

cent. of beri-beri cases treated are Chinese, and quite 90 per cent. are miners by occupation. When we know that arsenic in combination with other metals is common in the soil where these Chinese have to stand for hours while searching for tin, we may regard the possibility of arsenic as a cause of beri-beri as being something more than problematic.

When we remember how in the early days of the recent arsenical epidemic the presence of the skin eruptions was not noticed by competent observers, it seems doubtful in our opinion whether eruptions are so uncommon in beri-beri patients (who are most usually of dark or yellow complexions) as has been supposed. The pigmentation would, of course, be very easily overlooked, and various erythematæ, vesicles, bullæ, and keratoses might easily be attributed to something else.

We are quite aware that a single case is not sufficient to establish a theory, but we have put it on record as it is so suggestive; it is a case from the tropics exactly resembling beri-beri, but in which almost certainly the cause of the neuritis was arsenic. It does not prove that beri-beri is really arsenical poisoning, but it emphasises what we have before stated, namely, that beri-beri cases should be more scrupulously investigated from the arsenical standpoint.

If hair from beri-beri patients is sent to either of us we can arrange for it to be carefully analysed.

NOTE.

<sup>1</sup> Italics not in original.

## MEMORANDA:

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

#### HOUSE FLIES AND DISEASE.

I HAVE asked Dr. Dawson Williams whether it is generally known that the common house fly—just now ubiquitous—"blows" the bodies of infants as bluebottles "blow" meat, and that the children may thus become infested with maggots?

He has replied, "I do not think that the fact you mention is generally known, in fact I find no distinct reference to it in any book which I can consult. I send you an extract from Cobbold's *Parasites*.<sup>1</sup> The first sentence is grammatically incomplete but it is correctly copied.

In like manner a legion of cases in which the maggots of various *Muscidae* have been noticed, either in, upon, or from the human body. At a meeting of the American Academy in April, 1880, Dr. Leidy showed some larvæ of the bluebottle fly vomited by a child; five larvæ of the flower-fly (*Anthomyia*) from a physician's own person (which had produced choleraic symptoms); and nine examples of *Cuterebra noxialis*. I have myself encountered numerous insect larvæ in medical practice. Amongst others I have obtained the larvæ of *Anthomyia canticularis* in six or eight separate instances. One set of specimens, identified by Wunderlich, was sent to me by Dr. Brandt, of Oporto. Drs. Duffin, W. Fox, and Leared have supplied me with others. The larvæ described in Farre's case, not being setose, must be referred to one or other of the *Muscidae* proper. Mr. Hope gave nearly forty cases of this kind, referable to eight different species of fly, and, as already implied, I have myself collected a great variety of the maggots of *Muscidae* passed by the bowel, besides others obtained either from beneath the skin or from open ulcerations.

The flies hitherto noticed as supplying parasitic maggots in man are *Musca domestica*, *M. carnaria*, *M. larvarum*, *M. nigra*, and, perhaps, *M. citaria*, *M. stabulans*, and *M. Cæsar*. This last, a handsome fly, is the species which proves so troublesome to sheep. The habit which flies have of depositing their eggs in open wounds when the victims are asleep is a fertile source of this kind of parasitism. Some of the instances recorded by Kirby and Spence are revolting in the extreme. They quote the cases which came under Mr. Sell's notice in Jamaica. In one instance the flies were hatched in a neglected blister on the chest; in another from the gums and inside of the cheek; and in a third, from the nostrils of a negro, from whom 235 larvæ were expelled. The case of the Lincolnshire pauper, Page, who was literally eaten up by maggots, is almost incredible. An equally horrible instance, however, is recorded by Cloquet. It is said that in Jamaica cases were all due to the larvæ of the bluebottle fly (*M. vomitoria*). An instance of the same kind has been recorded by Mr. Knox (A.M.D.). Sufficiently revolting as these cases are, the horrors attending them are eclipsed by the habits of the larvae of *Lucilia hominivora*. The best accounts of its habits are those by M. Coquerel, M. Saint-Pair, and M. Vercammer. The insects lay their eggs in the mouth and nostrils, and when the larvæ escape they devour the tissues surrounding the buccal cavity, the pharynx, glottis, frontal and nasal sinuses, even reaching the sockets of the eye. Several Cayenne convicts have perished from the maggots of this fly, which is also prevalent in Mexico. These are, however, the only instances of maggots gaining access to the nasal chambers.

<sup>1</sup> *Parasites: A Treatise on the Entozoa of Man and Animals, including Some Account of the Ectozoa*. By T. Spencer Cobbold, M.D., F.R.S., F.L.S., Honorary Vice-President of the Birmingham Natural History and Microscopical Society. London: 1879, pp. 271, 272.

It is therefore seasonable to record the following case:

On September 9th I was asked to see an infant who was "always crying"; its drum-like belly suggested improper feeding, but an altered diet failed to produce improvement. On my next visit the mother said she was sure there were "maggots coming out of the child;" and certainly there were maggots in superabundance! I found tiny creatures, about one-sixteenth of an inch long, singly and in masses all over its clothes, in the folds of the neck, about its mouth, nose, nates, etc., whilst the curd vomit seemed alive with them. They might easily have escaped observation, however, as it required close attention to see they were really moving. A lens revealed a horrible state of things; almost every crevice in the infant's body was infested with either eggs or larvæ. The mother was sure they were coming out of the infant's skin and with its urine, but this was easily disproved, whilst that the larvæ were those of the common house fly was as easily proved by placing some of the infested curd in a bottle and watching their development. The symptoms in the infant were the constant crying, vomiting, and diarrhœa. Although no larvæ are now vomited it appears to be dying.

I have long waged war against flies, believing that they play a far more important part in the spread of infectious diseases than is generally believed. We are constantly at fault in endeavouring to trace the cause of diphtheria. May not the household fly play a big part?

Saddleworth.

COLIN CAMPBELL.

### CASE OF MEMBRANOUS DYSMENORRHOEA IN A MULTIPARA ASSOCIATED WITH MEMBRANOUS COLITIS.

MRS. H., aged 41, presented the following:

*Previous History.*—Menstruation appeared at 14, and reappeared every twenty-eight days. It was scanty, and only lasted twenty-four hours. Pain in the small of the back and both iliac regions was experienced for six days prior to each period. It ceased after the flow had been established about twelve hours. There was anæmia but no vomiting. She was married at 21. Her first child was born two and a-half years afterwards. Labour was normal but convalescence tedious. The dysmenorrhœa became aggravated from this time, and had always been worse for about a year after the birth of a child. It was following upon her first confinement that it was discovered she was suffering from membranous dysmenorrhœa. The condition had continued now for sixteen and a-half years, and a uterine cast more or less complete was shed at every period. It came away about twelve hours after the establishment of the menstruation, which was over, as stated, in about twenty-four hours.

The second child was born two and a-half years after the first, and the third eleven years after the second. The patient stated that some displacement was found after the birth of the first and second children, and she wore a pessary for a long period.

*Present Condition.*—The patient is a plump, healthy-looking woman, but has a dragged appearance and dark lines under the eyes, and a poor pulse when in her attacks of pain from whatever source. She is very introspective and neurotic, and leads the life of a semi-invalid. When I am summoned one of these uterine casts has been saved for my inspection. Floated upon water it does not present a perfect specimen such as I once saw, with a smooth interior, shaggy exterior, and the three openings, which I then mistook for evidence of abortion. It is incomplete, represents about half of the uterine surface, in the longitudinal axis, and is smooth, thin, and semitransparent. This casting off of the endometrium is a regular occurrence, but the portions so shed vary considerably in size. Sometimes there is a complete cast, at others large fragments, and, again, occasionally one could only describe the condition as "shreddy menstruation." Vaginal examination revealed only a copious cervical and vaginal leucorrhœa and cicatrices from the cauterisation of old adenoid proliferation around the os. The sound passed the normal distance and in the proper axis. There was tenderness and some displacement of the left ovary.

