

MEMORANDA:

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

FATAL CASE OF VIPER BITE.

On June 8th J. H., aged 4 years and 8 months, and his little sister were out chasing butterflies in a field near a streamlet, about 300 yards from home. Walking through a patch of bog myrtle and heather the lad said "a little frog jumped up and bit him on the leg through his stocking." The sister says "he immediately ran home screaming all the way." This was between 11 and 12 A.M. The father said the boy's face upon reaching the house was a picture of terror, and from the children's story the conclusion was drawn that he had been bitten by a viper. Two small punctures were to be seen when the stocking was removed. The only treatment was to apply some carbolic lotion they had in the house, and then cover the place with tar. The father had to walk about five miles to the nearest post-office to telegraph for me. I had to drive about eight miles, and then walk two miles over the fell to the house, which is on the moor, so that it was nearly 5 P.M. before I reached the house.

I found the lad curled up on two chairs, his face hidden under his arm and away from the light (he would have his cap over his eyes, I was told; he seemed in such terror of seeing something). He appeared dull, had been violently sick about a dozen times, beginning soon after entering the house, and had had his bowels open once. The temperature was normal, the pulse slightly quickened (about 100), and the heart sounds normal; the pupils were normal. He did not complain of any pain, but was thirsty. I found a small blue round mark about the size of a shilling situated at the middle and lower thirds of the leg, with a well-marked puncture in it. I did not notice two; the other might have been obliterated by the tar which was difficult to clean off. The leg as far as the knee was intensely swollen, being twice the size of the other, was boggy to touch, a dull white colour, with here and there dark bluish patches under the skin, very hot, but not tender.

I injected hypodermically into the wound and in several places from the ankle to the knee at varying depths a solution of potassium permanganate (5 grs. to 3j), and kept the leg constantly bathed with the same solution. I administered liq. strych. hydrochlor., B.P., mij , hypodermically, and ordered brandy to be given in as large quantities as possible. The lad was put to bed, and as the telegram informed me what the injury was I had with me a mixture containing ammon. carb. grs. iv , tr. digitalis, mijss , which he took every four hours.

On June 9th the boy had a restless night and was half comatose, but could be roused by shouting. He had been severely purged, and passed motions and urine in bed unconsciously. He was still thirsty. The temperature was normal; pulse, 110. The swelling had increased up the limb to the groin, but not as much in proportion as was the leg the previous day. Hypodermic injections of the same solution were given all over the thigh, which was the same colour as the leg and very hot. Bright red and blue lines like injected vessels were well-marked at the base of the toes. The pupils were sluggish; the corneal reflex present. The same treatment, strychnine injections, medicine and stimulants, etc., was carried out.

On June 10th the boy passed a restless night, but was quieter, occasionally throwing his arms about. He lay on his right side, with knees and hip slightly flexed, the head slightly flexed upon the back, the mouth open, the eyes half-closed. The breathing was rather quicker, the temperature normal, the pulse feeble and very quick; the heart sounds were faint, the eyes were fixed, the pupils, slightly dilated, did not react, the corneal reflex was slightly marked occasionally. There had been no purging, but he had passed urine in the bed, was taking no nourishment, and was distinctly moribund. The limb was decidedly improved; the swelling had gone down considerably, and there was no heat. Strychnine and brandy were given frequently hypodermically and everything possible done, but with no effect. The boy died at 2 A.M. the following morning.

The chances against recovery were the age of the patient,

the length of time before I could see the case, the celerity with which the poison was absorbed, and the great shock to the nervous system. Had the parents had the presence of mind to suck the wound or to apply the actual cautery, or even to excise the wound, the boy might have had a better chance of recovery.

Potassium permanganate being suggested as a specific for snake bites, I used it freely, and certainly it appeared to have a good effect. Could I have seen the boy sooner, I think the effects of the drug would have shown itself in a still more satisfactory way. This case, I think, shows how exceedingly poisonous the bite of a viper is, and how quickly its symptoms are developed. The boy was a strong, sturdy little fellow.

Ravenglass.

E. EDEN CASS, M.B., B.S.

REPORTS

ON

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

PAISLEY INFECTIOUS DISEASES HOSPITAL.

NOTES ON THREE CASES OF TRACHEOTOMY.

(By PHILIP C. WALKER, M.D., D.P.H., Assistant Medical Officer of Health, Paisley.)

THREE cases of tracheotomy which I recently performed suggest to my mind that certain precautions are necessary as regards the time allowed to intervene between the administration of antitoxin and the performance of the operation:

Janet A., a well-nourished child, aged 2 years, was admitted to hospital at 4 P.M. on January 19th, 1901. The breathing was laboured and croupy, and there was a good deal of retraction of the sternum and intercostal spaces during inspiration. I injected 2,000 units of antitoxin at 4.30 P.M. At 8.0 P.M. (3½ hours after antitoxin had been injected) I decided to perform tracheotomy, as the breathing was becoming more laboured and the child much exhausted.

The operation was completed without any unusual difficulty, except for a little hæmorrhage which occurred when the trachea was opened, although the wound was perfectly dry before that; this, however, was of short duration. The tube was inserted, the child recovered well from the anæsthetic, and continued to breathe regularly through the tube for about five minutes; respiration through the tube then suddenly ceased, the child became cyanosed, and the breathing was of exactly the same character as it had been prior to the operation. The child became weak and inclined to collapse. I passed a feather down the tube, and on withdrawing it a little air was inspired, but no expiration through the tube followed. I immediately removed the tube, and discovered that when performing the operation the scalpel, instead of cutting through the membrane, had detached it from the anterior wall of the trachea and pushed it backwards, the tube being inserted between it and the anterior tracheal wall. As long as the child remained with her head back the membrane lay close to the posterior aspect of the trachea, but as soon as the child raised her head it came forwards, covering and closing the lower end of the tube. I inserted the tip of my little finger and removed a large piece of membrane, an exact hollow cast of the trachea. This was followed by hæmorrhage of a dark viscid nature; and although the wound was kept open by means of dilators and artificial respiration resorted to for some time, the child never rallied. It did not appear to me that she died from hæmorrhage, but rather from not having strength enough to expel this thick blood from the trachea and large bronchi.

There were two questions which immediately occurred to me: First, why did the membrane get pushed backwards by the point of a sharp scalpel instead of remaining fixed to the anterior wall of the trachea and allowing the knife to pass through it, as was the case in several tracheotomies which I had performed before the days of antitoxin? and, secondly, why was the removal of the membrane followed by this dark hæmorrhage? To my mind there is only one answer to both

VALUATION OF PRACTICE.

G. G. and VERITAS ask whether in estimating the price to be paid for a share in a general country practice, it is usual to take an average of three years booking, or three years receipts.

* * In estimating the value of a medical practice, or a share in the same, the actual cash receipts are taken as a basis for calculation.

LIABILITY FOR FEES.

AUTOMOBILE writes that he was called up at 2 A.M. to see a patient two miles off, and attended him for a week. The patient is of weak intellect, and boarded by his father with a farmer, who sent for me. To whom should he send his bill?

* * The usual custom is to send the bill in to the father, if the son is a minor, through the person having charge of him, in this case the farmer. If the son is not a minor, it would be better to debit the person in charge, who sends for the doctor, leaving it for him to recover the amount from the son, or father. If the patient is not a minor, and has money of his own, then the account should be sent in to him personally.

