

The following are the notes of a case of iodism:

D. A., female, aged 21, had been successfully revaccinated four months previously. She complained of severe headache, giddiness, and nausea. The eruption consisted mainly of pustules, discrete and very numerous on the face, neck, and between the shoulders. On the left forearm there was a wound discharging pus. The history of the case showed that she had recently been an in-patient in a general hospital where she had been treated, at first medicinally and later surgically, for a swelling of the forearm. She took her discharge six days before coming here, and on leaving brought away with her a medicine of which she had continued to partake up to the day of her removal to this hospital. On referring to the hospital in question, our suspicion received confirmation.

During the course of the epidemic two cases of lobar pneumonia were diagnosed as small-pox and sent here. The deceptive feature in both these cases may have been the plentiful crop of herpes labialis.

Other varieties include two cases of children with an eruption which was considered to be of vaccinal origin, one case of ptomaine poisoning,¹ and one case of German measles in a well-vaccinated child, aged 7.

The following are the notes of the only case of scarlet fever sent to us as small-pox:

A. B., female, aged 16, complained of headache, chills, sickness, and pains in the limbs. The neck and chest were free from eruption, and desquamation was not perceptible. There was, however, a very striking erythematous, slightly punctiform rash, roughly triangular in outline, confined to the abdomino-crural region; on the legs the faintest blush was visible. The degree of faucal injection was slight, and there was no enlargement of cervical and submaxillary glands; the papillae of the tongue were just a trifle prominent. The patient had four large distinct vaccination marks.

This case had been judged to be one of small-pox in the pre-eruptive stage, with a well-marked initial rash of the scarlatiniform type.

Two patients were found to be suffering from measles—one an infant and the second a man, aged 34, who had been successfully revaccinated eighteen years previously. The catarrhal manifestations in this case were very slight, and the eruption in places was inclined to be ecchymotic. The prostration was very pronounced.

REFERENCE.

¹ BRITISH MEDICAL JOURNAL, September 15th, 1902.

MEMORANDA:

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

CASE OF HAIR-BALLS IN THE STOMACH.

DR. SOLTAU FENWICK'S paper in the BRITISH MEDICAL JOURNAL of November 29th on hair-balls in the stomach leads me to record a case. C. H., aged 37, was recently admitted into the Norfolk and Norwich Hospital with a tumour in the left hypochondrium. This had been noticed about three years, and was slowly increasing. She was a brushmaker, and had been treated for ulcer of the stomach with haematemesis six years ago.

Her symptoms consisted of dull aching in the stomach, with occasional acute paroxysmal attacks, accompanied by nausea without actual vomiting. The tumour, which lay just under the left hypochondrium, was as big as a cocoanut, and felt trilobate. It occupied the usual site of the spleen. It moved with deep respiration, and could be displaced to the right of the middle line. In the absence of any symptoms of renal disturbance, and owing to the absence of colon resonance in front of the tumour, I diagnosed cystic disease of the spleen.

On October 3rd laparotomy cleared up the matter. The stomach was found contracted upon a tumour which was movable in it. The stomach was incised near the pyloric end, which presented, and a mass of matted hair pulled out with some difficulty; this lay in clear odourless mucus. On further exploration a second mass was felt; this was removed and a third likewise, the last two lying in the usual sour-smelling gastric mucus. The stomach was sutured by Halsted's method and recovery was uneventful.

The masses of hair together weighed 1 lb. 3 oz. They were faceted, and evidently the two upper lumps shifted their position occasionally, according to the distension of the cardiac end, which accounted for the varying shape of the tumour. They consisted entirely of black bristles, such as

she was in the habit of using for making brushes, felted together.

It is a puzzle to me why there should have been three distinct masses instead of only one. The age of the patient, 37, is greater than any recorded by Dr. Fenwick. To his exhaustive paper I have little to add. I think a point of diagnosis which might have led to a correct opinion in this case was the mobility of the tumour, which could be swung from left to right, its excursions being radial with the apex upwards.

DONALD D. DAY, B.S., F.R.C.S.,
Assistant Surgeon, Norfolk and Norwich Hospital.

A CASE OF SPONTANEOUS DISAPPEARANCE OF A RECURRENT MAMMARY CARCINOMA.

THE following case may be of some interest, especially with regard to the question of oöphorectomy for carcinoma of the breast.

N. H., aged 48, single, in March, 1895, was operated on by Mr. Barker at University College Hospital for cancer of the left breast. Four years ago she had recurrences removed at the Samaritan Hospital, and again by Mr. Barker at University College Hospital about two years ago.

On December 4th, 1900, she took to her bed suffering extreme pain from recurrences around the scar. She continued in much the same state, relieved by hypodermic injections of morphine in increasing doses, till July, 1901, the cancer nodules slowly increasing. When I first saw her in the middle of July there were numerous red hard nodules, varying from the size of a pea to that of a walnut, and firmly adherent to the chest wall, all around the scar. The axilla was apparently free and no evidence of visceral growths could be obtained, but owing to her extreme pain a satisfactory examination was almost impossible.

One day at the end of July she refused further injections of morphine, and next day she was distinctly melancholic. Up to this time her menses had been quite regular, and this was the time for her period. It did not come on, however, and she has never since been unwell.

The melancholia persisted, unfortunately, and it was with extreme difficulty that she could be examined at all, but at the end of a month I was surprised to find the nodules around the scar nearly gone, and by November they had quite disappeared. Neither her mental nor her bodily condition improved however, and in June this year she was removed to the asylum as she was becoming violent. She has a continual craving for food, and eats ravenously almost continuously, but remains very thin, though stronger than she was six months ago. Her friends, of course, say her food does her no good, but "feeds the cancer," though there is no sign of cancer to be made out. Since the mental condition has supervened pain has ceased, and she, as a rule, only complains of vague pains about the body, but once or twice she has torn at the breast with her nails.

My humble apologies are due for these very rough notes, but until the cancer nodules disappeared it seemed but an ordinary case of approaching death from recurrent carcinoma. Perhaps I may lay stress on the fact that the menopause and cessation of pain were synchronous, the melancholia and disappearance of cancer nodules following almost immediately.

Sutton, Surrey. REGINALD J. WILLSON, M.B., B.C. Cantab.

INTERSTITIAL EMPHYSEMA BENEATH THE DEEP CERVICAL FASCIA AS A COMPLICATION OF ASTHMA.

