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MEMORANDA

MEDICAL, SURGICAL, OBSTETRICAL, THERA-PEUTICAL, PATHOLOGICAL, ETC.

CASE OF HYPERPYREXIA AFTER INFLUENZA. I was called on October 23rd, 1902, to Mrs. W., aged 26. She was suffering from a well-marked attack of influenza; the temperature was 102° F. She progressed favourably, and on October 27th the temperature in the afternoon was 99° F. It was subnormal next morning. Her husband was now in bed with the same symptoms, and did not get up again for five

days.

Mrs. W. was not allowed up, as her pulse was feeble and rapid, generally 90, but her temperature remained normal. On October 31st she complained of pains in the left knee. On October 31st she complained of pains in the left knee. The temperature was 99° F. She was ordered sodium salicylate (gr.xv t.d.s.). On November 1st the temperature was 101°, and she had pains in both knees and elbows. She was constipated, and was ordered a saline purge. On November 2nd the temperature was 100°, and the pulse 110. She was ordered sodium salicylate (gr.x t.d.s.); and on the following day the temperature was 99°, and she was improving generally. On November 4th the condition was unchanged; but on November 5th, when the temperature was 99°, a soft blowing mitral systolic murmur was heard. A small blister was applied between the second and third ribs. She said she was much better. On November 6th she awoke at 6 30 a.m.. was much better. On November 6th she awoke at 6 30 a.m., and said she was much better. She asked for some milk, which she drank. About 7 a.m. she complained of occipital pain and rapidly became excited. The husband came for pain and rapidly became excited. The husband came for me, and on my arrival (about 8.15 a.m.) she was comatose, with stertorous breathing, and contracted pupils. The temperature in the axilla was 110° F. She was pulseless at the wrist, and the lips were blue. Strychnine ($\sqrt{3}$ 0 gr.) was given hypodermically, and sheets rung out of cold water were wrapped round her legs and trunk; the head was continually bathed in cold water. In ten minutes the temperature was \cos° F. but ten minutes after it was again \cos° F. The 109° F., but ten minutes after it was again 110° F. The sheets were changed every half minute. She died at 8.45 a.m. Ten minutes after death the temperature was 110° F F. HARMAN BROWN, M.B., C.M.Edin.

UNUSUAL CASES OF SMALL-POX OCCURRING ON BOARD SHIP.

P.K., reported ill on May 7th, 1902, complaining of pains in the limbs and slight cough. His temperature and pulse were On May 10th his constitutional symptoms were unaltered, but a great portion of his body was covered with acne-like spots which were pustular from their first appearance. On May 11th his temperature rose to 103°, and remained at that height during May 12th. At this time he was suffering from obstinate constipation. On May 13th the temperature tell, and the eruption began to fade without any material alteration in character. On May 14th the constitu-tional symptoms had disappeared, and on the 15th, eight days after first taking ill, and five after the appearance of the eruption, the condition of the skin was fairly normal. The most singular points about this case were (a) absence of lumbar pains and vomiting; (b) the temperature rose when the eruption came out; (c) the eruption was pustular from the first, clearly denoting that most of it was not due to small-pox, had it been due to that disease it would have been most unusual to see a man well protected by vaccination with so much of the body surface covered by the eruption so much of the body surface covered by the eruption.

Consultations were held on the case with the health authori-

ties at Adelaide and Melbourne, and the diagnosis of a mild attack of small-pox complicated and obscured by concurrent

skin disease was made.

The subsequent cases in this outbreak were mostly of a mild nature, due in great measure, no doubt, to effective vac-cination being carried out on board, and occurred after being placed on Sydney quarantine ground, where I had the opportunity of studying them through the kindness of Dr. Salter, the superintendent.

L., a child of 4 years, took ill at night with intense abdominal pain which doubled her up and made her cry aloud,

this continued till morning when the pain abated but her temperature rose. She complained of pain in the back and a desire to vomit; her skin had become a dusky colour; she was removed to hospital and remained in the same condition was removed to hospital and remained in the same condition-till the following day, when she began to sink, became delirious, and died on the fourth day of illness, no papules having appeared. This was no doubt a case of suppressed rash, but whether the abdominal symptoms were due to small-pox toxin or some other, and if another to what extent it was concerned in the child's death, we were unable to determine.

The points of interest about the remaining cases were: (a) The absence of prodromal rash in almost every case.
(b) One well-marked case had no eruption on the wrists. (c) Many cases developed papules under the skin of the palms and soles of the feet, and on some part of the mucous membrane of the mouth or soft palate. (d) Absence of itching—it was not found necessary to cover the faces of the patients. (e) One case was of so mild a nature that the patient was only confined to bed for forty-eight hours, and the eruption consisted of only four papules, none of which were normally situated; as a contrast to this case may be mentioned that of an antivaccinationist who was in hospital when we arrived and who developed the disease to its most by one attack was shown by another case which was in hospital on our arrival, that of a Chinaman who plainly bore the marks of his first attack. (f) In many of the cases the papules developed almost one at a time, and were scattered in their distribution, one perhaps on the forehead, another on the log and so one all true papules were however fairly the leg, and so on; all true papules were, however, fairly characteristic, and all had red radiating lines from their base.

