MEMORANDA:

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

THE SUBCUTANEOUS ADMINISTRATION OF CARBOHYDRATE.

Mr. Barker's communication on this subject in the Journal of March 29th, p. 770, describing a method of giving food not depending for its efficacy on the integrity of the gastro-intestinal tract, is a welcome addition to the resources of the surgeon. To be suitable for subcutaneous injection a food must be (1) capable of sterilization and assimilation; and (2) non-irritating, fluid, and of moderate bulk. Solutions of carbohydrate to be non-irritating, must, as Mr. Barker points out, be adapted to the osmotic conditions of the part selected for injection. Voit[1] found that he could inject 60 grams of glucose in a 10 per cent. solution without causing glycosuria, but noted the great pain excited. Muller[2] also injected a 10 per cent. solution under the skin of his own thigh, and resolved, in consequence of the pain, never to try the experiment again.

It seems that the liver possesses the power of eliminating or changing into comparatively innocuous forms poisons which are conveyed to it by the blood stream. The evidence in support of this theory is partly experimental, partly pathological. The experiments were performed by Heeger, and afterwards confirmed by Roger at Bouchard's request. The minimum lethal dose of a poison injected into a systemic vein of an animal was ascertained. A similar animal was then submitted to injections into the portal vein, and it was found that a poison was half as toxic when injected in the portal vein as when injected into a systemic vein. Schiff, moreover, found the toxicity of a poison to be diminished by trituration with fresh liver substance, but to remain unaltered when triturated with other organs, such as the kidney. The pathological evidence is of a more debateable character. It depends on the fact that in many acute toxaemias, especially typhoid and eclampsia, somewhat definite pathological changes can be found in the liver,[3] and that similar lesions can be produced by experimental injection of toxins.[4] It is supposed that the liver is injured in its efforts to cope with the poison. It was found, however, that the antitoxic function of the liver ceased to be exercised in the absence of glycogen, and that the power of the liver to decrease the toxicity of poisons depended directly upon the amount of glycogen contained in its cells.

If further investigations substantiate these conclusions of Roger,[5] the therapeutical indication becomes, I think, as important as it is obvious. Glucose is well borne when given with albumen water and a little lemon juice, and even if it does not strengthen the antitoxic function of the liver, can always act as a proteid saver.

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A CASE OF SECOND ERUPTION IN VACCINIA.

The following case occurred during what might be called the epidemic of vaccinia last winter.

The subject, A, was a medical man, aged 29. Following vaccination in infancy a rash, which appears to have been of an eczematous nature, appeared on his "body." He was next vaccinated on entering a public school at the age of 13; this vaccination was uneventful.

He was next vaccinated last winter by myself. Roberts's calf lymph was used in two places on the arm. Both places took well, and the scabs fell off about the end of the seventh week. About ten days after this one of the places again became irritable, and in the course of forty-eight hours a clear vesicle formed which occupied the whole site of the former seat of inoculation, being about half an inch in diameter.

With the consent of the patient and another colleague, B, made the following experiment with the object of possibly determining whether the recrudescence was of the nature of true vaccinia or not. B, aged 33, had been vaccinated in infancy and in 1891 successfully. In 1894 he was vaccinated without success. With ordinary aseptic precautions, using a new needle, I vaccinated B from A's vesicle. Nothing happened for eleven days; then B's arm became irritable and in the course of the next twenty-four hours a large bleb formed similar to that on A's arm.

When the scab had disappeared from B's arm, he and another medical man (C), who had not been vaccinated since 1891, were vaccinated from the same tube of calf lymph (Roberts's). The vaccination of C's arm was successful; but that of B's arm was unsuccessful, he had evidently been rendered immune.

This experiment would appear to show that the second eruption in the case of A was also a true vaccinia, and is perhaps to be looked upon as a relapse. One argument contrary to this view is that neither the second eruption on A's arm nor the first eruption on B's arm bore the slightest resemblance to an ordinary vaccinal eruption.

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HÆMORRHAGE INTO THE BURSA PATELLÆ.

A few weeks ago I saw a case very similar to those mentioned by Mr. Christopher Heath in the British Medical Journal of May 3rd, p. 1082. The swelling had come on suddenly some weeks before, and was attributed to a fall on the knee; it had been very painful. On tapping the bursa with a fine trocar and cannula I found the fluid was blood, very dark in colour, and of a thin lymph-like consistence.

Manchester. H. Leslie Jones, F.R.C.S.I.

SUBCUTANEOUS INJECTION OF QUININE IN MALARIAL FEVERS.

In the British Medical Journal of February 23rd an interesting paper on this method of treating malarial fever appears from the pen of Dr. G. B. Ferguson of Cheltenham. Detailed accounts, both in textbooks and medical journals, are meagre, and I should like to record the five following cases that have lately occurred in my practice, as showing the superiority of the subcutaneous over the oral exhibition of the drug.

I adopt the following plan, my rule being to give the injection before 8 a.m.: In a teaspoon, about 20 drops of water are well boiled over a spirit lamp. In this is dissolved a 3-gr. tabloid (Burroughs and Wellcome) of bihydrochlorate of quinine, the solution again boiled, and then allowed to cool. The skin being well cleansed, the syringe, previously sterilized and charged with the solution, is plunged deeply into muscle; the deltoid in adults, the gluteus in children, being chosen.

This method I never hesitate to adopt in acute cases, accompanied by constant vomiting, or in cases of some standing which do not respond to quinine in large or small and frequently repeated doses given by the mouth.

Case I.—Sister M., many years resident in Calcutta, sent up here for change, had been suffering from fever for three weeks. I gave her 15 gr. of quinine per diem for three days by the mouth. In spite of this, her temperature rose to 105° to 106° each day, and she was exceedingly ill. On the fourth day I injected 3 gr. of quinine. That day the temperature rose to 103° to 104°. The next day the injection was repeated, and there was no rise of temperature. As she had been so ill, the injections were given for four more days, making six in all, and with no further rise in temperature. I am since informed that she is at her usual work in Calcutta, and has had no return of fever.

Case II.—A few months ago I attended a lady who had come from Assam, had suffered from fever for several days, and as she was three and a-half months pregnant, quinine had been withheld. On my first seeing her the temperature was 101°, vomiting constant, with an alarming quantity of blood, and some diarrhoea. Quinine 3 gr., with ¼ gr. of sulphate of morphine injected. This controlled the vomiting and diarrhoea. The two following days the same injection was given, combined with rectal feeding. No rise of temperature occurred after the first injection, the vomiting and diarrhoea ceased, her recovery was uneventful, and in due course a healthy child was born.

Case III.—A planter came under my care last year, reporting that he had had fever every day for ten weeks, had taken quinine, both in large and in small and repeated doses without effect. After three consecutive daily injections, given in the left deltoid, there was no further rise of temperature.

Case IV.—A lady giving the same history, to whom iron and arsenic with quinine had been given, but the fever was getting worse with a daily

[1] Voit, *Münch. med. Woch.*, August 4th, 1896.
[2] Muller, *Verhand. d. Cong. f. inn. Med.*, p. 124, 1898.
[3] Longridge, British Medical Journal, September 21st, 1901.
[4] Flexner, *Johns Hop. Hosp. Rep.*, vi, 1897.
[5] Roger, *Thèse de Paris*, 1887.

rise of temperature to 103°. The same treatment adopted as in the last case was followed by no further rise of temperature.

CASE V.—A child, 8 months old, ill for three weeks and had taken quinine by the mouth. The child was extremely ill, hands and feet quite cold, temperature 103°. Early next morning 1½ gr. of quinine was injected into the buttock, the same again the next day without any rise of temperture either day. Two days later temperature rose to 103°. The same injection was given the three following days with no further return of fever.

I have used this plan of treatment in many other cases, and always with success. The site of the injection has been followed by some deep-seated induration, which has generally disappeared in a few days.

ARTHUR D. HUMPHRY, M.R.C.S., L.R.C.P.

Kurseong, Bengal.

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

MIDDLESEX HOSPITAL.

TWO CASES OF HYDROCHLORIC ACID POISONING.

(Reported by L. LOVELL-KEAYS, M.R.C.S.Eng., L.R.C.P.Lond., Surgeon to the Royal Herbert Hospital and late House-Physician to the Middlesex Hospital.)

THE following cases, which were admitted into the Middlesex Hospital, seems to be worthy of record, as they are instructive in many ways.

CASE I.

A young man, aged 23, was admitted into hospital on June 5th for stricture of the oesophagus.

