MEMORANDA:

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

A CASE OF (PRESUMED) ACUTE YELLOW ATROPHY OF THE LIVER IN A PREGNANT WOMAN.

E.B., aged 28, married, came to see me on July 22nd, 1901, complaining of intense drowsiness and disinclination to do anything but sleep. She was pregnant and expected to be confined about the end of August. She had enjoyed perfect health until July 19th, when she noticed a nasty taste in her mouth and saw black specks floating before her eyes. Her appetite was bad, and as her bowels had not been opened the previous day she took a dose of castor oil. She felt a little better after her bowels were opened, but on July 21st her husband noticed her eyes were getting yellow, and she found that although hungry she could not manage to eat more than a few mouthiuls of food at a meal time. At night she was very drowsy but could not sleep, On July 22nd she came to me for advice.

In appearance she was a well-nourished, healthy-looking woman with slightly jaundiced conjunctivæ. Her tongue was coated with brownish fur, her temperature was 102.2°, and her pulse 100 to 104. Her bowels had only been open once since July 19th. I prescribed the following mixture: Sod. bicarb. gr. x, pot. brom. gr. x, sp. menth. pip. ♏v, infus. rhei ʒij, infus. gent. co. ad. ℥j, to be taken twice daily, and cautioned her as to her diet, telling her to avoid alcohol in any form. She informed me that she was almost a total abstainer.

On July 24th I was called to the house and found she had given birth to a male child during the night of July 23rd. The labour was very rapid indeed, and there was only a midwife in attendance. The waters were very yellow, and stained everything they came in contact with. The patient was in a very drowsy state and "losing" rather more freely than I liked. Her temperature was 100.6°, and her pulse 104 to 108. She said she felt comfortable barring being thirsty, and unable to sleep though feeling very sleepy. I added ʒss doses of the liquid extract of ergot to her medicine, to be given every four hours.

On July 26th at 3.30 P.M. I was sent for, as she had been asleep since 7 A.M., and those in attendance could not rouse her.

I found her in a state of coma; no response was obtainable on pinching the skin of her arms or legs, her eye was insensible to touch, the pupils did not react to light and were contracted. There was slight movement when I rubbed my knuckles sharply down her ribs on the right side. Her pulse was 120 to 126. Her bowels had been open once since I saw her, and I was informed the motion was very pale and "lumpy." She had passed a quantity of urine under her which stained the bedclothes a dark yellow. The liver dulness was apparently normal; the abdomen was soft and moving with respiration. Jaundice was now well marked.

At 8.30 P.M. the same evening she was in a state of high delirium, tossing about, screaming, and with difficulty kept on the bed. The lochial discharge had entirely ceased. She occasionally retched, but did not vomit. Her pulse was small and too quick for me to count. I administered hypodermically $\frac{1}{200}$ gr. hyoscine, and remained about twenty minutes, by which time she was quieter and her pulse 180 to 190. I had cold applied to her head by ice in wet flannel, and ordered her to be kept perfectly quiet. Before leaving her temperature was 100°, taken in the axilla.

At 12.15 A.M. on July 27th I was again called. She was now vomiting coffee-ground vomit and highly delirious (two people with difficulty keeping her on the bed). I repeated the hyoscine, and on her delirium being less I tried to percuss out her liver, but was unable to obtain or appreciate any liver dulness.

I was called again the same morning at 11 o'clock, and on arrival found she was dead. She had continued to vomit the same kind of vomit up to the time of her death. Her breasts showed no signs of activity. The baby was slightly jaundiced at birth. No *post-mortem* examination was allowed, so whether she really had acute yellow atrophy or not must remain an undecided point.

Commercial Road, E. S. R. DUDLEY, L.S.A.

ASPHYXIA DUE TO RAPID ENLARGEMENT OF THYROID GLAND: TRACHEOTOMY: PARTIAL THYROIDECTOMY: RECOVERY.

E. M., aged 14 years, had been observed by her parents to have an enlargement of her throat for the past seven years, but as this condition had existed in several other members of the family it was regarded by them as a "family complaint." During damp weather, and after exposure to cold, it was noticed that she had some difficulty in breathing. This never became alarming until the morning of January 29th, 1901.

I found that the patient was suffering from the most urgent dyspnœa, and a greatly enlarged thyroid gland was pressing dangerously upon the trachea. The symptoms were so urgent that I decided to perform tracheotomy at once. My assistant remained with the patient while I left to arrange for an immediate operation. I was gone not more than twenty minutes, and when I re-entered the bedroom it was apparent that death from asphyxia was imminent. This was obvious to everyone present. The face, conjunctiva, lips, and hands were blue. The recession of the lower part of the chest increasing with each attempt at inspiration presented the appearance of some great deformity; the sphincters were relaxed, urine and fæces being voided. The child was apparently unconscious, and had ceased to breathe when I made my skin incision. I had barely time to open the trachea between the lower part of the gland and the top of the sternum, and expected to meet with some difficulty, as there was but little room; fortunately a tube was inserted at once, respiration was established, and consciousness returned.

Four days afterwards I removed the tube, but the dyspnœa returned and the tube was replaced. My assistant administered chloroform (this anæsthetic we had previously decided upon as the safest under the circumstances). I prolonged the wound upwards sufficiently to give plenty of room The isthmus was separated from the trachea, and a ligature placed round the isthmus at its junction with each lateral lobe; the portion of the gland intervening between each ligature was removed. The left lobe was much larger and firmer than the right, and a portion of it dipped in between the trachea and œsophagus, and downwards behind the sternum; I therefore removed a portion of this lobe; the left recurrent laryngeal nerve was seen to be lying in the substance of the gland.

The patient made an uneventful and excellent recovery. The present condition is most satisfactory; the remaining portion of the gland has atrophied, and the dyspnœa and stridor are entirely gone.

It is worthy of note that the patient told me afterwards that during the first operation of tracheotomy, when we supposed her to be insensible, she remembered everything we did, but refrained from attempting to make the slightest movement, knowing that unless her windpipe were opened she would surely die.

The enlargement of the gland was due to simple hypertrophy throughout.

Bloxham, Oxon. GERALD SCHOFIELD.

NEW QUANTITATIVE SUGAR TEST.

THE BRITISH MEDICAL JOURNAL of June 20th, 1896, page 1508, gave a report of my rapid thermometric test for urea, albumen, etc. Since that time the method has been extensively used by medical men, *vide Silverlock's Emergency Book* (the last two editions), and elsewhere. One c.cm. of urine is added to 5 c.cm. of reliable chlorinated soda solution in a half-ounce phial, and the heat evolution affords in about half-a-minute the percentage of urea. This may be regarded as affording by a heat evolution the assimilated albuminoids.

