

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERA- PEUTICAL, PATHOLOGICAL, Etc.

HAEMORRHAGE INTO THE BURSA PATELLAE.

Two cases were published last year in the *BRITISH MEDICAL JOURNAL* of the above condition, one by Mr. Heath on May 3rd, and one by Mr. Leslie Jones on August 30th; a third case came under my notice recently.

An Egyptian soldier stationed in Khartoum fell from a horizontal bar on to his knee, and he says he fell with it on a stone. Ten weeks after he was sent up to Cairo, and his condition was then as follows: No external scar or trace of bruise; left knee swollen and semiflexed, and presented the signs of a chronic synovitis of the joint without much effusion.

There was no fluctuation anywhere, but there were two irregular thick transverse ridges across the patella suggesting callus thrown out after a fracture, but they extended beyond the lateral limits of the patella; the patella also seemed much broader than the other, illustrating in another region what is so often noticed in the scalp—a blood effusion feeling like bone and suggesting a fracture.

I thought it must be a case of tuberculous disease of the knee-joint from its chronicity, appearance, and from its dating from an injury.

As no improvement followed by immobilization, strapping, etc., I made a 6-in. incision vertically over the patella, and came down on the bursa over the periosteum thickened to the extent of $\frac{1}{4}$ in. and extending laterally beyond the patella, and on incising I found that it was filled with an old extravasation of blood adherent and more or less organized in the angle between the anterior and posterior walls of the bursa. Towards the centre the organization was less advanced, and in the middle a small cavity containing old blood. The patella was healthy, and the same size as that of the opposite leg.

I dissected out the bursa, aspirated the joint aseptically through the wound, sewed up the wound, and put on a straight back splint with rectangular foot-piece. The small quantity of fluid withdrawn from the joint was clear, and there was no evidence of tuberculous disease anywhere about the joint.

The wound healed by primary union, but a collection of blood in the cavity from which the bursa had been dissected had to be aspirated (one ounce), and perhaps the reason of his getting a haemorrhage into the bursa at all lay in the fact that he bled uncommonly easily. However, the occurrence of an extravasation of blood into the bursa patellae seems sufficiently frequent to merit some mention in students' textbooks in order that it may be diagnosed at the time when it occurs, and to prevent the condition later on being mistaken for tuberculous disease or a fracture of the patella.

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REPORTS

ON

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

KIDDERMINSTER INFIRMARY AND CHILDREN'S HOSPITAL.

ILEO-CAECAL INVAGINATION DUE TO POLYPUS: GANGRENE OF
INVAGINATED INTESTINE: ENTERECTOMY: RECOVERY.

(By J. LIONEL STRETTON, M.R.C.S., L.R.C.P., Senior Surgeon
to the Hospital.)

History and State on Examination.—A healthy young woman, aged 25, was suddenly seized with excruciating pain in the abdomen. When first seen (on the morning of April 2nd) she was crying out with pain, her expression was anxious, and she had vomited. The abdomen was distended, and the pain was not localized. There was increased tenderness in the right iliac region, but no distinct tumour could be felt. The bowels had acted the night before. The temperature was normal, and the pulse-rate 100. She was put on small doses

of belladonna, and hot fomentations were applied to the abdomen. Later in the day an enema was administered, and produced a good result. The tenderness in the right iliac region became less, and a lump could now be felt. In spite of the most forcible persuasion no operation was permitted, although it was repeatedly pointed out that this offered the only chance of saving her life. The vomiting recurred occasionally, and the enemata, which were constantly repeated, always brought away solid faecal matter. There was no blood or mucus. At the end of a week, on April 9th, consent was given for operation. The condition then was much the same.

Operation.—Under ether, an incision 4 in. long was made at the outer edge of the right rectus. The mass was found to be an intussusception of the ileo-colic variety. It was impossible to reduce it and the portion of invaginated intestine was consequently resected. The ends were approximated by simple suture. First a layer of interrupted sutures passing through the whole of the coats and outside these a layer of interrupted Lembert sutures. The portion of intestine removed was in an advanced state of gangrene and consisted of about 8 in. of the ileum, the apex of the invagination consisting of an intestinal polypus. The operation from the commencement of anaesthesia lasted under an hour. During this time the patient became very collapsed. She was transfused with two pints of saline solution and mxx liq. strychn. were injected hypodermically.

Progress.—Her after-progress was uneventful. She gradually recovered from the shock and was up and about in three weeks' time.

REMARKS.—It appears, from a discussion at the Clinical Society on May 22nd last, that this condition is a rare one and the successful removal of the invaginated intestine has only twice been accomplished. Its rarity, therefore, makes it worthy of record. It also supports the advisability of exploration in acute abdominal troubles of an obscure nature. In this case there was an absence of the classical symptoms and in spite of the advancing local mischief her general condition at first improved and then remained stationary. An apparent improvement is no proof that the trouble has disappeared.

REVIEWS:

THE SURGERY OF THE PANCREAS.