IT is under the belief that the condition of surgical or interstitial emphysema beneath the deep cervical fascia is of rare occurrence during an attack of asthma that I venture to bring forward the following case:—

H. S. S., aged 17, well developed and muscular, also a good athlete, gives this account:

I have been subject to asthma for about eleven years, and on Sunday, July 27th, had an ordinary attack, so kept quiet all day in one room. On coming upstairs to bed I had a fit of coughing which left me with a pain in the chest and a swelling in the neck. I went to sleep for a short time, then woke, the pain was worse, and my neck more swollen.

When seen the patient was suffering from a sharp attack of asthma; the lower part of the neck just above the clavicles on both sides was swollen and puffy. On pressing over this

the characteristic crepitant feeling of air in the areolar tissue was detected. This was localized to the anterior and posterior triangles of the neck, reaching up to the level of the jaw laterally and anteriorly, as high as the thyroid cartilages. With the stethoscope the respiratory sounds could be plainly heard in the neck, and when pressed in and out over this region the fine crepitations due to the displacement of air were very distinct.

There was no emphysema over sternum or ribs, nor pneumothorax, the air entry being equal on both sides of the chest. The heart apex beat could only just be detected in its normal place by forcibly pressing the finger tips in the fifth intercostal space. The cardiac dullness was absent, and, listening over the cardiac area when the breath was held, the fine crepitations, as those described in the neck, were distinctly heard.

The pulse was markedly of the "pulsus paradoxus" type; during inspiration the pulse wave became small, feeble, and quick, at times almost imperceptible, whilst during the prolonged expiration it was stronger and slower, the rate varying from 96 to 120 per minute. Temperature from 99° to 100° F.

Since the emphysema, which lasted four days, was confined to the areolar tissue in the mediastinum and beneath the deep cervical fascia, and since also there was no pneumothorax, or any lesion detected in the lungs, the site for the escape of air was extrapleural at or near the root of the lung.

ERNEST J. G. CALVERLEY, C.M.G., M.D., B.S.Lond.
Folkestone.

REPORTS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON.

ARTHUR E. J. BARKER, F.R.C.S., Vice-President,
in the Chair.

Friday, December 12th, 1902.

NASAL DEFORMITY TREATED BY SUBCUTANEOUS INJECTION OF PARAFFIN.

MR. STEPHEN PAGET read a paper on this subject. An illustrated article by Mr. Paget will be published in an early issue.

Dr. SCANES SPICER had worked at the subject since Gersuny's original suggestion appeared. He had, however, stayed his hand because in one case the injection had been followed after some days by oedema of the upper eyelids, and after some months by migration of the paraffin itself into the same place, causing a brawny infiltration feeling like cartilage, and almost entirely closing the palpebral fissure. Until he had proved this could be effectually dealt with he had not felt justified in continuing the injections with Gersuny's mixture (104° F.). He exhibited casts and photographs of this patient, before and after injection, with the eyelids infiltrated, and, in her present satisfactory state, with normal eyelids. He also showed the mass of dense fibroid tissues containing squames of solid paraffin which had been excised by Dr. Juler, and also microscopic sections showing black granular masses (paraffin?) in the interstices of the connective tissue. Since then he had injected other cases with Gersuny's paraffin and a similar complication had not occurred; in the above case, however, it did not supervene for over seven months to an extent to cause trouble. This had occurred to other observers, and he had been induced to direct his attention to Eckstein's paraffin (melting point 136° F.), which contained no vaseline. With all ordinary serum and hypodermic syringes this proved quite unworkable, as the wax congealed in the needle and could not be forced into the tissues. Messrs. Mayer and Meltzer had, however, recently made a satisfactory syringe by fitting to the needle a large copper olive that retained enough heat to keep the fluid and needle hot. He had not found that that temperature caused any serious scald if the skin was protected by damp lint. None of his other cases had shown any unfavourable symptom. He thought that the higher paraffin was less likely to migrate than the lower, though it was premature to assert this in his own experience. Free muscular movements of the features naturally tended to squeeze matter in the intercellular spaces along the lymphatics, and it was not yet cer-

tain how lasting the improvement would be. In spite of the migration of paraffin in his first case the nose retained its improved shape, doubtless owing to the subcutaneous proliferation of cellular tissue like that which was excised from the eyelid.

Mr. PAGET, in reply, stated that if the melting point was too high, actual burning of the tissues was caused.

INTESTINAL PERFORATION IN TYPHOID FEVER TREATED BY LAPAROTOMY.

Dr. WALTER CARR and Mr. EDMUND ROUGHTON contributed the following case:

A girl, aged 18, admitted to the Royal Free Hospital on October 7th, 1902, on the ninth or tenth day of a severe attack of typhoid fever. At the end of the third week there was a small intestinal haemorrhage. A relapse occurred at the end of the fourth week, and at the end of the fifth week fresh spots appeared. On November 6th, about the fortieth day of the disease, well-marked signs of perforation developed, and an hour later the abdomen was opened an inch to the right of the middle line. A perforation, about one-sixteenth of an inch in diameter, was at once found, and closed by a double row of Lembert's sutures. As there was very little faecal extravasation, the soiled intestine was merely sponged with plain gauze, no washing out or irrigation used, and no drainage employed. The operation occupied nineteen minutes. The patient rallied well and progressed favourably for about sixty hours, then symptoms of perforation again developed, and death followed three hours later. At the necropsy the first perforation was found to be firmly closed, and there was no peritonitis round it; a second and recent perforation was discovered a few inches lower down, and was evidently the cause of death.

The conditions which favoured the comparative success of the operation for the first perforation were discussed—namely, its early performance, the small size of the perforation, and the ease with which it was found and closed, so that the operation was a very short one. The chances of a second perforation were considered, the risk of this being probably considerable when perforation occurred during the acute stage of the fever. Seven cases in all had been recorded in the United Kingdom of recovery after operation for perforated typhoid ulcer, but all the patients were either convalescent or suffering from a very mild form of the disease; and so far not a single successful operation had been recorded in cases of a severe type, or whilst the patient was still seriously ill, although it was under such circumstances that the majority of perforations of typhoid fever probably occurred.

