

on glass reels, but this is quite unnecessary, and I now simply undo the constricting centre of each skein and reapply it loosely, thus avoiding constriction of the skein in the centre, and enabling the heated fluid to reach every part of the catgut. The skeins are then introduced into a metal cylinder (made for me by Messrs. Down Brothers), the cap of which screws on, and after the cylinder has been filled with xylol, the cap is screwed up very firmly, as it is quite fatal to the preparation either to allow any water to enter the cylinder or to allow the xylol to evaporate. The cylinder is then put into the sterilizer and boiled for at least half an hour. After being thus sterilized, the catgut is stored in 5 per cent. carbolic acid solution in methylated spirit.

So far as I can say, it keeps indefinitely, so that any quantity can be prepared at one time. When operating, I use the ligatures out of 1 in 20 carbolized spirit.

MEMORANDA:

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

OLD-STANDING IRREDUCIBLE HERNIA, WITH REPEATED ATTACKS OF OBSTRUCTION: RESECTION OF THE IRREDUCIBLE MASS, CONTAINING SIX FEET OF INTESTINE: COMPLETE RECOVERY.

W. J., aged 59, had suffered for ten years from a left inguinal hernia. For past three months it had apparently been only partially reducible, and he had suffered from attacks of subacute obstruction. On May 13th, 1901, the hernia increased considerably in size and became completely irreducible. He was seized with abdominal pain and vomiting, and was sent to hospital on May 16th, 1901.

His condition at that time was described as follows: A well-nourished man, with a big heavy tumour in the left side of the scrotum about the size of a man's head, which was painful, tender, irreducible, and tympanitic. Colicky pain in the abdomen, nausea, and slight vomiting; urine was normal; heart sounds faint and irregular, and he had some chronic bronchitis. As there were no signs of strangulation he was treated by copious enemata, elevation of the tumour, and strychnine given hypodermically—but as relief was not obtained operation was decided upon.

May 18th, 1901.—Methylene was selected as the anaesthetic owing to the state of the heart and lungs. On opening the sac a large coil of apparently normal intestine was exposed, but all efforts to reduce it failed, even after free division of the neck of the sac and abdominal wall. The causes of irreducibility were (1) a large overgrowth of fat between the layers of the mesentery; (2) adhesions between the coils of intestine.

There were four alternatives: (1) Free division of the abdominal wall and forcible reduction. As this would certainly have been followed by rapid recurrence, it was at once negatived. (2) To attempt removal of the fatty growth and then reduce the bowel. As the interference with the mesenteric vessels involved in this proceeding would have resulted in gangrene of the bowel, it was also discarded. There only remained (3) to resect the offending mass; (4) to close the wound, leaving the hernia *in situ*.

After a hurried consultation with my colleague, Mr. Kirk, resection was decided on. The entire contents of the sac were removed as rapidly as possible, and the ends of the bowel united by double row of continuous suture without artificial support. The hernial sac was next removed and an attempt at a radical cure carried out. Shock was profound, but the patient rapidly rallied. The portion of intestine removed on subsequent measurement was found to be six feet in length. It certainly did not appear at the time of operation to be nearly so long, or probably I would not have removed it. Recovery was uninterrupted, with the exception of some local suppuration which necessitated the removal of the deep sutures about three weeks after operation. On the third day slight diarrhoea set in and continued some time.

At the end of the first week he began to suffer from continuous drowsiness, and this symptom persisted till his dis-

charge to the Convalescent Home six weeks after operation. It then rapidly disappeared, and he is now quite well and attending his business, apparently suffering no inconvenience from the loss of the six feet of intestine.

The hernia up to the present has shown no sign of recurrence, and it is now sixteen months since operation. I have thought this case worthy of record on account of (1) the great length of intestine successfully removed in a patient in his 60th year; (2) the curious drowsiness which followed the removal for a limited period; (3) the absence of any permanent ill-effect from the loss of so much of the digestive tract; (4) the rare condition which caused the irreducibility, that is, overgrowth of fat between the layers of the mesentery.

A. B. MITCHELL, M.B., F.R.C.S.I.,

Surgeon, Royal Victoria Hospital, Belfast.

DOUBLE EMPYEMA OF TUNICA VAGINALIS IN SCARLET FEVER.

ON March 24th a boy, aged 4, developed an attack of scarlet fever, which ran a normal course for three weeks. There was no albumen, and the patient was allowed to get up at the end of this period. A week later he complained of pain in the lower abdomen, and vomited frequently; there was considerable constitutional disturbance—temperature 103.5° within 24 hours. The scrotal integuments became red and infiltrated and both testicles very hard and swollen. The next day there was every appearance of suppuration, and a small incision on each side was therefore made through the inflamed tissues into the tunica vaginalis, when a quantity of thick yellow pus escaped. There was no discharge on incising the superficial structures, so that the condition was not a mere cellulitis of the scrotum. The testes felt enlarged and hard, but there was no evidence of suppuration in the organs themselves.

A drain was inserted into each wound. The inflammatory condition speedily subsided, and the wounds healed without any tendency to the formation of a hernia testis. There was no parotitis at any period of the illness.

Lowestoft.

WILSON TYSON, M.A., M.B., B.C. Cantab.

KELOID IN VACCINATION SCARS.

THE following two cases of keloid developing in the cicatrices after vaccination may be of interest and worth recording, especially as the condition occurred only in the scars after primary vaccination of two children, both females, at a time when I was vaccinating a great many, all the remainder, to the best of my recollection, being cases of revaccination.

