

The eczematous surface should always be protected by some application. I do not think the kind of application is so important as the protection of the part. If the attack is acute apply soothing remedies. If stimulating applications are indicated paint them on once or twice a day only. In the local treatment of chronic eczema begin by removing all crusts. When much exudation is present an oily covering acts well in removing it. If a parasiticide is thought necessary it must be one that does not irritate. To a wet eczema it is often better to apply lotions as in this way the local remedy is enabled to come into close contact with the living tissues.

I have purposely spoken of local treatment first because it is considered to be by far the most important. But internal treatment must not be ignored. As Bulkley says:¹ "No one can rightly deny the power of micro-organisms to produce disease, for the results of aseptic surgery are incontrovertible, but there is great danger in connection with diseases of the skin lest local pathology lead to a neglect of the more important consideration of the soil on which the germs flourish." A striking illustration, he thinks, of the bearing of this remark is found in the change of opinion which has come over the medical world in regard to the relative importance of attention to the microbe in tuberculosis, as compared with the more important elements of the nutrition and hygienic condition of the patient. He thinks this points once more to the wisdom of the precept that it is often the patient who is to be treated rather than the disease by a specific name. Bulkley advocates the taking of milk in eczema, especially in neurotic eczema, and says the results will often be very striking. He considers it very important that the milk should be taken between meals. I have ordered warm milk for years in suitable cases, but I consider it should always be taken with meals. The stomach requires rest, and the only thing permissible between meals, in my opinion, is water. Singularly enough Hutchinson some years ago thought that milk produced eczema. In many cases of eczema I find blue pill very useful. Aperients play an important part in the internal treatment of many cases, and especially is this the case if the local disease is due to gout. This influence in eczema has been strongly contested by some authors; but Hyde, of Chicago, says the importance of gout as a factor, at least in eczema of the genital region, scarcely can be overestimated. Quinine is sometimes valuable as, in addition to its other qualities, it has some control over pruritus.

If auto-intoxication is suspected I know of no better intestinal antiseptic than benzo-naphthol, which is odourless and tasteless.

Alcoholic beverages often aggravate eczema if it is at all acute. But in its chronic forms Dr. Pye-Smith considers that red wine taken with meals, and still more often porter, or, if this is not well borne, one of the lighter kinds of ale, is not only harmless but useful. He also says that for the marasmus we sometimes see along with general eczema in young children there is no drug so valuable as brandy. I think all alcohols increase the itching which is often such a troublesome symptom. The majority of writers consider that alcohol if taken at all in any stage of eczema should be taken most sparingly.

In some forms of eczema a microbicide taken internally appears to assist in the treatment. Salicin is sometimes given with this idea.

The effect of diet upon eczema has been much discussed. Dr. Pye-Smith considers that "dieting" has been carried to an extreme and often a ridiculous minuteness. He believes excessive quantity of food and imperfect mastication are much more important causes of illness than special quality. He thinks that what most people eat is for most people wholesome, and what a natural appetite finds appetising seldom disagrees. He further says that some kinds of eczema are certainly better for restriction of animal diet. I believe with dietetics as with drugs the idiosyncrasy of the individual is a real and perplexing difficulty. As Dr. Walter Smith says: "In very many cases an intelligent and temperate patient knows, or ought to know, better than his doctor what suits him and what aggravates his complaint." Sir Wm. Roberts's rule of conduct is worth remembering, namely, it may be regarded as certain that any food, or food accessory, the use of which is followed by a sense of discomfort, is not beneficial to that individual.

It is a rule among dermatologists to discourage patients from going to the sea when their eczema is at all acute, and I think it is generally a good rule. Hyde, of Chicago, says, as a rule, a residence in countries lying near the seashore is favourable for persons who have contracted an eczema in the inland territories, as the climate of the seaboard is greatly influenced by proximity to the ocean. He also thinks the Alps, in Switzerland, furnish climatic conditions unfavourable for eczematous subjects in consequence of the attenuation of the air, and the direct action of the sun upon the skin.

The clothing of the eczematous patient is a matter of great importance. Woollen underclothing may be too irritating, and it is often well to advise silk, muslin, or linen undergarments be worn next the skin. These are the chief points which have occurred to me in the management of eczema.

REFERENCE.

¹ *Journal of the American Medical Association*, March 30th, 1901.

MEMORANDA:

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

CASE OF PRIMARY CHANCRE OF THE TONSIL: PROBABLE INFECTION FROM A TONSILLOTOME.

THE following case is instructive as illustrating the great importance of sterilising surgical instruments before use, and is also of interest as an example of a comparatively rare affection.

A. W. S., aged 28, attended the Central London Throat, Nose, and Ear Hospital in January, complaining of "sore throat" of about a month's duration. Over two months previously he had both faucial tonsils removed at a hospital in London, in consequence of having repeatedly suffered from attacks of tonsillitis during the preceding four or five years. Two tonsillotomes were used at the operation, the first of which the patient saw taken out of the steriliser where it had been boiled; the second, a smaller instrument, which was used to remove a part of the left tonsil which had escaped the larger tonsillotome, was taken out of a drawer and used without being first sterilised, according to the patient's statement.

About three weeks or a month after this operation the throat became "sore," particularly on the left side, and on looking at his throat in a mirror he saw a "whitish spot" on the left tonsil.

He consulted a doctor, who prescribed medicine and a gargle, which were used for two or three weeks; but, as the throat felt no better, he applied for advice at the Central Throat, Nose, and Ear Hospital.