Mr. H. J. WARING gave a clinical account of five patients upon whom he had operated during the past four years for intestinal perforation during the course of enteric fever. The most noteworthy points in connexion with this series of cases were discussed as follows: (a) The seat and character of the perforation.—In four of the cases the perforation was situated in the lower 12 in. of the ileum (4, 5, 12, and 12 in. respectively), and in the fifth case in the lower part of the sigmoid flexure 16 in. above the anal margin. Two of the cases had a double perforation, and in each of these the perforations were close together. This observation, he stated, was in agreement with other statements which had been made on the subject. On this account he advised that when an operation was performed the lower 1 or 2 ft. of the ileum should be first examined, next the region of the caecum, vermiform appendix, and the ascending colon, and then the sigmoid flexure. As regarded the method of suturing the perforation he used in all cases fine silk, each suture being introduced by Lembert's method. Catgut was not considered to be suitable on account of its thickness and the short time that elapsed before it was absorbed. Careful suturing was advocated on account of the possibility of perforating another ulcer in the region of the sutures. This accident had occurred in one of the recorded cases. Excision of the margins of the perforated ulcer was not advised, on account of the probability of invading other ulcers, and also on account of the extra time required for the operation and the increased shock to the patient. (b) The most suitable period for operation.—The time of operation in the recorded cases was 6, 8, 9½, 30, and 38 hours after the occurrence of the perforation, as judged from the clinical histories of the cases. The patients who recovered were those operated upon at the eighth and ninth hour, the others being fatal. The operation should be done as soon as possible after the perforation had been diagnosed, the earlier the operation the greater being the chances of the patient's recovery. With delay, the greater were the probabilities of the establishment of acute peritonitis. Four of the recorded cases had acute peritonitis in the recto-vesical pouch at the time of the

Curator of the Hunterian Museum and Library, and in this work perhaps he found his most congenial employment. He devoted himself with thoroughness and enthusiasm to the discharge of the duties of his various offices. His knowledge of natural history, especially of zoology and palaeontology, was accurate and extensive, and he endeavoured to instruct the students, not in mere outward forms, but in the great principles of comparative anatomy. By means of classes of practical zoology, which he conducted with characteristic zeal, he did much to interest them in biological study. Moreover, he was one of the earliest supporters of the movement for the higher education of women. He was one of the first Professors to deliver lectures in connexion with that movement, and retained an active interest in Queen Margaret College to the last. In the general management of the University he took an active part, his clear and vigorous mind and his knowledge of affairs rendering him a most useful member of the Senate; he was a member of the University Court from 1899 till his resignation. His enthusiasm for his work in the Hunterian Museum was shown by the fact that in resigning his chair he asked the permission of the Court to be allowed to retain the office of curator, that he might continue certain work he had undertaken in connexion with it.

Notwithstanding the many academic calls on his time, Professor Young took a prominent part in general educational affairs. He was a member of the Educational Institute of Scotland, and had the honour of occupying the position of President in 1892. He was an active member of the British Association, while hospitals and kindred institutions, especially those for the training and well-being of nurses, had in him a sure friend. He was a man of literary and musical tastes, and an accomplished linguist. Indeed, his versatility and catholic sympathies won him friends everywhere, and his well-known form will be missed not only in the University, but in much wider circles.

The funeral took place on December 16th. A special service was conducted in the University Bute Hall, in which Principal Story, the professors, and the students took part. Out of respect to the deceased professor none of the university classes met on that day.

FLEET SURGEON GEORGE WARNER BELL, R.N.

A BROTHER OFFICER furnishes us with the following sketch of the services of Fleet Surgeon Bell, whose life has been so prematurely ended.

George Warner Bell, L.R.C.P. Edin., M.R.C.S., entered the Royal Navy Medical Service in 1877, and attracted the attention of his brother officers as an able surgeon and anaesthetist. In those days anaesthesia in our naval hospitals was treated as a very serious matter, and its administration was fenced round with great precautions; its expenditure was most carefully measured for the possible coroner's inquest, and the P.M.O. was considered responsible for all such administration. The responsibility of the anaesthetist himself was realized with difficulty by many senior medical officers.

While still at Haslar Surgeon Bell distinguished himself by plunging into the sea from the Haslar sea wall to save the life of an officer patient, who suddenly developed suicidal mania; he brought the body to land, but life was extinct. In the following year he was appointed to the *Monarch* on the Mediterranean Station, and subsequently to the *Helicon*, and while belonging to that ship was present at the bombardment of Alexandria in 1882, and subsequently did good service with the Naval Brigade in the vain attempt to relieve General Gordon in Khartoum, 1884-5. In 1886-8 he was attached to the Royal Marine Artillery at Eastney, and to H.M.S. *Wye* in 1888. He was promoted to the rank of Staff Surgeon in 1889, and served in the *Tourmaline*, 1889-93, and the *Magicienne*, 1893-6; both commissions were on the North American and West Indian Station. On his return home he was appointed Medical Officer of H.M.S. *St. Vincent*, Training Ship for Boys at Portsmouth, where he attained the rank of Fleet Surgeon in 1898. His next ship was the *Magnificent*, in the Channel Squadron, 1898-9; he was next appointed Fleet Surgeon, Royal Hospital, Haslar, 1900-1. Here his health failed, and he was compelled to relinquish his appointment. He was reappointed temporarily in November last, but died suddenly on December 2nd from heart disease, from which he had suffered for some time previously.

On December 6th he was buried in Haslar Cemetery with naval honours. He was awarded the Egyptian medal, Alexandra clasp, Nile 1884-5 clasp, and Khedive's medal.

UNIVERSITIES AND COLLEGES.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

At an extraordinary Comitia held on Thursday, December 11th, the President, Sir William S. Church, Bart., K.C.B., in the chair.

Member Admitted.

Dr. Charles E. M. Kelly, elected on October 30th last, was admitted to the membership.

Announcements.

The President announced that he had appointed Dr. Allichin to be the Harveian Orator for 1903, and Dr. J. F. Payne (Harveian Librarian) to be the first FitzPatrick Lecturer. These lectures would be delivered in 1903. He had appointed Dr. Mant Sandwith to be the Representative of the College at the Congress of Medicine to be held in Egypt in the place of Sir R. Douglas Powell, who was unable to attend.

Recognition of Technical Institute.

A report, dated November 17th, from the Committee of Management was received and adopted. The Committee recommends that the Norwich Technical Institute be added to the list of institutions recognized by the Examining Board in England for instruction in chemistry, physics, and practical chemistry.

Latin in Preliminary Education.

The adjourned discussion on Dr. Payne's resolution: "That in the opinion of this College, it is desirable that Latin should continue to form part of the preliminary education of medical students," was resumed. The following amendment had been moved by Dr. Fredk. Taylor and seconded by Dr. Norman Moore, namely: "That the College proceed to the next business on the agenda."