A., a girl, aged 8 years, was primarily vaccinated by me last October in three places. All took well and followed the usual course; a few weeks back the child was brought to me with keloid developed in each cicatrix. The slightest pressure causing great pain, they were removed.

B., a girl aged 14 years, was also vaccinated for the first time in January last in the same number of places and with exactly the same result as in the first patient, for keloid developed in each cicatrix. The lymph was the same as I have used for years, and that with which I did all of the many revaccinations with most satisfactory results.

Worthing.

HENRY WIGGINS, M.R.C.S., L.R.C.P.

PROFUSE HAEMORRHAGE TREATED BY ADRENALIN.

I HAVE had under observation for some years a lady, single, aged 31, who suffers three or four times yearly from severe haemorrhage per rectum. Menstruation occurs once every third month and is scanty and painful. Prolapsus ani has been present for at least six years but is not very troublesome. Constipation is very marked, and a soap and water enema has to be employed almost nightly. There are no haemorrhoids. So profuse is this occasional haemorrhage that the patient is almost always confined to bed for a day or two, and for some weeks afterwards is so anaemic, though naturally a full-blooded woman, that her friends comment on her pallid appearance. The heart, lungs, and other organs are apparently normal, and the urine is free from albumen. I have for some time regarded this case as one of vicarious menstruation, but have had little success in arresting the haemorrhage till some days ago when I resolved to try adrenalin as prepared by Burroughs, Wellcome and Co.

With this end in view I administered half a drachm of the firm's fluid adrenalin at night, followed by the same quantity in the morning during the patient's last attack. Immediately afterwards the patient journeyed to Scotland, and from a letter received from her three days after I quote the following: "I have not seen a drop of blood since that last dose, not even with the shaking of the train. So it must be good and thanks for it. I am feeling wonderful." Although this is the sole occasion on which I have used adrenalin I consider the facts of the case worthy of being put on record.

Maida Vale, W.

G. MACMELLAN BLAIR, M.B.

CANCER AND THE ROENTGEN RAYS.

INSTANCES of the successful treatment of cancer should be recorded. A lady, aged 45, consulted me on July 1st, 1902, she was suffering from a recurrent scirrhus of the mamma. The history of the affection dated back some two years, and during the last thirteen months she had undergone four operations for its removal. On examination there was to be felt a hard swelling on each side of the scarcely healed cicatrix; the one swelling was about the size of a filbert nut, the other a little smaller. The skin was unbroken. Roentgen ray treatment was recommended, and after eight exposures of five minutes each both swellings had entirely disappeared.

Eight other cases of cancer have been recently under my care, four affecting the mamma, one the larynx, one the lower jaw and mouth, one the side of the neck, and one the glands of the groin. In all of them marked and substantial benefit has resulted from the use either of the Roentgen rays or ultra-violet light.

DAWSON TURNER, M.D.,

Medical Officer in Charge of the Electrical Department of the Royal Infirmary, Edinburgh.

EARLY MENSTRUATION.

THE following case of early menstruation is of interest:—I delivered a well-developed female child on August 13th, 1902. The mother is a primipara. On August 16th a bloody discharge occurred from the vagina, the vulva and labia being turgid and swollen at the time, but not inflamed in any way. The discharge increased, and on three days definite clots were passed when, after lasting 7 days, the discharge ceased entirely. This is undoubtedly, I think, a case of early menstruation.

Wimbledon.

J. EDWIN BATES, M.B., B.C.

ACUTE NON-SUPPURATIVE PERINEPHRITIS.

IN the BRITISH MEDICAL JOURNAL of July 19th there is a paper on a case of the above-named disease by Dr. Newman. The paper had an extraordinary interest to me as the case related in it was remarkably like a case that came under my care several years ago, and which gave myself and several of my medical friends who saw it some difficulty in diagnosis. Indeed, it is only candid to say, that till I had read Dr. Newman's case I had not made up my mind to a definite diagnosis but had placed the condition into that class which all of us in medical practice find useful in classifying our cases, that is, unusual cases. Fortunately I took some notes at the time, and have been able during the last week to hunt them up.

J. D., aged 42, male, was first seen by me on October 25th, 1896, at his residence. He was a big robust Yorkshireman weighing 12 stone and had always enjoyed excellent health till his present attack. The family history revealed nothing of importance. For some time he had noticed that after a hard day's work he had discomfort at night in the right loin, and that during the last three months this had become more severe and had interfered with his sleep.

For two days and nights previous to my visit the pain had been intense, and he had been confined to bed. On examining the right loin there was a distinct hard mass quite the size of a coconut. There was nothing suggesting fluctuation made out. There was no temperature and no alteration in pulse-rate. The urine was normal in every respect, and the absence of pus, blood, albumen carefully noted. The treatment ordered was hot fomentations and an opiate. On November 1st condition unchanged and pain very intense. On November 14th

he was removed to hospital. The condition was much the same as on October 25th, and the man looked very exhausted. He complained of pain on pressure during the examination. Several of my colleagues saw him with me and it was decided to place him under ether and explore. A free incision was made into the lumbar region over the position of the mass. Before reaching the kidney there was a large mass of recent inflammatory material to be cut through. The kidney was found almost encapsuled in this thick mass and quite healthy. Several incisions were made in the surrounding mass, and an exploring syringe was also used with the view of discovering any pus but without success. A large drainage tube was inserted and the wound sutured. On November 20th there had not been any pain and the patient was quite comfortable. Through the tube there was a fair quantity of blood-coloured serum, and the same oily fluid which Dr. Newman noted in his case. On November 30th the tube was removed and a wick of iodoform gauze packed in. On December 14th the wound was practically healed and patient went home. The mass was almost gone from the right kidney region, and there had been no pain since the operation. On July 17th, 1902, I called and saw the man: he has had no trouble whatever since the operation six years ago, and has been constantly at his employment since.