The need for revaccination even in those who have suffered from small-pox was well shown by one of the ship's company whose face was covered by pits, but who it was thought well to further safeguard, with the result that the vaccine took effect, producing most characteristic pustules and fairly

severe constitutional symptoms.

H. Norman Barnett,

Knock, Belfast. Late Medical Officer P. and O. and Orient Services.

CAESAREAN SECTION IN ADVANCED LABOUR, SUCCESSFUL TO MOTHER AND CHILD. This case, like many others in recent years, tends to show

that this operation is not so formidable as it seems to be con-

sidered in this country, and that probably in many cases it offers a favourable alternative to craniotomy.

On April 4th, 1900, I was called in consultation to this case by Dr. Campbell, of Acton. He informed me that labour had been going on for twelve hours or more, and that for two hours he had been endeavouring to deliver by forceps under chloroform. Three previous labours had been difficult and terminated by forceps. The os was fully dilated, but it was found impossible to make the head engage in the pelvis. The skull seemed to be more fully ossified, and therefore less compressible, than usual, but no great deformity could be made out. The position was L.A.A.

The child being alive, Dr. Campbell agreed with me that

Caesarean section should be performed, and, with the consent of the husband, this was done while the patient was still under chloroform. The abdominal incision was absolutely bloodless, and the linea alba no thicker than parchment paper. The uterine incision (antero-fundal) was followed by paper. The tterine incision (antero-initial) was followed by a momentary gush of blood, certainly no greater than one sees in many ordinary confinements. Dr. Campbell immediately seized and delivered the infant and placenta, and the uterus rapidly contracted down with very little additional haemorrhage. Meconium was running from the child as it was being delivered. The uterine wound was stitched with silkworm gut, and the abdominal cavity flushed out with warm salt and water. The same sutures were used for the external incision. Recovery was uneventful, and the patient external incision. Recovery was uneventful, and the patient refused to remain in bed after the nineteenth day. The child, a male, was large and lusty, and still (August, 1902) shows traces of the concavo-convex (from side to side) skull which was found at his birth.

KEMLO R. M. WILSON, M.D. (U.S.), L. R.C. P. & S. Edin. Hanwell, W.

"TOTAL MELANISM."
PRIVATE T. H., aged 30, 2nd Battalion Seaforth Highlanders, came to me while on "trek" near Klerksdorp, Transvaal, complaining of feelings of faintness and headache, and I noticed that his face, hands, and knees were almost coal black. Upon questioning him I elicited the following hiskistory:

history:

He enlisted eleven years ago, and upon his attestation sheet he was marked of "fair complexion, grey eyes, and light brown hair." In 1895 he served in the Chitral expedition, and was in hospital for two months with malarial fever. After leaving hospital he noticed the pigmentation first on forehead and hands, then on face, arms, and knees, the exposed portions of skin; later the process involved the whole body, the feet being last affected, the nipples and all moles becoming soon intensely pigmented; the process took about six months altogether. The natient afterwards served in Malta, Crete, altogether. The patient afterwards served in Malta, Crete, and Egypt, suffering from slight attacks of fever in all three places. In South Africa he has served two years and a half continuously with the exception of a fortnight in hospital at East London with "slow continuous fever." The patient is positive that this was in no way like his previous attacks of fever in India, etc. He has noticed slight remissions in colour from time to time in the winter, and when he has not been

exposed to the sun for some time.

Upon examination the patient's hair is quite dark, eyes bright blue, face, hands, arms, and knees almost coal black, mucous membrane of lips pigmented in patches. The palmar surfaces of the hands are not so pale as in negroes, while the matrix of the nails is not pigmented; the rest of the body protected by the clothes is brownish copper colour, and the on, for a spear wound in the knee received at Omdurman is

now quite pigmented, while ordinary scars, at first white, take six weeks to become entirely pigmented.

There are definite signs of circulatory disturbance, the patient complaining that for the last few years he has suffered from cold hands and feet, and he is especially liable to headache, dyspnoea, and attacks of syncope after heavy marching; the pulse beats 110 per minute, feeble, and very low tension; the apex beat is not displaced, while the two sounds of the heart are exactly similar in quality and intensity, the rhythm being "tic-tac," evidence apparently of muscular weakness. There is a faint "tremor" of head, but no other signs of nervous disorder. There is no tumour or tenderness in the kidney region, and no evidence of kidney disease. No history of diarrhoea. Discs normal, and fundi not pigmented. There is no history of fits, etc., which would lead to the possibility of his having been given silver salts as medicine, also no history of chewing cordite or cartridge caps. The patient is scrupulously clean. He contracted syphilis in 1899, and was treated with "mercury" off and on for two months; never since.

