

MEMORANDA:

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

A CASE OF HERPES ZOSTER ILLUSTRATING A PRESUMPTIVE CAUSE.

I TRUST that the note of the following case is worthy of record, as it shows (1) operative interference with nerve trunks as the hypothetical cause of the attack, and (2) a comparatively rare if not absolutely unrecorded site for the lesion.

The history is, briefly, that the patient, a young unmarried lady, had an ovarian tumour removed in November of last year. After the operation recovery was uninterrupted except for the occurrence of some swelling and uncomfortable sensations in the left lower extremity—the left ovary having been that involved in the neoplasm. The swelling persisted until March of the present year, when, without any alteration in the patient's sensations, a patch of herpetic vesicles appeared at the level of the third sacral spine, close to the middle line on the left side. This patch covered an area about the size of a pennypiece. Another group of vesicles made its appearance on the inner side of the thigh. Some twenty-four hours after the eruption of the first group of vesicles the left labium majus became studded on both aspects with vesicles. The vesicles on the delicate cutaneous inner aspect of the labium were of very large size, some being fully a quarter of an inch in diameter. The case ran the usual course, leaving a scarred and pitted surface.

There is not the least doubt in my mind but that the operation was the cause of the zoster, as it could not be mere coincidence that the ovary and appendages of the left side were removed, and that then an eruption of herpes took place over the cutaneous distribution of the posterior primary divisions of the last dorsal and first lumbar nerves. These nerves are part of the supply of the appendages, and must have been extensively damaged in the operative procedure. I can find no other case recorded with exactly similar distribution, although herpes as a result of nerve injury is fully recognised.

Neston, Cheshire. JOHN B. YEOMAN, M.D., F.R.C.S. Edin.

HYSTERIA IN A BOY.

IN THE BRITISH MEDICAL JOURNAL of September 7th, p. 617, I notice an interesting letter from Mr. Court on a case of hysteria in a little boy. I recently published in the *Quarterly Medical Journal* (August, 1900) a series of similar cases which had come under my notice during the last few years. I have no doubt there is much more hysteria in boys and youths than is usually believed, and it is as a rule more difficult to diagnose than in the opposite sex. In boys, it is usually found amongst the somewhat spoiled "pets," often the only child. Mr. Court mentions the interesting fact that the hysterical fit followed shortly after the fright of being shut up in a dark cellar; this coincides with my experience that "some slight illness or injury is often the immediate starting point," frequently following on some unhappiness in their surroundings, as the primary cause.

The recurrence of the condition after improvement, or the shifting of symptoms to other organs, as in Mr. Court's case, is also a common occurrence in these cases.

Sheffield,

ARTHUR HALL.

TRIONAL IN CHOREA.

My principal, Dr. Barclay, having used trional with success in the treatment of delirium tremens and for allaying the sleeplessness and restlessness, was prompted to give it a trial in a case of chorea of the acute or Sydenham type, which has recently come under our care:

Mrs. P., aged 25, married, and six months pregnant for the first time came under our observation on May 22nd, 1901. She had a short time previously accomplished a railway journey from Leith, a distance of about 160 miles. At Leith she was under treatment for a couple of weeks for chorea, and had arsenic and bromides administered without any improvement.

On the evening in question she suffered from severe involun-

tary contractions of the muscle groups, those of the face and limbs being all markedly involved. Speech was very much in abeyance, and the patient had all the appearances of a severe attack of acute chorea. She received 20 grs. of trional that night, and 15 grs. on the following morning. She did not rest well that night, and the contractions were very severe on May 23rd. The dose at night was increased to 25 grs., the morning dose being 15 grs. Each powder was given in fruit jelly, followed immediately by a hot drink, which is very essential for the rapid absorption of the drug. She had a better night, and a slight improvement was noticeable on May 24th. The same dose was maintained—25 grs. at night and 15 grs. in the morning—until June 1st, when the condition was so far improved that only 12½ grs. were given at night, and none in the morning. The contractions had completely ceased. On June 3rd the patient's speech was normal and she could take her food quite well, carrying the food to her mouth with her own hand. On June 7th the patient had a walk in the open air. The drug was now altogether discontinued; and at present the patient says she enjoys her usual health.

Of course trional is not a new drug, but its use in chorea has not been previously mentioned, as far as we are aware. In this case it seems to have been very prompt in its action. Osler says the average duration of an attack is about eight or ten weeks, and from our experience with arsenic and other drugs we are of the same opinion. Altogether the result obtained from trional in this case is very satisfactory, and the drug deserves further trial.

Banff, N.B.

J. NOONAN MEADE, L.R.C.P. & S.E.

NOTE ON AN OUTBREAK OF INFLUENZA AMONG GURKHAS.

IN APRIL of this year an epidemic of influenza, remarkable for its mild type, the similarity in symptoms, and the proportionately large number of cases, attacked the garrison of Fort Gulistan, one of the posts on the Samana Range on the North-West Frontier of India.

