

animal was not infected.¹⁷ It would appear from this that the protective substances continue to be manufactured in some organ, and are thrown into the blood. Wassermann,¹⁸ however, found that the blood serum of an immunized animal protected a guinea-pig against 400 lethal doses in quantities of 0.8 gram, while the bone marrow protected in as small a quantity as 0.2 gram.

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

URTICARIA ACUTA.

IN the *BRITISH MEDICAL JOURNAL* of April 12th, 1902, Dr. F. S. Palmer gave an interesting account of two cases of urticaria acuta which he believed to be due to the ingestion of spring rhubarb. A case which tallied, with his in almost every particular was under my care in the early part of the year. The patient was a little girl, aged 7, who suddenly developed feverish symptoms, and complained of great cutaneous irritation.

I was called on the morning after the first restless night, by which time urticarious patches had broken out all over the body, but were most marked on the chest and lower limbs. Here and there the rash had assumed a bullous form, there being small spherical elevations filled with a clear yellow fluid, reminding one of pemphigus. These were surrounded in each case with an areola of angry redness. There was marked fever, the temperature on the first day being 103.5°, gradually falling to normal, which was reached on the third day. As in Dr. Palmer's cases, there was considerable facial erythema, and in addition a blueness under the eyes deeper in colour than I have seen in any case of sickness. Before the end of the third day the vesicles had become purulent, and some had assumed an oval outline with a slightly depressed centre, looking suspiciously like small-pox pustules in the stage of umbilication, but when opened they were unilocular, showing a bright-red base lying immediately beneath the cuticle. The little patient, in spite of her condition, was bright and cheerful, complaining of nothing but the irritation which, as she said, had kept her awake at nights although she was so sleepy. On inquiry into her diet her relatives said that she had eaten very freely of some stewed rhubarb, and that they had purposely allowed her to do so thinking it would act like spring medicine. A specimen of urine was not obtained until after the severe symptoms had subsided. This was free from albumen but deposited an abundance of urates, but whether or not it contained an excess of oxalates was not ascertained.

Liverpool.

WM. BRAMWELL, M.A., M.D., B.Ch.Dubl.

A CASE OF HARD CHANCRE OF UPPER LIP; SUPPOSED SOURCE OF INOCULATION.

RECENTLY, while acting as Senior Assistant Surgeon to the Nottingham General Dispensary, I was consulted by a female patient, aged 20, who suffered from a sore in the centre of the upper lip. She saw me on March 5th, 1902, and said she had first noticed it about a week previously. Its appearance at once suggested a specific nature, and the submaxillary glands were enlarged and shotty.

The girl was to all appearances a virgin, and denied having kissed anybody, except a girl friend some months before. Her occupation was to attach labels to parcels in a warehouse;

this she did by first licking the labels. Supposing it to be syphilitic, I prescribed the solution of mercury perchloride 20 minims, and potassium iodide 5 gr., three times daily. After about two weeks treatment the hair fell out and a rash with a sore throat and mucous patches developed. The amount of the liq. hydrarg. perchlor. was increased to 60 minims thrice daily, and the iodide to 10 gr. doses. The sore was treated from the first with a local application of lotio nigra in weak solution, and a powder containing calomel and bismuth was dusted on. About April 7th the sore had healed, leaving a cicatrix. After another month of this treatment the "secondaries" had pretty well disappeared, when smaller doses were again substituted.

The main interest of this case is the source of inoculation. Did she get syphilis from licking the labels? I remember listening to a well-known surgeon one day giving a clinical lecture on a patient who had an ulcer on the tongue. The patient indignantly denied that he ever had venereal disease, whereupon the surgeon replied, "Gentlemen, we must take all these statements *cum grano salis*, and the best salt is K.I." There can be no doubt, however, that the system of fixing labels adopted by some firms—as in this case—is highly dangerous and ought to be abandoned.

Lybster, N.B.

J. NOONAN MEADE, L.R.C.P. & S.E.

TREATMENT OF RHEUMATOID ARTHRITIS.

THE following case of so-called rheumatoid arthritis is of interest inasmuch as it was treated by a method recommended by Dr. P. W. Latham, of Cambridge. This is based on what I firmly believe to be the true pathology of this disease—the neural theory, others urging strongly the infective theory. I see no reason why the two should not go hand in hand; given that it is infective, one can easily believe that the particular poison exerts its chief influence on the spinal cord. I think the name should be changed; if this disease were called poliomyelitis many misconceptions of the true nature of this distressing and intractable malady would be to a large extent removed. As long as the disease is considered a kind of rheumatism, the joints will receive attention and the spinal cord be neglected.

Mrs. W., married, aged 43; had had much illness and worry. On January 10th, 1901, she was found to be much wasted, with much pain, and practically every joint in the body stiff and swollen. She had glossy finger tips, and was bedridden. She was treated for a time on ordinary lines.

On March 18th two freshly prepared blisters were applied, one on each side of the tenth dorsal vertebra, and were kept open with savin ointment about twelve days.

On April 16th similar blisters were applied, one on each side of the lower cervical and upper dorsal vertebrae.

On April 19th the patient had more feeling in her feet.

On May 28th raw meat juice ordered, a teaspoonful four times a day.

On June 10th the patient felt stronger and better, and spent some hours in the open air on fine days. The blisters were repeated in the lower dorsal region.

On July 18th she could use her knees better.

On August 6th there was considerable increase in weight.

On February 5th, 1902, she could walk with crutches.

In April she could walk without crutches, and did housework. In addition to blistering the patient had massage at home and at Buxton. The contrast between this woman's present condition and her former almost hopeless state is very marked.

Bournemouth.

W. J. MIDELTON, L.R.C.P., M.R.C.S.

PSORIASIS INHERITED (?) FROM MYXOEDEMATOUS PARENT.

THE following case seems worthy of record as affording some evidence of a possible inheritance of thyroid deficiency. I was recently consulted by a young woman, aged 27, who had been suffering from a persistent attack of psoriasis for the last four years. She had undergone a lengthy treatment with various remedies, but without any benefit. At that time thyroid extract had not been administered.

I subjected her to a course of vapour baths with some improvement, but having elicited a history of myxoedema in her mother, I thought it well to order the extract. Recovery

from this date was rapid, and in less than a fortnight the psoriasis had disappeared. The general health was good, and there was no other evidence of thyroid deficiency.

It is perhaps impossible to deduce any conclusion from the above, but when one remembers the uncertainty of the thyroid treatment of psoriasis, the rapid recovery in this case is remarkable.

Leicester.

EVELYN A. W. ENGLISH, M.B. Edin.

REPORTS

ON

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

MARDAN CIVIL HOSPITAL, NEPAL.

ENCYSTED VESICAL CALCULUS AFTER GUNSHOT WOUND OF THE BLADDER.

By Captain J. H. HUGO, I.M.S., Official Residency Surgeon.

A PATHAN from Upper Swat, aged 24, presented himself at Mardan Civil Hospital in September, 1898, complaining of symptoms of vesical calculus. He gave the following history: Five years ago in a tribal feud he had been shot with a jezail bullet in the left side of the abdomen, the bullet passing out through the right buttock. There were no intestinal symptoms, but for two years there had been a free discharge of pus with some urine from the abdominal wound; the discharge gradually decreased, and for nearly one year before coming to Mardan had ceased altogether, the abdominal wound healing up. For two years he had passed a little blood in his urine, and had occasionally suffered from stoppage in the flow. There was always some pain in the lower part of the abdomen and after emptying the bladder; there was such acute pain in the region of the abdominal scar, radiating down the inner side of the left thigh, that he had to lie down for a time, and looked forward with dread to mic-turating.

On examining the abdomen I found on the left side about 1½ in. above the junction of the outer and middle thirds of Poupart's ligaments, a puckered scar from which a small sinus ran backwards and towards the middle line for ½ in. There was no discharge from this, and no pain. On the right buttock was a large scar where the bullet had made its exit. The right gluteal muscles were a little wasted.

While the patient was in hospital I saw him pass urine. He squatted on the ground in the usual position affected by natives of India; urine flowed away easily, but towards the end of micturition he complained of severe pain in the region of the bladder, radiating up to the abdominal scar and down the inner side of the left thigh. After mic-turating he at once lay on his back with both legs drawn up to ease the pain, and beads of perspiration stood out on his forehead; the left testicle was retracted; this paroxysm lasted rather less than two minutes, and then gradually passed off, when the patient got up and walked about, seemingly quite well again. Urine contained a quantity of pus and excess of phosphates.

On passing a sound a small calculus was detected free in the bladder. On further exploration a calculus was felt fixed on the left bladder wall. A diagnosis was therefore made of two calculi, one free in the vesical cavity and one encysted.

The patient had come five days' journey on foot in order to be operated on, but expressly stipulated that, if the operation could not be performed without cutting, he was only to be cut from "underneath," and not from "above."

The difficulties attending such a procedure were represented to him, but although he wanted to be relieved at once he refused to allow a suprapubic cystotomy to be performed on any account, giving as his reasons that a man he knew on whom this operation was performed had died, also that a scar "underneath" would not be visible; no amount of persuasion could shake his determination, so the only choice was a lateral lithotomy. This operation was performed and a small stone weighing 30 gr., which was free in the bladder, extracted; on the left bladder wall a stone about the size of a hazel nut

was felt protruding into the vesical cavity; this was tightly gripped at its neck, and attempts were made to extract it by means of lithotomy and laryngeal forceps, scoops, etc., but failed. A long pair of sinus forceps were then inserted into the sac round the neck of the stone, and attempts were made by opening the blades to dilate the opening sufficiently to extract the stone, this method also failed. Lastly, the edges of the neck of the sac were very carefully "nicked" by means of a probe-pointed bistoury, and the stone was extracted with laryngeal forceps.

On examining the interior of the cyst with a sound another stone was detected. This was easily extracted with a scoop aided by abdominal pressure. On palpating the abdomen a cord-like process could be felt running from the abdominal scar down to the cyst. The three stones weighed 1 oz. 30 gr. The stone which protruded into the bladder was somewhat dumb-bell shaped; the protruding part was much the smaller, about the size of a large hazel-nut; the intermediate part was slender, and had been very tightly gripped by the mouth of the cyst; the part within the sac was faceted and the size of a large walnut; the stone in the deeper part of the sac showed a corresponding facet. All the stones were phosphatic. The nucleus of the stone in the deeper part of the cyst was a very small splash of lead and a piece of black cloth, which had probably been carried in by the bullet. No nucleus was found in the other calculi. The patient made an uninterrupted recovery, and left the hospital eighteen days after the operation.