History.—He gave a history of having swallowed about 4 oz. of "spirits of salts" four years previously. That the shock was considerable seems obvious from the fact that he was in the Temperance Hospital for nine weeks, and that when he left he was still very weak. The next six months he spent in various infirmaries and convalescent homes. During the last four years he had never been really well, and has had frequent attacks of epigastric pain, but these had not been severe till lately. As to diet, he has lived on liquids and slops, as he had been unable to swallow solids, owing to a feeling of constriction and pain in the chest. In the last three weeks he had had severe pain after food referred to the epigastrium. For four days the patient had been unable to take even liquids. Whatever was swallowed seemed to go down to a certain place and then felt as though it stopped "there." The patient pointed to a spot on the chest wall. The food when vomited seemed to be little if at all altered. There were severe cramps at night time in the legs.

State on Admission.—The patient was found to be extremely emaciated. The abdomen was markedly retracted and presented a carinated appearance. The patient was in a half-conscious condition; his eyelids were opened and the eyes turned upwards. But little notice was taken of his surroundings. He was hardly able to hold his head up; and only with an effort could he do so. The mind was clear when he was well roused. He complained of intense epigastric pain and vomited occasionally. The temperature was very low; it did not reach 95° F. The pulse was 96 and very soft and feeble; the respirations 20 and regular. The stomach seemed to occupy an altogether lower level than normal. It was not enlarged, but by its prominence and marked peristalsis when stimulated gave the appearance of being hypertrophied but not dilated. The breath smelt strongly of acetone. The respiratory system was apparently normal. The whole condition of the patient was one of extreme emaciation and weakness. He was put on a purely rectal feeding and given liq. strych. miij every four hours. He complained of intense thirst, for which he was given ice to suck and lemon to chew. The urine was as follows: Specific gravity 1028. Rather hyperacid. Quantity fair. Colour normal. A large quantity of albumen was present. The quantity of urea was 2 per cent.

Progress.—On June 6th the patient seemed better and stronger. He was less drowsy and was sick, although no food had been given by the mouth since his admission. The vomit consisted chiefly of milk and bread, all apparently quite undigested. The reaction was absolutely neutral. Its quantity was about 40 oz. Milk was given and swallowed, but after a few minutes it regurgitated apparently unchanged. From this an oesophageal stricture and diverticulum was diagnosed. Surgical advice was called in and a bougie passed. This passed a distance of 8 in., and no further. After the passage of the bougie the patient became unconscious and collapsed. Ether and strychnine were injected, and then he rallied.

On June 7th the patient seemed stronger and better, and a gastrostomy was decided upon.

Operation.—This was done for the main part under eucaine, but a small quantity of chloroform was also administered. The operation was done very quickly, but nevertheless the patient nearly died of shock. A No. 15 catheter was tied in, and through this the patient was given brandy and milk every hour, ʒj to ʒj of the latter.

After-Progress.—On June 8th and 9th the patient improved distinctly, but had an attack of delirium, which exhausted him somewhat. The abdomen was getting more distended, but no intestinal peristalsis was noticed. Thirst was intense, and a rectal injection of water was therefore given. The urine on the 8th and 9th was 8 and 12 oz. respectively, and contained less albumen than on admission, but the urea was the same. There was no blood. The food given through the tube was gradually increased, and the patient was allowed a little tea and milk by the mouth. The temperature became normal for the first time.

On June 10th there was again improvement in the patient's condition. The urine measured 12 oz., and contained but a trace of albumen. The chlorides were diminished; urea was about 2 per cent. The patient was quite rational. No motion had been passed since June 6th, when there were three.

On June 11th the patient seemed weaker, and a cough was noticed for the first time and a pain in the chest was complained of. There was also rusty, thick, viscid sputum with a peculiar odour. An examination of the front of the chest was made, but no signs were found. He passed 47 oz. of urine this day, and his bowels were moved once slightly after the administration of a glycerine suppository.

On June 12th there was slight improvement. Food was now being taken by the mouth, and it was heard to enter the stomach when auscultation was resorted to. The appetite was fair. The pulse was 120, and very dicrotic but regular. The expectoration was still viscid, rusty, and offensive. Arrowroot was given, but when the gastrostomy wound was dressed a large quantity of greenish material welled up round the tube. There had been slight leaking every day, but on this day a large quantity escaped. The food seemed to be quite sour and undigested, although all the milk had been pancreatized. The wound looked fairly healthy considering, and the sutures were holding well. The stomach was washed out with warm water.

On June 13th and 14th the patient seemed to be getting weaker. There was no marked hunger or thirst. The food seemed to regurgitate. The temperature was subnormal, the pulse 126, and the respirations 38. He was still coughing up thick, offensive, rusty sputum with great difficulty.

On June 15th the patient manifested suicidal and homicidal tendencies, and was wildly delirious. Hyoscine was given, but had no effect. At length he sank with exhaustion.

On June 16th his condition was absolutely hopeless. He was quite unconscious of all his surroundings. His temperature suddenly went up to 100.8°; his pulse was 130 and very soft; respirations were shallow and rapid. He was too weak to cough.

On June 17th his temperature fell to 97°. His pulse was 140 and almost imperceptible. Respiration failed gradually, and death ensued at 10 p.m.

Necropsy.—There was a stricture of the oesophagus 2½ inches from the cardiac end of the stomach. It was hard, fibrous, and annular, but admitted a No. 15 catheter. There was a dense, hard, fibrous stricture at the pylorus, scarcely admitting a fine probe. The stomach was greatly hypertrophied, and pouched at the cardiac end. The oesophagus was not pouched to any noticeable degree, although slightly so. There was no communication whatever between the oesophagus and respiratory passages, but both lower lobes of the lungs were found to be the seat of septic and gangrenous pneumonia. Both pleurae were firmly adherent. There were pulmonary thrombi limited in extent, and an infarct of the left lower lobe. The intestines were quite small and contracted, and all the organs destitute of fat.

Before drawing any conclusions, it may be as well to shortly describe a second case that proved fatal about the same time.

CASE II.

A woman, aged 50, swallowed 3 oz. of hydrochloric acid with a view to suicide. Six hours afer she was heard to be groaning, and was immediately brought to the hospital. She was obviously extremely collapsed and in great epigastric pain. On looking at her mouth and tongue no signs of any corrosive poison having been taken could be found, and but for the woman's history it might easily have been undiscovered *ante mortem*. The usual remedies were given, but the patient died of collapse about eight hours after taking the poison.

Necropsy.—The tongue and mouth were absolutely untouched. The epiglottis was the first to show signs of the corrosive acid; this was much charred. The larynx was intensely red, swollen, oedematous, and somewhat charred. The oesophagus was much charred, much more so above than below. The mucous membrane was entirely gone. The surface of the stomach externally was nearly black, and there had been haemorrhage from it into the peritoneal cavity. There was a little localized peritonitis but no perforation of the stomach. Internally the whole surface was charred almost black, but this was much more marked at the pylorus than at the cardia. The stomach wall was much thinned by the charring. The duodenum just at its commencement was slightly charred. As regards other organs the veins were engorged and the blood very fluid. The liver was small, cirrhotic, and the kidneys were somewhat granular.

REMARKS.—The following conclusions may, I think, be drawn: (1) In swallowing corrosive poisons very little damage is done before the larynx is reached, and external signs are often wanting. (2) The brunt of the damage is borne by the pyloric end of the stomach, and hence in the first case a gastro-enterostomy ought to have been done, and not merely a gastrostomy. (3) The damage to the oesophagus occurs sometimes high and sometimes low down. (4) Had a gastro-enterostomy been done in the first case, it is possible his life might have been saved; and, further, that it ought to have been possible to have detected and diagnosed a stricture of the pylorus owing to the hypertrophy, the ability of milk and other fluids to reach the stomach through the oesophagus, and the fact of the voluminous regurgitation through the tube. (5) Had the second patient recovered she would certainly have had a pyloric stricture in addition possibly to an oesophageal stricture, and anything short of a gastro-enterostomy would have done her no good. So that in all cases of stricture of the

cells"—as blastomata, leaving it for the future to determine which meaning of the term gains acceptance—his or Dr. White's, or Dr. Snow's or Klebs's.