Of late years diseases of the pancreas have attracted considerable attention on the part, more especially, of surgeons, owing to the fact that the physical signs and symptoms are so obscure and contradictory that a real explanation of their cause has not been defined until, owing to the urgency of the symptoms, exploratory laparotomy had been performed. Körte, in Germany, has already produced a monograph on the subject, and various American writers have made large contributions to it; now we have a much less ambitious but extremely valuable contribution from Mr. MAYO ROBSON and Mr. MOYNIHAN, entitled *Diseases of the Pancreas and their Surgical Treatment*.¹ A short introduction is given dealing with the anatomy and physiology of the gland, and this is followed by chapters dealing with injuries of the pancreas, pancreatic calculi, cysts, and growths. In these domains the authors have given firsthand information and a considerable number of references to descriptions of cases from foreign literature. But it is with the subject of pancreatitis that the writers have information of the highest value to impart and the reader will find in Chapter VII, dealing with chronic pancreatitis, much that is very important. It is a curious fact that with the advances made in our conception of the principles underlying the symptoms of cholelithiasis, especially with respect to the part played by bacterial infection, whether following on or preceding the formation of stones, so little attention should have been paid to the possibility of infection travelling along the pancreatic ducts. Perusal of this volume will, however, open up to the reader a fresh vista, for it is clearly shown that there is every justification for applying the principles used to explain hepatic disorders to the problems met with in a study of the pathological changes of the pancreas. Pancreatitis is considered under three headings—acute, subacute, and chronic—and the authors take great pains to show how such diagnosis may be made, the difficulties of the task being, however, fully admitted. It is a familiar experience in most hospitals that

¹ *Diseases of the Pancreas and their Surgical Treatment.* By A. W. Mayo Robson, F.R.C.S., and B. G. A. Moynihan, M.S. (Lond.), F.R.C.S. Philadelphia and London: W. B. Saunders and Co. 1902. (Demy 8vo, pp. 292, 23 illustrations. 12s.)

was ever welcomed as one of its leading spirits. His tastes were simple, but always cultivated, and he admired and took a considerable interest in flowers. No man was more arduous and indefatigable in the pursuit of his profession, while his inquiring and reflective turn of mind led him to collect a vast amount of facts and observations on which it was always a pleasure and an advantage to his friends to hear him talk. He was clear and perspicuous in his method of description, and as a teacher his instructions were always imparted with vigour and precision. Withal he was of a modest and retiring disposition; open and straightforward in his manner, but always with a kindly heart.

Dr. Balfour leaves a widow and grown-up family. Three of his sons have followed his profession, and one of them, Dr. Harry Balfour, while serving in South Africa, was present during the siege of Ladysmith. His memory, whether as a companion or as a medical adviser, will long be cherished by all who had the pleasure of his friendship or acquaintance.

AN OCCASIONAL CORRESPONDENT writes: If it was hard to believe that Balfour had passed the four-score years, it is harder still to realize that he is gone. It seems but yesterday when he suddenly, without warning, gave up work, sold his house and his carriage, and retired to the lovely suburb or country village of Colinton, where his youth was spent. He was young-looking, active, with a lithe upright figure and a light step. He walked well, and in no way posed as an old, or even as an elderly man. His intellect was as strong, and his interest in everything—medical literature, politics, theology—as keen as ever. During his long and tedious illness he kept up his spirits and courage, and faced the inevitable end which he knew was near with the same gallant spirit with which his famous nephew, Louis Stevenson, faced his lifelong struggle with disease. As a physician Balfour will be remembered for the originality of his early work in the treatment of acute chest diseases. While venesection and antimony were the chief factors in the routine treatment of pneumonia, he, alone and a young man, promulgated the heresy that heroic treatment was unnecessary and harmful. Hughes Bennett fought the battle, but Balfour's work had sounded the onset, and his writing and teaching were far in advance of his time. His great clinical lectures on the diseases of the heart, and his original and epoch-making book on the senile heart established him as the chief consultant in Scotland in difficult heart cases. In spite of a somewhat grim manner, in spite of being absolutely void of all tricks and artifice, the best practitioners in Scotland sent their heart cases to Balfour, and the patient who had once consulted him consulted him again. It was said, possibly with some truth, that Balfour did not greatly care whether or not he "upset the coach." To cure his patient, or to put him in the right road, was his chief concern. As a clinical teacher Balfour was admirable: better at the bedside than in the lecture theatre. In the theatre he was too apt to read his lecture, and make it a systematic one. At the bedside he was perfect, and the student who could stand an occasional jeer and really tried to learn found him a real master. A valued adviser in the Council of the College over which he was once President, a Librarian who knew about books, as a man he was simple, honest, and sincere, absolutely truthful; he may sometimes have given offence, but not intentionally. He expected the truth from others, and hated any attempt at sham or pretence, especially if he thought there was self-seeking. He could tell a good story, and enjoyed hearing others. He was in the very inner circle of the sober professional society in which the heads of the medical profession in Edinburgh have delighted for nearly 150 years. His retirement and death have left a blank which in some of our hearts will not be easily filled.

WE regret to record the death of Dr. JAMES RILEY GREENWAY, of Tunbridge Wells, which occurred as the result of an accident on August 8th. While standing on the platform of the South-Eastern and Chatham Railway Company's station at Tonbridge, he was seen to stagger and fall backwards against the tender of the engine of a passing train, and then to slip between the footboard and the platform. The train which was travelling at the rate of about ten miles an hour, was immediately stopped. The deceased gentleman was not unconscious when he was lifted on to the platform, but rapidly became so. He was taken by train to Tunbridge Wells and then on to the General Hospital, where he died very soon after admission. Death was caused by a fracture of the skull. It transpired at the inquest that the

deceased had been in bad health for some considerable time, and that he had suffered from giddiness, insomnia, and asthma. Those who saw the fatal fall were unanimously of the opinion that it was purely accidental and due to a temporary attack of giddiness. Dr. James Riley Greenaway was a retired medical practitioner, and at the time of his death was 67 years of age. He became L.F.P.S. and L.M.Glasg. in 1860, and received the degrees of M.B. and C.M. from the University of Aberdeen in 1874. He obtained the degree of M.D. in 1875.

