

found in the contaminated water supplied to Cwmfelin, near Llanelly, a few years ago.

It is interesting to note in connection with the latter instance, which is reported in the *Lancet* of July 29th, 1893, that the Pahang water was also essentially a soft water. The occurrence of this rather rare instance of poisoning suggests the advisability of a special inquiry with regard to a possible contamination of water in the towns of Australia and South Africa where galvanised iron roofs and tanks are used for the purpose of collecting and storing rain water; and although soil and circumstances undoubtedly play a chief part in the causation of typhoid fever in these countries, it is not unreasonable to suppose that zinc poisoning might be a factor in the causation of some of the gastro-intestinal symptoms. It appears that only after prolonged boiling and subsequent filtration water containing the acid carbonate of zinc might be harmless. It must be borne in mind, however, that the climates are essentially different, and perhaps in this may be found the determining cause of the Pahang epidemic. The mean annual temperature at Kuala Lipis in 1900 was 82.7° F., the minimum temperature 71° F., the rainfall 96.69 inches, with an average number of thirteen rainy days per month.

## REFERENCES.

<sup>1</sup> *Lancet*, vol. ii, 1897; vol. ii, 1896; vol. ii, 1893.

## REPORTS BY DR. P. J. BURGESS, Government Analyst.

Government Analyst's Office,  
Singapore, April 12th, 1901.

## Report on Three Samples of Water, and a Piece of Zinc Gutter sent for Analysis by the Resident Surgeon of Pahang.

The samples were labelled as follows: A, B, C, D, E, and F. Of these A, B, C, D, and E were samples of water in soldered tins. Sample B was a duplicate of A, and sample E a duplicate of D.

Samples of water A, B, D, and E were taken from the storage tanks, and Sample C was taken direct from the roof.

Sample F was a wooden box, containing a piece of zinc gutter pipe.

## Experimental Results.

A preliminary determination of the quality of the samples as drinking water was made, with the results as given in the attached Report I.

From these results it is shown that the water C is organically a dirty water, and unfit for domestic purposes, while A, B, and D, E, are fit for drinking.

These results, however, cannot be taken as true indications of the quality of the waters, on account of the time that had elapsed during the transit of the samples from the place of collection to this laboratory.

The results obtained by the resident surgeon of Pahang, namely, that zinc was present in the water, were then qualitatively confirmed, and an estimation of the amount of the metal was made. These results are given in Report II.

The water held the zinc in solution as the acid carbonate, and boiling the water in an open dish led to the precipitation of zinc, as the normal carbonate of zinc. The presence of zinc in this case is, in fact, precisely analogous to the frequent and harmless presence of calcium carbonate in waters which are technically termed "temporary hard."

An examination of the zinc gutter F showed that a considerable amount of dust and fine sediment had accumulated in the gutter. When this superficial deposit was removed round patches of a white powder were found closely adherent to the zinc surface. Portions of this powder were collected and analysed, and it proved to contain: zinc, 52.1 per cent.; carbon dioxide, 20.2 per cent. This percentage corresponds to approximately a basic zinc carbonate, and the practical difficulty in obtaining the white powder free from surrounding dust would naturally lead to results showing low percentage of zinc and carbon dioxide.

An analysis of the loose brown dust in the gutter was then made, and it was found to consist approximately: matter, insoluble in strong acids, 70 per cent.; zinc carbonate, 5 per cent.; ferric oxide, 9 per cent. Moisture and other soluble matter were present. Only an approximate analysis of this dust was made, because the composition varied with the mode of removing it from the gutter. The results, however, are sufficient to show that the dust contained considerable quantities of zinc salt.

## Conclusions.

There can from the foregoing results be no doubt that the water under examination is contaminated with zinc, and the amount is sufficient to cause zinc poisoning by long and continued use of the water. The zinc is in actual solution in the water, and filtration would not be efficient in removing the zinc. This is shown by the quantitative results obtained on filtered and unfiltered samples of the water. (Vide Report II.)

The source of the zinc has undoubtedly been the zinc surface over which the water has run during the collection, and the water has been enabled to hold the zinc in solution by being impregnated with carbonic acid.

As this carbonic acid is expelled from the water the zinc is thrown out of solution, and it is to this partial purification of the water by standing, and loss thereby of carbon dioxide, that I attribute the amount of zinc in water A, B and D, E, being smaller than it is in sample C, which was taken direct from the zinc roof.

I am inclined to believe that, provided the surfaces of the roofs and gutters were clean, there would be no danger of zinc pollution of the water, and that the immediate sources from which the zinc is derived are the small patches of zinc carbonate, which are found in the gutter, and which I suspect would also be found scattered over the galvanised iron roof.

These patches of zinc carbonate are formed by the action of the decomposition products of organic matter, which may have collected, and have remained lying in the gutters and on the roof.

## REPORT I.

Samples.	A	B	C	D	E
Chlorine (grain per gallon) ... ..	0.56	0.700	0.560	0.28	0.420
Free ammonia (parts per million) ... ..	0.07	0.128	0.420	0.01	0.000
Albuminoid ammonia (parts per[million]) ..	0.04	0.66	0.182	0.11	0.104

## REPORT II.

Samples.	A, B	C	D, E
Total solid residue (parts per million) ... ..	72.80	52.80	45.70
Total solid residue in filtered water (parts per million) ... ..	46.00	34.20	16.00
Zinc (parts per million) ... ..	4.82	11.15	3.35
Zinc, in filtered water (parts per million)...	4.25	8.90	2.20
Iron (parts per million) ... ..	7.03	19.36	2.80

The remainder of the solid residue consisted of organic matter, salts of sodium and potassium, and traces of lime.

Mr. CANTLIE drew attention to the suggested resemblance between beri-beri and many of the cases of arsenical poisoning from drinking adulterated beer in Manchester and elsewhere in England. He thought that it would be expedient that an expression of opinion on the subject should be got from those present who had seen beri-beri in China, the Straits Settlements, or elsewhere.