Upon this evidence the diagnosis seems to me to rest between Addison's disease and malarial pigmentation, but the absence of plasmodia from the blood corpuscles, and the fact that the process is still going on, while there is no evidence of attacks of malaria for three years, seems to me to eliminate any possibility of the pigmentation being due to malaria; on the other hand, it must be rare to find such a protracted case of

suprarenal disease with almost perfect bodily health.

I have not been able to discover the result of treatment with suprarenal extract, but a diet of fresh suprarenals which I was able to give the patient for a short time did not, appa-

rently, have any good effect.

R. V. DOLBEY, M. R.C.S., L.R.C.P.,
Civil Surgeon, Klerksdorp, Transvaal.

SUBCUTANEOUS INJECTION OF QUININE IN MALARIAL FEVERS.

In connexion with a note by Dr Humphry in the British Medical Journal of August 30th, regarding the subcutaneous injection of quinine, I would state that in the station hospital here this method has been very freely used for many months, and the results are most gratifying. The amount of malaria in the garrison is very great, and it is in my experience much more virulent than the malaria of India as regards the height to which the fever rises. In the cases in which vomiting is

present this method of treatment is invaluable, and we are so convinced of its efficacy in all cases of malarial fever that it is no uncommon thing for ten or a dozen injections to be given in a morning. I consider that the best results are obtained by combining injection with administration by the mouth, and I cannot too strongly condemn the old idea that quinine is useless if the temperature is high. I am sure that in the old days many lives must have been sacrificed by the erroneous notion that quinine is not absorbed by the tissues unless the body temperature is low.

In every case of any severity I give 10 gr. of quinine bi-hydrochloride by injection into the deltoid muscle, and then order 5 gr. by the mouth thrice daily, irrespective of tempera-Diaphoretics, phenacetin, and cold spraying or baths are used in addition, if the severity of the fever requires their administration. No evil effects of any kind have occurred in the hundreds of cases thus treated, and the mortality is prac-tically restricted to alcoholic cases, or to those in which coma

comes on with a comparatively low temperature.

An easy way of preparing the injection is to put the powder into a test tube, add 15 drops of water (measured in the hypodermic syringe), and boil over a spirit lamp Pour the solution that results into a small vessel, and when it is cool draw it up into the syringe, which it will completely fill, then inject into the muscle.—I am, etc.,

Hong Kong.

S. F. CLARK, Major, R.A.M.C.

GESTATION OF TEN CALENDAR MONTHS IN A FIBROID UTERUS.

MRS. D., aged 36, consulted me on February 19th, 1902, on account of general abdominal discomfort. She then stated that she had missed being unwell in January, and that the December period, which occurred about the correct date (20th) was less prolonged (20th) was less prolonged (20th). (20th) was less prolonged (continuing for two days only) and more scanty than usual. She was anxious to know whether she was pregnant, and if so, whether she should reckon from December 20th or whether she might have conceived before the December menstruction.

I found the hypogastrium occupied centrally by a swelling which extended from the pelvis to 3 in. above the pubes. I drew off the urine by catheter, but this did not cause any alteration in the hypogastric swelling. The cervix was softish, and the hypogastric swelling was the enlarged uterus with a fibroid of about the size of a small tangerine orange in its right half. The breasts were in appearance characteristic of pregnancy.

After taking the fibroid into consideration I informed her she was about two months' advanced in pregnancy, and that the confinement would in the ordinary course take place about September 24th. Towards the end of April the movements

were first felt.

I have just learned that this patient was confined on October 21st—that is, on the 305th day after the cessation of the last menstruation. The child, a female, is living. In this case there can be no doubt about the facts, as they

were recorded by me as early as February 19th.
Gordon Square, W.C. JAMES OLIVER, M.D., F.R.S.Edin.

EPIDEMIC JAUNDICE IN SOUTH AFRICA.

WHILE in Aliwal North, Cape Colony, I treated over 50 cases of epidemic jaundice during the autumn of last year. Most of the cases were among Colonials who were inhabitants of the district, which is about 4,000 ft. above the level of the sea. I quite agree with the treatment recommended in Mr. Dolbey's note in the British Medical Journal of November 10 colonials and a saling mixed the case of the case of the case of the sea of the se 15th, page 1587. Calomel (3 gr.) every day, and a saline mixture three times a day, had a marked effect on the disease. In every case the patient was extremely weak for about ten days, and all retained the discoloration more or less for a month or six weeks after the commencement of the attack. About ten of the cases had previously had attacks of the same complaint.