VISITS AFTER VACCINATION.

JOLICA.—Our correspondent is clearly justified in charging for the subsequent visits and dressings in a case requiring active treatment, as well as for the vaccinations, and we consider his account a moderate and reasonable one.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

DR. J. N. LANGLEY, F.R.S., has been re-elected a Manager of the Gerstenberg Studentship in Moral Philosophy.

Teaching Appointments.—Dr. Shore and Mr. Blackman, St. John's College, have been reappointed University Lecturers in Physiology and Botany respectively. Mr. H. O. Jones, Clare College, has been appointed Jacksonian Demonstrator in Chemistry in place of the late Mr. W. T. N. Spivey. The General Board of Studies propose the appointment of a Demonstrator in Surgery to assist the Reader (Dr. J. Griffiths) in practical instruction and in the care of the surgical collections to be placed in the Humphry Museum.

The Diploma in Public Health.—The State Medicine Syndicate report that in the past year 60 candidates presented themselves for one or both parts of the Examination in Sanitary Science; 43 were successful in obtaining the Diploma in Public Health.

Degrees.—At the Congregation on November 7th the following medical and surgical degrees were conferred:—M.B.: O. Inchley, St. John's; G. S. Graham-Smith, Pembroke; T. E. Holmes, Caius. B.C.: G. S. Graham-Smith, Pembroke.

UNIVERSITY OF GLASGOW.

THE usual autumn graduation ceremony took place on Thursday, November 7th, in the Bute Hall. Principal Story, the Vice-Chancellor, presided over a large audience, the undergraduates being more than usually boisterous. The medical degrees conferred were as follows:

Doctors of Medicine (M.D.).—*D. L. Cairns, M.B., Ch.B. (Thesis—Researches on the Agglutinating and Prophylactic Properties of Blood Serum in Cases of Plague, with Observations on the Haematology and Bacteriology of the Disease); J. Aitken, M.B., Ch.B. (Thesis—Blood Counts in the Newborn); A. J. Ballantyne, M.B., Ch.B. (Thesis—Affections of the Eye due to Injury by Blunt Objects); J. G. Coats, M.B., Ch.B. (Thesis—Unilateral Hemorrhagic Retinitis and Hemorrhagic Glaucoma); J. Henderson, M.B., Ch.B. (Thesis—Observations on the Maternal Blood at Term and During the Puerperium); J. D. R. Monro, M.A., M.B., C.M. (Thesis—A Study of Appendicitis in General Practice, with an Analysis of 36 Cases); Agnes Forbes Blackadder, M.A., M.B., Ch.B. (Thesis—Six cases of Acute Dilatation of the Heart occurring in Children); W. B. Brodie, M.B., C.M. (Thesis—The Action of Oxalates upon and the Relation of Calcium Salts to Muscle); W. Cullen, M.B., C.M. (Thesis—Insomnia: Clinical Observations and some Therapeutic Suggestions); R. S. Dickson, M.B., C.M. (Thesis—Observations on a case of Actinomycosis); C. H. Hall, M.B., C.M. (Thesis—The Medical and Allied References in the Writings of Chaucer); J. H. Lyell, M.B., C.M. (Thesis—A Study of some Clinical and Pathological Aspects of Scarlet Fever); Eva McCall, M.B., Ch.B. (Thesis—Some Account of the recent Epidemic of Beer Poisoning as observed among Patients in the Salford Union Infirmary); R. A. Macleod, M.B., C.M. (Thesis—Acute Encephalitis); E. J. Morris, M.B., C.M. (Thesis—Carbonic Oxide Poisoning in Mines with special reference to the Tylorstown Explosion); W. Roxburgh, M.B., C.M. (Thesis—Organotherapy); A. B. Sloan, M.B., Ch.B. (Thesis—Observations on One Hundred Consecutive Cases of Enteric Fever); H. G. Stewart, M.B., C.M. (Thesis—The Finsen Treatment of Lupus Vulgaris—the Benefits to be derived from it, Comparison between it and other ways of Treating the Disease); E. Watt, M.B., Ch.B. (Thesis—The Prognosis and Treatment in Scarlatina).

* With Honours.

† With Commendation.

Bachelor of Medicine (M.B.) and Master in Surgery (C.M.).—G. W. Milne. **Bachelors of Medicine (M.B.) and Bachelors of Surgery (Ch.B.).**—R. W. Auld, J. J. Y. Campbell, E. S. Chapman, G. H. Clark, D. J. Fletcher, T. Forsyth, W. Gemmill, J. D. Gourlay, A. Gow, Janet Bisland Higgins, A. Linn, W. J. McFeat, W. F. M'Glashan, K. M. Myhre, R. Orr, Mary Emma Potter, A. Reid, Elizabeth Ness MacBean Ross, J. Stewart, M.A., R. R. Swan, R. G. White, M.A., B.Sc., J. Wilson, W. R. Wyllie, Henrietta Fraser Young.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

A QUARTERLY meeting of the Royal College of Physicians of Edinburgh was held on Tuesday, November 5th, Dr. Fraser, President, in the chair.

Death of Her Imperial Majesty the Empress Frederick.

The President communicated a letter which he had received from the Secretary of State for Scotland in acknowledgment of the message of condolence sent by the College to His Majesty the King on the occasion of the death of H.I.M. the Dowager Empress Frederick, and a similar acknowledgment from Count Metternich, in response to the message sent to H.I.M. the German Emperor.

The late Dr. John Connel and Dr. James Foulis.

The President referred in sympathetic terms to the loss which the College had sustained through the death of two Fellows of the College, Dr. John Connel and Dr. James Foulis.

Introduction of New Fellows.

Dr. Claude Buchanan Ker and Mr. Douglas Chalmers Watson were introduced and took their seats as Fellows of the College.

Admission to the Fellowship.

Dr. David James Graham, M.R.C.P.E., was admitted by ballot to the Fellowship of the College.

Admission to the Membership.

On a ballot the following candidates were admitted to the Membership of the College after examination: Harold Sherman Ballantyne, M.B., C.M., Eskbank; David Whiteside MacLagan, M.B., Ch.B., Edinburgh; and Guy Verney Fletcher, L.R.C.P. & S. Edin., Manchester.

Admission to the Licence.

The Registrar reported that since the last quarterly meeting thirty-nine persons had obtained the Licence of the College by examination.

Wood Bursary Award.

The Wood Bursary, of the value of £60 per annum and tenable for three years, which is in the gift of the College, was awarded after a competitive examination in Latin, Greek, Mathematics, and English, to Mr. Aeneas Rose.

Expulsion of Licentiate.

By vote of the College, Richard Wallace was deprived of his licence to practise, as granted by the College, and of all his rights and privileges as Licentiate.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

ANNUAL REPORT OF COUNCIL.

THE Council's annual report of the work done by the College in its various departments during the year ending August 31st, 1901, has been issued, and will be placed before the Fellows and Members at the annual meeting to be held at the College in Lincoln's Inn Fields, on Thursday next, November 21st, at 3 P.M. It reports the proceedings of the annual meeting held in November, 1900, and states that the following replies to the four resolutions carried at the meeting were adopted by the Council, namely:

1. The Council, having fully considered the resolution moved by Dr. Herbert Snow, seconded by Mr. Joseph Smith, and carried *nem. con.*, are of opinion that it would be most undesirable to reopen the question of the representation of Members on the Council.