JOHN STEWART, M.B., C.M.,
Surgeon, Batley District Hospital.

REPORTS

ON

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

EYE, EAR, AND THROAT INFIRMARY, EDINBURGH.

CASE OF INTRACTABLE NASAL HAEMORRHAGE SUCCESSFULLY TREATED BY A NEW METHOD.

(By G. HUNTER MACKENZIE, M.D.)

ON December 29th, 1901, I was asked by Dr. James Mill, of Leith, to see a case of nasal haemorrhage which was proving refractory to the usual methods of treatment. The patient was a man, aged 49, rather alcoholic of recent years, and with slight albuminuria. On examination of the right nostril the seat of the bleeding was readily located on the anterior third of the septum, about 1 cm. above the nasal floor. Cocaine was applied, the haemorrhagic area was freely electro-cauterized, and a pledget of cotton saturated with a solution of adrenalin chloride inserted. This treatment proved of no avail, for on the following day I was again asked to see him on account of frequent severe recurrences of the bleeding. The cauterization and application of adrenalin were repeated over a wider area of the septum. During this operation the patient had a convulsive attack, and was so weak as to be unable to stand alone. He was assisted to bed, but no sooner did he lie down than the haemorrhage recurred more profusely than ever. This continued at intervals during the next twelve hours, when, on account of the seriousness of his condition, it was considered advisable to remove him to the Eye, Ear, and Throat Infirmary. For twenty-four hours following his admission trial was made of various local remedies, but with the same absence of success.

On the morning of January 1st, 1902, he was put under chloroform, and with a nasal spoon and curette the whole of the mucous membrane was stripped off the septum. Very profuse haemorrhage followed this operation, but it soon ceased of its own accord. On the evening of January 2nd (thirty-six hours after the stripping-off operation) there was a moderate bleeding, and on the morning of the 4th an extremely slight one. I was fortunate to be present on the latter occasion, and on examining the patient I found slight oozing, not from the septum, but from the roof (middle turbinate area) in close contiguity to the septum, an area from which the mucous membrane had not been removed. As the bleeding ceased almost immediately, I did not consider it necessary to practise any further interference. From that date to this (May) there has been no recurrence of

was for many years President of the Dutch Entomological Society, and was the author of a number of pamphlets on military medical subjects, most of which have been translated into German.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Josef Bergson, formerly *Privat-docent* of internal medicine in the University of Berlin, and author of writings on ritual circumcision, asthma, general narcosis, and brachial neuralgia, aged nearly 90; Dr. P. Delacour, Director of the Medical School of Rennes, in which he was formerly Professor of Clinical Medicine, aged 76; Dr. Riant of Paris, Honorary General Secretary of the French Medical Association, and author of numerous works on hygiene, overpressure in schools, physical exercise, etc.; and Dr. E. Teinturier of Paris, a well-known alienist and a brilliant medical journalist, who was for many years a constant contributor to the *Progrès Médical*, aged 63.

MEDICO-LEGAL AND MEDICO-ETHICAL.

FEES OF MEDICAL WITNESSES AT PROVINCIAL POLICE COURTS. EVIDENCE asks whether it is usual to pay the fee for giving evidence in a police court case at the time or subsequently, and in the latter case, if the fee is not forwarded, to whom should the account be rendered?

*Application should always be made for the fee at the conclusion of the case, and if this has not been done, our correspondent had better write to the clerk to the justices, and, if necessary, also to the chief constable of the county. We very much fear, however, that this may be one of the cases in which, incredible as it may sound, medical men are constantly being cheated out of their fees for giving evidence unless the case is committed for trial. A list of places where this is the usual practice was handed in by the representative of the Joint Committee of our Association and the Police Surgeons' Association to the Departmental Committee of the Home Office appointed to inquire into the subject in June last, and the report of that Committee is expected next month. Should our correspondent not be successful in obtaining his fee, he might send a short statement of the facts to the Chairman of Joint Committee on Medical Witnesses' Fees, British Medical Association, 429, Strand.

PATIENTS AND PRACTITIONERS.

SEVERAL correspondents have written respecting the answer published under this heading in the *BRITISH MEDICAL JOURNAL* of August 16th, p. 496. After further consideration of the points involved, we have come to the conclusion that the safest general rule of practice is that a substitute, or *locum tenens*, must absolutely refuse to supersede the friend or principal for whom he is acting, even although requested by the patient to do so. Where such a proposal is made, it should be declined, and the patient referred to his regular medical attendant. Although there is nothing to prevent the latter giving his consent to the transfer, if after consideration he chooses to take this step, yet he is in no way bound to do so. Every one must recognize the obvious right of a patient to change his medical attendant when he chooses to do so, even though the grounds for such a change may appear very insufficient, but the relations of a substitute or *locum tenens* to his friend or principal are so special that, in the interests of the public as well as of the profession, he should refuse to sanction any course calculated to disturb the feeling of confidence which should underlie such relations.

OPTICIANS AS EYESIGHT SPECIALISTS.

