

has the result of prematurely sending a large number of additional students into the wards of the hospitals—students who, by reason of the fact that they are not yet properly equipped for the work, are not able to benefit by the instruction they receive, and who in consequence waste a large part of their second year of study, and are in the way of others who are properly taking the subject in a later year. The conclusion which one is forced to arrive at from a near acquaintance with the curriculum which is recommended to students of medicine in Scotland is that the arrangement in question is detrimental alike to the teaching both of surgery and the sciences on which it is based, and constitutes a serious defect in the Scottish university system. Nor, as the experience of Glasgow has shown, is there anything in the constitution of the universities which would prevent such an immediate change in the arrangement of the curriculum as would bring it into harmony with modern ideas on the subject of medical education.

### A CASE OF MOVABLE LIVER, WITH GREATLY DISTENDED GALL BLADDER, RELIEVED BY CHOLECYSTOTOMY.

By DAVID NEWMAN, M.D., F.F.P.S.G.,  
Surgeon to the Glasgow Royal Infirmary.

MALPOSITIONS and malformations of the liver are by no means common. Occasionally the liver is transposed to the left side of the abdomen in place of the right, but when compared with other organs congenital malpositions are seldom met with. Acquired displacements of the organ are also uncommon. Cases have been recorded where the liver has been capable of rotation on its transverse axis; instances have been met with where the organ was capable of considerable depression, also in others rotation has been possible on an antero-posterior axis. At present, reference of course is only made to such cases where the organ is permanently displaced, and not depressed or elevated as a consequence of pressure from above or below, as for example in pleurisy and empyema on the one hand, or, on the other, ascites and the presence of large abdominal tumours, etc., nor do we include malpositions resulting from curvature of the spine, whether lateral or angular. None of these can properly be called cases of hepatoptosis, which is almost invariably associated with some deformity of the organ. The following case is of interest from the circumstance that the condition is not only rare, but the diagnosis was obscured by the greatly distended condition of the gall bladder.

The patient, Mrs. E., aged 50, was admitted to the Glasgow Royal Infirmary on March 20th, 1902. According to her own statement she had enjoyed good health up till six years ago. About that time she began to feel pains in the back and in the right lumbar region. These pains gradually became worse, and compelled her about a week after their onset to take to bed, to which she was confined for eight weeks. While more or less constantly present, the pain varied in intensity, being most severe when the patient was moving about. Even when most severe, sickness, vomiting, or rigors were not induced, and she said that, although very severe, it was not so great as those pains she experienced during labour. Sudden movements of the body, she stated, gave her a feeling as if there was a bag of marbles in her right loin. At no time had she signs of jaundice. The medical attendant who examined her said she had a "watery tumour in the right side," but the patient herself could not feel the swelling. At this time she noticed a variation in the quantity of her urine, and also in the colour. After being in bed for four weeks the pain gradually passed off, but she did not know whether the "tumour" noticed by the doctor disappeared or not. During the next three years she had three attacks very similar in nature, each of them causing her to lie up in bed for eight to ten weeks. During the interval between the attacks there was a complete disappearance of the symptoms, but on each occasion a swelling was made out in the right loin, and in each of the attacks the patient noticed that at the onset she passed very little urine, and when she was recovering she passed an unusually large quantity. As far as could be ascertained there never was any pain resembling renal colic. The last attack, which occurred four years ago, was regarded by her medical attendant to be due to a uterine disorder. Since recovering from that illness the patient enjoyed good health until a month ago, when she began again to feel a dull pain in the right loin, which was more or less constantly present. In the beginning of March she noticed that she was passing very little urine, and the pain becoming more severe, she was compelled to take to bed. On March 9th vomiting commenced, and continued more or less until the 16th. On that date the material she vomited she described as like cocoa. There was no pain in the stomach at this time, although the patient said there was a distinct feeling of distension of the abdomen. The evacuations were normal. On March 16th the patient, for the first time during this attack, noticed a swelling upon

the right side of the abdomen. This swelling was so prominent that it led her medical attendant to suspect the presence of an ovarian tumour, and with this idea in view the patient was sent into the wards of my colleague, Dr. Kelly.

On examining the case, he came to the opinion that it was not ovarian or uterine in its origin, and consequently the patient was transferred to the surgical wards.

On admission the patient was found to be a well-nourished, moderately stout woman. The abdominal wall was, however, very flaccid, and on palpation a hard, freely movable mass could be made out occupying the right side of the abdomen, the pivot of rotation corresponding to a point where the nipple line crosses the right costal cartilages. On percussion over the swelling a dull note was elicited, and the dullness was found to be continuous with the liver dullness. The dull area extended downwards to the crest of the right ilium and forwards to the umbilicus. The swelling was tender on pressure. It could be moved considerably to the middle line, and while the posterior portion appeared to be solid, the anterior part was fluctuant. The swelling was smooth and uniform, and only at the lowermost limit could anything like a distinct edge be detected, to the right the margin was soft and rounded. There was no oedema and there was no ascites. The urine was dark amber in colour, specific gravity 1.026, acid, no albumen, blood, pus or sugar, and no tube casts.

March 25th, 1902.—To-day I made a careful examination while the patient was under the influence of chloroform, and having eliminated the possibility of ovarian, uterine, or renal tumours, but without being certain as to the precise nature of the lesion we had to deal with, I resolved to open the abdomen in front along the line of the linea semilunaris. On opening the peritoneum the gall bladder was found to be enormously distended and its walls considerably thickened. A careful examination was made of the contents of the abdomen, and the only abnormality discovered beyond the condition of the gall bladder was that the liver was freely movable upwards, downwards, and to the left. The gall ducts were explored with the finger, and although considerably distended no impacted calculus could be discovered. The gall bladder was then stitched to the muscular parietes, and when the suturing was completed an incision was made into the sac. Fully 30 oz. of straw-coloured, highly viscid fluid escaped, and floating in it were a large number of minute gall stones, most of them not larger than a barley corn, a few as large as a lentil seed. The gall bladder having been completely washed out with sterilized water a sound was passed and no more biliary calculi could be found. A large drainage tube was inserted into the gall bladder and dressings applied.