Examination then showed swelling and redness with slight erosion of the left tonsil region; the adjacent faucial pillars, soft palate, and uvula (and less so the corresponding right side of the throat) being covered with mucous patches. The left tonsil was slightly indurated, and the left submaxillary lymphatic glands were enlarged. The skin rash was very slight, and there was no falling of the hair noticeable to the patient. There was no sore on the penis or on any other part of the body.

My diagnosis was primary chancre of the left tonsil, with commencing secondary lesions, and this opinion was confirmed by several of my hospital colleagues.

The treatment prescribed was: (1) Liq. hydrarg. perchlor. ʒj, pot. iodid. gr.v, t.d.s.; (2) a mouth wash of lotio nigra, half strength; (3) lozenges, each containing $\frac{1}{2}$ gr. of grey powder; (4) a pigment of iodine and carbolic acid, of each gr.iv to the ʒj. Alcohol and smoking were prohibited. He began to improve from the first day he commenced this treatment; in a week all soreness of the throat had gone, and in little over two weeks there was no trace of mucous patches to be seen in the throat. He has continued well ever since, and is still, of course, under treatment.

PETER H. ABERGROMBIE, M.D.,
Assistant-Surgeon, Central London Throat,
Nose, and Ear Hospital,
Harley Street, W.

A CASE OF ACUTE PUERPERAL SEPSIS TREATED WITH ANTISTREPTOCOCCUS SERUM: RECOVERY.

On May 29th, 1901, at 10 P.M., Mrs. C., aged 36, was delivered of her seventh child, which was premature (six months). On the 30th at 5 A.M. I was called to see her. She said she "felt" the child (which I did not see) a few hours before its birth and also that the labour was "short and easy." One vaginal examination was made by a nurse previous to the birth. The patient complained of abdominal pain and tenderness. The discharge was foul. Temperature 102°F., pulse 105. She was drenched (creolin) and given a hypodermic of morphine (gr. $\frac{1}{4}$). On the 31st the pain and tenderness continued. Temperature 102°F., pulse 110. Brandy and quinine were ordered. On June 1st she was much worse, the pain and tenderness were great, and there was a swelling in the right side, also the right leg was swollen. The discharge, which was very offensive and scanty, contained pieces of placenta. Temperature 103.5°F., pulse 130. She was drenched three times a day. On this date a soap-and-water enema was given. On the morning of the 2nd her condition was very grave. Temperature 104°F., pulse 130. The pain seemed less, but the tenderness and swelling were marked. An injection of 10 c.cm. of antistreptococcus serum was given. In the evening the temperature rose to 104.5°F. Next morning the temperature being 102°F., pulse 115, another injection of 10 c.cm. antistreptococcus serum was given. On the morning of the 4th the temperature was 101°F., the swelling and tenderness had decreased, but in the evening the temperature reached 103°F., when a third injection of 10 c.cm. of antistreptococcus serum was given. On the morning of the 5th the temperature was down to 100°F., pulse 105. From this date the patient slowly but steadily improved, the thermometer never registering higher than 100°F., except on the evening of the 7th, when the temperature reached 101°F. This was overcome by a dose of castor oil.

The injection of antistreptococcus serum which was given between the scapulae was followed by no unpleasant symptoms, and to it I attribute the patient's recovery.

Ballantine, co. Mayo.

M. F. HESSON, L.R.C.P. & S.I.

A CASE OF FOREIGN BODY IN THE LARYNX: TRACHEOTOMY.

MONTEQUELA, a Kaffir girl, 5 years old, from Teteleku's kraal, Zwaartkop, was brought to me on Saturday afternoon, July 31st, 1897. Her parents stated she had swallowed a bead two days previously. The child was hoarse, and had a paroxysmal cough, and they said she had had several severe fits of coughing in the night. On making an examination with the laryngoscope the bead could be seen below the vocal cords: it only came into view when the child coughed violently. It was afterwards found to measure $\frac{3}{8}$ in. in diameter, and was apparently too large to pass down into the trachea, and could not be expelled by coughing. Attempts to extract the bead by means of forceps through the mouth having failed, after a consultation with Dr. Buntine, it was decided to perform tracheotomy.

On Sunday morning, August 1st, Dr. Buntine again examined the child's larynx, and was able to see the bead, although it did not come so well into view as on the previous day. There was considerable congestion of the laryngeal mucous membrane, and the parents stated that she had several severe fits of coughing during the night.

Tracheotomy was performed at 12.30 P.M., the cricoid and upper two tracheal rings being divided. Chloroform was administered by Dr. Buntine. A No. 13 *bougie à boule* was passed up from the wound through the larynx, and pushed out the bead which the child unfortunately swallowed. A Bryant's tracheotomy tube was left in the trachea, and a few catgut stitches inserted above and below to draw the skin together. The next day a Morratt Baker's indiarubber tube was put in the trachea instead of the silver one, and a dose of castor oil administered. Temperature, 101°.

Tuesday, August 3rd. The child passed a good night. Temperature, 99°. The bowels acted during the night, and the bead was recovered from the motions. Tracheotomy tube left out to-day.

Monday, August 9th. Child was taken home to-day by its

parents. Wound healed, no cough or hoarseness. Voice normal.