Dr. Allichin disclaimed any title to the prominent place in resuming the discussion which the accidental circumstance of his having moved the adjournment of the debate in July had given to him, and considered the conditions under which the debate was resumed as far from satisfactory. Dr. Payne's was a purely abstract resolution, and it would be quite possible to vote for, and even to carry it, without any practical result. The circumstances under which the motion was brought forward must be considered. At the Comitia on July 4th a report of the Committee of Management, recommending that matriculation at the University of London, under the new regulations which made Latin an optional subject should be accepted as evidence of adequate preliminary education for the College's diploma was adopted without opposition, Dr. Payne and Dr. Pye-Smith being present. This in itself made any proposal to reverse the recommendation of the Committee a difficult matter, and created a bad precedent. He should support the original motion.

Dr. W. H. Dickinson would be very sorry indeed if the College were to go back on its previous resolution. The subjects of study had been greatly increased in modern times, and the University of London had, after prolonged consideration, provided a broad and satisfactory examination with alternative and optional subjects for testing the preliminary education of students intending to proceed to its degrees. Ought not the College to recognize this? He had no desire in any way to discourage classical learning, more especially in that College so justly famous for the classical attainments of many of its Fellows. But there was another and very practical side of the question to be considered. Medicine was based not upon Latin, but upon science. Were students of the University who had received a sound general education, though not exactly upon the old classical lines, to be excluded from the diplomas of the College? He should support by his vote the original resolution.

Dr. Poore considered that Dr. Payne's resolution could serve no useful purpose. It could not reinstate Latin in the place which it had for so long held. The scope of human knowledge had been greatly widened and increased, and Latin had now many competitors as an educational subject. He should vote for the amendment.

Dr. L. E. Shaw also supported the amendment. He referred to the proceedings of the Faculty of Medicine, composed of teachers in that Faculty, and they had agreed to the proposed changes in the matriculation examination.

Sir R. Douglas Powell (Senior Censor), though in entire accord with Dr. Payne as to the great value of Latin as an educational subject, would support the amendment. Though the College had traditionally insisted upon the desirability of classical knowledge, yet he would recall the fact that Latin was never mentioned in the by-laws from beginning to their end. At a time when such vast educational changes were in progress, it would be late in the day for the College to enact a new regulation upon the subject, and for the first time to introduce it into its by-laws. They must accept the verdict of great universities upon such a question in general education. With them the responsibility rested, and it would be unwise for the College to assume it. At the same time he considered it undesirable that Dr. Payne's motion should be met by a directly negative vote. The wisdom of Dr. Taylor's amendment thus became apparent.

Dr. Kingston Fowler also supported the amendment.

Dr. Rose Bradford did not consider that the alterations made in the matriculation examination would result in any lowering of the standard of education for the degrees of the University of London. Dr. Payne's resolution was but the expression of an opinion which no Fellow would desire to contradict. The new regulations provided that boys from classical schools should not be compelled to take science subjects, just as boys from science schools should not be compelled to take Latin. He desired that neither Latin nor science should be made a compulsory subject, and should support the amendment.

A vote was then taken, when the amendment moved by Dr. Frederick Taylor, "That the College proceed to the next business on the agenda," was carried by a large majority.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council was held on December 11th, 1902, Sir Henry G. Howe, President, in the chair.
Court of Examiners.—Mr. Clinton T. Dent was elected a member of the Court.

Honorary Fellowship.—The President reported on behalf of the Hunterian Committee that Field-Marshal Earl Roberts, V.C., K.G., K.P., had accepted an invitation to be present at the Hunterian banquet on February 14th next, and that it had been arranged to present to him on that occasion the diploma of the honorary Fellowship, to which he was elected on January 10th, 1901.

Annual Meeting of Fellows and Members.

The Committee on the Annual Report of the Council submitted a report on the annual meeting of Fellows and Members held on Thursday, November 20th. It stated that the meeting was attended by the President, 15 Fellows, including 7 members of the Council, and 43 Members. The Committee recommended that certain replies should be forwarded to the resolutions passed on that occasion, as reported in the BRITISH MEDICAL JOURNAL of November 29th, page 1748, and the recommendations were accepted by the Council.

Resolution 1, expressing regret that the Council had not formulated a scheme by which the Members might receive the representation to which they had for many years claimed to be entitled. The following is the resolution of the Council:

Resolution No. 1 being a rejoinder to the answer given by the Council to the resolution carried at the previous annual meeting, the Council are of opinion that no answer is required on this occasion.

Resolution 2, with reference to the fact that the Fellowship examinations just suffice to defray out-of-pocket expenses, while those for the Membership yield an annual profit of some thousands of pounds, that it is unjust that the election of the Council should be vested in the Fellows alone. The following resolution was adopted: "With regard to Resolution No. 2 the Council inform the mover and seconder that the matter to which attention is called therein has been placed before the Council."

Resolution 3, supporting the proposal to enter into combination with the University of London in order to facilitate the acquisition by London students of a degree carrying with it the title of "Dr." The following resolution was adopted: "In reply to Resolution No. 3, the Council inform the mover and seconder that the report of the Conjoint Committee of the two Colleges is under consideration, and that when a decision is arrived at it will be reported to the Fellows and Members."

ROYAL NAVY AND ARMY MEDICAL SERVICES.

ROYAL NAVY MEDICAL SERVICE.

WE are informed that for the 35 vacancies at the recent examination for entrance into the Royal Navy Medical Service there were 24 candidates, and not 21 as stated in this column last week. Of these, 2 were found medically unfit, leaving 22 eligible candidates; of these, 2 failed to pass the examination, and 1 withdrew during its course; the remaining 19 passed.

The following appointments have been made at the Admiralty: STEWART F. HAMILTON, Fleet Surgeon, to the *Pembroke*, for Chatham Dockyard, *vice* Christie, January 1st; RICHARD F. BATE, Staff Surgeon, to the *Indefatigable*, on recommissioning, undated; GEORGE HEWLETT, M.B., Staff Surgeon, to the *Dido*, when commissioned; JEROME BATTY, M.D., Staff Surgeon, and THEODORE MARLES-THOMAS, Surgeon, to the *Venus*, when commissioned, undated; CHARLES S. FACEY, M.B., Surgeon, to the *Mohawk*, when commissioned, January 8th; CHARLES J. O'CONNELL, Surgeon, to the *Curlew*, when commissioned, January 15th; ALFRED M. PAGE, Staff Surgeon, to the *President*, for three months' course of hospital study, January 1st; MORRIS C. LANGFORD, Surgeon, to the *Humber*, January 6th; JOSEPH C. WOOD, Surgeon, to the *Defiance*, January 6th; GRAHAM E. KENNEDY, Staff Surgeon, and GEORGE GIBSON, Surgeon, to the *Royal Oak*, January 16th; ALEXANDER L. CHRISTIE, Fleet Surgeon, to the *Duke of Wellington*, additional (lent to the *Royal Sovereign*), January 1st; DANIEL J. P. McNABB, Staff Surgeon, lent for a three months' course of hospital study from the *Royal Sovereign*, January 1st; JAMES M. FRANCE, Staff Surgeon, to the *President*, additional, for a three months' course of hospital study, January 1st; JOHN H. STENHOUSE, M.B., Staff Surgeon, to the *Prometheus*, December 12th; WILLIAM W. KEIR, M.B., Surgeon, to the *Britomart*, December 12th; FRANCIS H. A. CLAYTON, M.D., Surgeon, to the *Argonaut*, December 12th.