Three years later I had an opportunity of again examining this patient, who came to see me in Peshawar. He professed to be quite well and passed urine painlessly. I sounded him but could detect no stone; his urine contained a very small quantity of pus.

No. 11 GENERAL HOSPITAL, KIMBERLEY, SOUTH AFRICA.

GUNSHOT WOUND OF THE PERINEUM.

(Reported by H. HUBERT SWANZY, L.R.C.P.I., L.R.C.S.I., L.M., and L.M. Rotunda, Dublin, Civil Surgeon to the Hospital.)

G. C., trooper, 5th Imperial Yeomanry, a healthy youth, aged 21, was admitted to the hospital on March 11th, 1902, after Lord Methuen's fight at Klipdrift on March 7th, suffering from a gunshot wound of the perineum, involving the urethra, bladder, and rectum. He was rising from the kneeling position when hit by a Mauser bullet, which entered the penis on its right side, at its junction with the scrotum. It severed the urethra, excepting on its upper surface, travelled along the side of the urethra, entered the bladder, and, piercing it, passed through the rectum in its lower third, about 2 in. from the anal margin, emerging midway between this and the tip of the coccyx. After the injury no urine passed per urethram, all coming from the perineal wound and from the rectum. An attempt was made to pass a large silver catheter, but proved unsuccessful. The patient was accordingly anaesthetised with chloroform, and Major Hickson, R.A.M.C., with very considerable difficulty introduced a silver catheter (No. 9) into the bladder. This was firmly tied in, but during the night became unfastened and slipped out. On March 14th chloroform was again administered, and the instrument reintroduced and tied in; a rubber tube being attached, and conducting the urine to a receptacle under the bed. Very little urine passed through the tube, most escaping by the rectum. Believing the catheter might be blocked, the tubing was removed and a stilette passed; the bladder was then washed out with boric lotion. Urine still flowed freely from the perineum, and on March 26th chloroform was again administered, and the catheter withdrawn, being replaced by a larger silver instrument (No. 12). This was kept in three days, and then withdrawn, as no urine escaped per rectum; and from this time no further treatment was required, as the urine passed naturally, and the recto-vesical fistula healed up without further interference. The patient is now convalescent, and on his way to England in splendid health.

REMARKS.—This case appears interesting, more especially from the following points: First, the urethra being almost completely severed, extreme difficulty was experienced in finding the distal end without having to perform an external

sutures..... Dr. Edmunds's second case, where some alarming gushes of blood continued to take place for three or four hours, was one where sutures were called for, notwithstanding that the patient did survive the danger arising from the wound having been left open. Dr. Edmunds has a curious notion that if sutures were put into the uterus it would writhe and writhe until it got itself free.

The words which I have italicized have no foundation in fact. They imply that I took "three or four hours" to stop the haemorrhage. My report shows that in forty-five minutes "the whole of the uterine substance had become densely compacted together," and the abdominal wall had been partly sutured up. This period would be shortened in future.

In Professor Cameron's second case "the uterine incision was closed by thirteen sutures, and the abdomen having been carefully sponged out the external wound was closed." As I had no need to sponge out the abdomen, and as my patient convalesced without a single rise in temperature, I do not see why uterine sutures "were called for."—I am, etc..

Brighton, Nov. 15th.

JAMES EDMUNDS.

OBITUARY.

JAMES BANKART, M.B.LOND., F.R.C.S.,

Consulting Surgeon to the Royal Devon and Exeter Hospital; Senior Surgeon to the West of England Eye Infirmary.

THE death of Mr. Bankart removes from the medical profession in the South-West of England one of its ablest and most respected members. An excellent anatomist, an able operator, a surgical consultant of wide experience, a distinguished eye surgeon, as well as a shrewd observer of men and things, and a cautious and far-seeing adviser in the practical affairs of life, Mr. Bankart leaves behind him a gap not easily to be filled.

His career was distinguished throughout. As House-Surgeon, and subsequently Surgical Registrar and Demonstrator of Anatomy at Guy's Hospital he attracted attention by the excellence of his work. He was university medical Scholar and gold medallist in surgery at the University of London in 1861. From 1866 to 1869 he held the post of Surgeon to the Metropolitan Free Hospital, where he distinguished himself by his successful operations. In 1869 he went to reside in Exeter, and the following year was appointed Registrar to the West of England Eye Infirmary. Two years later he was appointed Surgeon there, and not long afterwards was also elected Surgeon to the Devon and Exeter Hospital. He retained his appointment at the Eye Infirmary down to the time of his death, but at the hospital an age-limit obliged him to retire some years since, when he was appointed Consulting Surgeon.

Mr. Bankart has published from time to time valuable papers on professional subjects. In 1862 he was officially engaged in reporting to Government on the diseases of miners of Cornwall and Devonshire. But he will be chiefly remembered for the great ability and industry exercised through many years, alike in public appointments and in private and consulting practice, and for the calm judgement and firm adherence to what he felt was the best course which have been of so much value to the institutions with which he was connected. Amidst the arduous duties of a busy practice Mr. Bankart found time for other interests. An excellent violoncello player, he has been long connected with the Exeter Orchestral Society, of which he was Honorary Treasurer. A keen fisherman, he sought occasional relaxation in trout fishing, in which he was an expert.

His health began to fail last April, and, in spite of all that medical skill could do, he slowly grew worse, and died on October 31st, at the age of 68. He leaves a widow and five children.

ARCHIBALD DUNLOP, M.D., J.P.,

Holywood, Belfast.

It was with the deepest regret that every one throughout the North of Ireland heard of the death, on November 14th, of Dr. Archibald Dunlop, of Holywood, in his 69th year. Although failing health had been evident for a short time previous, yet Dr. Dunlop discharged his accustomed duties up till three weeks before his demise, which was due to heart failure.

Dr. Dunlop obtained the diploma of M.R.C.S. in 1855, and

the M.D. of the Queen's University in Ireland in 1857. He became House-Surgeon in the then Belfast General Hospital, and shortly afterwards set up in Holywood, where he soon enjoyed a large practice, which he carried on uninterruptedly for forty-four years. During this time he held many posts, such as Medical Officer of the Dispensary District, which he relinquished not very many years ago. He also ably accomplished much public honorary work for the town. He was a member of the North of Ireland Branch of the British Medical Association and of the Ulster Medical Society, and was always ready to aid younger men in their work, both by shrewd advice and by kindly help. He was a well-known personality not only in Holywood, where he was senior Urban Councillor and Justice of the Peace, but at all meetings, both lay and professional, in Belfast and the district. His hearty manner, his pleasant humour, and good nature, his kindness, as well as the more sterling qualities of generosity, uprightness and straightforwardness, all combined to make him one of the most popular members of the profession. He was exceedingly fond of flowers, and rose cultivation was one of his favourite hobbies. The rich and the poor will equally miss him.

Dr. Dunlop was twice married and leaves six children, of whom the eldest are Dr. Shuldham Dunlop and Major A. Dunlop, of the Royal Artillery. Much sympathy is felt with the widow and members of the family.

WE regret to have to record the death of Mr. WILLIAM DOBSON, M.R.C.S., L.S.A., which occurred at Beeston Hill, Leeds, on November 9th, at the age of 55 years, after an operation for chronic intestinal obstruction. He was the only son of Dr. Thomas Dobson, of Holbeck, Leeds, who survives him. He received his professional education at the Leeds School of Medicine, and took the diploma of M.R.C.S. in 1869, having previously taken that of L.S.A. in 1868. He held the post of Medical Officer to the South District and to the Workhouse of the Holbeck Union, and that of Public Vaccinator. His funeral on November 11th was attended by a number of the medical men practising in the neighbourhood, in addition to his relatives and other friends.

MR. ARTHUR GOULLET, M.R.C.S.Eng., L.R.C.P.Lond., who, three years ago, retired from active practice, died in his sleep at Budleigh-Salterton, on October 30th, at the age of 75. Mr. Goulet came of a Huguenot family; his father was Commander Goulet, R.N., and his mother the daughter of Chevalier Iradier, a well-known Spanish musical composer. He received his medical education at Charing Cross Hospital, and took the diploma of M.R.C.S. in 1854. Shortly afterwards he went to Australia to practise among the diggers in the newly-discovered gold fields, and continued to do so until his health broke down from dysentery. He then entered the service of the Government as Surgeon in charge of emigrant ships. On his marriage in 1863 he commenced general practice in Wimbledon, but soon after entered into partnership with the late Dr. Duckworth Nelson, of St. John's Wood, and continued to practise there until his retirement in April, 1899. He obtained the diploma of L.R.C.P. in 1866, and for 10 years he held the post of Medical Officer to the St. John's Wood and Portland Town Provident Dispensary. Although of a somewhat retiring disposition he made many friends, and was held in high regard by his patients, more especially perhaps by the poor. It may be that he had rather less patience with well-to-do *malades imaginaires* on account of what he saw of the serious illness and trouble among the poor uncomplainingly borne. He leaves behind him one son—Dr. Charles Goulet.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Ferdinand Führ, Professor of Surgery in the University of Giessen; Dr. Wulffert, of Berlin, Founder and President of the German Association of Medical Abstinents; Dr. Frederick A. Packard, a rising physician of Philadelphia, author of numerous contributions to medical literature, especially on affections of the heart; in his 39th year; Dr. Julius Spitzmüller, President of the Vienna Medical Association and Widows and Orphans Society, aged

68; and Dr. Bromislaw Spakowski, Medical Superintendent of the Psychiatric Department of the Municipal Hospital, Odessa, aged 58.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

ROYAL NAVY MEDICAL SERVICE.

FLEET SURGEON W. E. BRETON, M.D., has been promoted to be Deputy-Inspector-General, August 12th. He was appointed Surgeon, September 30th, 1874; Staff Surgeon, September 30th, 1886; and Fleet Surgeon, February 24th, 1895.

The following appointments have been made at the Admiralty: **CHARLES C. GODDING**, Deputy-Inspector-General, to Bermuda Hospital, November 14th; **GERARD J. IRVINE**, Deputy-Inspector-General, to the Medical Department, December 1st; **JAMES PORTER, B.A., M.D.**, Deputy-Inspector-General, to Chatham Hospital, December 1st; **JOHN C. B. MACLEAN, M.A., M.B.**, to Haslar Hospital, December 1st; **GEORGE W. BELL**, Fleet Surgeon, to the *Duke of Wellington*, for Haslar Hospital, temporary, December 1st; **ARTHUR GASKELL**, Surgeon, to the *Thetis*, November 25th; **E. R. L. THOMAS**, Surgeon, to the *Ganges*, lent, November 13th; **WILLIAM R. TRYTHALL**, Surgeon, to the *Vivid*, for Keyham Dockyard, November 13th.