*Remarks.*—The case presents two unusual features: (1) The patient is not sterile. The writer in the gynecological volume of Allbutt's *System* says, "The patients are sterile,

and this state is due to the mucous membrane being so altered pathologically that it does not form a suitable nidus for the ovum." (2) It is associated with membranous colitis. As far back as ten years ago the patient noticed small shreds on the surface of the water in the closet. Subsequently small portions of membrane were observed at different times. In June, 1900, she had a severe attack of indigestion, associated with colicky pains and constipation. She took two doses of castor oil, and passed a watery motion with lumps of scybala, and a thin, transparent, structureless membrane. It was a complete tube 5 inches in length, white in colour, and did not present any markings of valvulae conniventes. From that time the patient has suffered a great deal. The symptoms have been those of abdominal pain, tenderness in the left iliac region and in the course of the large bowel. Constipation has given trouble; at intervals of two or three days she has been in the habit of taking oil to obtain relief; then has followed discomfort, pain, ineffectual attempts at relief, and finally the expulsion of the motions, with scybala, flatulence, mucus, and more or less membrane. There is generally a summons then on account of a "heart attack," and certainly the pulse is weak and slow, but there is no actual fainting and no organic disease. When this condition is contemporaneous with menstruation the sufferings are severe. On one occasion the patient was in such a state of collapse that she was laid upon a settee for four hours in a stranger's house before the doctor who was summoned would permit removal. In the intervals between the attacks the patient looks fairly well, though her movements and speech are languid, and she cannot walk far owing to fatigue. Under restricted dietary and avoidance of purgatives there is an improvement in the bowel condition. As she will not submit to uterine curettage she is awaiting the menopause in hope of relief. The pathology of membranous dysmenorrhœa and membranous colitis being so different, the association can only be accidental, though undoubtedly interesting.

Sheffield.

GODFREY CARTER, M.B., etc.

#### CASE OF MYXŒDEMA IN THE MALE.

A. H., commission agent, aged 43, applied for relief to the out-patient department of Westminster Hospital on February 20th, 1901, for swelling of the face and legs, weakness, lassitude, and a dull aching pain at times in the lower dorsal region. He had suffered from these symptoms for rather more than two years, but during the past three months they had become much worse. With the exception of erysipelas, he had never had any previous serious illness. About two years ago he was advised that he was suffering from Bright's disease, for which he was treated without avail.

When first seen by me the skin of the face had a pale greenish hue, was much swollen, and about the eyes hung in folds. The conjunctivæ were pearly. The legs were swollen but did not pit on pressure. The hands also were somewhat swollen, but were well shaped. The hair of the head was quite thick, while the body which, prior to his present illness, had been very hairy, was quite smooth. Examination of the chest and abdomen revealed nothing abnormal. The thyroid could not be felt. The urine contained neither sugar nor albumen.

As the case had been previously diagnosed as Bright's disease he was tested for a week with iron and arsenic. There was no improvement, and the urine as before was normal. I concluded from the general appearance, and from the urine being normal, notwithstanding the absence of many of the classical symptoms, that this was a case of myxœdema, and therefore administered thyroid tablets, at first one, afterwards increased to three, a day. Under this treatment a rapid improvement and alteration in his appearance resulted. The general swelling disappeared, the colour of the face became a healthy brown, the lassitude and weakness passed off, and his general aspect so much altered that many of his friends failed to recognise him.

The scalp hair which when I first saw him was quite thick, became manifestly thinner during the first three months or so of treatment. It is now returning, as is also that on the body. There has never been any affection of speech or memory. He no longer feels cold and chilly as he used to do, and the last time I saw him, June 19th, described himself as

the warmest member of his family. During the past six weeks the tablets have been gradually reduced, and at present the patient is taking only two a week.

London, S.W.

R. G. HEBB.

#### A CASE OF ERYSIPELAS TREATED WITH ANTISTREPTOCOCCUS SERUM.

A MAN, 40 years of age, consulted me on August 4th, for an inflamed bruise over the shin of the right leg. The next day I visited him and found cellulocutaneous erysipelas had commenced. Boracic fomentations were used, but he became very weak, with dry tongue. I obtained some antistreptococcus serum and injected 10 c.cm. on August 10th; I also at this time made several small incisions through the skin and applied iodoform gauze. On August 11th the inflammation was less and the temperature was 101°. On August 12th I injected another 10 c.cm.; the temperature was 101°. On August 13th the temperature was normal, but I again injected 10 c.cm. His appetite was now returning. On August 14th the temperature was 101°, and I again injected 10 c.cm.; his appetite was improving, his pulse was 84, and from this time he steadily improved. At each visit after an injection had been given a marked improvement was noticeable both in the local phenomena and the general condition.

Wadebridge, Cornwall. H. W. HAYDON, M.R.C.S., L.R.C.P.

#### CASE OF COMPLETE ATRESIA VAGINÆ AND ABSENCE OF UTERUS.

MRS. S., aged 34, married two years, consulted me for a slight dyspeptic attack. She had always enjoyed good health, and been by no means anæmic. Casually I ascertained that she had never menstruated, and that she had "taken gallons of medicine to try to bring on the periods." I suggested a vaginal examination, and thought there was almost complete atresia vaginæ. Next week, under an anæsthetic, I examined her with the intention of operating, and found that the vaginal opening was entirely wanting, and that what I had felt at the first examination was a slightly-dilated urethra. I dilated the urethra with Hegar's dilators, and made a bimanual examination *per rectum* and *per vesicam*, and this revealed that the uterus was also entirely wanting, and only some rudiments of the appendages were present. Any intercourse she had with her husband had been *per urethram*, and had been only very partial and painful.

Mirdfield, Yorks.

LESLIE J. MILNE, A.M., M.D. Aberd.

#### A SUCCESSFUL CASE OF CÆSAREAN SECTION UNDER DIFFICULTIES.

On August 15th, at 6 P.M., I was called to see Mrs. D., aged 26, in labour. She is a dwarf, 4 ft. 1 in. in height, and very much deformed owing to rickets when young. Upon examining her under chloroform I found the deformity of the pelvis so pronounced, that the passage of even a mutilated fetus would have been impossible. The conjugate diameter did not exceed 1 inch, there was therefore no alternative but to perform Cæsarean section. Having explained the seriousness of the operation, but at the same time pointing out that there was no other course open, consent was given, and I arranged to operate at 10.30, assisted by Drs. Morris and Nettleship (assistants).

The operation was performed in the usual way with the exception that the membranes were ruptured previously so that the liquor amnii would not escape through the uterine incision into the peritoneal cavity.

Up to the fifth day the temperature remained normal, but on the sixth it rose to 100°. Some abdominal distension was also visible. This soon disappeared on giving an enema of soap and water. Some slight vomiting took place subsequently, which readily yielded to *mistura alba*. On the seventh day the temperature was normal and the drainage tube removed. The abdominal sutures were taken out on the twelfth day, the patient feeling quite well, and expressed a wish to get from bed.