REMARKS.—In cases of foreign body in the air-passages, it is best to remove at once if possible, and not to wait for natural expulsion. The late Arthur Durham collected and classified 636 cases in Holmes's *System of Surgery*, vol. i, p. 765. In 298 cases in which the expulsion of the foreign body was left to Nature, aided in a few cases by emetics, the death-rate was 40.94 per cent., whilst in 338 cases in which operative measures were adopted, the death-rate was 23.08 per cent. The operative measures adopted in those 338 cases were—extraction through the mouth, 9; inversion of body and succussion, 15; laryngotomy and laryngo-tracheotomy, 51; tracheotomy, 263. Cases in which death and expulsion followed immediately after the accident are excluded from this list.

Out of 212 cases of tracheotomy for foreign bodies in the air passages 157 recovered, and in all of these the foreign body was expelled or removed; out of 55 of these 212 cases in which death occurred, in 48 the foreign body was retained till death in spite of the operation of tracheotomy having been performed. Of those cases in which it was possible to remove the foreign body only 7 proved fatal.

From these statistics it is clear, therefore, that operative measures give the patient the best chance of recovery, and the moral is plain—that a foreign body in the air passages should be removed as soon as possible. In some cases the surgeon has been greatly assisted in locating a foreign body by the aid of the *x* rays, and skiagraphy should never be omitted in cases where one is unable to see the foreign body with the laryngoscope.

O. J. CURRIE, M.B.Lond., M.R.C.S.Eng.

Maritzburg, Natal.

STRANGULATED EPIPLOCELE, GIVING RISE TO SYMPTOMS OF BOWEL OBSTRUCTION.

As this condition seems more or less unaccountable, perhaps a report of a case might be of interest.

On Thursday, August 1st, I operated, with the assistance of Dr. Weldon, on Mrs. T. who was suffering from complete constipation, stercoraceous vomiting, suppression of urine, with tympanic distension, and slight pains over the abdomen. There was an inguinal hernia on left side which I found to contain nothing but strangulated omentum. This I returned into the abdomen, having relieved the constriction; I ligatured the neck of the sac, the body of which I removed, and then closed the ring and wound. The patient made an uninterrupted recovery, vomiting ceasing at once, and the bowels moved spontaneously the fourth day. One thing very striking about the case was that the patient suffered practically no pain.

Gorey, Ireland.

FRANCIS NOLANS, F.R.C.S.I.

A CASE OF PUERPERAL ECLAMPSIA (ALBUMINURIC) TREATED BY MORPHINE.

On June 29th of this year I was asked to see Mrs. R. with a view to making an engagement to attend her in her first confinement, expected in about one month. She expressed herself as perfectly well, but she had great cedema of the feet and legs, and some of the hands and face. She was passing very little urine. The urine (drawn off by catheter) contained nearly half a column of albumen. There had been no pain, headache, affection of vision, or *malaise*.

On July 5th Dr. Purslow, of Birmingham, saw her with me. She was ordered absolute rest in bed, milk diet, and diuretics.

The next morning I was sent for at 6 A.M. Labour had commenced, the os being slightly dilated. I ordered her chloral hydrate, gr. x, every hour. At 10 A.M. I was sent for. She had just had a convulsion, from which I found her recovered. As the os was now well dilated I sent for my partner to give chloroform. The patient became violently convulsed immediately after his arrival. Chloroform was at once administered, when the convulsion ceased, and I ruptured the membranes, and delivered quickly with forceps. One stitch had to be put into the perineum. The child (whose heart sounds had been clearly heard the previous day) was born dead, much cyanosed. It appeared to be about an eight-

months foetus, which was in accordance with the mother's calculation. On coming round Mrs. R. was comfortable but appeared dazed. Perfect quiet, a darkened room, and strict milk diet were ordered and persisted in for some days.

At 4 P.M. on the same day I was sent for, and found the patient just recovering from a convulsion. I gave her $\frac{1}{4}$ gr. morphin. sulph. hypodermically, and left $\frac{1}{4}$ gr. to be given under the tongue if again convulsed. At 6.30 P.M. she had a very slight convulsion and was given the morphine. At 9 P.M. there was another convulsion. I saw her at 10.30 P.M., and while in the room she had a slight convulsion. I gave her another $\frac{1}{4}$ gr. morphine hypodermically. This was the last convulsion she had. It was very noticeable that slight disturbances, such as the effort to put on a binder, brought on convulsions.

The next day pulv. jalap. co. gr. xl was administered in the morning and a simple enema at night, which acted freely. The further progress of the case was uneventful. She at once began to pass urine freely. On the 17th it was nearly, and by the 22nd quite, free from albumen. Considerable excitability, mental dulness, and twitchings of the hands, etc., persisted for a few days after parturition.

On the 29th, three weeks after her confinement, the patient was downstairs and apparently perfectly well.

The interest of the case lies in the fact that $\frac{1}{4}$ gr. morphine, the total quantity used, stopped the convulsions, and had no unfavourable effect on diuresis. Considered in connection with other cases similarly treated, as published in the BRITISH MEDICAL JOURNAL some three months ago, the treatment by morphine seems to promise very highly.

Selly Oak.

A. G. C. IRVINE.

BISMUTH SUBNITRATE AS A DRESSING FOR WOUNDS.

IN the EPITOME of the BRITISH MEDICAL JOURNAL of July 20th, there is an extract from a communication by Mühlig to the *Munch. med. Woch.*, April 9th, 1901, as to the safety of the application of bismuth subnitrate to external wounds.