2. That the mover and seconder of Resolution No. 2, carried at the annual meeting of Fellows and Members, be requested to furnish the Council with information as to the points in regard to which they are of opinion the Medical Acts require amendment.

3. That the annual report of the Council be sent only to those Fellows and Members who apply for it; but that, to save unnecessary trouble to those who desire to receive the report regularly, any Fellow or Member may on request have his name entered upon a standing list.

4. That the mover and seconder of Resolution No. 4, carried at the annual meeting of Fellows and Members, be informed that the resolution has been laid before the Council.

Mr. George Brown and Dr. Danford Thomas, the mover and seconder of Resolution No. 2, mentioned above, in March last sent a letter to the President and Members of the Council in which they detailed the points in regard to which they considered that the Medical Acts required amendment, and the Council sent an answer, of which the following is one of the chief paragraphs:

"The Council approve the principle that no unregistered person should be allowed to practise medicine or surgery for gain; and, if the General Medical Council should deem it expedient to apply for an alteration of the Medical Acts to that effect, the Council would support their action."

The report describes the regulations of the College respecting the instruction of students during the preliminary scientific year; and alludes to the decrease (amounting to 26) in the number of medical and dental students registered on the several recognised preliminary examinations in England.

The remainder of the report comprises the regulations respecting the various college prizes, the gifts to the College during the year, the lectures, the work of the laboratories of the two Colleges, finance (the income of the College having last year exceeded the expenditure by £2,115), the retirement of Mr. Edward Trimmer from the post of Secretary after forty-two years in the service of the College, the death of Queen Victoria, and the address of the Council to King Edward on that event; paragraphs relating to the museum and the library; returns of the results of the various professional examinations held by the College during the year, and lists of deceased Fellows and Members.

FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

ANNUAL MEETING.

At the annual meeting of the Faculty, held on November 4th, Dr. James Finlayson was re-elected President, and Mr. John Burns Visiting. Dr. James D. MacLaren retired from the office of Treasurer, which he has

held for more than a quarter of a century, and his place was filled by Dr. W. L. Reid. For the vacant Examinerships there were several contests, the new Examiners being Thomas Gray, D.Sc., B.Sc.Lond., in Chemistry, and Dr. A. K. Chalmers, M.O.H., Mr. Hugh Gault, and Mr. R. M. Buchanan in various departments of Public Health. In Anatomy, the outgoing Examiner, Dr. Thomas H. Bryce, was re-elected.

CONJOINT BOARD IN IRELAND.

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

In all Subjects.—J. F. Fitzgerald.

Completed Examination.—J. M. Barry, Miss M. E. Bridgford, C. W. Conry, A. D. C. Cummins, S. G. Gordon, W. R. Meredith, S. R. M'Cauland, F. G. Sharpe, R. C. Vernon, R. O. White, G. B. Wilkinson, F. W. Woods, T. J. Wright.

DIPLOMA IN PUBLIC HEALTH.—The following candidates have been successful:

Lieutenant-Colonel U. J. Bourke, R.A.M.C., M. J. B. Costello, M.B. & S., R.U.I., H. A. Dougan, M.B., D. P. Ffrench, M.B., R. Fox-Symons, M.R.C.S., L.R.C.P., A. Moore, M.D., J. H. McAuley, L.R.C.P. & S.Irel., O. J. Powell, F.R.C.S.I., C. L. Sansom, F.R.C.S. Edin.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

CERTIFICATES OF REVACCINATION.

DR. THOMAS F. I. BLAKER, Public Vaccinator, Steyning Union, Sussex, sends a copy of a letter recently received by him from the Local Government Board, which he thinks may be helpful to other public vaccinators:

Ref. Number,
134,403 M., 1901.

Local Government Board,
Whitehall, S.W.,
8th November, 1901.

Sir,—I am directed by the Local Government Board to advert to your letter of the 1st instant, and in reply to state that the Vaccination Acts do not require the public vaccinator to send certificates of successful revaccination to the vaccination officer.

I am, Sir,
Your obedient servant,
(Signed) NOEL T. KERSHAW,
Assistant Secretary.

VITAL STATISTICS OF IRELAND.

THE Annual Report of the Registrar-General for Ireland, of the Marriages, Births, and Deaths registered in Ireland during the year 1900 was issued recently.

The following table gives a general summary of the whole of Ireland:

	Estimated Population in the Middle of the Year.	Numbers Registered.			Number of Emigrants.
		Marriages.	Births.	Deaths.	
Yearly average, 1890-99	4,587,270	22,127	105,882	83,428	44,955
1900	4,466,326	21,330	101,459	87,606	45,288

More particular information is disclosed by the next table, which shows that, while the birth-rate is highest in Ulster, the death-rate is greatest in Leinster.

1900.	Annual Rate per 1,000 of the Population represented by		
	Marriages.	Births.	Deaths.
Ireland ...	4.8	22.7	19.6
Provinces:			
1. Leinster ...	5.2	22.7	21.9
2. Munster ...	4.1	21.9	19.1
3. Ulster ...	5.5	24.1	20.2
4. Connaught ...	3.6	21.2	15.5

BIRTH-RATES AND DEATH-RATES.

Of the total births in Ireland during the year, 52,234 were males and 49,225 females. Comparing the provinces, we find that the percentage of children in Ulster who were illegitimate was 3.6, in Leinster 2.5, in Munster 2.5, and in Connaught 0.5. The highest birth-rates in the counties are Antrim 28.4 per 1,000, Dublin 26.6, Down 26.0, and Kerry 24.1. The lowest are Westmeath 18.5, Meath 18.7, Monaghan 18.9, and Roscommon 18.9.

The total death-rate in Ireland for the year was 19.6 per 1,000, which is

1.4 per 1,000 over the average for the ten preceding years. As regards the counties, those with the highest rate are Dublin 25.3, Antrim 28.3, Armagh 21.4, Monaghan 21.0, and Limerick 20.9; while those with the lowest mortality are Mayo 13.9, Roscommon 15.1, Leitrim 15.9, and Sligo 16.1. Monaghan occupies the unenviable position of appearing among the lowest birth-rates and the highest death-rates.

CAUSES OF DEATH.

Coming to the causes of death, an excellent coloured diagram depicts the comparative mortality from twenty-two of the principal causes. The total number of deaths was 87,606.