One last word with reference to the deviation pointed out by Dr. White in my nomenclature from that of Professor Klebs. As he notes, Klebs divided the blastomata, or true tumours, into the blastomata proper, and the teratoblastomata or teratomata, another instance of loose nomenclature leading to confusion; for, using the same name to indicate both the order and the class, one is never certain which is indicated, save when a qualifying adjective is employed. Under these circumstances, it is wholly legitimate to select either usage of one's original authority, and as Klebs gave the alternative names of teratoblastoma and teratoma for the one class, I was justified in electing blastoma for the other. I admit that I could, with equal propriety, have elected to employ blastoma as the name for the order, and might have entitled the classes emblastoma and teratoblastoma respectively. This might, indeed, have been better, but I believe I acted within my powers. I agree with Dr. White in this, that I remove conditions which he includes under the "progressive hypertrophies" from the category of true tumours.—I am, etc.,

Field, British Columbia, July 11th. J. George Adami.

*** We cannot find space for further letters on this subject.

OBITUARY.

We regret to announce the death of Dr. James Neal, which took place at Sandown, Isle of Wight, on August 10th. Dr. Neal was born in Birmingham in 1836, and was therefore 66 years of age. He studied medicine at Queen's College, Birmingham, and in 1857 became a Member of the Royal College of Surgeons of England, and a Licentiate of the Society of Apothecaries. In 1862 he obtained the degree of M.D. from the University of St. Andrews. He practised in Birmingham until 1872, when, owing to failing health, he was compelled to relinquish a large and lucrative practice and settle at Sandown. In 1874 he was appointed Medical Officer of Health for the Sandown Union District, a position which he continued to hold till the time of his death. Dr. Neal was the first medical officer of health of Sandown. He was very successful in private practice, but during the last three or four years failing health had compelled him to do less and less. Dr. Neal was an ex-President of the local Branch of the British Medical Association. He was always held in the highest esteem by both his patients and professional colleagues. Dr. Neal married in 1861 the only daughter of the late Mr. Thomas Hemmant, of Leamington, and had nine children, eight of whom survive him. His eldest son, Dr. James Neal, of Birmingham, is the editor of the *Midland Medical Journal*, and secretary of the Birmingham and District General Medical Practitioners' Union.

We regret to announce the death of Dr. James Matthew Caw, which occurred suddenly on August 23rd. He had arrived at Berwick-on-Tweed only on the 19th from Cupar Fife to take charge of the military hospital there. Dr. Caw had recently returned from service as a civil surgeon with the army in South Africa. He was a native of Cupar Fife, where, until he went to South Africa, he was engaged in general practice. During his medical course at Edinburgh University, where he took the degrees of M.B. and C.M. in 1883 and M.D. in 1889, he was senior medallist in surgery. After leaving Edinburgh he was appointed Assistant Medical Officer of Woolwich Infirmary, and he also served as Surgeon on board the steamship *Hawarden Castle*. Dr. Caw was an occasional contributor to the medical journals.

Professor Leopold Schenk, whose theory as to the determination of sex brought his name prominently before the public a few years ago, died on August 17th at Schwanberg in Steiermark. He was a Hungarian by birth, and was appointed to the Chair of Embryology in the University of Vienna in 1873. Two or three years ago he resigned, and has since lived in retirement. Besides the work in which he published his alleged discovery as to the causes determining the production of sex, he was the author of a textbook of human histology, and one of the comparative anatomy of vertebrates.

Deaths in the Profession Abroad.—Among the members of the medical profession in foreign countries who have recently died are:—Dr. Iwan Nowacki, Professor of Surgery in the University of Moscow, aged 75; Dr. Friedrich Reineboth, Lecturer on Medicine in the University of Halle, aged 35; and Dr. Paul Plosz, Professor of Physiological and Pathological Chemistry in the University of Budapesth, aged 57.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

MEDICAL STATISTICS OF THE NAVY.

A naval correspondent on active service calls our attention to the amount of ship's statistics which naval medical officers are now called on to furnish to their medical department as a basis for an estimation of the "loss of service" by sickness and injury in H.M.'s fleet. These statistics are required for the purpose of furnishing to Parliament a comparison of this important subject with previous years. In our correspondent's experience, however, these statistics are not so trustworthy as they should be, as possibly in 50 per cent. of H.M.'s ships this work is relegated to the sick-berth stewards or attendants on board the ships, who have little or no interest in the accuracy of these returns. The daily sick list is cut down, the "age tables" are "faked" to suit their views and convenience, and the "average number borne," is not correctly rendered as it is obtained from the victualling book instead of from the "abstract of victualling" in the ledger. In the opinion of our correspondent the accountant officer might also initial these figures as evidence of their accuracy. It has been recently notified that the officers of the R.A.M.C. are to be relieved of some of the clerical work with which they have been overburdened. We trust that the Admiralty may, as heretofore, follow the sister service in making this reform. Our correspondent adds that he has reason to believe that the subject of tuberculosis in the Navy, its prevention and modern treatment, is engaging the attention of the naval authorities. We trust this may be true, as the loss of service and strength in the Navy from this now preventable and curable disease has in the past been very serious.

ROYAL NAVY MEDICAL SERVICE.

Inspector-General R. Grant, M.A., M.B., C.B., has been placed on the retired list at his own request, August 12th. He was appointed Surgeon May 7th, 1868; Staff Surgeon, June 7th, 1879; Fleet Surgeon, April 29th, 1888; Deputy Inspector-General, April 10th, 1897; and Inspector-General, May 23rd, 1901. As Surgeon of *Flora*, he served on shore with the 88th Regiment during the Kaffir war in 1877; was specially promoted for services when in charge of small-pox patients of *Boadicea*, 1879; accompanied the Naval Brigade to Port Durnford during the Zulu war (mentioned in dispatches, medal); was Staff Surgeon of *Orion* during Egyptian war, 1882 (medal, Khedive's bronze star); and during operations in the Eastern Soudan, 1884; was Medical Officer in charge of Transports, and accompanied the Royal Marine Battalion in action at Tamanieb (mentioned in dispatches for his admirable arrangements for the sick and wounded; clasp).

The following appointments have been made at the Admiralty: John C. Durston, Surgeon, to the *Excellent*, August 14th; Murray P. Jones, Surgeon, to Plymouth Division Royal Marines, August 18th; Harold G. T. Major, Surgeon, to the *Wildfire*, August 18th; Charles R. Sheward, M.B., Surgeon, to the Royal Marines Headquarters, Portsmouth, August 18th; Henry Harries, Staff Surgeon, and Hardy V. Wells, Surgeon, to the *Hogue*, undated; Graham E. Kennedy, Staff Surgeon, to the *Nile*, for the *Hogue*, undated; William M. Keith, M.B., Surgeon, to the *Devastation*, for the review, undated; Harold R. Osborne, Staff Surgeon, to the *Benbow*, August 19th; William R. Trythall, Surgeon, to the *Defiance*, August 19th; Frank H. Nimmo, Surgeon, to the *Duke of Wellington*, August 19th; Charles H. J. Robinson, Surgeon, to Jamaica Hospital; Herbert L. Penny, Surgeon, to the *Excellent*, August 19th; Richard C. Munday, Staff Surgeon, to the *President*, for three months' course of hospital study, September 1st; Alfred Woollcombe, Surgeon, to the *Cambridge*, for the *Undaunted*, August 22nd; Frederick W. Parker, Staff Surgeon, to the *President*, for three months' course of hospital study, August 18th; William F. Blewitt, to be Surgeon and Agent at Bacton; Charles F. Rudd, to be Surgeon and Agent at Happisburgh.

ROYAL ARMY MEDICAL CORPS.

Lieutenant-Colonel A. Asbury retires on retired pay, August 27th. His commissions are dated as follows: Surgeon, March 6th, 1880; Surgeon-Major, March 6th, 1892; Lieutenant-Colonel, March 6th, 1900. He has no war record.

Lieutenant-Colonel W. A. May, C.B., who has been serving in South Africa since the beginning of the war, has been appointed Principal Medical Officer in Natal, with the local rank of Colonel.

The appointment of experts in Clinical Pathology at the Herbert Hospital, Woolwich, and Netley Hospital, has been approved, and the necessary laboratory accommodation is to be provided.

Lieutenant C. E. Trimble resigns his commission, August 23rd. He joined the department, November 17th, 1899.

Deputy Surgeon-General William Stewart, M.D., died at Lymington, Hants, on August 23rd, at the age of 75, after two days' illness. He was appointed Assistant Surgeon, July 29th, 1853; Surgeon, July 8th, 1862; Surgeon-Major, March 1st, 1873; Brigade-Surgeon, November 27th, 1879; and Deputy Surgeon-General, January 9th, 1881. He retired from the service, July 16th, 1884. He has no war record in the *Army Lists*.