The patient made an excellent recovery considering that she was in an exhausted condition when I saw her, there were no professional nurses to look after her, and the operation was performed in a workman's cottage.

R. T. E. DAVIES, M.R.C.S., L.R.C.P., L.S.A., etc.  
Brooklands, New Tredegar.

though two of the Sisters, who were attacked at the same time, died. As nurse she was highly esteemed for her great devotion and self-sacrifice. At the time of her decease Mrs. Gibbs was Honorary Secretary of the Hong Kong Nursing Institution, in which she took a deep interest. Mrs. Gibbs died suddenly, her life being no doubt shortened by the effects produced on the heart by two attacks of plague.

**DEATHS IN THE PROFESSION ABROAD.**—Among the members of the medical profession in foreign countries who have recently died are Dr. J. A. Winter, Extraordinary Professor of Medicine and Editor of Schmidt's *Jahrbuch*, aged 85 years; Dr. Garcia Calderon, one of the foremost ophthalmologists of Madrid; Dr. Valenzuela, of Madrid, Physician to the Hospital Provincial of that city, and a physiologist of repute; Dr. Piedro Lechon, Medical Superintendent of the Hospital Provincial of Valencia, librarian of the Royal Academy of Medicine and Surgery of that city; and Dr. Tomas Codina y Llorens, a leading physician of Barcelona.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

### HONOURS AND REWARDS FOR THE SOUTH AFRICAN WAR.

WHAT appears to be a final list of honours and rewards for services in South Africa up to the time of Lord Roberts's departure thence for England is published in the *London Gazette* of September 27th, and from it we extract the following:

*15th Battalion Imperial Yeomanry.*  
Captain E. Hopkinson, Medical Officer.

*Coldstream Guards.*  
To be a Companion of the Order of the Bath.—Surgeon-Lieutenant-Colonel James Magill, M.D.

*Scots Guards.*  
To be a Companion of the Order of St. Michael and St. George.—Surgeon-Major W. C. Beevor, M.B.

*Royal Army Medical Corps.*  
To be Companions of the Order of the Bath.—Colonel J. A. Clery, M.B., Lieutenant-Colonel A. P. O'Connor, F.R.C.S.I., Major (now Lieutenant-Colonel) T. R. Lucas, M.B., Major (now Lieutenant-Colonel) F. A. B. Daly, M.B., F.R.C.S.I.

To be Companions of the Order of St. Michael and St. George.—Colonels W. H. McNamara, M.D., F.R.C.S.I., C.B., and R. Exham, Lieutenant-Colonel J. C. Dorman, M.B., Major (now Lieutenant-Colonel) H. J. Peard, Majors S. F. Loughheed, M.D., A. F. Russell, M.B., S. Westcott, R. Kirkpatrick, M.D., R. J. S. Simpson, M.B., T. W. O'H. Hamilton, M.B., S. F. Freyer, M.D., N. C. Ferguson, M.B., H. C. Thurston, and O. R. A. Julian.

To be Companions of the Distinguished Service Order.—Majors R. J. Geddes, M.B., and A. A. Sutton, Captains F. Smith, H. J. Parry, M.B., F. J. W. Porter, H. J. M. Buist, M.B., and E. M. Pilcher, M.B., Lieutenant (now Captain) C. J. O'Gorman, Lieutenant (now Captain) R. S. H. Fuhr, Lieutenants G. G. Delap, H. Ensor, M.B., and L. N. Lloyd.

To be Majors.—Captains S. G. Moores and J. H. E. Austin.

*Irish Hospital.*  
To be Companions of the Order of St. Michael and St. George.—Drs. G. Stoker, L.R.C.S.I., and J. B. Coleman.

*Langman's Hospital.*  
To be a Companion of the Order of St. Michael and St. George.—Dr. H. J. Scharlieb.

*Yeomanry Hospital.*  
To be a Companion of the Order of St. Michael and St. George.—Major C. Stonham.

*Welsh Hospital.*  
To be a Companion (Civil Division) of the Order of the Bath.—Dr. J. L. Thomas.

To be a Companion of the Order of St. Michael and St. George.—Dr. R. H. Mills-Roberts.

*Edinburgh Hospital.*  
To be a Companion of the Order of St. Michael and St. George.—Dr. F. D. Boyd.

*Scottish National Hospital.*  
To be a Companion of the Order of St. Michael and St. George.—Deputy-Surgeon-General H. Cayley, Honorary Surgeon to the King (late I.M.S.).

*Portland National Hospital.*  
To be a Companion of the Order of St. Michael and St. George.—Dr. J. E. G. Calverley.

*Colonial Forces.*  
New South Wales Contingent: To be a Companion of the Order of the Bath.—Major W. L'Estrange Eames (Medical Corps).

To be a Companion of the Distinguished Service Order.—Lieutenant A. H. Horsfall.

To be Companions of the Order of St. Michael and St. George.—Civil Surgeons T. H. Openshaw, F.R.C.S., S. E. Denyer, and A. Ricketts.  
Honours and rewards are also given to a large number of quartermasters and non-commissioned officers and men R.A.M.C., and to nursing sisters and other ladies who have worked in hospitals.

### ROYAL NAVY MEDICAL SERVICE.

FLEET SURGEON J. LYON, M.D., has been placed on the retired list, at his own request, with the rank of Deputy-Inspector-General, September 14th. His commissions are thus dated:—Surgeon, March 2nd, 1871; Staff Surgeon, March 2nd, 1883; Fleet Surgeon, October 20th, 1891. He was Surgeon of the *Wye* during the Egyptian war of 1882, and has the medal and Khedive's bronze star granted for that campaign.

The following appointments have been made at the Admiralty:—THOMAS D. GIMLETTE, Deputy-Inspector-General, to Plymouth Hospital, September 23rd; ALEXANDER MACLEAN, M.B., Staff Surgeon, to the *Pembroke*, for three months course of hospital study, October 1st; P. L. CROSBIE, Surgeon, to the *Duke of Wellington*, for Haslar Hospital; WILLIAM G. K. BARNES, M.D., Staff Surgeon, to the *Brilon*, October 1st; EDGAR R. DIMSEY, D.S.O., Staff Surgeon, to the *Resolution*, and to the *Formidable* on commissioning, October 1st; PERCY V. JACKSON, Staff Surgeon, to the *President* for three months course of hospital study, October 7th; WALTER B. MAURICE, Surgeon, to the *Colossus*, October 7th; RICHARD W. STANISSEET, Surgeon, to the *Trafalgar*, October 7th.

### ROYAL ARMY MEDICAL CORPS.

SURGEON-MAJOR (LOCAL LIEUTENANT-COLONEL) C. E. KILKELLY, M.B., C.B., Grenadier Guards, is granted the local rank of Colonel whilst in charge of the Imperial Yeomanry Hospital at Pretoria, August 1st, 1900.

The undermentioned officers have been discharged to duty from hospital in South Africa: Major M. KELLY, Lieutenants F. ASHE and W. H. ODLUM, Lieutenant and Quartermaster W. S. TRAVIS (Cape Volunteer Medical Staff Corps), Civil Surgeon C. J. S. CAHILL.

The following are on passage home: Lieutenant-Colonel D. BRUCE, Major W. HALLARAN, Civil Surgeons S. H. CLARKE, G. A. C. CASALIS, D. G. MACARTHUR. Returning invalided: Colonel W. L. GUBBINS, Civil Surgeons W. PAULL, H. M. ROBERTS, C. L. DUNNE, J. C. CALDWELL, J. H. STUART.

