

propped-up position in front of a good light. I do not think this objection need be seriously considered, and it is outweighed by the far more easy access to the parts. The secret of avoiding troublesome haemorrhage is found in separating the muco-periosteal flaps rapidly, an assistant meanwhile deftly sponging the blood out of the pharynx. When the flaps are separated the haemorrhage soon ceases with the aid of a little pressure. The flaps having been separated freely and pared, all that is necessary for passing the sutures is a small Hagedorn's needle-holder and a very small semicircular needle. Fishing gut—of the fineness of horsehair for the uvula and stouter for the palate—answers admirably for the sutures, and is passed in the following way: The tip of the right half of the uvula is lightly held in a pair of long forceps, and a small semicircular needle in a small Hagedorn's needle-holder, threaded with the finest silkworm gut, is passed from before backwards through its base and brought out in the cleft; the needle is released from the holder and drawn through; it is then readjusted in the holder, the tip of the left half of the uvula is similarly held on the stretch with forceps, the needle is passed again into the cleft and brought out from behind forwards, transfixing the base of the left half of the uvula. This suture and the next passed in similar fashion serve to steady and stretch the flaps and to bring them together, while the rest are introduced from behind forward. After two or three sutures have been passed in this way, the lips of the flaps, if sufficiently separated—a *sine qua non* to success in this operation—can be held so close together by drawing gently on them that the remaining sutures can be passed right across both flaps, as in stitching any other wound with an interrupted suture, and without bringing the needle out in the cleft. The needle must be very small, semicircular, and very sharp.

The method is easy, requires no special instruments, and there is no rough handling of the flaps whatever. I have adopted this method recently in two cases with perfect success. Both my patients were between 3 and 4 years of age, and the clefts involved both hard and soft palates.

MEMORANDA:

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

PARAFFIN NOSE.

A. W., aged 42, female was about ten years ago kicked by a cow on the nose, and as a result there was a marked depression. The scar was not adherent to the subjacent tissues, and so the case appeared suitable for the paraffin method. B.P. paraffin was used and the melting point brought down to 104° by mixing with it with paroline. A serum syringe with a platino-iridium pointed needle was used for the injection



and this was heated by means of a spirit lamp. About 3iij. in all of the preparation was injected. The mass was then moulded into shape. For a short time afterwards the nose remained inflamed and angry looking, but this gradually disappeared and now the skin is of the normal colour, and the appearance of the woman greatly improved.

L. HERSCHEL HARRIS, M.B., Ch.M.Syd.,
Honorary Assistant Surgeon, Sydney Hospital.

CHOREA (?) GRAVIDARUM.

MRS. P., aged 28, consulted me because of continuous and involuntary movements of the left leg and arm, which she said had come on quite suddenly about a fortnight previously, and were rapidly becoming intolerable, interfering as they did with eating and entirely preventing sleep. She was looking ill and "worn-out," and was herself convinced that her complaint had some connexion with a small tender swelling situated in the "front passage," which had for some months caused her great agony, especially on micturition, whilst her husband thought it to be the result of a bad fright she had had about two months previously, which, to use his own words, "put her all of a shake" for some hours afterwards.

It was perfectly evident that the woman was suffering from a severe though unilateral attack of chorea. On making an examination I found her also three months pregnant, and there was to be seen a small vascular caruncle the size of a pea, exquisitely tender to the touch, situated at the edge of the meatus urinarius. Here then were three possible factors in the causation of the disease. She had never previously during childhood had any symptoms of chorea, nor had she ever suffered from rheumatism, unless it be that a sharp attack of tonsillitis for which I had attended her some months before, and which had yielded rapidly to small doses of sodium salicylate, but during which no articular symptoms manifested themselves, was really of rheumatic origin. There were no physical signs of endocarditis.

I ordered the patient to bed to have a light diet and absolute quietude, and prescribed a mixture of potassium bromide and liquor arsenicalis, preferring the exhibition of the bromides to that of chloral on account of her pregnant condition. A few days later, after anaesthetising the parts with 10 per solution of cocaine, I removed the caruncle, cauterizing the stump with nitric acid. She obtained a great and immediate relief to her symptoms after the operation, and the jactatory movements a fortnight after first seeing her were practically quiescent, and only set up on the occasion of any little excitement, such as the arrival of a visitor, or a screaming fit on the part of one of her two children. The interest of this case lies chiefly in the immediate improvement brought about by the removal of the painful caruncle, which had been causing her great mental as well as physical suffering. The improvement, indeed, was so sudden that one was strongly tempted to regard the caruncle as the principal factor in determining the attack. On the other hand, if her condition is to be attributed to the pregnancy, it is interesting to note that the symptoms did not supervene until she was three months gone in her third pregnancy, whereas Dr. Risien Russell in Clifford Allbutt's *System of Medicine* refers to such an event as most improbable, "no properly authenticated case being on record of chorea in a third pregnancy." Under the circumstances it is an interesting problem as to whether this was really a case of chorea gravidarum or whether her present attack should be attributed to one of its supposed more ordinary causes, and the pregnancy regarded as a mere accidental complication.

Cowes, Isle of Wight.

A. H. COPEMAN, M.A., M.D.

CASE OF CONGENITAL SINGLE KIDNEY.

A. S., female, aged 50, single, was admitted on June 26th, 1901, suffering from chronic mania. She was very restless and incoherent, with delusions of a religious nature and hallucinations of sight. Her bodily health was good, and, except for an unimportant indisposition at the end of November, 1901, it continued so until shortly before her death. On the night of May 4th, 1903, she was noticed to be very weak. Cavertous breathing was heard at the left apex, but, owing to her mental state, a satisfactory examination was impossible. She was removed to hospital, but gradually got worse and died at 6 a.m. on May 6th. She never complained of feeling unwell. A necropsy was made on May 8th, at 4 p.m. Rigor mortis had passed off in the upper extremities but was present in the lower. The brain weighed 49½ oz.; the meninges and brain substance appeared healthy. The heart weighed 9 oz., and was normal. The right lung was very emphysematous, but otherwise fairly healthy; the left lung showed great congestion of the base, and the upper lobe was broken down, being practically one large cavity. The liver weighed 42 oz. and the spleen 3½ oz.; both were normal. On searching the usual site for the kidneys, they could not be found, but lying on the vertebrae immediately below the pancreas was one large kidney, fully 9 in. long and horseshoe-shaped. There were two distinct sets of vessels, with separate connexions at the aorta and the inferior vena cava respectively;

also two ureters, which, after running separately for about 3 in., joined and formed one common duct, which ran down through the left iliac region and entered the bladder. Each set of vessels and a ureter were connected with a separate hilum. All the other abdominal organs appeared to be healthy.

Donegal District Lunatic Asylum,
Letterkenny.

J. C. MARTIN, L.R.C.P.,
Assistant Medical Officer.

SMALL-POX AND REVACCINATION.

THE following particulars are interesting in showing that revaccination may be successful in a person developing small-pox, and also that it is necessary to keep contacts under observation for at least fifteen days.

A. T., aged about 66 years, was last in contact with a case of small-pox on May 26th. She was successfully revaccinated on that date, but on June 9th, that is, on the fifteenth day, including both dates, I found her to be suffering from a small-pox rash in the early stage.