The appointment of Staff Surgeon **F. W. PARKER** to the *Thetis* is cancelled.

STRENGTH AND DISTRIBUTION OF THE ARMY MEDICAL SERVICE.

The following shows the strength and distribution of medical officers employed on the Active and Reserve Lists, according to the *Army List* for November, 1902:

Distribution in November Army List.

Ranks.	Home.	South Africa.	Other Foreign Stations.	Not Posted.	Total.	Remarks.		
						Seconded.	Reserve of Officers.	On Probation.
Surgeon-Generals.	3	1	4	1	9	—	—	—
Colonels ...	14	2	12	—	28	1	—	—
Lieut.-Colonels ...	84	36	79	6	205	5	19	—
Majors ...	81	67	108	11	267	2	4	—
Captains ...	54	89	116	5	264	13	—	—
Lieutenants ...	25	74	70	3	172	3	—	31
Total ...	261	269	389	26	945	24	26	31

The last analysis we made was from the September Army List, and a considerable change in the distribution of medical officers has naturally followed on the conclusion of peace in South Africa.

We have altered the heading from "undermanning" to "strength"; for, although the numbers are still much under he needed establishment, we have every reason to believe that a sincere and probably successful endeavour will now be made to bring them up to a strength sufficient to secure efficiency.

The changes during September and October have been as follows: The total working strength has decreased from 967 to 945, or 22, chiefly through retirements; but from the last total must fairly be deducted 25 seconded, and 26 reserve of officers, still employed, leaving 894 as the true effective number for general service and foreign reliefs.

Since the beginning of September the number of officers has increased at home by 53, has decreased in South Africa by 105, and increased at other foreign stations by 25.

The number unposted has increased by 3.

A column has been added showing 31 candidates "under probation" in the lieutenants' list; these gentlemen will doubtless be commissioned in due course.

The number of retired officers (other than reserve) employed about 70, showing a decrease.

Our next analysis in January will doubtless show further changes consequent on the termination of the war.

ROYAL ARMY MEDICAL CORPS.

LIEUTENANT-COLONEL C. A. P. MITCHELL, M.D., retires on retired pay, November 15th. His commissions are dated: Surgeon, February 5th, 1881; Surgeon-Major, February 5th, 1893; and Lieutenant-Colonel, February 5th, 1901. He served in the Egyptian war in 1882, including the actions at Tel-el-Mahuta, Mahsara, Kassasin (both actions), and Tel-el Kebir (medal with clasp, and Khedive's bronze star); with the Nile Ex-

pedition in 1884-5, including the action at Kirbekan (two clasps); and with the Sudan Frontier Field Force in 1895-6. Lieutenant-Colonel **W. O. WOLSELEY**, who is serving in the Madras Command, is appointed to officiate as Principal Medical Officer, Bombay and Nagpore Districts.

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.
Colonel W. S. Pratt, M.D. ...	Bombay	Mhow.
" W. E. Webb, M.D. ...	Netley	Hong Kong.
" A. L. Browne, M.D., Reserve	Warley	Taunton.
Lieutenant-Colonel B. W. Somerville-		
Large	Portsmouth	York.
" A. W. P. Inman, M.B.	Dublin	Bengal.
" G. H. Sylvester	South Africa	Netley.
" H. G. Hathaway	Pembroke Dk.	Bengal.
" J. H. A. Rhodes	Chester	Lichfield.
" A. V. Lane	Bombay	Warley.
Major R. J. S. Simpson, M.B., C.M.G.	South Africa	Home District.
" G. T. H. Thomas	"	Bermuda.
" M. O'D. Braddell, M.B.	"	Woolwich.
" S. Butterworth	Chester	Preston.
" G. E. Hale, D.S.O.	South Africa	Aldershot.
" G. M. Dobson, M.B.	Barbadoes	Cork.
" S. Hickson, M.B.	Devonport	Woolwich.
" E. Davis	South Africa	York.
" G. Cree	Gibraltar	Devonport.
" W. H. Pinches	South Africa	Home District.
" J. H. Daly	Curragh	Dublin.
" M. J. Sexton, M.D.	South Africa	"
" J. Kearney, M.D.	"	Netley.
" H. T. Baylor	Dover	Shorncliffe.
" J. Will, M.B.	Barbadoes	Portsmouth.
" R. J. C. Cottell	South Africa	Woolwich.
" J. F. Donegan	Cork	Ballincollig.
" J. J. C. Watson, M.D., C.I.E.	Edinburgh	Maryhill.
" J. P. S. Hayes	Dover	Canterbury.
" H. C. Thurston, C.M.G.	South Africa	Bermuda.
" D. Stiell, M.D.	"	Golda Hill F.Rt
" W. L. Gray, M.B.	Parkhurst	Dublin.
" A. L. F. Bate	South Africa	Bengal.
" L. Way	London	Newbridge.
Captain C. J. Healy, M.B.	Curragh	Egypt.
" G. B. Stanistreet, M.B.	Southampton	Gibraltar.
" F. J. Wade-Brown	South Africa	Colchester.
" W. G. Beyts	"	Edinburgh.
" J. G. McNaught, M.D.	Home District	Hewslow.
" A. F. Tyrrell	South Africa	Edinburgh.
" W. D. Erskine, M.B.	"	Dover.
" R. C. Lewis	"	Portsmouth.
" R. F. E. Austin	"	Woolwich.
" C. E. Pollock	"	"
" T. H. J. C. Goodwin, D.S.O.	Punjab	"
" H. A. Berryman	South Africa	Colchester.
" W. Tibbits, M.B.	Delamere Cmp.	Chester.
" C. W. Proffit, M.B.	Gen. Guards	Aldershot.
" A. W. Hooper, D.S.O.	Goldstream G.	"
" R. S. H. Fuhr, D.S.O.	Home District	Punjab.
" H. P. W. Barrow	South Africa	India.
" J. E. Hodgson	Dover	Bengal.
" P. H. Falkner	South Africa	India.
" O. W. A. Ehsner	"	"
" T. J. Crean, V.C.	"	Aldershot.
Lieutenant J. F. Martin, M.B.	South Africa	Scots Guards.
" A. H. Safford	"	India.
" F. M. Parry, M.B.	"	"
" F. S. Walker	Cork	Bengal.
" H. F. Shea, M.B.	South Africa	Aldershot.
" P. J. Bodington, M.B.	"	"
" W. M. Power	Dublin	Bombay.
" E. C. Wilson	South Africa	Aldershot.
" E. G. French, M.B.	"	"
" J. Waddell	"	"
" A. McMunn	"	"
" A. W. A. Irwin	"	"

Lieutenant-Colonel **J. Latchford, M.B.**, retired pay, has been transferred from Devonport to Dublin.

ARMY MEDICAL RESERVE.

SURGEON-CAPTAIN R. J. BRYDEN is promoted to be Surgeon-Major, November 15th.

IMPERIAL YEOMANRY.

MR. JOHN G. D. KERR, M.B., is appointed Surgeon-Lieutenant in the North Somerset, November 15th.

ROYAL GARRISON ARTILLERY (VOLUNTEERS).

SURGEON-LIEUTENANT J. B. ROBERTSON, M.B., 1st Ayrshire and Galloway, resigns his commission, November 15th.

VOLUNTEER RIFLES.

SURGEON-CAPTAIN J. T. THOMAS, 1st Volunteer Battalion the Duke of Cornwall's Light Infantry, promoted to be Surgeon-Major, November 15th. Surgeon-Captain **G. G. FERGUSON, M.B.**, 7th Middlesex (London Scottish), resigns his commission, November 1st. Surgeon-Captain **R. R. SLEMAN**, 20th Middlesex (Artists) is promoted to be Surgeon-Major, November 4th.

MEDICO-LEGAL AND MEDICO-ETHICAL.

MEDICAL ETIQUETTE.

INQUIRE.—According to the statement submitted to us, A. has fulfilled scrupulously all the obligations of medical etiquette, and B.'s reply is a hasty utterance for which he will probably, after reflection, see fit to apologize.

T. C. F.—We share our correspondent's objection to the advertisement issued by the Devon and Cornwall Sanatorium for Consumptives, in which candidates for the post of resident medical officer are asked to state the salary they require. There is surely some member of the medical profession upon the Committee who might point out the undesirability of putting up the appointment in this way to a sort of Dutch auction.

BOND NOT TO PRACTISE WITHIN AN AREA.

MOIRA writes that nine years ago, when acting as an unqualified assistant to A., he gave the usual bond not to practise within certain limits, the extent of which he has now forgotten. Since leaving A. the latter has sold his practice, and bound himself not to come within one mile and a half of his old residence, but continues to practise two or three miles away, and his old practice has been again sold, owing to the death of the vendor. Our correspondent wishes to practise in this district, but is uncertain whether he can do so legally on account of his bond.

*It is always in A.'s power to enforce the bond if he thinks his interests are affected by our correspondent's practice. Before starting a practice it would be advisable for him to see A., and ascertain whether he has any objection to his project.

PARTNERSHIP ACCOUNTS.

PERPLEXED J.P. has been in partnership, and is now taking over the whole practice and the book debts of the firm, in nominal value about £2,000, many of them paid by small weekly instalments. He wishes to know: (1) What price ought he to pay for such book debts? (2) If he were to decline to buy them, would the outgoing partner have a first charge on all payments from such debtors, so that if he were to go on attending patients owing money to the firm and paying weekly sums on account, his own payment for such attendance might be indefinitely postponed?

*It is impossible to advise as to price. The debts might be worth a good sum or very little. (2) The outgoing partner would have a first charge on all sums paid by the debtors till the amount of his claim was paid off. Where a debtor pays money on account, if he makes no special stipulation to the contrary, the money goes towards the settlement of his debts according to their priority.

THE ADMINISTRATION OF ANAESTHETICS FOR DENTISTS.

M.D.—(1) A dentist, like an operating surgeon, has the right to choose his own anaesthetist. (2) The medical practitioner summoned by the dentist to give gas is quite at liberty to administer it on his own responsibility, and there is no obligation for him to obtain the consent of the patient's own doctor. (3) We do not think the fact that the patient's own doctor lives as near as the doctor called to give the anaesthetic should be taken into account. It may be that the doctor engaged is well known to the dentist as having had experience in the administration of gas; he other may be a stranger to him, and he may prefer to have the gas administered by one whom he knows.