From Pretoria we learn, under date September 29th, that Civil Surgeon JOHN O'BRIEN is dangerously ill there from enteric fever.

The progress report, September 28th, states that Civil Surgeon SMITH shows no change.

Major JOHN KEATLY died at Bombay on September 7th. He was appointed Surgeon-Captain, July 28th, 1886, and Major twelve years later. Major Keatly died somewhat suddenly, the cause of death being attributed to ptomaine poisoning.

Lieutenant JOHN BLAKE HALL died at Harrogate on September 29th. He was a son of the late Dr. Frederick Hall of Leeds, and entered the R.A.M.C. as Lieutenant, June 21st, 1900.

Surgeon-General WILLIAM ALISTER CATHERWOOD, M.D., whose death in India is telegraphed from Simla as having taken place from cerebral hemorrhage, was Principal Medical Officer of the Bengal Command. He joined the Army Medical Staff as Assistant-Surgeon, October 2nd, 1865, became Surgeon March 1st, 1873; Surgeon-Major, October 2nd, 1877; Brigade-Surgeon, April 7th, 1889; Surgeon-Colonel, April 21st, 1894; and Surgeon-General, August 3rd, 1898. He served in the Ashantee war of 1823-74, for which he had the medal with clasp, and in the Egyptian war of 1882, when he was present at the battle of Tel-el-Kebir, and for which campaign he obtained the medal with clasp and the Khedive's star. In 1884, he took part in the Soudan expedition under Sir Gerald Graham as Principal Medical Officer at the base, when he obtained mention in despatches, was awarded a clasp to his Soudan medal, and promoted to be Surgeon-Major with the relative rank of Lieutenant-Colonel.

### INDIAN MEDICAL SERVICE.

THE retirement from the service of Major G. H. FINK, Bengal Establishment, and which has been already announced in the *BRITISH MEDICAL JOURNAL*, is to have effect from July 13th.

LIEUTENANT-COLONEL W. C. T. POOLE, R.A.M.C., has returned from South Africa, having been in charge of a field hospital throughout the war and present at all the various actions under Sir Redvers Buller. Lieutenant-Colonel Poole has now been selected for duty at Devonport.

### ERRATUM.

The names of the undermentioned officers, brought to notice for their services in South Africa, and published in the *London Gazette* of September 10th, are as now, and not as previously, stated: Captain P. Davidson, 5th Battalion Imperial Yeomanry; Captain E. Hopkinson, Medical Officer 15th Battalion Imperial Yeomanry.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

### A SPECIAL CIRCULAR.

LUPUS writes: For some years I have been practising as an x-ray specialist. I have recently purchased a Finsen lamp and D'Arsonval high-tension apparatus. Would there be anything wrong in my sending a private circular to the medical men in the district, who usually bring me patients, informing them of the fact?

\*\* We do not think that there would be anything improper in addressing such a circular to medical men who are in the habit of taking patients to our correspondent, but it should be strictly confined to them. The circumstance will soon become known, and it is wiser from every point of view to err on the side of reticence.

### MEDICAL ADVERTISING.

A READER encloses for our information a card which the husband of a patient of his brought to him saying that three such cards had been slipped under his door. The card appears to notify that in consequence of the death of a practitioner patients will now be seen at another address at certain hours which are given, and then follows information

as to the fees charged for consultations and visiting. Our correspondent further informs us that the practitioner in question died as long ago as last April.

\*.\* A certain amount of notification is permissible upon the transfer of a practice, and in a poor neighbourhood we could hardly expect the orthodox lithographed circular to be adopted; nevertheless, there is no justification for continuing to circulate these cards. If continued the matter might be brought under the notice of the licensing bodies from which the advertiser has received his diploma.

#### MEDICAL ETIQUETTE.

PROBLEM writes: A. is a medical attendant to a certain family. During his illness his work is taken by several medical men, one of whom, B., is sent for by the family and attends several times. Then A. is ordered away for six months for his health and puts in a new *locum tenens*, C., to take charge of his practice. Should the family in question continue to call in B. or should they send for the new *locum*, C.? Is it not optional on their part to send for whom they prefer till A. returns to his practice?

\*.\* The family is perfectly at liberty to send for whomsoever they may prefer, but if B. is summoned it is his duty to point out that C. is the proper person to take charge of A.'s patients. Should, however, the family after this representation still desire B. to attend, and he is willing to act as A.'s representative, there can be no objection to his doing so provided that he accepts the case as A.'s *locum tenens*, and is prepared to hand over such cases with half the fees to A. on his return.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF LONDON.

*Meeting of Convocation.*—An ordinary meeting of Convocation will be held at the University, South Kensington, on Tuesday next, at 5 P.M. Notice has been given by Dr. J. Wilkie of resolutions to appoint a permanent committee of Convocation to safeguard the civil rights of members of the University and their interests, and expressing the opinion that any professor, teacher, or lecturer in this University, who shall be insolvent, or who shall have his salary attached, or who shall for money provide testimonials or credentials in favour of miscellaneous public companies, shall be, *ipso facto*, discharged from all employment in the University.

### ROYAL UNIVERSITY OF IRELAND.

*FIRST EXAMINATION IN MEDICINE.*—The undermentioned candidates have passed this examination:

M. J. Black, University College, Dublin; Cecilia F. Daniell, University College and Royal College of Science, Dublin; J. Devane, University College, Dublin; D. H. C. Given, Queen's College, Cork; C. H. Harbinson, Queen's College, Belfast; R. S. Kennedy, Queen's College, Cork; W. J. Leighton, Queen's College, Belfast; W. T. McCutcheon, Queen's College, Galway; W. A. McKee, Queen's College, Belfast; H. Mathewson, Queen's College, Belfast; J. W. Murphy, Queen's College, Cork; J. F. Neary, University College, Dublin; J. F. O'Brien, Queen's College, Cork; T. F. O'Doherty, University College, Dublin; M. A. Power, University College, Dublin; P. Reid, Queen's College, Galway; T. Sheehan, Queen's College, Cork; R. V. Slattery, University College, Dublin; P. Walsh, Queen's College, Galway; J. P. Waters, University College, Dublin.

*SECOND EXAMINATION IN MEDICINE.*—The following candidates have passed this examination:

*Upper Pass.*—T. Cronin, Catholic University School of Medicine; R. C. S. P. Flood, Catholic University School of Medicine; W. Godfrey, Queen's College, Cork; J. C. Hart, Queen's College, Cork; Eva J. Jellett, Catholic University School of Medicine; G. Madden, Catholic University School of Medicine; Alice Vance, Catholic University School of Medicine; W. J. Wilson, Queen's College, Belfast.

The above candidates may present themselves for the further examination for honours.

*Pass.*—J. A. Boyd, Queen's College, Belfast; A. E. Browne, Queen's College, Belfast; W. Egan, Catholic University School of Medicine; J. Houlihan, Catholic University School of Medicine; G. J. Jones, B.A., Queen's College, Belfast; T. Laverty, Catholic University School of Medicine; J. A. Lowry, Queen's College, Belfast; J. McCloskey, Catholic University School of Medicine; J. McConaghy, Queen's College, Belfast; J. R. Murray, Queen's College, Belfast; W. J. O'Connor, Catholic University School of Medicine; J. J. O. Mahony, B.A., Queen's College, Cork; J. H. Power, B.A., Queen's College, Cork; J. J. Rogers, Catholic University School of Medicine; T. Rouse, Catholic University School of Medicine; M. V. Shanahan, Queen's College, Cork; R. J. Spence, Queen's College, Belfast; G. H. Stevenson, Queen's College, Belfast; J. M. Warnock, Queen's College, Belfast; G. P. White, Catholic University School of Medicine.