DR. W. B.—We would refer our correspondent to our remarks in the *BRITISH MEDICAL JOURNAL* of June 14th, p. 1497, in which we point out the impropriety of persons without medical training claiming to be eyesight specialists. As a leading authority writes to us: "A man without medical education who describes himself as an eyesight specialist will mislead many persons. For such a man to pose as a sort of consultant to whom medical men should refer their patients, is preposterous. It is precisely in cases of this kind that the optician is likely to fail. In our opinion medical men should not encourage the claims of these untrained and self-styled specialists."

ADVERTISING PROFESSIONAL WORKS IN LAY NEWSPAPERS.

F. W. S. M.—The rule is that books dealing with the pathology or treatment of disease should not be advertised in lay newspapers or be sent to them for review.

MEDICAL ETIQUETTE.

E. C.—No reasonable objection could be taken to the publication of our correspondent's name upon the school prospectus as proposed.

EXETER.—We can only recommend our correspondent to consult his solicitor.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

THE ROYAL NAVY MEDICAL SERVICE.

The fees (not exceeding £25) of the naval medical officers who undergo a three-months' course of study at metropolitan hospitals are now paid by the Admiralty, in addition to travelling expenses, with lodging and provision allowances according to scale.

ROYAL NAVY MEDICAL SERVICE.

FLEET-SURGEON ALFRED CORRIE, R.N., has given up medical charge of Royal Dockyard and Royal Naval Gunnery School at Sheerness. He retires, at his own request, on the maximum pension of his present rank.

The following appointments have been made at the Admiralty:—ALBERT X. LAVERTINE, Surgeon to the *Lionel*, September 10th; EDWARD S. MILLER, M.B., Surgeon to the *Impregnable*, September 10th; RAMSEY M. RICHARDS, Surgeon to the *Vivid*, September 7th; SHIRLEY H. BIRT, Surgeon to the *Duke of Wellington*, for Portsmouth Dockyard, September 3rd; Surgeon and Agent S. M. MAGOWAN to the *Glenarm*, September 10th. FREDERICK FEDARB, M.B., Staff-Surgeon to the *Intrepid*, on commissioning, October 2nd; HENRY J. HADDEN, B.A., M.B., Staff-Surgeon, and T. B. SHAW, M.B., Surgeon, to the *Empress of India*, September 16th; JOSEPH H. WHELAN, M.D., Staff-Surgeon, and R. W. HALL, Surgeon, to the *Resolution*, September 16th; WILLIAM E. RUTLEDGE, Surgeon, to the *Grasshopper*, September 16th; WILLIAM M. LORY, Fleet-Surgeon, to the *Unicorn*, September 10th; ROBERT HARDIE, M.B., Staff-Surgeon, to the *President*, for three months' course of hospital study, October 1st; REGINALD T. A. LEVINGE, B.A., Staff-Surgeon, to the *Pyramus*, September 22nd; WARREN G. WESTCOTT, Surgeon, to the *Northampton*, for the *Calliope*, September 22nd.

To be Surgeons and Agents: E. B. RECKITT, M.D., at Hobb Hole and Freston, September 18th; J. H. GOUGH, M.R.C.S., at Torquay and Babbacombe, September 18th; WILLIAM S. WRIGHT, at Worbarrow and Lulworth, October 1st; MAURICE C. B. ANDERSON, at Whitenose, October 1st.

LIFE ASSURANCE FEES.

B. S. asks whether it would be contrary to the meaning of Paragraph 1,098 of the King's Regulations and Admiralty Instructions for a medical officer R.N. to accept a fee for examining a brother officer and filling in a medical report for a life assurance company?

*If the fee will be paid by the life assurance office we are of opinion that there is no reason why the medical officer should not accept it. If, however, the fee was to come out of the pocket of the brother officer we are of opinion that no fee should be accepted.

ROYAL ARMY MEDICAL CORPS.

AGE LIMIT OF CANDIDATES.

It is announced that the Secretary of State for War has given his sanction to candidates for commissions in the Royal Army Medical Corps who are over the regulation limit of age at the date of the competitive examination being permitted to deduct from their actual age any period of service in the field after October 1st, 1899, that they would be allowed to reckon towards retired pay and gratuity if such deduction will bring them within the age limit.

CHANGES OF STATION.

THE following changes of station amongst the officers of the Royal Army Medical Corps have been officially reported to have taken place during the last month:

	From.	To.
Surgeon-General W. F. Burdett	India	Bengal.
" E. Townsend, M.D., C.B.	"	Netley.
" W. H. McNamara, M.D.,	South Africa	Aldershot.
" C.B., C.M.G.	"	"
Colonel R. Exham, C.M.G.	Natal	Devonport.
Lieutenant-Colonel D. F. Franklin	Aldershot	Parkhurst.
" E. J. E. Risk	South Africa	Southampton.
" C.W.S. Magrath, M.D.	Madras	York.
" J. E. Nicholson,	Dublin	Belfast.
" Reserve	"	"
" J. M. Irwin, M.B.	South Africa	Curragh.
" E. O. Wight	Madras	Devonport.
Major R. H. Firth	Netley	London.
" L. R. Colledge	South Africa	Devonport.
" R. S. F. Henderson, M.B.	"	Bombay.
" M. L. Hearn	"	Belfast.
" F. A. Saw, M.B.	Home District	Bulford.
" J. Fallon	South Africa	York.
" D. M. O'Callaghan	Lichfield	Malta.
" J. Donaldson	South Africa	Cork.
" F. R. Newland, M.B.	"	Dublin.
" W. H. Horrocks, M.B.	Netley	London.
" W. B. Leishman, M.B.	"	"
Captain C. J. Healy, M.B.	South Africa	Curragh.
" N. Tyacke	"	Shoeburyness.
" W. Tibbits, M.B.	"	Chester.
" G. St. C. Thom, M.B.	"	Dover.
" A. E. Heaton	"	Aldershot.
" J. V. Forrest, M.B.	"	Bengal.
" E. W. P. V. Marriott	Aldershot	Bombay.
" E. T. Inkson, V.C.	"	South Africa.
Lieutenant R. L. Argles	South Africa	Devonport.
" F. H. Hardy	Gambia	2nd Bn. King's
" E. Ryan	South Africa	African Rifles.
"	"	Cork.

general public would think more kindly of the Act, and feel they are not being coerced. The Imperial Vaccination League would do well to consider this point.