CERTIFICATES UNDER THE WORKMEN'S COMPENSATION ACT.

J. L. S.—In claims arising under the Workmen's Compensation Act (to which our correspondent probably refers) the injured person is not required to put in any medical certificate. All that can be required of him is that he should submit himself, if required by the employer, to a medical examination, the expense of which has to be borne by the employer. Therefore any insurance company taking over the liabilities of the employer cannot compel the injured person to put in a medical certificate. If such certificate is given by a house-surgeon to a hospital a charge should be made to the company for it. The fees charged should be fixed by the medical staff of the hospital, and should be sanctioned by the Board of Management.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

Appointment.—Mr. Frederick Deighton, M.A., M.B., of Peterhouse, Surgeon to Addenbrooke's Hospital, has been appointed by the Local Government Board to be an authorized Teacher of Vaccination in Cambridge, in the room of the late Dr. Robert Cory.

UNIVERSITY OF LONDON. KING'S COLLEGE.

A MEETING under the presidency of the Earl of Selborne was held on Wednesday, November 19th, in furtherance of an appeal made by the council of King's College, London, for the endowment of the College as a school of the University. The objects of the appeal are the liberation of the College from its existing debt, the maintenance of its efficiency in laboratories and equipment for higher teaching and research, and the adequate remuneration of professors; for this purpose the sum of half a million is asked.

The Bishop of London read a message from the King expressing His Majesty's thorough sympathy with the proposal to raise a large fund for the endowment of King's College as a constituent of the newly-developed

University of London, and the Principal read a letter of sympathy from the Prime Minister.

Lord Selborne pointed out that University College and King's College are the only institutions in London which give instruction in all faculties alike, and that they alone are recognized as such by the statutes of the University. London needed more than one centre of general academic culture where teachers and students of widely different subjects might be brought into social and intellectual contact. With regard to the claims of King's College, he observed that it was the first institution in this country to provide laboratories for physics and for bacteriology, and had throughout its career always sought to furnish the best teaching and the most ample facilities for learning. While Under-Secretary for the Colonies he had had many opportunities of observing how King's men were doing useful work throughout the Empire. King's College had done substantial service, not only to the higher education in London, but to the advancement of learning and science, and had done this practically without endowment. It had not shrunk from undertaking new responsibilities, and the first thing to be done was to free it from the load of debt.

Sir Richard Jebb, M.P., moved a resolution commending the appeal of King's College for an adequate endowment. It had done good work in the past; its lists of professors had included many famous names, and the hospital connected with the College was the first home in London of anti-septic surgery—the most remarkable modern application of science to the saving of human life and the alleviation of suffering.

Sir J. Wolfe Barry seconded the resolution, and, speaking as an old engineering pupil of the College, insisted on the excellence of the teaching given. As a member of the Senate of the University of London he pointed out that the reconstitution of the University imposed new responsibilities upon the College. At the present day the need for thorough technical education not only or chiefly for workmen, but for masters and managers and directors, was coming to be recognized; but the work had scarcely been begun, and London was not only behind Germany, but behind the large provincial centres, such as Manchester and Birmingham.

The resolution was supported by the Dean of Westminster and by Sir A. W. Rücker, Principal of the University of London, and carried unanimously.

The Bishop of London moved a resolution pledging the meeting to raise a sum of money sufficient to liberate the College from debt, to maintain its efficiency in laboratories and equipment for higher teaching and research, to provide an adequate endowment for professorships, and nominating a committee to promote the appeal. As representing the Church in London, he said that the desire was to build a ladder by which the smallest child in an elementary school could be led up to a complete university education, and in conjunction with the Bishop of Rochester he hoped next year, out of funds connected with the Church, to endow the Faculty of Theology with at least £1,500 a year.

The resolution was seconded by Sir Douglas Fox, supported by Mr. Alban Gibbs, M.P., and Colonel the Hon. Heneage Legge, M.P., and carried unanimously.

A vote of thanks to the Chairman was adopted on the motion of Mr. W. F. D. Smith, M.P., seconded by Sir John Cockburn.

The debt is stated to amount to £35,000. For the extinction of the debt, and for the reconstruction and additional equipment, and to provide the extra space needed, with a small endowment for a library, museum, and similar expenses, a total of over a quarter of a million is asked to place the College on a satisfactory basis apart from the endowment of chairs. For this purpose and income of £17,500 a year is required towards which the College receives a Treasury grant of £3,500, and endowment for one Chair of Engineering now provided by the University, leaving a net annual income of £14,200 to be raised. The capital sum to provide this raises the total amount to half a million. The appeal states that Professor W. J. Simpson, M.D., Secretary of the Appeal Committee, will gladly supply further information on application to him at the College.

UNIVERSITY OF EDINBURGH.

GENERAL COUNCIL.

In the report of the statutory half-yearly meeting of the General Council of the University of Edinburgh, held on October 31st, which appeared in the *BRITISH MEDICAL JOURNAL* of November 8th, p. 1567, no reference was made to a motion brought forward by Mr. Ernest E. Greville, M.B., C.M. This omission, which was purely involuntary on our part, we now think it right to supply. Mr. Greville, moved "That the right of 'vote by ballot' be accorded to members of the General Council of the University, and that voting be taken by ballot whenever this method is requested by the mover or seconder of a resolution." He said his desire was to remove one of the many disabilities under which graduates of the University suffered. They were practically denied all real representation in the councils of the University, and although these graduates numbered some 10,000 they had no share whatever in the government of their University. They might pass unanimous resolutions, but the University Court could ignore them. Small as was their representation by legal statute, it was made still smaller by such procedure. When vote was by a show of hands they proclaimed themselves in antagonism to the governing few. In illustration he referred to the assistants to the professors, who by the conditions of their appointment had their hands tied and their lips sealed. If they strove to improve the teaching of the University they brought themselves into antagonism with their chiefs, who, it might be, considered the present system perfect. Yet they could not risk the loss of their appointments at the end of the session by coming to the General Council and voting openly.

The Rev. J. Robertson, Slateford, seconded.

Dr. Schoolbred (Edinburgh) moved as an amendment that the voting should be by ballot unless the mover and seconder of any resolution should desire otherwise.

Dr. Hadden (Denholm) seconded.

Dr. Trail moved the previous question. He held that they had to look to the general good of the University as a whole, and not to the medical part alone. In no business meeting could a vote by ballot be taken on every point that might arise.

Mr. Buchan seconded.

Dr. Greville withdrew his motion for the amendment, which was carried by 22 votes to 8 for the previous question.

Dr. Greville next moved "That members of the General Council of the University be allowed reasonable opportunity for ascertaining the opinion of candidates seeking election as Assessors to the University Court. For this purpose members of the General Council of the University shall be permitted at the Council meeting to put questions to such candidates prior to the taking of the vote for the election of such candidates."

Dr. Trail questioned the competency of the motion.

Dr. Hadden argued that it was perfectly competent to deal with any regulation of the University affecting the Council.

Dr. Ireland seconded.

Mr. James Oliphant moved "That candidates for election as Assessors to the University Court should be nominated in time to allow their names to be intimated in the notice calling the meeting at which the election was to take place."

Mr. Stirling Craig seconded.

Dr. Greville's motion was unanimously carried.

Mr. Stirling Craig then proposed to move that the names of those nominated as Assessors to the University Court be sent to the members along with the notice calling the meeting, but it was ruled that notice must be given of such a motion.

The Business and Finance Committees were afterwards elected.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary Council was held on November 13th, Sir Henry G. Howse, President, in the chair.

Removal from Membership.

A Member was removed from the Membership for the issue of objectionable handbills or circulars.

Cancer Research.

The President reported the appointment of Mr. Ernest Francis Bashford, M.B. Edin., to be Director of the Cancer Research Laboratory by the Executive Committee of the Fund.

Court of Examiners.

The vacancy caused by the resignation of Sir William H. Bennett, K.C.V.O., will be filled up at the ordinary meeting of the Council in December.

Bradshaw Lecture.

The President stated that this will be delivered by Mr. Howard Marsh on Wednesday, December 10th, at 5 p.m., the subject being Infective Arthritis.

Legacy.

It was reported that the late Mr. James William Groves, of Wargrave Lodge, Wargrave-on-Thames, formerly Professor of Botany at King's College, had bequeathed to the College for the benefit of the Museum three-fourths of his residuary estate, subject to the life interests therein of his wife and his sister. It is understood that the amount will be approximately £30,000.

UNIVERSITY OF WALES.

University Court.—The annual collegiate meeting of the University Court was held on November 14th at University College, Bangor, under the presidency of the Deputy Chancellor, Sir Isambard Owen. A letter was read from the Chancellor, the Prince of Wales, acknowledging the receipt of reports and expressing the opinion that the University might well be satisfied with the result of the year's work. It was reported that the Corporation of Cardiff had offered a free site for the University offices.

Degrees.—At a congregation held later in the day degrees were conferred by Sir Isambard Owen, the numbers being B.A. 79, B.Sc. 23, B.D. 4, M.A. 5, D.Sc. 1.

CONJOINT BOARD IN ENGLAND.

The following gentlemen have passed the First Examination of the Board in the subjects indicated:

Chemistry.—F. Byrne, University College, Liverpool; C. A. Ellis, P. J. Lush, V. L. Matthews, H. E. Middlebrooke, and W. Morgan, London Hospital; M. Maher, Cairo, Egypt; F. W. O'Connor and R. D. O'Connor, St. Bartholomew's Hospital; J. N. D. Paulson, Edinburgh; St. Mary's Hospital and South-West Polytechnic Institute, Chelsea; J. A. Renshaw, Birkbeck Institute; H. N. Ritchie, University College, Sheffield.

