

## THE DISCUSSION ON FOREIGN BODIES IN THE SECTION OF LARYNGOLOGY.

SIR.—I am desired by the Executive of the Section of Laryngology (annual meeting, 1902) to point out that the manner in which the report of our discussion on the Diagnosis and Treatment of Foreign Bodies in the Upper Air Passages was reported in the BRITISH MEDICAL JOURNAL has accidentally created a false impression in reference to the openers of the discussion and the participants therein.

Professor Killian and Dr. John Macintyre were officially invited to open the discussion; the other gentlemen who spoke had, of course, signified their intention of joining in the discussion in the usual way. But the report in the JOURNAL gives the impression that Professor Killian opened the subject alone—his remarks being published separately—and that his colleague, Dr. Macintyre, merely followed in the discussion in the ordinary course, whereas in reality they opened the discussion on equal terms, although from different points of view.—I am, etc.,

EUGENE S. YONGE, M.D.,

Honorary Local Secretary, Section of Laryngology.  
Manchester, Sept. 15th.

## “THE USE OF PARAFFIN FOR RESTORING THE BRIDGE OF THE NOSE.”

SIR.—Mr. Stephen Paget contributes a very excellent summary of the methods of using paraffin for restoring the bridge of the nose in the current number of the BRITISH MEDICAL JOURNAL, in which, however, there are some statements I would venture to take exception to.

The first is, “a nose that is too short cannot be lengthened.” I do not, perhaps, fully grasp what is here meant by a nose being “too short”; but if by this Mr. Paget means a nose shortened with tip uplifted from the falling-in of some portion of the bridge, then I hold that it can be lengthened—as measured from the root to the point—by the subcutaneous injection of paraffin.

Secondly, he says, “a nose that is too broad across the nostrils cannot be diminished in breadth.” If this refers to the broadening which also results from the falling-in of the nose consequent on destruction of some portion of the bony or cartilaginous framework, my experience leads me to differ from Mr. Paget on this point; for the injection of paraffin into the tissues of the depressed area of a nose of the shape referred to, so raises the bridge as not only to actually diminish its breadth, but it further makes the nose after the bridge has been raised appear very much less broad than prior to the operation.

Thirdly, he says, “It is, of course, impossible by any method to make a narrow or refined bridge to the nose in these cases.” The exact shape assumed by the nose after the introduction of paraffin subcutaneously is determined by various factors, and depends chiefly on the dexterity and *modus operandi* of the operator. If the paraffin be introduced slowly and in small quantities at the requisite temperature, as can be conveniently done when the needle is heated by the electric attachment devised by me, and described in my paper contributed to the recent meeting of the British Medical Association, the results which were shown in the photographs accompanying that paper, make it evident, I think, that even a “narrow and refined” bridge may be built up; and after a larger experience in the subcutaneous injection of paraffin, Mr. Paget, who has done two cases only, will, I am sure, come to agree with me in this.—I am, etc.,

WALKER DOWNE, M.B., F.F.P.S.Glasg.,

Glasgow, Sept. 15th.

## A DISCLAIMER.

SIR.—You published last week a short note by me on the use of paraffin for restoring the bridge of the nose. Some of the daily papers have made copy of it, and have named me as though I had invented the method. I wish to say that I had nothing whatever to do with the matter, and I wish it could have been prevented.—I am, etc.,

September 15th.

STEPHEN PAGET.

## OBITUARY.

THOMAS FREDERICK GRIMSDALE, M.R.C.S.ENG., J.P.  
Liverpool.

We regret to record the death of Dr. Grimsdale on August 29th, at his residence in Hoylake, for many years one of the best-known practitioners in Liverpool.

Thomas Frederick Grimsdale was born at Uxbridge, Middlesex, in 1823, and pursued his medical studies at University College and University College Hospital, where he became acquainted with Mr. Cadge and the late Sir Spencer Wells; the friendship thus formed in student days was continued until it was terminated by death. He also studied for some time in Edinburgh under Sir J. Simpson.

After obtaining his first qualifications to practice in 1845 he commenced his long association with Liverpool by accepting the appointment of house-surgeon to the Brownlow Hill Workhouse Infirmary. During his term of office there was a severe outbreak of typhus fever, which led to a special commission of the Local Government Board being appointed to inquire into the condition of the hospital. Dr. Grimsdale, who himself contracted the disease, was able to supply much valuable information. For many years he enjoyed a large high-class general practice, and his opinion was frequently sought in consultation. He deservedly gained a high reputation, especially in midwifery and in diseases peculiar to women, in which latter department of practice he was justly regarded as a pioneer. Very early in the history of ovariotomy he performed the operation successfully several times, his friend, Sir Spencer Wells, giving him assistance on more than one occasion. Perhaps his most notable operative achievement was his enucleation of a uterine fibroid, which was one of the earliest successful cases, and was published by him in the year 1857. For twenty years he lectured on midwifery and diseases of women in the Liverpool School of Medicine, and he was one of the first promoters of the lying-in hospital, with which gynaecological wards were combined, before the formation of the present Hospital for Women. In 1883 he was made a Justice of the Peace for Liverpool, but he never took any active part in public life.

About ten years ago he retired from practice, and went to live at Hoylake. He leaves a widow and several children, one of his sons being Gynaecological Surgeon to the Liverpool Royal Infirmary, and another being Assistant Ophthalmic Surgeon at St. George's Hospital.