It is announced that Dr. J. A. REARDON, Assistant Surgeon in the service of the Straits Settlements, died recently.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Professor Immanuel Munk, the distinguished physiologist of Berlin, aged 51; Dr. Karl Maydl, Professor of Surgery in the Czech University of Prague, aged 50; Dr. Herbet, quæstor of the French Chamber of Deputies; Dr. Chalot, Professor of Clinical Surgery in the Medical Faculty of Toulouse; Dr. J. Bouquet, Inspector-General of the Sanitary Council in Egypt; Dr. Ladreit de la Charrière, Physician-in-Chief of the National Institute for the Deaf and Dumb, Paris, founder of the *Annales des Maladies de l'Oreille et du Larynx*, and author of numerous articles on deafness, diseases of the ear, and deaf-mutism in the *Dictionnaire Encyclopédique des Sciences Médicales*; Dr. Christian Karl Hoffmann, Professor of Physiology, Zoology, and Comparative Anatomy in the University of Leyden, aged 62; and Dr. Sigmund Fuchs, Professor of Physiology in the Vienna High School of Agriculture, aged 43.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

ARMY MEDICAL REPORT FOR 1901.

APPENDICES.

THIS report was reviewed in the BRITISH MEDICAL JOURNAL of May 23rd, p. 1240. Attached to it are appendices containing matters of interest which deserve further notice.

Appendix No. I is a report on the Progress of Hygiene for the year 1901-2, by Major R. H. Firth, R.A.M.C.; a review of all the important legislative measures of the years under notice is given, and some of the questions at present prominently before the medical profession are considered.

In Appendix No. II, by Colonel W. F. Stevenson, C.B., R.A.M.C., and Lieutenant-Colonel W. Dick, F.R.C.S., R.A.M.C., a table is given of the operations performed at the Royal Victoria Hospital, Netley, during the year 1901-2, and notes on the cases of chief interest. The total number of operations was 421. There were 13 cases of liver abscess operated on with 4 recoveries. Five of these cases gave a definite history of dysentery; in 4 no cause could be ascribed; in 2 the abscess followed enteric fever, in 1 debility, and in 1 Mediterranean fever. A case of empyema is of interest; the patient was shot in the neck with a Lee-Netford bullet in December, 1900, the wound of exit being at the back of the right shoulder. When operated on in May, 1901, the wound of entrance persisted, and from it pieces of necrosed rib were extracted; the wound did not heal, and in the following August a large quantity of pus was evacuated from the right pleural cavity; all wounds healed fairly rapidly, and the man was discharged well in October. Five amputations of the thigh for gunshot injuries were all successful. During the year as many as 104 officers and men had the radical cure for hernia performed (in an unusually large percentage suppuration occurred); the material employed for the buried sutures had been salmon gut, and stitch sinuses were troublesome in some cases; lately silk has been employed with much more satisfactory results. A large number of nerve injuries were received into hospital during the war, but the greater proportion of them improved greatly under electricity and massage; 3 cases were investigated to see what the injury to the nerve was, but in none were the nerves severed; in one those affected appeared normal; in another, that concerned was bound down by adhesions and was freed without any resulting benefit; in the third, the musculo-spiral appeared thickened, and the man improved under constant application of the battery and massage.

A case of bullet wound of the head is recorded in which

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

The following candidates have passed the Intermediate Examination in Medicine.

Entire Examination.—First Division: H. Ainscow, Owens College; W. A. E. Dobbin, University College, Cardiff; H. Hudson, Owens College; F. C. H. Powell, King's College; W. H. Trethowan, Guy's Hospital; S. Upton, St. Bartholomew's Hospital; Helen Volckman, London School of Medicine for Women. Second Division: E. Alban, Guy's Hospital; A. Ball, University College; J. L. Barford, King's College; B. H. Barton, St. Bartholomew's Hospital; A. W. Berry, Guy's Hospital; J. F. Blackett, University College, Bristol; R. Brown, University College; A. C. Bryson, Westminster Hospital; W. E. Burrows, B.Sc., Middlesex Hospital; G. P. C. Claridge, St. Mary's Hospital; L. Colebrook, St. Mary's Hospital; Emily Susan Cooke, London School of Medicine for Women; E. T. H. Davies, St. Mary's Hospital; C. C. A. De Villiers, Guy's Hospital; H. R. Evans, University College; C. Fletcher, Westminster Hospital; J. N. Glaister, University College; H. Gooch, London Hospital; S. L. Graham, University College; L. W. D. Griffiths, London School of Medicine for Women; T. M. Hardy, University College, Sheffield; R. F. Hebbert, St. Thomas's Hospital; H. G. M. Henry, University College, Sheffield; W. L. Holyoak, St. Mary's Hospital; Annie Wainwright Hyatt, London School of Medicine for Women; W. A. James, University College, London and Cardiff; Edith Anne Jones, London School of Medicine for Women; H. T. Jones, University College and Middlesex Hospital; T. E. Jones, University College, Liverpool; W. H. Jones, St. Bartholomew's Hospital; A. M. Jukes, St. Bartholomew's Hospital; E. C. Lowe, Guy's Hospital; P. F. McEvedy, Guy's Hospital; I. C. Maclean, St. Thomas's Hospital; C. B. McNeille, Middlesex Hospital; E. W. Matthews, King's College; Dorothea Clara Maude, London School of Medicine for Women and Oxford Physiology School; W. H. Miller, Guy's Hospital; P. S. Mills, Guy's Hospital; W. A. Milner, University College; E. H. Bardens, St. George's Hospital; H. R. Prentice, St. Bartholomew's Hospital; A. Randle, University College; M. B. Reichwald, St. Bartholomew's Hospital; J. E. H. Roberts, St. Bartholomew's Hospital; H. B. Scargill, Yorkshire College; D. R. C. Shepherd, Middlesex Hospital; D. P. Sutherland, Owens College; Ida Clare Tengely, London School of Medicine for Women; R. E. Thomas, University College, Bristol; H. F. Vandermin, Guy's Hospital; H. F. Warner, London Hospital; H. B. Whitehouse, St. Thomas's Hospital; T. F. Wilson, Guy's Hospital; A. W. G. Woodforde, St. Bartholomew's Hospital; A. J. M. Wright, University College, Bristol; W. Yorke, University College, Liverpool.