The patient made an excellent recovery, and is now (April 29th) well, with the exception of a small fistulous opening through which small quantities of bile escape.

## MEMORANDA:

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

### ANTISTREPTOCOCCUS SERUM IN PUERPERAL FEVER.

A PRIMIPARA, aged 38, was confined with forceps on May 28th, 1902. The placenta was expelled naturally. On June 3rd her temperature in the morning was 104°, and in the evening 104.6°. A first injection consisting of 10 c.cm. of Burroughs and Wellcome's antistreptococcus serum was administered. On June 4th the morning temperature was 104.6°, and then 10 c.cm. of serum were injected. The evening temperature was 105°. On June 5th the morning temperature was 104.6°, and 10 c.cm. of serum were injected. The evening temperature was 104.8°. The patient died on June 6th at 5 a.m. Uterine douches and other methods of treatment were persevered with throughout, but the case went rapidly from bad to worse.

Wateringbury, Kent. WALTER E. FRY, M.R.C.S., L.R.C.P.

### A FERTILE FAMILY.

THE following short history of a fertile family is very interesting, and perhaps worth recording.

Mrs. M., primipara, aged 31, sent for me to attend her during her confinement, when she gave birth to triplets. She had been married 6½ months, and this corresponded with the size and general appearance of the children, who were all born alive, but died twelve hours after birth.

Thirteen months later, that is 19½ months after marriage, twins were born, who were also premature (7 months). One of the twins died from broncho-pneumonia when it was 3 months old, the other is still living and in good health. Thus there were five children born in a little over 1½ year from the date of marriage. This unusual fertility is apparently on the husband's side, because his mother had twins twice, and the wives of five uncles—brothers of his father—all gave birth to twins.

Calderbank, N.B.

ALEX. J. WILSON, F.R.C.S. Edin.

paper referred to, the relation of the appendix to external hernia is fully dealt with, and I believe the theory there advanced—that an attack of inflammation does sometimes lead to the protrusion of the appendix into a hernial pouch—is correct.—I am, etc.,

Cavendish Square, July 2nd.

J. HUTCHINSON, JUN.

#### INFLAMMATION OF THE CAECUM AND APPENDIX.

WE have received several further interesting communications touching this subject, but owing to the great pressure on our space are able only to give the chief points.

Sir William Gowers sends the following extract from his MS. notes of Sir William Jenner's lectures on medicine taken in 1862. After describing inflammation of the caecum, Sir William Jenner said:

Inflammation and perforation of the appendix vermiformis is not very uncommon. The appendix, when perforated, is generally found to be adherent to the part of the peritoneum on which it lies, and it may be coiled up in the iliac fossa. In it, or just out of it, is some foreign body; it may be a faecal concretion an inch long or a worm, or a fruit stone, bean, pea, etc. But faecal concretions are by far the most common. The appendix is dilated before perforation; its walls are thickened; ulceration takes place, and then perforation. It is found bent just where it is healthy, and the foreign body cannot escape in consequence of the bending of the appendix. The end, in which this is, is dilated. Mucus is poured out, and afterwards changes in character and becomes purulent as ulceration advances. The perforation may be into the peritoneal cavity, and then peritonitis and its results follow, or it may burst into the cellular tissue and form a retroperitoneal abscess. This generally bursts into the peritoneum, but sometimes into the ileum. If the abscess forms in the cellular tissue, it may pass into the thigh, and not become fatal.

Dr. F. R. Fairbank (Dorking) refers to the account of inflammations of the caecum in *Copland's Dictionary of Medicine*, vol. i, pp. 278-282. This account, published in 1858, is really strikingly modern. Among acute diseases inflammation of the mucous surface of the caecum, of the coats of the caecum, of the appendix caeci, and of the pericaecal tissue are described separately. With regard to inflammation of the appendix, it is stated that it is most frequently, but not always, brought on by hard substances having escaped into it; that the inflammation rapidly extends to the peritoneum, giving rise to the exudation of albuminous lymph, to adhesion of its opposite surfaces, and of the appendix to surrounding parts, and to gangrene of this process. He describes a case in which the appendix was gangrenous on either side of a concretion. The frequency with which inflammation of the pericaecal tissue becomes purulent is mentioned, and cases are given in which "calculi" were found in the abscess. It is especially noted that in this affection the "tumefaction" in the right iliac fossa is a late symptom, not appearing till after the colicky pain in that region. The prognosis in inflammation of the appendix is considered to be especially unfavourable. The treatment recommended is chiefly vigorous leeching and the application of fomentations.

Dr. Theodore Fisher (Bristol) says that having been educated at Guy's before 1886, and familiar from his student days with the starting-point of perityphlitis, it seems to him that more cases are met with in the post-mortem room since operative treatment has become common. He suggests that the introduction of surgical measures may have increased the fatality of perityphlitis for a short period in the past, and that the increased opportunities thus afforded for study may have appeared almost to have led to the discovery of a new disease.

Dr. Richard Bevan (London) writes that he remembers being present at an impromptu demonstration by Dr. Moxon of a case of perityphlitis in the casualty department of Guy's as far back as 1873. He suggests that Sir Frederick Treves in his lecture refers to 1884 not as the year in which the disease was discovered, but that in which the knowledge was evolved that cases existed which were amenable to operative interference, the birth-year, therefore, of the surgical aspect of perityphlitis.

Dr. James Gilroy (Waterbeck, Dumfriesshire) states that when a student at Glasgow University from 1876 to 1880 he never heard the subjects of appendicitis or typhlitis discussed either in systematic or clinical lectures. He, however, later on, 1880 and 1894, met with two cases, both of which recovered without operative interference; the treatment adopted was the administration of minute doses of calomel and Dover's powder, and of enemata and the application of linseed poultices.

## OBITUARY.

### EDWARD WILLIAM FLEMYNG STIVEN, M.D.

THE town of Harrow has suffered an irreparable loss by the death of Dr. Stiven, which occurred on July 12th. He was struck down in full activity, and died of pneumonia after five days' illness.