GEORGE MICKLEY, M.A., M.B., M.C.CANTAB., M.S.A. We regret to record the death of Dr. George Mickley, which occurred at Saffron Walden on August 10th. Having graduated as B.A. at Cambridge he completed his medical studies at Guy's Hospital, and became M.B.Cantab. in 1865, M.C. in 1866, and M.A. in 1867. In that year also he passed the L.S.A. Examination; and became M.S.A. in 1895. After qualifying he gave his attention to lunacy, and succeeded Dr. Savage as Resident Clinical Assistant at Bethlem Hospital, where he remained longer than is usual. His next appointment was that of Assistant Superintendent at the Three Counties Asylum, Arlesey, Hitchin, which he held for about seven years, and quitted in 1874. Shortly afterwards he was elected Superintendent to St. Luke's Hospital, London; he resigned in 1899, and returned to his mother's house at Saffron Walden, where he died. He had had several severe attacks of influenza, which left him much impaired in health. He was his mother's only child, and never married.

He was an excellent practitioner in his special branch of professional work, and gave his best attention to the thousands of patients who at various times came under his charge; but he wrote few papers.

Dr. Mickley was an enthusiastic Freemason, and had done good work in the Craft since his initiation in 1868. He won distinction in Mark Grand Lodge, and was appointed Past Grand Sword Bearer in 1896. He had served as Steward at eighteen different festivals, and was at various times W.M. of no fewer than three lodges.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Alcina y Rance, Professor of Therapeutics

and *Materia Medica* in the Medical Faculty of Cadiz; Dr. L. Switalski, *Privat-docent* of Obstetrics and Gynaecology in the Medical Faculty of Cracow; Dr. Henri Dagonet, *Aggrégé* of the old French Faculty of Medicine at Strassburg, and sometime Senior Physician to the Saint Anne Asylum, Paris; and Dr. W. F. Hendrickson, Instructor in Pathology in the University of Pennsylvania, aged 26.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

### THE UNDERMANNING OF THE ARMY MEDICAL SERVICE.

THE following is the distribution of medical officers employed on the Active and Reserve Lists, according to the *Army List* for September, 1902:

*Distribution in September Army List.*

Ranks.	Home.	South Africa.	Other Foreign Stations.	Not Posted.	Total.	Remarks.	
						Seconded.	Reserve of Officers.
Surgeon-Generals ...	3	2	4	—	9	—	—
Colonels ... ...	14	3	10	1	28	3	—
Lieutenant-Colonels ...	78	55	68	5	206	6	24
Majors ... ...	50	103	111	9	273	2	3
Captains ... ...	41	124	108	3	276	13	4
Lieutenants ... ...	22	67	63	3	175	1	—
Total ... ...	208	374	364	21	967	25	31

As anticipated in the last analysis given in July, the end of the war has begun to affect materially the distribution of medical officers, a result which will doubtless become more marked during the next few months.

The total number seems to be four less than in July; but with an increased supply of candidates we trust that in a few months the establishment will begin to increase, and that in time it will be no longer necessary to characterize it as "undermanned."

There are serving at home 22 more medical officers than in July, and there is an increase of 13 in the non-posted to stations; there are 39 fewer in South Africa; while the number at other foreign stations remains unaltered. The number seconded, and the reserve of officers employed remains unaltered.

We understand that the number of reserve and retired medical officers employed will soon be materially decreased, as the number on the active list available for home duties increases.

TESTIMONIAL TO THE LATE CAPTAIN E. G. FORREST, R.A.M.C. CAPTAIN A. H. WARING, R.A.M.C. (No. 1 Section Hospital, Secunderabad, India), begs to acknowledge the following subscriptions to the above fund:

	£	s.	d.		£	s.	d.
Lieutenant Birrell ...	0	13	4	Captain Hewetson ...	0	13	4
Captain Campbell, D.S.O. ...	0	4	0	Major R. G. Thompson ...	0	13	4
Major W. B. Thomson ...	0	13	4	Captain Waring ...	0	13	4
Captain F. L. Smith ...	0	13	4				
Captain Statham ...	0	13	4				
Captain A. W. Hooper ...	0	7	8				
					£5	5	0

Note.—Subscriptions, which are limited to Rs. 10 (rs. 4d.), should be sent to the above-named Captain A. H. Waring, R.A.M.C.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

### THE USE OF UNREGISTRABLE FOREIGN DEGREES.

W.L.E.—After the decision in the case of the late Mr. H. K. Hunter, Queen's Bench, January 24th, 1899, by Mr. Justice Lawrence and Mr. Justice Channell, there would be no chance of success, in our opinion, were an attempt made to declare such a user of the title M.D. as our correspondent describes as an unlawful act. Such a user would not be considered as correct by the General Medical Council, as that body would only recognize the practitioner in question as one registered on the L.S.A. qualification. As a matter of principle the initials of the university from which the title of M.D. is derived should be added where such degree is not registrable in this country.

POLICE CALLS AND MEDICAL FEES IN SCOTLAND. F. P. writes: I was called by wire to attend a navy who had been injured in a criminal assault, and found it necessary to stitch the upper and lower eyelids in four places in all. The case was subsequently removed to hospital. The distance from here is seven and a-half miles, and the message was sent by the police-constable, who subsequently based his report on information derived from me. I wrote the Procurator Fiscal, stating that I should be pleased to receive the usual fee. Three months later I received an answer to the effect "that he had written to the exchequer to ascertain whether I would be entitled to a fee, but regretted that he had received instructions that a fee could not be admitted as a charge against the exchequer." I shall be very glad if you will inform me what party is responsible for payment of fee?

\*\* The request to attend to the patient having been made by the police-constable he apparently is responsible for the payment of the fee, that is to say if his superiors refuse to homologate his actions and decline to pay it. It would be well to render the account to the chief constable in the first instance. Medical men in Scotland have constantly to complain of the way in which they are treated by procurator fiscals, and especially of the difficulties they experience in obtaining proper remuneration for their services. We are aware of medical men who decline to give any professional information to a police-constable when asked to do so, but state that if the procurator fiscal desires information they will be glad to furnish a report to that official detailing the circumstances of the case. The matter is one which might, we think, be taken up by the Divisions and Branches of the British Medical Association in Scotland. It might probably be brought to an issue by bringing a test action.