I have lately had two cases of carbuncle in the thigh, which shelled out in less than forty-eight hours (without incision) by the use of the carbolic spray for five minutes by the watch night and morning, leaving deep but perfectly healthy wounds. In the latter of these two cases the wound was covered with a powder consisting of iodoform, bismuth subnitrate, salol, and cinchona, in equal parts under a dry dressing. The wound was uncovered after four days, and was found to have filled up with healthy granulations. It was redressed with the same powder, and again looked at in four days. I was surprised to find it covered round the edges with a thick white substance, and the granulations were all white-tipped. There was a deep-red areola round the wound merging into another of a dark blue-grey extending to the breadth of about three inches. My patient remarked, "How blue it looks!" I agreed, and was puzzled at the same time. Finding this white substance did not come off under the usual spraying, I scraped it off. Not satisfied with the dressing, and having nothing else handy, I strapped the wound. The blue areola had disappeared next day. Under the strapping the wound healed up in a week.

My experience may be useful to others at a nonplus to account for the blue look of a wound dressed with a powder containing bismuth subnitrate, and acknowledging my indebtedness to Mühlig for the explanation, I pass it on.

My patient showed no other evidence of bismuth toxæmia, which is due no doubt to the smallness of the wound exposed to its influence.

Funchal, Madeira.

ROWLEY CONOLLY, M.R.C.S.

PUERPERAL FEVER IN MARES AND ITS POSSIBLE CONVEYANCE TO WOMEN.

SOME months ago I was engaged to attend a lady whose confinement was expected to take place early in May of this year. She resides at a farm where a large amount of horse-breeding is carried on each year. Early last April several of the mares cast their foals (aborted), and became ill with a condition, which upon making inquiries from the veterinary surgeon in attendance, appeared to correspond to puerperal fever in the human being. There was high fever, and profuse

fetid purulent discharge from the uterus, followed in some cases by purulent metastatic deposits in the lungs, joints, and other tissues. The stables were within a hundred yards of the house, and various articles used in attending the mares—such as rugs, buckets, etc.—had been frequently brought into the house. There was abundant proof that the condition was very highly infectious amongst puerperal mares, and the point arose as to whether it would be safe for the lady to be confined at home. Following my advice, she went away to some distance, and had an uncomplicated labour, and convalescence. In the books upon the subject to which I have access, there is no mention of the possibility of the conveyance of puerperal infection from animals to the human being, and the matter appears to me to open an important field for investigation. It seems possible that some of the very obscure cases of puerperal infection, for which after most searching investigation, no cause can be found, are due to infection from domestic animals.

Chester.

WM. A. NEWALL, M.D., Ch.B.Vict.

REPORTS

ON

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

BRIDGWATER INFIRMARY.

CASE OF RUPTURED BLADDER: OPERATION: RECOVERY.

(By R. H. F. ROUTH, L.R.C.P., M.R.C.S., Surgeon to the Infirmary.)

THE patient, a man aged 34, was admitted to the infirmary at 10.30 P.M. on December 5th, 1900, complaining of inability to pass water.

History.—He was sent in with a history of having been kicked in the abdomen on the previous day, while under the influence of drink. He last made water at 4 P.M. on December 4th. The injury caused him much pain at the time, but this soon passed off. At about 9 P.M. on that day he felt a desire to micturate, but could not, and a little blood escaped from penis.

State on Examination.—On examination, thirty hours after injury, there was found dulness up to the umbilicus, pain on palpation, and a little swelling in the abdomen, but none in the perineum. A full-sized soft indiarubber catheter was passed, with no result save that a little blood was found in the end of the catheter. The temperature was 99.2°F., pulse 108. Calomel, gr. v, and a soap-and-water enema were administered, and a hot hip-bath and turpentine stupes ordered.

Progress.—On December 6th, eight hours after admission and thirty-eight after the injury, 10 ounces of boracic lotion were injected into the bladder but did not return. He complained of tenderness over pubes. There was no sickness, but he was inclined to doze. The bowels acted once. He was sweating; his temperature was 99.4°, and his pulse 106.

Operation.—At 4.30 P.M. the patient was put under ether, and a vertical incision three inches long was made above the pubes in the middle line. The bladder was easily reached, and by injecting warm boracic lotion *per urethram* it was seen that there was a small round hole on the anterior and upper surface of the bladder. This appeared to pass upwards beneath the peritoneum, which was stripped off by the operator, and it was then seen that the round hole was only one end of a linear tear extending $1\frac{1}{2}$ inch upwards. After thoroughly cleansing the abdominal and bladder cavities with boracic lotion, the mucous membrane was stitched with continuous catgut suture and the muscular coat with interrupted; the external wound was closed, and a soft indiarubber catheter tied into urethra.

After-Progress.—That night at 8 o'clock some bleeding was seen at the lower angle of the wound, where a small vessel had been twisted; the dressings were removed and the wound covered with boracic lint dipped in compound tincture of benzoin. There was no recurrence. The patient was given *per rectum* Liebig's extract \mathfrak{z} ij, brandy \mathfrak{z} j milk \mathfrak{z} j, yolk of egg \mathfrak{z} j, and was fed on beef juice, cream, and barley water.