Excluding Physiology.—Second Division: J. F. Broughton, University College; Elisabeth Mary Gibbon, London School of Medicine for Women; G. M. W. Hodges, University College; S. H. J. Kilroe, Owens College; Ethel May Magill, London School of Medicine for Women; J. E. Middlemiss, Yorkshire College; Emily Helen Morris, London School of Medicine for Women; W. O. Sankey, St. Thomas's Hospital.

Physiology Only.—Second Division: A. Barber, St. Bartholomew's Hospital; H. J. Brewer, St. Mary's Hospital; L. F. Cope, St. George's Hospital; E. V. Dunkley, St. Thomas's Hospital; A. H. Gifford, King's College; P. C. P. Ingram, Guy's Hospital; L. Llewellyn, London Hospital; Mary O'Brien, London School of Medicine for Women; Bessie Weldon Symington, London School of Medicine for Women; J. A. Torrens, St. George's Hospital; A. G. Tresidder, London Hospital; Ruth Ellen Western, London School of Medicine for Women; D. Wilson, St. Thomas's Hospital.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, August, 1903.—The following candidates passed in:

Surgery.—H. H. Clarke (Sections I and II), Cambridge, Liverpool, and St. Bartholomew's Hospital; A. N. Collier (Section II), Manchester; M. B. Dawson (Section II), Middlesex Hospital; F. Hansen, Copenhagen; J. M. King (Sections I and II), University College Hospital; N. O. Roberts (Section I), Cambridge and St. Mary's Hospital; A. C. Stark (Sections I and II), Westminster Hospital.

Medicine.—A. H. Falkner (Section I), Cambridge and St. Mary's Hospital; F. Hansen (Section I), Copenhagen; A. C. Stark (Sections I and II), Westminster Hospital.

Forensic Medicine.—R. H. Cooper, Manchester and Charing Cross Hospital; A. H. Falkner, Cambridge and St. Mary's Hospital; F. Hansen, Copenhagen; S. Northwood, Birmingham; A. C. Stark, Westminster Hospital.

Midwifery.—H. H. Clarke, Cambridge, Liverpool, and St. Bartholomew's Hospital; H. R. Grellet, Guy's Hospital; F. Hansen, Copenhagen; K. R. Jay, Royal Free Hospital; P. A. Pettavel, Lausanne; A. C. Stark, Westminster Hospital.

The diploma of the Society was granted to H. H. Clarke, A. N. Collier, J. M. King, and A. C. Stark.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

MILK ANALYSIS.

The following circular to local authorities for the purpose of the Sale of Food and Drugs Acts, 1875 to 1899, has just been issued by the Board of Agriculture:

"The fact that samples of milk referred to the Government Laboratory under the provisions of the above Acts are invariably sour when received has occasionally given rise to inquiries, by magistrates' clerks and others concerned with the working of the Acts, as to the practicability of making a satisfactory analysis of sour milk, with a view of substantiating or disproving an allegation that the milk has been mixed with water, or that fat has been abstracted from it. It therefore appears desirable that the Board should state that, except in a limited number of exceptional

cases to be hereafter referred to, there is no practical difficulty in accurately inferring the composition of the milk when fresh from the analysis of the milk when sour. The change which takes place in a sample of milk kept from contact with air, as in a bottle nearly full of the sample, and fitted with a good sound cork sealed with wax, is, as a rule, comparatively slight. The causes and nature of this change have been carefully studied by many observers, and they have been found to be perfectly definite in character. Without going into details concerning the fermentative changes to which milk is liable, it may be stated that the changes which affect the analysis, and, therefore, the inference to be drawn from the results, are concerned with the non-fatty solids only, and more particularly with the milk sugar. The milk sugar gives rise, either proximally or remotely, to a variety of products, the most important of which are lactic acid, ethyl alcohol, and acetic acid; but it can be shown that the only quantitative determinations which need be made in order to determine the loss in the non-fatty matter by keeping are the proportion of alcohol, reckoned as proof spirit, and the amount of free volatile acid, together with the ammonia derived from the alteration of the casein, or proteid substance, in the milk. The slight alterations in weight consequent on the hydrolysis and conversion of lactose into lactic acid, and the formation of certain so-called by-products of alcoholic fermentation, are partly positive and partly negative in direction, but their joint effect is too small to have any appreciable influence on the result. The entire correction, which of course is always additive, in the case of a properly-preserved sample from three to six weeks old is fairly constant, and may be said to range from 0.2 to 0.3 per cent. In a few cases it has been found to be as low as 0.1 per cent., and in very exceptional cases, as in badly-secured samples or in bottles only partially filled, it has risen to 0.7 or 0.8 per cent. If the fermentation has passed into the butyric acid stage, the amount of free acid is greatly increased, and, owing to the separated casein, it is sometimes impossible to get the sample into a proper and uniform condition for analysis. In such cases the Government Laboratory declines to proceed with the examination. Such a result, however, practically never happens in the case of samples which have been properly taken and kept by the inspectors pending the appeal to the Government Laboratory."

WORCESTERSHIRE COUNTY COUNCIL AND VACCINATION.