INQUEST FEES FOR CASES DYING IN COTTAGE HOSPITALS. X. Y. Z., who is medical officer to a cottage hospital has on several occasions had to go without a fee for making a necropsy and giving evidence at an inquest because the case died in a cottage hospital. He is told this is not the case in all counties, but only in Middlesex. He desires to hear of any county wherein these fees are paid; if he can get such evidence a prominent member of the council has promised to try and get the matter remedied.

\*\* This complaint has been made so often in the columns of the BRITISH MEDICAL JOURNAL that we hardly think our correspondent has been correctly informed as to the practice being confined to the county of Middlesex. The section of the Act referred to distinctly lays down that where an inquest is held on the body of a person who has died in a county or other lunatic asylum, or in a public hospital, infirmary, or other medical institution, or in a building or place belonging thereto, or used for the reception of the patients thereof, whether the same be supported by endowments or by voluntary subscriptions, the medical officer whose duty it may have been to attend the deceased person as a medical officer of such institution as aforesaid, shall not be entitled to such fee or remuneration. An honorary officer practising in the neighbourhood and non-resident at the hospital has been held to be such an officer. Notwithstanding this, we have information as to two places—one in the county of London and one in Shropshire—where fees are regularly paid to medical officers of workhouse infirmaries. The Parliamentary Bills Committee of the British Medical Association has had the matter under consideration, and its Subcommittee on the Coroners' Act has drafted a Bill providing for the payment of each and every qualified medical witness, without exception, summoned by the coroner to give evidence or make a necropsy. Dr. Martindale Ward, of Twickenham, the Chairman of the Subcommittee, would no doubt be glad to hear from our correspondent.

LUNACY LAW. E.H.—It would be necessary for the patient to be certified if she is of unsound mind, as is presumably the case.

NOTIFICATION. M.B. committed a serious error in not sending in the notification certificate. He is liable to prosecution, and it would be politic to drop the subject.

MEDICAL ETIQUETTE. E.C.—It would obviously be wrong for a *locum tenens* to supplant his principal in an appointment, but if the principal had retired or was retiring, the *locum tenens* might not be debarred from becoming a candidate or from accepting the post if it was offered to him.

A GENERAL PRACTITIONER.—We sympathize with our correspondent, but think it must be a very rare event for a consultant to refuse to accept a reduced fee when requested so to do on good grounds by the practitioner in attendance.

FAIRPLAY.—The matter has been discussed again and again in the BRITISH MEDICAL JOURNAL, and we cannot again reopen the question. We may recommend our correspondent to study the reports of the Hunter case, and the articles and correspondence thereon published in the BRITISH MEDICAL JOURNAL, vol. i, 1899, pages 225, 233, 301, 374, 441, 505, 559, 999, 1484.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 8,233 births and 4,683 deaths were registered during the week ending Saturday last, September 13th. The annual rate of mortality in these towns, which had been 15.2 and 15.9 per 1,000 in the two preceding weeks, further rose last week to 16.4 per 1,000. The rates in the several towns ranged from 6.9 in King's Norton and in Halifax, 7.2 in Burton-upon-Trent, 7.6 in Hornsey, 8.5 in Handsworth, 8.9 in Leicester, and 9.2 in Smethwick and in Blackburn to 21.8 in Middlesbrough, 22.5 in Preston, 23.0 in St. Helens, 23.9 in Liverpool and in Warrington, 25.0 in Tynemouth, 25.5 in Portsmouth, and 26.6 in Merthyr Tydfil. In London the rate of mortality was 16.8 per 1,000, while in the seventy-five other large towns it averaged 16.2 per 1,000. The death-rate from the principal infectious diseases averaged 3.7 per 1,000 in the seventy-six large towns; in London the death-rate from these diseases was 4.1 per 1,000, while it averaged 3.6 in the seventy-five other large towns, among which the highest rates were 6.0 in Preston, 6.7 in St. Helens and in Merthyr Tydfil, 6.8 in West Ham, 7.6 in Wigan, 8.4 in Birkenhead, and 12.5 in Portsmouth. Measles caused a death-rate of 1.7 in Newcastle-on-Tyne, and 2.5 in Bristol; diphtheria of 1.1 in Portsmouth and 1.7 in Wigan; whooping-cough of 2.5 in Ilanley; "fever" of 2.3 in Ipswich; and diarrhoea of 5.0 in Preston, 5.1 Birkenhead, 6.1 in St. Helens, and 9.0 in Portsmouth. Scarlet fever did not show a marked excess in any of the towns. Two fatal cases of small-pox belonging to London were registered last week, and two belonging to West Ham. There were 71 cases of small-pox under treatment in the Metropolitan Asylums Hospitals on Saturday, September 13th, against numbers decreasing from 1,515 to 95 on the twenty preceding Saturdays; 7 new cases were admitted during the week, against 18, 11, and 12 in the three preceding weeks. The number of scarlet fever cases in these hospitals and in the London Fever Hospital, which had been 2,623, 2,651, and 2,713 at the end of the three preceding weeks, declined again to 2,669 at the end of last week; 311 new cases were admitted during the week, against 296, 295, and 333 in the three preceding weeks.

### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, September 13th, 872 births and 479 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 14.4, 14.0, and 13.9 in the three preceding weeks, again rose last week to 14.8 per 1,000, and was 1.6 per 1,000 below the mean rate during the same period in the seventy-six large English towns. Among the Scotch towns the death-rates ranged from 6.6 in Leith, 12.5 in Perth, and 12.0 in Greenock to 14.5 in Edinburgh, 16.1 in Glasgow, and 16.7 in Paisley. The death-rate from the principal infectious diseases averaged 1.6 per 1,000, the highest rates being recorded in Dundee and Greenock. The 240 deaths registered in Glasgow included 2 from measles, 3 from scarlet fever, 2 from diphtheria, 4 from whooping-cough, 3 from "fever," and 11 from diarrhoea. Three fatal cases of measles, 3 of scarlet fever, and 2 of diarrhoea were recorded in Edinburgh. Four deaths from diarrhoea occurred in Dundee, and 2 from scarlet fever in Greenock.

### IRISH DISPENSARY DOCTORS' HOLIDAYS.

THE *Daily Telegraph* reports that at a meeting of the Tullamore Guardians Dr. Foley, Kilbeggan, wrote applying for leave of absence, and suggested Dr. Quinn, Kilbeggan, who is a Protestant, as his substitute. Then occurred the following colloquy:

The Chairman, Mr. W. Adams, J.P. (throwing down the letter and speaking heatedly): Gentlemen, will you sanction that?

Mr. Geraghty (loudly): No, certainly not.

Several guardians loudly expressed their determination not to sanction the application.

Mr. Kedo Molloy: If he gets some other substitute we will. (Hear, hear.)

Mr. Con Molloy: Is Dr. Foley a leaguer?

The Chairman: Don't you know well he is not? We'll refuse him his vacation until he gets a proper person as his substitute. (To Mr. Lynam): Tell him we don't allow it at all.

Mr. Lynam: I think he will be going to-morrow.

The Chairman: If he does, wire and bring him back, and let him discharge his duties until we give him permission. We'll let our officials know they are our officials.

An order was then made that Dr. Foley's application be refused until he obtains another substitute.

### LUNACY ADMINISTRATION.

A DISTRICT MEDICAL OFFICER to a Board of Guardians asks for information on the following: (1) Concerning pauper lunatics and the quarterly return made to the Commissioner in Lunacy, (2) one receives an order from the relieving officer to visit "an alleged lunatic." On doing so one finds he is a lunatic and takes the usual steps to have him brought before a magistrate, and in due course sent to an asylum (the Lunacy Act, Section CCII, Subsections 1 and 4). Is such a case to be entered in the quarterly return? When does the case become a "legal lunatic" — after having been seen by the magistrate, or is he one after being certified by the medical officer? If the former, by what right are the cases of imbeciles and other chronic cases that are not under certificate, and have not been seen by a magistrate entered in the quarterly return of lunatics? (2) As district medical officer I receive a notice from a magistrate to attend before him the following day re a lunatic. The court is some miles distant. On arriving there the relieving officer turns up late with the information that the patient is too ill to be brought to the court. I am requested to attend at the workhouse a few miles further on. After

waiting several hours the magistrate does not turn up: my whole day is wasted. The clerk to the guardians informs me that the guardians have no authority in law for the payment of any fee in the case. Although I certified the case and wasted the whole day in doing so, have I any remedy?

\*\* The first case mentioned is not to be entered in the particular quarterly return referred to (that is, "Form 17"). The term "legal lunatic" is not recognized in the Act. But the next question seems to show that thereby persons on the "quarterly return" are referred to by the inquirer, and these persons originally come on that return in a variety of ways. The "imbeciles and other chronic" come on the return, or list, under the general provisions of the Act. In the second case mentioned the justice acting has power to order our correspondent such reasonable remuneration as he (the justice) may think proper (order to be made on the guardians of the union).

### PUBLIC VACCINATION.

A PUBLIC VACCINATOR FOR NEARLY FORTY YEARS puts the following case: A child is over 4 months old, has been returned in the list by the vaccination officer, and the parents have been duly notified by the public vaccinator of his intended visit. If on his arrival he is told that their "private doctor" is going to vaccinate, he thinks it is his duty to press them to let him vaccinate the child. If they wanted vaccination done by the "private doctor" they have had four months in which to have it done, and it is quite time the child was vaccinated. The public vaccinator has had the trouble of notifying, and perhaps three or four miles to travel; and, lastly, it is often found that being told that the "private doctor" is going to vaccinate is only a means of further postponement.

\*\* Generally speaking, it is better for the public vaccinator not to press his own services on the parent, but simply to urge that the vaccination should be done without any delay now that the child has passed the age of 4 months, and the period of dentition is coming on. When the "private doctor" is mentioned, it is wise to ask for the name of the doctor from whom the vaccination officer may expect to receive the certificate when the vaccination has been successfully performed. If the parent then says that there is no special doctor but that there is an objection to having four vesicles on the arm, it is quite open to the public vaccinator to explain why his regulations state that four insertions of lymph should be made. In this way it is possible sometimes to separate those who honestly desire their own doctor to perform the operation from those who simply speak of having a "private doctor" as an excuse to postpone the vaccination as long as they can, and then are content with as perfunctory and barren a procedure as will suffice to secure a certificate. Under ordinary circumstances the public vaccinator should not, in our judgement, use greater pressure than is implied in the above.

### FEE FOR SPECIAL CERTIFICATE.

X. Y. Z. writes: I am requested to examine and report upon a child for admission to the Training College for Teachers of the Deaf. What fee, if any, can I claim for the same?

\*\* It may be assumed that our correspondent is acting in the case as a Poor-law medical officer, and if so we consider he might fairly claim a fee of 3s. 6d. for this duty.

## MEDICAL NEWS.

THE suggestion recently made by the *Temps*, that a public subscription should be opened for the purpose of buying the house in which Pasteur was born, and presenting it to the town of Dôle, has been placed before the French Association for the Advancement of Science, by the Editor of the *Revue Générale des Sciences Pures et Appliquées*.