THE DIAGNOSIS OF SMALL-POX.
A CORRESPONDENT practising in the West of London informs us that he recently reported the case of a child as "variola discreta much modified by vaccination." The child, he states, has vesicles typical of varicella, but it also had about twenty pustular vesicles which were umbilicated, and appeared of a doubtful character. The type of attack was also more severe than is usually found in varicella. The case was returned home as not one of small-pox. Our correspondent expresses the opinion that when the medical authorities of the Metropolitan Board receive a patient certified by a medical practitioner as a modified case of small-pox, it is their duty to keep the case for a reasonable period under observation, and not to return it at once to the friends, and thus cause a reflection upon the skill of the medical man reporting the case.

. We sympathise with our correspondent in the position in which he has been placed in endeavouring to comply with the desire of the Metropolitan Asylums Board as quoted in the BRITISH MEDICAL JOURNAL of September 14th. The remedy would appear to be for the Asylums Board to provide observation wards in which cases notified by medical men as to which their medical officers feel doubt could be retained for some days until the doubt was at an end.

MEDICAL NEWS.

A BILL for the registration of nurses has been introduced into the New Zealand Legislature by the Hon. Mr. Walker, Minister for Hospitals.

FRENCH GYNÆCOLOGICAL CONGRESS.—The triennial meeting of the French Congress of Gynæcology, Obstetrics, and Pædiatrics will open at Nantes on September 23rd under the presidency of Dr. Sevestre.

LIVERPOOL CONSUMPTIVE SANATORIUM.—The sanatorium at Delamere Forest for consumptive cases from Liverpool has been taken into use this week, and 18 cases, selected by Dr. Herapath Wood, the resident medical officer, as likely to become absolutely free from tuberculosis, have been admitted.

At the annual dinner of past and present students of St. Mary's Hospital, which, as already announced, will take place at the Whitehall Rooms, Hotel Metropole, on Thursday, October 3rd, with Colonel A. B. R. Myers in the chair, those members of the hospital who have returned from South Africa will be entertained as guests.

We are requested to state that the annual dinner of the past and present students of the Westminster Hospital, which, as already announced, will be held on Friday, October 4th, at the Hotel Cecil under the chairmanship of Mr. Charles Stonham, is fixed for 7 for 7.30 P.M.

PRESENTATION.—Dr. Hughes, of Llanilar, Aberystwith, was recently presented with a valuable cabinet of silver containing upwards of 200 pieces on the occasion of his retiring from practice. The cabinet bore the following inscription in English and Welsh: "Presented to Dr. John Evan Hughes, Cwrtycadnaw, by 1,170 of his friends and admirers, as a recognition of his untiring services during the past twenty-five years as medical officer of health. August 31st, 1901." At the same time Mrs. Hughes was presented with a massive gold bracelet, and Miss Hughes with a pearl necklace.

AN ALLEGED CURE FOR CANCER.—It is announced from Copenhagen that at the Congress of Northern Surgeons, Professor Howitz, the oldest of Danish gynæcologists, stated that he had cured many cancerous ulcers by freezing the tissues with "anæsthin." Equally good results are said to have been obtained by him by the same method in cases of lupus. What "anæsthin" is does not appear to have been revealed, nor are any details of the cases given. We merely mention this as a piece of news, because the author of the reputed "cure" has a name justly held in honour by the medical world. We must not be understood as guaranteeing in any way the accuracy of the facts.

MEDICAL VACANCIES.

The following vacancies are announced:

BANBURY; HORTON INFIRMARY.—House-Surgeon and Dispenser. Salary, £80 per annum, with board and lodging. Applications to Mr. C. H. Davids, Hon. Secretary, 21, Marlborough Road, Banbury.
BIRMINGHAM CITY FEVER HOSPITAL.—Assistant Medical Officer. Salary, £120 per annum, with board, residence, etc. Applications to the Medical Superintendent.
BIRMINGHAM GENERAL HOSPITAL.—House-Surgeon. Appointment for six months. No salary, but residence, board, and washing provided. Applications to the House Governor by September 28th.
BRADFORD ROYAL INFIRMARY.—House-Physician, unmarried. Salary, £100 per annum, with board and residence. Applications, endorsed "House-Physician," to be sent to the Secretary by September 24th.