Numbers.		Rate per 1,000.	Numbers.		Rate per 1,000.
Old age ...	16,278	3.64	Apoplexy ...	1,456	0.33
Tuberculosis ...	12,848	2.88	Inflammation of the brain and membranes ...	1,064	0.24
Bronchitis ...	9,655	2.16	Liver diseases ...	793	0.18
Diseases of circulatory system ...	7,042	1.56	Bright's diseases ...	793	0.18
Influenza ...	4,677	1.05	Enteric fever ...	769	0.17
Pneumonia ...	3,824	0.86	Whooping-cough ...	689	0.15
Cancer ...	2,717	0.61	Puerperal fever and childbirth ...	650	0.15
Diseases of the stomach and intestines ...	2,412	0.54	Measles ...	640	0.14
Convulsions ...	2,158	0.48	Premature birth ...	510	0.11
Diarrhoeal diseases ...	1,702	0.40	Croup ...	362	0.08
Hemiplegia (brain paralysis) ...	1,513	0.34	Diphtheria ...	362	0.08

The zymotic affections account for 10,163 deaths, or 2.28 per 1,000 of the population. This is an increase of 1,306 over the number for the preceding year, and was mainly due to the prevalence of influenza, which caused 4,677 deaths in 1900, against 1,716 in 1899. There were also 204 deaths from cerebro-spinal fever, as against 45 in 1899. Of the other zymotic affections, enteric fever is the only one which calls for special comment. The deaths (769) from it are less than those of the preceding year by 121, and 109 less than the average for the previous decade. The remarkable features are that 431 of the total number occurred in Ulster, Leinster recorded 192, Munster 102, and Connaught 44. Then, again, 272 of the total deaths occurred in Belfast Union, while in the North Dublin Union there were 63, and in South Dublin Union 73. In other words, 52 per cent. of the deaths from enteric fever in Ireland took place in the Unions of Belfast, Dublin North, and Dublin South.

TUBERCULOSIS.

As already shown in the comparative table, after old age tuberculosis stands highest as a cause of mortality, and claimed 12,848 victims during 1900; 10,076 deaths were due to pulmonary tuberculosis, 1,026 to tabes mesenterica, 749 to tuberculous meningitis, and 997 to other forms. The total deaths from tuberculosis represent a rate of 2.88 per 1,000, being 0.03 per 1,000 in excess of the previous year. The rate from pulmonary tuberculosis is 2.26 per 1,000 living.

The phthisical death-rate in the four provinces reads thus: Leinster, 2.59; Munster, 2.32; Ulster, 2.24; and Connaught, 1.62 per 1,000.

The increase of tuberculosis in Ireland is shown by the following returns, which do not confirm the statements that sometimes appear in regard to the decrease of this scourge in Ireland.

		Rates per 1,000 of Estimated Population.
Average for 10 years 1871-80 ...	...	2.6
Average for 10 years 1881-90 ...	...	2.7
Average for 9 years 1891-9 ...	...	2.8
Average for 29 years 1871-99 ...	...	2.7
1900 ...	...	2.9

The want of any accommodation, practically speaking, for advanced consumption other than in the workhouse infirmaries in Ireland accounts for the following results in the unions: In the North Dublin Union the death-rate from tuberculosis was 5.7 per 1,000, in the South Dublin Union it was 5.5, in Belfast 4.4, in Londonderry 2.9, in Waterford 3.6, and in Limerick 3.4.

CANCER.

Much credit is due to the Registrar-General both for the clear diagram which shows the comparative frequency of cancer in England, Scotland, and Ireland from 1864 to 1900, and for the shaded map showing the distribution of the mortality from this disease in the various counties in Ireland from 1896 to 1900 inclusive.

The total deaths for the year amounted to 2,717 (1,212 males and 1,505 females), representing a rate of 0.6 per 1,000 of the population of the country, which is a slight increase on the preceding year.

The proportion of deaths from this cause is lowest in Kerry, with an average rate for five years of 2.76 per 10,000. In fact, the western half of Ireland may be said to be much more free from the disease than the eastern half. Armagh stands highest with a rate of 10.09 per 10,000, and Dublin comes second with 8.19. The migration of cancer cases to the Dublin hospitals may probably account for the high figure in the latter county. The rates in Londonderry, 7.93, Carlow 7.32, Tyrone 7.14, and Monaghan 7.08, are all relatively high. As regards the seat of the disease, 622 of the deaths were attributed to the stomach, 274 to cancer of the breast in females, and 184 to that of the uterus.

Whereas in England and Scotland the rate per 10,000 was 3.9 and 4.3 respectively in 1864, in Ireland it was only 2.7, and by a gradual and slightly varying increase the rate stands thus: England (1899) 8.3, Scotland (1898) 8.2, and Ireland (1900) 6.1 per 10,000 living. That is to say, the increase in cancer in the years indicated has been: England 4.4, Scotland 3.9, and Ireland 3.4 per 10,000 of the population.

METEOROLOGY.

The report concludes with observations on the weather derived from the returns compiled by Sir J. W. Moore, M.D. The following may be given: Mean height of barometer during the year was 29.891. Mean temperature of the air during the year was 50.3° F. Rain fell on 216 days, and the total rainfall measured 34.338 inches.

DIPHTHERIA ANTITOXIN

At a meeting of the Crewe Town Council on November 9th it was resolved, on the recommendation of the medical officer of health, made through the Health Committee, to supply antitoxin free for cases of diphtheria.

HOW DISEASE IS SPREAD.

At a recent meeting of the Welton (Lincolnshire) District Council, Dr. Harrison, M.O.H., reported that on October 6th a child was taken ill with a sore throat and rash, followed by peeling. On October 20th the child, while still peeling, was sent to chapel and Sunday-school, and the next day resumed her attendance at school; but, as she was found to be peeling, she was sent home after she had been attending school for three days. On October 26th a medical man saw her and notified the disease, at the same time informing the mother of its true nature. Notwithstanding this, the child was taken two days afterwards on a visit to a friend's house two miles away, and remained there for two days. It is not surprising that the attendance at the school dropped from an average of 60 to 18, and that, although many of the absentees were kept at home from fear of infection, no fewer than five homes became infected.

Although we are disposed to give full credit to the charitable sentiments which led the majority of the District Council to decide to write a severe letter of reprimand to the widow mother of the patient who was almost destitute, there could be no doubt that from the point of view of the public interest her carelessness in the first place, and her wilful exposure of the child after being informed of the true nature of the complaint from which it suffered, might have brought upon her some form of punishment which would have been a salutary lesson to others. Such ignorance and carelessness clog the wheels of preventive medicine in this country, even at the present day, to an enormous extent. The only remedy seems to be to promote the right sort of education—the education, that is, which will make the future parents a little more intelligent on the subjects of infant-rearing, and as to the precautions which they should take to guard their offspring and their neighbours from the common communicable diseases.

PUBLIC VACCINATORS AND VACCINATION.

SEVERAL correspondents have called our attention to a document purporting to be a letter issued by the Organising Secretary of the Association of Public Vaccinators of England and Wales, which has appeared in certain London newspapers, as follows:

1. That every person in England and Wales is entitled to demand revaccination at his own house, free of charge, at the hands of the public vaccinator of his district, provided that such person has not been vaccinated or revaccinated within ten years preceding the date of his demand.

2. That the name and address of the public vaccinators for each district in England and Wales can be obtained from the clerk to the guardians and from the registrars of births and deaths.

3. That public vaccinators are the only medical men who are compelled to use the safeguards prescribed by the regulations of the Local Government Board, and that they are the only persons who can obtain the pure glycerinated calf lymph prepared in the laboratories of the Local Government Board, and that they are compelled to use that lymph in all cases of vaccination and revaccination in their own districts.

“* We have not seen the original of this document, and are therefore unable to say whether the nakedness of its appeal to the public may not have been qualified to some extent by the context. As it stands the document appears to us to be most injudiciously worded.

DUTIES OF A DISTRICT MEDICAL OFFICER.