ROYAL ARMY MEDICAL CORPS.

THE notification in the *Gazette* of September 20th, 1901, of the retirement of Lieutenant-Colonel H. H. Stokes, is cancelled, and the following substituted: Lieutenant-Colonel H. H. STOKES, M.B., is continued on the Active List as a supernumerary to the establishment, under the provision of Article 473 of the Pay Warrant.

Lieutenant-Colonel H. H. STOKES, M.B., is placed on retired pay, September 15th, 1902. We may perhaps be allowed to repeat here that Lieutenant-Colonel Stokes entered the service as Assistant-Surgeon, March 30th, 1872, becoming Brigade-Surgeon-Lieutenant-Colonel, July 9th, 1896. He was in the Zulu war in 1879 (medal and clasp), and with the Hazara Expedition in 1891 (mentioned in dispatches, medal with clasp).

Colonel W. S. PRATT, who is serving in the Bombay Command, is appointed Principal Medical Officer Mhow and Deesa Districts.

Lieutenant-Colonel J. J. MORRIS, who is serving in the Bengal Command, is appointed Principal Medical Officer, Peshawur District, *pro tem*.

Lieutenant-Colonels E. NORTH and T. F. MACNEE have been selected for increased pay under Article 362 of the Royal Warrant.

ARMY MEDICAL RESERVE.

SURGEON-CAPTAIN R. R. SLEMAN to be surgeon-Major, November 22nd. [This announcement is in substitution of that which appeared in the *Gazette* of November 21st, under the heading "Royal Army Medical Corps."]

THE "Y" FUND.

SURGEON-GENERAL MUIR (6, Church Road, St. Leonard's) writes: I have to acknowledge, with many thanks, subscriptions amounting to over two thousand rupees, from the officers of the Indian Medical Service in civil employment, through Surgeon-General Franklin, C.I.E., K.H.P., and Surgeon-General Sir Thomas Gallwey, K.C.M.G., has sent subscriptions from Indian Medical Service and Royal Army Medical Corps officers, who will perhaps excuse the non-appearance of their names, as the list would be a long one (and it may be taken for granted that nearly every Royal Army Medical Corps officer in India has subscribed). This valuable Indian contribution amounts to £262 2s., bringing the fund up to £862 2s. (gross).

For the information of all interested perhaps I may be allowed to say what is proposed with regard to the disposal of the Fund. At least £750 to be invested, in trust, for the child (Surgeon-General A. Keogh, C.B., Lieutenant-Colonel W. Babbie, V.C., C.M.G., and myself being the trustees); the balance, after all expenses have been paid, to be given to "Y," to enable her to start in some occupation. At the present moment she is in treaty with the principal of a well-established school for young ladies, with a view to partnership. It will be remembered by those who read the "Appeal," that the intention was to restrict the use of the Fund to the child; but in the peculiar circumstances of the case it has been found impossible for "Y" to obtain any situation, such as that of governess, without being obliged to leave the infant in charge of her aged mother, an arrangement which could only be temporary.

We consider, therefore, that a judicious employment of the balance above referred to would be of considerable advantage, indirectly, to the child, while it would help the mother materially, in the meantime, to obtain a livelihood. The trustees feel confident that subscribers will approve of their carrying out what appears to be the most beneficial arrangement, but they would cheerfully welcome any suggestion, if it be sent to the address above, during the course of next week. Legal advice and assistance are necessary, and I have to acknowledge gratefully the kind and liberal offer of Mr. W. W. Nicholson (Messrs. Nicholson and Crouch, 17, Surrey Street, W.C.), to act on behalf of the trust without fee.

A final communication will be made in due course.

MEDICO-LEGAL AND MEDICO-ETHICAL.

MEDICAL ETIQUETTE.

T. F. X. H.—We suppose it would be claimed that our correspondent gave his consent to the visit of the other practitioner, and we can only advise him now to take a firm stand and refuse to go on with the case under these conditions.

FIRST-AID LECTURES.

FIRST AID.—We see no ethical objection to the delivery of such lectures under the circumstances described by our correspondent. He had better see a proof of the handbills, and he should take care that they are not distributed beyond reasonable limits.

ALLOCATION OF PARTNERSHIP PREMIUMS.

A. is taking a junior partner, B. Advisers of B. suggest that the premiums for further shares in the practice (after the first payment) should be paid to the firm instead of to A. A. contends that the premiums should be paid to him, and not to the firm. Is he right in his contention?

*** As B. at the time of the sale has no interest in any of the "further shares," it is difficult to see why he should be entitled to any portion of the premiums. A's contention is manifestly a just one.

HOSPITAL ADVERTISEMENTS.

FAIR PLAY.—Our correspondent sends us cuttings from a local newspaper advertising the Southend Victoria Hospital. The advertisement reports the weekly number of patients treated and publishes the name of the doctor on duty in the following week. We agree that this announcement of the name of the doctor on duty each week is open to serious objection, and in our opinion the gentlemen whose names appear should take steps to put a stop to the practice.

ADVERTISING THANKS.

I. WILL find a similar case referred to in the BRITISH MEDICAL JOURNAL of September 20th, 1900. The medical men in that case were not in any way to blame and we ought to assume that these ingenuous effusions are merely the outcome of a sense of gratitude on the part of the patient, which is not so common as to constitute at present a serious ethical difficulty.

AMERICAN NOSTRUMS.