Ned Stiven, as he was affectionately called, was born in India in August, 1851. His father and grandfather were sur-

geons in the Indian army and under the East India Company respectively, and came of an old Sutherlandshire family, while his mother was of Irish extraction. He went to school at St. Andrews, and studied medicine at Edinburgh, working hard, and at the same time acquiring distinction as a football player. He became M.B. and C.M. in 1874, and took an assistantship in Sunderland, which after a few months he relinquished to continue his studies in Berlin and Vienna. While he was in the latter city the Servian war broke out, and he lost no time in taking service on the Servian side. When the struggle had become merged in the Russo-Turkish war he assisted the Turks under the Stafford House Committee, and was given charge of the Rustchuk Hospital, which he maintained at a condition of something like efficiency during the bombardment. Immediately after this followed the most exciting incident of his career. Erzeroum was beleaguered by Russians, frost-bound, and infested with typhus, which had prostrated twenty-seven of the medical staff. To relieve the others volunteers were needed, and Stiven and another set forth from Trebizond for the purpose. In seven days they traversed 150 miles of almost trackless snow and ice; their guide deserted them, and their sole hope was to follow the tops of the telegraph poles which just protruded above the snow. Stiven did not stay long in Erzeroum; he returned to Constantinople, and was there attacked with typhus. For his services he was awarded the third class of the Osmanieh and Medjidieh orders and the Turkish war medal.

On his return he went into partnership in South Shields, and took the M.D. degree in 1880. He married, and in 1881 went to Harrow, where he spent the rest of his life. His practice became so large eventually as to necessitate the aid of two partners.

Dr. Stiven played an important part in all local matters. He was a member—and eventually Chairman—of the local Board, and after its extinction was elected to the district council, of which he was Chairman from 1898 till his death. He was instrumental in the establishment of the infectious hospital, in the installation of the electric light in the town, in the carrying out of an efficient means of sewage disposal, and in the foundation of the Rosetti Recreation Ground. He started, and was Honorary Surgeon to, the local branch of the St. John Ambulance Brigade; was Surgeon-Captain in the 21st Middlesex R.V.C.; Divisional Surgeon to the "X" Division of Police, and Visiting Surgeon to the Cottage Hospital. He was greatly in demand as chairman at public meetings, and a generous contributor in the cause of charity. His robust, breezy, open nature made him hosts of friends, and though in debate he differed with vigour it was without acrimony. He leaves a widow and five children, whose grief is shared by the whole town, of which he was so worthy and prominent a citizen.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Wilhelm Kiesselbach, Extraordinary Professor of Otology in the University of Erlangen, aged 62; Dr. Richard Forster, Professor of Ophthalmology in the University of Breslau, aged 76; Dr. George F. Carey, of New York, a well-known specialist in diseases of the eye and ear, aged 66; and Dr. Lourenço da Fonseca, a well-known ophthalmologist, of Lisbon, founder of the *Gazeta de Ophthalmologia*.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

### SOUTH AFRICAN DISPATCHES.

WHAT appears to be the final dispatch respecting the war in South Africa is published in the *London Gazette* of the 18th instant. It is from Lord Kitchener, dated Pretoria, June 1st, 1902, and deals with the closing scenes of the war and with the peace negotiations. At the conclusion Lord Kitchener submits a list of officers whose good services he desires to bring to special notice, among them being the following: A. L. Hoops, Civil Surgeon; Lieutenant T. F. Ritchie, M.B., Royal Army Medical Corps; and Civil Surgeon R. F. Williams, Royal Army Medical Corps.

### ROYAL NAVY MEDICAL SERVICE.

THE following appointments have been made at the Admiralty: CECIL R. RICKARD, Surgeon, to the *Moorhen*, July 10th; E. R. L. THOMAS, Surgeon, to the *Boscawen*, for the *Dolphin*, lent, July 10th; JOHN MARTIN, Surgeon, to the *Cambridge*, July 13th.

started in Sandgate in April last, that 67 patients had been received up to the date of his letter, which is undated but was received by us on July 7th, and that of these 67 patients 34 had applied and paid for extension of their time at the home—3 for one week, 12 for two weeks, 9 for three weeks, 9 for four weeks, and 1 for eight weeks. This latter statement is supported by the forms of application. The periods mentioned appear to be on the average very short, but the total length of residence is not given in any instance. Mr. Jones also states that the Brompton Hospital ceased to send patients to his convalescent home "owing to the ever-increasing strong feeling of prejudice of other patients suffering from phthisis," and that as the Committee of the hospital did not see their way to keep a special home filled with patients, the negotiations fell through.

We are informed that the Committee of the Brompton Hospital ceased to send patients to Mr. Jones's homes over two years ago, and it appears from Mr. Jones's letter that the home for the reception of private consumptive patients at Sandgate was only opened last April. Under these circumstances we would suggest to Mr. Jones whether it is not somewhat misleading in a pamphlet professing to give particulars of the homes for the open-air treatment of consumption and other diseases of the chest at Sandgate to state: "We have had over 3,400 phthisical patients in our homes from the Brompton Hospital for Consumption and other London and provincial hospitals since 1874." We observe in this pamphlet extracts from commendatory letters from the Rev. J. Hughes Owen, M.A., described as Chaplain to Brompton Consumptive Hospital, London, S.W., and from Mr. Henry Dobbin, described as Secretary of the Brompton Consumptive Hospital, London, S.W. The extracts are undated, but we believe Mr. Owen resigned some thirteen years ago and Mr. Dobbin nine or ten years ago.

#### MEDICAL ADVERTISING.

D. H. F.—There is much in the advertisements of hydropathic establishments of which we disapprove, as may be seen by the note published in the *BRITISH MEDICAL JOURNAL* of July 10th (page 150), but in a place where such practices are tolerated it may well be that exception could not be taken consistently to such an advertisement as it is proposed to insert in the newspapers. Nevertheless, we think it would be objectionable, and contrary to the rule that medical practitioners must not seek to obtain practice by newspaper advertisements. Our correspondent might address a circular to all the medical practitioners in the town, informing them that he has installed the apparatus in question, and that he is prepared to carry out the specified treatment; or he may invite his professional brethren to visit his house, and demonstrate the use of the apparatus to them; or he may in any other way make the facts known through the medical profession, but he ought not to address the public directly through the newspapers.