L. H. writes saying he is a district medical officer and was appointed in February last. He has been supplied with a list of three patients who are “entitled to his services at call.” He finds that two of these are still attended by his predecessor in office, and asks whether this is proper and whether he ought to take action in reference to it.

“* Our correspondent appears to have but little cause for dissatisfaction, his only complaint being that two persons whom he is paid by contract to attend never apply for his services. We cannot see that he suffers any disadvantage from this, and even if he does, he cannot insist on any alteration. He should, however, fully understand that these said patients are at liberty to apply to him for attendance at any time they may require it, and if they should do so it will be his duty to attend them in the same way as if he had done so from the first.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,554 births and 4,336 deaths were registered during the week ending Saturday last, November 9th. The annual rate of mortality in these towns, which had been 16.7 and 17.6 per 1,000 in the two preceding weeks, further rose last week to 19.7. The death-rates in the several towns ranged from 11.0 in Wolverhampton, 12.6 in Plymouth, 13.8 in Derby, and 14.2 in Leicester to 25.3 in Blackburn, 25.9 in Manchester, 26.1 in Salford, and 26.7 in Sheffield. In the thirty-two large provincial towns the death-rate averaged 20.0 per 1,000, and exceeded by 0.6 the rate recorded in London, which was 19.4 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.0 per 1,000; in London this death-rate was equal to 1.6 per 1,000, while it averaged 2.3 in the thirty-two large provincial towns, among which the highest zymotic death-rates were 4.1 in Blackburn, 4.6 in Preston, 5.6 in Sheffield, and 5.9 in Burnley. Measles caused a death-rate of 1.9 in West Ham, 2.3 in Oldham, 2.4 in Blackburn, 2.8 in Norwich, and 3.0 in Sheffield; scarlet fever of 1.2 in Bolton and 2.3 in Preston; whooping-cough of 1.0 in Newcastle; “fever” of 1.0 in Derby; and diarrhoeal diseases of 1.0 in Plymouth, 1.0 in Liverpool, 1.4 in Preston, 1.9 in Gateshead, and 2.1 in Burnley. The 88 deaths from diphtheria in thirty-three towns included 33 in London, 7 in Sheffield, 6 in Burnley, 5 in Liverpool, 5 in West Ham, 4 in Manchester, and 4 in Leeds. Sixteen fatal cases of small-pox occurred in

London, but not one in any of the thirty-two provincial towns. The number of small-pox patients under treatment in the Metropolitan Asylums Hospitals, which had been 172, 180, and 284 on the three preceding weeks, had further increased to 297 on Saturday, the 9th inst.; 62 new cases were admitted during the week, against 47, 57, and 169 in the three preceding weeks. The number of scarlet fever cases in these hospitals and in the London Fever Hospital at the end of the week was 3,331, against numbers increasing from 2,994 to 3,392 on the nine preceding Saturdays: 380 new cases were admitted during the week, against 404, 400, and 425 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, November 9th, 874 births and 692 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 16.9, 19.3, and 19.9 per 1,000 in the three preceding weeks, further increased last week to 21.7 per 1,000, and exceeded by 2.0 the mean rate during the same period in the thirty-three large English towns. The rates in the eight Scotch towns the death-rates ranged from 13.7 in Greenock and 18.1 in Leith to 23.7 in Perth and 24.2 in Glasgow and in Dundee. The zymotic death-rates in these towns averaged 2.8 per 1,000, the highest rates being recorded in Glasgow and Dundee. The 356 deaths registered in Glasgow included 19 from measles, 2 from scarlet fever, 5 from diphtheria, 12 from whooping-cough, 12 from “fever” and 10 from diarrhoea. Two fatal cases of diarrhoea were recorded in Edinburgh. Four deaths from measles, 2 from whooping-cough, and 6 from diarrhoea occurred in Dundee, 3 from diarrhoea in Aberdeen, and 2 from “fever” in Paisley.

MEDICAL NEWS.

THE annual dinner of the Harveian Society will take place on Thursday, November 28th, at 7 P.M., at the Café Monico. The President, Dr. D. B. Lees, will take the chair.

SUCCESSFUL VACCINATION.—Mr. Philip E. Hill, Public Vaccinator for the Crickhowell District of the Crickhowell Union, has been awarded the Government grant for efficient vaccination for the twelfth time in succession.

THE North Eastern Hospital for Children has received a further instalment of £200 from the editor of *Little Folks* towards the endowment of a ward in the building about to be erected in Hackney Road.

THE first ordinary meeting of the Royal Statistical Society for the present session will be held on Tuesday next at 5.30 P.M. at the rooms of the Society of Arts, John Street, Adelphi, when the President, Lord Avebury, will deliver his annual address on Local and Imperial Burdens.

THE Odontological Society of Great Britain is prepared to receive applications for grants in aid of the furtherance of scientific research in connection with dentistry. Further particulars can be obtained from the Secretary of the Scientific Research Committee, Odontological Society, 20, Hanover Square, W.

CHICAGO PASTEUR INSTITUTE.—The last report of the Chicago Pasteur Institute states that since the establishment of the institution only 7 patients have died of the 1,150 who have been treated, a mortality of little more than half of 1 per cent. Of the total number of patients who applied for treatment 1,040 had been bitten by dogs, 36 by cats, 41 by horses, 12 by skunks, 5 by wolves, 6 by cows, 2 by calves, 6 by human beings, 1 each by a rat, a mule, and a pig. Of those who died, 4 developed hydrophobia soon after reaching the Institute, many days having elapsed since the infliction of the bite.

PRESENTATION TO THE MATRON OF LAMBETH INFIRMARY.—The Matron of the Lambeth Infirmary deserved well of her Board and staff, and the opportunity of her resignation after twenty-eight years of work was taken to mark the sense of what was owing to Miss Griffiths. Her appointment was made at the period when nursing under the Poor Law was beginning to emerge out of the mire of past neglect and indifference, and Miss Griffiths has done much to raise the standard in her own infirmary. That her efforts have been so appreciated by those who are best qualified to judge promises well for the continuance of the reform, and we hope that before long Lambeth Infirmary may be welcomed into the foremost rank of the metropolitan infirmaries.

MEDICAL MAYORS.—In the list of Mayors who have come into office at the commencement of the municipal year, we notice the following members of the medical profession: Aberavon, Dr. John Henry Williams; Barnsley, Dr. J. F. Horne (re-elected); Bath, Dr. E. E. Phillips; Bootle, Dr. G. S.

Wild; Bournemouth, Dr. G. Henry Frost; Daventry, Dr. James Christopher O'Rafferty; Droitwich, Dr. Harry S. Jones; Falmouth, Dr. W. Banks; Glastonbury, Dr. Maurice J. Doidge; Honiton, Dr. James Campbell Macauley; Kingston, Dr. W. E. St. Lawrence Finny (third year); Montgomery, Dr. N. W. Fairles-Humphreys; Nelson, Dr. W. Jackson; Ruthin, Dr. J. M. Hughes (re-elected, sixth year); Saffron Walden, Dr. J. P. Atkinson (re-elected); Saltash, Alderman R. T. Meadows, M.D. Edin.