THE annual dinner of the old and present students of the Faculty of Medicine of University College, London, will be held at the Hotel Cecil, Victoria Embankment, on Wednesday, October 1st, at 6.30 for 7 p.m. The chair will be taken by Mr. Rushton Parker, Professor of Surgery in University College, Liverpool. Further particulars can be obtained from Mr. Raymond Johnson, 11, Wimpole Street, W.

WEYMOUTH SANATORIUM.—The new building of this gynaecological institution, the foundation stone of which was laid nearly two years ago by the Dowager Duchess of Beaufort, will shortly be ready for the reception of patients. At the annual meeting held on September 13th, Dr. Macpherson Lawrie, to whose energy the building of the new institution is mainly due, stated that the erection had cost nearly £16,000. As this sum had been wholly subscribed by a few friends, the sanatorium would be practically a gift to the county of Dorset. He said the funds in hand would be enough to defray the whole cost of the fabric, but he appealed for £2,000 to

meet outstanding liabilities on the old institution and to pay for the furnishing of the new building. He trusted that the new sanatorium would be opened free of debt.

A STRIKE OF NURSES.—The *Medical Record* states that twenty-four of the thirty-five trained nurses employed at the Worcester (Massachusetts) Insane Asylum have struck for shorter hours, and because they do not like the treatment accorded them by the superintendent. The nurses say that they are obliged to be on duty more than twelve of the twenty-four hours every day, and that they have but eight hours off duty during the week.

The winter course of post-graduate clinical demonstrations at the Westminster Hospital will commence on Tuesday, October 7th, and will be continued on succeeding Tuesdays down to December 9th. The fee for the course of ten demonstrations is one guinea, but holders of the "conjoint" post-graduate ticket are admitted without extra payment. Further particulars can be obtained from Dr. Purves Stewart, 7, Harley Street, W., or Mr. William Turner, 53, Queen Anne Street, W.

AFTER the death of his infant grandson from summer diarrhoea, Mr. John D. Rockefeller, the American millionaire, gave the sum of \$200,000 to Dr. William H. Welch, the well-known professor of pathology in the Johns Hopkins University, Baltimore, for the purpose of an investigation into the pathology of the disease, undertaking at the same time to provide any further sum that was considered requisite. According to an American correspondent of the *Standard*, two investigators, Dr. Duval and Dr. Bassett, working under Professor Welch, have found a micro-organism which is considered to be the cause of certain forms of summer diarrhoea.

PROPORTION OF MEDICAL PRACTITIONERS TO POPULATION.—In the *Zeitschrift für Sozialwissenschaft*, Dr. Prinzing gives the following figures as to the proportion of medical practitioners per mille of population in the various countries of Europe: Germany, 5.1; Austria, 4.1; Hungary, 2.8; Italy, 6.3; Switzerland, 6.1; France, 3.9; Spain, 7.1; Belgium, 5.2; England, 6.1; Scotland, 7.7; Ireland, 5.6; Denmark, 6.4; Norway, 5.3; Sweden, 2.7; Russia, 2.7. The proportion per 100,000 in some of the chief capital cities is given as follows: Vienna (in 1896), 13.0; Berlin (in 1900), 14.1; Buda-Pesth (in 1896), 16.4; Paris (in 1896), 9.7; Brussels (in 1897), 14.7; London (in 1895), 12.8; Madrid, 24.4.

THE PUBLIC-HOUSE TRUST.—The local trust companies of Lord Grey's Public-house Trust now have in their hands thirty-five public-houses, of which the majority are already opened. In addition the People's Refreshment-house Association (the pioneers of the movement) of which the Bishop of Chester is president, have acquired twenty-five houses. Of the sixty houses all except six have been taken over since 1900. Prospectuses for additional trust companies for Manchester, Salford and district, Bradford, and the counties of Middlesex, Derbyshire, Cheshire, Carnarvonshire, and Staffordshire are about to be issued. Those interested in the movement can obtain all information concerning it from the Central Association's offices, 116, Victoria Street, S.W.

#### MEDICAL VACANCIES.

The following vacancies are announced:

ABERGAVENNY: MONMOUTHSHIRE ASYLUM.—Junior Assistant Medical Officer. Salary, £150 per annum, increasing to £200, with board, lodging, and washing. Applications to the Medical Superintendent by October 4th.

BATH: ROYAL MINERAL WATER HOSPITAL.—Resident Medical Officer. Salary, £100 per annum, with apartments and board. Applications to the Registrar by September 23rd.

BELFAST UNION.—Resident Surgeon for the Infirmary. Salary, £80 per annum, with first-class rations and apartments. Applications to the Clerk, Union Workhouse, Belfast, by September 23rd.

BIRKENHEAD BOROUGH HOSPITAL.—Junior Male House-Surgeon. Salary, £80 per annum, with board and washing. Applications to the Chairman of the Weekly Board.

BIRMINGHAM: GENERAL HOSPITAL.—(1) House-Surgeon. Appointment for six months. Salary, £50, with residence, board, and washing. (2) Dental Surgeon. Honorary, £50 per annum. Applications to the House Governor by September 27th.

BIRMINGHAM: QUEEN'S HOSPITAL.—(1) Honorary Surgeon. (2) Obstetrician, Ophthalmic House-Surgeon. Salary, £40 per annum, with board, lodging, and washing. Applications to Secretary for (1) by September 10th, (2) September 24th.

BLACKBURN AND EAST LANCASHIRE INFIRMARY.—Junior House-Surgeon. Salary, to commence, £70 per annum, with board, washing, etc. Applications to the Secretary, 15, Lichfield Terrace, Blackburn, by September 30th.

BODMIN: CORNWALL COUNTY ASYLUM.—Junior Assistant Medical Officer; male, unmarried. Salary, £150 per annum, rising to £160 with board, furnished apartments, laundry, etc. Applications to the Medical Superintendent.