#### PAYMENT OF A SUBSTITUTE.

999.—It is usual to offer half fees to a substitute who has seen patients during a practitioner's absence from illness or otherwise, but where there is a reasonable prospect of such services being reciprocated, payment is often declined.

#### DENTISTS AND THE TITLE OF "DR."

THE Honorary Secretary of the Hartlepool Medical Society asks our opinion as the legality and propriety of the use of the title "Dr." by a dentist, who puts it on his own doorplate on the strength of possessing an American diploma of D.D.S.

\*.\* If the dentist in question holds the degree of D.D.S. from a recognized American University, and he is registered under the Dentists Act, we do not think that there is any offence against the law or impropriety in his calling himself "Dr."

#### TIME LIMITATION FOR PAYMENT OF NOTIFICATION FEES.

A CORRESPONDENT writes that a sanitary authority has just disallowed 10s. out of a claim of 15s. for the notification of infectious diseases on the ground that the claim was not made earlier. He wishes to know whether this action of the sanitary authority is legal, and at what date fees for certification under the Infectious Diseases Notification Act cease to be recoverable.

\*.\* This action of the sanitary authority is of questionable legality. It is possible that the authority may have issued a notice to all the practitioners within its jurisdiction, stating that no claims for these fees would be paid unless sent in before a certain date. But even if this has been done, it is by no means certain that the authority was not acting *ultra vires*, as the fees in question are statutory, and there is nothing in the Act directing them to be claimed within a certain time. This point has not, we believe, yet been tested in the county court.

#### FEES FOR SPECIAL CONTINUOUS ATTENDANCE.

A CORRESPONDENT wishes to know what would be a reasonable fee to charge per day for staying the last three days and nights at a patient's house who died of peritonitis. He only left the house during that time to see absolutely necessary cases. His ordinary fee for visiting this patient had been 7s. 6d.

\*.\* We cannot pretend to answer this question with any authority; but if our correspondent during this time was able to attend to the most important part of his own practice, three guineas a day may be suggested as a reasonable charge. If he was practically able to do scarcely any of it, then he might reasonably charge a higher fee.

#### SANITARY OFFICERS AND PRIVATE PATIENTS.

AMITY.—We think that a medical officer of health, before sending an inspector to enter a patient's bedroom for any purpose, should communicate with the medical man in attendance.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF LONDON.

#### The Vice-Chancellorship.

THE Rev. Archibald Robertson, D.D., LL.D., Principal of King's College, has been elected Vice-Chancellor for the year 1902-3. At the same time a vote of thanks was adopted to Sir Henry Roscoe expressing the Senate's high sense of the zeal, diligence, and ability which he had devoted to the University during his long tenure of office of Vice-Chancellor.

#### The M.D. in State Medicine.

The following is a list of laboratories recognized as institutions from which the University will receive certificates for the external degree of M.D. in State Medicine:

*In England.*—(London): University College, King's College, London Hospital, Middlesex Hospital, Charing Cross Hospital, St. Thomas's Hospital, St. Bartholomew's Hospital, Westminster Hospital, Guy's Hospital, St. George's Hospital, St. Mary's Hospital, Paddington; the Royal Naval Hospital, Haslar; the Army Medical School, Netley; the University of Birmingham; the University Medical School, Cambridge; the Yorkshire College, Leeds; University College, Bristol; University College, Liverpool; the Owens College, Manchester; the College of Medicine, University of Durham; the University Medical School, Oxford; University College of South Wales and Monmouthshire, Cardiff; University College, Sheffield.

*In Scotland.*—The University of Aberdeen; the University of Edinburgh; the School of Medicine of the Royal College, Edinburgh; the University of Glasgow; St. Mungo's College, Glasgow.

#### Proposed Incorporation of University College.

In connection with the offer made by the Drapers' Company in January last to devote the sum of £30,000 to the extinction of the debt on University College, "provided that the Senate of the University and the Corporation of University College can before February 28th, 1903, agree upon a scheme for the incorporation of the College in the University, and such scheme be approved by the Company," the Senate has considered the proposal in all its bearings, both administrative and financial, and at its meeting on July 16th approved the outlines of a scheme which had been drafted in conference with the Council of the College as a preliminary step towards its realization. Further negotiations are in progress between the University and the College with respect to certain details, and it is hoped that by the date specified a complete scheme for the incorporation of the College in the University may be agreed upon by both parties. The realization of the scheme will depend upon whether it is possible to raise the necessary funds.

### UNIVERSITY OF EDINBURGH.

#### FACULTY OF MEDICINE.

*Degree of M.D.*—The following candidates have passed the clinical examination for this degree:

A. L. Anderson, E. F. Bashford, A. C. Begg, W. Bell, C. S. Brebner, A. C. Brown, R. Cameron, G. S. Carmichael, S. G. Champlion, C. C. Choyce, Jane Alice Craig, S. Dawood, W. E. C. Dickson, D. Ewart, E. Ewart, W. Ewart, H. Faulkner, D. Ferrier, J. S. Geikie, N. Glegg, R. A. Glegg, St. L. H. Gribben, H. Harris, F. J. Hathaway, H. O. Hobson, J. Hunter, J. G. S. Jamieson, D. B. King, J. Lückhoff, A. M. McIntosh, F. C. Matthew, J. Miller, P. Murison, W. M. Paul, A. de St. L. F. Perigal, H. R. Phillips, A. Preston, T. A. Price, R. Pugh, J. M. Reid, L. C. P. Ritchie, W. A. Robinson, R. M. Rowe, Laura S. Sandeman, F. D. Simpson, G. F. B. Simpson, C. B. Snow, S. Southall, H. M. Spiers, D. W. Sutherland, A. H. Thompson, W. G. Thompson, H. Wade, A. E. White, G. D. Whyte, D. Young.