CHOICE OF SITE FOR CEMETERY.

M.O.H. writes: In this district the Burial Board is about to procure a site for a cemetery. What is the best up-to-date work to consult, with reference more especially to the land required, taking into consideration the rapid increase in the population, etc.?

* * A good deal of condensed information on the subject, with useful references, will be found in Dr. Hime's *Practical Guide to the Public Health Acts*, 2nd edition, 1901, p. 642 (Baillière, Tindall and Cox). Our correspondent might also consult a report (No. 487) made to the London County Council on Cemeteries, by Dr. C. W. F. Young. This, which may be had of King and Son, 2 and 4, Great Smith Street, Westminster, on quoting number and enclosing 10s. d. in stamps, deals chiefly with the sanitary condition of the burial grounds in London.

PROGRESS IN THE LURGAN URBAN SANITARY DISTRICT.

DR. SAMUEL AGNEW (Medical Superintendent Officer of Health, Lurgan) writes: In the JOURNAL of September 20th your special correspondent has exhibited a slight lapse from his usual logical acumen in his reference to my last annual report. He says, "Deaths due to zymotic disease were 16, but only 30 cases were notified; this is surely a very heavy mortality or very inefficient notification." Your correspondent has evidently overlooked the fact that the term "notifiable" is not synonymous with "zymotic," the latter term being of much wider significance. Only 15 (not 16) deaths were registered from zymotic disease during the year 1901, and of these 12 were attributable to the non-notifiable zymotic diseases—namely, 1 to whooping-cough, and 11 to diarrhoea and dysentery, whilst the remaining 3 were due to diphtheria. The figures, therefore, show neither a heavy mortality, nor do they indicate very inefficient notification. I do not believe there is a town in the United Kingdom where the Infectious Disease (Notification) Act is as faithfully and honestly carried out as in Lurgan, the place of its first adoption in Ireland, and I believe that this and other equally important results in connexion with the prevention of infectious disease are principally due to the cordial relations which exist between the other members of the profession practising here and myself.

HOSPITAL AND DISPENSARY MANAGEMENT.

HOSPITAL FURNITURE.

WE have received from Messrs. Maple and Co., Tottenham Court Road, an illustrated catalogue of furniture, bedsteads, and other articles suitable for hospitals and asylums. The beds and some of the other appliances appear to be of good design, and the catalogue may be useful to those who may have to choose furniture for wards, rooms, and administrative offices.

MEDICAL NEWS.

MR. FRANCIS DANFORD THOMAS has recently been appointed Deputy-Coroner for the City of London.

THE annual smoking concert given by the medical staff of the Brompton Hospital for Consumption and Diseases of the Chest, Brompton, will take place on Friday evening, October 3rd, at 9 o'clock.

THE Congress of the Italian Ophthalmological Association will meet this year at Florence from October 12th to 16th. All communications should be addressed to the Organizing Committee, at the Ophthalmological Clinic, via Bonifazio Luppi, Florence.

THE Co-operative Wholesale Society (representing over one million British co-operators) at a recent meeting in Manchester decided to grant the sum of £3,000 towards the endowment of the Consumption Sanatorium which is being built by Mr. W. J. Crossley, in Delamere Forest, Cheshire.

THE Borough Council of Lambeth, at their meeting on September 18th, unanimously voted an honorarium of 100 guineas to the medical officer of health, Dr. Joseph Priestley, in recognition of the energy and skill displayed by him in dealing with the recent epidemic of small-pox.

A MEDICAL SOCIETY IN THE ANDAMANS.—According to the *Indian Medical Gazette*, a Medical Society has been formed at Port Blair in the Andamans. There are about 15 medical men in the settlement, namely—2 I.M.S. officers, 3 military assistant surgeons, 3 civil assistant surgeons (Calcutta M.B.s), and 7 hospital assistants. With a daily average strength of over 12,000 convicts, the sick list is naturally large and the opportunity for pathological observation is unique, as all fatal cases are examined *post mortem*.

LIFE ASSURANCE CONGRESS.—The International Congress of medical officers of life assurance companies will hold its third meeting in Paris in May, 1903. The Organizing Committee is constituted as follows: President, Professor Brouardel; Vice-Presidents, Professor Landouzy, Drs. Peyrot and Lereboullet, of Paris, and Dr. Poels, of Brussels; General Secretary, Dr. Armand Siredey. All communications should be addressed to Dr. Siredey, 80, Rue Taitbout, Paris.

A MEMORIAL to the memory of Dr. D. Ramsey, who died from blood-poisoning in January last, after operating on a patient at Ringstead, was unveiled by Dr. Milligan, of Northampton, in Raunds Churchyard, on September 20th. It consists of a red granite obelisk bearing the inscription: "In memory of David Ramsey, M.B., who died January 6th, 1902, aged 35 years. This monument is erected by the voluntary contributions of the parishioners of Raunds, Ringstead, and Stanwick, in testimony of the genial and sympathetic manner in which he, for 13 years, skilfully discharged the duties of his calling, and as a memento of their regret at his untimely death by alleviating the sufferings of others. In the midst of life we are in death."