Surgeon Peter Davidson, M.D., who entered the service as Assistant Surgeon, August 5th, 1853, became Surgeon, May 12th, 1863, and retired June 8th, 1867, died at Blairforkie, Bridge of Allan, on July 5th.

The undermentioned Lieutenants, having completed twelve years' full pay service, are promoted to be Captains from July 28th:—F. J. Palmer, R. A. Cunningham, M.B.; V. J. Crawford, G. G. Delap, D.S.O.; W. A.

for his evidence, and the chairman of the bench refused to allow him his fee of one guinea, although he had been kept away from his practice for more than two and a-half hours. Can he claim the fee from the court, or from the father of the lad?

*** Under the circumstances detailed the refusal of the court to pay our correspondent his fee was distinctly unjust, but as every court has absolute discretion as to paying or withholding costs, it is to be feared there is no remedy for this injustice. As the attendance at the court was made in obedience to the subpoena, and on a criminal matter, the father could not be made liable for the fee.

MEDICAL ETIQUETTE.

C. D. J.—Apparently both our correspondent and Dr. ——— consider that the patient is their own, and for this misunderstanding the family is responsible. Our correspondent should ask the husband to write a courteous note to Dr. ——— to say that his further attendance is not desired.

FEES FOR REVACCINATION.

VACCINE asks what fee should be charged for revaccination in the case of patients paying 7s. 6d. for an ordinary professional visit, and whether the visit to vaccinate and to inspect should be included in the fee for vaccination.

*** There is no general custom in such cases. Some practitioners charge separately for the visits and the operation. Some charge double the ordinary visiting fee when they vaccinate, and this answers very well, where the patient resides within a reasonable distance, but no rule can be laid down.

MEDICAL WITNESSES AT INQUESTS.

M.R.C.S. (Winchester) asks what discretion is possessed by the coroner in summoning medical witnesses to give evidence at an inquest.

*** The coroner has full power to summon at the first inquiry all witnesses, including medical, as he may consider sufficient to enable the jury to arrive at the cause of the death; and if the house-surgeon of a hospital who last saw the deceased is able to state the cause of the death, the coroner may think it superfluous to summon also the medical practitioner who attended the deceased prior to his admission to the hospital. Should the jury, however, not be satisfied with the medical evidence given, or require additional evidence, they can call upon the coroner to adjourn and summon further medical evidence as the necessities of the case require.

WHO IS TO PAY?

A CORRESPONDENT asks who is responsible for the fee under the Employers' Liability Act in case of accident. Can the doctor recover from the employer?

*** The doctor can only look to his patient for payment.

INSURANCE AGAINST PAYMENTS UNDER EMPLOYERS' LIABILITY ACT.

E. S. O. complains that in the case of accidents to agricultural labourers, who are quite unable to pay doctors' fees, the insurance companies decline to pay more than half the patients' wages during disablement, and say they have nothing to do with the doctor's bill. Do any insurance offices undertake payment of expenses beyond half the weekly wage?

*** We have never heard of any insurance company that does so. These companies simply guarantee employers against the payments thrown upon them by the Employers' Liability Acts in the case of accidents to their employés.

PATIENTS AND PRACTITIONERS.

IN answer to a correspondent in the JOURNAL of August 2nd, entitled "Patients and Practitioners," we expressed an opinion that a practitioner who had attended the patient of another during his absence, and had been guilty of no mala fides was not debarred from attending that patient in another illness; that his duty was to try to get the patient to go back to the old doctor, but, failing that, he might properly attend himself. A correspondent expresses emphatic dissent from that opinion. As we ourselves pointed out, the question is one as to which there is a difference of opinion among practitioners. We do not presume to give a decision *ex cathedra;* we merely pointed out what seems to us a common-sense solution of an admitted difficulty.

HONOR sends us the following statement of facts: A. and B. are close friends, and C. is a patient of A. and a common friend of A. and B. A. went for a three weeks' holiday, and during that time handed C. over to B., but resumed attendance on him when he returned. Two years after, A. finds that B. is attending C., and takes it ill that B. should not have informed him of this, as he had had many opportunities of so doing. Was B.'s course of action a proper one under the circumstances?

*** If C. wished B. to attend him, B. was justified in taking over the case, but he ought not to have done so without first consulting with A., and pointing out to him the position in which he was placed.

"BLOOD POISONING" AND PROFESSIONAL SECRECY.

LONDON wishes to know with regard to the answer to a query published in the BRITISH MEDICAL JOURNAL of August 2nd, where a practitioner was attending a patient suffering from syphilis, what attitude should be adopted towards the wife, if she should wish for a more explicit description of her husband's malady, and should not be satisfied with the term "blood poisoning," and further, what attitude ought to be adopted if a second opinion is required?

*** The practitioner would not be justified in telling the wife the nature of her husband's disease without his consent, and a consultant would be equally bound. If hard pressed by the wife, the practitioner can only refer her to her husband for any further information. At the same time he is bound to see, as far as lies in his power, that the patient does not communicate the disease to his wife. The situation is a very difficult one, and it is impossible to do more than give general indications as to what ought not to be done.

LENGTH OF STAY IN CONVALESCENT HOMES.

L. M. C. draws attention to an account of the Hull and East Riding Convalescent Home at Withernsea, published in the BRITISH MEDICAL JOURNAL of July 19th, and inquiries with regard to a condition laid down, namely, that patients must undertake to remain as long as the medical officers consider necessary, paying £1 per week, whether such a condition would be legally binding on the patient.

*** There can be no doubt that a condition to stay a definite time would be legally binding; but "as long as the medical officers consider necessary" is a little indefinite, and might lead to some difficulty if steps were taken to enforce the condition.

PAYMENT FOR NOTIFICATIONS.

A CORRESPONDENT writes that the medical officer of health of his district refuses to pay for more than one notification of a notifiable disease in the same house unless a month has elapsed between two notifications. Within the last week he has notified two cases in the same house, and one in another house; is he not entitled to 7s. 6d.?

*** If the cases notified are private patients our correspondent is undoubtedly entitled to 7s. 6d. The rule mentioned must have originated with the local authority of his district, and is at variance with the Act of Parliament. If payment were refused, we think the fees might be recovered in the county court.

LOCUM TENENS AND EXTRA FEES.

ABER.—Our opinion is asked on the following point: A., a medical practitioner, arranges for B. to do his work during his absence at a definite sum per week. During this time B. has several midwifery and inquest fees paid him. In the absence of any special arrangement concerning these fees, is B. entitled to any portion of them?

*** Under the circumstances detailed, B. would be acting as locum tenens for A., and as such is entitled to nothing beyond the stipulated weekly payment. It is his duty to hand over to A. all fees of whatever kind arising out of A.'s practice.

ELMER.—Our correspondent can use his unregistered medical degree as an honorary distinction on all occasions, when a registered qualification is not specially called for.

UNIVERSITIES AND COLLEGES.

ROYAL UNIVERSITY OF IRELAND.

AT a meeting of the Senate of the Royal University of Ireland held on July 24th the following were appointed as extern examiners for the autumn examinations, 1902:—In Surgery, Charles Stonham, F.R.C.S., London: Midwifery, Henry Jellett, M.D., Dublin; Pathology, Alexander C. O'Sullivan, M.D., Dublin; Ophthalmology, William G. Sym, M.D., Edinburgh.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following gentlemen having passed the necessary examinations, and having conformed to the by-laws and regulations, have been admitted Members of the College:

J. E. Adams, St. Thomas's Hospital; A. C. Ambrose, Cambridge University and Guy's Hospital; C. H. Anderson, Melbourne University and St. Thomas's Hospital; K. Anderson, Guy's Hospital; G. J. S. Atkinson, St. Mary's Hospital; H. W. Atkinson, M.A.Camb., Cambridge University and St. Bartholomew's Hospital; L. B. Aveling, B.A.Camb., Cambridge University and London Hospital; C. H. Barber, B.A.Oxon., Oxford University and King's College Hospital; E. A. Bell, King's College Hospital; C. Birch, Birmingham University and King's College Hospital; A. B. Bradford, Durham University and St. Thomas's Hospital; C. Bramhall, London Hospital; W. K. D. Breton, St. Mary's Hospital; F. W. Cheese and N. A. W. Conolly, St. Bartholomew's Hospital; G. B. F. Churchill and R. T. Collins, Guy's Hospital; W. W. Claridge, Middlesex Hospital; J. L. Clay, King's College, Hospital; C. Corfield, University College and Royal Infirmary, Bristol; H. P. Croly, A. S. Downton, and T. S. Dudding, London Hospital; C. W. Davies, St. Thomas's Hospital; W. J. Davies, Guy's Hospital; J. T. D'Ewart, Owens College and Royal Infirmary, Manchester; S. Dodd, Westminster Hospital; G. G. Ellett, Cambridge University and St. Bartholomew's Hospital; F. H. Ellis, D. H. Evans, and G. S. Ewen, St. Bartholomew's Hospital; C. W. Forsyth, Owens College and Royal Infirmary, Manchester, and University College Hospital; J. B. C. Francis, Westminster Hospital; S. N. Foulkes and P. A. M. Green, London Hospital; W. Gillett, Middlesex Hospital; C. H. Gregory, B.A.Camb., Cambridge University and St. Bartholomew's Hospital; C. F. Hardie, M.A.Camb.,