*First Professional Examination.*—The following candidates have passed this examination in the subject of Physics:

D. W. Anderson, H. F. Briggs, G. Britto, F. W. Bullock, H. Burns, F. J. Davidson, T. H. Dickson, J. D. C. Duncan, W. L. Gordon, C. M. Hall, D. K. Henderson, S. W. Hogg, H. Irvine, N. W. Kidston, J. G. de Kock, R. D. M'Allister, P. M'Dermid, J. F. Mackay, R. E. M'Laren, J. J. Marr, L. R. H. P. Marshall, N. Martin, C. J. van der Merwe, J. E. Mitchell, C. L. D. Roberts, A. C. Russell, W. J. Simpson, E. D. Simson, D. M. Smith, J. H. du Toit, J. N. Turnbull, A. G. Visser, A. M. Vlok, W. H. te Water, Martha B. Webb, W. C. Whiteside, E. D. Wilmot, A. W. Young.

### UNIVERSITY OF DUBLIN.

At the Later Summer Commencements in Trinity Term held on Tuesday, July 1st, in the Theatre of Trinity College, the following licenses and degrees in medicine were conferred by the University Caput in the presence of the Senate:

*Licentiatum in Medicinâ, in Chirurgiâ, et in Arte Obstetricâ.*—G. R. Harman.

*Baccalaurei in Medicinâ.*—W. H. Peile, W. Taylor, H. L. Thurnell.

*Baccalaurei in Medicinâ, in Chirurgiâ, et in Arte Obstetricâ.*—R. P. Beatty,

C. M. Benson, W. Benson, E. B. Booth, W. J. B. Burke, W. A. G.

Cluffe, J. R. Garratt, H. F. Johns, J. S. Joly (B.Ch. stip. cond.), G.

H. Keene, R. H. MacNicol, W. F. A. Moyers, H. F. Perkins, J. C.

Scott, R. F. Steel, R. G. H. Tate, J. A. Valentine, C. W. Webb, J. S.

Wilson.

*Doctores in Medicinâ.*—C. A. K. Ball, W. J. B. Burke, W. A. G. Cluffe,

St. G. E. Harris, F. J. S. Heaney, J. S. Joly, W. G. Joynt, J. J.

W. F. A. Moyers, T. W. Moorhead (stip. cond.), R. W. Mullock, J. J.

Power, C. V. B. Stanley, W. C. Stevenson, H. L. Thurnell, J. A.

Valentine.

*Baccalaureus in Medicinâ et in Chirurgiâ (in absentia).*—E. C. Nangle

(Antea Liceat).

#### CONJOINT BOARD IN IRELAND.

THE following candidates, having completed the necessary examinations, having been granted the Conjoint Diploma in Public Health: W. E. Burton, F. I. de Lisle, M. McGrath, R. McCombe, L. R. M. O'Ferrall, E. G. Gibbs-Smith, A. G. Robb, and A. Williams.

## MEDICAL NEWS.

**THE SANITARY INSTITUTE.**—The nineteenth congress of the Sanitary Institute will be held in Manchester from September 9th to September 13th, under the presidency of the Earl of Tatton and Egerton. Dr. W. N. Shaw, F.R.S., will deliver the lecture to the Congress, and Sir W. J. Collins, M.D., the popular lecture. In connexion with the congress a health exhibition of apparatus and appliances relating to health and domestic use will be held at St. James's Hall, Manchester, and will be open from September 9th to September 27th.

**A QUARTERLY COURT** of the Directors of the Society for Relief of Widows and Orphans of Medical Men (11, Chandos Street, Cavendish Square, W.) was held on July 9th. The President, Mr. Christopher Heath, took the chair. Two new members were elected, and the deaths of three members were reported and the resignation of a member accepted. Fresh applications for grants were read from two widows, and grants of £50 per annum made. It was resolved to distribute £1,342 among the 55 widows, 11 orphans, and 5 recipients from the Copeland Fund now in receipt of grants. The expenses of the quarter were £47 19s. 6d.

**SOCIETY OF MEDICAL PHONOGRAPHERS.**—This Society will hold its next annual shorthand examination in May, 1903, when two prizes, each of the value of £5, will be offered, one for first year students, and one for students of longer standing. The competition, which is open to any registered medical student in the United Kingdom who has not taken a first prize at one of the Society's previous examinations, will be held simultaneously in London, Edinburgh, Dublin, and any provincial medical centre in the United Kingdom at which not fewer than three candidates offer themselves. Intending candidates can obtain further information from Dr. P. G. Griffith, Bonhams, Farnborough, Hants. The latest date for receiving entries will be April 15th, 1903.

**CHALFONT COLONY FOR EPILEPTICS.**—A garden party given at the Chalfont Colony for Epileptics on July 9th was attended by nearly one hundred guests, who were received at the Colony by Mr. Montefiore Micholls, Chairman of the Executive Committee, and Mrs. Micholls. During the earlier part of the afternoon the visitors had the opportunity of seeing the colonists engaged in their usual work, some of the male colonists were working in the carpenter's, smith's, and basket-making shops, while the females were employed in the laundry or in doing needlework in the homes. Of these there are six, four occupied by men and two by women. A convalescent home has just been built, but has not yet been occupied, as funds are wanted with which to furnish it, and there is also a sanatorium for the treatment of colonists who are ill, but the health of the colonists, who number 136, is so good that it has not yet been found necessary to occupy it. A home for the benefit of Hampshire colonists is about to be erected by an anonymous donor, so that there will soon be seven homes occupied by colonists, in addition to the convalescent home for patients sent there for rest and fresh air.

**BRUSSELS MEDICAL GRADUATES' ASSOCIATION.**—The annual general meeting of this Association was held at the Trocadero, Piccadilly, W., on July 15th. Dr. A. E. Snape was unanimously elected President, and Dr. A. C. Haydon Vice-President. Dr. Walter Smith was re-elected Treasurer, and the following gentlemen were appointed members of Council: Drs. F. H. Edwards, E. Furness Potter, Arthur E. Cowburn, F. Norman, James Maughan, A. Ward, F. Sayres, Charles B. Langton, F. R. Miller, Norman Lavers, and W. E. Kirby. Dr. M. Greenwood and Dr. F. H. Edwards were elected joint Honorary Secretaries, and Dr. Danford Thomas and Dr. A. E. Cowburn Auditors. Subsequently the members and their friends dined together. The President gave the usual loyal toasts, which were followed by the toast of "The Guests," proposed also by the President, who coupled it with the names of Mr. Howard Marsh, Dr. Heron, and Dr. Head. After suitable replies from these gentlemen, the toast "The Brussels Medical Graduates' Association" was proposed by Dr. Bateman, and responded to by Dr. M. Greenwood. Dr. Danford Thomas proposed "The Health of the President," which was enthusiastically received.