Practical Pharmacy.—J. F. Beale, Cambridge University and London Hospital; P. A. Bodkin, London Hospital; P. D. MacI. Campbell, St. Mary's Hospital; E. P. Carmody and J. W. Cleveland, St. Bartholomew's Hospital; H. C. Colyer, Charing Cross Hospital; A. M. Dowdall, University College, Liverpool; R. T. Edwards, Glasgow University College, Liverpool, and London Hospital; E. R. Evans, University College, Liverpool; E. Faulkes, Guy's Hospital; P. Gully, Charing Cross Hospital; N. W. Hill, London Hospital; T. Huddleston, St. Bartholomew's Hospital; R. M. Im Thurm, Cambridge University and St. Bartholomew's Hospital; R. de V. King, St. Mary's Hospital; T. C. Maxwell, St. Bartholomew's Hospital; J. L. Meynell, London Hospital; H. MacG. Newport, Charing Cross Hospital; A. G. Paulin, Royal College of Surgeons, Edinburgh; T. C. Power, London Hospital; L. Rawes, St. Thomas's Hospital; H. T. Rossiter, University College, Bristol, and St. Thomas's Hospital; A. E. Rowlett, Guy's Hospital; E. J. H. Rudge and H. M. Scott, London Hospital; R. S. G. Seagrove, Guy's Hospital; G. A. Simmons, St. Thomas's Hospital; G. P. B. Snell, Middlesex Hospital; J. M. Wall, St. Thomas's Hospital; R. G. Williams, Cambridge University and St. Bartholomew's Hospital; H. T. M. Wilson and L. L. Winterbotham, St. Bartholomew's Hospital.

Elementary Biology.—F. T. Boucher, Merchant Venturers' College, Bristol; R. F. Gerrard, University College, Liverpool; A. R. Hardy, Owens College, Manchester; H. H. Leeson, St. George's Hospital; V. L. Matthews, London Hospital; E. P. Minnett and J. F. Ramirez, Guy's Hospital; H. Sowerby, St. Bartholomew's Hospital.

The following gentlemen have passed the Second Examination of the Board in the subjects indicated:

Anatomy and Physiology.—C. C. Austen, Westminster Hospital; J. S. Avery, University College, Bristol; E. B. Aylward, St. Bartholomew's Hospital; H. Bardsley, University College, Liverpool; C. Bennett, St. Thomas's Hospital; E. H. Bennett-Bailey, Westminster Hospital; L. H. Booth, Charing Cross Hospital; J. F. Boyd, University College Hospital; H. G. Brown, B.A. Camb., Cambridge University and Middlesex Hospital; C. P. Charles and C. Clarke, St. Bartholomew's Hospital; J. Copland, University College Hospital; V. A. P. Costabadie, Guy's Hospital; W. J. Cowan, Owens College, Manchester; A. S. Daly, London Hospital; W. C. McE. Dickey, Guy's Hospital; T. J. C. Evans, St. Mungo's College, Glasgow; S. R. Gibbs, St. Thomas's Hospital; J. A. C. Greene, Guy's Hospital; G. W. Hardy, Yorkshire College, Leeds; R. N. Hartley and S. Heathcote, Owens College, Manchester; A. A. H. Fyfe, Grant Medical College and University College Hospital; C. W. Hutt, B.A. Camb., Cambridge University; H. Ide, Charing Cross Hospital; A. J. H. Iles, St. Thomas's Hospital; G. P. Jones, St. Bartholomew's Hospital; R. M. Kalpesi, L.M. & S. Bombay Univ., Grant Medical College, Bombay; H. M. Langdale, Guy's Hospital; T. J. Latham, London Hospital; P. J. Martin, St. Bartholomew's Hospital; D. M. Masina, Grant Medical College, Bombay; J. Mellor, Owens College, Manchester; W. S. Mitchell, St. Mary's Hospital; W. S. Nealon, St. Bartholomew's Hospital; G. W. de P. Nicholson, B.A. Camb., Cambridge University and Trinity College, Dublin; J. C. A. Norman, London Hospital; A. E. Oakeley, Middlesex Hospital; H. G. Phippin, St. Mary's Hospital; C. W. K. Preston, Guy's Hospital; H. G. Rickman, St. Mary's Hospital; R. M. Riggall, Owens College, Manchester; J. W. L. Scott, Westminster Hospital; J. Selfe, St. George's Hospital; H. G. Sherren, London Hospital; G. M. Simpson, University College Hospital; C. A. Stidston, St. Bartholomew's Hospital; G. S. Thompson, St. Mary's Hospital; E. M. Thomson, St. George's Hospital; G. S. Totesan, University College Hospital; J. F. Trewby, St. Bartholomew's Hospital; R. A. Veale, B.A. Oxon., Yorkshire College, Leeds; G. T. Verry, St. Bartholomew's Hospital; O. H. Ververs and C. E. Waldron, London Hospital; A. S. Webley, St. Mary's Hospital; W. T. Williamson, St. Bartholomew's Hospital.

Physiology only.—W. R. Clarke, Westminster Hospital.

CONJOINT BOARD IN SCOTLAND.

THE quarterly examinations of the above Board, held in Edinburgh, were concluded on October 30th with the following results:

First Examination, Four Years' Course.—F. F. Middleweek.

First Examination, Five Years' Course.—A. R. F. Douglas, J. P. Carroll, W. M. Ferguson, H. J. Gorrie, J. H. Simpson, T. B. Johnstone, W. C. Mann, W. A. Huston, and L. N. Robertson.

Two passed in Elementary Biology, and 4 in Chemistry.

Second Examination, Four Years' Course.—W. H. Curtis, W. Hall, R. Herley, A. M. S. Kelso, and W. J. Coppinger.

Second Examination, Five Years' Course.—J. W. Pell, J. Baillie, A. C. Ney, H. J. Byrne, J. Taylor (with distinction), C. Knight-Kennedy, W. J. Cogan, J. Murphy, R. Reynolds, and J. L. Power.

One passed in Anatomy, and 1 in Physiology.

Third Examination, Five Years' Course.—Evelyn Neville Lea Wilson, G. Harrison, W. Adams, J. A. D. Rome, D. A. Hastings, Evelyn Morris Franklin, P. J. Thomson, D. G. Advani, V. P. Pereira, S. McCarthy, D. Haig, W. M. Ramsay, E. Reboul, Dora Mann, and Margaret Lucy Tyler.

Three passed in Materia Medica.

Final Examination.—E. J. Addison, M. R. Rhodes, Anne Low Venters, Lillian Gertrude Simpson, B. Isaac, Mary Edith Martin, Katharine Charis Davies, W. E. Struthers, H. M. Peries, E. Hearn, A. P. Walker, T. E. Bishop, G. H. Wilkinson, T. Foley, C. M. Cass, C. W. Coghan, Elizabeth Mary Cardozo, F. A. Ritchie, Isa Charan, N. N. Dey, J. A. Exton, F. A. Gray, R. S. Mackintosh, R. P. Nash, K. J. Bhamgara, R. Gibson, K. M. Mathan, A. Smyth, J. C. Warwick, J. Macarthur, D. Ahern, L. G. Wickham, and P. Fairfax.

Four passed in Medicine and Therapeutics, 1 in Surgery and Surgical Anatomy, 12 in Midwifery, and 9 in Medical Jurisprudence.

The following gentlemen, having passed the requisite examinations, received the Diploma in Public Health of the above Board:—T. L. Thomson, G. A. P. Ross, H. M. Traquair, C. W. Somerville, R. Hamilton, W. J. Barclay, R. P. Heddie, R. B. Turnbull, and D. Durran.

CONJOINT BOARD IN IRELAND.

CANDIDATES have passed the Autumn examinations as undernoted:

Second Professional Examination. Part II.—Honours: E. L. Sheridan.

Pass: J. R. P. Allin, T. S. Blackwell, S. Clare, G. H. Gallagher, W. Kelly, C. W. O'Keefe, W. Sheahan.

Third Professional Examination.—A Four Years: G. T. O'Kelly, B. Five Years: Old Regulations: W. H. Anderson, W. Cremin, M. Deeny, J. P. Falls, A. E. F. Hastings, P. J. Lloyd, F. J. Moore, J. J. McConnell, P. J. O'Farrell, W. Ormsby, C. F. P. Plunket, M. C. Sage, C. New Regulations: F. W. Brunker, F. X. Costello, R. G. Griffin, P. Sampson.

Final Qualifying Examination.—A. Charles, F. H. Cooke, W. F. Delany, W. J. Greeny, D. Jones, F. I. Moore, R. C. Nicholl, T. J. Nicholl, W. I. O'Doherty, R. O'Flaherty, R. H. G. Oulton, P. W. Power, L. G. de Rosario.

THE GRANT MEDICAL COLLEGE, BOMBAY.

THE report of the Grant Medical College, Bombay, for the year 1901-2 compiled by the Principal, Lieutenant-Colonel H. P. Dimmock, M.D., gives indication of continued and growing usefulness. The number of matriculated students was 523, and 46 military pupils remained on the rolls at the close of the session. The university licence in medicine and surgery was obtained by twenty-eight students. At the prize distribution Sir Jamsetji Jijibhoy, Bart., presided and gave an excellent address in which he recalled the circumstances under which the College was founded,