On April 27th three men came to hospital all complaining of fever, severe headache, and backache, and a varying degree of cough, accompanied by laryngeal and nasal catarrh. On April 28th 5, on April 29th 21, and on April 30th 25 cases occurred, while on May 1st and 2nd 13 more came in, making a total of 67 cases.

In every case the temperature on admission was above normal, varying from 99.6° to 104°, the average being 102.4°. The pulse was small and rapid, and 45 out of the 67 cases presented physical signs of a mild degree of bronchitis. On May 28th tents were pitched outside the Fort and a temporary isolation hospital formed, every case as soon as it occurred being promptly removed from the Fort to the hospital tents. Under treatment, which consisted of rest in bed, the administration of calomel followed by magnesium sulphate, Dover's powder at night, and a sedative cough mixture in those cases in which the cough proved troublesome, the temperature rapidly fell, and in most cases it was normal within three days. The other symptoms subsided almost equally rapidly. With the exception of 2 cases in which the bronchial symptoms persisted for upwards of three weeks, all the men were discharged to duty by May 8th.

On investigation as to the origin of the epidemic, it was found that on April 15th a sweeper had arrived from Abbottabad, suffering from similar symptoms, and though not admitted to hospital he had been treated in his own quarters for several days by the native hospital assistant. There can be little doubt that the disease was imported by him, and infection having been conveyed to the men, symptoms appeared among them after an incubation period of ten or twelve days.

Gurkhas suffer to a remarkable extent from diseases of the respiratory system, which may account, in the present instance, for the large percentage of cases—67 out of a garrison of 155 men—and for the rapid spread. It is curious, however, that out of that number in no case did any serious complications occur, nor, with the two exceptions mentioned above, was any man in hospital for a longer period than nine days.

Samana.

H. M. MACKENZIE, M.B., Ch.B. Edin.,
Lieutenant I.M.S.

enforcing the law lies with the school attendance authority, who in illness or other causes decide on the evidence before them; they may not require a medical certificate, though they usually but not necessarily accept one without further question. If the case comes into court the certificate is of no legal value, and if a medical man gives evidence for the defendant, although the school attendance authorities may lose the case on the evidence, they cannot be made to pay the medical witness. There is no getting away from the fact that the Acts controlling education lay the whole onus and cost of proving the reasonable excuse or illness on the parent or guardian, and in the case of the penniless parent the onus falls indirectly on the doctor. If a medical certificate be asked for, the proper way in any case of illness would be to say that the child was too ill for school attendance, but willing to be examined by any medical man deputed by the school attendance authority, who would of course pay him. If this were done systematically by the profession it would bring about an improvement in the indirect taxation by medical certificates to which many at present unwillingly submit.

FEE OF MIDWIFERY NURSE.

A PATIENT engages a nurse to attend her in her confinement. She miscarries at an early period and sends for the nurse, who is unable to come, so that she is compelled to provide herself with another nurse. Later on the first nurse sends in a claim for her fee. Is she entitled to it?

*** We do not think that the nurse is entitled to a fee under the circumstances.

MEDICAL ETIQUETTE.

F. I. F. is medical officer to a workhouse where he has a case of small-pox under treatment. He complains that A., a medical neighbour, went to the workhouse and saw the patient without obtaining permission from either the workhouse master or himself. A. excuses himself for not seeing the master by stating that he asked for him but heard that he was ill in bed, and, according to our correspondent, claims the right as a ratepayer to see any case in the workhouse.

*** No ratepayer, merely as such, has the right to go to the workhouse infirmary to see an inmate suffering from small-pox; but, even if he had, it would be discourteous and a breach of etiquette for a medical practitioner to visit a case under the care of another without asking his permission or the permission of some person in authority. Assuming the facts to be as stated, the incident illustrates what is often said, that medical etiquette is no more than a set of rules dictated by good taste and good feeling. The dispute is especially to be deplored as the parties were previously on friendly terms, and it is to be hoped—supposing, of course, that the facts have been fully and correctly stated—that A. will express regret for his action.

MEDICUS complains that B. was called to one of A.'s patients taken suddenly ill during A.'s absence in the country. B., suspecting that the symptoms were due to a drug, and knowing that A. had his medicines dispensed by a local chemist, called on the chemist, and ascertained the medicine the patient was taking without asking A.'s permission.

*** It would be improper for B. under ordinary circumstances to inquire from the chemist what drug had been given by A. to his patient, but, in a case of suspected accidental poisoning, it would be reasonable that in A.'s supposed absence B. should go straight to the chemist to get such information as would enable him to deal properly with the emergency.

PATIENTS IN SINGLE CHARGE.

SURGEON can take one mental case as a resident patient after he and others concerned have taken all the steps and observances required by law as preliminaries. There are also numerous other subsequent requirements which, together with those already referred to, would take far too much space to describe. "Surgeon," therefore, had better address the Commissioners in Lunacy, 66, Victoria Street, London, S.W., on the subject, asking for a copy of instructions relevant to the matter.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF EDINBURGH.

GENERAL COUNCIL.

The Carnegie Bequest.

