENERAL HOSPITAL**.—House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary by August 26th.
- CAIRO: KASR-EL-AINY HOSPITAL AND SCHOOL OF MEDICINE**.—Physician to Hospital and Professor of Clinical Medicine in School. Appointment for two years. Salary, £2320 per annum. Applications to Director, General Sanitary Department, Cairo, by September 23th.
- CARLISLE: CUMBERLAND INFIRMARY**.—Resident Medical Officer. Salary, £80 per annum. Applications to Secretary by September 25th.
- COLCHESTER: ESSEX AND COLCHESTER HOSPITAL**.—House-Surgeon. Salary, £100 per annum, with board, residence, and washing. Applications to the Secretary by August 30th.
- DENBIGH: DENBIGHSHIRE INFIRMARY**.—House-Surgeon. Salary, £100 per annum to commence, with board, residence, and washing. Applications to the Secretary.
- EAST LONDON HOSPITAL FOR CHILDREN**, Shadwell. (1) Medical Officer for the Casualty Department. Appointment for six months but renewable. Salary at the rate of £100 per annum with luncheon. (2) House-Surgeon. Board, residence, etc., provided, and honorarium of £25 on completion of six months approved service. Application to the Secretary by September 14th.
- EDINBURGH: CRAIGLEITH POORHOUSE AND HOSPITAL**.—Resident Medical Officer. Salary at the rate of £100 per annum, with board and apartments. Applications to the Clerk, Parish Council Chambers Castle Terrace, Edinburgh, by September 2nd.
- FOLKESTONE: VICTORIA HOSPITAL**.—House-Surgeon. Salary, £100 per annum with board, residence, and laundry. Applications to Secretary by September 1st.
- GLASGOW UNIVERSITY**.—Additional Examiner for Degrees in Medicine and Science, with special reference to Physics. Salary, £80 per annum. Applications to the Secretary of the Glasgow University Court, 91, West Regent Street, Glasgow, by September 26th.
- HALIFAX UNION**.—Medical Officer for the new Workhouse. Salary, £105 per annum. Applications to the Clerk to the Guardians, 4, Carlton Street, Halifax, by August 26th.
- JOHANNESBURG MUNICIPALITY**.—Medical Officer of Health, must hold Public Health Diploma. Salary, £1,500 per annum. Applications to the Assistant Private Secretary, Colonial Office, Whitehall, S.W., by August 24th.
- LANCASTER COUNTY ASYLUM**.—Assistant Medical Officer. Salary, £150 per annum, with furnished apartments, board, washing, and attendance. Applications to the Medical Superintendent.
- LEICESTER INFIRMARY**.—(1) Honorary Assistant Physician. (2) Honorary Assistant Surgeon. Applications to Secretary by September 2nd.
- LEICESTER ISOLATION HOSPITAL**.—Resident Medical Officer. Salary, £120 per annum, with board and washing. Applications to Dr. Killick Millard, Town Hall, Leicester.
- LINCOLN COUNTY HOSPITAL**.—Assistant House-Surgeon. Appointment for six months but eligible for re-election. Honorarium, £25 for each six months, with board, residence and washing. Applications to the Secretary by August 28th.
- LIVERPOOL STANLEY HOSPITAL**.—Third House-Surgeon. Salary, £70, with board, residence, etc. Applications to Secretary by September 5th.
- MANCHESTER ANCOATS HOSPITAL**.—Resident House-Surgeon. Salary, £100 per annum, with board, residence, etc. Applications to the Secretary by September 3rd.
- MANCHESTER CLINICAL HOSPITAL FOR WOMEN AND CHILDREN**.—Honorary Pathologist. Applications to the Secretary by August 31st.

MANCHESTER: OWENS COLLEGE.—Junior Demonstrator in Physiology. Stipend £100, rising to £150 per annum. Applications to the Registrar by August 31st.

METROPOLITAN ASYLUMS BOARD.—Assistant Medical Officers. Salaries, £160 to £200, with board, lodging, etc. Applications to the Clerk.

NORTHAMPTON GENERAL INFIRMARY.—House Physician. Salary, £100 per annum, with furnished apartments, board, etc. Applications to the Secretary by August 29th.

PLYMOUTH PUBLIC DISPENSARY.—Second Medical Officer. Applications to Secretary by September 17th.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL, Marylebone Road, N.W.—Assistant Resident Medical Officer. Appointment for four months. Salary at the rate of £50 per annum, with board, residence and washing. Applications to Secretary by September 6th.

ROYAL EYE HOSPITAL, Southwark, S.E.—(1) House-Surgeon. Salary, 50 guineas per annum, with board and residence. (2) Clinical Assistants. Applications to the Secretary for (1) by August 31st.