If we substitute 4 c.cm. solution of potassium permanganate (3 to 4 per cent.) with 1 c.cm. dilute sulphuric acid for the chlorinated soda, we have an oxidiser whereby we can estimate the percentage of sugar. Indeed, the factor used to multiply the degrees of temperature, to obtain the percentage of sugar, is nearly the same, namely, 0.3. Hence 1 c.cm. urine afforded by this test 10° F., and we conclude, there

fore, that the urine contains 3 per cent. glucose (10° × 0.3). This may be regarded as affording by a heat evolution the carbohydrate waste. This test is one I devised for the estimation of starch and sugar, and I have described it elsewhere as "the carbohydrate test." It is also a most accurate means of estimating organic salts and substances that we are daily interested in, namely, alcohol, glycerine, citrates, tartrates, carbolates, and salicylates. My work in various papers on food stuffs suggests also the view of milk, flour, etc., in expressions of a heat evolution whereby we have a stronger grip, afforded by simple demonstration at the dispensing table, on the conceptions of calories or food units of heat, and this for two out of three specialised food fuels; fat is only slightly oxidised by the method.

One c.cm. of woman's milk gives a total number of heat degrees, referable to the albumens and carbohydrates, by the carbohydrate test. Another c.cm. of milk affords by the chlorinated soda the albuminoids only, although a little heat is derived from other sources. Flour and meal are viewed in the same way. Dilution is necessary in these cases.

The dilution in the case of alcohol is very great; 1 c.cm. of absolute alcohol I should dilute with water to 100 c.cm., and use of the dilution only 1 c.cm. for the test. For 1 c.cm. of absolute alcohol would afford us about 500° F. A gram of salicylic acid is capable of affording approximately 1,000° F., carbolic acid about the same. These are important facts to bear in mind whilst applying the carbohydrate test to urine.

By various factors derived from experiments we obtain most precise data of all the various substances. In the case of wine it is quite possible to obtain the percentage of alcohol, and the percentage of oxidisables reckoned as alcohol, by two simple experiments with 2 c.cm. of port wine.

The citrates and tartrates, including solutions of acids and lemon juice, show a slight pause before the elevation of temperature. Hence there is time to read the exact starting point after all the components of the test are *in situ*, so that these estimations are quite accurate.[1]

Dulwich, S.E. J. Barker Smith, L.R.C.P.

CASE OF TETANUS: USE OF ANTITETANUS SERUM: DEATH.

E. D., aged 21, was first seen by me on September 25th. Six days previously, on September 19th, a nail had penetrated the right foot just below the ball of the little toe, passing through the sole of the boot and the stocking. After the nail was withdrawn the wound closed and gave her very little trouble for the next three days. On the fourth day it was painful enough for her to keep her foot raised, and in the course of the two days following a small red swelling appeared on the dorsum of the foot above the metatarso-phalangeal joint.

On the fifth day after the accident she had aching pains in her back and a stiff neck, and when seen on the sixth day she had well-marked trismus, tonic spasm of the neck and back muscles, and occasional slight clonic spasms. The temperature was normal, and she took liquid food without much difficulty. Later in the day (about 6.30 P.M.) 10 c.cm. of antitoxin (from the Institut Pasteur) was injected into the skin of the abdomen, the clonic spasms having by this time become much more severe. At 9 P.M. chloroform was administered, and a large area of skin and subcutaneous tissue removed to a depth slightly greater than that of the original puncture of the nail, both the nail wound and the swelling on the dorsum being taken away. She rallied well from the operation, but as the effect of the chloroform passed off, the spasms—both clonic and tonic—returned with much severity.

Another 10 c.cm. of antitoxin had been injected during the anæsthesia, and morphine gr. ½ was now given in addition. During the night it was necessary to keep up the administration of chloroform at short intervals (a Junker's inhaler being employed), and towards morning another 10 c.cm. of antitoxin was injected, as well as morphine gr. ½.

At about 9 A.M. there was considerably less spasm in the muscles of the lower jaw, but elsewhere the spasms had increased. The temperature had risen to 104° F., and the patient already showed considerable signs of exhaustion. This increased as the day went on, and she died at about 3 P.M. She became much cyanosed towards the end, and brandy was injected, and oxygen was also inhaled.

I must gratefully acknowledge the invaluable help of Drs. Stone and Thornley in the case.

Denmark Hill, S.E. T. Graham Scott, M.R.C.S., L.R.C.P.

KAFFIR TREATMENT OF GUNSHOT WOUNDS.

A Kaffir in this district was recently shot by a native scout who mistook him for a Boer. The bullet, a Lee-Metford, entered at the eighth intercostal space in the anterior axillary line on the right side, passing out just beneath the last true rib on the left side 2 inches from the vertebral spines, the bullet thus traversing the liver, and probably also the body of the first lumbar vertebra. The man walked some distance, and was then taken by his friends three miles in a wheelbarrow to a kraal for treatment by a Kaffir doctor as follows:

The small end of a cow's horn, converted into a complete tube by cutting off the point, was inserted into one of the wounds, all foreign matter being presumably expelled at the other hole by vigorous blasts down the horn. The case having been so far satisfactorily proceeded with, cow-dung poultices were next assiduously applied. When I saw the patient four days after the injury the holes were accurately corked up with clay, or some compound resembling it. There was some tenderness over the liver, but his general condition was good and his temperature normal. With some misgivings I altered the treatment of the local practitioner, substituting an antiseptic dressing. Two days later I heard that, no doubt owing to this ill-advised action, one of the wounds was discharging. Four days after this, however, and the tenth day of the injury, I found the man walking about with both wounds perfectly healed.

Wounds in a native are well known to heal remarkably well, and this is certainly a case in point. Cow dung is a valuable commodity in this country, and is put to a variety of uses. It is the chief material used in flooring the kraals, and an excellent surface it makes; it is also mixed with tobacco leaf to form a favourite "blend." I have seen these floors in houses occupied by Europeans, but cow dung is not, I think, likely to come into general use as a poultice or as a flavouring agent in tobacco mixtures.

W. A. Densham, M.R.C.S., L.R.C.P., D.P.H.Camb.,
Medical Officer in Charge, 2nd Battalion, the Rifle Brigade.
Middelburg, Transvaal.

SYPHILIS *VERSUS* TUBERCULOSIS.

A gentleman, aged 39, contracted syphilis in the summer of 1887. The primary lesion was on the chin, and infection had probably occurred during shaving at a barber's shop. For many years previously he had suffered from phthisis, and had been obliged to winter abroad. The attack of syphilis proved severe, and he was treated by me almost continuously for upwards of two years, and from time to time afterwards. The signs of lung mischief during this time gradually became more marked, with raised temperature in the evening, and various physicians both at home and abroad diagnosed active pulmonary tuberculosis. Bacilli were found in the sputum, and he steadily lost flesh.

In June, 1892, he had profuse hæmoptysis, and was laid up seriously ill for some weeks. After a time he improved, and again went abroad for the winter. In January, 1893, whilst in Italy, he had an attack of partial left hemiplegia, which was diagnosed to be due to syphilitic arterial disease. From this he recovered to a great extent, but in June of the same year, whilst under my care, partial paraplegia, also probably due to vascular thrombosis, came on. From that time he had repeated minor attacks, apparently caused by further blocking of blood vessels of the brain and spinal cord. The paraplegia finally became complete, in spite of antisyphilitic treatment, but, owing to careful nursing and the constant attention of a most devoted wife, he lived on in good health in other respects until acute albuminuria appeared after a chill, and he died comatose in September, 1900, aged 52.