C. RICHARDSON WHITE, L.R.C.P., L.R.C.S.Edin., L.F.P.S.Eng.; late Civil Surgeon in South Africa.

chased two from Woolwich in 1896. The next year, 1897, we had a native rebellion in Bechmaniand. Our sake and wounded had to be an at vryburg. These carts were invaluable, and have been most useful up to the very termination of the Transvaal war. In our service we call them "galloping carts." At last they are worn out, and it is my intention to recommend the Colonial Government to purchase others to design the control of the transvaal war. In our service we call them "galloping carts." At last they are worn out, and it is my intention to recommend the Colonial Government to purchase others to the control of the control of the transvaal war. In our service we call them "galloping carts." At least they are worn out, and it is my intention to recommend the Colonial Government to purchase others to the cart of the control o

action.

I am sure every medical officer who has served out here with mounted troops will agree with Colonel Hathaway in the importance of teaching R.A.M.C. men to ride and look after horses.

R. OWEN WILLIAMS, M.B., etc. (Glandovey), in the course of a letter on this subject, writes: I should imagine that the light prairie wagons used by the Canadians, mentioned in the British Medical Journal of November 13th by Major Carleton Jones, are more adaptable for mounted troops than an ambulance after the fashion of the Indian tonga, as recommended by him. Whilst on the trek in South Africa I availed myself on one or two occasions of the opportunity of riding in an Indian tonga attached to our column Sitting in the front I found that owing to the small size of the wheels, and the low body of the tonga, in crossing drifts the lower part of the body was invariably under water, and I had to lift up my legs. On the veld I was not long

before I was covered with dust. On rough ground they were no safer than the ordinary wagon ambulances, and indeed the latter, when well horsed, on the whole, were preferable, so much so, that the Indian tonga and its driver were not long before they were relegated to their dépôt. It would be advisable to test the different types of ambulances with a mounted column whilst training at home and in India.

MEDICAL ATTENDANCE ON SERGEANT-INSTRUCTORS OF VOLUNTEER CORPS.

LATE VOLUNTEER SURGEON.—An allowance for medical attendance at the rate of 2d, a week for each member of the family is issued to each sergeant-instructor of a volunteer corps under Volunteer Regulations para, 512, and he is required to make his own arrangements for medical attendance. The application for this allowance is made on Army Form O. 1783, and the non-commissioned officer has to give his personal receipt for the money, which is paid to him by the adjutant with his pay.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

THE following candidates have passed the First M.B. Examination in the subjects undernoted:

Organic Chemistry.—G. D. H. Carpenter, non-collegiate; M. Davidson, Trinity College; M. W. Flack, Keble College; J. H. Hebb, B.A., St. John's College; M. W. Flack, Keble College; J. H. Hebb, B.A., St. John's College; J. F. Hornsey, non-collegiate; G. R. Hughes, Exeter College; J. R. Kay-Mouat, Hertford College; R. E. H., Leach, B.A., Merton College; A. S. MacNalty, non collegiate; P. T. Spencer-Phillips, New College; B. H. Spilsbury, B.A., Magdalen College; S. S. Strahan, Keble College; J. H. Thomas, B.A., Trinity College; A. G. J. Thompson, B.A., Queen's College; H. W. Thompson, B.A., Worcester College; D. Trimmer, Christ Church; S. E. Whitnall, B.A., Magdalen College; W. C. Wigan, St. John's College, Materaa Medica and Pharmacy.—D. Davidson, Brasenose College; G. R. Girdlestone, New College; G. M. Johnson, Magdalen College; R. E. H. Leach, B.A., Merton College; B. H. Spilsbury, B.A., Magdalen College.

Human Anatomy and Human Physiology.—H. H. Baker, B.A., University College; *R. Jamison, B.A., Trinity College; H. C. G. Semon, Magdalen College; C. A. Smallhorn, B.A., Wadham College; J. Wallace, B.A., Exeter College.

*Human anatomy only, being exempt from examination in human physiology.

The following candidates have passed the Second M.B. Examinations in

*Human anatomy only, being exempt from examination in human physiology.
The following candidates have passed the Second M.B. Examinations in the subjects undernoted:
Pathology.—J. M. Bickerton, B.A., Merton College; W. E. Blackall, non-collegiate; C. M. H. Howell, B.A., Trinity College; D.-W. C. Jones, B.A., Corpus Christi College; R. D. MacGregor, B.A., Exeter College; O. W. Richards, M.A., New College; W. E. Robinson, B.A., non-collegiate.

Medicine, Surgery, Midwifery, Forensic Medicine, and Public Health.—W. L. M. Day, B.A., Exeter College; G. J. D. Hindley, B.A., Christ Church; O. W. Richards, M.A., New College; H. M. Turnbull, B.A., Magdalen College; M. F. Tylor, B.A., Trinity College.
The following candidates have passed the examination and received the Diploma in Public Health:
J. J. Douglas, M.D.Edin., M.B., C.M.; A. E. Ireland, M.R.C.S., L.R.C.P.Lond.; C. F. Lassalle, M.S., M.D.Edin.; H. Macfarlane, L.R.C.P., L.R.C.S.Edin.