THE statutory half-yearly meeting of the General Council of the University of Edinburgh was held in the Examination Hall on October 25th, Principal Sir William Muir presiding. The attendance was unusually large. Mr. F. Grant Ogilvy, Director of the Museum of Science and Art, and Mr. J. Campbell Lorimer, Advocate, were elected Assessors to represent the Council in the University Court for the next four years.

Mr. J. C. Lorimer submitted the joint report of the Business and Finance Committee on the Carnegie Trust. The income of Mr. Carnegie's gift of £2,000,000—£100,000 a year—was to be divided between the increase of teaching power and facilities and the payment of class fees. Under the first head the Joint Committee recommended the General Council to represent to the University Court that the following were clamant needs

of the University: (1) The development of the work of the University in connection with the teaching of modern languages; (2) the strengthening of the teaching staff in the Medical Faculty, so that subjects which had recently become of increased importance should be adequately represented; (3) the provision of suitably equipped laboratories for the instruction of students in all graduation subjects for which practical work was required; (4) the establishment of laboratories providing facilities for research in the main lines of scientific work; (5) the improvement of the library. In regard to the payment of university class fees, reference was made to the letter written by Mr. Carnegie to the Chairman of the Trust, the Earl of Elgin, explaining that all students otherwise qualified who applied would have their fees paid without inquiry as to their pecuniary circumstances, there being, however, an honourable understanding that only those should apply who needed the assistance. It was pointed out that other rightful objects of help from the Trust were extramural colleges and technical institutions doing work on a university level, the establishment of University Extension lecturers, and the institution of evening classes.

In submitting this report, Mr. Lorimer proposed the following resolution which had been drawn up by the Business Committee:

"The General Council tenders its cordial thanks to Mr. Andrew Carnegie, LL.D., of New York and Skibo, a noble-minded Scotsman, for his munificent gift of £2,000,000 to the Universities of Scotland, and trusts that he will ere long witness the wise application of the funds under the direction of his trustees, and the expansion and development of University instruction and research in Scotland."

In addition, Mr. Lorimer moved that the Council approve of the part of the report referring to the Carnegie Trust, and endorse the recommendations referred to.

Dr. Ireland seconded, and that part of the report was adopted.

Mr. Buchan moved the adoption of the second section of the joint report, that relating to the causes of the decrease in the number of students, with suggestions for meeting it, among which were the endowment of a number of post-graduate scholarships for research to keep within the University its most distinguished graduates, and the delegation of the teaching of the earlier subjects of the curriculum, such as physics, chemistry, zoology, and botany, to the secondary schools.

Mr. James Oliphant seconded the adoption of the report, which was agreed to.

Dr. R. J. Berry then moved:

That this Council requests the University Court to inquire into the feasibility of reorganising the medical curriculum on the lines suggested by the Pathological Club of Edinburgh.

Dr. Norman Walker, in seconding, said the object of the motion was to facilitate the working of the medical curriculum and to give the teachers a little more time than they had at present for original research, and also to prevent that overlapping of teaching which was one of the principal troubles in the curriculum.

On the suggestion of Mr. Buchan, it was agreed to remit the motion to the standing committees of the General Council for consideration.

CONJOINT BOARD IN SCOTLAND.

AT the quarterly examinations of the above Board, held recently in Edinburgh, the following candidates satisfied the Examiners:

First Examination, Four Years Course.—J. S. Cooper, W. F. Timmon, J. E. Mullan, and J. J. Bell.

First Examination, Five Years Course.—T. Owens, A. Brown, G. T. N. Darling, R. P. Hosford, W. M. Chambers, L. Patchett, and V. Brown.

One passed in Physics, 2 in Elementary Biology, and 3 in Chemistry. Second Examination, Four Years Course.—N. F. Fairfax, J. J. Anthony-Pillay, J. Gilmour, C. V. Craster, and E. R. Harriott.

One passed in Physiology, and 1 in Materia Medica.

Second Examination, Five Years Course.—W. L. Hodge (with distinction), A. B. H. Pearce, I. Campbell, D. Cameron (with distinction), G. M. A. Thomas, W. Fleming, D. C. Callaghan (with distinction), H. Armstrong, J. D. Jones, C. R. Whittaker, J. J. Egan, J. Watson, and R. Baranov.

Three passed in Anatomy, and 2 in Physiology.

Third Examination, Five Years Course.—Lillian Gertrude Simpson, S. M. Hodiwalla, D. Banerji, E. W. Kemp, J. W. Dougall, Mary L. Lytle, T. Bragg (with distinction), S. J. Graham, J. Brydon, W. J. O'Sullivan, J. Macarthur, P. F. Doory, D. Ahern, and R. S. MacKintosh.

Two passed in Materia Medica.