There are many points of interest in connection with the case, but the one to which I now wish to draw attention is that, after the nervous system became affected by syphilis, all the signs of phthisis slowly but steadily subsided. The

[1] Those of your readers who may have my "ammonia-urea test" sent out by Messrs. Rebman and Co., Shaftesbury Avenue, can be shortly supplied gratis with a new copy of the directions containing the carbohydrates and organic salts by sending their stamped address.

patient gradually became stout and ruddy, cough and expectoration ceased, and he had an excellent appetite. Repeated examination of the chest by eminent physicians revealed no sign of any active disease, and for several years before his death, although the winters were passed in England, he never even had a bad cold.

London, W. ARTHUR COOPER.

REPORTS

ON

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

No. 3 GENERAL HOSPITAL, KROONSTAD, SOUTH AFRICA.

FRACTURE OF THE SKULL, WITH EXTRADURAL HÆMORRHAGE FROM THE MIDDLE MENINGEAL AND VIDIAN ARTERIES.

(By FRANK POPE, M.R.C.S., L.R.C.P., Civil Surgeon to H.M. Forces.)

THE patient, a private in the 1st Essex Regiment (Vol. Cor.), was admitted at 1.30 P.M. on July 23rd, 1901, with a note, which stated "Head injury; fall from a waggon." The accident occurred on the morning of the same day.

Condition on Admission.—The patient lay curled up on his right side with his legs drawn up, his arms between his knees, and the head thrown back. He could be roused with difficulty by loud shouting; was then very irritable, and answered "no" to every question asked, with one exception, when he correctly gave the name of his regiment. He sullenly resented all examination. Respiration was deep, regular, slow and not stertorous. His pulse was 72 to the minute, very soft and compressible, but quite regular. The pupils were moderately contracted, and reacted to light. The reflexes were normal as far as could be ascertained. There was bleeding from both ears, more especially from the left, but no escape of cerebro-spinal fluid. There was no external injury, but a slight fulness was detected over the fore part of the squamous portion of the left temporal bone. There was no paralysis. At 4 P.M. the nurse reported signs of paralysis of the right arm and leg before complete coma supervened. The patient in changing his position had been seen to move the right arm by the help of the left hand, and the right leg had not been moved at all. He lay upon his back, with limbs extended and quite lax. The knee-jerks were present. Respiration was slow, deep, and stertorous. The pulse was slow and regular, but slightly fuller than before. The right pupil was moderately contracted and slightly sensitive to light. The left pupil was very widely dilated and insensitive. The corneal reflexes were abolished. No action of either bowels or bladder had occurred since admission. The diagnosis was made of "Fracture of the base of the skull, extending to the vault on the left side, with extensive hæmorrhage, probably from the anterior branch of the middle meningeal artery."

Operation.—This was performed immediately. An anæsthetic was unnecessary, though there was some movement during the skin incision, and subsequently on introducing the sutures. A semicircular flap was turned down, extending from the anterior inferior angle of the frontal (left side) to a point just in front of and above the external auditory meatus, with a view to exposing the pterion. A fissured fracture was found, extending downwards towards the petrous bone, and upwards and forwards to a point half way between the external auditory meatus and the centre of the coronal suture. This fracture was joined by other fissures in such a manner that a piece of bone was completely separated. This consisted of the anterior inferior angle of the parietal bone, the outermost part of the great wing of the sphenoid, and the foremost portion of the squamous bone. The separated piece measured roughly 2 inches in the horizontal, and 1 inch in the vertical, direction, and was more or less oblong in shape. The loose piece was removed in two portions by means of an elevator, when a large extradural clot at once presented in the gap. The clot was cleared with the finger and was found to extend upwards for about 1 inch, forwards about ½ inch, and both backwards and downwards for a distance further than the left forefinger could reach. The dura mater was intact, lying loosely over the greatly depressed brain surface. Upon the dura was found the anterior branch of the middle meningeal artery bleeding freely. The vessel was secured by means of a silk ligature passed on a curved needle. Expansion of the compressed brain commenced at once, but the cavity was still found to be filled with blood, which welled up from behind and below. It was then thought probable that the further bleeding proceeded from the posterior branch of the middle meningeal. The incision was therefore continued backwards in a curved direction, another flap turned down and an inch trephine applied at a spot 1½ inch above Reid's base line, and just posterior to a line drawn from the external auditory meatus to the parietal eminence. On removing the disc more clot presented, and though blood still welled up from the depths of the cavity the bleeding point could not be discovered. The cavity was freely flushed out with boracic lotion at temperature of about 110° F., and the bleeding was then found to have ceased. The loose pieces of bone removed at first were replaced. The trephine opening was lightly packed with gauze; a small tube was inserted along the base of the flap, projecting posteriorly, and the wound was sutured and dressed. During the flushing and suturing both the right arm and leg were observed to move, and at the end of the operation the pupils were moderately dilated and equal, both being sensitive to light; respiration was still stertorous; the pulse was unaltered. The patient was returned to bed at 5.15 P.M., and during the next hour he became very restless, and was observed to move both arms and both legs repeatedly. At 7.30 P.M. the patient was again completely comatose, and the left pupil was again widely dilated and insensitive, the right pupil being moderately contracted as before. There was very free soaking through the dressings, which were then removed. The flaps were much distended with fresh clot, and the central stitches had slipped. He was immediately removed to the theatre; the wounds were freely opened up; the replaced portions of bone had been lifted up for half an inch owing to the pressure beneath. The clots were then thoroughly cleared out, and it was ascertained that the bleeding point was somewhere towards the base of the skull. The ligature on the middle meningeal was firm. The squamous portion of the temporal bone was freely chipped away with gouged forceps till the level of the petrous portion was nearly reached. A ribbon retractor was passed between the dura mater and the bone, and the temporo-sphenoidal lobe was gently elevated. A fracture was then seen to extend across the base of the skull, taking the form of a fine fissure as it crossed the petrous bone, and gaping somewhat over the basi-sphenoid. From the gaping portion blood spurted up freely, and the hæmorrhage was finally arrested by plugging the fracture with a narrow strip of gauze. All clots were freely washed away, and the brain expanded gradually till the dura mater was in contact with the bone at all points. The loose pieces of bone were replaced as far as possible, and the wound was partially closed. At the end of the operation, 8.30 P.M., the breathing was stertorous and of the Cheyne-Stokes variety. The pulse was 84 and moderately full. The pupils were somewhat dilated, especially the left. All the limbs moved slightly while the sutures were being passed. Complete coma continued, and the Cheyne-Stokes respiration became more pronounced till death occurred at midnight.