Dr. MAX F. SIMON, C.M.G. (Singapore), remarked that he did not think beri-beri could be traced to arsenic or any other metallic poisoning. There was nothing in common with the two complaints except neuritis. In beri-beri there were neither skin, eye, nor digestive symptoms present to justify such a conclusion.

Dr. MANSON expressed a similar opinion, but pointed out the great difficulty he had in diagnosing between beri-beri and alcoholic neuritis when the patient suffering from the latter disease came from a country where beri-beri prevailed. Some definite clinical sign or symptom of beri-beri should be carefully and persistently sought for in order that a clear and precise diagnosis of the disease may be arrived at.

Dr. EDWARD HENDERSON fully endorsed what Dr. Manson said about the difficulty which might arise in distinguishing a case of alcoholic neuritis from one of beri-beri, but could not understand how much confusion could ever occur when the distinction had to be made between beri-beri and chronic arsenical poisoning. He had seen a large number of cases of beri-beri in China, but could not remember ever having seen skin pigmentation as a symptom in any of them. He regarded the theory of metallic poisoning as untenable.

(To be continued.)

## MEMORANDA:

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

## A CASE OF HYSTERIA IN A BOY.

S.B., aged 10, was brought to me on December 4th, 1900, complaining of pain in the back, which he had had for some little time. He was a strumous-looking, ill-nourished lad; an illegitimate child, very backward for his age, and extremely nervous. There was tenderness over the spinous processes of the lower dorsal vertebrae, but no deformity or prominence of any of the spines or any stiffness of the muscles. The next

day I was hurriedly summoned to him at 6 P.M., as "he was in a fit." When I arrived about half an hour later I found him lying huddled up in an arm-chair. He was quite conscious, complaining of pain across the back, giddiness, and nausea. The pupils were equal and natural. From the mother's account the boy had had a fit while having his tea. He suddenly stopped eating, turned his eyes up to the ceiling, cried out that somebody was beckoning to him, and then he is said to have lost consciousness and to have remained in this state about an hour. There were no convulsions or involuntary passage of urine or fæces. He had never had a fit before. I gave him a mixture containing bromides, but his condition gradually got worse. It was difficult to get him to take any food; he had no wish to do anything or go out, but lay huddled up complaining of pain in his back and head. The bowels were regular, and there was no trace of worms. He remained in this condition for some time. He was devotedly nursed and petted by his sympathetic and highly neurotic mother. There was a history of his having had a great shock through being shut up in a dark cellar for some hours by his grandmother before this illness came on.

One morning I found him in bed complaining of great pain in the abdomen. He was lying on his side, with the knees drawn up and the thighs flexed on the abdomen. He had an anxious expression, and also complained of severe pain on the top of his head. The temperature was normal, as it had been all through, there was no sickness, the tongue was clean, bowels regular, and pulse normal. When lying on his back the abdomen was distended, and the slightest attempt at manipulation apparently caused the greatest pain, although I noticed that the pressure of the bedclothes caused none at all. On getting him to take a deep breath and on deep palpation there was obviously no real pain or tenderness. The abdomen was resonant all over. The apparent distension was found to be due to the patient lying with his spine very much arched, and upon his lying flat in bed the distension at once disappeared. I explained to the mother that I thought his symptoms were entirely due to nervousness, but she was quite sure that there must have been something else, so he was seen by Mr. Baker of Waterloo Ville in consultation, who entirely agreed with me as to the diagnosis. The patient was got up and out of doors as much as possible, and the mother was told in his presence that if he did not get better he would have to be sent away to a hospital. This was very much against his wishes, and the threat was successful, as he improved and lost all his pains and is now quite well.

E. PERCY COURT, M.R.C.S., L.R.C.P.Lond.

Hambledon, Hants.

#### POST-MORTEM EXAMINATION IN A CASE OF STRYCHNINE POISONING.

THE following report is interesting, as there are few records of exhumation after strychnine poisoning.

A female child, about 4 years old, was on March 22nd, 1901, given about a teaspoonful of liquor strychninæ instead of cough mixture. Very shortly afterwards she died in convulsions, and was buried on March 26th. By the coroner's direction the body was exhumed on April 18th, from a grave about 6 feet deep.

The face, especially over the eyelids and mouth, was covered with a greyish green mould, varying from a quarter of an inch to an inch in depth. The body was clean, the abdomen green, the thighs bright yellow, the buttocks and back red. The hands were tightly clenched, the fingers over the thumb; the feet were inverted and arched; rigidity was well marked. The eyes were sunken, pupils equally dilated. The skin of the face was easily peeled off. The mouth was empty, the masseters rigid; the epithelium of the tongue was peeling off. The intestines were covered by normal omentum. The stomach was distended, and contained 4 ounces of greenish material and undigested food. The intestines contained partly digested food and fæces. The spleen, liver, and kidneys were normal. The bladder contained about a drachm of urine. The pericardium contained sanguineous fluid. The left side of the heart was empty; the right side was flaccid, and contained dark-coloured fluid blood. The lungs were normal, the posterior portion full of blood. The thymus was large and normal. The brain was injected over the surface and on section. The spinal cord was normal. Portions of the viscera

and contents were found by Dr. Stevenson to contain sufficient strychnine to cause death in a child of 4 years old.

Wellingborough.