**POPLAR HOSPITAL.**—The forty-seventh annual festival dinner in aid of the Poplar Hospital for Accidents was held on July 8th at the Holborn Restaurant, when Mr. R. A. Hankey presided over a large gathering, supported by the Hon. Sydney Holland (Chairman of the hospital), Dr. W. H. Allchin, Mr. J. G. Broodbank (Vice-Chairman), and others. After the usual loyal toasts the Chairman proposed "Success to the Poplar Hospital." He said the first case came into the hospital building—originally a custom house—in 1855. By the energy of Mr. Sydney Holland a new building with three wards was now provided, and opened by the present King in 1894. The Committee had not, however, yet seen their way to open the third ward at a cost of £700 a year. He suggested that this should be used as a paying ward, which he had no doubt would be appreciated. A reserve fund of £30,000 was wanted to provide against emergencies. The total number of cases received in the hospital last year was 30,000. The total number of casualties in the recent South African war was 28,700, showing that the casualties in one year in East London were more numerous than those occurring in a two and a-half years' war. A list of subscriptions amounting to £2,550 was afterwards announced, including £722 on the Chairman's list.

## MEDICAL VACANCIES.

The following vacancies are announced:

- AYR COUNTY HOSPITAL.**—House-Surgeon. Salary, £70 per annum, with residence, board and washing. Applications to the Secretary by August 2nd.
- BANBURY: HORTON INFIRMARY.**—House-Surgeon. Salary, £100 per annum, with board and residence. Applications to the Honorary Secretary, 21, Marlborough Road, Banbury.
- BATH: ROYAL UNITED HOSPITAL.**—House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary.
- BIRMINGHAM AND MIDLAND EAR AND THROAT HOSPITAL.**—House-Surgeon. Salary at the rate of £50 per annum. Applications to the Secretary, 169, Edmund Street, Birmingham, by July 30th.
- BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.**—Resident Surgical Officer. Salary, £60 per annum, with board, washing, and attendance. Applications to the Secretary at the Hospital, Steelhouse Lane, Birmingham, by August 6th.
- BRIGHTON: SUSSEX COUNTY HOSPITAL.**—Second House-Surgeon and Anaesthetist; unmarried and under 30 years of age. Salary, £60 per annum, with board and residence. Applications to the Secretary.
- BRISTOL: ROYAL INFIRMARY.**—(1) Junior House-Surgeon and Anaesthetist. (2) Casualty Officer. Appointment for six months. Salaries in each case at the rate of £50 per annum, with board, lodging, and washing. Applications to the Secretary by August 19th.
- CAMBRIDGE: ADDENBROOKE'S HOSPITAL.**—Senior House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with board, lodging, and washing. Applications to the Secretary, 23, St. Andrew's Street, Cambridge, by September 20th.
- CENTRAL LONDON THROAT AND EAR HOSPITAL,** Gray's Inn Road, W.C.—Assistant Anaesthetist. Applications to the Secretary.
- CHOLEY: RAWLIFFE HOSPITAL.**—House-Surgeon. Salary, £100 per annum, with board and lodging. Applications to the Honorary Secretary.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST,** Victoria Park, E.—Resident Medical Officer. Salary, £100 per annum, with board, etc. Applications to the Secretary by August 1st.
- DEVONPORT: ROYAL ALBERT HOSPITAL.**—Assistant House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with board, lodging, and washing. Applications to the Chairman of the Medical Committee by August 1st.
- EAST LONDON HOSPITAL FOR CHILDREN,** Shadwell.—(1) Assistant-Physician, must be F.R.C.S. (Lond.). (2) Assistant-Surgeon, must be F.R.C.S. (Eng.). Applications to the Secretary by August 2nd.
- GRAVESEND HOSPITAL.**—House-Surgeon. Salary, £80 per annum, with board and residence. Applications to the Honorary Secretary, 146, Milton Road, Gravesend.
- HALIFAX UNION POOR-LAW HOSPITAL,** Salterhebble.—Resident Medical Officer. £150 per annum, with apartments, board, and washing. Applications to the Clerk to the Guardians, 4, Carlton Street, Halifax, by July 29th.
- IPSWICH: EAST SUFFOLK AND IPSWICH HOSPITAL.**—Second House-Surgeon; unmarried. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary by July 29th.
- LANCASTER: ROYAL INFIRMARY.**—House-Surgeon, unmarried. Salary, £100 per annum, with residence, board, attendance, and washing. Applications, on forms provided, to be sent to the Secretary by August 8th.
- LEEDS GENERAL INFIRMARY.**—Resident Ophthalmic Officer. Salary, £50 per annum, with board and lodging. Applications to the Secretary to the Faculty.
- LIVERPOOL DISPENSARIES.**—Assistant Surgeon; unmarried. Salary, £100 per annum, with board and apartments. Applications to the Secretary by July 31st.
- LIVERPOOL INFECTIOUS DISEASES HOSPITALS.**—Two Assistant Resident Medical Officers, unmarried, and not exceeding 28 years of age. Salary, £120 per annum each, with board, washing, and lodging. Applications endorsed "Assistant Resident Medical Officer," to be sent to the Town Clerk, Municipal Office, Liverpool, by July 23th.
- MANCHESTER: ANCOATS HOSPITAL.**—Resident House-Surgeon. Salary, £100 per annum, with board, residence, etc. Present House-Physician is applicant for the post, and, if appointed, the office of House-Physician will be vacant. Salary, £80 per annum, with board, etc. Applications to the Secretary by August 8th.
- MANCHESTER: ROYAL EYE HOSPITAL.**—Junior House-Surgeon. Salary, £90 per annum, with residence, board, and washing. Applications, endorsed "House-Surgeon," to be addressed to the Chairman of the Board of Management by August 8th.
- NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC,** Queen Square, W.C.—Registrar. Honorarium, 50 guineas. Applications to the Secretary by July 28th.
- NEWCASTLE-ON-TYNE: HOSPITAL FOR SICK CHILDREN.**—Male Resident Medical Officer. Salary, £100 per annum, with board, lodging, and laundry. Applications to the Secretary by August 16th.
- NEWPORT AND MONMOUTHSHIRE HOSPITAL.**—House-Surgeon. Salary, £100 per annum, with board and residence. Applications to the Secretary by August 11th.
- NORTH STAFFORDSHIRE INFIRMARY,** Hartlepool.—Assistant House-Surgeon. Board, apartments, and washing provided, and honorarium of at least £25 at the end of six months. Applications to the Secretary by August 2nd.
- NORTH-WEST LONDON HOSPITAL,** Kentish Town Road, N.W.—Assistant Surgeon must be F.R.C.S. (Eng.). Applications to the Secretary by August 1st.