Necropsy.—There was slight ecchymosis over the left temporo-sphenoidal and lower parietal lobes, otherwise the brain appeared to be perfectly normal. There was neither subdural nor intracerebral hæmorrhage. The dura mater was in no place torn, but on removing this membrane a transverse fissure was found across the middle fossa, reaching as far as the internal auditory meatus on the right side, involving the left internal meatus, and extending upwards through the temporal bone into the parietal and sphenoid. In the basi-sphenoid the fracture was gaping to the extent of about 1 cm., and as far as could be ascertained the hæmorrhage proceeded from the left vidian artery.

REMARKS.—Had the hæmorrhage proceeded only from the middle meningeal artery, the patient would have stood a

received a commission in the Royal Artillery. His brother is the Right Honourable Sir Samuel Way, Chief Justice of South Australia.

Dr. Way was exceedingly popular, and the news of his sudden death has come as a painful shock to his hosts of friends and admirers, and while he was one of the foremost gynæcologists of Australia it has been said that the beatitude, "Blessed are the dead whom the poor and the afflicted mourn," applies in a very special way to him.

JOHN PALMER WAY, M.R.C.S.Eng., L.S.A.Eng.,

Portsmouth.

By the death of Mr. J. P. Way, which took place at his residence, The Limes, North End, Portsmouth, on November 16th, Portsmouth loses one of its best-known practitioners. Born on November 5th, 1838, the son of a local solicitor, Mr. Way was first destined for the legal profession, but subsequently became a pupil of the late Mr. Piercy, a Portsmouth practitioner, under the old apprenticeship system, and during this time he acted as dispenser and junior house-surgeon to the Royal Portsmouth Hospital. Subsequently he entered as a pupil at St. Thomas's Hospital, from which he qualified L.S.A. and M.R.C.S., and in which he held the appointment of Resident Accoucheur. He soon afterwards entered the Royal Navy as Assistant Surgeon, in which capacity he served five years. Leaving the navy in 1867, he assisted his brother, Mr. F. W. Way, for a short time, who survives him; he then entered into practice at Mile End, Portsmouth, where by his kindness of heart and devotion to his patients he rapidly acquired a large practice. For some years he held the appointment of Surgeon to the Royal Portsmouth Hospital.

Mr. Way thoroughly recognised a brother practitioner's honour as his own, and was always ready to assist in absence or in cases of doubt and difficulty, cheerfully turning out of his bed at any hour to assist those who needed his help, which was ungrudging given without stint or hope of fee or reward. Mr. Way did an enormous obstetric practice, and many a poor woman has had cause to bless "little Dr. Way" for all his kindness and goodness; for he never refused to go to a midwifery case, or help any poor woman in the hour of her travail.

For some five years he had suffered from angina pectoris, which curtailed his labours considerably; but he still continued to see his patients, many of them gratuitously. Some two months ago he caught a cold; a severe attack of pneumonia supervened, and in spite of all the care bestowed upon him by his medical friends he quietly sank to rest, literally dying in harness.

Up to the last he retained his interest in his patients, who were cared for by his nephews Drs. Montague and Ford Way, who are in practice at Southsea.

JOHN STOPFORD-TAYLOR, M.D. & C.M.Aberd., L.R.C.P.Edin., L.S.A.,

Late Medical Officer of Health for Liverpool.

We regret to have to record the death, in his 80th year, of Dr. John Stopford-Taylor, who was Medical Officer of Health for the City and Port of Liverpool for about sixteen years. He was born at Sheffield, where his father was a medical practitioner, went to the Grammar School in that town, and was a student of the medical school and the infirmary, proceeding afterwards to St. Bartholomew's. He obtained the Licence of the Apothecaries' Hall in 1844, and graduated M.D., King's College, Aberdeen, in 1853. He entered upon practice in Liverpool in 1846, and subsequently was appointed Honorary Medical Officer to St. Anne's Dispensary and the Eye and Ear Institution.

He took a great interest in municipal affairs, and in 1864 was elected one of the representatives of St. Anne's Ward on the Corporation, and was re-elected triennially until 1875, when he was made an Alderman. During this time he was in succession Deputy Chairman and Chairman of the Health Committee. In 1875 he resigned his seat on the Corporation, and was elected Assistant Medical Officer to the town at a salary of £800 per annum, and on the resignation of Dr. Trench, two years later, he was appointed Medical Officer to the town at a salary of £900 per annum, and Port Sanitary Authority at £100 per annum. In June, 1893, he relinquished his duties as Port Sanitary Authority, and at the end of the year he retired altogether from the service of the Corporation, being succeeded by Dr. Hope, the present medical officer of health, who had been deputy medical officer of health since 1884.

He was a Fellow of the Royal Geographical Society and of the Sanitary Institute. He was twice married, and leaves a widow, one son, and two daughters.

JOHN FAURE-MILLER, M.D.,

Paris.

We regret to record the death of Dr. John Faure-Miller, which occurred somewhat suddenly in Paris on October 27th. Dr. Faure-Miller had been ailing during the summer, but returned to Paris, feeling much stronger after a long stay at Les Avants in Switzerland. He resumed his professional duties on October 14th, but three days later he had an attack of gout, which kept him to his room till congestion of the right lung supervened, and he sank rapidly, in spite of the assiduous care and attentions of his physician and of his only surviving son, Dr. Roland Faure-Miller.

The English colony and the profession in Paris thus lose a familiar figure and an old friend, who had ever taken a keen and kindly interest in their welfare during the thirty years he had practised in Paris. The English poor will feel his loss very deeply, as he had been for many years intimately connected with the British Charitable Fund, and for the last fifteen years had been one of the physicians on the staff of the Hertford British Hospital.

Dr. Faure-Miller was one of the founders of the Continental Anglo-American Medical Society; he took a great interest in the Society and at the time of his death was one of the members of the Executive Committee. He was well known also to many of the profession in England, being often present at the annual meetings of the British Medical Association. The last one he attended was in Edinburgh in 1898.

Dr. Faure-Miller was born on May 30th, 1838, at Port of Spain in the Island of Trinidad. He studied medicine in the University of Paris, being *interne* under Drs. Giraldès and Labbé. He took the degree of Doctor in Medicine in the year 1870, presenting a thesis on The Physiological Action and Therapeutic Uses of Chloral Hydrate. He received the ribbon of the Légion d'Honneur in 1874 for his services in conection with ambulances during the Franco-German War, being head of that service in Bordeaux. The French Government also conferred on him the decoration of Officier de l'Instruction Publique. In 1889 and in 1900 he served on the jury in connection with the hygiene section of the International Exhibitions. The funeral took place on Wednesday, October 30th at midday, at the Church of St. Philippe du Roule and was very largely attended.

Dr. Charles Henry Brown, for many years managing editor of the *Journal of Nervous and Mental Diseases*, the official organ of the American Neurological Association, and the New York, Philadelphia, and Chicago Neurological Societies, died recently in New York. He was born in 1856, and graduated at New York University with the highest honours in 1879. Dr. Brown was connected with the New York Dispensary, the Post-Graduate, and the Presbyterian Hospitals and the outdoor work of Bellevue Hospital. He was a member of the New York Academy of Medicine, the County Medical Society, the American Neurological Society, and the New York Neurological Society.