Cambridge University and University College Hospital; M. W. Haydon and C. T. Holford, St. Thomas's Hospital; P. A. Hayne and L. C. Hunt, St. George's Hospital; F. A. Hort, L.S.A.Lond., Cambridge University and Middlesex Hospital; D. M. Hughes, Cardiff, and University College Hospital; E. O. Hughes, St. Bartholomew's Hospital; G. W. G. Hughes, King's College Hospital; T. Hutchinson, Birmingham University; C. U. Ind, St. Thomas's Hospital; W. W. C. Jones, Guy's Hospital; G. A. Kempthorne, B.A.Camb., Cambridge University and St. Thomas's Hospital; R. E. H. Leach, B.A.Oxon., Oxford University and St. Thomas's Hospital; H. A. Lyth, University College Hospital; H. L. N. Macfadyen, E. A. Martin, and A. A. Meaden, St. Bartholomew's Hospital; J. B. McCord, M.D.Chicago, North-Western University, U.S.A., and St. Thomas's Hospital; W. T. McCowen and A. C. Motta, St. Mary's Hospital; W. C. Macdonald, M.B., B.Ch.Edin., New Zealand and Edinburgh Universities; A. Mavragordato, B A.Oxon., Oxford University and St. Thomas's Hospital; T. F. G. Mayer, London Hospital; G. W. Micklewaite, Cambridge University and St. Bartholomew's Hospital; E. H. Milsom, St. Mary's and Guy's Hospital; T. Morgan, Guy's Hospital; W. H. Neil, University College Hospital; L. Orton, Cambridge University and St. Bartholomew's Hospital; J. M. O'Brien and A. G. Payne, L.D.S.Eng., Charing Cross Hospital; H. T. Palmer, Guy's Hospital; B. G. Patch, St. Thomas's Hospital; F. B. Penfold, L.D S.Eng., Middlesex Hospital; D. Pettigrew, L.S.A.Lond., Sheffield, Glasgow, and University College Hospital; H. Pierpoint, University College and Royal Infirmary, Liverpool; J. I. Pratt, M.B Toronto, L C P. and S.Ontario, Toronto University and London Hospital; E. G. Pringle, St. Bartholomew's Hospital; A. C. Ransford, W. O. Roberts, and C. H. Robertson, Guy's Hospital; W. A. Rees, Middlesex Hospital; T. H. Rice, Pennsylvania, King's College Hospital and Edinburgh University; J. C. Rix, Cambridge University and Middlesex Hospital; C. C. Robinson, St. Bartholomew's Hospital; T. C. Rutherford, H. W. Sexton, St. Thomas's Hospital; R. H. Sankey, M.A.Oxon., Oxford University and St. Bartholomew's Hospital; E. S. Scott and H. B. W. Smith, London Hospital; Ralph D. Smedley, Cambridge University and Guy's Hospital; F. M. V. Smith and G. W. Smith, Guy's Hospital; J. Smith, University College, Bristol, Guy's and King's College Hospitals; H. E. Stanger-Leathes, St. Bartholomew's Hospital; F. J. Stansfield, Yorkshire College and General Infirmary, Leeds; J. L. Stephenson, St. Mungo's College, Glasgow; B. N. Tebbs, M.A.Camb., Cambrigde University and St. George's Hospital; D. J. Thomas, University College, Cardiff and Middlesex Hospital; J. B. Thompson, University College Hospital; L. Tong, Owens College and Royal Infirmary, Manchester; J. A. Topham, B.A.Camb., Cambridge University and London Hospital; E. N. Thornton, C. L. Traylen, M. T. Williams, and G. P. Wilson, London Hospital; H. C. Wales, M.B.Toronto, Toronto University; B. J. Ward, Birmingham University; F. E. Welchman and M. C. Wetherell, M.B. and B.S Durh., Guy's Hospital; C. Wheen, B.A.Oxon., Oxford University and St. Thomas's Hospital; H. C. Williams, B.A.Cantab., Cambridge University and St. Thomas's Hospital, and E. E. A. Wilson, Yorkshire College and General Infirmary, Leeds.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, August, 1902.—The following candidates passed in:

Surgery.—W. Ball (Section II), Westminster Hospital: S. Bentley (Section I and II), Sheffield: A. E. Henton (Sections I and II), St. Mary's Hospital; G. A. Jones (Sections I and II), St. George's Hospital; J. D. Keir (Sections I and II), St. Mary's Hospital; D. E. Lockwood (Section II), Royal Free Hospital; A. R. McEnnery (Section I and II), St. Mary's Hospital and Bristol.

Medicine.—W. Ball (Section II), Westminster Hospital; I. Griffith (Section I), London Hospital; A. T. Harvey, London Hospital; A. R. McEnnery (Sections I and II), St. Mary's Hospital and Bristol; E. H. Noney (Sections I and II), Calcutta; C. H. Osmond (Section II), Glasgow; C. M. Woods (Section II), Charing Cross Hospital.

Forensic Medicine.—W. C. P. Bremner, Toronto; A. R. McEnnery, St. Mary's Hospital and Bristol; E. H. Noney, Calcutta; H. F. B. Roberts, St. Bartholomew's Hospital; F. C. Whitmore, Guy's Hospital and Bristol.

Midwifery.—W. Ball, Westminster Hospital; G. J. Humphreys, St. Bartholomew's Hospital; A. R. McEnnery, St. Mary's Hospital and Bristol; J. P. Nettell, London Hospital; E. H. Noney, Calcutta; S Northwood, Birmingham; H. F. B. Roberts, St. Bartholomew's Hospital.

The diploma of the Society was granted to W. Ball, G. A. Jones, D. E. Lockwood, A. R. McEnnery, H. F. B. Roberts, and C. M. Woods.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

CITY OF WESTMINSTER HEALTH REPORT.

FROM Dr. Allan's report for the four weeks ending June 28th we learn that the births in the City of Westminster during that period were equal to an annual rate of 16.9 per 1,000, and the deaths gave a rate of 11.9 per 1,000. The corresponding figures for the birth-rates and death-rates of the whole of London were respectively 23.4 and 14.4. In Westminster there were 29 deaths from various forms of tuberculosis, 3 from scarlet fever, and 2 from diphtheria; whilst small-pox, enteric, and puerperal fever were each responsible for 1 death. There was also registered a death from hydrophobia due to a dog-bite in Nigeria; 221 cases of infectious diseases were notified, including 18 of small-pox, 54 of scarlatina, 20 of diphtheria, 8 of enteric, and 107 of chicken-pox. Of the small-pox cases, 8 were inmates of casual wards or common lodging-houses, 5 of them being connected with one house of the latter class, and 12 of the total number were in St. John's Ward. Another case was that of a woman who went to the Embankment Gardens to listen to the band and sat on a seat near one of the men from a common lodging-house who was suffering from small-pox; her attack was so slight that no attention was paid to it until her husband developed the disease in more typical form. Dr. Allan thinks it is highly probable that fresh cases will be imported into the City from time to time, and that with the approach of autumn there may be a recrudescence of the disease, the number of persons who have not yet availed themselves of the protection afforded by vaccination still being considerable. The present decline of the epidemic is shown by the fact that there were only 598 notifications for the whole of London in June, as compared with 1,149 in May, and 1,181 in April. As regards other diseases, it is noticeable that, owing to the unusually cold weather, the number of deaths from diarrhoea is very much below the average for June.

The unusually large rainfall of June, as pointed out by Professor Thorpe in his reports from the Government Laboratory, had a deleterious effect upon the Thames-derived water supply of London, the result being that, owing to the exceptional condition of the river, the proportion of organic impurity became in some cases higher than it has been for the last twenty-three years in that month.