Final Examination.—K. C. Edwards, P. C. Leslie, H. D. Matthews, H. B. Wynan, W. C. Marsden, A. Fox, G. D. Bateman, T. E. Harty, P. J. Kerwin, W. S. Cowin, R. Culbertson, W. F. Waugh, M. H. Downey, D. Riordan, A. F. Fleming, N. N. Blanchard, B. L. Bell, N. E. Gibbs, H. Macfarlayne, W. G. Rose, A. C. Zeitz, J. R. Smith, A. Lyons, A. C. Balfour, H. F. Wilkin, E. Saxton, N. S. Monnier, A. Macqueen, J. C. Curtis, H. A. Knight, W. J. O'Sullivan, D. Roberts, C. S. Katnum, S. E. Mistri, V. P. Gonsalves, A. W. McDonald, A. G. Jackson, J. M. Maclean, and W. O. Frichard.

Eight passed in Medicine and Therapeutics, 2 in Surgery and Surgical Anatomy, 8 in Midwifery, and 8 in Medical Jurisprudence.

HOSPITAL AND DISPENSARY MANAGEMENT.

THE CORONATION AND THE LONDON HOSPITALS.

IN connection with the Coronation a vigorous effort is to be made through the Prince of Wales's Hospital Fund to place the metropolitan hospitals on a sound financial basis. It is intended that an appeal should be made to the working men and women within the district supplied by these hospitals to contribute 1d. for each pound of their weekly wage for a definite period of three, six, or twelve months. It is calculated that if this be undertaken as an obligation throughout the entire area it will result in

MEDICAL NEWS.

THE second annual dinner of the Otological Society of the United Kingdom will take place at the Café Monico, London, on December 2nd.

ST. LUKE'S DAY SERVICE IN LIVERPOOL.—The special service for members of the medical profession in Liverpool and the district took place on October 20th, the Sunday after St. Luke's Day. About 300 medical men were present, and an interesting sermon was preached by the Bishop of the diocese. The collection, which was in aid of the Medical Benevolent Fund, amounted to £28. Satisfaction with the service and the arrangements for it has been very widely expressed, and it is hoped that it will be repeated in future years.

THE report of the fourth year of the Nurses' Hostel Company Limited, presented to the annual meeting on October 25th, stated that the new building rendered necessary by the increasing demands upon the accommodation provided by the hostel was approaching completion, and would be ready for occupation early in 1902. The expenses in connection with the purchase of the site and the erection of the building had rendered it necessary to increase the capital of the company from £10,000 to £20,000, but the success of the enterprise was such that the directors were able to declare a dividend of 4 per cent., and to place £200 to the reserve fund.

GLASGOW MEDICO-CHIRURGICAL SOCIETY.—The first meeting of the session took place on October 4th, when the President (Dr. Dun) delivered an address on blood-letting in the treatment of disease. He gave a historical survey of the subject, and showed by quotations from various classical works how much blood letting had been abused. He maintained that the pendulum had now swung too far in the opposite direction, and indicated the advantages of the use of blood letting in conditions where there was sudden engorgement of the systemic veins, pulmonary artery, and especially of the right side of the heart.

READING PATHOLOGICAL SOCIETY.—The sixtieth annual meeting of the Reading Pathological Society was held at the Royal Berkshire Hospital on October 24th, when Dr. Dawson Williams, the Editor of the BRITISH MEDICAL JOURNAL, gave an oration on Therapeutic Institutions. He reviewed the various institutions which are rapidly appearing in this and other countries for the treatment of special diseases, and discussed their effect on medical practice. The members and visitors afterwards dined together. The hope was expressed that the oration would appear *in extenso* in the medical papers. Among the visitors were Mr. R. Clement Lucas, Dr. Drysdale, Dr. T. J. Horder, and Mr. Walter Edmunds of London.

SOUTHPORT MEDICAL SOCIETY.—The annual meeting was held on October 9th at the Temperance Institute, Dr. Harris in the chair. Twenty-nine members were present. The annual report and balance-sheet, showing a balance in hand of £32 3s. 11d., was adopted, and the following officers elected for the ensuing session:—*President*: Dr. Pinkerton. *President-elect*: Dr. F. J. Baildon. *Vice-President*: Dr. J. C. Russell. *Committee*: Drs. Anderson, Ashworth, Baines, Barrett, Harris, and Walker. *Honorary Treasurer*: Dr. Mewburn Brown. *Honorary Secretary*: Dr. R. M. Littler.—Dr. Pinkerton gave an inaugural address on movable kidney. Numerous illustrative cases were quoted.

MEDICAL VACANCIES.

The following vacancies are announced:

BARROW-UPON-SOAR, BILLESDON, BLABY, GRETTON, HALLATON, HINCKLEY, LUTHERWORTH, MONK'S KIRBY, OAKHAM AND UPPINGHAM RURAL DISTRICTS, and the URBAN DISTRICTS OF THURMASTON and WIGSTON MAGN.—Medical Officer of Health. Salary, £650 per annum. Applications to the Clerk to the Joint Committee, Lutherworth, by November 16th.

BIRKENHEAD AND WIRRAL CHILDREN'S HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board, residence, and laundry. Applications to Mr. R. H. Tilley, Honorary Secretary, 52, Grosvenor Road, Birkenhead, by November 14th.