J. M., last in contact with small-pox on May 8th, successfully revaccinated on that date, first seen on May 22nd with commencing small-pox rash, that is, on the fifteenth day.

The first case was a discrete case; the second case commenced severe, but the rash quickly dried up and rapidly scaled off.

JOHN MARSAHLL DAY, M.D.,
Cork Street Hospital, Dublin.

REPORTS

ON

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

ST. BARTHOLOMEW'S HOSPITAL, LONDON.

LARGE NAEVOID TUMOUR REMOVED FROM THE LIVER.

(Under the care of HARRISON CRIPPS, F.R.C.S., Surgeon to the Hospital.)

A FEW cases of naevoid growths in the liver have been described as found in necropsies, but I am not aware of any published case of such a growth which has been successfully removed during life; at any rate, such cases must be rare, therefore I think the following will be of sufficient interest to publish. For the following note I am indebted to my house-surgeon, Mr. Connor.

H. B., aged 60, in January of this year complaining of a swelling on the right side of the abdomen, was admitted into St. Bartholomew's Hospital. He gave the following history:—In November, 1892, after lifting a heavy garden seat, he suddenly felt a severe pain in the abdomen. The acute pain passed off in a few hours but he remained in bed for two days. Since that time he has resumed his work. On admission into the hospital the patient was a strong, healthy-looking man of a florid complexion. On inspection the abdomen was seen to move well, and on expiration a distinct rounded swelling was obvious, occupying the right hypochondriac and the lumbar regions. The swelling was as large as a child's head, dull on percussion, fluctuating, freely movable laterally, and apparently connected with the surface of the liver. It could be moved readily to the middle line and pressed backward into the lumbar region, and there was no evidence of present or past jaundice; urine was natural. The swelling palpably increased during the week after admission, and the patient had some general pain, but the swelling was not tender, and temperature normal. The patient was shown at consultations, and there was some difference of opinion as to the diagnosis, and whether its source was the kidney, the gall bladder, or liver.

An exploration was decided upon, and the operation was performed by Mr. Harrison Cripps. An incision was made 5 in. long through the right rectus muscle. The parietal peritoneum was slightly adherent over the surface of the swelling. On separating this a small opening was made into it, and a stream of fairly bright blood issued with some force, and after about a pint had come away the opening was temporarily closed with forceps. On examining the swelling, which was about the size of a child's head, it was found to be in the substance of the liver, partly protruding from the under surface, and partly covered by a thin layer of liver substance. The gall bladder was not involved, and the rest

of the abdominal cavity was healthy. The peritoneal cavity being protected by pads, an incision was made into the swelling, and about 50 to 60 oz. of fluid blood escaped. The hand was then introduced into the now partly emptied cyst, and a tumour the size of a cricket ball with a broad base was felt protruding into it. The surface of the tumour had an extraordinary feel, like that of a hedgehog's skin, being covered with sharp bone-like spiculae. Partly by dissecting, and partly by a Volkmann's spoon the entire tumour was enucleated. The superfluous part of the cyst wall was cut away, the cut edges being united to each other by fine silk sutures. The bleeding, which was sharp at first, was easily controlled by sponge pressure. The abdominal walls were closed without drainage and the patient made a good recovery. At the time of removal Mr. Cripps believed the tumour to be an ossifying sarcoma. The following, however, was the pathological report.

Sections were made of the cyst wall and of the contents after decalcification. These showed distinct evidence of naevoid tissue, the opinion arrived at being that the blood cyst was the result of a breaking-down angioma of the liver.

REPORTS OF SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

EDWARD MALINS, M.D., President, in the Chair.

Tuesday, June 16th, 1903.

CHORION-EPITHELIOMA.

THE discussion on this subject was resumed by Dr. GALABIN, who said he had from the first been a believer in the view that the so-called deciduoma malignum was the result of pregnancy, and that it was a fetal epithelioma implanted upon the mother. He had listened, therefore, with great satisfaction to the convincing demonstration, which Dr. Teacher had given of both these propositions. He had been himself convinced by the relation, not so much to pregnancy as to vesicular mole. While pregnancy was common, the pregnancy of vesicular mole was estimated as only about 1 in 2,000 pregnancies. Not more, therefore, than about one woman in every 20,000 at the most would have had at any given time a vesicular mole within a year. But in deciduoma malignum, vesicular mole was the antecedent in something like half the cases, and this proportion had been maintained from the earliest record up to the present. It was possible on this basis to calculate by the mathematical theory of probabilities what was the chance against the vesicular mole having occurred within a year before half of the cases of deciduoma malignum if there was no causal relation between them. The result was that the probability increased very rapidly as the number of cases increased. Within eight or ten cases, a probability of a million to one was reached; and when the cases amounted to forty or fifty, the probability was an unimaginable number of billions of billions to one. He contended that there was already, at the time of the discussion in the Society in 1896, ample demonstration that there was a causal relation between vesicular mole and deciduoma malignum, since out of 40 cases then recorded vesicular mole had preceded in 18. When the number recorded had reached 90, the number preceded by vesicular mole was 49. The relation to pregnancy in general would hardly be denied if that to vesicular mole were admitted, especially since the disease more often followed an abortion than a full-term pregnancy. He was surprised, therefore, that at the former debate Dr. Spencer was the only speaker who argued decidedly in favour of the connexion. The existence of a similar structure in some cases of sarcoma of the testis was then quoted as an objection to deciduoma malignum being a result of pregnancy. But if such a structure were found only in tumours classed as embryomata, from their resemblance to the imperfect development of an ovum, he thought that this was not an objection but an argument in favour of deciduoma malignum in the uterus being derived from a fertilized ovum. He did not consider that embryomata were derived from an included ovum, the brother or sister of the individual who bore it. Such a brother ovum was generally attached on the surface, and there was no reason why it should be in the testis or ovary rather than elsewhere. He thought that they were instances of imperfect parthenogenesis, or attempt at development of germ plasm without union of the sexes.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

ROYAL NAVY MEDICAL SERVICE.

FLEET SURGEON B. C. E. F. GUNN is placed on the retired list, June 29th. He was appointed Surgeon February 26th, 1883, and Fleet Surgeon February 26th, 1903. As surgeon of the *Alexandra* he served with the Naval Brigade in 1884-5 in the expedition for the relief of General Gordon at Khartoum, receiving the medal with clasp and the Khedive's bronze star.

The following appointments have been made at the Admiralty:—DONALD T. HOSKYN, Fleet Surgeon to the *Mersey*, June 29th; SAMUEL KEAYS, Fleet Surgeon, to the *Abdon*, June 29th.

TRANSPORT MEDAL.

P. B. B.—We are informed that the issue of the sea transport medal is at present confined to duly-qualified officers serving on board transports employed in the South African war, 1899-1902, and the China expedition, 1900-1901.

ROYAL ARMY MEDICAL CORPS: EXCHANGE.

The charge for inserting notices respecting Exchanges in the Army Medical Department is 3s. 6d., which should be forwarded in stamps or post-office order with the notice, not later than Wednesday morning, in order to ensure insertion in the current issue.

A FIELD OFFICER for foreign service this season wishes an exchange. Give full particulars. Address E. O., care of Holt and Co., 3, Whitehall Place.