Dr. Allan also summarizes in his report the general statistics for the second quarter of the present year. The birth-rate for the City of Westminster was 16.8, which is higher than in 1901, and the death-rate 13.5, as against 14.8 for the corresponding quarter of last year; 605 cases of infectious diseases were notified, giving an increase of 29 compared with the first quarter of the present year. The excess was made up by 81 additional cases of chicken-pox, and 57 of scarlatina, but the small-pox cases decreased from 174 to 56.

HEALTH OF CARDIFF.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH (DR. WALFORD). THE population of Cardiff by the 1901 census returns is given as 164,420, or calculated to the middle of the year is 165,308. This is very much lower than the results calculated from the previous census owing to the high rate of increase not being maintained. This has necessitated recasting the figures for the previous ten years. The actual rate of increase for the intercensus period was 27.5 per cent.

The birth-rate is 31.4, the lowest figure for the last ten years, but slightly above the average figure (29.4) for the large towns. The marriage-rate was 19.8.

In spite of the alteration due to the corrected population Cardiff still maintains a low death-rate, the corrected death-rate figure for 1901 being 17.59 compared with 16 9 for England and Wales and 20.09 for the thirty-three large towns. It is the lowest death-rate in Cardiff during the past ten years.

The rate of infantile mortality was 148, as compared with 140 for the previous year and 161, the average for the ten years 1891-1900. About 25 per cent. of these deaths were due to diarrhoea and enteritis. The zymotic death-rate for the town was also low, being 1.7, compared with 2.05 for England and Wales.

There were nine cases of small-pox during the year, only one of which terminated fatally. All the cases were removed to the special Small-Pox Hospital.

During 1901 Cardiff was remarkably free from measles, and only 3 deaths took place. Eighty-six deaths are ascribed to whooping cough, giving a death-rate of 0.52 per 1,000, and this was the highest rate of any one of the chief zymotic diseases in the year. The death-rate from enteric fever was 0 06, and only 73 cases were notified; 5.7 per cent. of these were removed to the Borough Fever Hospital.

The diphtheria death-rate was 0.47, and 724 cases were notified, the largest number since 1891. This increase of diphtheria corresponds with a general increase for South Wales. The case-mortality was, however, very low, being 10.7 per cent., and only 8.2 per cent. for the cases removed to the Fever Hospital.

In explanation of this extremely low case-mortality Dr. Walford remarks "that it is almost impossible to avoid the conclusion that it is in part produced by a certain proportion of cases being returned as diphtheria in Cardiff which in other places would not come under that denomination, but would be regarded as cases of some milder form of throat affection."

The scarlet fever mortality was 0.17, and the diarrhoea was 0.45 per 1,000.

One case of plague, which ended fatally, occurred during the year. This case was diagnosed bacteriologically at the Cardiff and County Public Health Laboratory, and as the man had been handling dead rats at the docks same of these were examined and shown to have died of plague. The report contains a detailed account of the methods taken to prevent the spread of the disease. These were completely successful.

The chief precautions adopted with regard to the spread of tuberculosis include a system of voluntary notification of phthisis, and in the event of a death occurring in a house an offer to disinfect the premises and infected articles free of charge. A very complete system of meat inspection is also carried out.

The report also contains a summary of the work done in the Cardiff and County Public Health Laboratory, of which a large part was work done for the borough. During the latter part of 1900 a report was made by the medical officer of health upon the sanitary condition of a number of small courts and insanitary dwellings. During 1901 a large number of such premises were closed after application for closing orders.

BOARD OF GUARDIANS AND PUBLIC VACCINATION.

IN a recent copy of the *Leicester Daily Mercury* it is stated that at a meeting of the Blaby Board of Guardians the question of public vaccination and the fees usually paid was brought under notice, and this, in consequence of the receipt of a communication from the guardians of St. Giles, Camberwell, with enclosed copies of two resolutions which would appear to have been passed at a conference of delegates from the metropolitan Boards of Guardians convened for the purpose of considering thi question. These motions were:

the seventy-six large English towns. Among these Scotch towns the death-rates ranged from 4.6 in Leith and 10.9 in Perth to 15.5 in Aberdeen and 17.3 in Paisley. The principal infectious diseases caused an average death-rate in these towns of 1.6 per 1,000, the highest rates being recorded in Glasgow and Paisley. The 223 deaths registered in Glasgow included 4 from measles, 3 from scarlet fever, 9 from whooping-cough, and 10 from diarrhoea. Four fatal cases of whooping-cough and 6 of diarrhoea were recorded in Edinburgh. Two deaths from diarrhoea occurred in Aberdeen, and 2 from scarlet fever in Paisley.

MEDICAL NEWS.

It is proposed to build a cancer hospital at Duderhof, near St. Petersburg. The Czar has given 20,000 roubles and the Czarina 3,000 roubles towards the cost of its erection.

THE honorary secretaries of King Edward's Hospital Fund for London have received at the Bank of England the sum of £10,000 from Lord Knollys. The money was given to the King by Colonel His Highness Maharajah Ehiraj Sir Madho Rao Sindhia, G.C.S.I., A.D.C., Maharajah of Gwalior, and His Majesty has presented it to his London Hospital Fund.

THE FIRST CHINESE DOCTOR OF YALE.—The first Chinaman to receive a diploma from an American medical college is Dr. Yung Wing, who graduated at Yale in 1854. According to *American Medicine*, he has just returned to the United States after several years' absence in his native land, where he introduced many of the modern methods of medical practice, despite the strenuous opposition of Celestial doctors.

FIGHTING THE PLAGUE IN INDIA.—The following gentlemen have been selected by the Secretary of State for India for plague duty in the Punjab during the ensuing nine months: Daniel V. M. Adams, M.B., Ch.B.; Joseph Ashton, M.B., M.R.C.S.; Joseph M. Benson, M.B., Ch.B.; Barnabas M. Bond, L.R.C.P., etc.; William Burns, L.R.C.P., etc.; Charles Cavanagh, L.R.C.P., etc.; Arthur C. De Renzi, D.P.H., M.R.C.S.; Frank L. Dickson, M.B., Ch.B.; Thomas E. Dobbs, L.R.C.P. etc.; Archibald Douglas, D.P.H., M.B.; John S. C. Elkington, M.D., D.P.H.; Alex. Macbeth Elliot, M.B., C.M.; Alfred P. B. Ellis, L.S.A.; Robert W. Fisher, M.B., B.Ch.; Chas. E. P. Forsyth, M.B., Ch.B.; Henry Fraser, M.D., Ch.B.; Joseph N. Gardiner, M.D., B.A.; Frederick Goldsmith, M.B., Ch.B.; Robert W. Gray, D.P.H., M.B., C.M.; Charles M. Heanley, D.P.H., M.R.C.S.; David Heron, F.R.C.S., etc.; Edward A. Houseman, M.B., B.C., B.A.; Charles E. Husband, M.B., Ch.B.; Alexander S. McSorley, M.R.C.S., etc.; Thomas F. G. Mayer, M.R.C.S., etc.; Ralph Michell, D.P.H., M.R.C.S.; John W. Miller, D.P.H., M.B., Ch.B.; John F. Northcott, M.B., B.A., M.R.C.S.; Francis J. Pearson, M.R.C.S., etc.; James H. Rankin, D.P.H., C.M., M.B.; Lewis St. John Reilly, L.S.A.; Frank Robinson, M.D., D.P.H., M.B.; Walter Somerville, L.R.C.P., etc.; George Taylor, M.D., B.Sc.; Edward N. Thornton, M.R.C.S., etc.; Thomas Warner, M.D., F.R.C.S.; Percy J. Wilkinson, D.P.H., F.R.C.S.

PRIZE ESSAYS ON TROPICAL DISEASES.—We have received from the Editor of the *Journal of Tropical Medicine* the following statement as to the award of prizes for essays on subjects connected with tropical diseases: 1. A prize of the value of £10, entitled the Sivewright Prize, presented by the Hon. Sir James Sivewright, K.C.M.G., LL.D., for the best article on the Duration of the Latency of Malaria after Primary Infection as proved by Tertian or Quartan Periodicity or Demonstration of the Parasite in the Blood, has been awarded to Dr. Attilio Caccini, Assistant Physician, Hospital of Santo Spirito in Sassia, Rome. 2. A prize of the value of £10, entitled the Belilios Prize, presented by the Hon. E. R. Belilios, C.M.G., for the best article on the Spread of Plague from Rat to Rat and from Rat to Man by the Rat Flea, has been awarded to Dr. Bruno Galli-Valerio, Professor in the University of Lausanne, Switzerland. 3. A prize of the value of £10, entitled the Lady Macgregor Prize, presented by Lady Macgregor, for the best article on the Best Method of the Administration of Quinine as a Preventive of Malarial Fever, was not awarded. The judges were Surgeon-General Roe Hooper, C.S.I., President, Medical Board, India Office; Colonel Kenneth MacLeod, LL.D., Professor of Clinical and Military Medicine, Netley; and Patrick Manson, C.M.G., F.R.S., LL.D., Medical Adviser, Colonial Office, and Crown Agents of Colonies.