PERPLEXED.—We share our correspondent's objection to the ways of the American nostrum monger, but we do not think any useful purpose could be served by opening a discussion upon the merits of the one to which he objects. He will find it referred to in the last edition of Martindale and Westcott's *Extra Pharmacopoeia*.

other large towns. The death-rate from the principal infectious diseases averaged 2.1 per 1,000 in the seventy-six large towns; in London this death-rate was equal to 1.7 per 1,000, while it averaged 2.2 in the seventy-five other large towns, among which the highest rates were 4.0 in South Shields, 4.4 in Stockport, 4.5 in Newport (Mon.), 4.6 in Cardiff, 4.9 in Hull, 5.0 in Liverpool, 6.5 in Salford, and 10.3 in West Bromwich. Measles caused a death-rate of 2.2 in Stockport, 2.3 in Liverpool, 2.4 in Hastings, 3.5 in Bootle and in South Shields, 3.8 in Newport (Mon.), 4.0 in Hull, 4.7 in Salford, and 7.1 in West Bromwich; scarlet fever of 1.2 in St. Helens; diphtheria of 1.3 in Rhondda, 1.4 in Preston, and 1.5 in Oldham; whooping-cough of 1.3 in Willesden, 2.0 in East Ham, and 2.2 in Cardiff, and diarrhoea of 1.6 in West Bromwich and 2.5 in Hanley. The mortality from "fever" showed no marked excess in any of the large towns. Three fatal cases of small-pox occurred in Stockport, 2 in Oldham, and 1 each in Birkenhead, Liverpool, and Leeds. The number of small-pox patients under treatment in the Metropolitan Asylums Hospitals, which had been 17 at the end of each of the two preceding weeks, was again 17 at the end of last week; 1 new case was admitted during the week, against 6, 4, and 6 in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, on Saturday, December 13th, was 2,565, against numbers declining from 2,900 to 2,680 on the five preceding Saturdays; 250 new cases were admitted during the week, against 249, 362, and 265 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, December 13th, 925 births and 643 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 15.7, 20.0, and 18.5 per 1,000 in the three preceding weeks, rose again last week to 19.9 per 1,000, and was 0.3 per 1,000 above the mean rate during the same period in the seventy-six large English towns. Among these Scotch towns the death-rates ranged from 13.6 in Greenock and 15.5 in Aberdeen to 22.6 in Glasgow and 23.4 in Perth. The death-rate from the principal infectious diseases averaged 2.2 per 1,000 in these towns, the highest rates being recorded in Paisley and Perth. The 337 deaths registered in Glasgow included 4 from measles, 6 from diphtheria, 20 from whooping-cough, 2 from "fever," and 12 from diarrhoea. Two fatal cases of measles and 2 of whooping-cough were recorded in Edinburgh. Three deaths from whooping-cough and 4 from diarrhoea occurred in Dundee; 2 from diarrhoea in Aberdeen; and 2 from scarlet fever and 3 from whooping-cough in Paisley.

INFECTIOUS CASES IN BARRACKS.

R.A.M.C. (R.) asks whether in notifying infectious cases occurring in the barracks where he is medical officer in charge he is considered "a medical officer of any public body," and therefore only entitled to a fee of 1s. for each case.

* * Sec. xv of the Infectious Disease (Notification) Act, 1899, provides that nothing in the Act shall extend "to any building, ship, vessel, boat, van, tent, shed, or similar structure belonging to Her Majesty the Queen, or to any inmate thereof."

MEDICAL NEWS.

SIR FREDERICK TREVES, Bart., will present the annual prizes of the Manchester Royal Army Medical Corps Volunteers at the Drill Hall of the 4th Volunteer Battalion Manchester Regiment on Monday next, at 8.15 p.m.

PRESENTATION.—On the occasion of his leaving Marden to take up practice elsewhere, Dr. W. Harland Peake was recently presented with a weighing and measuring chair, bearing an inscription; four cases of silver-plated surgical instruments, and a framed list of the names of about 270 subscribers, with an inscription testifying to their esteem and gratitude for his kind and skilful treatment during five years' practice at Marden.

BLINDNESS IN PORTO RICO.—According to the *Philadelphia Medical Journal* there are almost 2,000 blind people on the island of Porto Rico, an average of 1 to every 480 of the population. The main cause of the blindness is gonorrhoeal ophthalmia. Regulations for the treatment of the condition at birth have been enforced since the American occupation of the island.

LUNATIC COLONIES.—The Massachusetts Board of Insanity has established a colony of lunatics in Western Massachusetts. The patients, who at present number fifteen, are not violent, and it is hoped that the life in the open air, in the centre of a tract of hundreds of acres of the Taconic Hills, may lead to the recovery of some of them.

UNDER the will of the late Mr. Christopher Samuel Weatherill, of Leeds, who left estate valued at £132,000, it is left in trust, subject to a life interest in the estate, for the Leeds Infirmary for the purpose of founding and endowing in the infirmary a ward for accident cases, and the surplus income of the trust fund for the general surgical purposes of the infirmary.

The new infirmary for the Richmond (Surrey) Union, which was opened on December 6th by Mr. J. Grant Lawson, M.P., Parliamentary Secretary to the Local Government Board, stands on the highest part of Richmond Hill overlooking Richmond Park, and consists of two main blocks of three floors with twenty-four beds each, and an extra story on which wards have been constructed for the open-air treatment of consumption. The total cost of the infirmary, including a home for nurses, is £40,000.

AN ANTI-MOSQUITO COMBINE.—Some of the residents of Morristown, New Jersey, have, according to the *New York Medical Record*, formed a combination with the object of getting rid of the mosquitoes of Speedwell Pond. The greater part of Morristown is built over heaps of glacial stone, which affords drainage. But some railroad embankments and a partial filling in of the lake have caused the formation of a great swamp near Speedwell, where the mosquito flourishes. Experts report that the only way to make the lake sanitary is to dry it up. The company has been capitalized at £5,000, of which one-half has been paid in. The only dividends looked for are in the shape of increased health and comfort resulting from the absence of mosquitoes.

GIFT OF A HOSPITAL TO COWES.—The Cowes Cottage Hospital Committee, which for years has been working for the establishment of a local hospital, and towards which some £800 or £900 had been subscribed, has recently received a letter from Dr. E. Hoffmeister to the effect that he had been desired by Princess Henry of Battenberg to inform them that Messrs. William and Arthur James had placed the Frank James Memorial Home and its contents at Her Royal Highness's disposal on the understanding that it should be used as a cottage hospital for the towns of Cowes and East Cowes, and as a home for district and other nurses. The conditions attached to the gift were that it should remain as a memorial of Mr. Frank James, and should be used for two years with an annual subscription of £300, and that at the end of the two years a free gift of the home should be made to the two towns with an endowment of £10,000, provided that Messrs. James were satisfied with the way in which the institution was supported and managed locally. The Hospital Committee unanimously decided to accept Her Royal Highness's munificent gift, and to inform her that a scheme should be at once formulated for her approval.