L.K.C.P. Lond.; C. F. Lassalle, M.S., M.D.Edin.; H. Macfarlane, I. R.C.P., L.R.C.S.Edin.

UNIVERSITY OF CAMBRIDGE.

The following candidates have passed the First Examination for Medical and Surgical Degrees in the subjects undernoted:

Part I: Chemistry and Physics.—L. T. Baker, Sid. Suss.: M. E. Balston, Trin.; A. Barker, Trin.; D. C. Bluett, Emm.; A. F. Burton, B.A., Christ's; R. S. Carey, Corp. Chr.; R. G. Chase, Trin.; G. W. Dryland, Cai.; H. L. Duke, Cai.; T. G. Elger, Cai.; H. B. Elton, Cai.; E. G. Fearnsides, Trin. H.; W. J. Fison, Sid Suss.: P. Hanill. Trin.; A. Hamilton, Christ's; H. A. Harris, Emm.; C. B. Heald, Cai.; E. H. V. Hodge, Cla.; A. F. Jackson, Pet.; L. R. King, Pemb.; A. H. Lees, King's; H. M. J. F.'de P. P. Leite B. A., Cai.; F. H. Lester, Pemb.; C. K. McKerrow, Cla.; A. J. May, Sid. Suss.: E. Mellanby, Emm.; R. M. Moore, Joh.; E. E. Paget-Tomlinson, Trin. H.; B. H. Palmer, Pemb.; F. N. Pethick, Trin.; K. Pretty, King's; A. L. Sachs, M.A., Pemb.; F. N. Pethick, Trin.; K. Pretty, King's; A. L. Sachs, M.A., Pemb.; F. M. Soames, Trin.; A. E. Stansteld, Joh.; A. C. Sturdy, Pemb.; F. H. Teall, Sid. Suss.; A. K. Toulmin-Smith, B. A., Emm.; C. H. Treadgold, Cla.; G. W. Twigg, Cai.; R. P. Varwell, Joh.; P. J. Verrall, Trin.; T. A. Weston, Joh.; C. Whitaker, B.A., Emm.; R. G. Williams, Cai.; P. F. Wilson, Cai.

Part 11: Elementary Biclosy.—C. A. Anderson, Down: F. W. Argyle, Loh.; L. T. Baker. Sid. Suss., A. Barker, Trin.; W. N. Child, Christ's: H. N. Coleman, Christ's: J. P. H. Davies, Jes.: A. P. Denby, Jes.; H. L. Duke, Cai.; T. G. Elger, Cai.; E. G. Fearnsides, Trin. H.; E. G. Fisher, Emm.; W. J. Fison, Sid. Suss.; T. S. Gibson, Emm.; P. Hamil, Trin.; W. Harmens, Trin.; C. B. Heald, Cai.; E. H. V. Hodge, Cla.; J. W. Horne, B.A., Pemb.; S. W. Howard, Trin.; H. E. Humphreys, Cai.; A. F. Jackson, Pet.; R. Knowles, Down, A. H. Lees, King's; L. F. G. Lewis, Christ's; C. K. McKerrow, Cla.; A. G. M. Mainwaring, Trin.; W. Mathieson, Sid. Suss.; A. J. May, Sid. Suss.; R. M. Moore, Joh.; J. D. Morgan, B

M. M. Woods, Cla.

UNIVERSITY OF DUBLIN.

At the Winter Commencements of Michaelmas Term, held in the Theatre of Trinity College on Thursday, December 18th, 10c2, the following degrees in Medicine, Surgery, and Midwifery were conferred by the University Caput in the presence of the Senate:

Baccalaurei in Medicind, in Chirurgia, et in Arte Obstetricia.—W. G. M. Anderson, H. J. Brady, A. A. Burrell, A. H. Corley, T. N. Crowley, H. A. Hanan, J. E. Johnston, H. B. Kelly, W. Leggett, W. R. H. Smith, C. A. Stone, J. H. Torney, H. M. D. Townshend, W. I. de C. Wheeler Wheeler

Wheeler

Doctores in Medicina —A. H. Corley, W. J. Dawson, W. F. Erskine, C. E. Finny, F. J. Geoghegan, A. E. B. Joues, H. Murray, G. de J. Patterson, W. H. Peile, W. F. Pim, W. R. H. Smith, G. B. Stoney, T. F. Telford, W. I. de C. Wheeler.

UNIVERSITY OF BRUSSELS.
THE following candidates obtained the M.D. degree at the November examination: "iss A. Hickman, London, passed with "great distinction;" Miss M. E. Rocke, London, passed with "distinction." There were seven candidate s

TRINITY COLLEGE, DUBLIN.