### UNIVERSITY OF DURHAM.

*THIRD EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE.*—The following candidates have satisfied the examiners:

*Honours—Second Class.*—Chella Mary Hankin, London School of Medicine for Women; A. G. Dunn, College of Medicine, Newcastle-upon-Tyne; C. H. Crass, College of Medicine, Newcastle-upon-Tyne.

*Pass List.*—T. E. Anyot, College of Medicine, Newcastle-upon-Tyne; R. S. Brown, College of Medicine, Newcastle-upon-Tyne; Annie Tomblason Brunyate, London School of Medicine for Women; A. H. Bateman, College of Medicine, Newcastle-upon-Tyne; W. M.

Emmerson, College of Medicine, Newcastle-upon-Tyne; F. J. Gowans, College of Medicine, Newcastle-upon-Tyne; B. Glendinning, Guy's Hospital; J. W. Gibson, College of Medicine, Newcastle-upon-Tyne; D. K. Guns, College of Medicine, Newcastle-upon-Tyne; W. G. T. Hepplewhite, College of Medicine, Newcastle-upon-Tyne; Lizzie Evelyn Kendal, College of Medicine, Newcastle-upon-Tyne; Flora Murray, London School of Medicine for Women; Thomasina Georgina Prosser, College of Medicine, Newcastle-upon-Tyne; B. S. Robson, College of Medicine, Newcastle-upon-Tyne; J. C. Stewart, College of Medicine, Newcastle-upon-Tyne; M. C. Wetherell, Guy's Hospital; A. L. Wilkinson, College of Medicine, Newcastle-upon-Tyne; J. R. Wylie, College of Medicine, Newcastle-upon-Tyne.

## HOSPITAL AND DISPENSARY MANAGEMENT.

### EDINBURGH ROYAL INFIRMARY.

THE following have been appointed Clinical Tutors for the ensuing winter and summer sessions: Dr. G. F. Barbour Simpson, to Professor Simpson (Gynaecological Department); Dr. J. G. Cattanach, Dr. Edward Mathew, and Dr. George Lyon reappointed to the University Medical Wards; Dr. Logan Turner, reappointed to Dr. M'Bride; Dr. H. Torrance Thomson, reappointed to Mr. Cotterill; Dr. A. Scott Skirving, reappointed to Mr. Cathcart; Dr. R. B. Purves, to Professor Annandale's University Surgical Wards; and Dr. J. Jeffrey, reappointed to Mr. Caird.

The following have been appointed for six months from October 1st, 1901: George S. Carmichael, M.B., Ch.B., to Professor Fraser; W. E. Carnegie Dickson, M.B., etc., to Professor Greenfield; R. A. J. Harper, M.B., Ch.B., to Professor Simpson; James G. S. Jamieson, M.A., M.B., Ch.B., to Dr. Smart; J. Graham M'Bride, M.B., C.M., to Dr. James; Francis W. Harlin, L.R.C.P. and S.E., to Dr. Berry Hart; F. Norton Menzies, M.B., Ch.B., to Dr. Bramwell; and L. C. Peel Ritchie, M.B., Ch.B., to Dr. Gibson. Resident Surgeons—Robert C. Affleck, M.B., Ch.B., to Professor Annandale; Thomas S. Shepherd, M.B., Ch.B., etc., to Professor Chiene; G. Duncan Whyte, M.B., Ch.B., to Mr. Cotterill; A. Y. de Spiganovitch, M.B., Ch.B., to Mr. Cathcart; and F. C. Mathew, M.A., M.B., etc., to Mr. Caird. Non-resident House-Physician—James A. Raeburn, M.B., Ch.B., to Dr. W. Allan Jamieson. Non-resident House-Surgeons—J. W. Struthers, M.B., etc., to Mr. Hodsdon; and J. D. Lithgow, M.B., Ch.B., to Dr. M'Bride. Clinical Assistants—J. H. Montgomerie Bell, M.B., Ch.B., to Professor Fraser; Charles J. Hill Aitken, M.B., C.M., to Dr. Philip (Ward 6); William T. Ritchie, M.D., to Dr. Murdoch Brown; Alex. Goodall, M.D., to Dr. Lovell Gulland; John M. Bowie, M.D., to Dr. Graham Brown; and Andrew Hunter, M.B., etc., to Professor Greenfield.

### MONTROSE ROYAL ASYLUM.

OF the 680 patients resident in this asylum during the year ending May, 1901, there were no fewer than 122 private cases, and 9 were admitted as voluntary boarders. The principle of admitting persons at their own request for care and treatment, and the fact that it is by no means uncommon for these patients to continue as boarders when their cure has been completed, must largely help to remove the idea from the public mind that to be in an asylum is "a dreadful thing." One of the strongest evidences of recovery of mental health is thankfulness for the benefits received in institutions for the insane.

The daily average number resident was 661. There were 190 admitted. The number discharged recovered was 67, giving a recovery-rate of 35.26 per cent. calculated upon the admissions. Of the 43 patients discharged "unrecovered," 16 were transferred to other asylums, 13 were removed to lunatic wards of poorhouses, 13 were returned to their friends or boarded out, and 1 escaped. There were 57 deaths, giving a death-rate of 8.62 per cent. on the average number resident. Dr. Havelock comments upon the large number of those admitted who had made suicidal attempts, and referred to the statistics published by Sir John Sibbald, showing that Forfarshire and Kincardineshire, both of which counties send patients to this asylum, has a much larger proportion of suicides to the population than all the rest of Scotland put together. Dr. Havelock has made a further calculation, which shows that the admissions to Montrose Asylum for 1900 and 1901 give 20 per cent. of cases from Forfarshire and 40 per cent. of those from Kincardineshire which had a pronounced suicidal tendency, and he describes this to the fact that "suicidal tendency is strongly hereditary in most cases."

A new villa has been completed, accommodating 60 male patients. It is a substantial stone building of three storeys, with dayrooms, dormitories, and all offices, a complete residence, and "the total cost of the villa with furnishings amounts to less than £115 per bed," a fact which other asylum authorities should note.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,519 births and 3,676 deaths were registered during the week ending Saturday last, September 28th. The annual rate of mortality in these towns, which had decreased from 21.6 to 16.8 per 1,000 in the five preceding weeks, further declined last week to 16.7. The rates in the several towns ranged from 9.6 in Leicester, 10.5 in Croydon, 12.5 in Bradford, 12.8 in Derby, and 12.9 in Cardiff, to 21.6 in Birmingham, 22.7 in Gateshead, 25.6 in Newcastle, and 27.3 in Sunderland. In the thirty-two large provincial towns the mean death-rate was 17.9 per 1,000, and exceeded by 2.9 the rate recorded in London, which was 15.0 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.9 per 1,000; in London this death-

rate was equal to 2.1 per 1,000, while it averaged 3.4 in the thirty-two large provincial towns, among which the highest zymotic death-rates were 5.6 in West Ham and in Hull, 5.7 in Oldham, 6.6 in Gateshead, and 7.1 in Sunderland. Measles caused a death-rate of 1.1 in Oldham; whooping-cough of 1.1 in Sunderland; "fever" of 1.1 in Huddersfield, 1.3 in Hull, and 1.4 in Sunderland; and diarrhoeal diseases of 3.5 in Hull, 4.2 in Oldham, 4.6 in Sunderland, 5.0 in Wolverhampton, and 5.7 in Gateshead. In none of the thirty-three towns was the death-rate from scarlet fever equal to 1.0 per 1,000. The 82 deaths from diphtheria in these towns included 34 in London, 10 in West Ham, 5 in Bristol, 5 in Liverpool, 5 in Manchester, and 4 in Bolton. Five deaths from small-pox occurred in London, but not one in any of the thirty-two large provincial towns. The number of small-pox patients under treatment in the Metropolitan Asylums Hospitals, which had increased from 11 to 153 at the end of the seven preceding weeks, had further risen to 163 on Saturday, September 28th; 44 new cases were admitted during the week, against 31, 62, and 37 in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital at the end of the week was 3,151, against 2,994, 3,064, and 3,098 on the three preceding Saturdays; 438 new cases were admitted during the week, against 346, 457, and 427 in the three preceding weeks.

#### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, September 28th, 885 births and 509 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 17.8, 17.5, and 16.2 per 1,000 in the three preceding weeks, further declined last week to 16.0 per 1,000, and was 0.7 per 1,000 below the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 12.4 in Paisley and 14.1 Leith to 18.3 in Greenock and 18.7 in Dundee. The zymotic death-rates in these towns averaged 2.3 per 1,000, the highest rates being recorded in Glasgow and Greenock. The 232 deaths registered in Glasgow included 11 from measles, 3 from scarlet fever, 3 from whooping-cough, 2 from "fever," and 22 from diarrhoea. Three deaths from whooping-cough and 5 from diarrhoea were recorded in Edinburgh; 7 from diarrhoea in Aberdeen, and 4 in Leith; and 3 from "fever" in Paisley.

#### THE EPIDEMIC OF ENTERIC FEVER AT COVENTRY.

DR. SNELL, the Medical Officer of Health of Coventry, presented a third report to the Sanitary Committee on September 17th concerning the epidemic of enteric. The total number of cases since August 22nd has been 60, and 3 deaths had occurred. As to the cause of the epidemic there is little new. The well water from Court 4 has been examined by Dr. Bostock Hill, who says that the water is of remarkable purity, and that he sees no reason why it should be considered liable to injure health. Dr. Snell points out that by no means all of the affected people drank the water, and many affected did not drink it; and, further, that out of the 60 affected, 46 received their milk from the same source. It is satisfactory to hear that the Sanitary Committee are sparing no pains to prevent the further spread or subsequent recurrence of the disease in Sherbourne Street.

#### BURIAL GROUNDS.

A. L. C. writes: A piece of ground sloping towards and adjoining a stream is about to be added to a graveyard. The stream is not used for drinking purposes. Would the proximity of the ground to the stream condemn it for use as a burial ground from a sanitary point of view?

\*.\* The proximity of the ground to the stream would not necessarily prevent its use as a burial ground, as the stream is not used for drinking purposes; but in the regulations for burial grounds provided under the Burial Acts the side must be under-drained to such a depth as will prevent water remaining in any grave or vault, and it is probable that in the instance mentioned by "A. L. C." the level of ground water would be so high that under the circumstances it might be difficult or impossible to sufficiently lower its level. It would be desirable first to make trial borings in order to see at what height the ground water is actually standing over the low-lying area in question.

#### DISINFECTORS.

T. I. M.—Portable steam disinfectors are made at costs varying from £100 to £200. Reck's disinfecter, Thresh's disinfecter, and the "Euflex" have all been extensively used. Particulars, including a list of the authorities using the different apparatus, can be obtained on application to Dr. Thresh, Chelmsford, Essex; "The Reck Disinfecter," agents, 10, Dawson Street, Dublin; and the "Euflex" Disinfecter, 147, Houndsditch, London, E.C.

#### DUTIES OF M.O.H.

W. R. S. asks if there is a concise work detailing the various duties of a medical officer of health. He asks also whether having been appointed to this office he must resign his seat on the parish council of —, this being one of the parishes of R.D. Council, the body making the appointment. He presumes that as a private practitioner in the district he would still be permitted to report to himself as M.O.H. and charge for certificates notifying any cases of infectious disease coming under his notice in ordinary practice.

\*.\* There is, so far as we know, no book dealing directly with this subject. Much useful information may be gathered from Willoughby's *Health Officer's Pocket Book* (London: Crosby, Lockwood, and Son, 1893, 7s. 6d.), but probably the chapter by Dr. Alfred Ashby upon "The Medical Officer of Health," in Stevenson and Murphy's work<sup>1</sup> will best meet the requirements of "W. R. S." The Secretary of the Local Govern-

<sup>1</sup> *A Treatise on Hygiene and Public Health*. Edited by Stevenson and Murphy. Vol. ii. London: J. and A. Churchill. 1893. 3s.

ment Board should be asked for statistical tables for the necessary forms for annual reports. We believe that "W. R. S." should not continue to serve as a member on any council which had a voice in appointing him as medical officer of health, and that, as a matter of fact, he should have resigned prior to his appointment. As a private practitioner in the district where he is also medical officer of health he may claim a fee for the notification of infectious disease occurring in his private practice.

## INDIA AND THE COLONIES.

#### SHANGHAI.

DR. ARTHUR STANLEY, in his annual report of the Health Department of the Shanghai Municipal Council for 1900, states that by receiving the help of men on his staff with special sanitary training, the sanitary work of Shanghai is attaining a greater completeness. During the year 1900 several important measures have been carried out, such as the provision of an isolation hospital for the infectious native sick, the opening up of creeks, and the filling in of stagnant pools; the abolishment of fifth receptacles and open graves; licensing of laundries; disinfection after infectious diseases; and several other important public health necessities. The death-rate amongst foreign residents during 1900 amounted to 14.32 per 1,000 as against 18.87 in 1899. Typhoid fever has diminished in frequency during the year. Cholera has not been met with in Shanghai for four consecutive years; plague has been kept entirely at bay. The zymotic death rate was only 1.33, whilst in England during the same period it was 2.19. In the Public Health Laboratory a great deal of useful work has been done, and in every department—bacteriological, analytical, and in the vaccine station—most satisfactory advance has been made. In the Shanghai Pasteur Institute 17 persons were treated, 5 of the number receiving prophylactic injections. Nothing seems neglected in Shanghai from the sanitary standpoint; and it is hoped that as the Chinese see the benefits which accrue from attention to hygienic details, they may come in time to aid, in place of attempting to thwart, the steps the foreigners are taking to improve the public health of this important city.

#### MALTA.

GENERAL HEALTH REPORT.—According to the report of the Public Health Department of Malta for 1900, presented recently by Dr. S. L. Pisani, the population on January 25th was estimated at 183,699, being an increase of 2,031 over the preceding year, chiefly due to excess of births over deaths, but partly due to excess of arrivals over departures. The birth-rate for the year was 38.89, and the death-rate 27.51 per 1,000. The increased death-rate was due to debility and bronchitis in children and to cardiac disease among adults. While the drained areas had a death-rate of 24.87, the undrained areas had one of 31.82 per 1,000.