MEDICAL SICKNESS AND ACCIDENT SOCIETY.—The usual monthly meeting of the Executive Committee of the Medical Sickness Annuity and Life Assurance Society was held on November 28th, at 429, Strand, W.C. There were present Dr. de Havilland Hall (in the chair), Dr. J. B. Ball, Dr. J. Pickett, Mr. J. Brindley James, Dr. M. Greenwood, Mr. F. S. Edwards, Dr. F. J. Allan, Dr. A. J. Rice Oxley, Dr. F. S. Palmer, Mr. H. P. Symonds, Mr. Edward Bartlett, and Dr. Alfred Gubb. The sickness claims had been abnormally large, but showed signs of decreasing, and there is reason to hope that the whole sickness experience of the Society for the current year will be found much lighter than that of the first six months. During the spring and early summer the Society paid away in sick claims a larger amount than has ever before been disbursed in the same period. On the other hand the number of new entrants has been larger than for some years past. The Society pays no commission for the introduction of new business, and has never spent anything in advertising. The Committee therefore have to rely upon the members to bring the Society under the notice of their professional friends. Prospectuses and all other particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

MEDICAL VACANCIES.

The following vacancies are announced:

BIRKENHEAD BOROUGH HOSPITAL.—Senior Resident Male House-Surgeon. Salary, £100 per annum, with board. Applications to Chairman of Weekly Board by February 1st, 1903.

BRIDGWATER INFIRMARY.—House-Surgeon. Salary, £80 per annum, with board and residence. Applications to the Honorary Secretary, Mr. Edward Trevor, Bank Chambers, Bridgewater.

BROMPTON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.—Physician in charge of Roentgen Ray Department. Honorarium, £53 10s. Applications to the Secretary by December 31st.

CANCER HOSPITAL (FREE), Fulham Road, S.W.—Junior House-Surgeon. Appointment for six months, but renewable. Salary, £70 per annum, with board and residence. Applications to the Secretary by January 1st, 1903.

CO CHESTER, ESSEX AND COLCHESTER HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board, washing, and residence. Applications to the Secretary by December 9th.

DUBLIN: SIR PATRICK DUN'S HOSPITAL.—Assistant Surgeon. No salary. Applications to Secretary of Medical Board by December 27th.

REAT YARMOUTH HOSPITAL.—House-Surgeon. Salary, £90 per annum, with board, lodging, and washing, and £10 extra for lectures to probationary nurses. Applications to R. F. E. Ferrier, Esq., Hon. Secretary, 33, Hall Plain, Great Yarmouth, by January 5th, 1903.

JARROW-ON-TYNE: PALMER MEMORIAL HOSPITAL.—House-Surgeon. Salary, £120 per annum, with board and residence. Applications to the Secretary by January 6th, 1903.

LIVERPOOL: DAVID LEWIS NORTHERN HOSPITAL.—(1) Honorary Pathologist. (2) Honorary Radiologist. Applications to the Chairman by December 27th.

METROPOLITAN BAR, NO. 6, AND THROAT HOSPITAL. Grafton Street, W.—Clinical Assistants. Applications to the Secretary by December 27th.

NEW HOSPITAL FOR WOMEN. 144, Euston Road, N.W.—(1) Anaesthetist. (2) Surgeon to the Out-patient Department. Must be qualified medical women. Applications to the Secretary by December 31st.

RADCLIFFE-ON-TRENT: NOTTS COUNTY ASYLUM.—Assistant Medical Officer. Salary, £180, rising to £195 per annum. Applications to Medical Superintendent.

ROYAL LONDON OPHTHALMIC HOSPITAL. City Road, E.C.—Senior House-Surgeon. Salary, £75 per annum, with board and residence. Junior House-Surgeon is a candidate, and applicants must state whether, in the event of his appointment, they would accept the office of Junior House-Surgeon. Applications to the Secretary by December 31st.

SAMARITAN FREE HOSPITAL, Marylebone Road, N.W.—Clinical Assistants. Applications to the Secretary by January 10th, 1903.

OUTPORT INFIRMARY.—Resident Junior House and Visiting Surgeon. Appointment for six months. Salary at the rate of £70 per annum, with residence, board, and washing. Applications to the Secretary, Infirmary Office, 24, King Street, Southport, by January 2nd, 1903.

STOKES-UPON-TRENT: NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL, Hartshill.—(1) House-Surgeon. Salary, £120 per annum, increasing £10 per annum. (2) Assistant House-Surgeon. Appointment for six months. Honorarium at least £25. Apartments, board, and washing provided in each case. Applications to the Secretary by December 27th.

TALGARATH: BRECON AND RADNOR ASYLUM.—Assistant Medical Officer. Salary, £140 per annum, with furnished apartments, board, attendance, and washing. Applications to Medical Superintendent by December 30th.

ERRATUM.—In the notice in the *BRITISH MEDICAL JOURNAL* of December 13th, p. 1883, of certain vacancies in the North Staffordshire Infirmary, the term "Dispensary" was incorrectly given instead of "Eye Hospital."

MEDICAL APPOINTMENTS.

ANDERSON, Arthur, M.B., Ch.M.Syd., appointed Junior Medical Officer in the Department of Lunacy, New South Wales.

BLUMFELD, J., M.D.Cantab., appointed Anaesthetist to the Hospital for Epilepsy and Paralysis, Maida Vale.

CHILD, Herbert, M.R.C.S.Eng., appointed Surgeon to the Department for Diseases of the Throat, Nose, and Ear, Reading Dispensary.

FELLESTON, Alexander Y., F.R.C.S., L.R.C.P. Edin., appointed Government Medical Officer and Vaccinator at Murrumbidgee, New South Wales.

HAMILTON, Geo. G., M.B., F.R.C.S.Eng. & Edin., appointed Honorary Surgeon to the Liverpool Royal Infirmary, vice Sir William Banks, resigned.

HARRIS, Wilfrid J., M.D.Camb., M.R.C.P.Lond., appointed Physician to Out-patients and Registrar to the Hospital for Epilepsy and Paralysis, Maida Vale.

MACMASTER, D., M.B., Ch.M.Syd., M.R.C.S., appointed Honorary Assistant Surgeon to the Sydney Hospital for Sick Children, New South Wales.

MACKENZIE, D. M., M.B., Ch.B.Aberd., appointed Junior Resident Medical Officer of Croydon General Hospital.

MCWILLIAMS, Henry H., L.R.C.P., appointed Health Officer for the Shire of Lancesfield, Victoria.

O'BRIEN, John A., M.B., appointed Acting Medical Superintendent, Kew Hospitals for the Insane, Victoria.

PAGLE, L. Hemington, M.D. Edin., M.R.C.S., appointed Honorary Surgeon for Diseases of the Ear, Nose, and Throat to the Clergy Orphan Corporation School for Girls, St. Margaret's School, Bushey, Herts.