THE EPIDIASCOPE.—There is on view at the London dépôt of the firm of Carl Zeiss, of Jena, an instrument which has been for some time in use on the Continent for the pictorial illustration of lectures, but which has now for the first time been demonstrated in this country. By means of a series of inclined mirrors enclosed in a cabinet with a lens, the light from the electric arc of a searchlight lamp is projected in a large circular illuminated area on an opaque screen placed in front of the apparatus, as from an ordinary lantern. The special feature is that either opaque or translucent objects may be placed on a stage in the interior of the cabinet, in the course of the beam of light, with the result that an image of them is projected on the screen in high relief in their natural colour and with much detail. Glass jars, preferably with straight sides, containing pathological specimens in spirit, may be placed on the stage, and a picture of most realistic character is thrown on the screen. The magnification varies with the distance between the apparatus and the screen; thus if the interval be about 8 feet, the magnification is about nine times. Dry objects such as bones, or even parts of the living body such as the hand, placed on the stage can be demonstrated equally well to a roomful of people at the same time. Not only objects having bulk, but representations of such plane surfaces as a printed page, or illustrations from a book in their actual colour and with almost perfect detail, are projected and magnified. Transparencies also, such as photographic lantern slides, may by a slight alteration be equally well shown, and by interposing a microscope highly-magnified representations of sections or films, which must, however, be deeply stained, may be thrown on the screen. The apparatus is perhaps of less obvious utility in showing microscopic preparations, with high magnification, than in demonstrating macroscopic specimens, as the spectator needs to go close up to the screen to see the minute details. The chief drawback is from the heat generated by the electric arc, but this should be more or less easily obviated by a system of water jackets. The proper focus is obtained by raising or lowering the object stage, and the available field of view is defined by means of blackened diaphragms. The cost of the apparatus is between £50 and £100.

MEDICAL VACANCIES.

The following vacancies are announced:

- BEVERLEY DISPENSARY AND HOSPITAL.**—Medical Officer and Dispenser. Salary, £180 per annum. Applications to the Clerk by December 2nd.
- BIRMINGHAM GENERAL HOSPITAL.**—Two House Surgeons. Appointments for six months. No salary, but residence, board, and washing provided. Applications to the House Governor by November 30th.
- BROCKBRIDGE 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.
- BRENTFORD UNION.**—Assistant Medical Superintendent of the Infirmary and Assistant Medical Officer of the Workhouse and Schools; unmarried. Salary, £100 per annum, with furnished apartments, rations, washing, etc. Applications on forms provided to be sent to the Clerk to the Guardians by November 19th.
- BRENTWOOD: ESSEX COUNTY ASYLUM.**—Junior Assistant Medical Officer: not over 25 years of age. Salary, £140 per annum. Applications to the Medical Superintendent.
- BRIGHTON: ROYAL ALEXANDRA HOSPITAL FOR SICK CHILDREN.**—Assistant Surgeon: must be M or F.R.C.S. Eng. Applications to the Chairman of the Medical Committee by November 25th.
- BUXTON: DEVONSHIRE HOSPITAL.**—(1) House Surgeon. Salary, £240 per annum. (2) Assistant House-Surgeon. Salary, £20 per annum. Furnished apartments, board, and lodging provided in each case. Applications to the Secretary by January 25th, 1902.
- CENTRAL LONDON OPHTHALMIC HOSPITAL.** Gray's Inn Road, W.C.—House-Surgeon. Salary at the rate of £50 per annum, with board and residence. Applications to the Secretary by December 31st.
- CHESTER GENERAL INFIRMARY.**—House-Physician. Salary, £90 per annum, with residence and maintenance. Applications to the Chairman of the Board of Management, 29, Eastgate Row N., Chester, by November 30th.
- CLUTTON UNION.**—Medical Officer and Public Vaccinator for the Harptree District. Salary, £49 per annum and vaccination fees. Applications to the Clerk, Clutton Union Temple Cloud, near Bristol, by November 20th.
- DELAFTY COUNTY ASYLUM, Wicklow.**—(1) Senior Assistant Medical Officer (male). Salary, £150, rising to £181 per annum. (2) Junior Assistant Medical Officer. Salary, £120, rising to £151 per annum. Furnished apartments, board, washing, and attendance provided in each case. Applications to the Medical Superintendent.
- 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.