ROYAL ARMY MEDICAL CORPS.

LIEUTENANT-COLONEL W. A. CHESTER, M.B., who is serving in the Bengal Command, is granted the temporary rank of Colonel while officiating as Principal Medical Officer of a District.

INDIAN MEDICAL SERVICE.

LIEUTENANT-COLONEL W. R. BROWNE, M.D., Madras Establishment, is promoted to be Colonel from May 10th, and the tenure of his appointment will reckon from that date. He was appointed Assistant Surgeon, April 1st, 1873, and Brigade-Surgeon-Lieutenant-Colonel, March 1st, 1898. He served during the Kumba rebellion in 1897-80.

The promotion of Majors A. O. EVANS, Madras Establishment, and M. A. T. COLLIE, M.B., and W. H. QUICKE, Bombay Establishment, to be Lieutenant-Colonels, which has already appeared in the BRITISH MEDICAL JOURNAL, has received the approval of the King.

The undermentioned Captains, whose first commissions date from January 31st, 1897, are promoted to be Majors from January 31st last: J. M. CRAWFORD, M.B.; BAWA JIWAN SINGH, C. H. JAMES, F. O'KINEALY, and A. W. T. BUIST, M.B. of the Bengal Establishment; and E. G. R. WHITCOMBE and BAMAN DAS BASU of the Bombay Establishment.

The undermentioned Lieutenants, all of the Bombay Establishment, and whose first commissions bear date January 27th, 1900, are promoted to be Captains from January 27th last: A. C. MACGILCHRIST, M.B.; J. W. D. MEGAW, M.B.; E. O. THURSTON, M.B.; G. BROWSE, C. M. GOODBODY, R. STEEN, M.B.; F. F. ELWES, M.B.; I. L. MACINNES, M.B.; E. A. C. MATTHEWS, M.B.; L. P. STEPHEN, M.B.; L. GILBERT, M.B.; T. G. N. STOKES, M.B.; H. M. MACKENZIE, M.B.; M. H. THORNEY, F. W. O. BEIT, M.B.; W. O'S. MURPHY, M.B.; M. COREY, M.B.; C. C. MURISON, H. A. WILLIAMS, M.B.; D. S. O. W. C. LONG, G. C. BEAMISH.

The retirement from the service of Colonel T. H. HENDLEY, C.I.E., Bengal Establishment, which has been already recorded in the BRITISH MEDICAL JOURNAL, has received the Royal sanction.

Lieutenant-Colonel A. W. D. LEAHY, M.D., Bombay Establishment, has retired from the service from June 5th. His commission as Surgeon dates from September 30th, 1882; that of Lieutenant-Colonel, from September 30th, 1902. He has no war record in the Army Lists.

VOLUNTEER RIFLES.

THE undermentioned gentlemen are appointed Surgeon-Lieutenants in the corps respectively specified, dated June 27th:—WALTER P. SIMPSON, 8th Volunteer Battalion the Royal Scots (Lothian) Regiment; HENRY SPALLARD, 4th Nottinghamshire Volunteer Battalion the Sherwood Foresters (Nottinghamshire and Derbyshire Regiment); JAMES MCCLEW, 1st Volunteer Battalion the Prince of Wales's (North Staffordshire Regiment).

Captain F. E. A. WEBB, from the Harwich Volunteer Infantry Brigade Bearer Company, is transferred as Surgeon-Captain 3rd (Cambridge-shire) Volunteer Battalion the Suffolk Regiment, June 27th.

The undermentioned Surgeon-Lieutenants are promoted to be Surgeon-Captains, dated June 27th:—J. S. MCKENDRICK, M.B., 4th Volunteer Battalion the Cameronians (Scottish Rifles); T. M. MORTON and W. H. F. YOUNG, 4th Volunteer Battalion the East Surrey Regiment; O. T. STEPHENSON, 2nd Volunteer Battalion the Hampshire Regiment.

Surgeon-Captain A. B. WADE, M.B., 2nd Volunteer Battalion the Hampshire Regiment, to be Surgeon-Major, June 27th.

Surgeon-Major J. MACKAY, 6th (Fife-shire) Volunteer Battalion the Black Watch (Royal Highlanders), resigns his commission, June 27th.

Surgeon-Captain G. A. COHEN, M.B., 1st Volunteer Battalion the Duke of Cambridge's Own (Middlesex Regiment), also resigns his commission, June 27th.

The Volunteer Officers' Decoration has been conferred upon Surgeon-Lieutenant-Colonel F. J. WALKER, M.D., 3rd Volunteer Battalion the Leicestershire Regiment; Surgeon-Major W. CHALMERS-COWAN, 1st Forfarshire Royal Garrison Artillery (Volunteers); Surgeon-Major J. A. GRAY, 5th Volunteer Battalion the Royal Scots (Lothian Regiment); and Surgeon-Major A. H. ROBINSON, 3rd Kent (Royal Arsenal) Royal Garrison Artillery (Volunteers).

COMPULSORY VACCINATION IN BELGIUM.—A Bill making vaccination and revaccination compulsory, which was recently introduced into the Belgian Chamber of Deputies by Dr. Trewagne, Socialist Member for Antwerp, has been passed by a majority of 2.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

Degrees.—On June 20th F. Whitaker (Trinity) was admitted a Bachelor of Surgery. On June 23rd the following degrees were conferred: M.D.: W. R. Pollock (Trinity). M.B. and B.C.: J. D. H. Freshwater and H. L. P. Hulbert (Trinity); F. B. Manser (Peterhouse); L. E. H. R. Barker (Caius). M.B.: W. T. Scott (Clare); W. F. Buckle (Caius). B.C.: G. T. Birks (King's); P. K. Muspratt (Christ's); H. S. C. Woodward (Downing).

UNIVERSITY OF EDINBURGH.

The following are the successful candidates for the Final Examination for Degrees in Medicine:

M.B.: C.M. (Old Regulations).—Margaret Ida Balfour, W. H. Winstanley. M.B.: Ch.B. (New Regulations).—D. Allison, J. A. Anderson, F. L. Atkinson, C. M. Begg, W. F. Brayne, B.A., Edith Cochran Brown, G. L. Brunton, G. M. Brunton, A. Buchanan, S. Burns, M.A., H. Caird, T. P. Caverhill, Katherine Jane Stark Clark, Elizabeth Lucy Colby, B.A., C. H. Craig, R. W. Craig, C. S. Crichton, D. M. K. Crooks, D. H. Croom, B.A., H. Curwen, J. M. Darling, H. S. Davidson (with distinction), J. Davidson, W. H. Davison, D. E. Derry, A. C. Devereux, J. R. Dobbin, J. Donaldson, M.A., C. E. Dumanoire, Alice Mary Ebdon, G. J. Fairie (with distinction), J. Findlay, H. N. Fletcher, J. Fortune, C. R. Gibson, M.A., J. D. Giles, J. Girdwood, M.A. (with distinction), J. M. Glassey, W. Goodchild, R. G. Gordon, A. Gray, M.A., LL.B., J. A. Gray, M.A., Elizabeth Catherine Gunn, Annie Mabel Gurney, H. W. Gush, A. A. Hall, M.A., Frances Margaret Harper, G. W. Hart, G. Henderson, M.A., R. L. Henderson, A. E. Hodgson, R. B. Hole, A. O. Hooper, A. Hutley, I. Ivey, Bertha Jex-Blake, J. M. Johnston, R. W. Johnstone, M.A., J. H. Kay, J. W. Keay, I. C. Keir, J. M. Kirkness (with distinction), L. A. H. Lack (with distinction), W. S. Laidlaw, F. T. C. Linton, M.A., A. Lundi, B.Sc., F. W. Lundie, H. MacCormac, J. R. M. Gregor, G. S. Mackay, Marion Ellen Mackenzie, Clara Violet McLaren, W. MacLaren, J. J. McMillan, J. B. McNeill, I. M. Macrae, H. C. Martin, A. S. Millard, B.Sc., G. H. S. Millin, C. R. P. Mitchell, M. Moll, W. C. Morton, M.A.; E. Muir, C. H. Muller, H. I. Munro (with distinction), D. M. K. Newton, W. H. Nutt, C. O'Flaherty, D. E. S. Park, D. D. Paton, M.A. (with distinction), T. Peebles, J. A. Pottinger, A. M. Pryce, Julia Letitia Pringle, W. L. Pritchard, W. Readman, Eva Anne Robertson, W. S. Robertson, Amy Robertson, L. C. Robinson, J. A. Ross, M.A. (with distinction), Mabel Ross, J. A. Roux, B.A., N. C. Rutherford, W. Sanderson, D. G. A. Scott, D. J. Scott, J. E. Scott, M.A., M. Sinclair, G. W. R. Skene, G. H. Skinner, J. H. Smith, S. W. Smith, Eva Maud Snowball, H. Speirs, F. H. Stirling, Amelia Sutcliffe, J. Tait, B.Sc., J. E. Taylor, J. P. du Toit, L. Turlinsky, R. Veitch (with distinction), W. R. S. Watkins, G. J. Wentzel, D. H. Wessels, L. West, R. M. M. White, G. Wight, W. Y. Woodburn, W. D. Wright, G. W. Young.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

Barker Anatomical Prize for 1904.—A prize of £21 is offered for competition, and is open to any student whose name is on the anatomical class list of any school in the United Kingdom. The prize is offered for a dissection from behind of the pneumogastric nerves in the thorax. The preparation must be sent to the Curator of the Museums, Dr. A. H. White, Royal College of Surgeons, Dublin, from whom further particulars can be obtained.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, June, 1903.—The following candidates passed in: Surgery.—C. E. Adams (Sections I and II), Guy's Hospital; W. E. Denniston (Sections I and II), St. Thomas's Hospital; H. B. Drake (Section II), St. George's Hospital; A. H. Falkner (Section II), Cambridge and St. Mary's Hospital; W. P. Jones (Section II), Sheffield and University College Hospital; W. Lovell (Sections I and II), St. Mary's Hospital; W. A. Sugden, St. Mary's Hospital; S. H. R. Welch (Section II), Charing Cross Hospital. Medicine.—W. E. Denniston (Section II), St. Thomas's Hospital; H. B. Drake (Section II), St. George's Hospital; N. S. Finzi (Sections I and II), University College Hospital; W. P. Jones (Section II), Sheffield and University College Hospital; A. Wharton (Sections I and II), Manchester. Forensic Medicine.—T. E. Amyot, Durham; W. M. Emmerson, Durham; N. S. Finzi, University College Hospital; W. P. Jones, Sheffield and University College Hospital; A. Wharton, Manchester. Midwifery.—U. M. Asplen, King's College Hospital; J. M. S. Duncan, London Hospital; A. H. Falkner, Cambridge and St. Mary's Hospital; L. W. Roberts, Middlesex Hospital; A. Wharton, Manchester.

The diploma of the Society was granted to: W. E. Denniston, H. B. Drake, W. M. Emmerson, N. S. Finzi, W. P. Jones, and W. A. Sugden.

INDIA AND THE COLONIES.

GIBRALTAR.

THE report of the Medical Officer of Health of Gibraltar (Major H. P. Elkington, D.P.H., R.A.M.C.) for the year 1902 shows that the population consisted of 20,355 persons, of whom 17,373 are classed as permanent civil residents, and the rest as resident aliens. The latter class consists chiefly of soldiers and sailors, and taking the former alone into consideration the death-rate for the year was 26.53 per 1,000, while the birth-rate was 29.06. The mortality of children under one year was 180.19 per 1,000 born, which seems very high, and is ascribed to the occurrence of measles in an epidemic form. Out of 11 cases of small-pox none were fatal, owing probably to vaccination being favourably regarded by the population of Gibraltar. Seventeen cases of diphtheria occurred, with a death-rate of over 50 per cent. "Diarrhoea" and tuberculous diseases seem to have been rather prevalent, the death-rate from the latter being as high as 2.7 per 1,000.

which "he kept the noiseless tenour of his way;" but the gloom which seemed to hang over the town of Henfield, and the numbers who assembled when he was laid to rest in the old churchyard, bore ample testimony to the esteem and respect in which he was held by those amongst whom he had lived and worked for so many years.

Dr. CHARLES WILLIAM DOYLE, who died at his residence in Santa Cruz, California, on May 2nd, was the son of an officer of the British army killed during the Indian Mutiny. He was born at Simla in 1852, and the early portion of his life was spent in India. Dr. Doyle was educated in Scotland, and graduated with honours at Aberdeen in 1875. He practised in Great Britain until 1888, when he settled in California after making a tour of the world. While practising his profession till the end he contributed freely to the magazines. Of his works, *The Taming of the Jungle* was perhaps the most widely known, but *The Shadow of Quong Lung*, a story of Chinese life, had also an extensive circulation.

Mr. CHARLES HENRY COSENS, M.R.C.S., L.R.C.P., of Oxford Terrace, Hyde Park, died on June 28th, in his forty-fifth year. Mr. Cosens will be remembered in the profession as one of the first to perfect the photomicrography of pathological sections. Many samples of his skill in this department of scientific art will be found in the pages of Allbutt and Playfair's *System of Gynaecology*, Hubert Roberts's *Gynaecological Pathology*, and other publications.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. William S. Witwell, formerly editor of the *Pacific Medical Journal*, and a prominent neurologist in California; Dr. Joseph de Smeth, sometime Professor of Psychological Medicine in the University of Brussels, aged 77; Dr. Karl Heinzel, a well-known Ophthalmic Surgeon of Trieste, aged 47; Dr. Franz Saxer, Extraordinary Professor of Pathological Anatomy in the University of Leipzig, aged 40; Dr. A. Dubler, sometime Extraordinary Professor of Medicine in the University of Basle, aged 46; Dr. M. Huizinga, sometime Professor of Physiology in the University of Groningen, aged 63; Dr. Carl Gegenbaur, formerly Professor of Anatomy in the University of Heidelberg, aged 76; Professor Rudolf Jürgens, for many years assistant to Professor Virchow in the Pathological Institute, Berlin, aged 61; Dr. Gerard T. Joseph Marchant, Surgeon to the Boucicaut Hospital, Paris, author of the articles Thymus, Thyroid, in Jaccoud's *Dictionary*; Cheek, Lips, Face, in the *Encyclopédie Internationale de Chirurgie*; Nose and Accessory Sinuses in the *Surgery of Duplay and Reclus*; and of a treatise entitled *Surgery of the Large Intestine* (1902), aged 52; and Dr. Luigi Bufalini, editor of the *Morgagni*.