THE SOCIAL ASPECTS OF TUBERCULOSIS.—The New York Charity Organization Society has issued an appeal for subscriptions to the amount of 10,000 dollars for the purpose of meeting the expenses incident to research and later publication by a committee which is to study the social aspects of tuberculosis. The aim will be to inquire into the relation of overcrowding to the transmission of disease and the value of improved diet and methods of living. The Society will also encourage movements for public and private sanatoria, and will take measures to help indigent persons suffering from the disease. The publications of the Society will have as their object the widest possible diffusion of the knowledge that tuberculosis is communicable and preventable.

MEDICAL VACANCIES.

The following vacancies are announced:

ABERDEEN CITY (FEVER) HOSPITAL.—Resident Physician. Salary, £100 per annum, with board and rooms. Applications to the Medical Officer of Health, City Buildings, Aberbeen, before September 1st.

AVONMOUTH COTTAGE HOSPITAL.—Medical Officer. Salary, £250 per annum. Applications to the Secretary, Bristol General Hospital, by September 3rd.

BATH: ROYAL MINERAL WATER HOSPITAL.—Resident Medical Officer. Salary £100 per annum, with apartments and board. Applications to the Registrar and Secretary by September 8th.

BETHNAL GREEN INFIRMARY.—Third Assistant Medical Officer. Salary, £100 p annum, with furnished apartments, board, and washing. Applications to the Medical Superintendent by September 2nd.

BIRMINGHAM AND MIDLAND EYE HOSPITAL FOR SICK CHILDREN.—Resident Medical Officer. Salary, £60 per annum, with board, washing, and attendance. Applications to the Secretary, Stoolhouse Lane, Birmingham, by September 3rd.

BIRMINGHAM: QUEEN'S HOSPITAL.—(1) Honorary Surgeon. (2) Obstetric and Ophthalmic House-Surgeon. Salary, (2) £40 per annum, with board, lodging, and washing. Applications to Secretary for (1) by September 20th, (2) September 24th.

BOURNEMOUTH: ROYAL BOSCOMBE AND WEST HANTS HOSPITAL.—House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary by September 1st.

BURTON-ON-TRENT INFIRMARY.—House-Surgeon. Salary, £120 per annum, increasing to £140, with furnished rooms, board, coal, and light. Applications to the Honorary Secretary by September 12th.

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.

CANCER HOSPITAL, Fulham Road.—Pathologist. Salary, £250 per annum. Applications to the Secretary by September 30th.

CANCER RESEARCH FUND.—General Superintendent of Cancer Investigation. Applications to the Secretary, Examination Hall, Victoria Embankment, by October 1st.

CARDIFF INFIRMARY.—Resident Medical Officer. Salary, £100 per annum, with furnished apartments, board, and washing. Applications to Secretary by September 29th.

CHELTENHAM GENERAL HOSPITAL.—Assistant House-Surgeon. Salary, £112 per annum, with board, lodging, and washing. Applications to the Honorary Secretary by September 4th.

CARLISLE: CUMBERLAND INFIRMARY.—Resident Medical Officer, to act as House-Physician during first six months and as House-Surgeon during next six months. Salary at the rate of £80 and £100 per annum respectively, with board, lodging, and washing. Applications to Secretary by September 9th.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Second House Physician. Appointment for six months. Salary, £50 per annum, with board, washing, and residence. Applications to Secretary by September 8th.

DENBIGH: DENBIGHSHIRE INFIRMARY.—House-Surgeon. Salary, £100 per annum, with board, residence, and washing. Applications to the Secretary.

EAST LONDON HOSPITAL FOR CHILDREN AND DISPENSARY FOR WOMEN, Glamis Road, Shadwell, E.—House Surgeon. Board, residence, etc., provided, with honorarium of £25 at completion of six months' service. Applications to Secretary by September 13th.

EDINBURGH: VICTORIA HOSPITAL FOR CONSUMPTION.—Resident Physician. Appointment for six months. Residence, board, and washing provided, and a small honorarium. Applications to the Hon. secretaries, Messrs. Wallace and Guthrie, W.S., 1, North Charlotte Street, Edinburgh, by September 1st.

EXETER: ROYAL DEVON AND EXETER HOSPITAL.—Junior Assistant House-Surgeon. Appointment for six months. Salary at the rate of £70 per annum, with board, lodging, and washing. Applications to the House-Surgeon.

EXETER: WONFORD HOUSE HOSPITAL FOR THE INSANE.—Assistant Medical Officer. Salary, £150 per annum, increasing to £200, with board, etc. Application to the Medical Superintendent by September 13th.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—House-Physician. Appointment for six months. Salary, £29, with washing allowance of £2 10s., and board and residence. Applications to the Secretary by September 8th.

ISLE OF THANET UNION.—(1) Medical Officer for Birchington District. Salary, £34 per annum. (2) Medical Officer for Minster District, Workhouse Medical Officer and Medical Officer of Cottage Homes, Manston; combined salary, £276 per annum. Applications to Clerk, Board Room, Minster, Ramsgate, by September 4th.

JENNER INSTITUTE OF PREVENTIVE MEDICINE.—Assistant Bacteriologist for the Serum Department, Aldenham, Herts. Salary, £200 per annum, with furnished rooms. Applications to the Secretary, Jenner Institute, Chelsea Gardens, S.W., by September 1st.

LEITH HOSPITAL.—House-Physician, Assistant House Surgeon, and Surgeon. Appointments for six months. Applications to Secretary, Mr. G. G. Mann, 38, Bernard Street, Leith, by September 10th

LIVERPOOL INFIRMARY FOR CHILDREN.—Assistant House-Surgeon. Appointment for six months. Salary, £25 for six months, with board and lodging. Applications to the Honorary Secretary by September 9th.

LIVERPOOL ROYAL INFIRMARY.—Honorary Physician. Applications to Chairman of the Committee by September 17th.

LONDON THROAT HOSPITAL, 204, Great Portland Street, W.—House-Surgeon, non-resident; appointment for six months. Salary at the rate of £50 per annum. Applications to the Honorary Secretary Medical Committee by September 1st.

MACCLESFIELD GENERAL INFIRMARY.—Junior House-Surgeon. Salary, £70 per annum, with board and residence. Applications to Chairman of House Committee by September 3rd.

MANCHESTER CHILDREN'S HOSPITAL.—Junior Resident Medical Officer; unmarried. Appointment for six months but eligible for election as Senior. Salary at the rate of £80 per annum as Junior and £100 as Senior, with board and lodging. Applications to the secretary, Dispensary, Garteide Street, Manchester, by September 3rd.

MIDDLESEX HOSPITAL, W.—Medical Officer in charge of Finsen and X-Ray Department. Salary, £150 per annum. Applications to Secretary-Superintendent by September 11th.

NORTHAMPTON GENERAL INFIRMARY. — House-Surgeon. Salary, £125 per annum, with furnished apartments, board, attendance, and washing. Applications to Secretary by September 27th.

READING: ROYAL BERKSHIRE HOSPITAL.—Assistant House-Surgeon. Salary, £50 per annum, with board, lodging, and washing. Applications to the Secretary by September 16th.

ROTHERHAM HOSPITAL AND DISPENSARY.—Assistant House-Surgeon. Salary, £83 per annum. Applications to E. S. Baylis, 19, Moorgate Street, Rotherham, by September 9th.

ROXBURGH DISTRICT ASYLUM, Melrose, N.B.— Assistant Medical Officer. Salary, £120 per annum, with rooms, board, and washing. Applications to the Medical Superintendent.

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.—(1) Physician for Diseases of Women, with charge of in-patients. (2) Assistant Physician for Diseases of Women, with charge of out-patients. Applications to the Secretary by October 11th.

ST. BARTHOLOMEW'S HOSPITAL, E.C.—Lecturer on General Anatomy and Physiology in the Medical School. Applications to the Clerk by September 8th.

SALFORD ROYAL HOSPITAL.—(1) House-Surgeon. (2) House Physician. (3) Junior House-Surgeon. Salary, (1) £100, (2) £80, (3) £70 per annum, with board and residence in each case. Applications to the Secretary and Superintendent by September 13th.