The following resolutions have been passed by the Worcestershire County Council: That primary vaccination be made compulsory (as under the present Act); that revaccination at about the age of 12 be made compulsory in the same way; that no certificate of vaccination be recognized which does not comply with the requirements of the Local Government Board as to the number, area, and size of the vaccination districts; that sufficient facilities should be provided for obtaining a ready supply of glycerinated calf lymph; that the carrying out of the vaccination laws should be transferred to county councils.

VACCINATION IN ST. HELENA.

In the annual report on St. Helena the state of the public health is described as follows:

"The Acting Colonial Surgeon reports that during the year under review there was a considerable increase in the number of enteric fever cases and in digestive diseases. The increase in enteric fever is accounted for by the fact that this disease broke out in epidemic form at the camp at Deadwood, where about 4,000 Boer prisoners were encamped. The disease was brought into the island by the prisoners, and spread more or less all through the island.

"The steady increase in digestive diseases after the arrival of the Boer prisoners is attributed to the following causes:

"Articles of diet, such as fish, vegetables, etc., which the natives had been accustomed to live on, were at famine prices on account of the abnormally great demand for such articles by the troops and prisoners. The natives, therefore, very often had to resort to tinned food, which they had never been accustomed to. This, the Acting Colonial Surgeon points out, was a fertile cause of dysentery and diarrhoea.

"Vaccination appears to have been carried out universally. During the year nearly 400 persons underwent the operation with very satisfactory results."

WITHHOLDING OF NOTIFICATION CERTIFICATES BY MEDICAL OFFICERS OF HEALTH.

ANXIOUS asks whether, under the following circumstances, the medical officer of health can withhold a notification certificate, and so prevent the notifier from receiving his fees. He notified six cases early in the year, and has now received a fee for two cases only, the medical officer of health having doubted his diagnosis and withheld four certificates.

"*The medical officer of health has no authority to withhold the certificates. If the certifier was of opinion that the four patients in question were suffering from a notifiable infectious disease, and unless he had subsequently expressed a wish to withdraw the certificates, he is entitled to the fees and can sue for their recovery. It might, however, be inadvisable for obvious reasons to do this. In cases of doubtful diagnosis a consultation between the medical officer of health and the certifying practitioner ought to be held. The cases in which the medical officer of health is justified in refusing to pass on a certificate for payment on the ground of *mala fides* must be very rare. We are of opinion, however, that the practitioner best consults his own interest as well as that of the district in which he lives when he withdraws a certificate, if after further watching the case he has altered his opinion. This contingency does not appear to have arisen in the above instance.

THE DUTIES OF SANITARY INSPECTORS.

G. P. writes that the sanitary inspectors in his district, both urban and rural, go up to the bedroom of people who have been notified to the M.O.H. as suffering from infectious disease and put questions to them, and one of them gives advice to scarlet fever patients or their guardians as to injunction with an oil which he leaves, for them. "G. P." wishes to know if the sanitary inspectors have any right in the bedroom of a patient, and how, if not, he is to act in order to prevent it?

"*Presumably the inspectors in question are acting on the instruction of the M.O.H., and we should therefore advise a consultation between "G. P." and that officer as to the limits of their intervention.

These limits have in our opinion been exceeded when materials for infection are distributed. It is also inadvisable that they should enter the sickroom, and this should be forbidden. *Per contra*, it is necessary in the public interest that (a) all necessary inquiries as to the source of infection should be made, and (b) investigation should take place as to whether the means of isolation provided are sufficient. Under the first head an interview with the patient himself is often most valuable especially in enteric fever, but it ought to be delayed until the family doctor's consent can safely be given. Under the second head a visit to the bedroom door, in order to ascertain its relationship to other rooms, etc., may be necessary. The circumstances clearly indicate the desirability of an understanding between "G.P." and the M.O.H. "G.P." will be in a strong position in refusing permission to the sanitary inspector to go upstairs, if he certifies that the means of isolation are sufficient, and instructs the guardian of the patient to furnish all information which may throw light on the source of infection.

THE NOTIFICATION OF INFECTIOUS DISEASES BY TELEPHONE. IN THE BRITISH MEDICAL JOURNAL of August 15th we quoted a statement from the *Glasgow Herald* implying that in that city preliminary notification of infectious cases by telephone was not practised, and recommending that this should be done. On this, we remarked that "there should be no difficulty in at once making the necessary arrangements for carrying out this suggestion, if it is not already done." We are glad to learn from a communication received from Dr. James Hamilton that, as we suggested above, this plan is already in practice in Glasgow. The original statement must therefore have been made under a misapprehension, which a communication to the medical officer of health would have cleared up better than a communication to the local press.

HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 8,996 births and 4,544 deaths were registered during the week ending Saturday last, August 15th. The annual rate of mortality in these towns, which had been 13.4, 14.4, and 14.3 per 1,000 in the three preceding weeks, rose again to 15.7 per 1,000 last week. The rates in the several towns ranged from 6.9 in Reading, 7.1 in Hastings, 7.4 in Kings Norton, 8.1 in Wallasey, 9.7 in Barrow-in-Furness, 9.8 in Smethwick, and 9.9 in Northampton to 21.4 in Hanley and in Bolton, 21.6 in Salford, 24.6 in Grimsby, 25.9 in Bury, 26.6 in Sheffield, 27.5 in Bootle, and 28.9 in Birkenhead. In London the rate of mortality was 14.2 per 1,000, while it averaged 16.4 in the seventy-five other large towns. The death-rate from the principal infectious diseases averaged 3.1 per 1,000 in the seventy-six large towns; in London this death-rate was equal to 2.3 per 1,000, while it averaged 3.4 per 1,000 in the seventy-five large provincial towns, among which the highest death-rates from the principal infectious diseases were 5.3 in Aston Manor, 5.4 in Bury, 5.8 in Hull, 6.7 in Salford, 7.6 in Ipswich, 7.9 in Grimsby, 10.0 in Sheffield, 10.1 in Birkenhead, and 13.7 in Bootle. Measles caused a death-rate of 1.4 in East Ham, 1.5 in Sheffield, 1.7 in Leicester, 2.2 in Middlesbrough, and 6.1 in Ipswich; diphtheria of 2.5 in Hanley and 3.0 in Great Yarmouth; whooping-cough of 1.1 in Oldham, 1.2 in Sheffield, and 1.5 in Newport (Mon.); and diarrhoea of 4.5 in Bury, 4.6 in Hull, 5.1 in Salford, 7.1 in Sheffield, 7.9 in Grimsby, 9.6 in Birkenhead, and 12.9 in Bootle. The mortality from scarlet fever and from "fever" showed no marked excess in any of the large towns. Two fatal cases of small-pox were registered in Liverpool, and one each in Leicester, Oldham, and Newcastle-on-Tyne, but not one in any other of the seventy-six large towns. The number of small-pox patients under treatment in the Metropolitan Asylums Hospitals, which had been 71, 66, and 48 on the three preceding Saturdays, had further declined to 45 on Saturday last, the August 15th; 9 new cases were admitted during last week against 12.9 and 4, in the three preceding weeks. The number of scarlet-fever patients in these hospitals and in the London Fever Hospital at the end of the week was 1,758, against 1,711, 1,726, and 1,771 at the end of the three preceding weeks; 215 new cases were admitted during the week, against 229, 237, and 216 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, August 15th, 944 births and 505 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 15.4, 14.7, and 14.6 per 1,000 in the three preceding weeks, rose again last week to 15.4 per 1,000, but was 0.3 per 1,000 below the mean rate during the same period in the seventy-six large English towns. The rates in the eight Scotch towns ranged from 12.2 in Edinburgh and 13.4 in Dundee, to 17.6 in Paisley and 18.8 in Greenock. The death-rate from the principal infectious diseases averaged 2.1 per 1,000 in these towns, the highest rates being recorded in Leith and Greenock. The 247 deaths registered in Glasgow included 4 from measles, 8 from whooping-cough, and 24 from diarrhoea. Three fatal cases of scarlet fever, 2 of whooping-cough, and 2 of diarrhoea were recorded in Edinburgh. Five deaths from diarrhoea occurred in Dundee, 4 in Leith, 4 in Greenock, 3 in Aberdeen, and 3 in Paisley.

HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, August 15th, 501 births and 305 deaths were registered in six of the principal Irish towns, the deaths being the same in number as the mean number of the preceding four weeks, and the births 4 over the corresponding mean. The mean annual death-rate of these towns, which had been 15.6, 14.9, and 21.5 per 1,000 during the preceding three weeks, fell suddenly to 13.7 per 1,000, this number being 2.0 under the mean rates during the same period in the seventy-six English towns. The death-rates ranged in these six Irish towns from 18.7 in Dublin and 19.2 in Belfast to 7.8 in Waterford and 8.2 in Limerick. The death-rate from the principal zymotic diseases in the six towns averaged for the week 2.5 per 1,000, against 2.8 per 1,000, which was the mean of the preceding month. The highest rate, 4.2, was reached in Belfast, that of Waterford, 3.9, being also high, especially as this town has only once in the past two months registered any deaths from zymotic disease at all. The zymotic death-rate throughout the country is a good deal higher than it was about a month ago, but 6 deaths from enteric, 23 from diarrhoeal disease, 1 from scarlet fever, 4 from measles, 8 from whooping-cough, and 1 from diphtheria, nevertheless complete the whole record.

MEDICAL NEWS.

BODY-SNATCHING IN AUSTRALIA.—A Reuter telegram states that sensational allegations of body-snatching have been made at Adelaide, South Australia, and the matter has been mentioned in Parliament. It is suggested that a number of high medical officials are implicated.

THE LATE DR. WALTER REED.—It is proposed to commemorate by a memorial the important services in the investigation and the suppression of yellow fever rendered by the late Major Walter Reed, M.D., of the United States Army. Several Committees in different parts of the States have already been formed for the promotion of the scheme.

CARDIFF INFIRMARY.—At the ordinary monthly meeting of the Cardiff Infirmary the reception was announced of a cheque for one thousand guineas for the endowment of a bed in the women's ward of the infirmary, to be called "The Rhondda Valley" bed. The cheque was forwarded by Mrs. Williams of Miskin, and was understood to have been collected in equal thirds by Mrs. Williams, Mr. Jenkins, and Mr. Watts Morgan.

SANITARY CONGRESS IN ITALY.—A national sanitary congress is to be held at Milan in 1905, on the occasion of the exhibition which is now being organized. The work of the Congress will be divided among the following sections: Sanitary Assistance; Public Hygiene; Clinico-Scientific and Therapeutic; Medical Jurisprudence and Accidents to Workmen; Professional Interests.