H. HOLLIS, M.D.Cantab.

#### JAMBUL IN ADVANCED DIABETES MELLITUS.

As doubt has been cast on the value of jambul in diabetes mellitus, the following case, which shows its power in reducing the amount of sugar excreted, may be of some interest:

The patient was a man, aged 40, who to my knowledge had suffered from diabetes for at least three and a-half years. The onset of the disease followed somewhat closely the rapid dilatation without an anæsthetic of a very narrow urethral stricture. In addition to this evidence of former gonorrhœa there were also well-marked symptoms of syphilis. At different times during the progress of the disease he had been treated with potassium iodide, codeine, uranium nitrate, and other drugs, with little or no improvement. Latterly, while under treatment as an out-patient, he was put on jambul, in doses up to 3iij of the powder thrice daily. Under this substance he expressed himself as feeling better than he had done under any former treatment. He certainly improved in colour though evidently not much in weight.

The treatment had continued some weeks, when it was resolved to test the action of the drug as a sugar-reducing agent. He was accordingly admitted to hospital. It may be mentioned, as showing the advanced stage of the disease, that he had for some months shown a dense cataract of the right lens as well as a perceptible haziness of the left. For the first week in hospital he had no treatment, and for diet he had simply the ordinary hospital fare. The treatment by jambul had been suspended about a week before his admission so that for about a fortnight there had been an entire cessation of all treatment whatsoever. At the end of this time the urine was collected on three consecutive days and its sugar content estimated by standard Fehling's solution. The average daily quantity was found to be 256 ounces, containing on an average of 4.65 per cent. of sugar, that is, as nearly as may be, 11.9 ounces. He was then ordered jambul in doses to be rapidly increased from 3j to 3iij three times daily without restriction as to diet, with the result that for the next six days the average quantity of urine secreted was 214 ounces, containing on the average 3.92 per cent. of sugar, and corresponding to a daily output of 8.4 ounces. He was then put on a restricted diet, consisting chiefly of meat, and had saxon as a sweetening agent, the maximum dose of jambul remaining as before. The urine for the next seven days averaged 215 ounces (the lowest observed quantity being 190 ounces) with an average sugar content of 3.22 per cent., which gives a daily average of 6.9 ounces of sugar. The daily average output of sugar had thus been brought down from 11.9 ounces to 6.9 ounces, a decrease of 5 ounces, of which 3.5 ounces was to be ascribed to the action of the jambul, and 1.5 ounce to the restriction of diet.

From this result jambul, with or without restriction of diet, might reasonably be expected to control early and mild cases. I may say that the patient made no complaint regarding the action of the drug except to say that he thought that in the larger doses it slightly increased the constipation. It may be noted that at an earlier stage codeine had on several occasions been blamed for causing diarrhoea.

WILLIAM MACKIE, M.A., M.D.,

Visiting Physician and Surgeon, Grays Hospital, Elgin.

Elgin.

CAMBERWELL INFIRMARY.—On August 19th, Miss M. H. Grace Russell, M.D., was presented by the Medical and Nursing Staff of the Infirmary with a silver salver on the occasion of her resigning her appointment.

DONATIONS.—Mr. Andrew Barlow of Shirley, Southampton, has given a sum of £13,650 to be distributed as follows:—£4,500 to the Royal South Hants and Southampton Hospital; £3,250 to the Southampton Branch of the Queen Victoria Jubilee Nurses' Institute; £1,700 to the Southampton Dispensary; £1,500 to the Hants Female Orphan Asylum; £1,500 to the Southampton Free Eye Hospital; £1,200 to the "Barlow Homes," Shirley, Southampton.

held for many years. He was a J.P. for Carmarthenshire, and held the position of Certifying Surgeon under the Factory Acts. He retired from practice in 1890 and took up his residence in London. On several occasions Dr. Buckley was asked to stand as a candidate for the parliamentary representation of the Eastern Division of Carmarthenshire, and also for the Carmarthen Boroughs. This honour, however, he firmly declined. He married Isabel, daughter of the late Mr. James Wilson, F.S.A., and he is survived by his widow, but leaves no children.

We regret to announce the death of Dr. WILLIAMS TORREY GRANT, who occupied an important medical position at Mansoura on the Damietta branch of the Nile. Dr. Grant, who was a son of the late Grant Bey, died in the railway train while proceeding to Cairo, but the telegram from Mr. Murdoch, the British Consul, gives no further particulars. He studied at the University of Edinburgh, where he took the degrees of M.B., C.M., in 1896. He was formerly Special Medical Officer of the East African Protectorate.

FROM Lyons comes the announcement of the death, at the age of 55, of Dr. PAUL-FRÉDÉRIC COLRAT, formerly physician to hospitals in that city. He enjoyed a high reputation as an authority on diseases of children, and although he did not contribute to the literature of his profession, his opinion was greatly valued by his colleagues in and about Lyons. He had enjoyed good health all his life, but in December, 1899 he was laid up with acute pneumonia, after which the presence of albumosuria was recognised, and in the course of the following year and a-half the signs and symptoms of myelopathic albumosuria became fully established. A short notice of his case, the first of its kind that has been recognised in France, appeared in the BRITISH MEDICAL JOURNAL for July 15th. On August 3rd Dr. Colrat was seen in consultation by Dr. T. R. Bradshaw, of Liverpool, who expressed the opinion, endorsed by the other physicians in attendance, that apart from accidents, life might be prolonged for a considerable time, the bones being apparently affected only to a very limited extent. In the course of the next few days, however, the temperature rose, indications of pneumonia at the left base appeared, and death took place on August 8th. Dr. Colrat leaves a widow and a young family.

We regret to announce the death of Dr. DAVID FRANCIS SITWELL CAHILL, of Berwick, at the age of 80. In May of the present year he was knocked down in the street and sustained a fracture of one of his thighs and other injuries. From that time till his death he was confined to bed. Dr. Cahill was a son of the late Dr. Alexander Cahill, formerly a Surgeon-Major in the 25th Regiment of Foot, who retired from the army and settled in Berwick, of what he was Mayor in 1841. Dr. David F. S. Cahill was a graduate of Edinburgh, where he took his M.D. degree over fifty-six years ago, and on May 22nd he celebrated his jubilee as a medical practitioner. At that time he retired from active work. Dr. Cahill had an extensive practice not only in Berwick, but on both sides of the Border, and was well known not only for his interest in many public movements and objects, but also for his kindness of heart, genial disposition, and fund of humour. Dr. Cahill held one of the awards of the Royal Humane Society for assisting to save life many years ago. Dr. Cahill leaves a widow and grown-up son and daughter.