MR. J. E. CARTER, M.B., B.Ch., B.A.O., and Mr. R. H. Kennan, M.D., have passed both parts of the Examination for the Diploma in Public Health.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.

At a meeting of the College, held on December 15th, the following gentlemen, having passed the necessary examinations, were admitted Fellows of the College: M. Campbell, M.B., Ch.B.; F. G. W. Deane, L.R. C.P. & S.E.; J. Haig Ferguson, M.D., M.R.C.S.Eng.; T. W. Fowler. M.B., Ch.B., M.R.C.S.Eng.; F. C. Matthew, M.B., Ch.B.; A. J. M'Callum, M.B., C.M.; D. E. Richards, L.R.C.P. & S.E.; J. G. Sheahan, L.R.C.P. & S.E.; T. E. F. Toovey, L.R.C.P. & S.E.; E. C. Watts, M.D.; and F. Whincup. M.R.C.S.Eng.

At the same meeting D. Waterston, M.D., F.R.C.S.E., was appointed Conservator of the Museum.

PUBLIC HEALTH

POOR-LAW MEDICAL SERVICES.

PUBLIC HEALTH APPOINTMENTS.

M.O.H. writes: I notice in the BRITISH MEDICAL JOURNAL an advertisement for a medical officer of health for a northern borough, in which is stated "the right of the Council to terminate the appointment in case of neglect or misconduct," etc. Surely, sir, this is an unusual clause to insert in appointments usually held by gentlemen. Who is to be the judge, pray, of the neglect or misconduct? Some petty councillor for sooth whose toes may have been trampled on by the said medical officer of health in pursuit of his duties. I consider such a statement an insult to an honourable profession, and a warning to its members to "steer clear."

*** We agree with our corresponded.

** We agree with our correspondent that the terms of the advertisement referred to might well have been better chosen. They are not in good taste. But we do not know that there is evidence in the advertisement to justify the assumption that the local authority in question is departing from the usual custom in these matters as they obtain in the provinces. Our correspondent's note raises in point of fact not so much a difficulty in this particular instance as the whole question of fixity of tenure. The time may not be ripe for its universal application, but certainly the principle should apply in large and important boroughs and districts. In London fixity of tenure obtains, and such appointments are not made annually. It is, of course, wholly unsatisfactory that the medical officer's appointment should be at the mercy of mere caprice, especially if such caprice has its origin in the discharge of

LUNACY FEES IN SCOTLAND.

M.B., ASYLUM, asks what the statutory fee is for a medical certificate given in Scotland on soul and conscience regarding the health and fitness for removal of an insane patient, and to mention section of Medical Act.

** No statutory fee is mentioned in the Act, but by universal custom the fee for granting the necessary certificate has been fixed at a guinea

THE SUPERANNUATION ACT AND CONTRACTING-OUT. THE SUPERANNUATION ACT AND CONTRACTING-OUT.
DISTRICT MEDICAL OFFICER writes that when the superannuation Act came into operation be held a small district and did private practice, and that he then "contracted out." He now proposes to apply for an appointment to a much larger district, and if elected to give up private practice and devote his whole time to the duries of his office. The clerk to the guardians tells him that if he resigns his present appointand takes a fresh one he will even then be ineligible for superannuation.

He asks whether this is correct.

* * * If we correspondent contracted out of the provisions of the Act.

** If our correspondent contracted out of the provisions of the Act of 1896, he ought, and probably did, sign the following form:

"To the guardians of

'I hereby give you notice that under Section xv of the Superannuation Act, 1896, I do not intend to avail myself of the Act.'

If our correspondent has signed this form, the clerk's opinion on the point in question would seem to be correct.

MEDICAL NEWS,

DONATIONS FOR CANCER RESEARCH AND THE PREVENTION OF TUBERCULOSIS.—The Executive Committee of the Paisley Association for the Prevention of Consumption has received through Dr. Donald Fraser, the convener, the sum of £5,000 from Sir Thomas Glen Coats towards the cost of err cting the prepared sentering for consumption in Paisley. It is also proposed sanatorium for consumption in Paisley. It is also intimated that Lady Glen Coats has collected from her husband's family the sum of £5.000, and Mr. Archibald Coats and two of his brothers, Mr. Peter Coats and Mr Daniel Coats, have contributed other £5.000 for the Cancer Research Fund of the Royal Colleges of Physicians and Surgeons.

FRENCH MEDICAL OFFICERS IN CHINA.—At a recent French Cabinet Council M. Delcassé stated that Dr. Legendre and Dr. Erdinger, who are in charge of the French medical

stations at Chongkin and Chenfu, had been appointed by the Viceroy chief medical officers to the Chinese administrations in those two towns.

MEDICAL VACANCIES.

The following vacancies are announced:

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

BRECON AND RADNOR ASYLUM, Talgarth, R.S.O.—Assistant Medical Officer, unmarried, and not over 30 years of age. Salary, £140 per annum, with furnished apartments, board, attendance, and laundry. Applications to the Medical Superintendent by December 30th.

dent by December 30th.