SHEFFIELD ROYAL HOSPITAL.—Junior Assistant House-Surgeon. Salary, £50 per annum, with board and lodging. Applications to Dr. Stanley Riseley, 289, Glossop Road, Sheffield, by September 9th.

SOUTHPORT INFIRMARY.—Resident Junior House and Visiting Surgeon, unmarried. Appointment for six months, but renewable. Honorarium at the rate of £6 per annum, with residence, board, and washing. Applications to the Secretary, 24, King Street, Southport.

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.

TIVERTON INFIRMARY AND DISPENSARY. — House-Surgeon and Dispenser. Salary, £60 per annum, with board, apartments, etc. Applications to the Honorary Secretary, by September 1st.

WEST LONDON HOSPITAL, Hammersmith Road, W.—(1) House Surgeon; (2) House-Physician. Board and lodging provided. Applications to Secretary-Superintendent by September 24th.

WESTON-SUPER-MARE HOSPITAL AND DISPENSARY.—Medical Officer of Dispensary. Salary, £100 per annum, with board, lodging, and washing. Applications to the Honorary Secretary by September 9th.

WITHINGTON HOSPITAL FOR INFECTIOUS DISEASES.—Resident Medical Officer. Salary, £120 per annum, with board, apartments, and washing. Applications to the Clerk, Town Hall, West Didsbury, by September 1st.

WORCESTER GENERAL INFIRMARY.—Physician. Applications to the Secretary by September 6th.

MEDICAL APPOINTMENTS.

BIRD, Arthur Cyril, M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer to the Sidmouth Dispensary.

COLLIE, R. J., M.D., appointed (1) Medical Examiner to the London County Council; (2) Assistant Medical Officer to the London School Board.

D'EWART, John, M.R.C.S., L.R.C.P., appointed House-Physician to the Manchester Royal Infirmary.

EWART, David, M.B., Ch.B.Edin., F.R.C.S.E., appointed Honorary Surgeon to West Sussex, East Hampshire, and Chichester General Infirmary.

FRENCH, G. W. H., F.R.C.S., appointed Assistant Surgeon to St. Paul's Hospital for Skin and Genito-Urinary Diseases, Red Lion Square, W.C.

MCGACHEN, F. W. D., M.D., D.P.H.Lond., appointed Medical Officer to the Weymouth and Westham District, and Public Vaccinator for Weymouth and Melcombe Regis, *vice* E. N. Pridmore, M.B.Lond., resigned.

AWDON, F. E., M.B., Ch.B., appointed House-Surgeon to the Rotherham Hospital and Dispensary.

SMITH, Ward, M.B., Ch.B.Edin., F.R.C.S.Eng., appointed Surgeon to Sir Titus Salt's Hospital, Shipley.

VALENTINE, W. A., M.D., B.Ch.Dub., appointed Honorary Surgeon to the Bideford and District Dispensary and Infirmary.

WALKER, J. W. Thomson, M.B., C.M.Edin., F.R.C.S.Eng., appointed Assistant Surgeon to the North-West London Hospital.

WALKER, T., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Manchester Royal Infirmary.

WHARTON, John, B.A., B.C.Camb., appointed House-Surgeon to the Manchester Royal Eye Hospital.

WILKINS, Arthur G., M.B., Ch.B., appointed Resident Medical Officer to St. Mary's Hospital for Women and Children, Manchester.

DIARY FOR NEXT WEEK.

POST-GRADUATE COURSES AND LECTURES.

West London Hospital, Hammersmith Road, W. Demonstrations and Lectures will be given as follows:—Monday, 4.30 p.m.: Demonstration in Medical Wards. Tuesday, 5 p.m.: Urine in presumably Healthy Subjects. Wednesday, 5 p.m.: The Modern Treatment of Fractures. Thursday, 4.30 p.m.: Demonstration in Surgical Wards. Friday, 5 p.m.: Surgical Cases.

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.

JONES.—On St. Bartholomew's Day, the wife of E. Lloyd Jones, M.D.Camb., Corpus Buildings, Cambridge, of a daughter.

PHILLIPS.—On August 18th, at R.N. Hospital, Chatham, the wife of Surgeon J. E. H. Phillips, R.N., of a son.

WARD.—On August 21st, at 22, Museum Street, Ipswich, the wife of Francis Ward, M.D., of a daughter.

MARRIAGES.

THYNE—YOUNG.—At Metheringham, Lincoln, on August 6th, by the Rev. J. Sinker, brother-in-law of the bride, the Rev. D. W. Barrett, M.A., Rector of Chipping Barnet, and the Rev. W. Ignatius S. Rawson, Vicar, William Thyne, M.A., M.D., Barnet, to Kate Christian, youngest daughter of the late Thomas Young, and of Mrs. Young, of Roewath, Cumberland.

TIBBITS—HARMAN.—On August 27th, at St. Mary's, Warwick, by the Rev. Canon Rivington, M.A., Vicar, Hubert Tibbits, M.B., of Warwick, to Edith Lucy, youngest daughter of the late Rev. Edward Harman, M.A., Rector of Pickwell, Leicestershire, and Mrs. Harman, The Marble House, Warwick.

DEATHS.

COLEMAN.—On August 26th, at 6, Mount Park Crescent, Ealing, Alfred Coleman, F.R.C.S., L.D.S.Eng., in his 74th year.

ED.—On August 6th, at his residence, Hightown, Manchester, William Henry ward, M.R.C.S., L.S.A.

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.

MOND would feel very grateful for advice as to a suitable residence at home and abroad for a patient suffering from chronic Bright's disease.

R. W. M. asks if there are any good slow combustion stoves by which bedroom can be kept warm all night during the cold winter nights.

THYROID would like to know the value of injections of equal parts tincture of iodine and alcohol into the gland for the cure of goître Also if suppuration is likely to follow.

WHARFEDALE writes: Will any member who has recently taken the M.D. Durham, recommend course of study or mention the books most likely to be of use in reading for the examination?

ENQUIRER would be much obliged if any member can inform him where to obtain information respecting the State care of the sick in the various Continental countries and America, especially with regard to the support of State hospitals.

L. I. W. writes: Would any of the readers of the BRITISH MEDICAL JOURNAL be kind enough to give me an account of the most successful treatment of ruptured perineum? During the birth of an extra large child a fortnight ago the mother's perineum was torn back to the anus by the shoulders. The following day I put in two stitches and took every precaution to preserve immobility. But on examination several days afterwards I was disappointed to find that there had been no attempt at healing. As this has been my previous experience I think that some other method might be more successful.

DR. D. MCASKIE (Tottenham) asks for suggestions as to the treatment of a case of chronic diarrhoea in which he has tried bismuth and opium; catechu; bismuth, rhubarb and creosote pills; and salol. He has excluded the possibility of any growth or accumulation of faeces. The patient is a man about 50 years of age, and when he is worried or gets a chill his diarrhoea is worse. Is Hughson's prescription of salicin in 60-gr. doses every four hours, with which he claims to have cured in a few weeks diarrhoea which had lasted for years, to be recommended?

A PORTABLE MICROSCOPE.

R. D. P. asks to have recommended a good portable microscope for all-round work.

*** Many English microscope makers supply first-rate instruments, which are of reasonable portability; of the foreign makes many consider that those of Leitz and Hartnack, on the ordinary model, are very good for ordinary clinical work; in each case a handle fixed to the end of the wooden case gives great portability.

THE B.C. CAMBRIDGE.

A CORRESPONDENT inquires whether the degree of Bachelor of Surgery of the University of Cambridge can be entered on the *Medical Register* as a practitioner's only qualification, since the Medical Act of 1886 forbids registration of any practitioners unless they have passed an examination in medicine, surgery, and midwifery.

*** The degree of Bachelor of Surgery is conferred by the University of Cambridge only on candidates who have passed an examination in medicine and midwifery as well as surgery. It is thus a registrable qualification in medicine, surgery, and midwifery.

ANSWERS.

R. W. M.—A good apparatus for keeping hot milk, etc., is "Clarke's Pyramidal Nursery Lamp" for use with one of Clarke's night lights.

F. F. D.—We recommend our correspondent to have nothing to do with the medical association as to which he inquires.

YORKIST.—We do not give professional advice. Our correspondent should consult a medical practitioner.

J. H. R. G.—The latest complete account of eclampsia is to be found in Allbutt's *System of Medicine*, vol. vii. The disease does not tend to recur in future pregnancies.