We regret to record the death of Dr. WILLIAM HUSBAND, one of the oldest and most respected members of the medical profession in Edinburgh. He graduated M.D. at the University of Edinburgh in 1846. Early in his career he interested himself in the subject of vaccination, and he served as vaccinator to the Royal Public Dispensary. It was he who introduced the method of preserving vaccine lymph in capillary tubes. He was for many years Superintendent of the Central Vaccine Institution for Scotland under the Board of Supervision and Local Government Board, whence is drawn the supply of lymph for the public vaccinators. He was the author of a monograph entitled *Exposition of a Method of Preserving Vaccine Lymph Blind and Active, with Hints for the more Efficient Performance of Public Vaccination*, published in 1860. Dr. Husband was nearly 80 years of age.

DR. JOHN SHOOLBRAID of Aldershot, who died recently, received his professional education at the University of Aberdeen, where he graduated M.D. in 1853. He became M.R.C.S. Eng. in the same year. Dr. Shoolbraid was one of the first medical men to settle at Aldershot. He rapidly gained the confidence of many of the chief households in the town, and when, in 1866, it was decided that the growing importance of the place made it necessary and politic to have a specially appointed Medical Officer of Health, Dr. Shoolbraid applied for and obtained the post. He retired some eighteen months ago on a pension of £50 a year. He was twice married, and leaves a son and daughter.

DR. ALFRED JAMES BELL, of St. John's Wood, who died on August 16th at the age of 55, was one of the oldest practitioners of the district. He received his medical education at King's College, and became a Licentiate of the Apothecaries' Society in 1868 and a Member of the Royal College of Surgeons of England in the following year. Mr. Bell, who was a member of the British Medical Association, was universally beloved and respected for his kindness of heart and unselfish devotion to his profession.

DR. JOSEPH CLEGG, of Epping, who recently died at the age of 80, formerly practised in Epping for upwards of 30 years, and retired about 14 years ago. He became M.R.C.S. and L.S.A. in 1846. He was a surgeon to the benefit societies in the town, and took a great interest in all local affairs, especially the water supply and sanitary matters. He was the author of contributions to the BRITISH MEDICAL JOURNAL, and of a pamphlet on *Local, County, and National Government*, published in 1887.

DEATHS IN THE PROFESSION ABROAD.—Amongst the members of the medical profession who have recently died are Dr. Stephen Foss of Brooklyn, who is said to have been one of the best Greek scholars in the United States, aged 76; Dr. Hermann Steinbrügge, Professor of Otolaryngology in the University of Giessen, aged 70; and Dr. Cunéo, Inspector-General of the Medical Service of the French Navy, aged 67.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

### ROYAL NAVY RATIONS AND MEAL HOURS.

THE recent publication of the report of the Admiralty Committee directed to inquire into the Royal Navy rations and associated matters indicates not only the difficulties that had to be dealt with, but the very thorough and effective work accomplished.

As regards the difficulties arising from the complexity of the subject of naval victualling, the most important is the system of "savings" for articles of the daily ration not "taken up" by officers and men, as all are victualled alike, for which they receive a monetary payment in lieu. This system "being one that has been in force for upwards of 100 years, and to which the men of the navy are much attached," could not easily be abolished. As it was to be retained, it is obvious that all questions as to the amount of provisions to be provided, in peace time especially, were complicated by the uncertainty of the amount that would be left behind for "savings," that is for money payment in lieu. As much as 93 per cent. of salt beef was saved on one station in a year, the "savings" money being spent in providing a varied diet from the canteens, now very general in the navy, or from the shore. This affects the length of time the salt and preserved meats, flour, etc., purchased, would remain unissued, a most important point in connection with their nutritive value. The Committee therefore wisely recommended that an "age limit" should be established for such provisions, after which they should not be issued; from a dietetic point of view this is clearly a most important reform.

The decision of the Committee was to propose a scale of victualling for war, when extraneous supplies would not be available, that will maintain men in a fit state of health. We think that they have succeeded in their aim.

During the week ending Saturday last, August 31st, 916 births and 555 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had declined from 19.8 to 17.8 per 1,000 in the four preceding weeks, further declined to 17.4 last week, and was 3.6 per 1,000 less than the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 7.9 in Perth and 14.9 in Aberdeen, to 18.8 in Edinburgh and 22.8 in Paisley. The zymotic death-rate in these towns averaged 3.7 per 1,000, the highest rates being recorded in Dundee and Paisley. The 257 deaths registered in Glasgow included 12 from measles, 3 from whooping-cough, 7 from "fever," and 34 from diarrhoea. Three fatal cases of whooping-cough, 2 of "fever," and 16 of diarrhoea were recorded in Edinburgh. Two deaths from whooping-cough and 14 from diarrhoea occurred in Dundee; 2 from whooping-cough, 2 from "fever," and 6 from diarrhoea in Paisley; and 4 from diarrhoea in Leith, 3 in Aberdeen, and 3 in Greenock.

#### DIPHTHERIA ANTITOXIN IN THE CHELMSFORD DISTRICT.

At a recent meeting of the Chelmsford Rural District Council Dr. J. C. Thresh, the Medical Officer, reported that during the previous month 42 cases of diphtheria had been notified in the district. In one village where it had assumed epidemic proportion of 44 cases 22 had been treated with antitoxin without one death and 22 without antitoxin with three deaths. As a prophylactic, antitoxin had been used in only 3 families, and among these only one person had an attack which was very mild, and as it came on very soon after the injection it was clear that the child had been incubating the disease when the preventive was injected.