MEDICO-LEGAL AND MEDICO-ETHICAL.

PRACTICE BY A DISREGISTERED PERSON.

AN inquest was held at Surbiton on June 25th in reference to the death of Madame Gertrude Guillaume Schack, of Surbiton Hill, Theosophist, Socialist lecturer, temperance advocate, and a strict vegetarian.

It appeared from the evidence that the deceased lady, who was 59 years of age, fell over a tin box in her bedroom some twelve months ago and injured her breast. She consulted Mr. T. R. Allinson, of Spanish Place, Manchester Square.

Dr. Porter, of Surbiton, was called in shortly before the death, but said the deceased lady was too far gone for him to be of any service, and she died a few hours later.

The deceased's maid stated that her mistress all along led her to believe that the injury to the breast was only a cut, and remarked that when the body had cleansed itself the wound would heal up. In reply to the coroner (Dr. M. H. Taylor) she said that her mistress thought the body would cleanse itself by dieting. Her mistress knew that the name of Mr. Allinson had been erased from the *Register*, and added that the deceased lady had great faith in him.

Mr. Allinson deposed that he found her suffering from a small tumour in the right breast, which had been there before the accident, and he afterwards saw her at intervals until a few days before her death, which took place on June 20th. He had been consulted by Madame Schack, and repeatedly suggested that she should see a specialist with him, but she would not accede to the suggestion, adding, "She was a Theosophist, and seemed to trouble nothing about her complaint." She gradually became weaker, and on May 29th he told her it was then too late, and her life was only a matter of two or three months. In reply she said she was only too pleased. Death, she said, had no terrors for her: it was only a passing from one state to another. That, observed the witness, was the secret of her reticence all through. Asked by the Coroner whether he suggested anything in the way of local treatment, the witness answered that it was no use, as the lady had her own opinions and views on the matter, and would not have any interference with her body. Asked by the Coroner if he

knew the lady was going to die what he proposed to do about a certificate. The witness replied, "My certificate is good. It is usually accepted by the registrars. I keep my surgeon's qualification still. Any person can give a certificate; only that issued by a qualified practitioner would be accepted. I was qualified before I was registered." The Coroner asked, "Do you give certificates in all your deaths?" Witness: I have very few deaths in my practice. The Coroner: You are lucky. Witness: Yes, I am more than lucky. My practice is as large and as successful as any in the kingdom.

After the witness had replied to a question by a jurymen as to cancerous growths the Coroner inquired: Is that the view taken by the medical profession? Witness: I don't care about the medical profession, and I don't bother about any authorities. I am an authority in myself. The witness added: Everybody in this country has a right to die as he likes. When I come to die I shall not call in a doctor.

Dr. Porter, of Frascati, Surbiton, said that he had made a necropsy, and found that death was due to cancer in the breast, accelerated by want of proper surgical dressing and food.

In summing up, the Coroner said that although Mr. Allinson stated that his certificates were accepted in London and the country, the registrars in this district, he was glad to say, would not accept them. Mr. Allinson suggested certain lines of treatment to Madame Schack, but she would not adopt them, and attended to her own dressings. They might have whom they liked as their medical man, but if his name was not on the *Register* they need not pay him. If it was clearly shown that the patient was aware that the attendant was not a registered man, and if there was no neglect, the attendant could not be blamed.

After retiring for about half-an-hour, the jury returned a verdict of "Death from natural causes," and added that they were of opinion that the case did not have proper attention, as no steps whatever appeared to have been taken to deal with or dress the cancer.

OPTICIANS AS REFRACTIONISTS.

DR. ARTHUR J. WALLACE sends us an advertisement issued by Archer and Sons, of Liverpool, who style themselves "consulting refractionists," and complaints of the pretensions of these opticians. We think we have already said all that can be usefully maintained upon this subject. The law does not forbid opticians to test eyesight and supply glasses, or to advertise and do their best to induce the public to believe that they possess sufficient skill to perform this work properly. In view of the very unsatisfactory state of the law relating to more serious questions of medical and surgical treatment, we can only express our sympathy with our correspondent's protests.

THE PUFFING OF MEDICAL MEN IN THE LAY PRESS.

UNDER the title of *A Modern Sir Galahad* there is a most absurdly fulsome puff of Dr. Thomas Fraser, of Aberdeen, in the number of *Saint Andrew* for June 11th, 1903. *Saint Andrew* is called "a journal of religious thought and social progress." We must again repeat that the frequency with which articles of this kind appear in the Scottish newspapers is a discredit to Scotland, and in our opinion calls for energetic measures on the part of the medical corporations and other bodies which undoubtedly possess the necessary influence to put a stop to these publications if they would bestir themselves.

POISON ACROSS THE COUNTER.

AN inquest was concluded on June 30th at the City Coroner's Court into the death of Henry Harris, who was admitted into St. Bartholomew's Hospital on June 12th, but died an hour later.

According to the report in the *Morning Post*, evidence had previously been given that the deceased, a morphia drinker for twenty years, called at Messrs. Vines and Froom in Aldersgate Street for his usual dose. Very shortly afterwards he was taken ill, and told a companion that the assistant at the chemists had made a mistake about his draught. No evidence of morphia poisoning was found at the necropsy, but at the adjourned inquiry Dr. Frederick Womack deposed that on analysis of the stomach he had found $\frac{1}{2}$ gr. of strychnine. The quantity was sufficient to cause death, but its action might have been modified by a subsequent dose of morphia.

Mr. Froom stated that he sometimes served the deceased, but had not done so on the day in question. On that day his assistant told him he had served a customer accidentally with strychnine instead of morphia; he had served diluted; the customer sipped a little and was then given morphia as an antidote. His assistant was qualified and careful, and had been with him eighteen months.

The assistant deposed that he was dispenser, and did not usually serve at the counter. The deceased, whom he had served once before, asked for 3 ounces of morphia and 1 of water. He measured the quantity and gave it, but on replacing the bottle noted he had made a mistake, the morphia bottle having been placed in a different place to that which it usually occupied. Finding he had given strychnine, he gave morphia as an antidote, but the deceased, who was only in the shop a few seconds, left at once and he did not know his address. Unless told by witness he would have been unconscious of any error having been made.

Dr. Wale, recalled, ascribed the death to strychnine, and thought morphia was as good an antidote as any other. A verdict of death by misadventure was returned.

PURCHASE OF A PRACTICE.

MR. PERCIVAL TURNER (Adam Street, Adelphi, W.C.) writes to express the opinion that it is usual for a purchaser to complete payment at the termination of introduction, and that instalments are only accepted by special arrangement and at interest.

UNREGISTERED DENTISTS.