**NOTTINGHAM GENERAL DISPENSARY.**—Assistant Resident Surgeon; unmarried. Salary, £100 per annum, increasing £10 yearly, with furnished apartments, etc. Applications to the Secretary, Mr. M. I. Preston, Journal Chambers, Nottingham.

**ROTHERHAM HOSPITAL AND DISPENSARY.**—Senior House-Surgeon. Salary, £110 per annum. Applications to the Secretary, 19, Moorgate Street, Rotherham, by August 9th.

**ST. MARYLEBONE UNION.**—Resident Assistant Medical Officer for Dental purposes at the school at Southall. Salary, £50 per annum. Applications to the Clerk to the Guardians, Northumberland Street, Marylebone Road, W., by July 31st.

**SALFORD ROYAL HOSPITAL.**—District Medical Officer for the Pestilence Branch Dispensary. Salary, £110 per annum. Applications to the Superintendent by August 2nd.

**SALFORD UNION.**—Male Assistant Resident Medical Officer at the Union Infirmary, Hope. Salary, £150 per annum, with furnished apartments and attendance. Applications, endorsed "Assistant Medical Officer," to be sent to the Clerk to the Guardians, Union Office, Eccles New Road, Salford, by July 30th.

**SCOTTISH NATIONAL ANTARCTIC EXPEDITION.**—Bacteriologist. Applications to Mr. W. S. Bruce, 21, Hill Place, Edinburgh.

**SHERWSBURY: SALOP INFIRMARY.**—Assistant House-Surgeon. Appointment for six months, but capable of renewal. Salary at the rate of £50 per annum, with board and apartments. Applications to the Secretary.

**SOUTHPORT INFIRMARY.**—Resident Junior House and Visiting Surgeon, unmarried. Appointment for six months, but renewable. Honorarium at the rate of £20 per annum, with residence, board, and washing. Applications to the Secretary, 24, King Street, Southport.

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

**STOCKPORT INFIRMARY.**—Junior Assistant House-Surgeon. Appointment for six months. Salary at the rate of £40 per annum, with board, washing, and residence. Applications to the Secretary by August 14th.

**VICTORIA HOSPITAL FOR CHILDREN.**—House-Physician. Appointment for six months. Honorarium, £25, with board and lodging. Applications to the Secretary by August 2nd.

**WEST BROMWICH DISTRICT HOSPITAL.**—Resident Junior House-Surgeon. Salary, £50 per annum, with board, lodging, washing, and attendance. Applications to the Honorary Secretary.

**WISBECH: NORTH CAMBS. HOSPITAL.**—Resident Medical Officer. Salary, £150 per annum, with furnished house. Applications, on forms provided, to be sent to the Honorary Secretary, by July 28th.

### MEDICAL APPOINTMENTS.

**BAILLY, J. C. Maxwell, M.B. Lond., M.R.C.S., L.R.C.P.,** appointed House-Surgeon to West London Hospital.

**BAYLY, H. Wansey, M.R.C.S., L.R.C.P. Lond.,** appointed House-Physician to the West London Hospital.

**BLACK, T. M.B.,** appointed District Medical Officer of the North Wiltford Union.

**BRANKWELL, Edwin, M.B., C.M. Edin., M.R.C.P. Lond.,** appointed Assistant Physician to the Leith Hospital.

**COLLIE, E. J. M.D., C.M. Aberd.,** appointed Assistant Medical Officer to the School Board for London.

**DAVIES, Thomas Glasbrook,** appointed Medical Officer for the No. 8 District of the Swansea Union.

**EVANS, Arthur, M.S., M.D. Lond., F.R.C.S. Eng.,** appointed Surgeon to Out-patients at the Seamen's Branch Hospital in the Royal Albert Dock (to which is attached the London School of Tropical Medicine).

**HOPKINSON, A. L.R.C.P. Lond., M.R.C.S., L.D.S. Eng.,** appointed Lecturer on Dental Anatomy and Physiology at the Royal Dental Hospital of London, *vice* C. S. Tomes, M.A., F.R.S., F.R.C.S., resigned.

**HUNTER, William, M.D. Edin., F.R.C.P. Lond.,** appointed Physician to the London Fever Hospital, *vice* J. W. Washbourn, M.D. Lond., deceased.

**MATTHEW, Edwin, M.A., M.B., C.M. Edin.,** appointed Assistant Physician to the Leith Hospital.

**MURRAY, J. Gawlor, L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg.,** appointed Certifying Factory Surgeon for the Scarborough District, *vice* J. Dickinson Leigh, M.B., C.M., F.R.C.S. Edin.

**PEPPER, Henry William, M.B., R.Ch., M.R.C.S., L.R.C.P.,** appointed District Medical Officer to the Parish of Birmingham.

**POLOCK, Aubrey H., M.R.C.S., L.R.C.P.,** appointed House-Surgeon to the West London Hospital.

**RIGBY, Hugh Mallinson, M.B., M.S. Lond., F.R.C.S. Eng.,** appointed Assistant Surgeon to the London Hospital.

**THOMAS, C. J., B.Sc., M.B. Lond.,** appointed Assistant Medical Officer to the School Board for London.

**TOYE, C. J., M.D., B.S. Lond.,** appointed Medical Officer of Health to the Northam Urban District Council, *vice* A. E. Mahood, M.D., M.Ch.B. U.I., resigned.

**WILLIAMS, Penrose, M.R.C.S., L.R.C.P.,** appointed Medical Officer to the Bridgwater Workhouse, *vice* Mr. H. W. Kemmis, deceased.