BRACEBRIDGE ASYLUM, near Lincoln.—Junior Assistant Medical Officer: unmarried, and not over 30 years of age. Salary, £225 per annum, with furnished apartments, board, attendance, etc. Applications to Mr. W. T. Page, jun., Solicitor and Clerk to the Visiting Committee 5 and 6, Bank Street, Lincoln, by November 27th.

BRENTWOOD: ESSEX COUNTY ASYLUM.—Junior Assistant Medical Officer; not over 25 years of age. Salary, £180 per annum. Applications to the Medical Superintendent.

CENTRAL LONDON OPHTHALMIC HOSPITAL, Gray's Inn Road, W.C.—House-Surgeon. Salary, £250 per annum, with board and residence. Applications to the Secretary by November 4th.

CHELSEA HOSPITAL FOR WOMEN, Fulham Road, S.W.—Registrar. Honorarium, 20 guineas per annum. Applications to the Secretary by November 9th.

DERBY COUNTY ASYLUM, Mickleover.—(1) Senior Assistant Medical Officer (male). Salary, £180, rising to £150 per annum. (2) Junior Assistant Medical Officer. Salary, £110, rising to £130 per annum. Furnished apartments, board, washing, and attendance provided in each case. Applications to the Medical Superintendent.

DOVER HOSPITAL.—House-Surgeon; unmarried. Salary, £100 per annum, increasing after twelve months service, with board, lodging, and washing. Applications on forms provided to be sent to the Honorary Secretary.

DUBLIN: TRINITY COLLEGE.—King's Professorship of the Institutes of Medicine (Physiology and Histology). Applications to Dr. J. Craig, Registrar, Royal College of Physicians, Kildare Street, Dublin, by November 30th.

GLASGOW UNIVERSITY.—Additional Examiners for Degrees in Medicine, with special reference to (1) Chemistry, (2) Materia Medica and Therapeutics, (3) Zoology, (4) Practical Medicine, systematic and clinical, (5) Surgery, systematic and clinical. Salary for (1), (2), and (3), £30, and for (4) and (5), £50. Applications to the Secretary of the Glasgow University Court, 91, West Regent Street, Glasgow, by December 3rd.

GLOUCESTER: BARNWOOD HOUSE HOSPITAL FOR THE INSANE.—Junior Assistant Medical Officer. Salary, £150 per annum, rising to £170 after expiration of first year. Applications to the Medical Superintendent.

GRIMSBY AND DISTRICT HOSPITAL.—Resident House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to the Honorary Secretary by November 19th.

HOSPITAL FOR DISEASES OF THE THROAT, Golden Square, W.—Senior Clinical Assistant. Appointments for six months, but renewable. Applications to the Secretary-Superintendent by November 9th.

ITALIAN HOSPITAL, Queen Square, W.C.—Honorary Surgeon. Applications to the Secretary by December 2nd.

LANCASTER COUNTY ASYLUM.—Assistant Medical Officer: unmarried, and not over 30 years of age. Salary commencing at £150 per annum, increasing to £220, and on promotion to £250, with furnished apartments, board, washing, and attendance. Applications to the Medical Superintendent.

LINCOLN COUNTY HOSPITAL.—Senior House-Surgeon: unmarried, and under 30 years of age. Salary, £180 per annum, with board, lodging, and washing. Applications to the Secretary by November 15th.

LIVERPOOL: HOSPITAL FOR WOMEN. House-Surgeon. Appointment for six months. Honorarium, £25. Applications to the Honorary Secretary of the Medical Board.

LONDON HOSPITAL, Whitechapel, E.—Aural Surgeon; must be F.R.C.S. Eng. Applications to the House Governor by November 15th.

LONDON TEMPERANCE HOSPITAL, N.W.—Assistant Resident Medical Officer.—Appointment for six months. Honorarium at the rate of 50 guineas per annum, with board, residence, and washing. Applications to the Secretary by November 7th.

MANCHESTER COUNTY ASYLUM, Prestwich.—Junior Assistant Medical Officer: unmarried, and under 35 years of age. Salary, £150, increasing to £250, with board, furnished apartments and washing. Applications to the Medical Superintendent.

MANCHESTER: ST. MARY'S HOSPITAL, Quay Street.—House-Surgeon and Resident Obstetric Assistant Surgeon. Appointment for one year, but eligible for re-election. Salary, £200 per annum, with board and residence. Applications to the Secretary by December 5th.

NEWCASTLE-ON-TYNE DISPENSARY.—Visiting Medical Assistant. Salary, £160 for first year, and £180 afterwards. Applications, on forms obtainable at the Resident Medical Officer, to be sent to the Honorary Secretary, Mr. Joseph Carr, 41, Mosley Street, Newcastle-on-Tyne, by November 19th.

SALISBURY INFIRMARY.—(1) House-Surgeon; unmarried. Salary, £200 per annum. (2) House-Physician: unmarried, and not exceeding 30 years of age. Salary, £75 per annum. Board, lodging, and washing provided in each case. Applications to the Secretary by November 20th.