#### POOR-LAW MEDICAL OFFICER'S CLAIM FOR SUPERANNUATION.

We see by the Nantwich *Guardian* that Dr. Thomas Moreton, who had been a medical officer in the Northwich Union for upwards of forty years, and who resigned his appointment in February last, has now written to the guardians to claim his pension of £35 per annum, to which he says he is entitled under the Poor-law Officers' Superannuation Act, 1896. This request of Dr. Moreton appears to have come under the notice of the Northwich Board of Guardians at their meeting held on August 9th, and the clerk on being questioned as to the legality of Dr. Moreton's claim did not hesitate to inform the Board that he was entitled to the pension he asked for, and that the guardians were bound by law to pay it. This statement, however, even when supported by the chairman, did not appear to satisfy the majority of the Board. Some guardians put forward as one reason for resisting payment the fact that on Dr. Moreton's resignation they had elected to the vacant office a gentleman who had succeeded him in his private practice on some very indistinct understanding that if so elected Dr. Moreton's pension would not be claimed. In answer to a question put by one of the guardians, however, no one was prepared to say that Dr. Moreton himself had ever been heard to express himself to that effect. The Chairman pointed out that Dr. Moreton had complied with the requirements of the Superannuation Act, and he did not see how the guardians could evade their liability in regard to his pension. It was further explained by the Clerk that when the guardians were about to fill up the vacancy occasioned by Dr. Moreton's resignation, he himself told them that they ought not to be influenced in their voting by any rumour which might have reached them in reference to Dr. Moreton's pension not being claimed. One member of the Board expressed the opinion that any such opposition to the payment in question would place the Board in a very undignified position, and if payment should be declined on the ground last referred to, he thought it would be very near bribery and corruption, as they were not justified in entertaining any such terms.

An interesting fact was elicited during the discussion of this question, namely, that by the contributions of the different officers of the Northwich Union a sum of £262 had accumulated, and that up to the present time no pension had been claimed; and, further, that the clerk believed that the contributions to the fund would in the future be sufficient to meet the requirements of the Act. The Northwich Guardians appear to have had this request of Dr. Moreton under consideration a second time, as it is reported that at their last meeting a resolution was passed by a large majority for the payment to be again deferred. We feel that very little need be said by us in support of Dr. Moreton's claim for superannuation; it is little short of ridiculous for the Northwich Guardians to contend that, if it is admitted, his pension will have to be paid out of the Poor-rate—this not being at all likely, as there is every reason to believe that the contributions paid will be sufficient for the purpose. Even, however, if such should not be the case, the common fund of the Union will not be seriously taxed, but may have to make up some slight deficiency. The guardians should be reminded that before the Superannuation Act came into operation Dr. Moreton did not contract himself out of its provisions, as he might then have done if he had wished, but instead of doing so he has contributed towards superannuation for upwards of four years past; and not one of the guardians objected to taking charge of the contributions paid quarterly by Dr. Moreton to the common fund of the Union for the express purpose of enabling him to claim a pension whenever the provisions of the Superannuation Act enabled him to do so. We should be sorry to think that there are other Boards of Guardians who would hesitate to acknowledge such a claim as this when made by an officer of forty-two years' standing. If the Northwich Board does not comply with Dr. Moreton's request we have no doubt his solicitor will find it an easy task to get a legal decision in his favour; we cannot see that the Guardians will have any defence whatever if legal action should be commenced against them.

#### THE "CONSCIENTIOUS" OBJECTION.

DR. COLIN CAMPBELL (Saddleworth) writes: Antivaccinators have found in the "conscientious" objection clause an easy means of evading an important sanitary law. To most objectors the word "conscientious" means about as much as that "blessed word Mesopotamia," but to mouth it answers the purpose, and the author of the phrase remains to be blessed. Magistrates are easily satisfied. Occasionally one is found

who also has a conscience. Colonel Sidebottom appears to object to being made a fool of. I enclose report.

\*The report states that, at the Stalybridge Police Court recently, Colonel Sidebottom declined to accept the mere statement of an applicant for a certificate of exemption that he had a conscientious objection. When asked if he thought vaccination would be injurious to his child, the applicant applied in the affirmative. Pressed by Colonel Sidebottom to state what grounds he had for this belief, the applicant said he had a brother who "was all right up to vaccination, but he was taken poorly and all the flesh came off his bones and he died." Asked if the medical man in attendance said this, the applicant answered that he did not know what he said. Colonel Sidebottom thereupon intimated that he was not satisfied with the application, and refused to sign a certificate of exemption.

## UNIVERSITIES AND COLLEGES.

#### SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, August, 1901.—The following candidates passed in:  
*Surgery*.—J. C. Baggs (Section II), St. Thomas's and Westminster Hospitals; P. C. Burgess (Section II), Middlesex Hospital; D. Fletcher, St. Bartholomew's Hospital; F. I. M. Jupe, Cambridge; G. J. W. Kelgwin, (Sections I and II), London Hospital; E. R. Risien (Section II), St. Bartholomew's Hospital; W. B. Skelton, Guy's Hospital; M. J. Williams, St. Bartholomew's Hospital.  
*Medicine*.—J. W. W. Adamson (Section I), St. George's Hospital; J. H. Beasley (Sections I and II), Birmingham; R. C. Bennett, University College Hospital; C. E. H. Leggat (Sections I and II), St. Mary's Hospital; E. T. Longhurst, St. George's Hospital; D. J. Morgan (Sections I and II), St. Mary's Hospital; E. Osborne (Sections I and II), Birmingham; J. E. Skey (Section II), Westminster Hospital; A. W. D. Thomson, St. George's Hospital; P. P. Tobit (Section II), King's College Hospital.  
*Forensic Medicine*.—J. W. W. Adamson, St. George's Hospital; R. C. Bennett, University College Hospital; H. A. Chaplin, St. George's Hospital and Glasgow; C. E. H. Leggat, St. Mary's Hospital; E. T. Longhurst, St. George's Hospital; D. J. Morgan, St. Mary's Hospital; E. Osborne, Birmingham; A. W. D. Thomson, St. George's Hospital; P. P. Tobit, King's College Hospital; S. C. Wilkinson, Leeds.  
*Midwifery*.—R. C. Bennett, University College Hospital; T. S. Davies, St. George's Hospital; J. W. H. Morrison, Durham; E. S. Perkins, Leeds and Guy's Hospital; R. Rees, Cambridge and St. Mary's Hospital; S. C. Wilkinson, Leeds; F. W. B. Young, Leeds.  
The diploma of the Society was granted to J. C. Baggs, E. T. Longhurst, D. J. Morgan, J. W. H. Morrison, E. S. Perkins, E. R. Risien, W. B. Skelton, A. W. D. Thomson, and M. J. Williams.