### BIRTHS, MARRIAGES, AND DEATHS.

*The charge for inserting announcements of Births, Marriages, and Deaths is 5s. 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.

**FULLER.**—On July 19th, at 7, Oxford Row, Bath, the wife of A. Leonard Fuller, M.R.C.S. Eng., L.R.C.P. Lond., of a son.

**TROTTER.**—At Montabour House, Kinnoull, Perth, on July 18th, the wife of Mr. R. S. Trotter, M.B., C.M., of a daughter.

#### MARRIAGES.

**JONES—STRANACK.**—On July 16th, at St. Hilda's Church, Whithy, Yorks, by the Rev. Canon Austen, E.D., assisted by the Rev. M. A. Horsfall, Arthur Reginald Jones, M.R.C.S., L.R.C.P., to Violet Maude, daughter of Frederick Stranack, Esq., of Bombay. Indian papers please copy.

**PALMER—HARRY.**—On July 16th, at Brixton Independent Church, by the Rev. Bernard J. Snell, M.A., B.Sc., Charles Ambrose Palmer, M.R.C.S. Eng., L.R.C.P. Lond., son of Ambrose Palmer, M.R.C.S. Eng., L.R.C.P. Edin., of Whittington, Derbyshire, to Maude Marian, eldest daughter of Spencer Carveth Harry, Binfeld Road, Clapham, S.W.

**RADCLIFFE—DRONSFIELD.**—On July 16th, at Christ Church, Chadderton, by the Rev. C. N. Sergeant, M.A., Vicar, assisted by the Rev. J. W. Plant, Frank Radcliffe, M.D. Vict., youngest son of the late Jacob Radcliffe, of Oldham, to Sarah Ann, youngest surviving daughter of Samuel Dronsfield, of Windsor House, Oldham.

**WARD—HILL.**—On Tuesday, July 22nd, at St. John's, Torquay, by the Rev. Rowland B. Hill, M.A., Rector of Colne Engaine, Essex, cousin of the bride, assisted by the Very Rev. V. L. Bonson, D.D., Dean of St. Andrews, and the Rev. Basil Airy, M.A., Vicar of the Parish, Thomas Hamilton Ward, M.D., of Paignton, to Emma Vivian, only daughter of H. Grylls Hill, Esq., of Hillesdon, Torquay.

#### DEATH.

**WHALLEY.**—On July 15th, at Newby, near Clapham, Yorkshire, Herbert Whalley, L.R.C.P., L.R.C.S., of 77, Horton Lane, Bradford, in his 36th year.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

**LIFT** asks for the name and address of a maker of an apparatus consisting of a small windlass, chain and block by which a patient could be hoisted from the first to the second floor of a house in the well of the staircase?

#### MOTOR BICYCLES.

**DR. F. J. SPILSBURY** (Hogsthorpe, Alford, Lincolnshire) writes: I should be glad if any member who has used a motor cycle in a country practice during the winter would inform me how they answer. Can one keep himself dry in wet weather? Are they very liable to break down? How do the tires wear? Are the motors easy to repair and keep in order? And if one kept a motor bicycle could one do without horses?

### ANSWERS.

**LARES.**—We know of no statistics upon the subject.

### LETTERS, NOTES, Etc.

#### A WARNING.

ON THE SPOT (Sydney, N.S.W.) writes: In the advertisement columns of the BRITISH MEDICAL JOURNAL one occasionally sees "Colonial Practices for Sale." In every case, without exception, I would strongly urge intending purchasers to have nothing to do with them. These practices having been found to be unsaleable out here are placed on the English market to catch the unwary. Should a man be desirous of practising in Australia let him come out here and have a look round, and either purchase a practice privately or through some reputable medical agent in Melbourne or Sydney. Medical work out here is at its lowest ebb, numbers of medical men are only existing, and any reliable practice or appointment in the Government service, or otherwise, worth having, is instantly snapped up, long before it could ever appear in any of the medical journals in England.

#### "N.Y.D." CASES ON THE TREK IN SOUTH AFRICA.

**OWEN WILLIAMS, M.B.** (Glandovey) writes: On reading the interesting letter in the BRITISH MEDICAL JOURNAL of May 31st on Cerebro-spinal Meningitis by Dr. Mary Hamilton Williams, wherein she advocates the examination of the blood in doubtful cases of enteric and malaria, it occurred to me to think of the numerous cases marked "N.Y.D." (not yet diagnosed) which I, in turn, occasionally had charge of in sick convalescents from our columns (Baden-Powell's, Plummer's, etc.) to the stationary hospitals. Dr. Wentworth Tyndale, in a paper on so-called "remittent" or "Pretoria fever," in the JOURNAL of February 15th, came to the conclusion that the cases of fever that he examined in the hospitals at Pretoria were abortive enteric, but I cannot reconcile my mind to the theory that the feverish cases we encountered in our columns were "abortive enteric."

We had unmistakable cases of intermittent malarial fever amongst certain sections of our troops who had been in Rhodesia, and also now and again an unmistakable case of enteric, but the vast majority of our cases were what looked like a mild intermittent and remittent malarial type. We also had much dysentery, but no cases of cerebro-spinal meningitis. Owing to our being almost continually on the move, it was most difficult to make any observations, more so because whenever an opportunity occurred we availed ourselves of it in disposing of our feverish and unfit cases by convoys to the stationary hospitals, yet, our columns being composed chiefly of Colonials, who could not readily be replaced, we felt very reluctant at permitting any cases being "put off the strength" unless it was absolutely necessary.

The general run of these cases was that of pain in the head, sometimes in the back and limbs, usually diarrhoea, occasionally gastric symptoms and with temperatures ranging from 100° to 103°, and when we were able to keep these cases they submitted to a routine treatment of quinine and antipyrin, and when diarrhoea was present, along with tr. chloroform, et morph. and tr. opii. They were dieted on condensed milk and beef-tea (except in the cases with diarrhoea) and with sometimes stimulants. For two or three days the feverish symptoms disappeared, and after a few more days "off duty" they were again fit, and very few of them did I again come in contact with. If the temperature kept up