INFECTIOUS HOSPITAL FOR NICE.—We are informed by Dr. G. H. Brandt that the municipality of Nice has bought the old monastery of Saint Pons for an infectious disease hospital. The monastery is admirably situated on a height facing south, and the new establishment occupies the whole of the west wing of the convent, from which it is completely isolated. The rooms to be used for the sick are lofty; some contain 13, others 6 and 4 beds respectively; while there are also separate rooms for doubtful cases. The hospital is provided with a large kitchen, pantries, linen stores, disinfecting chambers, nurses' rooms, house physician's apartments; and is ready for immediate use. We must congratulate the municipality of Nice on having taken this very necessary step, and, remembering that the population of the city is about 100,000, must express our astonishment that an infectious disease hospital has not hitherto been provided.

THE MEDICAL SERVICE OF THE UNITED STATES NAVY.—Surgeon-General Rixey is considering plans for the building of a new naval hospital on the site of the old observatory in Washington. He is also said to be contemplating the opening of a medical school in the Museum building, where assistant surgeons will receive a special course of training for several months before entering on active medical service. It has been found that surgeons on entering the service are ignorant as regards several important features of the medical service of the Navy, for instance, military training, the keeping of medical journals and papers pertaining to the sick, and bacteriological and laboratory work. The Medical Examining Board, which has been ordered from New York to Washington, will constitute the faculty. The medical officers will also be given clinical practice in connexion with the hospital. It is proposed to open the school some time during the coming winter. The plan of the hospital will be submitted to Congress at the coming session.

WE are requested to state that the Council of the Polyclinic has arranged for courses of systematic lectures in medicine and surgery, in which different lecturers will each take a subject to which he has given special attention. To these lectures lady practitioners, and possibly fifth-year students, will be admitted by special ticket. The lectures are to be expositions of present knowledge, rather than attempts to expound original views, and under certain conditions questions in writing will be allowed to be put at the close of each. The first course will begin on October 7th, and the fee for this series of twenty-two lectures has been fixed at £1 1s.; tickets for it will admit also to certain other courses. Members of the College will be admitted free. The lectures will be given in the afternoon at 5.30. There will during the next three months be a lecture at this hour every afternoon except Saturdays. The lectures on Tuesday and Thursday will belong to the systematic course, in which Sir William Broadbent will take the Pulse: Dr. Seymour Taylor, Enteric Fever; Mr. Hutchinson, Syphilis; Dr. Manson, Dysentery and Sprue; Mr. Cantlie, Plague; Mr. Keetley, Coxa Vara; Dr. Judson Bury, Peripheral Neuritis; Dr. C. T. Williams, Pulmonary Tuberculosis; Dr. Colcott Fox, Lupus; and Dr. James Taylor, Tabes.