Deaths in the Profession Abroad.—Among the members of the medical profession in foreign countries who have recently died are Dr. Enrique Castro, Professor of Therapeutics in the University of Montevideo; Dr. Stellner, formerly head of the Surgical Department of the Municipal Hospital, Dresden, aged 62; Dr. Federico Horstman y Cantos, for forty years Professor of Anatomy in, and for a long time Dean of the Medical Faculty of, the University of Havana; Dr. Julius Grossner, founder and for many years editor of the *Deutsche medizinal Zeitung*, aged 66; and Dr. Friedrich Semeleder, of Cordova, Mexico, formerly Physician to the late Emperor Maximilian, aged 74.

PROPOSED MEDICO-LEGAL SOCIETY.

SIR,—It is proposed to form a medico-legal society for the purpose of affording opportunities for discussing questions arising where medicine and law come into immediate contact.

It is suggested that such a society should include all who are interested in the subject—lawyers as well as medical men; and that the discussions should embrace medico-legal questions of every description, both of every day and of exceptional occurrence.

Half a dozen meetings a year may be considered sufficient, and an annual subscription of half a guinea may be found to be enough to cover all expenses.

A meeting for the purpose of discussing the formation of the society will be held at 20, Hanover Square, W., on Thursday afternoon (5.30 P.M.), December 5th. Those who are willing to assist, but unable to attend the meeting, will kindly communicate with Dr. McCallin, 20, Hanover Square.—We are, etc.,

F. J. SMITH.
W. MCCALLIN.

London, W., Nov. 18th.

THE TEACHING OF PRESCRIBING AND DISPENSING.

SIR,—Is it too much to expect that some small fraction of the five years curriculum should be devoted to learning the art of prescribing and dispensing?

Owing to sudden illness it has recently been my lot to require a *locum tenens* at short notice. A newly qualified gentleman arrived. His prescriptions were mostly an amazing hotch-potch of incompatibles, his knowledge of dispensing absolutely *nil*. I shudder to think of the reckless waste of expensive drugs. These matters are regarded as almost *infra dig.* at the schools, but after all the vast majority of men sooner or later go into general practice.

My friend remarked that it was an excellent thing that the hospitals did not teach dispensing as "one could always get four or five guineas a week for learning it as a *locum tenens*." Great indeed are the trials of the general practitioner.—I am, etc.,

October 17th. X. Y. Z.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

Examinations for Medical and Surgical Degrees.—The First Examination for the degree of M.B. will commence on December 9th, and the Second Examination on December 12th. The names of candidates for these examinations must be sent to the Registrary on or before Tuesday, November 26th. The Third Examination will begin on December 10th, and the Examination for the Degree of M.C. on December 12th. The names of candidates for these examinations must be sent to the Registrary on or before Wednesday, November 27th.

UNIVERSITY OF BIRMINGHAM.

AT the last meeting of the Council the following were appointed the External Examiners in medical subjects for the year 1901-2:—*Anatomy:* Professor A. Macalister, M.D., F.R.S. *Physiology:* Professor McKendrick, M.D., F.R.S. *Chemistry:* Professor McLeod, F.R.S. *Physics:* Professor J. J. Thomson, M.A., F.R.S. *Biology:* S. F. Harmer, Sc.D., F.R.S. *Pathology:* Professor G. Sims Woodhead, M.D. *Medicine:* Donald MacAlister, M.D., F.R.C.P. *Surgery:* Thomas Bryant, F.R.C.S. *Midwifery and Gynæcology:* Berry Hart, M.D. *Forensic Medicine and Toxicology:* Thomas Stevenson, M.D., F.R.C.P. *Public Health:* George Reid, M.D., D.P.H. *Dental Subjects:* Charles Tomes, F.R.S., F.R.C.S.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council was held on November 14th,, H. G. Howse, President, in the chair.

The late Mr. Henry Spencer Smith.

The Council expressed their condolence with the widow and family of Mr. Henry Spencer Smith in the loss they have sustained by his death, and recorded their appreciation of the services rendered by Mr. Spencer Smith to the College in the conscientious discharge of the several duties which devolved upon him as a member of the Council and of the Court of Examiners.

Donations to the Museum.

The two following donations were accepted by the Council with their best thanks: (1) A complete set of native surgical instruments used in India; by Major Herbert Drake-Brockman, I.M.S. (2) A pocket case of surgical instruments belonging to Mungo Park; by Miss Bartley of Mitcham.

Cartwright Medal.

A bronze copy of this was laid before the Council.

The Bradshaw Lecture.

This will be delivered on Wednesday, December 11th, at 5 P.M., by Mr. T. R. Jessop. Its subject will be "Personal Experiences in the Surgical Treatment of Certain Diseases."

ROYAL COLLEGE OF SURGEONS IN IRELAND.

Dental Examination.—The following gentlemen, having passed the necessary examination, have been admitted Licentiates in Dental Surgery of the College: Thomas Beaumont, Francis Xavier Costello, Ben Farrar Cowper, and Edward Thomas Patley.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.

Annual Dinner.—The above dinner was held as usual in the hall of the College on November 15th. This being the first year of office of the new President (Mr. Halliday Croom) a large number of Fellows, both resident and from a distance, came to support him in spite of the strong counter attraction afforded by the dinner of the Edinburgh University Conservative Association under the presidency of the Professor of Clinical Surgery (Mr. Annandale) and at which the Lord Rector (the Marquis of Dufferin and Ava) was the principal guest and speaker. Much disappointment was felt at the unavoidable detention in London of the popular commander of the forces in Scotland, Sir Archibald Hunter, K.C.B. In his absence the toast of "The Imperial Forces" was replied to by Colonel Rooney, R.A.M.C. Lord Pearson responded for the College of Justice. The Universities and Sister Corporations were represented by the Dean of the Faculty of Medicine and the President of the College of Physicians of Edinburgh and by the President of the Faculty of Physicians and Surgeons of Glasgow. The President discharged his duties with universal acceptance and much of the success of the evening was due to him.

MEDICO-LEGAL AND MEDICO-ETHICAL.

PROSECUTIONS UNDER THE NOTIFICATION ACT.

ON Wednesday, November 13th, Dr. Padman appeared at Bow Street Police Court to answer a charge made against him by the Borough of Holborn to the effect that he had failed to notify a case of small-pox.

Dr. Padman was defended by the London and Counties Medical Protection Society. The evidence brought forward by the prosecution showed that Dr. Padman was in doubt as to whether the case was one of small-pox or chicken-pox, and inclined to the belief that it was chicken-pox. Accordingly, no evidence was called on Dr. Padman's behalf, the Counsel for the defence submitting that there was not a particle of evidence to show that any offence had been committed by Dr. Padman, who had, as a matter of fact, shown commendable caution in arriving at a diagnosis, and at the same time taken every precaution to check infection. Dr. Padman's precautions, indeed, appeared to be the sole cause for the suspicions entertained against him. The case was dismissed.