QUAESTOR.—In the main, the position of the unregistered dentist is the same as that of an unregistered person practising medicine. As in the case of medicine, if he makes use of titles or descriptions implying that he holds a qualification, he is amenable and may be fined. But the Dentists Act is in one particular a little stronger than the Medical Acts, for it contains a phrase under which on several occasions persons have been convicted and fined for using titles or descriptions implying that they are "specially qualified to practise dentistry," the word "qualified" in this particular connexion having been held to mean competent or capable, and not to refer to the possession of any sort of

rate of mortality in these towns, which had been 16.2, 17.8, and 17.1 per 1,000 in the three preceding weeks, rose last week to 21.6 per 1,000, being 7.3 above the mean rate during the same period in the 76 English towns. The death-rates ranged in these Irish towns from 13.7 in Limerick and 18.5 in Belfast to 24.7 in Cork and 26.5 in Londonderry. Londonderry, it is to be noted, has jumped up from 12.6 to this number, while Waterford has gone up from 9.3 per 1,000 to 23.3. The death-rates in the six towns from the principal zymotic diseases averaged 1.7 per 1,000, the highest rate, 3.4, being reached in Cork, while Waterford again registered no deaths from these diseases for the third week in succession. The deaths registered in Dublin included 2 from small-pox, 4 from measles, 1 from simple diarrhoea, and 2 each from whooping-cough, diphtheria, and enteric. Belfast had 2 deaths from measles, 1 from scarlet fever, and 3 from enteric. Cork had 1 from simple continued fever, 1 from enteric, and 1 from whooping-cough.

FEVER CONTRACTED IN AN ISOLATION HOSPITAL.

The circumstances of the case described in "Dr. S.'s" letter are very exceptional. If he is certain of his facts, and his child acquired enteric fever in the isolation hospital, and this attack can clearly be traced to carelessness on the part of those in responsible charge of this hospital, "Dr. S." is clearly entitled to compensation. If the circumstances are at all doubtful he would be unwise to bring the case into court, in the event of the local authority denying that the enteric fever was caused by any neglect on the part of its officers. The question as to whether it would be "wise" as well as right to ask for compensation is one the answer to which would require further local knowledge. If it meant reflecting on a brother practitioner, it would probably be wise not to go further, unless the carelessness was gross.

WORKHOUSE NURSES.

A CONFERENCE to discuss the Report of the Departmental Committee on Nursing, which was numerously attended by those interested in this question, was held at 10, Great George Street, by invitation of the Right Hon. J. G. Talbot, M.P., who presided. The conference was addressed by Mr. Bonham-Carter, Miss Brodie-Hall, Mr. J. Heywood Johnstone, M.P., Miss Louisa Twining, and Miss C. J. Wood. The point of the discussion was the "qualified nurse," her want of training as tested by the standard set by Mr. Bonham-Carter, her unsatisfactoriness, and yet her necessity under the present circumstances, as maintained by Miss Brodie-Hall, speaking from the guardian's point of view; the misleading nature of her title and the want of progress in her training, spoken of by Mr. Heywood Johnstone, and the danger to the public, as enlarged on by Miss Wood. Miss Twining urged the necessity of appointing more women inspectors, and of creating a department for nursing in the Local Government Board, points she had been urging for the last forty years. The result of the conference was a resolution to the effect that it desired to lay before the President its judgement on some of the recommendations contained in the report of the Departmental Committee, and would ask that a deputation be received by the Board.

MARRIAGE OF POOR-LAW MEDICAL OFFICERS.

M.—We have never heard that the Local Government Board requires district medical officers engaged in Poor-law practice to be married.

RURAL HOUSING AND SANITARY ASSOCIATION.

A SOCIETY of this name has recently been formed with the object of improving the condition of housing and sanitation in rural districts. The promoters desire to enlist the co-operation of those acquainted with county cottage homes and to arouse public opinion as to the need for reform. We gather that the policy of the Association will be to receive complaints as to insanitary conditions, overcrowding, etc., and after verification to submit them to the proper authorities and "watch each case until the evils are substantially remedied." It is hoped also to establish local committees, promote schemes for repairing cottages, and generally to raise the standard of rural sanitation. The list of the officers of the Association contains many well-known names, including several medical men. The Honorary Secretary is Miss Churton, 9, Southampton Street, W.C., from whom further particulars may be obtained. It may be that the time has come for an Association of this nature for rural sanitation similar to the Mansion House Council in London. If so, and if it can work in hearty co-operation with the local authorities, stimulating them rather than attempting to force their hands, much good may be done.

VACCINATION FEES.

A. S. D.—All vaccination contracts are with Boards of Guardians, not with district councils, although in rural districts the same representatives serve on both bodies. Any application, therefore, must be made to the guardians, and any proceedings would have to be taken against them. It would appear, however, that our correspondent has let the matter stand over until too late, as the guardians are not allowed to pay any amounts more than six months after they become due without the consent of the Local Government Board. It is not stated whether the claim is in respect of revaccinations only, or of revaccinations and primary vaccinations. We presume all the cases were done at patients' homes. We should advise that the matter should be laid before the Local Government Board, either by our correspondent directly, or, preferably, by the clerk to the guardians acting on his own initiative, or under instructions from the Vaccination Subcommittee.

ISOLATION HOSPITAL.

X. Y. Z. asks: (1) What is the most satisfactory way of remunerating the medical officer to an isolation hospital? (2) The committee of a certain isolation hospital suggest paying the medical officer so much a case. What should this be when the medical officer lives three miles away from the hospital—scarlet, typhoid, and diphtheria only admitted?

. (1) Probably the most satisfactory method of remuneration under the circumstances mentioned by our correspondent is to arrange for an annual minimum salary, and then to charge a fixed amount for each visit. This is probably more satisfactory than a fixed amount for each patient, as the requirements vary so greatly in different diseases. Probably half a guinea a visit would be a satisfactory fee.

MEDICAL NEWS.

DR. URQUHART has been elected Chairman of the Parish Council of Kinnoull, and a Justice of the Peace for the County of Perth.

DR. SOLOMON CHARLES SMITH, formerly of Halifax, has left estate to the amount of £52,121 7s. 10d. Dr. Smith occupied his time after retiring from practice by acting first as a Sub-editor of the BRITISH MEDICAL JOURNAL, and later as co-editor of the *Hospital*.

DISTRICT NURSING.—H.R.H. Princess Louise presided on June 30th at a meeting of the South London District Nursing Association in the Town Hall of Battersea. This Association, formed in 1884, seeks to provide for the nursing needs of the sick poor in South-West London. It provided nursing last year for 1,600 patients in their own homes, and its nurses paid 40,000 visits. On the motion of Mr. Warrington Haward, seconded by Sir William Broadbent, a resolution was carried pledging the meeting to obtain further support for the work. Afterwards 80 little children presented purses to Her Royal Highness containing, it was understood, about £200 in all.

THE SOCIETY OF MEDICAL OFFICERS OF HEALTH.—The provincial meeting of the Incorporated Society of Medical Officers of Health will be held at the County Hall, Wakefield, on Saturday, July 11th, at 11.30 a.m. In addition to formal business, a short paper will be read on annual reports by Mr. Herbert Jones, M.O.H. Hereford Combined Sanitary Districts. The Mayor of Wakefield has invited members attending the meeting to luncheon at the Town Hall at 1 p.m. A visit will be paid to the West Riding Asylum, where extensive additions have recently been made and ventilation on the plenum system adopted; and later in the afternoon the public health laboratories in the Town Hall will be open for inspection.