BRIDGWATER INFIRMARY.—House-Surgeon. Salary, £30 per annum, with board and residence. Applications to the Honorary Secretary, Mr. Edward Trevor, Bank Chambers, Bridgwater.

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.

CARMARTHENSHIRE INFIRMARY.—Resident Medical Officer, unmarried. Salary, £100 per annum with furnished apartments, board, washing, etc. Applications to the Secretary by December 30th.

Secretary by December 30th.

CHELSEA HOSPITAL FOR WOMEN, Fulham Road, S.W.—Resident Medical Officer, unmarried. Salary, £80 per annum. Applications to the Secretary by December 27th.

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

tions to R. F. E. Ferrier, Esq., Hon. Secretary, 33, Hall Plain, Great Yarmouth, by January 5th, 1903.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—(1) Physician in charge of Roentgen Ray Department. Honorarium £25 10%. (2) Residect House Physicians. Applications to the Secretary for (1) by December 31st, and for (2) by January 7th, 1903.

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

LIVERPOOL ROYAL INFIRMARY.—Assistant Honorary Surgeon. Applications to the Chairman of the Committee, Royal Infirmary, Liverpool, by January 9th, 1903.

LONDON HOSPITAL MEDICAL COLLEGE, Mile End, E.—Demonstrator of Physiology. Salary £30 per annum. Applications to the Warden by Deceriber 31st.

NOTTINGHAM GENERAL HOSPITAL—Assistant House-Surgeon. Salary, £100 per Annum, with board, lodging, 823 washing. Applications to the Secretary by January 9th, 1903.

RADCLIFFEON TRENT: NOTTS COUNTY ASYLVE ASYLVE ASISTANCE.

RADOLIFFE-ON TRENT: NOTTS COUNTY ASYLUM.—Assistant Medical Officer.
Salary, £130, rising to £150 per annum. Applications to Medical Superintendent.
ST. BARTHOLOMEW'S MOSPITAL, E.C.—!; Assistant Physician, must be F.R.C.P.
Lond. (2) Assistant Surgeon, must be F.R.C.S.Erg. Applications to the Clerk by
Lannary th 1903

January 5th, 1903.

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

SOUTHPORT 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, Southerst, by January 2.d., 1903.

TOTTENHAM HOSPIT2.—(1) House Surgeov. Salary £90 per annum. (2) House-Physician. Salary £60 per annum. (3) Casualty Officer. Salary £40 per annum. Roard, residence, and laundry provided in each case. Appointments for six months. Applications to the Chairman of the Joint Committee, Tottenham Hospital, N., by December 30th.

VICTORIA HOSPITAL FOR CHILDREN, Tite Street, Chelsea, S.W.—Physician to the Out-patients; must be F. or M.R.C.P.Lond. Applications to the Secretary by January 10th, 1903.

MEDICAL APPOINTMENTS.

AUSTEN, Harold, M.D., B.S.Lond, M.E.C.S., L.D.S., appointed Assistant Dental Surgeon to St. Bartholomew's Hospital.
BENNET, Miss Constance A., M.B., Ch.B.Dub., appointed Resident Medical Officer of the Dundee East Poorhouse and Hospital. vice Laura Sandeman, M.B., B.S.Edin., re-

Dundee Bast Poorhouse and Hospital. vice Laura Sandeman, M.B., B.S.Edin., resigned.

Brewer, H. Jun., M.R.C.S.Eng., L.R.C.P.Lond., appointed Honorary Anaesthetist to the German Hospital, Dalaton.

CUETIS, H. J., B.S. and M.D.Lond., F.R.C.S.Eng., aprointed Surgeon to the North-Eastern Hospital for hidren, Hackney-road, N.E. vice Bruce Boxburgh, M.A., M.B., B.Ch.Oxon., F.E.C.S.Eng., resigned.

FREQUHARSON, J. Malcolm, M.B., M.B.C.P.Edin., appointed Surgeon in charge of the Throat Department of the Eye, Ear, and Throat Infirmary, of Edinburgh, vice George Hunter Mackenzie, M.D., deceased.

KELLY, Robert V., C.B., F.R.C.S. L.R.C.P.Edin., appointed Government Medical Officer and Vaccinator at Delegate, New South Wales.

OSWALD, Henry E., M.D., C.M.Edin., appointed Coroner for the South-Eastern Division of London, vice Mr. E. A. Carttar, deceased.

POLLAED, Charles, F.R.C.S.Eng., appointed Honorary Surgeon to Worcester General Infirmary.

DIARY FOR NEXT WEEK.

THURSDAY.