#### SOME INDIAN SANITARY REPORTS.

Bombay.—The report for 1899, compiled by the Sanitary Commissioner, Lieutenant-Colonel J. W. Clarkson, is mainly statistical. Every page is loaded with tables, figures, and ratios. Seeing that these are of very doubtful accuracy and value, more especially in view of an infirm census basis, it seems a pity that the sanitary condition of the Presidency and what is being done to improve it should be represented solely by arithmetic. The year appears to have been less healthy than 1898; both birth-rates and death-rates were high; the former was 36.42 per mille, against 30.94 in 1898 and a decennial mean of 35.11; the latter 35.72, against 29.16 and 30.85. Plague and famine contributed to swell the death-roll. The number of recorded plague deaths was 96,536, as compared with 86,191 and 46,944 in 1898 and 1897. It is noted that "plague was practically non-existent in the open, well-ventilated relief camps." Only one district was free from plague in 1899. Some towns had very low birth-rates, that of Bombay being only 12.88. This is attributed to "the decrease in population, owing to the exodus caused by plague." On the other hand, many towns had very high death-rates owing, it is surmised, to "the influx of famine-stricken immigrants in reduced condition of health." The increased mortality of the year was mainly caused by a rise in registration under the heading "other causes," due, it is thought, to greater accuracy. The Sanitary Commissioner suggests an additional heading of "diseases of the respiratory organs," which, in view of the increase of phthisis in the city of Bombay, is approved by the Government. Separate statistics are given of Europeans and Eurasians numbering 18,486 and 8,519. Their birth-rates are 11.96 and 19.49, and death-rates 12.52 and 21.72 respectively. These figures are recorded without comment. The chapter on sanitary works indicates commendable activity. The work done by the port health officer, Major J. Crimmin, V.C., is favourably noticed by the Bombay Government.

## MEDICAL NEWS.

A COURSE of lectures on the Tuberculosis Congress will be delivered by Dr. E. Symes Thompson, Gresham Professor of Medicine, at Gresham College, Basinghall Street, on October 8th, 9th, 10th, and 11th, at 6 P.M. on each day.

A HOME FOR INEBRIATES.—The Salvation Army are about to open a home for male inebriates near the farm colony established at Hadleigh some ten years ago by the same organisation. It will be established in an old house containing space for sixty patients, and surrounded by grounds in which they can be occupied in gardening and other outdoor work.



**A MEDICAL CONFRATERNITY.**—The Confraternity of SS. Cosmas and Damian of Madrid, whose headquarters are the parish church of Nuestra Señora del Carmen in Madrid, celebrated its annual festival on September 27th by attending High Mass. The Confraternity is composed of medical men, as its patron saints are believed to have been. The name of St. Cosmas in its French form of "Côme" is well known in association with the old Brotherhood and College of Surgeons which existed in France for many centuries before the Revolution.

**THE Imperial Yeomanry Hospital at Eastwood, Arcadia, Pretoria,** was, on September 16th, handed over to the Royal Army Medical Corps. A hospital of 138 beds for the Yeomanry will be maintained at Elandsfontein, some six miles from Johannesburg, and will be in the charge of Colonel Kilkelly, C.M.G., R.A.M.C., who was the military commandant of the Imperial Yeomanry Hospital, Pretoria.

**POST-GRADUATE COURSES IN LONDON.**—We are asked to state that the winter session of the West London Post-Graduate College will commence on Monday, October 14th, when the new buildings will be opened and an address will be delivered by Sir William MacCormac, Bart., K.C.V.O. The usual demonstrations of cases at the National Hospital for the Paralysed and Epileptic, Queen Square, which were omitted last year owing to the recent difficulties, will begin again on Tuesday, October 8th, at 2.30 P.M. The course of lectures to medical practitioners given in the Hospital for Sick Children, Great Ormond Street, will be resumed on Thursday, October 10th, at 4 P.M.

### MEDICAL VACANCIES.

The following vacancies are announced:

- BELFAST:** ROYAL VICTORIA HOSPITAL.—Medical Superintendent. Salary commencing at £500 per annum, with board and apartments. Applications to the Honorary Secretary by October 10th.
- BIRMINGHAM AND MIDLAND RYE HOSPITAL.**—Resident Surgical Officer. Salary, £100 per annum, with apartments, board, and attendance. Candidates to state if willing to accept appointment of Junior House-Surgeon if present residents be promoted. Applications to the Chairman of the Medical Board by October 12th.
- BODMIN:** CORNWALL COUNTY ASYLUM.—Junior Assistant Medical Officer; unmarried. Salary, £120, rising to £150 per annum, with board, furnished apartments, laundry, etc. Applications to the Medical Superintendent by October 24th.
- BOURNEMOUTH:** ROYAL VICTORIA HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board. Applications to the Chairman by October 14th.
- ESSEXWOOD:** ESSEX COUNTY ASYLUM.—Junior Assistant Medical Officer; not over 25 years of age. Salary, £140 per annum. Applications to the Medical Superintendent.
- BRIDGNORTH AND SOUTH SHROPSHIRE INFIRMARY.**—House-Surgeon. Salary, £100 per annum, with board and lodgings. Applications to the Honorary Secretary by October 10th.
- 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.**—Assistant House-Surgeon. Salary, £70 per annum, with board, residence, etc. Applications to the Secretary by October 25th.
- HURTON-ON-TRENT INFIRMARY.**—House-Surgeon. Salary, £120 for first year, and £140 for second year, with board, furnished rooms, etc. Applications to the Honorary Secretary by October 11th.
- CHESHIRE COUNTY ASYLUM,** Parkside, Macclesfield.—Junior Assistant Medical Officer. Salary, £140, rising to £160 per annum, with board, furnished apartments, washing, and attendance. Applications to the Medical Superintendent.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST,** Victoria Park, E.—Second House-Physician. Appointment for six months. Board, washing, and residence provided, and salary at the rate of £30 per annum. Applications to the Secretary by October 11th.
- 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.
- DERBY COUNTY ASYLUM,** Mickleover.—Senior Assistant Medical Officer. Salary, £130, rising to £150 per annum, with furnished apartments, board, washing, and attendance. Applications to the Medical Superintendent.
- GLASGOW ROYAL ASYLUM FOR LUNATICS.**—Resident Physician-Superintendent; not under 30 nor over 45 years of age. Salary, £1,000 per annum, with house, etc. Applications to the Secretary, 190, West George Street, Glasgow, by October 21st.
- GRAVESEND HOSPITAL.**—House-Surgeon. Salary, £200 per annum, with board and residence. Applications to the Honorary Secretary by October 11th.
- HAMPSTEAD HOSPITAL,** Parliament Hill, N.W.—Dental Surgeon. Applications to the Honorary Secretary by October 8th.
- HOSPITAL FOR SICK CHILDREN,** Great Ormond Street, W.C.—(1) House-Surgeon; unmarried. Appointment for six months. Salary, £200, with board, residence, and washing allowance of £2 10s. (2) Surgeon Dentist; must be F.R.C.S. Eng. Applications, on forms provided, to be sent to the Secretary by October 22nd.
- HOSPITAL FOR WOMEN,** Soho Square, W.—Assistant Physician. Applications to the Secretary by October 13th.
- KING'S COLLEGE,** London.—Demonstrator of General Pathology and Bacteriology. Applications to the Council by October 9th.
- LONDON HOSPITAL MEDICAL COLLEGE,** E.—Assistant in the Bacteriological Laboratory. Applications to the Dean.
- LONDON THROAT HOSPITAL,** 294, Great Portland Street, W.—Pathologist. Applications to the Honorary Secretary by October 7th.
- MANCHESTER CHILDREN'S HOSPITAL,** Pendlebury.—Medical Officer for the Dispensary. Salary, £180 per annum. Applications to the Secretary, Children's Dispensary, Gartside Street, Manchester, by October 9th.
- MIDLOTHIAN DISTRICT ASYLUM.**—Assistant Medical Officer. Salary, £200 per annum, with furnished rooms, board, washing, and attendance. Applications to Mr. R. Addison Smith, 19, Heriot Row, Edinburgh, by October 16th.
- ROYAL LONDON OPHTHALMIC HOSPITAL,** City Road, E.C.—Curator and Librarian. Salary, £120 per annum. Applications to the Secretary by October 11th.