BRENTWOOD; ESSEX COUNTY ASYLUM.—Junior Assistant Medical Officer; not over 25 years of age. Salary, £140 per annum. Applications to the Medical Superintendent.
BRIGHTON; HOVE AND SUSSEX THROAT AND EAR HOSPITAL, Church Street, Brighton.—Non-resident House-Surgeon. Appointment for six months, but renewable. Salary at the rate of £75 per annum. Applications to the Secretary.
BRISTOL GENERAL HOSPITAL.—(1) Assistant House-Physician. Salary, £70 per annum, with board, residence, etc. (2) Physician to the Skin Department. (3) Physician, (4) Assistant Physician. Applications to the Secretary for (1) by September 24th, and for the remainder by October 2nd.
CAIRO; KASH-EL-AINI HOSPITAL AND SCHOOL OF MEDICINE.—Physician to Hospital and Professor of Clinical Medicine in School. Appointment for two years. Salary, £230 per annum. Applications to Director, General Sanitary Department, Cairo, by September 25th.
CARDIFF INFIRMARY.—Assistant House-Surgeon. Appointment for six months, but renewable. Salary at the rate of £75 per annum, with board, washing, and apartments. Applications, endorsed, "Assistant House-Surgeon," to be sent to the Secretary by September 30th.
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.
FOLKESTONE; VICTORIA HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board, residence, and laundry. Applications to the Secretary before October 1st.
GLASGOW EYE INFIRMARY.—Resident Assistant House-Surgeon. Salary, £75 per annum, with apartments and board. Applications to the Secretary, 88, West Regent Street, Glasgow, by September 26th.
GLASGOW UNIVERSITY.—Additional Examiner 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.
HERTFORDSHIRE COUNTY ASYLUM, Hill End, St. Albans.—Junior Assistant Medical Officer, unmarried, and not over 30 years of age. Salary, £160 per annum, with board, furnished apartments, and washing. Applications to the Medical Superintendent.
HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Resident House-Surgeon. Appointment for six months, honorarium £25 each. Applications to the Secretary by September 25th.
LIVERPOOL; HOSPITAL FOR WOMEN.—House-Surgeon. Appointment for six months. Honorarium, £25. Applications to the Honorary Secretary.
LIVERPOOL INFIRMARY FOR CHILDREN.—House-Surgeon. Salary, £85 per annum, with board and lodging. Applications to the Honorary Secretary by September 30th.
LONDON HOSPITAL, Whitechapel, E.—Surgical Registrar. Salary, £10 per annum. Applications to the House-Governor by October 3rd.
MACCLESFIELD; CHESHIRE COUNTY ASYLUM.—Junior Medical Officer, unmarried, and not over 30 years of age. Salary, £130, rising to £150 per annum, with furnished apartments, board, washing, and attendance. Applications to the Medical Superintendent.
MANCHESTER CHILDREN'S HOSPITAL, Pendlebury.—Medical Officer for the Dispensary. Salary, £130 per annum. Applications to the Secretary, Children's Dispensary, Gartside Street, Manchester, by October 8th.
MANCHESTER CLINICAL HOSPITAL FOR WOMEN AND CHILDREN.—House-Surgeon. Salary, £80 per annum, with apartments and board. Applications to Mr. H. Teague, Secretary, 38, Barton Arcade, Manchester, by September 8th.
MANCHESTER; MONSIEUR FEVER HOSPITAL.—Medical Superintendent, unmarried. Salary, £350 per annum, with residence, maintenance, and attendance. Applications, endorsed "Medical Superintendent," to be sent to the Town Clerk, Town Hall, Manchester, by September 28th.
MANCHESTER; OWENS COLLEGE.—Junior Demonstrator in Physiology. Stipend, £10, rising to £150 per annum. Applications to the Registrar by September 24th.
MANCHESTER SOUTHERN AND MATERNITY HOSPITAL.—Resident House-Surgeon. Honorarium at the rate of £50 per annum and board. Applications to Mr. G. W. Fox, 13, Princess Street, Manchester, by October 4th.
MARGATE; ROYAL SEA-BATHING HOSPITAL.—Resident Surgeon. Salary, £120 per annum, with board and residence. Applications to the Secretary at the offices, 30, Charing Cross, London, S.W., by October 5th.
NEW HOSPITAL FOR WOMEN, Euston Road, N.W.—(1) Female Senior Clinical Assistant for Children's Department. Appointment for two years. (2) Female Clinical Assistants in the Out-patient Department. Applications to the Secretary by October 2nd.
NOTTINGHAM CHILDREN'S HOSPITAL.—House-Surgeon, unmarried. Appointment for six months, but eligible for re-election. Salary at the rate of £104 per annum, with board and residence. Applications to the Secretary, Mr. A. F. Kirby, St. Peter's Church Walk Nottingham, by September 30th.
NOTTINGHAM GENERAL HOSPITAL.—Assistant House-Physician. Salary, £103 per annum, with board, lodging, and washing. Applications to the Secretary by September 28th.
ROYAL LONDON OPHTHALMIC HOSPITAL, City Road, E.C.—Curator and Librarian. Salary, £120 per annum. Applications to the Secretary by October 10th.
ST. MARY'S HOSPITAL MEDICAL SCHOOL, Paddington, W.—Curator of Museum and Assistant Pathologist. Salary, £100 per annum. Applications to the Dean by October 5th.
ST. PANCRAS AND NORTHERN DISPENSARY, 126, Euston Road.—Physician-Accoucher. Applications to the Secretary, Mr. H. P. Bodkin, 23, Gordon Street, W.C., by September 25th.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN, Marylebone Road, N.W.—(1) Two Anæsthetists. Honorarium, £20 per annum. (2) Physician to the Out-department. Applications to the Secretary by October 1st.
SEAMEN'S HOSPITAL, Greenwich, S.E.—House-Surgeon. Salary, £50 per annum, with board, residence, and washing. Applications to the Secretary by October 5th.
SHEFFIELD ROYAL HOSPITAL.—Junior Assistant House-Surgeon, unmarried. Salary, £50 per annum, with board, washing, and lodging. Applications to the Secretary, Honorary Medical Staff, Dr. Stanley Eiseley, 383, Glossop Road, Sheffield.
SOMERSET AND BATH LUNATIC ASYLUM, Cotford, Taunton.—Assistant Medical Officer, unmarried, and not over 30 years of age. Salary, £130 per annum rising to £150, with furnished apartments, board, washing, etc. Applications to the Medical Superintendent by September 25th.
STAFFORDSHIRE COUNTY ASYLUM, Burntwood, near Lichfield.—Junior Assistant Medical Officer, unmarried, and under 30 years of age. Salary, £150 per annum, increasing to £220, with board, lodging, attendance, and washing. Applications to the Medical Superintendent.
STOKE-UPON-TRENT; NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL, Hartshill.—House Physician. Salary, £100 per annum, increasing £10 yearly at discretion of Committee, with furnished apartments, board, and washing. Applications to the Secretary by October 21st.
SUNDERLAND; MONKWEARMOUTH AND SOUTHWICK HOSPITAL.—House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary by September 30th.
TAUNTON; TAUNTON AND SOMERSET HOSPITAL.—Resident Assistant House-Surgeon. Appointment for six months. Salary at the rate of £61 per annum, with board, lodging, and laundry. Applications to the Honorary Secretary.
TOTTENHAM PARK TOWNSHIP.—Assistant Medical Officer of the Workhouse and Infirmary. Salary, £100 per annum, with board, washing, and apartments. Applications to the Clerk to the Guardians, 15, High Park Street, Liverpool, by September 25th.