Prosecutions such as the above are greatly to be regretted, as tending to interfere with the satisfactory working of the notification regulations.

Notifiable diseases, of late, constitute a regular Scylla and Charybdis to medical practitioners. If they wait a little to make sure of their diagnosis, and at the same time take reasonable precautions, some public authorities prosecute them; while if they jump to the conclusion that the case is a notifiable one, and happen to be wrong, the patient is more than likely to claim damages.

PROSECUTION UNDER THE APOTHECARIES ACT.

AN action was brought in the Bow County Court by the Society of Apothecaries of London against Mr. J. C. Purdue, a herbalist, of Gault Street Limehouse, who described himself as a member of the Society of Herbalists and a member of the National Association of Medical Herbalists of Great Britain. The case, we learn from a report in the *St. James's Gazette*, arose out of an inquest held by the coroner for East London with regard to the death of a child whom the defendant had been treating. The coroner's jury returned a verdict of death from natural causes. At the first hearing before Judge French, evidence was given by the mother of the child showing that the defendant had treated her baby. Mr. Schultess Young, who appeared for the defendant, contended that under an Act of Henry VIII the defendant was within his right in acting as he did.

As the Act is not very long, and is a curious specimen of Tudor legislation and parliamentary phraseology, we think it well to print it here:

ANNIS TRICESIMO QUARTO & TRICESIMO QUINTO

HENRICI VIII. REGIS.
CAP. VIII.

An Act that Persons, being no common Surgeons, may administer outward Medicines.

WHERE in the Parliament holden at *Westminster* in the third Year of the King's most gracious Reign, amongst other Things, for the avoiding of Sorceries, Witchcrafts, and other Inconveniences, it was enacted, that no Person within the City of *London*, nor within Seven Miles of the same, should take upon him to exercise and occupy as Physician or Surgeon, except he be first examined, approved, and admitted by the Bishop of *London* and other, under and upon certain Pains and Penalties in the same Act mentioned; Sithence the making of which said Act, the Company and Fellowship of Surgeons of *London*, minding only their own Lucres, and nothing the Profit or Ease of the Diseased or Patient, have sued, troubled, and vexed divers honest Persons, as well Men as Women, whom God hath endued with the Knowledge of the Nature, Kind, and Operation of certain Herbs, Roots, and Waters, and the using and ministring of them to such as been pained with customable Diseases, as Women's Breasts being sore, a Pin and the Web in the Eye, Uncomes of Hands, Burnings, Scaldings, sore Mouths, the

Abuses of the Act 3 H. 8. c. 11 by the Surgeons of London.

MEDICAL NEWS.

MEDICAL MAGISTRATE.—The Lord Chancellor has placed the name of Dr. John Horne, of Scarborough, on the Commission of the Peace for the North Riding of Yorkshire.

A MOVEMENT has been set on foot for the establishment by the City of Philadelphia of a sanatorium for the free treatment of poor sufferers from tuberculosis.

A LADY, Dr. N. Sieber-Schumow, has been temporarily appointed to fill the place of the late Professor Nencki as head of the Department of Biological Chemistry in the Imperial Institute of Experimental Medicine, St. Petersburg.

THE Russian Pharmaceutical Society, which has its headquarters in Moscow, has decided to celebrate on December 5th, with appropriate pomp and circumstance the 200th anniversary of the opening of the first free pharmacy in Russia.

CAPTAIN R. J. BLACKHAM, R.A.M.C., Worshipful Master of Lodge "Triune Brotherhood," No. 2,121, was installed Second Principal of Chapter "Umballa" of Royal Arch Masons No. 563, on October 28th, 1901, at Umballa, Punjab.

A COURSE of post-graduate lectures on diseases and injuries to the eye, is now in progress at the Glasgow Ophthalmic Institution on Tuesday evenings, at 8 P.M. Further particulars can be obtained on application to Dr. A. M. Ramsay, at the Institution, 126, West Regent Street, Glasgow.

PRESENTATION.—Mr. James Somer, M.R.C.S., was recently presented by the inhabitants of Broadclyst and the adjoining parishes with a handsome morocco-bound illuminated album containing 700 names of patients and friends, together with a silver jug and a purse of sovereigns, and an illuminated address from the Court "Clyst Vale" of the Ancient Order of Foresters, on the occasion of his retirement after 35 years of practice in the Broadclyst district, and 42 years of work as Poor-law Medical Officer. Sir Thomas Acland, Bart., who made the presentation, said that the subscribers thought of the gifts as a lasting memorial of the admiration, friendship, and gratitude they entertained for Mr. Somer after all that he had done.

THE jubilee dinner of the East Sussex Medico-Chirurgical Society was held at St. Leonards on October 31st, the President, Dr. Batterham, being in the chair. Among others present were Mr. H. G. Howse, President of the Royal College of Surgeons, Mr. Edmund Owen, and Mr. Howard Marsh. Colonel Brookfield, M.P., in responding to the toast of "The Imperial Forces," said that the conduct of the medical services in the present war called for satisfaction and rejoicing. Nothing in the previous experience of this country or of any other country could be compared with the manner in which the troops had been medically provided for in this war. He believed that the services of the medical profession would never be forgotten by the British army, or by the public at large.

MEDICAL VACANCIES.

The following vacancies are announced:

BEVERLEY DISPENSARY AND HOSPITAL.—Medical Officer and Dispenser. Salary, £100 per annum. Applications to the Clerk by December 2nd.

BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.—(1) Resident Medical Officer. (2) Resident Surgical Officer. Salary, in each case, £60 per annum with board, washing, and attendance. Applications to the Secretary, Children's Hospital, Steelhouse Lane, Birmingham by December 4th.

BIRMINGHAM AND MIDLAND HOSPITAL FOR SKIN AND URINARY DISEASES.—Clinical Assistant. Applications to the Secretary by December 5th.

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.

BRACEBRIDGE ASYLUM, near Lincoln.—Junior Assistant Medical Officer: unmarried, and not over 30 years of age. Salary, £125 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.

BRADFORD CHILDREN'S HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board, residence, and washing. Applications to the Secretary by December 9th.

BRADFORD ROYAL INFIRMARY.—Dispensary Surgeon, unmarried. Salary, £100 per annum with board and residence. Applications, endorsed "Dispensary Surgeon," to be sent to the Secretary by November 26th.

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.

BRIGHTON: SUSSEX COUNTY HOSPITAL.—Third House Physician, unmarried and under 30 years of of age. Applications to the Secretary by December 11th.

BUXTON: DEVONSHIRE HOSPITAL.—(1) House-Surgeon. Salary, £100 per annum. (2) Assistant House-Surgeon. Salary, £50 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 9th.

CHELSEA HOSPITAL FOR WOMEN, Fulham Road, S.W.—Resident Medical Officer, unmarried. Salary, £60 per annum. Applications to the Secretary by December 7th.