THE SOCIETY FOR THE STUDY OF DISEASE IN CHILDREN.—The following were elected officers and members of the Council for the session of 1903-1904, at the annual general meeting held on July 23rd: Council: J. Ford Anderson, M.D.; Charles W. Chapman, M.D.; Henry J. Curtis, B.S.; Herbert L. Carre-Smith; Clinton T. Dent, M.C.; Charles N. Gwynne, M.Ch. (Sheffield); Edmund Hobhouse, M.D. (Brighton); Henry R. Hutton, M.B. (Manchester); Robert Hutchison, M.D.; Francis Jaffrey; Charles John Macalister, M.D. (Liverpool); Alexander Morison, M.D.; Robert H. Parry (Glasgow); J. Porter Parkinson, M.D.; George Pernet; Henry Betham Robinson, M.S.; Sidney Stephenson, C.M.; Sidney B. Smyth, M.B. (Belfast); Harold J. Stiles, C.M. (Edinburgh); Frederick Taylor, M.D.; James Taylor, M.D.; J. W. Thomson Walker, C.M.; Richard H. A. Whitelocke, C.M. (Oxford); Alfred W. Wills, M.D. Honorary Treasurer: R. Clement Lucas, B.S. Honorary Secretaries: George Carpenter, M.D.; Theodore Fisher, M.D. (Bristol); George A. Sutherland, M.D.

SANITATION IN MANILA.—The reports of the medical officers of the United States army serving in the Philippines show a steady decrease in the death-rate of the city of Manila as a result of the work of the medical service. The death-rate of Manila for the first quarter of the last four years has decreased steadily from 46.80 per 1,000 of the population for the first quarter of 1900 to 22.7 for the first quarter of 1903. It must be remembered that Asiatic cholera and bubonic plague had previously gained a foothold in the islands, and that the existence of a large unvaccinated population in the provinces meant a constant introduction into the city of the infection of small-pox. Cases of plague, cholera, and small-pox have occurred in Manila during the present year, but the precautions taken by the Board of Health have prevented the outbreak of any epidemic. "The sanitary results obtained in the last four years through American control have been accomplished," says Dr. Munson, "despite the naturally insalubrious location of Manila, and its total lack of sanitation under the former sovereignty, which from the level site interfering with drainage, the many foul canals ramifying through the city, the absence of any sewerage system, and the existence of an impure and insufficient water supply, and many old unhealthful habitations, have created sanitary problems of the greatest difficulty. The Board of Health, therefore, has been unable to turn previously existing methods and conditions to sanitary advantage, and has found it necessary not only to develop entirely new plans of improvement, but at the same time to combat the results of conditions inherited from the Spanish administration. The mixed character of the inhabitants, with their prejudices, superstitions, and largely primitive habits of life, has also been a constant obstacle in sanitary work."

YELLOW FEVER IN HAVANA.—Dr. Barnet, the Acting Chief of the Sanitary Department, announces that only three cases of yellow fever have entered Havana harbour this year. Of the three fever-stricken persons, all of whom came from Mexican ports, one died and another was discharged as cured.

THE HOP-PICKING MISSION COMMITTEE.—The object of this Committee is to deal with the social and medical needs of the army of hop-pickers which annually invades Kent during the hop season, some thirty or forty thousand strong. Among them are numbers of women and children, and as the army is recruited from the poorest parts of London, there is naturally at times a good deal of sickness among them. To meet this the committee divides the hop district into divisions and establishes at each centre a trained nurse who acts as a district nurse during the season. Besides this, coffee stalls and open reading rooms are fitted up and everything possible is done to raise the standard of life, physical and moral in these temporary camps. Five pounds pays the out-of-pocket expenses of a nurse or other worker, since no salaries are paid to any one, free service being given by all. The Secretary and Treasurer is the Rev. Francis Oliphant, Teston Rectory, Maidstone.

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.

BIRKENHEAD AND WIRRELL CHILDREN'S HOSPITAL.—House-Surgeon, resident. Salary, £100 per annum.
BIRMINGHAM AND MIDLAND EYE HOSPITAL.—Resident Surgical Officer. Salary, £100 per annum.
BULWATON MEMORIAL HOSPITAL.—Resident Surgeon. Salary, £500 per annum.
BURY INFIRMARY.—Junior House-Surgeon, resident. Salary, £40 per annum.
CAMBRIDGE LUNATIC ASYLUM.—Second Assistant Medical Officer, resident. Salary, £120 per annum.
CANCER HOSPITAL, Fulham Road, S.W.—House-Surgeon, resident. Salary, £47 per annum.
CANTERBURY: KENT AND CANTERBURY HOSPITAL.—House-Physician, resident. Salary, £90 per annum.
CHORLEY: BAWCLIFFE HOSPITAL.—House-Surgeon, resident. Salary, £100 per annum.
CROYDON INFIRMARY.—Resident Medical Superintendent and Dispenser. Salary, £130 per annum.
DOUGLAS: NOBLE'S ISLE OF MAN GENERAL HOSPITAL.—Resident House-Surgeon. Salary, £82 per annum.
GLOUCESTER GENERAL INFIRMARY.—Assistant House-Surgeon, resident. Appointment for six months. Salary at the rate of £30 per annum.
HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—Honorary Radiographer.
HULL CITY AND COUNTY LUNATIC ASYLUM.—Second Assistant Medical Officer, resident. Salary, £150 per annum.
LEITH HOSPITAL.—House-Physician, Assistant House-Physician. House-Surgeon, Assistant House-Surgeon, Surgeon for Outdoor Department. Appointments for six months.
LIVERPOOL INFIRMARY FOR CHILDREN.—House-Surgeon, resident. Salary, £100 per annum.
MANCHESTER CHILDREN'S HOSPITAL.—Junior Resident Medical Officer. Appointment for six months. Salary at the rate of £80 per annum.
SOUTHPORT INFIRMARY.—Resident Junior House and Visiting Surgeon. Appointment for six months. Salary at the rate of £70 per annum.
STAFFORD: STAFFORDSHIRE GENERAL INFIRMARY.—(1) House-Surgeon, resident. Salary, £120 per annum. (2) Assistant House-Surgeon, resident. Salary, £80 per annum.
WAKEFIELD: CLAYTON HOSPITAL AND WAKEFIELD GENERAL DISPENSARY.—Junior House-Surgeon, resident. Salary, £80 per annum.