mainly through the efforts of Sir Robert Grant, Governor of Bombay whose name it bears and in whose memory it was founded. The hospital with which the College is affiliated was raised and endowed by the father of the President, whose name it bears. Sir Jamsetji also gave an account of the gradual rise and development of the College, and alluded to several donors of prizes. Carnac, Farish, Anderson, Reid, and MacLellan—men of prominence and worth in their day. He acknowledged warmly the debt of gratitude due to the Government for the encouragement and support accorded to an institution which had rendered such valuable service to the presidency and city of Bombay.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 8,721 births and 4,970 deaths were registered during the week ending Saturday last, November 15th. The annual rate of mortality in these towns, which had been 16.9, 16.6, and 17.3 per 1,000 in the three preceding weeks, further rose last week to 17.4 per 1,000. Among these large towns the death-rates ranged from 8.0 in Coventry, 8.3 in Northampton, 8.5 in Bournemouth, 9.5 in East Ham, 10.0 in Aston Manor, 10.6 in Leyton, 10.8 in Ipswich, and 11.1 in Wallasey, to 22.3 in Middlesbrough, 22.4 in St. Helens, 23.2 in Nottingham, 23.4 in Liverpool, 24.4 in Burnley, 25.1 in Merthyr Tydfil, 25.6 in Cardiff, 26.5 in Stockport, and 35.1 in Hanley. In London the death-rate was 17.7 per 1,000, while it averaged 17.3 in the seventy-five other large towns. The death-rate from the principal infectious diseases averaged 1.8 per 1,000 in the seventy-six large towns; in London, this death-rate was equal to 1.5 per 1,000, while it averaged 1.9 per 1,000 in the seventy-five other large towns, among which the highest rates were 3.2 in Grimsby, in Burnley, and in West Hartlepool, 3.3 in Salford, 3.4 in Liverpool, 3.6 in Bristol and in Bury, 3.8 in Newport (Mon.), 5.6 in South Shields, 7.7 in Cardiff, and 9.2 in Hanley. Measles caused a death-rate of 1.9 in Salford and in Hull, 2.3 in Newport (Mon.), 2.6 in Bootle, 4.0 in South Shields, 4.2 in Hanley, and 6.8 in Cardiff; scarlet fever of 1.1 in Oldham and in Swansea; diphtheria of 1.2 in St. Helens, 1.6 in West Hartlepool, and 2.7 in Bury; whooping-cough of 1.1 in Stockport; "fever" of 1.2 in Blackburn, 1.3 in York, and 1.6 in Grimsby; and diarrhoea of 2.1 in Hornsey, and 2.5 in Hanley. Of the deaths from small-pox last week, 1 belonged to Liverpool, 1 to Bolton, 1 to Burnley, and 1 to Merthyr Tydfil, but not one to any other of the seventy-six large towns. There were 11 cases of small pox under treatment in the Metropolitan Asylums Hospitals on Saturday last, the 15th inst., against 23, 19 and 14 on the three preceding Saturdays; 2 new cases were admitted during the week, against 1, 6, and none in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had been 2,904, 2,869, and 2,900 at the end of the three preceding weeks, had declined again to 2,839 at the end of last week; 285 new cases were admitted during the week, against 362, 349, and 346 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, November 15th, 924 births and 520 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 18.0 and 17.1 per 1,000 in the two preceding weeks, further declined again last week to 16.4 per 1,000, and was 1.0 per 1,000 below the mean rate during the same period in the seventy-six large English towns. Among these Scotch towns the death-rates ranged from 10.9 in Perth and 13.9 in Leith, to 17.3 in Paisley and 18.0 in Glasgow. The death-rate from the principal infectious diseases averaged 1.3 per 1,000 in these towns, the highest rates being recorded in Aberdeen and in Paisley. The 269 deaths registered in Glasgow last week included 2 from diphtheria, 3 from "fever," and 12 from diarrhoea. Three fatal cases of diarrhoea were recorded in Edinburgh. Three deaths from measles, 2 from diphtheria, and 3 from diarrhoea occurred in Aberdeen, and 2 from diarrhoea in Paisley.

PUBLIC VACCINATORS AND PRIVATE PATIENTS.

THE present vaccination law requires that the public vaccinator in certain circumstances should visit the dwellings of unvaccinated children over 4 months of age, irrespective of their parents' social position, or of the customary arrangements of the family for medical attendance. Whilst the great majority of public vaccinators exercise great care in strictly confining their visits, when paid to patients of competing medical practitioners, to their official purpose, instances have occasionally arisen in which sufficient care does not appear to have been exercised in this respect. We think it is very important that these instances should be remembered, and that the somewhat anomalous position of the public vaccinator in this respect should be reconsidered in forthcoming vaccination legislation.

In an instance which a correspondent has recently brought to our notice the facts given do not seem to us to justify the assumption that the purpose of the public vaccinator's notice was to "use his position to obtain an introduction to a good family." Every parent on registering the birth of a child receives official intimation that if no certificate of vaccination, postponement of vaccination, or of conscientious objection is received by the vaccination officer when the child has reached the age of 4 months, a writ by the public vaccinator after notice will follow as a matter of routine. The public vaccinator who failed in this duty would be liable to have his contract determined, and evidence that he had failed would almost certainly be a bar to conviction if the parents neglected to have their child vaccinated. In country districts the public vaccinator who knows all the circumstances of a case may communicate with the medical attendant before paying his visit, but he takes this course on his own responsibility, accepting risk of awkward consequences

if the parents or medical attendant fail to deal with the case before the visit is due. Under conditions of London practice, however, it would be difficult for this course to be generally followed by a public vaccinator. As the vaccination law now stands, the medical practitioner who desires to avoid a visit by the public vaccinator to his patients should adopt the safeguard of vaccinating the child (or giving a certificate of postponement where called for) before it reaches the age of 4 months.

MEDICAL APPOINTMENTS IN THE HIGHLANDS OF SCOTLAND.

OUR attention has been called to the fact that advertisements are again appearing for a medical officer and vaccinator for the Applecross district of the parish of Applecross, Ross-shire. The terms and conditions of the appointment are somewhat unusual, even in the Highlands; the salary from the parish council is stated to be £95, and from the local authority £10, while there is a promise of an additional sum of £30, and free house and garden "on conditions to be supplied on application from Lord Middleton of Applecross." Applications are to be made not to the parish council or to the local authority, but to the estate agent at Applecross. The offer by Lord Middleton of a free house and garden is one as to which any intending applicant should make careful inquiry, for our information is that in 1896 that proprietor, after failing to induce the parish council to dismiss the then medical officer, took away the residence, which it would appear is the only one available, so that the medical officer was thus indirectly compelled to vacate his appointment. We venture to think that the case is one which deserves the attention of the Local Government Board in Scotland, as it appears *prima facie* to afford an example of undue influence exerted by the landlord upon the free decision of the parish council.

SHELLFISH AND TYPHOID FEVER.

THE medical officer of health of Southend-on-Sea (Dr. J. T. C. Nash) has prepared a brief report on the cases of typhoid fever which occurred there in June, July, and September of the present year. The cases numbered 50, and the medical officer adduces evidence to show that the disease may have been conveyed by shellfish. Not only had a number of the patients consumed shellfish, but the manner of the laying and preparing of the shellfish was found to be open to grave criticism. It will be remembered that Dr. Nash brought the matter up at the Sanitary Institute at Manchester this year.

THE DUTIES OF PUBLIC VACCINATORS.

A. G. H. states that a boy who gave his age as 14 years presented himself at his surgery, and said he wished to be vaccinated. A. G. H., as public vaccinator, vaccinated him, dressed his arm, and instructed him to appear again in a week's time. The father of the boy, a policeman, asserts that our correspondent had no authority and no right to vaccinate unless the boy was 16 years of age.

* * The terms of the Public Vaccinator's Contract, Schedule 1, Paragraph (3), Act 1898, are as follows: "In the case of any person, not being a child, applying to him for primary vaccination, or of any person applying to him for revaccination, who shall be not less than ten years old, and shall not have been previously vaccinated within a period of ten years, he will, if so requested, visit the home of such person for the purpose of vaccinating or revaccinating him, or will, if not so requested, perform the operation at his surgery, or at such other place as may be arranged by him with the person so applying." It is evident, therefore, that the public vaccinator was bound to vaccinate the lad who presented himself for that purpose, and that no action could be sustained against him for so doing. The definition of a child in the Act is "any person not more than fourteen years of age." It is a good plan to insist on all children under 14, bringing a note of request from the parent before revaccinating them, but over 14 no such precaution should be required.

INSPECTION OF SCHOOLS BY PUBLIC VACCINATORS.

G. T. B.—Although it might be in the interests of public health to inspect the Board schools, the Public Vaccinator has no right, without permission of the Board, to visit for such a purpose. If the Board's permission is obtained he would also have to obtain the consent of the parents or otherwise there would be sure to be much opposition aroused. In London the School Board gave permission if the sanitary authorities thought that it was advisable, and before actual inspection a printed statement was sent home by each child requesting permission, which was withheld in numerous cases.

INDIA AND THE COLONIES.

INDIA.

The Civil Veterinary Department, Bengal.—Veterinary Major F. Raymond's report for the year 1900-1 gives evidence of good work and steady progress. The Bengal Veterinary College added thirteen to the number of qualified veterinary practitioners employed in the province. The students are all stipendiaries, and the holders of diplomas are mostly employed by Government and District Boards. Seven have gone into private practice. The work of the hospital attached to the school is increasing, and twelve veterinary dispensaries have been opened in the districts in which a considerable number of animals have been treated. Veterinary assistants are also sent to deal with epizootic outbreaks. Several cases of glanders have been met with in Bengal, and tuberculosis is not uncommon among cattle. Some information is given regarding serum inoculation against rinderpest. The results are not very conclusive, though encouraging. The need for protection against this disease is made manifest by the fact that in one district 15,616 head of cattle perished through this murrain.

MEDICAL NEWS.

MEDICAL MAYOR.—Dr. C. O'Brien Harding has been elected Mayor of Eastbourne.

The annual dinner of the Otological Society of the United Kingdom will be held at the Trocadero Restaurant, Piccadilly, on Monday, December 1st, at 7.30 p.m.

The Duke of Devonshire, K.G., will take the chair at a complimentary dinner to Sir Alfred Cooper, F.R.C.S., at the Empire Rooms, Trocadero Restaurant, Piccadilly, on Friday next, at 8.30 p.m.

The annual dinner of the past and present students of the National Dental Hospital and College, Great Portland Street, London, W., will be held at the Holborn Restaurant on Friday, November 28th. The chair will be taken at 7 p.m. by Mr. William Rushton, L.D.S.R.C.S.Eng.

We are asked to state that the annual dinner of the Harveian Society of London will take place at the Café Monico on December 11th, when Mr. Watson Cheyne will take the chair at 7 p.m.

A SESSIONAL meeting of the Sanitary Institute will be held on Wednesday, December 10th, when a discussion on drain testing will be opened by Dr. Louis C. Parkes, M.O.H. Chelsea, to be followed by Mr. J. Osborne Smith, F.R.I.B.A., and Mr. W. C. Tyndale, M.Inst.C.E. The chair will be taken at 8 p.m. by Professor W. H. Corfield.

At the last meeting of the Metropolitan Asylums Board it was reported that during the fortnight ending Thursday, November 13th, there had been 3 admissions to the Board's small-pox institutions, while 14 had been discharged recovered, and 10 remained under treatment, as compared with 24 during the previous fortnight, and 337 at the corresponding date last year. Seven cases of small-pox were notified in Scotland during the period from November 1st to 15th inclusive, 4 in Dundee, and 3 in Arbroath.

DR. WOODBURY, Commissioner of Street Cleaning for New York, stated in a paper reported in a recent issue of the *Boston Medical and Surgical Journal* that the City of New York, which last year spent over £140,000 in carrying street refuse out to sea, commenced last February to deposit ashes, etc., at Riker's Island, in the East River, and has already added to the island 25 acres of land, estimated to be worth £200 an acre. It has sold rubbish to the amount of £20,000, and is establishing a plant to furnish 250 horse power from burning refuse.