PHILLIPS, Frederick, M.D., appointed Health Officer for the Shire of Whittlesea, Victoria.

PHILLIPS, Hugh B., M.D. Edin., appointed Second Anaesthetist to the Italian Hospital, Queen Square.

RENDLE, Richard, F.R.C.S.Eng., appointed Medical Officer at Cloncurry, Queensland.

ROBINSON, J. F., F.R.C.S.Eng., L.R.C.P.Lond., appointed Senior Resident Medical Officer of Croydon General Hospital.

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.

LANDER.—On December 11th, at 7, Molesworth Terrace, Stoke, Devonport, the wife of C. L. Lander, M.B., B.S., B.Sc. Lond., of a son.

MAQUIRE.—On December 13th, at Glengarriff, Kew Road, Richmond, Surrey, the wife of George J. Maguire, M.B., B.A.O., of a daughter.

MARRIAGES.

ALPIN-STODDART.—At Mussolin, India, on November 13th, 1902, Major W. G. P. Alpin, Indian Medical Service, to Helen May, eldest daughter of Colonel C. H. Stoddart (late I.S.O.), of Guernsey.

BATEMAN-ROBERTS.—December 11th, at the Parish Church, Lampeter, by the Ven. Archdeacon Protheroe, assisted by the Rev. Professor Tyrrell Green, brother-in-law of the bride, and the Rev. D. Jones, Vicar of the Parish, Francis John Harvey Bateman, M.A., M.B., of Heath End, Blackheath, S.E., son of Sir Frederic Bateman, M.D., LL.D., F.R.C.P., of Norwich, to Bertha Isabel, daughter of the late Hugh Roberts, of Llanwrst, N. Wales.

EYRE-PARNELL.—On Thursday, December 11th, in London, John William Henry Eyre, F.R.S. Edin., M.D., to Ethel Grigg Parnell. No cards.

FERGUSON DAVIE-HULL.—At St. Stephen's Church, Delhi, on November 3rd, by the Right Rev. the Lord Bishop of Lahore, the Rev. C. J. Ferguson Davie, Domestic Chaplain to the Bishop of Lahore, to Charlotte E. Hull, M.D., B.S., of St. Stephen's Hospital, Delhi.

DEATHS.

CRAWFORD.—On December 12th, James Crawford, M.D., M.R.C.P., late of Ightham, Kent, son of the late Rev. Hugh Crawford, M.A., of Killashee, co. Longford, in his 59th year.

ENGLAND.—On December 16th, 1902, at West Hayes, Winchester, William England, M.D., F.R.C.S., aged 79. No flowers, by request.

LANGFORD-JONES.—On December 14th, at Tan-y-graig, Bangor, N. Wales, Robert Langford-Jones, M.R.C.S.Eng., L.A.H.Dub.

LOWE.—On December 12th, at Oatlands Wood, Weybridge, John Lowe, M.D., M.R.C.S., F.L.S., Physician Extraordinary to his Majesty.

WOODS.—December 11th, at Eglington, Cork, Charles Leathley, second son of Oscar Woods, M.D., aged 18 years.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

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

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

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

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

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

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

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

ROSACEAR, who has tried two kinds of rubber tyres, wishes to hear of a satisfactory tyre for the Ralli car of a country doctor.

INCOME TAX.

S. asks what proportion (if any) of the annual rental value may be deducted in the case of a doctor living in a house which he has purchased.

. The question is one for the District Commissioners themselves to decide. A proportion should most certainly be claimed, but what that proportion is depends entirely upon the circumstances; without full particulars of each individual case it is impossible to give any definite advice.

ANTIVACCINATION PROSECUTIONS.

A CORRESPONDENT, who has read the report of a case heard some time ago in Scotland, in which the solicitor engaged stated that there was a society which paid the expenses of all antivaccinators who failed to comply with the law, writes to ask whether it "can be that the Antivaccination League adds to its other offences against society by aiding and abetting breaches of the law."

. It is quite true that there is, in connexion with the Antivaccination League, a Defence Fund for payment of fines incurred by antivaccinationists who contribute to the fund. Whether its operations extend to non-contributors we do not know.

MUSEUM METHODS.

S. B. A. asks for (1) a recipe for a cement or other material for coating the corks of wide-mouthed bottles containing specimens in methylated spirits; (2) a recipe for making a solution of mercury perchloride of such strength that one fluid drachm added to 40 fluid oz. of water makes a solution of 1 in 2,000.

. (1) A preparation much used for cementing glass jars is a compound of asphalt and rubber; or, after drying carefully the necks of the bottles they may be dipped in a little hard paraffin melted at as low a temperature as possible; (2) the preparation of such a concentrated solution is impossible; perhaps the following formula will meet the case: Mercuric chloride 350 gr., water up to 1 pint; half a fluid oz. of this solution diluted with water to 40 fluid ounces yields a solution of 1 in 2,000.

CONDITION OF BURIED BODY.

W. H.—A body buried in dry sand not very deeply would probably mummify, with the result that after six years the internal organs, the muscles and skin and the clothes would all be closely adherent together and inseparable. The hair would be unchanged, the features would probably be recognizable, though, like the rest of the soft parts, much shrivelled, of a dark brown colour and of a leathery consistency. The weight would be much diminished. If buried below the water line there might be a considerable change into adipocere.

ANSWERS.

THE EXAMINATION FOR THE F.R.C.S. EDIN.

EDINBURGH, who asks for an extension of the answer inserted in the *BRITISH MEDICAL JOURNAL* of November 8th, might consult the following: *Treatise on the Science and Practice of Midwifery*, by W. S. Playfair, M.D., F.R.C.P., ninth edition (London: Smith, Elder and Co., 1893, 28s.); *Difficult Labour*, by G. E. Herman, M.B., F.R.C.P., new edition (London: Cassell and Co., 1901, 12s. 6d.); *The Science and Art of Obstetrics*, by T. Parvin, A.M., M.D., third edition (Philadelphia: Lea Brothers and Co., 1895, 18s.); *A Manual of Midwifery*, by A. L. Galabin, M.A., M.D., fifth edition (London: J. and A. Churchill, 1900, 15s.); *A Textbook of Obstetrics*, by B. C. Hirst, M.D., second edition (London: W. B. Saunders and Co., 1900, 21s.). The examination is, in the hands of some of the examiners, said to be very severe and up to date.

WORKS ON PHYSIOLOGICAL CHEMISTRY.

S. W.—The best German textbooks on physiological chemistry are those of Neumeister and of Hammarsten; the latter has been translated into