## MEDICAL NEWS.

THE sixtieth session of the School of Pharmacy, Bloomsbury Square, will open on October 1st, at 3 P.M., when the inaugural address will be delivered by Dr. Arthur T. Luff, of St. Mary's Hospital.

M. ANTOINE MARIE BRÉMOND has bequeathed his fortune, exceeding £40,000, for the foundation of a wet-nursing institution for the children born in the maternity departments of the hospitals of Lyons.

YELLOW FEVER IN CUBA.—At the end of the first week in August there were only 5 cases of yellow fever in Cuba, a state of things never before approached.

PASTEUR INSTITUTE, CHARKOFF.—In 1895 the Pasteur Institute, Charkoff, sold 59,267 doses of antidiphtheria serum at a profit of nearly £2,500. The expenses of the Institute amounted to about £4,200, while the income was about £6,680.

THE MEDICAL PROFESSION IN GERMANY.—According to the official *Reichsanzeiger*, the number of candidates who passed the State Examination for the licence to practise medicine in Germany in the year 1899-1900 was 1,384, being an increase of 20 as compared with the previous year.

NOBEL PRIZES.—Two Nobel prizes, each of the value of 200,000 kroner (something over £11,000), have been awarded to Professor Niels R. Finsen, Director of the Light Institute, Copenhagen, for his work in connection with the light treatment of lupus; and to Professor Pawlow, of St. Petersburg, for his researches in regard to nutrition.

LIVERPOOL SCHOOL OF TROPICAL MEDICINE.—The Honorary Secretary of the Liverpool School of Tropical Medicine has received from the Colonial Office a letter in which Mr. Chamberlain expresses his appreciation of the continued efforts which are being made by the Liverpool School of Tropical Medicine to discover means of improving the conditions of health in British tropical colonies.

**ACCIDENT TO A PHYSICIAN.**—We regret to learn from the *Cornish Telegraph* of August 29th that a serious accident recently befell Dr. Domett Stone at Penzance. When seated in a carriage at Causewayhead, an infuriated bullock charged the vehicle and succeeded in getting his fore legs inside, with the result that Dr. Stone, who had risen to ward off the attack, was thrown out, turning a complete somersault, and alighting on his head. Fortunately the fall was broken by his body coming into contact with the side and wheel of the carriage. When taken up he was insensible and bleeding profusely from a wound on the head. He also sustained other injuries. He is, however, making satisfactory progress under the care of Dr. Russell Phillips.

### MEDICAL VACANCIES.

The following vacancies are announced:

- BETHNAL GREEN INFIRMARY.**—Assistant Medical Officer. Salary at the rate of £80 per annum, with furnished apartments, board, and washing. Applications on forms provided, to be sent to the Medical Superintendent at the Infirmary, Cambridge Road, N.E., by September 9th.
- BIRMINGHAM AND MIDLAND EAR AND THROAT HOSPITAL.**—House-Surgeon. Salary at the rate of £40 per annum, rising to £50, with board, lodging, and washing. Applications to the Secretary by September 11th.
- 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.
- BODMIN: CORNWALL COUNTY ASYLUM.**—Junior Assistant Medical Officer. Salary, £120, rising to £150 per annum, with board furnished apartments, etc. Applications to the Medical Superintendent by September 19th.
- BRENTWOOD: ESSEX COUNTY ASYLUM.**—Junior Assistant Medical Officer; not over 25 years of age. Salary, £140 per annum. Applications to the Medical Superintendent.
- BRIDGEND: GLAMORGAN COUNTY ASYLUM.**—Assistant Medical Officer, Salary, £175, with board, lodging, etc. Applications to Medical Superintendent, by September 14th.
- BRIGHTON: HOVE AND SUSSEX THROAT AND EAR HOSPITAL.**—Non-resident House-Surgeon. Appointment for six months, but renewable. Salary at the rate of £75 per annum. Applications to the Secretary.
- BRITISH MEDICAL TEMPERANCE ASSOCIATION.**—Assistant Secretary. Young qualified man, total abstinence. Salary, £150 per annum and lecture fees, with board and residence with Honorary Secretary. Applications to Dr. Ridge, Carlton House, Enfield, Middlesex, by September 21st.
- CAIRO: KASR EL-AINY HOSPITAL AND SCHOOL OF MEDICINE.**—Physician to Hospital and Professor of Clinical Medicine in School. Appointment for two years. Salary, £320 per annum. Applications to Director, General Sanitary Department, Cairo, by September 23rd.
- ARDFIFF INFIRMARY.**—Second Gynaecologist. Applications, endorsed "Gynaecologist," to the Secretary by September 10th.
- CARLISLE: CUMBERLAND INFIRMARY.**—Resident Medical Officer, to act as House-Physician for first six months and House-Surgeon the second six months. Salary at the rate of £80 and £100 per annum respectively. Applications to Secretary by September 9th.
- CHICHESTER INFIRMARY.**—House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary by September 30th.
- DENBIGH: DENBIGHSHIRE INFIRMARY.**—House-Surgeon. Salary, £100 per annum to commence, with board, residence, and washing. Applications to the Secretary.
- DENBIGH: NORTH WALES COUNTIES LUNATIC ASYLUM.**—Second Assistant Medical Officer. Salary, £120 to £160, with board, residence, and washing. Applications to Clerk to the Visiting Committee.
- DENTAL HOSPITAL OF LONDON.** Leicester Square, W.—(1) Dental Surgeon. (2) Assistant Dental Surgeon. Applications to the Secretary by October 7th.
- 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.
- GLASGOW UNIVERSITY.**—Assistant Lecturer for Degrees in Medicine and Science, with special reference to Physics. Salary, £30 per annum. Applications to the Secretary of the Glasgow University Court, 91, West Regent Street, Glasgow, by September 26th.
- GLOUCESTER GENERAL INFIRMARY.**—Assistant House-Surgeon. Appointment for six months, but eligible for re-election. Salary at the rate of £30 per annum, with board, residence, and washing. Applications to the Secretary by September 10th.
- GREAT NORTHERN CENTRAL HOSPITAL.** Holloway, N.—(1) House-Physician. (2) Junior House-Surgeon. (3) Junior House-Physician, and (4) Non-Resident Assistant House-Surgeon. Appointments for six months. Salaries at the rate of £80 per annum for (1) and £43 per annum for (2), (3), and (4). Board, lodging, and washing provided for (1), (3), and (4), and luncheon and dinner for (4). Applications to the Secretary by September 16th.
- HENLEY-ON-THAMES: SMITH ISOLATION HOSPITAL.**—Medical Superintendent. Appointment for six months. Salary at the rate of £80 per annum. Applications to the Clerk of Henley and Hambledon Rural District Councils by September 7th.
- LANCASTER COUNTY ASYLUM.**—Assistant Medical Officer. Salary, £150 per annum, with furnished apartments, board, washing, and attendance. Applications to the Medical Superintendent.
- LEITH HOSPITAL.**—(1) House-Physician. (2) Assistant House-Physician. (3) House-Surgeon. (4) Assistant House-Surgeon. (5) Surgeon for Out-door Department. Appointments for six months. Applications to the Secretary by September 16th.
- LONDON HOSPITAL.** Whitechapel, E.—Surgical Registrar. Salary, £10 per annum. Applications to the House-Governor by October 3rd.
- LONDON OPEN-AIR SANATORIUM.** Pinewood, Berks.—Junior Resident Medical Officer. Salary, £70 per annum, with board, lodging, and washing. Applications to the Secretary, London Open-Air Sanatorium, 20, Hanover Square, London, W.
- MACCLESFIELD: CHESHIRE COUNTY ASYLUM.** Parkside.—Junior Assistant Medical Officer. Salary, £130 to £150 per annum, with board, furnished apartments, etc. Applications to Medical Superintendent by September 9th.
- MACCLESFIELD GENERAL INFIRMARY.**—Senior House-Surgeon. Salary, £100 for the first year, with board and residence. Applications to the Chairman, House Committee, by September 18th.
- MANCHESTER CHILDREN'S HOSPITAL.**—Junior Resident Medical Officer. Appointment for six months. Salary at the rate of £80 per annum. Applications to the Secretary by September 11th.
- MANCHESTER CLINICAL HOSPITAL FOR WOMEN AND CHILDREN.**—Two Assistant Medical Officers. Honorarium of £25 per annum. Applications to the Secretary, 38, Barton Arcade, Manchester, by September 9th.
- MANCHESTER ROYAL INFIRMARY.**—Pathological Registrar. Salary, £100 per annum. Applications to the General Superintendent by September 14th.
- METROPOLITAN HOSPITAL.** Kingsland Road, N.E.—(1) House-Physician. (2) House-Surgeon. (3) Assistant House-Physician. (4) Assistant House-Surgeon. Appointments for six months. Salary, (1) and (2), at rate of £40 per annum, (3) and (4) at rate of £20 per annum. Applications to the Secretary by September 10th.

- NOTTINGHAM WORKHOUSE INFIRMARY.**—Assistant Medical Officer. Salary, £120 per annum, with furnished rooms. Applications to the Clerk to the Guardians.
- PLYMOUTH PUBLIC DISPENSARY.**—Second Medical Officer. Applications to Secretary by September 17th.
- POPLAR HOSPITAL FOR ACCIDENTS.** E.—Assistant House-Surgeon. Appointment for six months, but eligible for re-election. Salary at the rate of £80 per annum, with board and residence. Applications to the House-Governor by September 20th.
- READING: ROYAL BERKSHIRE HOSPITAL.**—Assistant House-Surgeon. Appointment for six months, but eligible for senior posts when vacancy occurs. Salary, £50 per annum, with board, lodging, and washing. Applications to the Secretary by September 20th.
- ROYAL LONDON OPHTHALMIC HOSPITAL.** City Road, E.C.—Curator and Librarian. Salary, £120 per annum. Applications to the Secretary by October 10th.
- SALFORD ROYAL HOSPITAL.**—(1) House-Surgeon, (2) House-Physician, (3) Junior House-Surgeon. Salary, (1) £100 per annum, (2) £80 per annum, (3) £70 per annum, with board and residence in each case. Applications to Superintendent and Secretary by September 10th.
- SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.** Marylebone Road, N.W.—(1) Two Anaesthetists. Honorarium, £20 per annum. (2) Physician to the Out-department. Applications to the Secretary by October 1st.
- SWANSEA UNION WORKHOUSE.**—Assistant Medical Officer. Salary, £200 per annum, lunacy and vaccination fees, and 10s. 6d. for each weekly lecture to nurses. Applications, endorsed "Assistant Workhouse Medical Officer," to be sent to the Clerk by September 9th.
- SYDNEY UNIVERSITY.**—Professorship of Pathology, not more than 40 years of age. Salary, £900 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.—(1) House-Physician, (2) House-Surgeon. Appointment for six 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. Applications to the Secretary by September 12th.
- WORCESTER COUNTY ASYLUM.** Powick.—Third Assistant Medical Officer. Salary, £120 per annum, rising to £140, with board, residence, etc. Applications to the Medical Superintendent by September 24th.