BOARDING SCHOOL FOR EPILEPTIC CHILDREN.—The Salford School Board has decided, subject to the satisfactory arrangement of certain details, to adopt a scheme for the establishment of a joint boarding school for sixty epileptic children in the neighbourhood of Sandebridge, Cheshire, in conjunction with the Manchester School Board. The school would consist of four houses for fifteen children each, in accordance with the requirements of the Elementary Education (Defective and Epileptic Children) Act, 1899. The estimated cost was £14,400.

MEDICAL VACANCIES.

The following vacancies are announced:

- BETHLEHEM HOSPITAL.**—Two Resident House-Physicians. Residence for six months. Apartments, complete board and washing provided, and honorarium at the rate of £25 each per quarter. Applications, endorsed "House-Physician," to be sent to the Treasurer, Bridewell Hospital, New Bridge Street, E.C., before December 1st.
- BEVERLY DISPENSARY AND HOSPITAL.**—Medical Officer and Dispensary; non-resident. Salary to commence, £180 per annum. Applications to the Clerk by November 29th.
- BIRMINGHAM GENERAL HOSPITAL.**—Three House-Surgeons. Appointments for six months. Salary at the rate of £50, with residence, board, and washing. Applications to the House Governor by November 29th.
- BOOTLE GENERAL HOSPITAL.**—Junior Resident. Salary, £80 per annum, with board and laundry. Applications to the Secretary by December 5th.
- BRADFORD ROYAL INFIRMARY.**—House-Surgeon, unmarried. Appointment for twelve months, but renewable. Salary, £100 per annum, with board and residence. Applications, endorsed "House-Surgeon," to the Secretary.
- BRIGHTON AND HOVE LYING-IN INSTITUTION AND HOSPITAL FOR WOMEN.**—House-Surgeon. Appointment for six months. Salary, £40 per annum, with board, lodging, and allowances. Applications to the Secretary by November 24th.
- CARDIFF UNIVERSITY COLLEGE OF SOUTH WALES AND MONMOUTHSHIRE.**—Demonstrator and Assistant Lecturer in Physiology. Salary, £120 per annum. Applications to the Secretary by December 8th.
- CENTRAL LONDON OPHTHALMIC HOSPITAL.** Gray's Inn Road, W.C.—House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with board, residence, and laundry allowance. Applications to the Secretary by November 24th.
- COLCHESTER BOROUGH.**—Medical Officer of Health. Salary, £475 per annum. Application, endorsed "M.O.H.," to be sent to the Town Clerk, Town Hall, Colchester by November 29th.

- CROYDON GENERAL HOSPITAL.**—(1) Senior House-Surgeon. Salary, £105 per annum. (2) Junior House-Surgeon. Salary, £60 per annum. Board, laundry, and residence provided in each case. Applications endorsed "Senior" or "Junior" to be sent to the Secretary by December 1st.
- DEWSBURY DISTRICT GENERAL INFIRMARY.**—House-Surgeon. Salary commencing at £100 per annum, with board, residence, and washing. Applications, endorsed "House-Surgeon," to be sent to the Secretary by December 2nd.
- DORCHESTER COUNTY ASYLUM.**—Second Assistant Medical Officer; not over 30 years of age. Salary, £140, rising £10 annually, and all found. Applications to the Medical Superintendent by November 30th.
- DUBLIN: ROYAL HOSPITAL FOR INCURABLES.** Donnybrook.—Resident Medical Officer, married, under 30 years of age. Salary, £120 per annum, with board and furnished apartments. Applications to the Registrar by December 4th.
- DUNDEE PARISH COMBINATION.**—Resident Medical Officer for the East Poorhouse and Hospital. Salary, £100 per annum, with board and furnished apartments. Applications to the Clerk of the Council, Parish Council Chambers, Dundee, by December 6th.
- EAST LONDON HOSPITAL FOR CHILDREN.** Shadwell, E.—House-Physician, Board, residence, etc., provided, and honorarium of £25 on completion of six months' approved service. Applications to the Secretary by December 6th.
- EDINBURGH: ROYAL COLLEGE OF SURGEONS.**—Conservator of the Museum. Salary, £105. Applications to Mr. James Robertson, Clerk to the College, 54, George Square, Edinburgh, by December 8th.
- GERMAN HOSPITAL.** Dalston, N.E.—Honorary Anaesthetist. Applications to the Superintendent by November 29th.
- GLASGOW: BARNHILL POORHOUSE AND HOSPITAL.** Springburn.—Two Male Assistant Medical Officers. Salary, £90 and £100 per annum, with board, apartments, etc. Applications, marked "Assistant Medical Officer," to be sent to the Inspector, Parish Council Chambers, 266, George Street, Glasgow, by December 2nd.
- GLASGOW SAMARITAN HOSPITAL FOR WOMEN.**—House-Surgeon. Applications to the Honorary Secretary, 88, West Regent Street, Glasgow.
- HALIFAX ROYAL INFIRMARY.**—Third House-Surgeon, unmarried. Salary, £80 per annum, with residence, board, and washing. Applications to the Secretary by December 3rd.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.** Brompton.—Assistant Physician. Applications to the Secretary by November 26th.
- HOSPITAL FOR DISEASES OF THE THROAT.** Golden Square, W.—Junior Resident Medical Officer. Salary, £50 per annum, with board, residence, and laundry. Applications to the Secretary-Superintendent by December 6th.
- HOSPITAL FOR EPILEPSY AND PARALYSIS AND OTHER DISEASES OF THE NERVOUS SYSTEM.** Maida Vale, W.—(1) Physician to Out-patients. (2) Anaesthetist. Applications to the Secretary.
- HOSPITAL FOR SICK CHILDREN.** Great Ormond Street, W.C.—(1) Resident Medical Superintendent. Salary, 100 guin as per annum and £5 washing allowance. (2) House-Physician, unmarried; appointment for six months. Salary, £90 and £2 10s. washing allowance. Board and residence provided in each case. Applications, on forms provided, to be sent to the Secretary for (1) by December 10th and for (2) by November 25th.
- HUDDERSFIELD INFIRMARY.**—Junior House-Surgeon. Salary, £80 per annum, with board, residence, and washing. Applications to the Secretary by November 27th.
- KILBURN, MAIDA VALE, AND ST. JOHN'S WOOD GENERAL DISPENSARY.**—Honorary Medical Officer. Applications to the Honorary Secretary, 13, Kilburn Park Road, N.W., by November 28th.
- LEEDS GENERAL INFIRMARY.**—Honorary Assistant Surgeon. Applications, marked "Private," to be sent to the Treasurer by November 29th.
- LEEDS: YORKSHIRE COLLEGE.**—Senior Demonstrator of Pathology. Salary, £150 per annum. Applications to the Dean by November 24th.
- LINCOLN COUNTY HOSPITAL.**—Senior Male House-Surgeon, unmarried and under 30 years of age. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary by December 12th.
- LIVERPOOL ROYAL INFIRMARY.**—Honorary Surgeon. Applications to the Chairman of the Committee by November 28th.
- LONDON HOSPITAL.** Whitechapel, E.—(1) Assistant Surgeon. (2) Medical Registrar. Salary, £100 per annum. Applications to the House Governor by November 29th.
- METROPOLITAN ASYLUMS BOARD.**—Assistant Medical Officers at the New Asylum, Tooting Bec; unmarried and not exceeding 35 years of age. Salary for Senior, £250 per annum, rising to £300; for Second Assistant, £180 per annum, rising to £200. Board, lodging, attendance, and washing provided in each case. Applications, on forms provided, to be sent to the Office of the Board, Embankment, E.C., by November 24th.
- MIDDLESBROUGH COUNTY BOROUGH ASYLUM.** Marton-in-Cleveland, Yorks.—Assistant Medical Officer, unmarried and not over 30 years of age. Salary, £130 per annum, rising to £150, with furnished apartments, board, and washing. Applications to the Medical Superintendent by November 29th.
- NEW HOSPITAL FOR WOMEN.** Euston Road, N.W.—(1) House-Physician. (2) House-Surgeon. (3) Clinical Assistant for Out-patient Department. Applications to the Secretary by November 30th.
- NEW ROSS UNION.**—Medical Officer for the Carlsruhe Dispensary District. Salary, £125 per annum and usual vacation fees. Will also be appointed Medical Officer of Health for the district at salary of £15 per annum. Must reside within the district. Applications to the Clerk to the Union by December 6th.
- NORTHAMPTON GENERAL INFIRMARY.**—Assistant House Surgeon, unmarried and not under 22 years of age. Salary, £75 per annum, with furnished apartments, board, attendance, and washing. Applications to the Secretary by December 10th.
- NORTH-WEST LONDON HOSPITAL.** Kentish Town Road, N.W.—(1) Resident Medical Officer. (2) Assistant Medical Officer. Appointments for six months. Salary at the rate of £50 per annum attached to each post, with board, residence, and washing. Junior eligible for election as Senior. Applications to the Secretary by November 28th.
- OLDHAM INFIRMARY.**—Junior House Surgeon. Salary, £75 per annum, with board, residence, and washing. Applications to the Honorary Secretary by December 6th.
- PLYMOUTH: SOUTH DEVON AND EAST CORNWALL HOSPITAL.**—Assistant House-Surgeon. Appointment for six months, but renewable. Salary at the rate of £50 per annum, with board and residence. Applications to the Honorary Secretary by December 1st.
- QUEEN'S JUBILEE HOSPITAL.** Richmond Road, Earl's Court, S.W.—House Surgeon. Appointment for six months. Board, laundry, and residence provided, and honorarium at the rate of £50 per annum. Applications to the Secretary by December 21st.
- ROYAL COLLEGE OF SURGEONS OF ENG' AND.**—Member of the Court of Examiners; must be F.R.C.S.E. Applications to the Secretary by December 31st.
- ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.** King William Street, Strand, W.C.—(1) House-Surgeon. Honorarium, £25 for six months. Applications to the Secretary by December 1st. (2) Clinical Assistants. Applications to the Secretary by December 2nd.
- ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.** S.W.—Secretary. Salary, £150 per annum, with emoluments. Applications to the Dean of the Medical School by November 27th.
- ST. PANCRAS AND NORTHERN DISPENSARY.** 126, Euston Road, N.W.—Resident Medical Officer, unmarried. Salary, £105 per annum, with residence and attendance. Application to the Honorary Secretary, H. P. Bodkin, 23, Gordon Street, Gordon Square, W.C., by November 26th.
- ST. THOMAS'S HOSPITAL.**—Resident Assistant Surgeon; must be F.R.C.S.Eng. Applications to Mr. E. M. Hardy, Treasurer's Clerk, by November 22nd.
- WEST LONDON HOSPITAL.** Hammersmith Road, W.—(1) House-Physician, (2) House-Surgeon. Board and lodging provided. Applications to the Secretary by December 17th.
- WESTMINSTER HOSPITAL.** Broad Sanctuary, S.W.—Medical Registrar. Salary, £50 per annum. Applications to the Secretary by November 24th.