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 29th.
- BIRKENHEAD BOROUGH HOSPITAL.**—Junior Male House-Surgeon. Salary, £80 per annum, with board and washing. Applications to the Chairman of the Weekly Board.
- BIRMINGHAM PARISH.**—District Medical Officer. Salary, £350, rising to £400 per annum. Applications, on forms provided, to be sent to the Clerk, Parish Offices, Edmund Street, Birmingham, by October 6th.
- BIRMINGHAM UNIVERSITY.**—Walter Myers Travelling Studentship. Applications to the Dean of the Medical Faculty by October 11th.
- BLACKBURN AND EAST LANCASHIRE INFIRMARY.**—Junior House-Surgeon. Salary, to commence, £70 per annum, with board, washing, etc. Applications to the Secretary, 15, Richmond Terrace, Blackburn, by September 30th.
- CANOE 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.
- CENTRAL LONDON OPHTHALMIC HOSPITAL, Gray's Inn Road, W.C.**—House-Surgeon. Applications to the Secretary by September 30th.
- CHELTEMHAM GENERAL HOSPITAL.**—Junior House-Surgeon; unmarried. Salary, £70 per annum, with board, lodging, and washing. Applications to the Hon. Secretary by October 1st.
- CHESTER COUNTY ASYLUM.**—Third Assistant Medical Officer; unmarried, and not more than 30 years of age. Salary, £150 per annum, with board, lodging, and washing. Applications to Dr. Lawrence, at the Asylum, by October 6th.
- CROYDON UNION.**—Resident Assistant Medical Superintendent and Dispenser at the Infirmary. Salary, £120 per annum, increasing to £150, with furnished apartments, rations, and washing. Applications, on forms provided, to be sent to the Clerk to the Guardians, Union Office, Mayday Road, Thornton Heath, Croydon, by October 4th.
- DEBYSIRE ROYAL INFIRMARY.**—Honorary Physician. Applications to the Secretary by October 4th.
- DOWNPATRICK: DOWN DISTRICT ASYLUM.**—Male Junior Assistant Medical Officer; unmarried, and not exceeding 32 years of age. Salary, £100 per annum, with furnished apartments, board, washing, etc. Applications, on forms provided, to be sent to the Resident Medical Superintendent by October 11th.
- EASTERN DISPENSARY, Leman Street, Whitechapel, E.**—Physician. Honorarium, £50 per annum. Applications to the Secretary before October 2nd.
- 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.
- GREAT NORTHERN CENTRAL HOSPITAL, Holloway, N.**—(1) Pathologist and Curator of the Museum. Salary, 50 guineas per annum. (2) Assistant Anaesthetist. Honorarium, 10 guineas. Applications to the Secretary by October 20th.
- GUILDFORD: ROYAL SURREY COUNTY HOSPITAL.**—Resident House-Surgeon. Salary, £100 per annum, with board, residence, and laundry. Applications to the Hon. Secretary.
- 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. Honorarium £25. Applications to the Secretary by October 7th.
- LEITH HOSPITAL.**—Medical Registrar. Applications to the Secretary, Mr. G. V. Mann, 33, Berrill Street, Leith.
- LEWES: EAST SUSSEX NEW LUNATIC ASYLUM.**—Medical Superintendent; preference to candidates between 30 and 40 years of age. Salary, £300 per annum, with unfurnished house, etc. Applications, on forms provided, and endorsed "Medical Superintendent," to be sent to Mr. R. Blaker, Clerk of the Visiting Committee, 21, High Street, Lewes, by October 1st.
- LONDON AND CLAYDON UNION.**—Medical Officer and Public Vaccinator for the No. 2 District and the Workhouse. Salary, £125 per annum, and vacation and other fees. Applications to the Clerk to the Guardians, Loddon, near Norwich, by October 9th.
- LONDON COUNTY ASYLUM, Hanwell.**—Junior Assistant Medical Officer, between 23 and 30 years of age. Salary, £150 per annum, with board, furnished apartments, and washing. Applications, on forms provided, to be sent to the Clerk to the Asylums Committee, 8, Waterloo Place, S.W., by September 27th.
- MACOLDSFIELD GENERAL INFIRMARY.**—Junior House-Surgeon. Salary, £70 per annum, with board and residence. Applications to the Chairman of the House Committee by October 1st.
- METROPOLITAN ASYLUMS BOARD.**—Male Assistant Medical Officers at the Fever and Small-pox Hospitals; unmarried, and not exceeding 35 years of age. Salary, £180 per annum, rising to £240, with board, lodging, attendance, and washing. Applications, on forms provided, to be sent to the Clerk, Metropolitan Asylums Board, by October 2nd.
- NOTTINGHAM: CHILDREN'S HOSPITAL.**—House-Surgeon; unmarried. Appointment for six months. Salary at the rate of £100 per annum, with board and residence. Applications to the Secretary, Mr. A. 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 to act as Locum Tenens. Salary, 4 guineas per week, with furnished apartments and board. Applications to the Medical Superintendent.
- RICHMOND UNION.**—Medical Officer and Public Vaccinator for the Richmond District, not more than 45 years of age. Salary, £125 per annum and fees. Application to the Acting Clerk to the Guardians, 17, The Green, Richmond, Surrey, by October 6th.
- ROTHERHAM HOSPITAL AND DISPENSARY.**—Assistant House-Surgeon. Salary, £80 per annum. Applications to Mr. E. S. Baylis, 19, Moorgate Street, Rotherham, by September 29th.
- 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. MARYLEBONE GENERAL DISPENSARY, 77, Welbeck Street, W.**—Honorary Surgeon; must be F.R.C.S. Eng. Applications to the Secretary by October 1st.
- ST. MARY'S HOSPITAL, Paddington, W.**—Surgeon or Physician for Diseases of the Skin. Applications to the Secretary by October 3rd.
- 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.
- WESTMINSTER HOSPITAL, Broad Sanctuary, S.W.**—Assistant Pathologist. Salary 100 guineas a year. Applications to the Secretary by October 7th.

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.

YORK DISPENSARY.—Resident Medical Officer; unmarried. Salary, £110 per annum, with board, lodging, and attendance. Applications to W. Draper, Esq., De Grey House, York, by October 2nd.

MEDICAL APPOINTMENTS.