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 £250), with means of locomotion and first-class passage to and from England. Applications to Messrs. J. Peck and Co., 38, Leadenhall Street, E.C., by November 30th.

SOUTHAMPTON ROYAL SOUTH HANTS AND SOUTHAMPTON HOSPITAL.—(1) Surgeon. (2) Assistant Surgeon. Applications to the Secretary by November 5th.

SOUTH SHIELDS: INGHAM INFIRMARY AND SOUTH SHIELDS AND WESTOE DISPENSARY.—Junior House-Surgeon. Salary, £75 per annum, with residence, board, and washing. Applications to the Secretary, 74, King Street, South Shields, by November 4th.

STILLING DISTRICT ASYLUM, Larbert, N.B.—Assistant Medical Officer (male). Salary, £150 per annum, with board, laundry, etc. Applications to the Medical Superintendent.

TEIGNMOUTH HOSPITAL.—House-Surgeon. Salary, £70 per annum, with board, lodging, and washing, and £6 per annum in lieu of stimulants. Applications to the House Committee.

MEDICAL APPOINTMENTS.

ADAMS, D. V. M., M.B., B.S. Edin., appointed Assistant Medical Officer to the Birmingham Parish Infirmary, *vice* Dr. Stratton, resigned.

ARMOUR, T. E. W., M.B., appointed House-Surgeon to the Hospital for Women, Liverpool, *vice* W. J. Jones, M.B., M.R.C.S., resigned.

BROCKWELL, J. B. C., M.R.C.S. Eng., L.R.C.P. Lond., appointed Second Assistant Medical Officer to the Poplar and Stepney Sick Asylum District, *vice* W. J. McCoy, M.R.C.S., L.R.C.P. Lond., resigned.

BROWN, R. L., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg., appointed Health Officer for the Fern Tree Gully Shire, Victoria.

CALTROP, Gordon, M.B., B.C. Cantab., appointed Certifying Factory Surgeon for the Wells District of Norfolk.

COLLES, Charles, M.D., appointed Medical Officer of Health for the Biester, Chipping Norton, Hanley, Thame, Witney, and Woodstock Rural and Urban Districts, H. Ambledon, Readington, and Long Grendon Rural District, and Wheatley Urban District, *vice* W. D. Wood, L.R.C.P., L.R.C.S. Edin.

CRAWFORD, C. E. H., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer of the Work house of the Tonbridge Union, *vice* W. Malden, M.B. Camb., resigned.

CUMMING, William, M.D., appointed Health and Medical Officer at Cairns, Queensland.

CUTFIELD, A. B. Sc. Lond., M.R.C.S. Eng., appointed District Medical Officer of the Ross Union, *vice* E. M. Knapp, L.R.C.P. Edin., M.B. C.S. Eng., resigned.

FORSTER, Arthur E. B., M.B. Melb., appointed Medical Superintendent at the Kyneton Hospital, Victoria.

GIBSON, C. G., M.B., C.M. Edin., reappointed Medical Officer of Health for the Broadwoodwidge and Launceston Rural Districts.

HADLEY, C., L.R.C.P.I., M.R.C.S. Eng., appointed District Medical Officer of the Nuneaton Union, *vice* D. Crowe, M.B., B.Ch. Dub., resigned.

HARE, Francis W. E., M.D. Durh., appointed Medical Superintendent of the Diamantina Hospital for Chronic Diseases, Queensland.

HAWTHORNE, C. O., M.D., M.R.C.P., appointed Assistant Physician to the North-West London Hospital.

HENRY, A. G., M.B., M.Ch. Syd., appointed Medical Superintendent at the Coast Hospital, Little Bay, New South Wales.]

HUGHES, E. B. H., L.R.C.P., L.R.C.S. Edin., appointed Assistant Medical Officer to the Swansea Union Workhouse and Infirmary, *vice* J. M. Schaub, M.B. Lond., resigned.
 LANCASHIRE, George H., M.R.C.S. Eng., L.R.C.P. Lond., M.D. Brux., appointed Assistant Physician to the Manchester and Salford Hospital for Skin Diseases.
 MARSHALL, J., M.B., C.M. Glasg., appointed District Medical Officer of the Halifax Union, *vice* J. H. Munaster, M.B. Lond., resigned.
 MATHEW, C. P., L.R.C.P. Lond., M.R.C.S. Eng., appointed District Medical Officer of the Beamster Union, *vice* R. Storrs, L.R.C.P., L.R.C.S. Edin., resigned.
 MOORE, E. J. F., M.R.C.S. Eng., L.R.C.P. Lond., appointed Medical Officer to the West Street Workhouse, Hackney.
 SAYBRY, W. H., L.S.A., appointed District Medical Officer of the Grimsby Union.
 SPENCE, John W. L., L.R.C.P., L.R.C.S. Edin. & Glasg., appointed Clinical Assistant to the Electrical Department of the Royal Infirmary, Edinburgh.
 TERRY, Hedley, M.B., appointed Government Medical Officer and Vaccinator at Kisma, New South Wales.
 TURNER, A. H., L.S.A., appointed Medical Officer of Health for the Beaconsfield Urban District, *vice* W. W. Kennedy, M.B. Lond., resigned.