BRADFORD POOR-LAW UNION.—Resident Assistant Medical Officer for the Hospital and Workhouse; unmarried. Salary £125 per annum, with prescribed rations, apart-

ments and washing. Applications to the Clerk to the Guardians, 22, Manor Row, Bradford, by September 23rd.

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 the Secretary by September 29th.

CENTRAL LONDON OPHTHALMIC HOSPITAL, Gray's Inn Road, W.C.—House-Surgeon. Applications to the Secretary by September 30th.

CHESTER COUNTY ASYLUM.—Third Assistant Medical Officer; unmarried, and not more than 30 years of age. Salary, £160 per annum, with board, lodging, and washing. Applications to Dr. Lawrence, at the Asylum, by October 6th.

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

DERBYSHIRE ROYAL INFIRMARY.—Honorary Physician. Applications to the Secretary by October 4th.

EASTLERN DISPENSARY, Leeman Street, Whitechapel, E.—Physician. Honorary, £50 per annum. Applications to the Secretary before October 2nd.

GLASGOW EYE INFIRMARY.—Resident Assistant House-Surgeon. Salary, £75 per annum, with apartment and board. Applications to the Secretary, 88, West Regent Street, Glasgow, by September 27th.

GLoucester: GENERAL INFIRMARY AND GLOUCESTERSHIRE EYE INSTITUTION.—House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Present Assistant House-Surgeon is a candidate, and applicants should state if willing to accept the junior office. Applications to the Secretary by September 30th.

GREENOCK: SMITHSON ASYLUM AND POORHOUSE.—Assistant Medical Officer. Salary, £110 per annum, with board, furnished apartments, and attendance. Applications to Mr. R. P. Fairlie, Inspector of Poor, Parish Council Chambers, Greenock, by September 22nd.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—(1) Assistant Resident Medical Officer. Salary, £100 per annum, with board and residence. (2) Resident House-Physician. Appointment for six months. Honorary, £25. Applications to the Secretary by October 7th.

LEWES: EAST SUSSEX NEW LUNATIC ASYLUM.—Medical Superintendent; preference to candidates between 30 and 40 years of age. Salary, £90 per annum, with unfurnished house, etc. Applications on forms provided, and endorsed "Medical Superintendent," to be sent to Mr. H. Blaker, Clerk of the Visiting Committee, 211 High Street, Lewes, by October 1st.

LIVERPOOL: DAVID LEWIS NORTHERN HOSPITAL.—Assistant House-Surgeon. Salary, £70 per annum, with residence and maintenance. Applications to the Chairman by September 25th.

LIVERPOOL INFECTIOUS DISEASES HOSPITALS.—Assistant Resident Medical Officer; unmarried, and not exceeding 30 years of age. Salary, £120 per annum, with board, lodging, and washing. Applications, endorsed "Assistant Medical Officer," to be addressed to the Chairman of the Port Sanitary and Hospitals Committee, under cover to the Town Clerk, Municipal Offices, Liverpool, by September 22nd.

LODDON AND CLAVERING UNION.—Medical Officer and Public Vaccinator for the No. 2 District and the Workhouse. Salary £25 per annum, and vaccination and other fees. Applications to the Clerk to the Guardians, Loddon, near Norwich, by October 9th.

LONDON EPILEPTIC COLONY, Horton, near Epsom.—Medical Superintendent, not over 40 years of age. Salary, £200 per annum, with furnished house. Applications on forms provided, to be sent to the Clerk of the Asylums Committee, 6, Waterloo Place, London, S.W., by September 27th.

MACQUEFIELD GENERAL INFIRMARY.—Junior House-Surgeon. Salary, £70 per annum, with board and residence. Applications to the Chairman of the House Committee by October 1st.

MARYLEBONE GENERAL DISPENSARY, 77, Welbeck Street, W.—Honorary Surgeon. Miss F. E. Cooper. Applications to the Secretary by October 1st.

MIDDLESBROUGH: NORTH RIDING INFIRMARY.—House-Surgeon; unmarried. Salary, £60 per annum, with board, residence, and washing. Applications to the Secretary by September 23rd.

MORPETH DISPENSARY.—House-Surgeon; unmarried. Salary, £120 per annum, with furnished rooms and attendance. Applications to the Honorary Secretary by September 27th.

NEW HOSPITAL FOR WOMEN, 144, Euston Road, N.W.—Clinical Assistants. Applications to the Secretary by September 24th.

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

NOTTINGHAM: CHILDREN'S HOSPITAL.—House-Surgeon; unmarried. Appointments for six months. Salary at the rate of £100 per annum, with board and residence. Applications to the Secretary, Mr. F. Kirby, St. Peter's Church Walk, Nottingham, by September 29th.

PLAISTOW: ST. MARY'S HOSPITAL FOR SICK CHILDREN.—(1) Ophthalmic Surgeon; (2) Honorary Medical Officer. Applications to the Secretary by October 2nd.

RAINHILL, near LIVERPOOL: COUNTY ASYLUM.—Assistant Medical Officer; unmarried, and not more than 30 years of age. Salary commences at £125, rising to £250, with further increase to £300, according to promotion, with furnished apartments, board, attendance, and washing. Applications endorsed "Assistant Medical Officer," to the Medical Superintendent on September 24th.

ROTHERHAM HOSPITAL AND DISPENSARY.—Assistant House-Surgeon. Salary, £80 per annum. Applications to Mr. E. S. Baylin, 19, Moorgate Street, Rotherham, by September 29th.

ROXBURGH H. DISTRICT ASYLUM, Melrose, N.B.—Assistant Medical Officer. Salary commencing at £140 per annum, with board, rooms, and washing. Applications to the Medical Superintendent.