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.

CROYDON GENERAL HOSPITAL.—(1) Senior House-Surgeon. Salary, £105 per annum. (2) Junior House-Surgeon. Salary, £60 per annum. Board, laundry and residence provided in each case. Applications, endorsed "Senior" or "Junior," to be sent to the Secretary by December 2nd.

DERBY COUNTY ASYLUM, Mickleover.—(1) Senior Assistant Medical Officer (male). Salary, £150, rising to £186 per annum. (2) Junior Assistant Medical Officer. Salary, £120, rising to £150 per annum. Furnished apartments, board, washing, and attendance provided in each case. Applications to the Medical Superintendent.

DUBLIN: DR. STEEVENS'S HOSPITAL.—House-Surgeon. Salary, £100 per annum, with apartments, fire, and light. Applications to the Governors and Guardians by December 9th.

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.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.—House-Physician. Board, residence, etc., provided and honorarium of £25 at the completion of six months satisfactory service. Applications to the Secretary by December 14th.

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.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—House-Physician; unmarried. Appointment for six months. Salary, £20; washing allowance, £2 10s., with board and residence. Applications to the Secretary by December 4th.

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

KILBURN DISPENSARY, 13, Kilburn Park Road, N.—Member of the Honorary Medical Board. Applications to the Honorary Secretary by November 28th.

KING'S COLLEGE, London.—Demonstrator of General Pathology and Bacteriology. Applications to the Council by December 7th.

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.

LEWES: EAST SUSSEX COUNTY COUNCIL.—Medical Officer of Health. Salary, £200 per annum, with fees, etc. Applications to the Clerk of the County Council, County Hall, Lewes, by December 19th.

MANCHESTER: OWENS COLLEGE.—Assistant Lecturer in Pathology. Stipend, £150 per annum. Applications to the Registrar by December 4th.

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.

MARGATE ROYAL SEA BATHING HOSPITAL.—Resident Surgeon, to act as Junior for six months and then as Senior for the like period. Salary at the rate of £80 and £120 per annum respectively, with board and residence. Applications to the Secretary at the Offices, 30, Charing Cross, London, S.W., by November 23rd.

METROPOLITAN ASYLUMS BOARD.—(1) Assistant Medical Officer at the Fever and Small-pox Hospitals. Salary, £160 for first year, £180 for second, and £200 for third and subsequent years, with board, lodging, attendance and washing. (2) Male Assistant at the Asylum, Caterham. Salary, £150 per annum, rising to £170, with rations, lodging, attendance and washing. Candidates must be unmarried and not exceed 35 years of age. Applications on forms provided to be sent to the Office of the Board, Embankment, E.C. for (1) by November 28th and for (2) by November 25th.

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.

NEW HOSPITAL FOR WOMEN, Euston Road, N.W.—(1) A House Physician. (2) House Surgeon. (3) Clinical Assistant in the Out-patient Department. Must be qualified medical women. Appointment of (1) and (2) for six months. Applications to the Secretary by November 27th.

NORTH LONDON HOSPITAL FOR CONSUMPTION, Hampstead.—Assistant Physician. Applications to the Secretary at the Office, 41, Fitzroy Square, W., by November 30th.

NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL, Hartshill, Stoke-upon-Trent.—House-Surgeon. Salary, £130 per annum, increasing £10 per annum, with furnished apartments, board, and washing. Applications to the Secretary by December 5th.

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 £50 per annum, with board, residence, and washing. Applications to the Secretary by December 2nd.

PADDINGTON GREEN CHILDREN'S HOSPITAL, W.—Honorary Dental Surgeon. Applications to the Secretary by November 30th.

PERTH DISTRICT ASYLUM, Murthly.—Assistant Physician, unmarried and not over 30 years of age. Salary, £110 per annum with furnished apartments, board, attendance, etc. Applications to Dr. Bruce at the Asylum.

POPLAR HOSPITAL FOR ACCIDENTS.—Assistant House-Surgeon. Appointment for six months but renewable. Salary at the rate of £80 per annum with board and residence. Applications to the House Governor by November 29th.

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 30th.

ST. MARYLEBONE GENERAL DISPENSARY, 77, Welbeck Street, W.—Resident Medical Officer. Salary, 100 guineas per annum, increasing to 120 guineas, with furnished apartments, attendance, coal and light. Applications to the Secretary by December 9th.

ST. PANCRAS AND NORTHERN DISPENSARY, 126, Euston Road.—Honorary Physician. Applications to Mr. P. P. Bodkin, Honorary Secretary, 23, Gordon Street, W.C., by December 2nd.

SCHOOL BOARD FOR LONDON.—Medical Officer, must give his whole time. Salary, £800 per annum, rising to £1,000. Applications, on forms provided, to be marked outside "Application for the Post of Medical Officer," to be sent to the Clerk of the Board by January 1st, 1902.

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 £500), 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.

STAFFORD: STAFFORDSHIRE GENERAL INFIRMARY.—Assistant House Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to the House Surgeon by November 27th.

STOCKTON-ON-TEES: 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.

WEST HAM UNION.—Lady Assistant Medical Officer (Resident) for the Workhouse and and Schools. Salary, £100 per annum with usual residential allowances. Applications on forms provided to be sent to the Clerk, Union Workhouse, Leytonstone, N.E., by November 27th.

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, £80 per annum, with rations and apartments. Applications to the General Superintendent by November 27th.

WILTS COUNTY ASYLUM.—Assistant Medical Officer: unmarried. Salary, commencing at £150 and rising to £180 per annum, with board, residence, attendance, and washing. Applications to the Medical Superintendent by December 4th.

WINCHESTER: ROYAL HANTS COUNTY HOSPITAL.—House-Physician; unmarried, Salary, £65 per annum, rising to £75, with board, residence, etc. Applications to the Secretary by December 9th.

WINDSOR AND ETON ROYAL DISPENSARY AND INFIRMARY.—House-Surgeon, unmarried. Salary, £120 per annum with residence, board, washing and attendance. Applications to the Secretary, 13, High Street, Windsor, 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 26th.

MEDICAL APPOINTMENTS.

BARTON, G. A. H., M.R.C.S., L.R.C.P., appointed Honorary Assistant Anæsthetist to the City Orthopædic Hospital (correction).

CORBITT, J. A., M.B., B.Ch., B.A.O.R.U.I., appointed Certifying Factory Surgeon for the Bangor District of County Down.

FORSYTH, A., M.B., C.M., appointed District Medical Officer of the Truro Union.

PADWICK, J. C., M.R.C.S., L.R.C.P.Lond., appointed Certifying Factory Surgeon for the Borough and Rural District of Bridgnorth.

PARRY, Leonard A., F.R.C.S.Eng., B.S., M.D.Lond., appointed Assistant Surgeon to the Sussex Eye Hospital, Brighton.

PATERSON, M. S., M.B., B.S.Durh., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Hospital for Consumption and Diseases of the Chest, Brompton.