- BEATON, Wm. Leslie, M.B. Ch.B. Aberd.,** appointed Junior House-Surgeon to the West Ham and East London Hospital, E.
- BOOTH CLARKSON, J., L.R.C.P., L.R.C.S. Edin.,** late Medical Officer in Charge of Troops, Molteno, Cape Colony, appointed District Surgeon for the District of Umzimto, Natal.
- DODS, Joseph E., M.B.,** appointed Government Medical Officer for Brisbane, and Health Officer, Port of Brisbane, vice Chas. J. H. Wray, L.R.C.P. & S. Edin.
- FERRIS, A. O. M., B.A. Cantab., M.R.C.S. Eng., L.R.C.P. Lond.,** appointed Resident Surgical Officer to the Birmingham Workhouse Infirmary.
- GARLAND, Edward C., L.R.C.P. Edin., M.R.C.S.,** reappointed Medical Officer of Health for the Borough of Yeovil.
- HARDCASTLE, Cooper, M.B., M.S. Edin.,** appointed Government Medical Officer and Vaccinator at Hillgrove, New South Wales, vice H. M. Massey, L.R.C.P. Lond., M.R.C.S., resigned.
- HILL, Reginald H., L.S.A.,** appointed Government Medical Officer and Vaccinator at Townswell, New South Wales, vice S. B. Eadon, M.B., Ch.M. Aberd.
- ICK, T. E. M., M.B., M.Ch. Melb.,** appointed Health Officer at Broad Arrow, Western Australia, vice Dr. R. P. Brown, resigned.
- KENNEDY, T. J. M., M.B., Ch.B. Melb.,** appointed Port Health Officer at Geelong, Victoria, vice R. Pincott, M.R.C.S. Eng.
- LEWIS, Cyril, M.D., C.M. Edin.,** appointed Honorary Anaesthetist to the Cardiff Infirmary.
- MCDONALD, J., M.B., C.M.,** appointed District Medical Officer of the Romford Union.
- MACKENZIE, John Hugh, F.R.C.S.,** appointed Health Officer for the Shire of Bulla Victoria, vice J. Binney Hay, M.B., resigned.
- MATTHEWS, Sidney Philip, M.R.C.S., L.R.C.P.,** appointed Medical Officer and Public Vaccinator for the Fourth District of the East Grinstead Union, vice T. H. Martin, resigned.
- MORRISON, J. S. J., M.A. Cantab., M.Sc. Birm., F.R.C.S. Eng.,** appointed Honorary Surgeon to the Queen's Hospital, Birmingham, vice F. Marshall, F.R.C.S. Eng., resigned.
- MUIR, D. C., M.D. Glasg., D.P.H. Camb.,** reappointed Medical Officer of Health to the Abercillery Urban District Council.
- POWER, A. F. M., M.B., C.M. Edin.,** appointed Medical Officer to the Isle of Thanet Union Workhouse.
- SREEN, William, M.S., M.D. Lond., F.R.C.S. Eng.,** appointed Honorary Surgeon to the "Hamadryad," Seamen's Hospital, Cardiff.
- THOMAS, T. P., B.A. Cantab., M.R.C.S. Eng., L.R.C.P.,** appointed Honorary Surgeon to the Aberystwyth Infirmary and Cardiganshire General Hospital.
- THWAITES, Johnstone Simon, M.B. Melb.,** appointed Health Officer for the Shire of Mansfield, Victoria, vice W. A. H. Barrett, L.M.C.P. Lond., L.S.A., resigned.
- TURNBULL, P. M., M.B., Ch.B. Aberd.,** appointed Third Assistant Medical Officer to Bethnal Green Infirmary, Cambridge Heath, N.E.
- WEST, Francis Wm., M.B., M.Ch. Syd.,** appointed Government Medical Officer and Vaccinator at Camden, New South Wales, vice G. L. Bell, M.B., Ch.B. Melb., resigned.
- WILKINSON, Miss Ada, M.B.,** appointed Assistant Medical Officer to the Isle of Wight County Asylum, vice W. M. P. Keogh, M.B., B.Ch. R.U.I.

DIARY FOR NEXT WEEK.

FRIDAY.

West Kent Medico-Chirurgical Society, Royal Kent Dispensary, Greenwich Road, S.E., 8.45 p.m.—Clinical evening.

POST-GRADUATE COURSES AND LECTURES.

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

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.

- GIVEN.**—On September 21st, at Farloe, Mossley Hill, Liverpool, the wife of J. C. M. Given, M.D., M.R.C.P., of a son.
- HINTON.**—On September 20th, at Heytesbury, Wilts, the wife of Hammond T. Hinton, M.B., C.M., of a son.
- WOODHOUSE.**—On September 6th, at Dawley, Shropshire, the wife of H. C. Woodhouse, M.B., Ch.B., of a daughter.

MARRIAGES.

- BURRELL-NEWNUM.**—On the 15th inst., at St. Marylebone Parish Church, London, W., by the Rev. J. H. Newnum, M.A., Vicar of Tilney, King's Lynn, assisted by the Rev. J. G. Easton, M.A., Rector of Murston, Sittingbourne, Arthur William Burrell, M.D. Lond., etc., eldest son of the late W. F. Burrell, Esq., solicitor, Gosport, to Caroline, widow of the late Francis Newnum, and youngest daughter of the late John Wheatcroft, C.E., of Matlock Bath.
- BAGSHAW-MARTIN.**—On September 23rd, at St. Paul's, Hampstead, by the Rev. H. Bury, M.A., Vicar assisted by the Rev. J. J. Needham, B.D., Rector of Whitwood, Here, Yorks, Thomas Washington Bagshaw, M.D., of Rock Ferry, Cheshire, to Amelia Martha, youngest daughter of the late Henry Martin, Esq., of 81, Avenue Road, Regent's Park, N.W., and Adelaide, South Australia. Australian papers have copy.
- COWEN-EYERS.**—On September 22nd, 1902, at Christ Church, Sunderland, by the Rev. C. G. Hopkinson, M.A., Captain Douglas H. F. Cowen, I.M.S., to Ethel, daughter of William Lumsden Byers.
- GULLAN-GOODWIN.**—On September 17th, at St. Saviour's Church, Oxtou, Birkenhead, by the Rev. E. Downing Pollock, Vicar, Archibald Gordon Gullan, M.D., M.R.C.P. Lond., F.R.C.S. Eng., 37, Rodney Street, Liverpool, second son of the late Archibald Gullan, of Swansea, to Agnes, third daughter of Ambrose E. Goodwin, of Oxtou.
- STEPHENSON-JOHNSON.**—On September 16th, at St. Barnabas Church, Kensington, by the Rev. W. E. Bannerman, M.A., Vicar of West Haddon, Northants, assisted by the Rev. Cooper-Hunt, M.A., W. A. Stephenson, M.R.C.S. Eng., L.R.C.P. Lond., to Sarah Louise Johnson, both of West Haddon. No cards.

DEATH.

KELLETT.—On the 18th inst., at Lewisham, Margaret Eleanor, wife of Dr. Alfred F. Kellett, and second daughter of Thomas Barclay, of Blackwell, near Birmingham. No cards.