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

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—House-Physician. Appointment for six months. Salary at the rate of £60 per annum, with furnished apartments, board, and washing. Applications to the Secretary by September 23rd.

ST. MARY'S HOSPITAL, Farnham, W.—Surgeon for Diseases of the Skin. Applications to the Secretary by October 9th.

SALISBURY GENERAL INFIRMARY.—Assistant House-Surgeon; unmarried. Salary £75 per annum, with apartments, board, and washing. Applications to the Secretary by September 26th.

ST. PETER'S HOSPITAL FOR STONE, Henrietta Street, W.C.—House-Surgeon. Appointment for six months, but eligible for re-election. Salary at the rate of £120 per annum, with board, lodging, and washing. Applications to the Secretary by September 24th.

ST. THOMAS'S HOSPITAL AND MEDICAL SCHOOL.—Assistant Pathologist and Demonstrator of Pathology. Salary £250 per annum. Applications to the Treasurer's Clerk by September 30th.

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.

WAYLAND UNION.—Medical Officer for the Buckenham District. Salary, £85 per annum. Will also be appointed Public Vaccinator. Applications to the Clerk to the Guardians, Watton, Norfolk, by September 20th.

WESTMINSTER HOSPITAL, Broad Sanctuary, S.W.—Assistant Pathologist. Salary 100 guineas a year. Applications to the Secretary by October 7th.

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 to the Provident Dispensary. Salary, £100 per annum, with board, lodging, and washing. Applications to the Honorary Secretary by September 23rd.

WINCHESTER : ROYAL HANTS COUNTY HOSPITAL.—House-Physician; unmarried. Salary, £65 per annum, rising to £75, with board, residence, etc. Applications to the Secretary by October 4th.

## MEDICAL APPOINTMENTS.

ATKINSON, T. Reuell, M.D.Durh., M.R.C.S.Eng., appointed Public Vaccinator for the Third District of the Romford Union.

CADE, H. M., M.R.C.S., L.R.C.P.Lond., appointed District Medical Officer of the Grantham Union.

DUNCAN, William, M.B., C.M.Glasg., appointed Certifying Factory Surgeon for the Clay Cross District of Derbyshire.

ELLERTON, Henry B., M.R.C.S.Eng., L.R.C.P.Lond., appointed Senior Assistant Medical Officer to the Leavenworth Asylum.

FINLAY, Hunter, M.D., Medical Officer Ulster District Hospital, Mulwarrie, appointed Health Officer for the Town and District of Davyhurst in the Ulster District, Western Australia.

FLETCHER, Duncan, L.R.C.P. & S.Eng., L.F.P. & S.Glasg., D.P.H., appointed Chief District Medical Officer of Health for the Harris District of the County of Inverness, *vice* Ogilvie Grant, M.B., D.P.H., resigned.

GORDON, L. P., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer and Public Vaccinator for the Brailsford District of the Ashbourne Union, *vice* Herbert Connop, L.R.C.P. & S.Eng., resigned.

GULLETT, Lucy, M.B., Ch.M.Syd., appointed Resident Medical Officer of the Children's Hospital, Brisbane, Queensland.

HOPE, J. B., M.A., M.B., C.M.Eng., reappointed Medical Officer of Health or the Scarborough Rural District.

MACFIE, Ronald Campbell, M.B., M.S.Aber., appointed Medical Superintendent to the Dundee Sanatorium.

MEREDITH, R. W. H., M.R.C.S., L.R.C.P.Lond., appointed District and Workhouse Medical Officer of the Wellington Union, Somerset.

MORGAN, G. F. E., L.R.C.P.Lond., M.R.C.S.Eng., D.P.H., appointed District Medical Officer of the Hartlepool Union.

MORRISSEY, Martin B., L.R.C.P. & S.Eng., appointed Certifying Factory Surgeon for the Ballymore Eustace District of the County of Kildare.

MOSSMAN, H. A., L.R.C.P. & S.Eng., appointed District Medical Officer of the Ripon Union.

O'HAGAN, P. F., L.R.C.P. & S.Eng., appointed Certifying Factory Surgeon for the Croydon District of Surrey.

PAGE, J. B., M.B.Lond., appointed District Medical Officer of the Sudbury Union.

PAISLEY, W., M.B., B.Ch., B.A.O., U.I., appointed Medical Officer to the Cape Government Railways, Queenstown, Cape Colony.

PARTHURIDGE, A. J., M.B., B.S.Vict., appointed Medical Officer of the Training Ship "Kmuth" of the metropolitan Asylum District.

PEACOCK, Pryce, M.D. Brux., L.R.C.P. & S.Irel., appointed Certifying Factory Surgeon for the Castleknock District of the County of Dublin.

ROBINSON, Harry A., M.D., B.Ch.Vict., appointed Senior Assistant Medical Officer to the Darent Asylum.

ROBSON, Henry Naunton, M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to the General Hospital, Stroud, Gloucestershire.

SANDILAND, Digby S., M.R.C.S., L.R.C.P.Lond., appointed Senior House-Surgeon to the West Ham and East London Hospital, E.

SEQUEIRA, James H., M.D.Lond., M.R.C.P.Lond., F.R.C.S.Eng., appointed Assistant-Physician to the Skin Department of the London Hospital.

SHARP, Edgar Wm., M.B., Ch.M.Glasg., appointed Resident Medical Officer to the Halifax Workhouse Infirmary.

STERLE, W. H., M.B., C.M.Eng., appointed District Medical Officer of the Newton Abbot Union.

TAYLOR, Wm. E., M.B., Ch.B., appointed Resident Physician to the Aberdeen City Hospital, *vice* H. Fraser, M.B., resigned.