TAYLOR, F. E., M.A., M.B., Ch.B., M.Sc., M.R.C.S., L.R.C.P., late Resident Medical Officer, appointed Registrar to the Chelsea Hospital for Women.

THORNTON, George, M.D., M.S.Edin., M.R.C.P.Lond., M.R.C.S.Eng., D.P.H.Oxford, appointed Medical Superintendent of the Civil Hospital, Pretoria.

ROCHE, Redmond, A.B., M.R.C.S.Eng., L.R.C.P., Lond., L.M., appointed Attending Medical Officer, Western Dispensary, Westminster, *vice* J. E. Sinclair, L.R.C.P., L.R.C.S., Queen Anne's Gate, resigned.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Society of London, 11, Chandos Street, Cavendish Square, W., 8.30 P.M. Mr. Henry Morris will open a discussion on the Symptoms and Treatment of Floating Kidney.

Odontological Society of Great Britain, 20, Hanover Square, W., 8 P.M.—Communications by Mr. E. W. Roughton, Mr. A. S. Underwood, and Mr. W. C. Grayston.

TUESDAY.

Royal Medical and Chirurgical Society, 20, Hanover Square, W., 8.30 P.M. Mr. Thomas Bryant: Case of Intestinal Obstruction due to the Pressure of a Vesical Sacculus upon a Coil of Small Intestine. Dr. A. E. Garrod: About Alkaptonuria.

WEDNESDAY.

Hunterian Society, London Institution, Finsbury Circus, E.C., 8.30 P.M.—Pathological Evening.

Dermatological Society of Great Britain and Ireland, 20, Hanover Square, W., 5 P.M.

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 Laryngeal Tuberculosis.

Hospital for Sick Children, Great Ormond Street, W.C., Thursday, 4 P.M.—Lecture on the Surgical Treatment of Infantile Paralysis.

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

London Throat Hospital, 204, Great Portland Street, W., Wednesday, 5 P.M.—Practical Demonstration.

Medical Graduates' College and Polyclinic, 22, Chenies 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, 3.30 P.M.: Lecture: Hemiplegia.

West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 P.M. as follows:—Monday: Cancer of the Breast. Tuesday: Skin Cases. Wednesday: Therapeutics. Thursday: Some Points in the Treatment of Bright's Disease. 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.

BENSON.—On November 17th, at Broomhill, Sheffield, the wife of Henry Mitchell Benson, M.B., C.M.Edin., of a daughter.

GILBERT.—On October 4th, at Fort Stedman, the wife of Leonard Erskine Gilbert, M.B., I.M.S., of a daughter.

MARSHALL.—At Rawal Pindi, Punjab, India, on the 16th inst., the wife of Major D. C. Marshall, I.M.S., 17th Bengal Lancers, of a son.

OSBORN.—On the 11th inst. at Ennismore House, Dover, the wife of Francis Arthur Osborn, L.R.C.P.Lond., M.R.C.S.Eng., of a daughter.

DEATHS.

HORROCKS.—November 15th, at Shoreham, Blundellsands, aged 85 years, William Henry Horrocks, M.R.C.S.Eng.

STOPFORD-TAYLOR.—November 11th, at his residence, 6, Grove Park, Liverpool, in his 80th year, John Stopford-Taylor, M.D., formerly Medical Officer of Health for that City.

SUTHERLAND.—On November 19th, at 21, New Cavendish Street, Portland Place, W., Henry Sutherland, M.A., M.D.Oxon., M.R.C.P., second son of the late A. J. Sutherland, M.D., F.R.S., aged 59.

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

QUERIES.

VERAX.—Asks for information as to best place abroad for a child, aged 11, suffering from severe spasmodic asthma, to winter in; the sanitary and hygienic qualities of such place, etc. He also desires to know if any book of moderate size treating on this subject can be recommended?

TINNITUS AFTER MASTOID OPERATION.

H. asks for advice in the treatment of two patients who have undergone operation for mastoid disease. The sole complaint is that they cannot get rid of a "buzzing" noise in their ears. There is no further disease of the bone, no discharge, and medicine has entirely failed to relieve them.

SIMPLE REGULATED MUSCULAR EXERCISES.

A PHYSICIAN asks whether there is any reliable book or pamphlet published giving an account of simple (regulated) muscular exercises with the dumb-bells or otherwise which one may recommend to patients requiring muscular exercises, and who are unable or unwilling to consult the various professors of muscular development.

ANSWERS.

A MEMBER.—We cannot recommend the institution named. The treatment is good in properly-selected cases, but, like every treatment, is not of universal applicability. It does not, however, belong to any one country, but is practised in every country in Europe.

M. C. K.—There can be no objection to accepting the invitation. The powers of a district council under the Public Health Act are dealt with in the Public Health Act. Our correspondent might consult the Act as annotated by Dr. Hime in his work, *Practical Guide to the Public Health Acts*, second edition, Baillière, Tindall, and Cox. 1901.

HYPODERMIC.—So far as we are aware the point has not been decided by the General Medical Council. We can only refer our correspondent to the resolution of the General Medical Council adopted on November 23rd, 1897, which has frequently been inserted in our advertisement columns by the Council. The advertisement again appears in the advertisement columns of this week.

OCEANA.—It is to be feared that no advantage could be expected from the insertion of any kind of artificial velum. The improvement of voice and articulation in a case of cleft palate depends not upon any passive effect produced by the velum, but upon its rendering it possible for the muscles to open and close the passage between the mouth and the nose, and it would be useless as a means of remedying weakness of these muscles. (2) It is difficult to predict the best position for the bicycle saddle in a case of weakness of the calf muscles; it can only be found by experiment. Easy hill climbing is mainly a matter of good pedalling, that is to say, of "ankling," so as to keep up effective pressure on the pedals through a larger part of their revolution than a mere thrust can do. It seems probable, *a priori*, that a very forward position of pedal would be bad, as making ankling even more essential by placing the thrust of the extensors of the thigh in a less advantageous direction.

DIABETIC FOOD.

DIABETES.—Our correspondent asks our opinion about certain American foods which he finds on rough examination to contain a large quantity of starch. The foods mentioned are not known to us, and as our correspondent's examination is not satisfactory, he might advise his patient not to use them, but to use one of the foods recommended by competent British authorities on the subject.

ACETIC ACID CLAY.

J. R. H.—By "acetic acid clay," is meant acetate of aluminium in solution. The expression was used in this form, which is a literal translation of the German phrase, as the preparation is not a chemically pure one, but a commercial article, usually employed as a "mordant" in the manufacture of "print" calico. It can be obtained from any manufacturing chemists in the fluid form, as used by Walbaum.

THE INDIAN MEDICAL SERVICE.

X. Y. Z.—We are informed that no change has as yet been made in the subjects of examination for the Indian Medical Service, and candidates should therefore prepare for the examination under the present conditions. The question of any change in the examination may be entertained by the Secretary of State for India, but due notice will be given if any change should be decided on. The examination to be held next February will, it is believed, be conducted under the conditions which obtain at present.