- EXETER: ROYAL DEVON AND EXETER HOSPITAL.**—Junior Assistant House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with board, lodging, and washing. Applications to the House-Surgeon by November 20th.
- GLAMORGAN COUNTY ASYLUM, Bridgend.**—Fifth Assistant Medical Officer; unmarried and not over 30 years of age. Salary, £170 per annum, with board, lodging, and washing. Applications to the Medical Superintendent by November 20th.
- GLASGOW UNIVERSITY.**—Additional Examiners for Degrees in Medicine, with special reference to (1) Medicine and Therapeutics, (2) Materia Medica, (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), £20. Applications to the Secretary of the Glasgow University Court, 91, West Regent Street, Glasgow, by December 3rd.
- GREAT NORTHERN CENTRAL HOSPITAL.**—Surgeon; must be F.R.C.S. Eng. Applications to the Secretary by November 18th.
- GRIMSBY AND DISTRICT HOSPITAL.**—Resident House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to the Honorary Secretary by November 19th.
- HOLBORN UNION.**—Assistant Medical Officer to the Infirmary, Archway Road, N. Salary, £100 per annum, rising to £140. Applications on forms provided, to be sent to the Clerk to the Guardians, Clerkenwell Road, E.C., by November 19th.
- 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 £200, and on promotion to £250, with furnished apartments, board, washing, and attendance. Applications to the Medical Superintendent.
- LEEDS GENERAL INFIRMARY.**—Resident Surgical Officer. Salary, £100 per annum, with board, residence, and washing. Applications to the Secretary of the Faculty at the Infirmary by November 27th.
- 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 EAR HOSPITAL.**—Clinical Clerkship. Appointment for six months. Applications to the Secretary by November 15th.
- MANCHESTER: ST. MARY'S HOSPITAL, Quay Street.**—House-Surgeon and Resident Obstetric Assistant Surgeon. Appointment for one year, but eligible for re-election. Salary, £100 per annum, with board and residence. Applications to the Secretary by December 5th.
- MIDDLESEX HOSPITAL, W.**—Medical Officer and Registrar to the Cancer Department. Salary, £100 per annum, with board and residence in the College. Applications to the Secretary-Superintendent by December 14th.
- NEWCASTLE-ON-TYNE DISPENSARY.**—Visiting Medical Assistant. Salary, £160 for first year, and £180 afterwards. Applications, on forms obtainable from the Resident Medical Officer, to be sent to the Honorary Secretary, Mr. Joseph Carr, 41, Mosley Street, Newcastle-on-Tyne by November 19th.
- NORTH LONDON HOSPITAL FOR CONSUMPTION, Hamstead.**—Assistant Physician. Applications to the Secretary at the Office, 41, Fitzroy Square, W., by November 30th.
- NORTH-WEST LONDON HOSPITAL, Kentish Town Road.**—(1) Resident Medical Officer. (2) Assistant Resident Medical Officer. Appointments for six months; the junior officer is eligible for the senior post. Salary in each case at the rate of £20 per annum, with board, residence, and washing. Applications to the Secretary by December 2nd.
- NOTTINGHAM COUNTY ASYLUM.**—Assistant Medical Officer, between 21 and 30 years of age. Salary, 4 guineas per week, with board, lodging, attendance, and washing. Applications to Chairman of Committee, County Asylum, Nottingham.
- PLAISTOW: ST. MARY'S HOSPITAL FOR SICK CHILDREN.**—Assistant Medical Officer. Appointment for six months, in first instance, for six months. Salary, £25 per annum, with board, residence, laundry, etc. Applications to the Secretary by November 22nd.
- PLYMOUTH: SOUTH DEVON AND EAST CORNWALL HOSPITAL.**—Assistant House-Surgeon. Appointment for six months, but renewable. Salary at the rate of £50 per annum, with board and residence. Applications to the Honorary Secretary by November 30th.
- ROYAL DENTAL HOSPITAL AND LONDON SCHOOL OF DENTAL SURGERY, Leicester Square.**—Lecturer on Dental Surgery and Pathology. Applications to the Dean by November 25th.
- ROYAL HOSPITAL FOR CHILDREN AND WOMEN, Waterloo Bridge Road, S.E.**—Resident Medical Officer. Appointment for four months. Salary at the rate of £70 per annum. Applications to the Secretary by November 30th.
- ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, King William Street, Strand, W.C.**—Clinical Assistants. Appointments for six months. Applications to the Secretary by November 31st.
- ST. MARY'S HOSPITAL FOR CHILDREN, Plaistow, E.**—Assistant Resident Medical Officer. Appointments for six months. Salary at the rate of £30 per annum, with board, residence, laundry, etc. Applications to the Secretary by November 22nd.
- SALISBURY INFIRMARY.**—(1) House-Surgeon; unmarried. Salary, £100 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.
- SANITARY INSPECTORS' EXAMINATION BOARD.**—Examiner; must be a Medical Officer of Health. Applications to Mr. E. E. Coles, Hon. Sec., 1, Adelaide Buildings, London Bridge E.C., 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 £200), with means of locomotion and first-class passage to and from England. Applications to Messrs. J. Pook and Co., 63, Leadenhall Street, E.C., by November 30th.
- SHEFFIELD ROYAL INFIRMARY.**—Casualty Officer. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary by November 30th.
- SOMERSET AND BATH LUNATIC ASYLUM, Colford, Taunton.**—Assistant Medical Officer; not over 30 years of age and unmarried. Salary, £150 per annum, with furnished apartments, board, fuel, lighting, and washing. Applications to the Medical Superintendent by November 21st.
- 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 by November 18th.
- SOUTHWARK BOROUGH.**—Public Analyst, not over 45 years of age. Salary, £400 per annum, rising to £500. Applications, on forms provided, to be endorsed "Public Analyst," and sent to the Town Clerk, Southwark Town Hall, Walworth Road, S.E., by November 24th.
- STOCKTON-ON-TES: STOCKTON AND THORNABY HOSPITAL.**—House-Surgeon; non-resident; not exceeding 30 years of age. Salary, £200 per annum. Applications to the Secretary by November 28th.
- WESTMINSTER GENERAL DISPENSARY.**—Honorary Physician. Applications to the Secretary, 9, Gerrard Street, W., by November 25th.
- WIGAN: ROYAL ALBERT EDWARD INFIRMARY.**—Junior House-Surgeon. Salary, £200 per annum, with furnished apartments. Applications to the General Superintendent by November 27th.
- WORCESTER COUNTY AND CITY ASYLUM.**—Junior Assistant Medical Officer; not over 30 years of age. Salary, £120 per annum, rising to £150, with board, furnished apartments, and washing. Applications to the Medical Superintendent, by November 20th.

MEDICAL APPOINTMENTS.

- BARTON, G. A. H., M.R.C.S., L.R.C.P.,** appointed an Honorary Anaesthetist to the City Orthopaedic Hospital.
- CROSS, Ernest W., M.R.C.S. Eng., L.R.C.P. Lond.,** appointed Medical Officer to the Infant Orphan Asylum, Wandsworth, vice Ronald Hills, M.R.C.S., resigned.
- DEMPSY, Patrick, F.R.C.S., M.R.C.S., L.R.C.P.,** appointed Surgeon for Disease of the Throat and Nose to the Mater Misericordiae Hospital.

EADIS, A. J., L.R.C.P. & S.I., appointed Senior Assistant Medical Officer at the County Asylum, Winwick.

SALES, Wallace, L.R.C.P., L.R.C.S., appointed Honorary Surgeon to Hulme Dispensary, Manchester.

FALCONER, Donald Gordon, M.B., M.S. Aberd., appointed Certifying Factory Surgeon for the Foyers District of Invernesshire.

GLERNY, Edmund, L.R.C.P. & S.I., appointed Junior House-Surgeon to the Jarvis Street Hospital, Dublin.

HADLEY, Clement, L.R.C.P., M.R.O.S. Eng., appointed Certifying Factory Surgeon for the Shilton District of Warwickshire.

HUNT, E. L., L.R.C.P. & S.I., appointed District Medical Officer of the Malmesbury Union, vice T. C. Lawson, M.R.C.S. Eng., resigned.

HOWARD, Vincent, M.R.C.S., L.R.C.P., appointed Certifying Factory Surgeon for the Borough and Rural District of Buxthorpe.

HUNT, Thomas, M.R.C.S. Eng., L.R.C.P. Edin., appointed Resident Medical Officer, St. George's Retreat, Burgess Hill, Sussex.

JOHNSON, H., L.R.C.P., L.R.C.S. Edin., appointed District Medical Officer of the Newark Union, vice O. Johnson, M.R.C.S. Eng.

JOHNSTONE, J. P., L.R.C.P., L.R.O.S. Edin., appointed Medical Officer of the Langport Union Workhouse, vice J. Morgan, F.R.C.S. Eng., resigned.

LEWIS, J., M.R.C.S. Eng., appointed Medical Officer for the Sherburn District of the Scarborough Union.

MAGUIRE, Ernest Colwell, M.D., C.M. Aberd., appointed Surgeon to the Brighton Borough Police, vice William J. Stephens, L.R.C.P., resigned.

O'LEARY, Lawrence, M.D., M.Ch. E.U.I., appointed Medical Officer for the Clonakilly Workhouse, vice Edward Hadden, L.R.C.P., L.R.O.S.I., resigned.

OGSTON, Frank, M.D., M.S. Aberd., appointed District Medical Officer for the Southern Half of the South Island of New Zealand.

PARRY, T. W., M.B., B.C. Camb., appointed Certifying Factory Surgeon for the Youlgreave District of Derbyshire.

PRENTICE, E. W., L.S.A., appointed Medical Officer to the Ringwood District Council.

PROSSER, J. S., M.B., B.C. Cantab., appointed Honorary Physician to the Hulme Dispensary, Manchester, vice E. Annacker, M.D. Berlin, M.R.C.S., L.R.C.P. Eng., resigned.

SUMPTER, W. J. R., M.R.C.S. Eng., L.R.C.P. Lond., appointed Medical Officer of Health for the Sheringham Urban District Council.

THOMPSON, James Arthur, M.B., B.Ch., B.A.O.T.C.D., appointed Senior House-Surgeon to the Jarvis Street Hospital, Dublin.