THE SANITARY CONGRESS.—The Twenty-first Annual Congress of the Sanitary Institute begins next week, and will last from July 7th to the 11th, both days inclusive. The place of meeting is Bradford, and the number of public bodies which have expressed their intention of being represented by delegates is large. Thus 28 of the leading county councils are in the list, and 50 county boroughs, 9 metropolitan boroughs, 117 urban district or sanitary authorities, and 21 rural councils. Three port sanitary authorities, three school boards, and 38 learned societies are also to be present by deputy. The inaugural address will be delivered by the Earl of Stamford, while a lecture on architecture in its relation to hygiene will be delivered by Mr. J. Slater, F.R.I.B.A. The general proceedings are divided into three sections and eight conferences. The former comprise: (1) Sanitary science and preventive medicine; (2) engineering and architecture; (3) chemistry, physics, and biology. The conferences are of municipal representatives, engineers and surveyors, sanitary inspectors, school hygienists, and ladies. Tickets for those who are members of the Institute can be obtained either from the Local Secretary, Bradford, or at the offices of the Institute, 72, Margaret Street, W. In either case the price is 1 guinea. The Health Exhibition, it is to be noted, will be opened at Bradford on the same day as the Congress.

MEDICAL VACANCIES.

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column advertisements must be received not later than the first post on Wednesday morning.

ARGYLE AND BUTE ASYLUM, LOCHGILPHEAD.—Assistant Medical Officer, resident. Salary, £160 per annum.

BIRKENHEAD BOROUGH HOSPITAL.—Junior Male House-Surgeon, resident. Salary, £80 per annum.

CARLOW DISTRICT ASYLUM.—(1) Resident Medical Superintendent. Salary, £500 and allowances. (2) Assistant Medical Officer. Salary, £80 per annum and allowances.

DEVONPORT: ROYAL ALBERT HOSPITAL.—Assistant House-Surgeon, resident. Salary at the rate of £50 per annum.

GUY'S HOSPITAL MEDICAL SCHOOL.—Gordon Lectureship in Experimental Pathology.

LIVERPOOL EYE AND EAR INFIRMARY.—House-Surgeon, resident. Salary, £80 per annum.

MANCHESTER: OWENS COLLEGE.—Junior Demonstrator in Physiology. Stipend, £100 per annum, rising to £150 per annum.

MANCHESTER: ST. MARY'S HOSPITAL FOR WOMEN AND CHILDREN.—Qualified Medical Officer, resident. Salary, £65 per annum.

NEWPORT AND MONMOUTHSHIRE HOSPITAL.—Assistant House-Surgeon, resident. Salary, £70 per annum.

SHEFFIELD: JESSOP HOSPITAL FOR WOMEN.—House-Surgeon, resident. Salary, £75 per annum.

STOCKPORT INFIRMARY.—Junior Assistant House-Surgeon, resident. Salary at the rate of £40 per annum.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Examiner in Dental Surgery.

STOCKPORT INFIRMARY.—Assistant House and Visiting Surgeon, resident. Salary, £80.

TOTTENHAM HOSPITAL.—(1) House Surgeon, £90 per annum. (2) House-Physician, £60 per annum. (3) Casualty Officer, £40 per annum. All resident.
 TYNEMOUTH INFIRMARY.—Two House-Surgeons, resident. Salary, £50 per annum.
 WITHINGTON URBAN DISTRICT COUNCIL.—Resident Medical Officer at the Baguley Sanatorium. Salary, £250 per annum.

MEDICAL APPOINTMENTS.

BRANGAN, John, L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glas., Coroner for North Meath.
 CREER, W. M.B. Glas., District Medical Officer of the Rotherham Union.
 DWYER, J. F., L.R.C.P., L.R.C.S. Edin., District Medical Officer of the Crickhowell Union.
 GROVES, Ernest W. Hey, M.D., B.Sc. Lond., M.R.C.S., L.R.C.P., Assistant Surgeon to the Bristol General Hospital.
 GUTHRIE, R. L., M.A., M.D., Barrister-at-Law, Deputy Coroner for the North-Eastern District of the County of London.
 KYLE, H. G., B.A., M.B., B.Ch. Oxon., Surgeon to the Bristol General Hospital.
 MENDES, Thomas A., L.R.C.P. & S. Edin., L.F.P. & S. Glas., Second Assistant Medical Officer to the County and City Asylum, Hereford.
 MORGAN, T. W. S., M.R.C.S. Eng., L.S.A., District Medical Officer to the Clutton Union.
 RICHARDSON, Catherine Mary, M.B., Ch.B. Edin., House-Surgeon to the Derbyshire Hospital for Sick Children, Derby.
 ROBERTS, Charles, F.R.C.S., Surgical Registrar to the Manchester Royal Infirmary.
 ROCHE, Professor Antony, M.R.C.P., L.R.C.S. Irell., Lecturer on Public Health to Maquorn College.
 ROWELL, Thos., M.B., B.S. Durh., Second Assistant Medical Officer at the City Asylum, Newcastle-on-Tyne.
 RUSSELL, T. O'D., M.R.C.P., F.R.C.S. Irell., District Medical Officer of the Hexham Union.
 SAWYER, J. E. H., M.A., M.D. Oxon., Honorary Administrator of Anaesthetics to the Birmingham Dental Hospital.
 SELBY, R. G., M.B., C.M. Edin., District Medical Officer of the Rotherham Union.
 SERPELL, H. Hamilton, M.R.C.S., L.R.C.P., Assistant House-Surgeon to the South Devon and East Cornwall Hospital at Plymouth.
 SHEPHERD, J. H., M.B., Ch.B., Second Assistant to Dundee Royal Lunatic Asylum.
 SKEETON, C. W., M.R.C.S., L.R.C.P. Lond., District Medical Officer of the Malton Out-relief Union.
 SUNDERLAND, Septimus, M.D., M.R.C.P., Obstetric Physician to the French Hospital, Shaftesbury Avenue.
 TELFORD, E. D., F.R.C.S., Resident Surgical Officer to the Manchester Royal Infirmary.
 WOODYATT, W. J., M.B., B.S. Vict., Assistant Medical Officer of the Whitechapel Union.

DIARY FOR NEXT WEEK.

WEDNESDAY.

Dermatological Society of London, 11, Chandos Street, Cavendish Square, W., 5.15 p.m.—Demonstration of Cases of Interest.

THURSDAY.

British Gynaecological Society, 20, Hanover Square, W., 8 p.m.—Dr. R. D. Purefoy (Master of the Rotunda Hospital, Dublin): Notes of Four Cases of Chronic Inversion of the Uterus. A Discussion on Lacerations of the Cervix Uteri, and their Consequences, will be opened by Professor John W. Taylor (Birmingham); the following, among others, are expected to take part: Dr. William Duncan, Mr. Edge, Dr. Bedford Brinkley, Dr. Helme, Dr. Jeillett, Mr. Bowmen Jesseit, Dr. George Keith, Mr. Skene Keith, Dr. Macnaghten-Jones, Dr. Mansell Moullin, Dr. Inglis Parsons, Dr. Purefoy.

Guy's Hospital Medical School, 4 p.m.—Dr. E. W. Ainley Walker: Recent work upon the Nature of Immunity (read in Lectures in Experimental Pathology).