VALENTINE, J. A., M.D., B.Ch., R.C.O.Univ.Dub.Trin.Coll., appointed House-Surgeon to the National Eye and Ear Infirmary, Dublin.

WILLIAMS, J. Humphry, M.D., C.M.Eng., reappointed Medical Officer of Health to the Flint Town Council.

## DIARY FOR NEXT WEEK.

## POST-GRADUATE COURSES AND LECTURES.

Medical Graduates College and Polyclinic, 22, Cheneys Street, W.O. Demonstrations will be given at 4 p.m. as follows:—Monday, skin; Tuesday, medical; Wednesday, surgical; Thursday, surgical; Friday, throat.

## BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 8s. 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.

BRETON.—On September 12th, at Kent House, Portswood Road, Southampton, the wife of Lancelot M. Breton, M.R.C.S., L.R.C.P., of a son.

MOIR.—On August 17th, 1902, at Fairy Dene, Finetown, the wife of Major J. Drew Moir, R.A.M.C., of a son.

SUGDEN.—On September 5th, at Rock View, Buckfastleigh, South Devon, the wife of D'Arcy Sugden, L.R.C.P.Lond., etc., of a son.

## MARRIAGES.

GORDON—MAGGILL.—On September 10th, at St. Lawrence Church, Stratford-upon-Avon, by the Rev. A. S. Carr, assisted by Canon Morrice, James Edward Gordon, M.R.C.S., L.R.C.P., of 52, Endless Street, Salisbury, eldest son of the late James Henry Gordon, M.D., to Blanche Violet, only daughter of Campbell MacGill, Esq., of Stratford-upon-Avon.

MCCULLOCH—PERKEE.—On September 4th, at Emmanuel Church, Plymouth, by the Rev. C. H. T. Tuck, assisted by the Rev. Nicholas Lewarne, Edward McCulloch, M.B., Ch.B. Eng., of Devonport, to Annie Emily Mary, second daughter of the late Robert Perke of Babbacombe.

MACDONALD—DE NEUVILLE.—On August 26th, at Frankfurt-on-Main, Germany, at the French Reformed Church, by the Rev. Correton, George Allardice MacDonald, M.B., C.M., of Zanzibar, East Africa, to Carlotta, daughter of Adolf and Carlotta de Neuville, of 30, Wiensau, Frankfurt-on-Main.

WISE—DARBY.—On the 10th inst., at St. Mary's, Hornsey Rise, by the Rev. Henry Scott Holland, M.A., Canon of St. Paul's Cathedral, assisted by the Rev. Horace Pattison, M.A., Robert Wise, M.D., 5, Weston Park, Crouch End, N., to Adeline Ida, third daughter of A. G. Darby, Esq., Westbury, Holly Park, Crouch End.

## 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.*

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

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

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

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

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

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

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

## QUERIES.

VIATOR asks for advice in the treatment of a married man, whose "marital relations are normal," but who has seminal emissions during dreams at night, as often as twenty-five times a month.

## TREATMENT OF CHRONIC RHEUMATIC ARTHRITIS.

G. P. writes: Could any of your readers advise an efficient treatment for a case of chronic rheumatic arthritis affecting both knee-joints in a man aged 45? There is considerable thickening of synovial membranes, slight impairment of movement, considerable pain on movement and occasionally when at rest, and some fluid. The following lines of treatment have been tried: Six weeks' absolute rest, a course of Tallerman, a course of radiant electricity, a course of massage, one course of Drotwich, one course of Woodhall, all forms of counter-irritation, and all drugs. The patient is somewhat debilitated, but is free from organic disease. The trouble first began after an attack of influenza many years ago, and was presumably toxic in origin.

## ANSWERS.

AYRSHIRE probably has some error of refraction which requires careful estimation and correction. He should consult an ophthalmic surgeon.

PERPLEXED.—The prognosis is not good. The subject of post hemiplegic contraction is discussed in most textbooks of medicine.

SCOTUS will find an account of the nitro-muriatic acid bath in Quain's *Dictionary of Medicine* (Longmans, Green, and Co., 1902), third edition, p. 138.

B. J. C.—We have not meteorological data of Taormina at hand, but some information on the climate of Sicily can be obtained from the articles on Sicily as a Health Resort, *Lancet*, June to August, 1897, and from Vol. iii. of Solis Cohen's *System of Physical Therapeutics*. We do not know of special arrangements for the accommodation and medical supervision of tuberculous patients at Taormina, such as can be guaranteed at many sanatoria and health resorts in England and abroad.

Y. R.—The general opinion of the profession would condemn the recommendation of such methods by a medical practitioner. The prevention of conception by artificial means is regarded by gynaecological authorities as always potentially harmful, though it may not be possible in a particular case to trace any definite ill consequences to the use of preventive measures. Sexual temperance is likely to prevent further pregnancies only so far as it lessens the opportunities of impregnation taking place.

## TYPHOID FEVER AND SYPHILIS.

Dr. T. H. DONOVAN (The Asylum, Ballinasloe) writes: The following concrecne evidence will be of use. Some years ago I treated a patient for primary and subsequently of course for secondary syphilis. The constitutional disturbance was very great from debility from alcoholic gastritis. That was bad enough, but he then contracted unmistakeable typhoid, with relapse from too early and of course clandestine indulgence in solid food. With relapse was bad haemorrhage, and recurrent pseudo aural seizures. I say "pseudo," as I look on the cardiac condition as dependent on the malnutrition and the dilatation (acute) sometimes found in such cases of prolonged fever.

## LETTERS, NOTES, Etc.

## BUTTERMILK AS A FOOD.

DR. THOMAS DUTTON (Manchester Square) writes: I read with great interest and instruction Dr. Adolf Baginsky's paper on Butter-Milk as an Infant Food. I have prescribed the ordinary skimmed or separated