SCARBOROUGH BOROUGH OFF.—Medical Officer of Health. Salary, £325 per annum. Applications to Town Clerk by September 2nd.

SHEFFIELD UNION WORKHOUSE INFIRMARY.—Junior Assistant Medical Officer. Salary, £75 per annum, with furnished apartments, board, and washing. Applications to the Clerk to the Guardians, by August 26th.

SHOREDITCH INFIRMARY.—Resident Senior Assistant Medical Officer. Salary, £150 per annum, with rations, furnished apartments and washing. Applications, on forms provided, to be sent to the Clerk to the Guardians, 213, Kingsland Road, N.E., by August 26th.

SOUTHAMPTON: ROYAL SOUTH HANTS AND SOUTHAMPTON HOSPITAL.—Junior House-Surgeon. Salary, £50 per annum, with rooms, board, and washing. Applications to Secretary by September 5th.

SYDNEY UNIVERSITY.—Professorship of Pathology, not more than 40 years of age. Salary, £300 per annum, and £100 allowed for passage expenses. Applications to the Agent-General for New South Wales, 9, Victoria Street, London, S.W., by September 14th.

WEST BROMWICH DISTRICT HOSPITAL.—Resident Junior House-Surgeon. Salary, £50 per annum, with board, lodging, washing, and attendance. Applications to the Secretary.

WEST LONDON HOSPITAL, Hammersmith Road, W.—Two House Physicians. Appointment for 12 months. Board and lodging provided. Applications to Secretary-Superintendent by September 25th.

WOLVERHAMPTON EYE INFIRMARY.—House-Surgeon. Salary, £70 per annum, with rooms, board, and washing. Appointment for twelve months. Applications to the Secretary by August 27th.

MEDICAL APPOINTMENTS.

BATTERSBY, J. H., M.D., C.M. Edin., appointed Medical Officer of the Doncaster Workhouse, *vice* H. A. Lownds, resigned.

BEALE, H. R., M.R.C.S., L.R.C.P., appointed Assistant Resident Medical Officer to the Leeds General Infirmary.

CARTER, G. A., M.R.C.S., L.R.C.P. Lond., appointed Casualty Officer to the Hull Royal Infirmary.

COATES, Harold, M.D., D.P.H. (Vict.), appointed Medical Officer of Health of the Borough of Burton-upon-Trent.

COLLINS, E., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer of Health of the Sawbridgeworth Urban District.

COLLUM, Rowland W., M.R.C.S., L.R.C.P., appointed Second Anaesthetist to the Hospital for Sick Children, Great Ormond Street, W.C.

FENNELL, Charles H., M.A., M.B., B.Ch. Oxon., M.R.C.S., L.R.C.P., appointed Medical Registrar to the Hospital for Sick Children, Great Ormond Street, W.C.

GRAMAM, V., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer of the East District of the Doncaster Union, *vice* H. A. Lownds, resigned.

GRUNER, O., M.R.C.S., L.R.C.P., appointed House Physician to the Leeds General Infirmary.

HANNA, W. M., M.R., B.Ch., B.A.O., R.U.I., D.P.H. Camb., appointed Assistant Medical Officer of the Port of Liverpool.

HARRIS, F. D., M.B., M.R.C.S., L.R.C.P., D.P.H. Lond., reappointed Medical Officer of Health for St. Helens Borough.

HUNT, E., M.R.C.S., L.R.C.P. Lond., appointed District Medical Officer of the Newton Abbot Union, *vice* A. L. MacLeroy, deceased.

HUNTER, William, M.B., C.M. Aberd., appointed Assistant Director of the Pathological Institute, London Hospital, E.

MCDONALD, P., M.B., C.M. Aberd., appointed District Medical Officer of the Great Ouseburn Union, *vice* A. Dunbar.

POTTS, E. Thurlow, appointed Resident Medical Officer to the Hospital for Sick Children, Newcastle-on-Tyne.

POWERS, E. H., M.R.C.S., L.R.C.P. Lond., reappointed Medical Officer for the West District of the Brigg Union.

RAW, Nathan, M.D., M.R.C.P. Lond., F.R.S.E., D.P.H., appointed Visiting Medical Superintendent to the West Derby Union Infirmary, Mill Road, Liverpool.

SMITH, C. Lawson, M.B., Ch.B. Aberd., appointed Senior Resident Medical Officer to the Tottenham Hospital, N.

STROVER, W., M.R.C.S. Eng., L.S.A., appointed Medical Officer of Health of the Chingford Urban District.

WATTS, A. W., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer of Health for East Elloe Rural District.