TRURO: ROYAL CORNWALL INFIRMARY.—House-Surgeon, unmarried. Salary, £10 per annum, increasing £10 yearly, with board and apartments. Applications to Mr. J. O. E. Crewes, 4, Parkview Terrace, Truro.

VICTORIA HOSPITAL FOR CHILDREN, Queen's Road, S.W.—(1) House-Surgeon, (2) House-Physician. Appointments for six months. Honorarium £25, with board and lodging. Applications to the Secretary for (1) by September 28th and for (2) by October 5th.

WESTERN GENERAL DISPENSARY, Marylebone Road.—Second House-Surgeon. Salary, £80 per annum, with board, residence, and laundry. Applications to the Honorary 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.

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.

WREXHAM INFIRMARY.—Lady Dispenser. Salary, £30 per annum, with full board and washing. Applications to the Secretary before September 23rd.

MEDICAL APPOINTMENTS.

AHEENS, H. A., M.R.C.S. Eng., L.R.C.P. Lond., appointed Certifying Factory Surgeon for the Basingstoke District of Hampshire.

AITKEN, Peter, L.R.C.P., L.R.C.S. Edin., appointed Certifying Factory Surgeon for the Boness District of Linlithgow.

ALWYNE, T. Compton M.R.C.S., L.R.C.P., appointed Second Assistant Medical Officer, St. Mary Islington Infirmary, Highgate Hill, N.

BAILEY, B. E. G. M.R.C.S., L.R.C.P. Lond., appointed Second Assistant Medical Officer to the Shoreditch Infirmary.

BICKLE, L. W., M.R.C.S., appointed Honorary Surgeon to the Adelaide Hospital, South Australia.

BLAKESLEY, H. J., F.R.C.S. Eng., appointed Honorary Surgeon to the Leicester Infirmary, *vice* J. St. Thomas Clarke, M.D., M.S. Lond., deceased.

BROWN, John, M.D. Vict., D.P.H., reappointed Medical Officer of Health for the Borough of Bacup.

CROFTON, David, L.R.C.P., L.R.C.S. Edin., appointed Certifying Factory Surgeon for the Newtyle District of Forfarshire.

EASTEBROOK, A. M., M.B., C.M. Edin., appointed Certifying Factory Surgeon for the Gorsebridge District of Midlothian.

FINDLAY, John, M.B., M.Ch. Aberd., appointed Second Assistant Medical Officer to the Dorset County Asylum, *vice* George Potts, L.R.C.P. & S. Edin., resigned.

FORBES, W. J., M.B., B.Ch. E.U.I., reappointed Medical Officer to the Knaresborough Rural District Council.

FULLER, Laurence O., M.R.C.S. Eng., L.R.C.P. Lond., appointed Fourth Assistant Medical Officer at the Parents' Asylum.

GIBBS, A. E., M.B., appointed Government Medical Officer and Vaccinator at Greta, New South Wales.

GREENHAM, Miss E. C., M.B., appointed Resident Surgeon to the Lady Bowen Hospital, Brisbane.

HICKS, E. H., M.R.C.S., L.S.A., appointed Medical Officer to Wymeswold District of Loughborough Union.

MARR, G. W. S., M.B., appointed Assistant Medical Superintendent of the Hospital for the Insane at Toowoomba, Queensland, *vice* Herbert Chesson, M.R.C.S. Eng.

MYLES, F. J., M.D., appointed Medical Referee under the Workmen's Compensation Act, and Certifying Factory Surgeon for the County of Longford.

PIKE, N. H., M.B., B.S. Lond., appointed District Medical Officer of the Dewsbury Union.

READ, George, L.R.C.S.I., appointed Government Medical Officer and Vaccinator at Picton, New South Wales.

RODGER, A., M.B., C.W. Edin., appointed Certifying Factory Surgeon for the Yetholm District of the County of Roxburgh.

YOUNG, D. H., M.B., appointed Officer of Health for Shire of Towong, Victoria.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Graduates' College and Polyclinic, 22, Chenies Street, W.C., 4 P.M.—Clinique (Skin).

TUESDAY.

Medical Graduates' College and Polyclinic, 22, Chenies Street, W.C., 4 P.M.—Clinique (Medical).

WEDNESDAY.

Medical Graduates' College and Polyclinic, 22, Chenies Street, W.C., 4 P.M.—Clinique (Surgical).

THURSDAY.

Medical Graduates' College and Polyclinic, 22, Chenies Street, W.C., 4 P.M.—Clinique (Surgical).

FRIDAY.

Medical Graduates' College and Polyclinic, 22, Chenies Street, W.C., 4 P.M.—Clinique (Eye).

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTHS.