DIARY FOR NEXT WEEK.

TUESDAY.

Pathological Society of London, Jenner Institute of Preventive Medicine, P.M.—Laboratory Meeting.
 Royal College of Physicians of London, 5 P.M.—Dr. Judson S. Bury: The Bradshaw Lecture on Prognosis in Relation to Diseases of the Nervous System.

WEDNESDAY.

Obstetrical Society of London, 20, Hanover Square, W., 8 P.M.—Specimens will be shown by the President, Mr. Bland-Sutton, Dr. Handley, Mr. Doran, and Dr. Galabin. Paper, Mr. Alban Doran and Dr. Cuthbert Lockyer: Sloughing Fibroid of the Left Uterine Cornu; Abnormal Relations.

THURSDAY.

Harveian Society of London, Stafford Rooms, Titchborne Street, Edgware Road, W., 8.30 P.M.—Mr. Backus Browne: Twenty-five Years Experience of Urology in Children, Harveian Lecture.
 North-East London Clinical Society, Tottenham Hospital, 4 P.M.—Clinical Cases will be shown by Dr. Tresilian, Dr. Willoughby, Dr. Whiting, and others.
 Roentgen Society, 20, Hanover Square, W., 8.30 P.M.—Presidential Address by Mr. Herbert Jackson.

FRIDAY.

British Laryngological, Rhinological, and Otolological Association, 11, Chandos Street, W., 4 P.M.—Annual General Meeting. Communications will be read, and Cases shown by the President, Mr. Lennox Browne, Dr. Abercrombie, and Mr. Nourse. 5 P.M.—Address by Dr. John Macintyre (Glasgow), the President-elect, on the Application of Physical Science to the Surgery of Diseases of the Throat and Nose.
 Clinical Society of London, 20, Hanover Square, W., 8.30 P.M.—Mr. B. G. Moynihan: The Operative Treatment of Cancer of the Pyloric Portion of the Stomach. Mr. Thomas H. Morse: Case of Intracranial Section of the Second and Third Division of the Trigeminal Nerve for Severe Neuralgia. Mr. Warrington Haward: A Case of Fragilis Ossium.
 Ophthalmological Society of the United Kingdom, 20, Hanover Square, W., 8.30 P.M.—Dr. A. Hugh Thompson: Section of Orbital Tumour. Mr. E. Nettleship: Chronic Serpiginous Ulcer of Cornea (Mooren's Ulcer). Dr. W. Ernest Thompson: Three Cases of Keratitis in the Newborn Occurring after Instrumental Delivery, and Resulting in Each Case in an Almost Identical Rare Form of Opacity. Dr. G. C. Hawthorne: On Intracranial Thrombosis as the Cause of Double Optic Neuritis in Cases of Chlorosis.

POST-GRADUATE COURSES AND LECTURES.

Charing Cross Hospital, Thursday, 4 P.M.—Cases in the Wards.
 Hospital for Consumption and Diseases of the Chest, Brompton, Wednesday, 4 P.M.—Lecture on the Early Diagnosis of Pulmonary Tuberculosis.
 Hospital for Sick Children, Great Ormond Street, W.C., Thursday, 4 P.M.—Clinical Demonstration.
 London Throat Hospital, 204, Great Portland Street, W., Wednesday, 5 P.M.—Practical Demonstration: Polyps and Polypoid, 22, Chancery Street, W.C.—Demonstrations will be given at 4 P.M. as follows: Monday, skin; Tuesday, medical; Wednesday, surgical; Thursday, surgical; Friday, eye.
 National Hospital for the Paralysed and Epileptic, Queen Square, W.C.—Lectures: Tuesday, 8.30 P.M.: Locomotor Ataxia. Friday, 8.30 P.M.: Myasthenia Gravis.
 West London Hospital, Hammermith Road, W.—Lectures will be delivered at 5 P.M. as follows: Monday: Electric Examination of the Bladder and Urethra. Tuesday: Minor Surgery. Wednesday: Surgical Anatomy. Thursday: Electric Examination of the Rectum. Friday: Therapeutics.

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.

ATKINSON.—On October 26th, at Camberwell New Road, S.E., the wife of Surgeon-Captain W. Alexander Atkinson, M.D., 1st Surrey Rifles, of a son.
 WOODHEAD.—On October 27th, at Chisleholme, Sale, Cheshire, to Dr. and Mrs. H. Miall Woodhead, a daughter.

MARRIAGES.