YOUNG, A. J., L.R.C.P. and S. Edin., L.F.P.S. Glasg., appointed Medical Officer of Health of the Whitefield Urban District, *vice* A. T. Dorchard, resigned.

DIARY FOR NEXT WEEK.

MONDAY.

West London Vacation Post-Graduate Course, West London Hospital, Hammersmith Road, W., 5 P.M.—Lecture on Surface Anatomy of the Thorax.

THURSDAY.

West London Vacation Post-Graduate Course, West London Hospital, Hammersmith Road, W., 5 P.M.—Lecture on Neurasthenia and its Treatment.

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.

MARRIAGE.

BOOBY JONES—JONES.—13th August, at Trinity, Abertillery, by the Rev. J. E. Rhys (uncle of the bride) assisted by the Revs. H. H. Hughes, B.A., B.D., of Anglesea (cousin of the bride), D. L. Jenkins, and D. Beuyn Jones, Abertillery, D. T. Booby Jones, M.B., C.M. Edin., eldest son of Mr. D. Booby Jones, Rhymney, to Alla, elder daughter of Councillor G. N. Jones, J.P., Abertillery.

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 *Artiology, 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.

KENSINGTON would feel indebted to any readers of the BRITISH MEDICAL JOURNAL for some suggestions as to treatment in the following case: A patient of his, male, aged 62, subject to gout, suffered from an acute attack of herpes zoster in August, 1900, which ran its usual course, leaving, however, a persistent neuralgia along the course of two intercostal nerves, and being most marked over the point of exit from the spine and over the point in front where the branch comes through to supply the skin. Heart normal and urine contains a mere trace of albumen. Most remedies have been tried, amongst which are included (a) (externally) cocaine, iodine, blisters, morphia (injected into the tender spots), electricity; (b) (internally) alkalies, colchicum, arsenic, pot. ioid., bromides, piperidine, quinine, phenacetin, and antipyrin, but the pain still continues. He has had the advice of specialists in London, Berlin, and Wiesbaden.

ANSWERS.

JUNIPER.—Oil of Harlem is described as an "anti-gouty" preparation, composed of equal parts of oil of cade and essential oil of juniper berries. It could probably be obtained from any large pharmaceutical establishment.

BETA.—We understand that systematic instruction in massage is given at the National Hospital for the Paralysed and Epileptic, Queen's Square. There are also, we believe, many private institutions. The usual fee for a course of instruction is 5 guineas.

H. G. H.—Our correspondent will find full information as to the course of study and the practical work required in order to obtain the diploma of D.P.H. in the Educational Number of the BRITISH MEDICAL JOURNAL to be published on August 31st.

HYPNOTIST.—We have no knowledge of the institute referred to, and, as our correspondent has not forwarded a copy of the pamphlet as to which he asks our opinion, we have no means of forming a judgment. As to the medical men whose names are said to be quoted, there is no evidence that this is done with their knowledge, much less with their sanction. We may add that, while "the late Weir Mitchell" is still very much alive, we do not find the name of "Dr. C. Loyd Tucker of London" in the *Medical Directory*.

MEDICAL MASONIC LODGE.

Z.—We presume the Lodge referred to by our correspondent is the Cherbé Reine, No. 2,853, in connection with Charing Cross Hospital.

"ASTHMA SPECIFICS."

M. AND E. J. C.—We regret that we are unable to supply the information asked for by our correspondents. We understand, however, that in some at least of these "specifics" a number of medicaments are used, the proportion and some of the ingredients being altered to suit individual cases.

A PLACE WITHOUT A PUBLIC-HOUSE.

A. N. M. writes: In reply to "X. Y. Z." in the BRITISH MEDICAL JOURNAL of August 17th, I have to state that there is no public-house on the Island of Tiree, in the West of Scotland. Mr. Donald Lamont, farmer there, has accommodation, and the patient could be seen by the doctor on the island.

GIRLS' SCHOOL IN GERMANY.

MR. F. DORRELL GRAYSON (Rayleigh, Essex) writes: In answer to "Filia" inquiring for a good girls' school in Germany, I can confidently recommend Frau von Holleben of Honnef-y-Rhein as a most excellent person to entrust a young girl to. My daughter has been with her for two years, and would be pleased to answer any questions "Filia" may like to put about her school.

THE OPEN-AIR TREATMENT OF PHTHISIS.

R. R.—Dr. F. R. Walter's *Sanatoria for Consumptives*, a second edition of which is, we understand, on the eve of publication, would probably meet our correspondent's requirements. In regard to open-air treatment in private houses and at home there have been various papers dealing more or less with the subject by Dr. C. T. Williams and others in England and North America.