POST-GRADUATE COURSES AND LECTURES.

Charing Cross Hospital, Thursday, 4 p.m.—Lecture on Medical Cases.
 Hospital for Consumption and Diseases of the Chest, Brompton, S.W., Wednesday, 4 p.m.—Lecture on Diseases of the Aortic Valves.
 Hospital for Sick Children, Great Ormond Street, W.C., Thursday, 4 p.m.—Lecture on The Treatment of Tuberculous Lymphatic Glands.
 Medical Graduates' College and Polytechnic, 25, Chancery Street, W.C.—Demonstrations will be given at 4 p.m. as follows: Monday, skin; Tuesday, medical; Wednesday, surgical; Thursday, surgical; Friday, throat. Lectures will also be given at 5.15 p.m. as follows: Monday, intrathoracic Tumours; Tuesday, Eczema; Wednesday, Harelip and Cleft Palate; Thursday, Hysteria and its Diagnosis; Friday, Preparations, Methods, and After-treatment in Operation.
 Mount Vernon Hospital for Consumption and Diseases of the Chest, 7, Fitzroy Square, W., Thursday, 4 p.m.—Lecture on the Surgical Treatment of Emphysema.
 National Hospital for the Paralyzed and Epileptic, Queen Square, W.C., Tuesday, 8.30 p.m.—Lecture on Cerebral Circulation.
 Post-Graduate College, West London Hospital, Hammersmith Road, W. Lectures will be delivered at 5 p.m. as follows: Monday, Lantern Demonstration of the Fundus; Tuesday, Surgical Cases; Wednesday, Some Diseases of the Nervous System; Thursday, Some Common Diseases and Injuries of the Knee; Friday, Extraction, When and How.

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.

CLARKE.—On June 26th, at Pearhyn, Stourbridge, the wife of H. H. R. Clarke, M.R.C.S., L.R.C.P., of a son.
 GOMEZ.—On June 25th, at The Cottage, South Petherton, Somerset, the wife of F. J. Gomez, M.R.C.S., L.R.C.P., of a daughter.
 GROSVENOR.—On June 27th, at Arnside, Westmorland, the wife of Dr. W. Clayton Grosvenor, of a daughter.
 GURNEY.—On June 16th, at 5, Gildredge Road, Eastbourne, the wife of Alexander C. Gurney, M.B., of a daughter.
 PERKINS.—On June 22nd, at Trivandrum, the wife of H. Campbell Perkins, M.R.C.S., L.R.C.P., of a daughter.
 SPINKS.—At Burgh House, Maryhill, Glasgow, on June 26th, the wife of Charles F. Spinks, L.R.C.P. Edin., etc., of a daughter.
 WALLWORK.—At Crosshill Cottage, Lochgelly, on June 25th, the wife of James Wallwork, M.R.C.S., L.R.C.P., of a daughter.

MARRIAGES.

PETTY-TROUP.—On July 2nd, at St. Andrew's Church, Stoke Newington, by the Rev. Prebendary Bevan, Rector of Chelsea, David Pett, M.B., of Essex House, Stamford Hill, to Dora Lilian, youngest daughter of Frederick William Troup, Esq., of Wigmore House, Stamford Hill, N.
 SEALE-McFARLAND.—On June 24th, at St. Cyprian's, Kimberley, South Africa, by the Rev. Canon Hamilton, Edward Albert Seale, M.D., T.C.D., of Ceres, Cape Colony, to Janet Margaret, daughter of the late George McFarland, Kimberley.

DEATH.

WOODMAN.—On June 28th, at his residence, 2, Chichester Place, Southernhay, Exeter, John Woodman, M.D., F.R.C.S., in his 67th year.

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, notices, 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 "A'ology, 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.

SCOTIA asks for advice as to the treatment and pathology of a case of hardening of the corpora cavernosa, with painful erection, in a patient aged 50.

ANGLO-CELT would be glad to know if there are any works in modern English dealing with the early history (Celtic) of medicine in Ireland, and where they are to be obtained.

DISPENSER would be glad of information as to what would be a reasonable weekly fee to be paid to a qualified chemist to come in to do his dispensing one hour morning and two hours afternoon daily.

TREATMENT OF URTICARIA.

FAIRFIELD asks for suggestions for the treatment of a case of typical urticarial eruption, occurring in an apparently healthy young man, which appears on the arms, legs, face, and extends over the trunk, the eruption only occurring when the patient exerts himself, such as cycling, dancing, cricketing, and at times during his work (he is a carpenter). The rash lasts a variable time, from an hour or less to three or four hours, and is accompanied by itching and pricking sensations. Careful dieting and the exhibition of stomachics, alkaline aperients, and ichthyol do not prevent the attacks. His underclothing is non-irritating and seems satisfactory. He has no threadworms, and his urine is healthy.

INCOME-TAX ABATEMENT.

CIVIL SURGEON writes: During my services as a civil surgeon in South Africa the income tax was always deducted from the pay given to me each month, so that I was paying the tax on my whole income. Am I entitled to any abatement on this? I have heard I am entitled to recover the tax on £150 for each year. If this is so, to whom should I apply for the abatement?

* If our correspondent's total income during the period in question did not exceed £700 per annum he is entitled to recover tax on an "abatement" according to the scale set out on page 1445 of the BRITISH MEDICAL JOURNAL of June 20th. The surveyor of taxes for the district in which he resides will furnish him with the necessary forms on application. If he does not know the name and address of the surveyor he should apply to the local collector of taxes.

DIGNITY asks: Must I return receipts for sickness pay (Medical Sickness Assurance Society) for income tax?

* We believe that this point has never been judicially decided, but we certainly do not think that sickness pay from an assurance society is assessable income within the meaning of the Income-tax Acts.

ANSWERS.

INCUS.—An incubator (Anvard's) can be bought or hired from Arnold and Co., West Smithfield, E.C. A nurse who understands its management can be got from the London Hospital private nursing staff.

"HEEL LAMENESS."

G. writes in reply to "H.": The disease has been called "heel lameness." Its pathology is obscure, but it is probably rheumatic. I have had much success with applications of betul oil twice daily.

THYROGLANDIN.

DR. SEYMOUR TAYLOR (London, W.) writes: In answer to the inquiry of "T. A. L." in the BRITISH MEDICAL JOURNAL of June 27th, I have to say that it is better to keep a myxoedematous patient on a somewhat spare diet, especially restricting the nitrogenous elements of her food. This will help to reduce arterial tension and lessen the tendency to headache and giddiness which some patients experience when taking thyroid extract. Alcoholic stimulants should be forbidden or taken only under strict medical supervision. The thyroid gland itself has, I find, a quicker and surer action than any preparation made by druggists. It is easily given when minced and spread on bread to form a sandwich. I have no special experience of the treatment of obesity.

DR. THOMAS DUTTON (London, W.) writes: If "T. A. L." is well advised he will not give thyroglandin in the treatment of ordinary obesity. The therapeutical advantages are not commensurate with its dangers. A scientific diet with salines is far more effectual. Potassium iodide is more useful and safer than thyroglandin, but I seldom resort to it. More cases of obesity are complicated with myxoedema than are generally recognized; it is in these cases that thyroglandin does good. It should only be given under a special diet.