ANDERSON—RICHARDSON.—At Holy Trinity Church, Pitlochry, on October 28rd, by the Very Rev. the Dean of Brechin, assisted by the Rev. Canon Bowstead, Kilmavonally, John Anderson, M.B., C.M. Edin., to Catherine Mary, only daughter of Captain and Mrs. Richardson, Castle Beigh, No cards.
 HALL—LOCKER.—At Nether Kirkton, Neilston, on October 25th, by the Rev. William Clark, M.A., W. Thompson Hall, M.B., C.M., Newcastle-on-Tyne, eldest son of W. Thompson Hall of Troughend, Northumberland, to Jessie, youngest daughter of the late Hugh Locke of West Arthurville, Barmhead. At home December 10th, 11th, and 12th, at 174, Portland Road, Newcastle-on-Tyne.
 LAING—CARSTAIRS.—At Elie, Fife-shire, N.B., on October 23rd, by the Rev. B. B. Begg, D.D., Abbotshall, and the Rev. R. H. Dunlop, Elie, Henry W. Laing, L.R.C.S. E., Kirkcaldy, to Jenny, daughter of the late James Leslie Carstairs, C.B.
 O'GORMAN—SCOTT.—On October 28th, at St. Andrew's Church, West Kensington, Charles O'Gorman, M.D., M.Ch. (late of Kynna, Cape Colony), to Elisabeth (widow of the late Edwin Scott).

DEATHS.

NEWBOLT.—October 25th, at 42, Catherine Street, Liverpool, in her 37th year, Mary Jane, wife of George Newbolt, M.B., F.R.C.S.
 WOOD.—At Kroonstad, Orange River Colony, South Africa, on October 4th, Sarah Wood, (née Ireland), Royal Red Cross, wife of Lieutenant-Colonel Oswald G. Wood, M.D., C.S., Royal Army Medical Corps.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

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

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

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

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

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

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

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Artiology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

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

QUERIES.

ARBOR VITÆ asks for experience as to the treatment of tuberculous glands at Salles-de-Béarn. He particularly desires to know if a course there would be likely to benefit (1) a case of enlargement without supuration; (2) a case in which supuration has occurred. Is there any possibility of the baths doing harm?

CAN MALARIAL FEVER BE ERADICATED?

J. S. writes: I have at the present a patient under treatment who suffered for the first time from a severe attack of this fever four years ago while living in South Africa. Numerous relapses have troubled him since, which are generally slight, the temperature not being over 100° or 101°. I am now giving a weekly dose of 5 grs. of quinine bisulphate as a prophylactic. Can any more effectual method of treatment be suggested?

MICROBES IN SEWER AIR.

DR. EDMUND M. SMITH (Medical Officer of Health, York) writes: At the recent discussion on enteric fever at the Cheltenham meeting of the British Medical Association I questioned that our present knowledge regarding the dangers of sewer air was satisfactory. The point was not discussed. Such investigations as have been made upon sewer air go to show that there are few, if any, microbes in it, and that there are few, if any, microbes to be found in the sewer gases escaping from sewer ventilators. But I question whether these facts, whilst they may be true of freely-running sewers, are true of sewers with very slight gradient, nearly level, dependent upon very little more than rain-waters for any flow at all, and found to have a third of their calibre taken up by fermenting deposits. Such a sewer in dry periods of the year is not by any means perfectly moist; fermentation of the deposits is going on actively; gases of putrefaction are being evolved from such deposits and minute solid particles thrown off also. Amongst these latter are surely microbes. Why not also the bacillus typhosus? I should like to hear of some reliable investigations upon this point, which appears to me to have been overlooked, and which I am convinced is an important one as regards the origin of typhoid fever in some districts.

ANSWERS.

RUSTICUS.—Kelen is a name given to chloride of ethyl. Used locally it acts by producing intense cold in the area upon which it is allowed to impinge. As a general anæsthetic it is certainly more liable to produce unpleasant effects than nitrous oxide gas. Its physiological action is similar to that of chloroform.

P. B. G. writes: In reply to "Arab," the dose of morphine hypodermically for a horse is from 3 to 8 grains, and is best combined with atropine, and should only be given in colic when the attack continues for some hours. The common colic of horses is best treated by giving diffuse stimulants by the mouth and large enemata containing turpentine or *assafoetida per rectum*. Gruel given at hotels to hunters after a long day's work is a frequent cause of colic. It is much better just to give five or six swallows of cold or tepid water than gruel, and, if there is great exhaustion, a dose of whisky or gin and a quart of beer.

SENILE PRURITUS.

DR. G. PARKER (Clifton) writes: It has been pointed out that the skin in these patients is often exceedingly dry and somewhat atrophic. I should suggest the trial of small doses of pilocarpin—say, 1/16 gr. twice or three times a day—such as Dr. Nestor Tirard and other writers advise in chronic Bright's disease. Under this treatment the state of the skin may be so much improved that little else may be needed. However, I give in addition a liniment containing a solution of menthol and salicylic acid in lanolin and olive oil to afford temporary ease. I have seen remarkable benefit follow the combined remedies.

TREATMENT OF PRURITUS VULVÆ.

DR. T. GERALD GARRY (Florence) writes: In answer to "A. F. D.," I would recommend the following simple remedy. Some four years ago a lady was under my care, suffering from this distressing condition. All the usual remedies were tried but in vain; so the patient went to London and consulted a specialist there who ordered an injection of salt solution (one tablespoonful to a pint of tepid water) twice daily.