- ST. MARY'S HOSPITAL,** Paddington, W.—Casualty Physician. Salary, £75 per annum. Applications to the Secretary by October 19th.
- SHANGHAI MUNICIPAL COUNCIL.**—Assistant Health Officer; must possess D.P.H., and not be over 35 years of age. Salary, 3,600 taels a year (about £400), with means of locomotion and first-class passage to and from England. Applications to Messrs. J. Pock and Co., 63, Leadenhall Street, E.C., by November 30th.
- SOUTH SHIELDS: INGHAM INFIRMARY AND SOUTH SHIELDS AND WESTOE DISPENSARY.**—Senior House-Surgeon. Salary, £100 per annum, with residence, board, and washing. Applications to the Secretary, 74, King Street, South Shields, by October 14th.
- STAFFORDSHIRE GENERAL INFIRMARY,** Stafford.—Assistant House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to the House-Surgeon by October 10th.
- STOCK-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.
- TRURO: ROYAL CORNWALL INFIRMARY.**—House-Surgeon; unmarried. Salary for the first year, £140, increasing £10 yearly, with board and apartments. Applications to Mr. J. C. E. Crewes, 4 Parkveas Terrace, Truro.
- WAKEFIELD: CLAYTON HOSPITAL AND WAKEFIELD GENERAL DISPENSARY.**—Senior House-Surgeon, unmarried. Salary, £120 per annum, with board, lodging, and washing. Applications to the Honorary Secretary by October 9th.

### MEDICAL APPOINTMENTS.

- ABRAHAM, J. Johnston,** Sen. Mod. M.B., B.Ch., B.A.O. Dub., L.M. Rotunda, appointed House-Surgeon to the West London Hospital.
- BAILEY, J. C. M.,** M.B. Lond., M.R.C.S., L.R.C.P. Lond., appointed House-Physician to the West London Hospital.
- BLOMFIELD, Edward Eldridge,** M.D., B.S. Lond., M.R.C.S., L.R.C.P. Lond., appointed Examiner in Medical Anatomy and Lecturer on Materia Medica at the Otago University, New Zealand.
- EATOUGH, Robert, M.D.,** C.M. Aberd., appointed Medical Officer and Public Vaccinator for the Tenth District of the Ashton-under-Lyne Union. *vice* Richard Henry Draper, L.R.C.S.I., L.M., resigned.
- GARSTON, Walter, M.B.,** Ch.B. Viet., appointed House-Surgeon to the Royal Lancaster Infirmary.
- HARPER, F. L.,** M.R.C.S. Eng., appointed Certifying Factory Surgeon for the Brixworth Rural District, Northampton.
- MC CALL, Miss E. M.B.,** B.S. Glasg., appointed Resident Assistant Medical Officer of the Birkenhead Infirmary.
- MAX, G. E.,** M.R.C.S. Eng., L.R.C.P. Lond., appointed Certifying Factory Surgeon for the Wakefield District of Hertfordshire.
- ROBERTSON, George, L.R.C.P., L.R.C.S. Edin.,** appointed Certifying Factory Surgeon for the Kirkpatrick Durham District of Kirkcudbrightshire.
- RYAN, John, L.R.C.P., L.R.C.S. Irel.,** appointed Certifying Factory Surgeon for the Northleach District of Gloucestershire.
- SHIELDS, O. C. G., M.B.,** appointed Medical Officer of Health for Yea, Victoria.
- SOMEVILLE, E., M.B.,** Ch.B. Edin., appointed District Medical Officer of the Leek Union.
- THORNTON, R. G. C., M.B.,** B.Ch. R.U.I., appointed District Medical Officer of the Wellington (Salop) Union.

### DIARY FOR NEXT WEEK.

#### TUESDAY.

**Society for the Study of Inebriety,** 11, Chandos Street, Cavendish Square, W. 4 P.M.—Mr. Charles Smith (Maidstone): Are Southern Nations Sober as compared with Northern Nations? if so, why? Some omitted factors in the theory of Dr. Archdall Reid. Dr. Martyn Westcott: A Note on Sea Voyages in the Treatment of Inebriety. The President (Dr. Wynn Westcott): A Review of Recent Progress in the Treatment of Inebriates in Reformatories under Public Bodies by authority of the Act of 1895.

#### WEDNESDAY.

- Hunterian Society, London Institution,** Finsbury Circus, E.C. 8.30 P.M.—Dr. Mitchell Bruce: On Chest Complications in Abdominal Disease. First Hunterian Lecture.
- Dermatological Society of London,** 11, Chandos Street, Cavendish Square, W., 5.15 P.M.—Demonstration of Cases of Interest.

#### THURSDAY.

**British Gynaecological Society,** 20, Hanover Square, W., 8 P.M.—Dr. Travers: On a Case of Intestinal Obstruction caused by Unsuspected Uterine Fibromyoma simulating Appendicitis. Specimens will be shown by Dr. H. Macnaughton-Jones.

#### FRIDAY.

**Clinical Society of London,** 20, Hanover Square, W., 8.30 P.M.—Mr. J. Jackson Clarke: Note on a Painful Condition of the Twelfth Pair of Ribs. Mr. Thomas Bryant: A Case of Displaced Strangulated Femoral Hernia. Mr. Outhbert Wallace: Wounds of Joints and their Treatment. Mr. C. Mansell Moullin: Omental Fixation for Ascites.

**Medical Graduates' College and Polyclinic,** 22, Chenies Street, W.C.—Lectures and Demonstrations will be given at 4 P.M. as follows: Monday, skin; Tuesday, medical; Wednesday, surgical; Thursday, surgical; Friday, ear.

### 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.

- MADDEN.**—On September 19th, at Cairo, the wife of Frank Cole Madden, F.R.C.S., of a son.
- RUIZ, F.**—On September 22nd, at 413, Sherbourne Street, Toronto, Canada, the wife of Robert D. Ruiz, M.D. Edin., M.R.C.P. Lond., of a son.

#### MARRIAGES.

- GOODFELLOW—ROBERTSON.**—On September 25th, at St. Wilfrid's Church, Northenden, Cheshire, by the Ven. Archdeacon Wootnam and the Rev. Canon Ford, Thomas Ashton Goodfellow, M.D. Lond., of Didsbury, to Eleanor Winifred, only daughter of W. J. Robertson, of Northenden.
- SAMWAYS—SIM.**—On Thursday, September 26th, at Kensington Chapel, Allen Street, W., by the Rev. C. Silvester Horne, M.A., Daniel West Samways, M.D., M.R.C.P., D.Sc., of Mentone, to Sarah Sophia, widow of the late Captain A. D. Sim, Argyll and Sutherland Highlanders, and youngest daughter of the late J. C. Bolton, of Carbrook, Argyllshire.

#### DEATH.

**HEGINBOTHAM.**—On August 2nd, at Wynneswood, near Loughborough, Dr. Henry John Heginbotham, only son of the late Henry Heginbotham, J.P., Surgeon, Loughborough, aged 32 years. Very deeply regretted.