BOWKER.—On September 18th, at 11, North Parade, Bath, the wife of George E. Bowker, M.M. C.M. Edin., a daughter.

LAWSON.—On September 18th, at 46, Leytonstone Road, Stratford, E., the wife of H. A. Wesley Lawson, L.R.C.S. and P.Blin., of a son.

NEWTON.—At Brook Hill, Sheffield, on September 17th, the wife of Duncan Gray Newton, M.B., C.M. Edin., of a son.

MARRIAGES.

ORACE CALVERT-ADAMS.—On September 11th, at Clapham Congregational Church, by Rev. J. O. Thompson of Heathfield, George Alfred Orace Calvert, M.B., M.R.C.S., Llanbedr Hall, Ruthin, to Ellen Marguerite Adams, elder daughter of Francis Adams, Shamrock Lodge, Park Hill, Clapham, S.W.

DARBYSHIRE-WORLEY.—On August 1st, at St. John the Baptist's Church, Perth, Western Australia, by the Right Rev. the Lord Bishop of Perth, Douglas E. Darbyshire, M.B., M.R.C.S., L.R.C.P., of Carnarvon, W.A., to Florence, second daughter of William Charles Worley, Esq., M.R.C.S., L.R.C.P., 183, Green Lanes, London, N.

THORMAN-ADAIR.—On September 11th, at Bathford by the Rev. H. B. Tillbrook, brother-in-law of the bride, assisted by the Rev. E. Thorman, vicar of Christ Church, Kington, brother of the bridegroom, William Henry Thorman of Kirkburton, Yorkshire, fifth son of Robert Thorman, of Seaham Harbour, to Jeanie, youngest daughter of the late Major Wallace Adair and Mrs. Adair, the Sycamores, Bathford.

DEATH.

ROBERTS.—On September 8th, at 28, Peel Square, Bradford, Wm. Lake Roberts, M.R.C.S. Eng., in his 56th year.

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, 420, 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, 420, 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 *Atiology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

K. H. H. (Turkey) asks for advice as to the best apparatus to retain, faeces after the operation of colostomy.

ENQUIRER would be much indebted to any reader who could inform him of the titles of some publications (and publishers) dealing with (1) Influence of mental impressions on health and disease; (2) so-called miracles, for example, at Lourdes; (3) so-called Christian Science.

"SINIM" would be glad to know of any home or institution—under medical supervision—where a boy, aged 15 years, suffering from epilepsy could be received. The patient is weak both physically and mentally and addicted to masturbation.

G. B. would be glad to have any information on the following subjects: (1) Some means, short of operative interference, which is efficient as treatment for an anal fissure: the usual local remedies have failed. (2) Some literature on the history of medicine—especially relating to very ancient times—giving theories, etc.

INSECT PESTS.

M.T. asks: Can pyrethrum powder be used for fleas on dogs, and how?

SWEATING HANDS.

DISTRESSED would be glad to hear of a remedy for profuse perspiration of the hands. The patient is a young lady, rather nervous, and the dread of having to shake hands causes the hands almost to drop with moisture.

TREATMENT OF CHRONIC URTICARIA.

W. C. C. would be grateful to hear of any treatment likely to be of benefit in the following most chronic and troublesome case of urticaria: The patient is a somewhat anæmic girl of about 20 years of age, and the disease has been going on for nearly three months. During the whole time she has not had a single day free from the trouble, though sometimes it has appeared to be nearly gone, only to return with increased violence. She has had fair trials of the following drugs, besides others—namely: Iron, arsenic, quinine in large doses, ichthyol, the bromides, potassium iodide, and antipyrin, none of which have had the least effect. She has also used many external applications—that is, alkalies, acids, lead, tar, cocaine, dusting powders, etc., besides medicated baths, which only relieve the irritation for a very short time. Needless to add, the diet has been carefully regulated, and from time to time completely changed.

ANSWERS.

K. B. has omitted to send his name.

A. S. H. will find hypnotism as a treatment for epilepsy referred to in Allbutt's *System*, 1899, vol. viii, p. 424; and in Dr. Lloyd Tuckey's *Treatment by Hypnotism and Suggestion, or Psycho-therapeutics*, 1900, p. 177.

EDUCATIONAL, I.M.S.—We should recommend our correspondent to obtain a copy of the regulations from the Military Secretary, India Office, London, S.W. The holding of the appointments mentioned is not compulsory. The certificate of attendance at an ophthalmic hospital is a special certificate, but there is no regulation requiring the attendance to be made after a degree or diploma has been obtained.

DR. P. GARDINER.—The light treatment has been tried for rodent ulcer with fair success. We gather from the literature that has appeared that the treatment by x rays has been more successful. Dr. J. W. Sequeira reported several cases in the BRITISH MEDICAL JOURNAL of February 9th, 1901, p. 332; and others were referred to in a discussion in the Section of Dermatology at the recent annual meeting of the Association.

MOTOR CARS.

DR. F. HYDE MABERLY (Rushbrooke, co. Cork) writes: It is possible that the paraffin oil car of Messrs. Roots and Venables, 100, Westminster Bridge Road, London, might suit "W. D." My experience of it is limited to a demonstration by the makers, so I give the following particulars from memory. Price, about £160 for a two-seated car. It uses ordinary paraffin oil—an important matter in Ireland, where petrol is scarce. The cost of the oil amounts, I believe, for the car mentioned to a small fraction of a penny per mile. No batteries or accumulators to get out of order, only a lamp, which takes about five minutes to start