WALKER, Miss E. S., M.B., B.S. Glasg., appointed Assistant Medical Officer at the Toxteth Park Workhouse, vice Miss A. F. Blackadder, M.B., B.S. Glasg., resigned.

DIARY FOR NEXT WEEK.

TUESDAY.

Chelsea Clinical Society, Jenner Institute of Preventive Medicine, Chelsea Gardens, Grosvenor Road, S.W., 8.30 P.M.—Dr. A. Macfadyen: A Short Bacteriological Demonstration. Dr. A. F. Penny: Errors in Diagnosis, Avoidable and Unavoidable.

Pathological Society of London, 20, Hanover Square, W., 8.30 P.M.—Professor John Macfadyen: The Immunity of Cattle against Bacillus Tuberculosis. Dr. F. W. Andrews: A Case of Infection by Bacillus Coli Communis with Endocarditis. Dr. Klein: The Relation of Dany's Bacillus to Gaertner's Bacillus. Dr. David Nabarro: A Case of Gangrene of the Nose, associated with Bacillus Pyocyaneus. Dr. J. W. H. Eyre: A New Centrifuge for Bacteriological Work.

WEDNESDAY.

Royal Meteorological Society, Institute of Civil Engineers, Great George Street, Westminster, S.W., 7.30 P.M.

Royal Microscopical Society, 20, Hanover Square, W., 8 P.M.

THURSDAY.

Harveian Society of London, Stafford Rooms, Titchborne Street, Edgware Road, W., 8.30 P.M.—Mr. Buckton Browne: Twenty-five Years Experience of Urinary Surgery in England, Harveian Lecture III.

FRIDAY.

Clinical Society of London, 20, Hanover Square, W., 8.30 P.M.—Mr. T. H. Morse: Case of Intracranial Section of the Second and Third Divisions of the Trigeminal Nerve for Severe Neuralgia. Mr. Warrington Howard: A Case of Fragilitas Ossium. Dr. S. H. Habershon: The Association of Movable Kidney on the Right Side with Symptoms of Hepatic Disturbance.

POST-GRADUATE COURSES AND LECTURES.

Charing Cross Hospital, Thursday, 4 P.M.—Demonstration of Medical Cases.

Hospital for Consumption and Diseases of the Chest, Brompton, Wednesday, 4 P.M.—Lecture on Mitral Disease.

Hospital for Sick Children, Great Ormond Street, W.C., Thursday, 4 P.M.—Lecture on Affections of the Nervous System following the acute specific fevers.

London Temperance Hospital, Thursday and Friday, 2 P.M.—Clinical and Pathological Demonstrations.

London Throat Hospital, 204, Great Portland Street, W., Wednesday, 5 P.M.—Practical Demonstration: Malignant Diseases of Larynx.

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

National Hospital for the Paralysed and Epileptic, Queen Square, W.C.—Lectures: Tuesday, 8.30 P.M.: Lecture: Disseminated Sclerosis.

West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 P.M. as follows: Monday: Ocular Symptoms; Wednesday: Minor Surgery; Thursday: Treatment of Cardiac Failure; Friday: Medical Anatomy.

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.

BROOKS—On November 4th, at 11, Darlington Street, Bath, the wife of Dr. Gilbert E. Brooks, M.A., F.R.G.S., Colonial Medical Service, of a daughter.

CRAWFORD—At Colchester, Essex, the wife of Major F. J. Crawford, M.D., I.M.S., of a son, November 6th.

DEATHS.

ALLARD—November 2nd, at Tewkesbury, Joseph Higginson Allard, J.P., M.R.C.S., L.M.C.P. Edin., aged 45 years.

KENDALL, Bernard, Charles—On Thursday, the 24th ult., at Helston, Cornwall, after a few hours' illness from heart failure, complicated with acute laryngitis and pneumonia.

PARR—On Sunday, November 10th, at Hampstead, Arthur Henry Esmond Parr, the only son of John William Parr, M.D., L.D.S., of 64, Brook Street, Grosvenor Square, W., and the late Margaret Esmond Parr.

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

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

QUERIES.

C. B. G. asks the following questions: 1. To whom must one apply for an appointment as certifying surgeon in Scotland? 2. To whom must one apply for the position of referee under the Employers' Liability Act?

* * 1. To the Secretary for Scotland, Dover House, Whitehall, London.

2. Application should be made to the Chief Inspector of Factories, Home Office, Whitehall, London.

CARACTACUS is very anxious to hear from members acquainted with the subject what would be a good mild climate in Southern France or Italy for a cardiac case of long standing. The person for whom the information is required is a poor gentleman who has a wife and three children dependent on him. His means do not exceed £250 per annum, and a place where living and education are cheap is a *sine qua non*. Shelter from north and east winds desirable. A place with some English society preferred.

URETERAL SPASM?

A. B. writes: I have at present a patient, male, aged 30, a total abstainer, who has suffered for four years from attacks of severe pain, recurring weekly and lasting for several hours. The pain, which is excruciating, commences in the region of the left kidney and passes down in the direction of the ureter; it comes on fairly gradually, and is accompanied by vomiting. In March a diagnostic incision was made over the kidney, and x rays also were employed without revealing anything abnormal. The urine is normal at all times. In the interval between the attacks the patient is perfectly well and free from pain. Cupping, blistering, battery, arsenic internally, etc., have all been tried without effect. There is no evidence of stone, and apparently the condition is neuralgic. Can any other treatment be suggested? Morphine hypodermically alone gives relief.

HYSTERICAL RETENTION?

BETA was called at 5.30 P.M. to a young woman who said she could not pass water. He passed a silver female catheter, and failed to draw off any urine. He ordered full doses of tincture of belladonna. At about 9 P.M. he was called again for the same purpose, and passed a No. 12 male catheter *à boucle* about half its length into the bladder, but nothing came out. He placed his thumb on the open end, and withdrew about a drachm of water. On his visiting her next morning he was informed that she had passed voluntarily $\frac{1}{2}$ pint of urine at 11.30 P.M., and was in consequence much eased. She has several other anomalous symptoms that have disappeared. Was this, he asks, hysterical retention?

* * It looks like a case of nervous mimicry of disease.

MEDICAL ATTENDANCE ON SOLDIERS ON FURLOUGH.

AUTOMOBILE asks who is responsible for payment of bill for medical attendance on a soldier on sick furlough returned from South Africa.

* * The King's Regulations refer to this matter in the following paragraph:

"Medical Attendance on Furlough.—1945. Soldiers on furlough who require medical aid should apply for it to the officer commanding the nearest military station. When this is impracticable, they may apply to a civil practitioner, to whom they will show their furlough paper, and who will be allowed to charge for attendance, at the rate laid down on Army Form O. 1667; but such charges will only be admitted against the public upon a certificate from the soldier's commanding officer that he is satisfied after perusal of the civil practitioner's certificate on the claim that the illness resulted from causes beyond the soldier's control."

It would seem advisable to send the claim direct to the Secretary of State at the War Office. The scale will be stated on A. F. O. 1667 which "Automobile" may obtain from the War Office or from the P.M.O. of the district in which he lives.

ANSWERS.

W. B. L. would probably find what he wants in the *The Kindergarten System; or Toy Teaching and Play Learning*, Third Edition (London: Gee.