Roentgen Society, 20. Hanover Square, W., 8.30 p.m.—Dr. G. M. Lowe (Lincoln): On "X'-ray Work in Private Practice.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 38.6d., 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.
SIMS.—On December 14th, at 26, Fonnereau Road, Ipswich, Mildred, the wife of John Dillwyn Sims, of a son.

MARRIAGES.

MARRIAGES.

HANLEY-SHELLEY.—On December 18th. at St. Thomas's Church, Dudley, Worrestershire, by the Rev. A. Gray Maitland, Vicar of the Parish, Eichard George Hanley, M.B. Major Royal Army Medical Corps, to Grace Lilian, daughter of the late Rowley, M.B. Major Royal Army Medical Corps, to Grace Lilian, daughter of the late Rowley, Bsq.

MATHEWS—WEST.—On December 20th. at St. Mary's Church, Wimbledon. by the Rev. J. Wallace, M.A., Charles Edward Matthews, M.D.Oxon, Medical Superintendent, Fountian Hospital Tooting, S.W. to Elizabeth Jane, second daughter of the late John West, of Dunholm Loage, Lincoln.

MORTON—CARRUTHERS.—At St. Andrew's Church, Penrith, on December 17th. by the Rev. A. Fdwards, Vicar of Kirkland, Cumberland, Captain Hugh M. Morton, M.B., C.M., R.A.M.O., "The Gables," Longtown, Cumberland, to Heles, only daughter of Mr. and Mrs. Carruthers, Spurrig, Stainmore, Westmorland.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

CONTITUTE AT Suspecting 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, 229, Strand, W.C., London.

Strand, W.C., London.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understoot to be offered to the BRITISH MEDICAL JOURNAL done, 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.

TREEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is Aitiology, London. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is Articulate, London.

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

QUERIES.

. W. wishes to have particulars with regard to a recently invented German instrument for self-dilatation of stricture.

** We have been unable to hear of any recently invented instrument for such a purpose. It is very questionable whether a patient should use on himself any other instrument than a flexible bougie, and even with this damage is occasionally done.

ROUGHING HORSES.
W. V. M. asks for suggestions as to roughing horses during frosty weather.

*** Methods which have been recommended by correspondents in the past as having superiorities over the older method of nails have been devised or supplied by Mr. E. W. Walker, of Pailton, near Rugby; the Lightning Force Rougher and the Acme Expanding Frost Cog, by Mr. Wooldridge, of Lye, near Stourbridge; and Mr. Thomas Whitehead, of Kirkby Stephen, to whom communications might be addressed.

ANSWERS.

MARCUS.—Professor Ehrlich's lecture on immunity before the Royal Society of London on March 22nd, 1900, was published in No. 432 of the Proceedings of the Royal Society (London: Dulau and Co. 15.).

Syphilis and Life Assurance.

Phyllis.—For the majority of the medical profession a life assurance policy is the only provision that can be made for the wants of a family in the event of the premature death of the bread-winner. Statistics show that medical practitioners are nearly as bad lives as licensed victuallers, and this is hardly to be wondered at when the risks they run are considered. Among these risks is the very formidable one of infection with syphilis during the performance of professional duties. This is an additional reason for medical men assuring their lives as soon as they start practice. They can never tell when they may become infected, and when once infected most assurance offices insist that a period of two or three years should elapse before they can be taken. Even if they are accepted at this early period some addition is usually demanded. If there has been a period of innunnity for five years most medical examiners would recommend the life at the ordinary rate. If, however, syphilis has implicated the viscera or the mornanes (other than the tongue) the life is not assurable. The whole question of syphilis in relation to life assurance was thoroughly gone into at a meeting of the Life Assurance Medical Officers' Association in 1896.

THE PROPORTIONS OF THE HUMAN BODY.

R. W. M., who asks to be referred to works on the shape, contour, and proportions of the human body, will find the following list useful: A Lecture delivered at the Royal Institution. By S. M. Bradley. (Manchester: John Heywood) A Hardbook of Anatomy for Art Students. By A. Thomson. Second edition. (Oxford: Clarendon Press. 1899 eds.) Professor Camper; translated from the Dutch by Dr. Cogan. (London. 1794.) The Human Figure. By E. Brucs. (London: H. Grevel and Co. 1900. 58.) Anatomic Artistique du Cor. Humain. By Fau and Cuyer. Third edition. Paris: J. B. Baillière et Fils. 1896. 68.) Anatomy in its Relation to .irt. By G. McClellan, M.D. (London: W. B. Saunders and Co. 1901. 428.)

MUSEUM METHODS.

DR. S. F. HEMMANS (Great Yarmouth) writes: With reference to the request of "D. B. A." in the British Medical Journal of December 20th, p. 1939, I would suggest the following recipe: R Hydrarg. perchlor. 384 gr. (approx. 6½ dr.), glycerine, sp. vini rect of each 2½ oz. One fl. dr. of this solution in 40 oz. of water makes a solution of 1 in 2,000.