### MEDICAL APPOINTMENTS.

- CANT, W. J., L.R.C.P.Lond., M.B.C.S.Eng.,** appointed Consulting Surgeon to Lincoln County Hospital.
- COUTTS, Francis J. H., M.D. Vict.,** appointed Medical Officer of Health for Blackpool, vice A. J. Anderson, M.A., M.D.Oxon., resigned.
- DAVIES, W. N., M.D., M.Ch., R.U.I.,** appointed Certifying Factory Surgeon for the Llantrissant and Llantwit Fardre Rural District.
- DODD, A. M., M.B.C.S., L.R.C.P.Lond.,** appointed Assistant Medical Officer to the Brownlow Hill Workhouse, Liverpool, vice J. H. Davis, resigned.
- EMINSON, L., L.F.P.S., and L.M.Glasg.,** appointed District Medical Officer of the Cosford Union, vice Dr. J. B. Johnson, resigned.
- EVANS, D. E., M.B.C.S., L.R.C.P.Lond.,** appointed Certifying Factory Surgeon for Pontypriid Urban District.
- FARQUHARSON, A. C., M.D.Glasg., D.P.H.Camb.,** appointed Medical Officer of Health to the Auchland Rural District Council.
- FLEMING, A. D., M.B., C.M. Edin.,** appointed Certifying Factory Surgeon for the Kelso District, county Roxburgh.
- HAY, John, M.D., M.B.C.S., L.R.C.P.,** appointed Assistant Physician to the Stanley Hospital, Liverpool, and Stipendiary Medical Officer to the Hospital for Consumption and Diseases of the Chest, Liverpool.
- HICKES, E. H., B.A. Camb., M.B.C.S.Eng.,** appointed Medical Officer for the Wymeswold District of the Loughborough Union.
- JEFFERY, J. K., M.B., C.M. Glasg.,** appointed Certifying Factory Surgeon for the West Linton District of the county of Peebles.
- LAING, C. F., M.B., C.M. Glasg.,** appointed Medical Superintendent to Somerset and Bath Asylum, vice Arthur Law Wade, M.D., deceased.
- LIGHTON, J. B., Ch. B. Edin.,** appointed Certifying Factory Surgeon for the Chirnside District of the county of Berwick.
- LIVINGSTONE, Thomas Hillhouse, M.B., Ch. B. Edin.,** appointed Medical Officer of Health for the Stanhope Rural District of the Wearside Union.
- MAHOD, Allan, F.R.C.S.Eng., M.B., M.Ch.,** appointed Medical Officer of Health to the Northam Urban District Council, Devonshire.
- MILES, H. P., M.B.C.S., L.R.C.P.Lond.,** appointed District Medical Officer of the Kingsbridge Union, vice Mr. W. H. Andrews, resigned.
- ROE, E. W. E., L.R.C.P., L.R.C.S.Irel.,** appointed Medical Officer for the Second District of the Onslow Union, vice J. B. White, M.B., T.C.D., resigned.
- RUTHERFORD, R., L.R.C.P., L.R.C.S. Edin.,** appointed Certifying Factory Surgeon for the Kinlough Dispensary District of the Ballyshannon Union.

### 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.

#### BIRTHS.

- CLARK.**—On August 30th, at the Cumbers House, Hammer, Whitechurch, Salop, the wife of J. H. Clark, M.D., B.Ch., B.A. O.T.C.D., of a son.
- GILLESPIE.**—At 12, Walker Street, Edinburgh, on August 31st, the wife of A. Lockhart Gillespie, M.D., F.R.C.P.E., of a daughter.

#### MARRIAGES.

- LYOYD-JONES-BROOKE.**—At St. Mary's, Chepton, on August 31st, by Rev. E. J. Hensley, M.A., Ernest Lloyd-Jones, M.D., son of E. Lloyd-Jones, of The Priory, Great Malvern, to Constance Mary, only daughter of the late M. O. Brooke, of Hindley.
- POPPER-CLAPHAM.**—On the 29th August, at Christ Church, New Southgate, by the Rev. W. Reason, M.A., William George Popper, M.D., M.B.C.S., L.R.C.P. of New Malden, Surrey, to Dora May, fifth daughter of John Clapham, Esq., of Torrington Park, N. Finchley.
- STEPHEN-DIXON.**—On the 29th August, at St. Margaret's Church, Brompton, by the Rev. A. P. Mitchell, M.A., Rector of Brompton, assisted by the Rev. O. Johnson, Vicar of Upton, and the Rev. H. E. Keyes, R.A. Curate of Brompton, William Anderson Stephen, M.A., M.D., of Loftus-in-Cleveland, to Elizabeth Scarth, eldest daughter of D. W. Dixon, The Hall, Brompton-in-Cleveland.

#### DEATHS.

- LAWRENCE.**—At Bishopscoteington, on August 29th, suddenly, A. E. Aust Lawrence, M.D., of Clifton, aged 53.
- BELL.**—On August 18th, at his residence, 1A Cavendish Road, St. John's Wood, Alfr d James Bell, M.B.C.S.Eng., L.R.C.P.Lond., aged 55.
- BRACEY.**—On the 29th August, at Winterslow, Edgbaston, Herbert Richard Bracey, M.B.Q.S., after a short illness.