MEDICAL APPOINTMENTS.

BREWER, Alec H., Jun., M.R.C.S.Eng., L.R.C.P.Lond., appointed Honorary Anaesthetist to the Male Lock Hospital, Dean Street, Soho, vice Mr. H. J. Patterson, resigned.

CHRISPIN, W. F., L.S.A., appointed Medical Officer of Health to the Castleford Urban District Council, vice G. B. Hillman, L.S.A., resigned.

CONCORAN, Thomas, L.R.C.S.I., L.A.H.Dub., reappointed Medical Officer of Health to the Loughborough Urban District Council.

CORTHORN, Miss Alice M., M.B., B.C.Lond., appointed Senior Assistant to the Out-patients at the New Hospital for Women.

DOWDING, A. W. Woodman, M.D., M.S.Dur., M.R.C.P.Edin., M.R.C.S.Eng., appointed District Medical Officer and Public Vaccinator of the St. Columb Union, Cornwall, vice Dr. Vigurs, deceased.

FLETCHER, G. V., L.R.C.P., L.R.C.S.Edin., appointed Assistant Medical Officer to the Liverpool Parish Workhouse.

HALLAM, Herbert, M.B.C.S., L.R.C.P.Lond., appointed Honorary Anaesthetist to the Sheffield Royal Hospital.

KNAGGS, R. Lawford, M.D., M.C., F.R.C.S., appointed Honorary Surgeon to the Leeds General Infirmary, vice A. W. Mayo Robson, F.R.C.S., appointed Honorary Consulting Surgeon.

MCVICAR, Colin, M.B., C.M.Edin., appointed [Visiting medical Officer to the Dundee Parish Poorhouse and Hospital.

MATHERSON, John, M.B., B.Ch., R.U.I., appointed District Medical Officer of the Bromley Union.

MOORE, Stanley, L.R.C.P., L.R.C.S.I., appointed Certifying Factory Surgeon for the Maynooth District of the County of Kildare.

RICHARDS, J. B. O., L.R.C.P., L.R.C.S.Edin., appointed District Medical Officer of the Bodmin Union.

STEWART, W. M.D., appointed District Medical Officer of the Haslingden Union.

WALKERS, E. Elmor, M.B., B.S.Lond., appointed Junior Assistant Medical Officer to St. Pancras Infirmary.

WILSON, A. Garlick, M.B.Camb., F.R.C.S.Eng., appointed Senior House-Surgeon to the Sheffield Royal Infirmary.

WISHART, John, M.B., Ch.B., B.Sc.Aberd., appointed Deputy Medical Officer of Health to the Bedlingtonshire Urban District Council.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Society of London, 11, Chandos Street, Cavendish Square, W., 8.30 p.m.—Discussion on Haematemesis: its Pathology and Medical Treatment, to be opened by Dr. Bertrand Dawson, and taken part in by Drs. Burney Yeo, Hale White, S. H. Habershon, H. D. Rolleston, A. F. Voelcker, and W. B. Wynter.

Odontological Society of Great Britain, 20, Hanover Square, W., 8 p.m.—Annual Report and Balance Sheet. Casual communications by Mr. Osbourne Bell, Mr. A. E. Baker, and Mr. J. G. Turner. Paper by Mr. J. Denner Whittles.

TUESDAY.

Royal Medical and Chirurgical Society, 20, Hanover Square, W., 8.30 p.m.—Professor A. E. Wright and Dr. H. H. G. Knapp: A note on the Causation and Treatment of Thrombosis occurring in connexion with Typhoid Fever. Mr. S. Vere Pearson: Latent Empyema in Infants.

University of London Physiological Laboratories, South Kensington, 5 p.m.—Dr. Ernest Starling: On the Sources of Animal Energy.

WEDNESDAY.

University of London Physiological Laboratories, South Kensington, 5 p.m.—Dr. M. S. Pembrey: On Animal Heat and Respiration.

Dermatological Society of Great Britain and Ireland, 20, Hanover Square, W., 5 p.m.—Dr. Stowers: Presidential address.

Hunterian Society, London Institution, Finsbury Circus, E.C., 8.30 p.m.—Pathological Evening.

FRIDAY.

Clinical Society of London, 20, Hanover Square, W., 8.30 p.m.—Mr. A. W. Mayo Robson: Ruptured Crucial Ligaments and their Repair by Operation. Lieut.-Colonel W. K. Hatch, I.M.S.; On Hepatic Abscess. Mr. L. H. McGavin: A case of Strangulated Inguinal Hernia in which reduction "en masse" was caused by the employment of Taxis.

POST-GRADUATE COURSES AND LECTURES.

Charing-cross Hospital, Thursday, 4 p.m.—Demonstration of Surgical Cases.

Hospital for Consumption and Diseases of the Chest, Brompton, S.W., (Wednesday, 5 p.m.—Lecture on Aortic Aneurysm and its Treatment.

Hospital for Sick Children, Great Ormond Street, W.C., Thursday, 4 p.m.—Demonstration of Selected Cases.

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, throat.

National Hospital for the Paralyzed and Epileptic, Queen Square, W.C.—Tuesday, 8.30 p.m.—Lecture on Paraplegia.

Post-Graduate College, West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 p.m. as follows: Monday, Malignant Disease of the Uterus; Tuesday, Cirrhosis of the Liver; Wednesday, Diabetes; Thursday, Varieties of Rectal Stricture; Friday, Pelvic Abscess.

Westminster Hospital, Broad Sanctuary, S.W., Tuesday, 4.30 p.m.—Demonstration of Gynaecological Cases.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning in order to ensure insertion in the current issue.

BIRTH.

WHITE.—On the 8th November 1902, at the Dover House, Bugbrooke, Weedon, Northamptonshire, the wife of Percy Stanhope White, M.R.C.S. & L.R.C.P.Lond., of a daughter.

MARRIAGES.

HAY-SYMS.—At Christ Church, Surbiton, on the 11th instant, Malcolm Bell Hay, M.R.C.S., L.R.C.P., son of the late T. B. Hay, M.R.C.S., L.R.C.P., of Christchurch, New Zealand, to Minnie, second daughter of Frederick Richard Syms, of Lanreath, the Avenue, Surbiton.

SHELTON-JONES.—MANCHESTER.—On November 12th, at St. Peter's Church, Pwllheli, by Canon E. T. Davies, B.A., assisted by Rev. R. Lewis, B.A., Curate, Ernest Lloyd Sheltou Jones, M.R.C.S., L.R.C.P., Erythra, Pwllheli, to Lucy, third daughter of T. L. Manchester, Esq., of Westfield, Pwllheli.

DEATH.

CASE.—On November 14th, at Fareham, Mary, the wife of George H. Case, in the 54th year of her age.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 2, Agar Street, Strand, W.C., London; these concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone, unless the contrary be stated.

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

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

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

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

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

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Atiology*, 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.

BLUNT asks for advice as to the sharpening of instruments or references to published instructions.

OPTIC ATROPHY FOLLOWING LIGHTNING STROKE.

DR. A. MAUDE (Westerham) writes: Is atrophy of the optic nerve a recognized sequel of lightning stroke? The few papers on the subject which I can find all mention "amblyopia" vaguely as a common sequel, but make no mention of actual change in the discs. I have lately seen a soldier who was struck by lightning in South Africa many months ago; he has now marked double white atrophy, very low vision ($\frac{1}{20}$), and very contracted fields. He was never unconscious, or had any nervous disturbance other than what may be described as general neurasthenia.

ANSWERS.

SCANDAL.—The facts, if our correspondent has been correctly informed, appear to indicate that there has been an oversight.

NAIL BITING.

DR. E. A. SMYTH (Edinburgh) writes in reply to "N. McC." to suggest, in addition to keeping the nails regularly clipped close, a splint fixed on to either arm from, say, the axilla to the wrist. This will effectually prevent the bending of the elbow, and consequently the child bringing its finger-nails to its mouth.

FREE MARTINS.

SCOT writes: I know of two cases of twins, in both of which the females have borne children (four in one case and one in the other) although these co-twins are males. Curiously enough, the male twin of the female who bore the four children is the husband of the woman who bore one child. The latter's co-twin—a male—is not married.

THE PRURITUS OF JAUNDICE.

P. B. writes, in reply to "Icterus," to recommend the nitrohydrochloric acid baths, the formulae for which are to be found in Tanner's *Index of Diseases* (fourth edition). They are as follows: Acid nitric, fl. drs. 12; acid hydrochloric, fl. oz. 1-3; aquae calidae, C. 30. Mix. To be prepared in a wooden bath. The patient should remain in it from ten to twenty minutes. Useful in cases where the liver is inactive—as in invalids from tropical climates. Acid nitric, fl. drs. 4; acid hydrochloric, fl. oz. 1; aquae calidae, C. 4. Mix. For a footbath. In dyspepsia, with derangement of the liver and constipation. To be used in a wooden or earthenware vessel.

LETTERS, NOTES, Etc.

LIFE ASSURANCE COMPANIES AND MEDICAL OPINIONS.

In a note under this heading published in the BRITISH MEDICAL JOURNAL of November 15th, p. 1630, the insertion of the word "not" three lines from the bottom, has altered the meaning of the sentence. It should have read: "We are at one with our correspondent in thinking the fee wholly inadequate for the services required."

MEDICAL DEGREES AND MEDICAL TEACHING.

MR. EDWARD CARNALL, M.R.C.S. (London, N.), writes to urge that there should be one portal only to the medical profession for the United Kingdom, and that through a university, one State examination as for the law. He thinks that a teaching university should be established in London with its own professors and lecturers, and that all the hospitals and infirmaries should be affiliated to it, so that the beds and patients could be apportioned to the students. Our correspondent's ideal of a teaching university in London, and a full organization of clinical opportunities, is one for which most medical reformers sigh. If he will study the reports, all too brief as they are, of the proceedings of the medical faculty of the University of London, published from time to time in our columns, he will see that something is being done in this direction. Progress is slow, but this appears to be inevitable. A teach-