MEDICAL APPOINTMENTS.

MACCORMAC, Henry, M.B., Ch.B. Edin. House Physician to the City of London Hospital for Diseases of the Chest, Victoria Park, E.
MUNRO, Hugh Lennox, M.B., Ch.B. Edin. House Surgeon, Royal Infirmary, Lancaster.
PHILLIPS, Llewellyn, M.D., B.C., M.R.C.P., F.R.C.S., Professor of Clinical Medicine in the School of Medicine at Cairo, and Second Physician to Kasr el Ainy Hospital.
THOMPSON, Joseph Henry, M.B., Ch., B.A.O., R.U.I., Junior Assistant House-Surgeon to the Stockport Infirmary.

DIARY FOR NEXT WEEK.

POST-GRADUATE COURSES AND LECTURES.

Post-Graduate College, West London Hospital, Hammersmith Road, W.—Lectures will be delivered as follows: Monday, 3.30 p.m., Medical Cases (Medical Wards); Tuesday, 5 p.m., Electro-Therapeutics; Wednesday, 4 p.m., Surgical Cases (Surgical Wards); Thursday, 5 p.m., Tobacco Amblyopia; Friday, 5 p.m., The Selection of Anaesthetics, General and Local.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 6s. 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.

ADAMS.—August 5th, at 135, Woodbridge Road, Ipswich, the wife of Frank Adams, Surgeon, of a son (Frank Webster).
GAMGEE.—On the 12th Aug., at 23, Notton Park Road, Edgbaston, Birmingham, the wife of Leonard Gamgee, F.R.C.S., of a son.
HAY.—At Nelson Cottage, Lynmouth, on Tuesday, August 11th, the wife of M. B. Hay, J. M.R.C.S., L.R.C.P., of a daughter.
MARTINEAU.—On the 15th August, at 8, Eaton Road, Hove, Brighton, the wife of Alfred John Martineau of a son. (Indian papers please copy).
MURRAY.—On the 16th instant, at Apsley, Stockport, the wife of Robert A. Murray, M.D., of a daughter.

MARRIAGE.

OLVER-SQUIRE.—On August 18th, R. S. Oliver, M.R.C.V.S., L.R.C.P., of St. Austell, to Miss M. W., daughter of Mr. Lovell Squire, of St. Austell.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

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

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

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

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

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

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

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

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

R. C. F. would like to know what is the best form of disinfectant for dis infecting clothing in a small union workhouse.

HAKIM will be obliged if any of our military readers can advise (1) as to the best books to read for the "lower standard" examination in Hindustani; (2) as to the scope of the examination; (3) whether one is expected to be able to write in both the Urdu and Nagiri characters; and (4) the gratuity allowed on passing the examination.

PRACTICE IN CALIFORNIA.

M.R.C.S.E., L.S.A. LOND. writes: I have been advised that California, particularly in regard to San Francisco and Los Angeles, offers an excellent field for the man with British qualifications. Information from any of your readers possessing knowledge or experience of the State would be of value, perhaps, to more than myself.

EXTENSION FOR FINGERS AFTER BURNS.

DR. C. STENNETT REDMOND (Manchester) writes: I have under treatment a child aged 3 years, who sustained a very severe burn of palm of right hand and anterior surface of four fingers. Cicatricial contraction threatens, which I am combating by a dorsal splint, padded, double thickness, to the end of the metacarpus, and the fingers hyper-extended and fixed down by rubber plaster, so far with success; but, as a splint cannot be kept on for ever, it has occurred to me that a glove could be made having whalebone splints fixed on the back of the glove, and extending to the end of each finger, to be worn at night, and the fingers kept hyper-extended, while left free during the day. As the idea may not be original, I shall be much obliged to any fellow member who can inform me whether such an appliance has been suggested previously, and, if so, with what result, and where it can be had.

MOTORS.

EQUUS asks to be recommended a book which explains to a novice the mysteries of the motor car. He proposes soon buying a car, but before purchasing he wants to know as much as possible about the mechanism.

MOTOR has for several years carefully watched the motor movement, and has been the owner of a tricycle and bicycle as well as the user of a low-powered Benz car. He recently had a long ride in a modern high-powered petrol car, which was fairly satisfactory, but he considers that only steam cars such as the American locomobile are within reach of the pockets of most medical men in the country. They seem out of fashion just now, and the objections urged are the frequent necessity of filling the water tank, which for a country round of ten to twenty miles is of no account; the wastefulness of petrol, which to one who has to keep one or more horses is also immaterial, and the weak construction making repairs frequent. On the other hand it appears to "Motor," after his experience with petrol cars, that a steam car could be more easily understood and managed by a gardener, that the time required in getting up steam is more than counterbalanced by the absolute quietness during stoppages, and that a car without noise and smell is less likely to be a source of annoyance to one's patients. These cars can now be bought at the price of a horse and cart, and "Motor" thinks the experiences of others might be useful to brother practitioners as well as himself. He also believes that steam cars are not so capricious as those driven by petrol, and that a breakdown is more likely to be the result of wear and a matter of replacement, whereas petrol cars give trouble with short circuits, low temperatures, etc. The chief drawbacks to the modern efficient petrol car are its smell, vibration, the shocks on changing gear, dust, and difficulty in getting underneath the engine, as also the necessity for a professional chauffeur.

ANSWERS.

INHALER.—If our correspondent will write direct to Professor Carlo Ruata, University of Perugia, Italy, we have no doubt he will obtain the information which he requires.

TREATMENT OF CHRONIC PROSTATITIS.

MR. T. FAGGE (Llanfairfechan, North Wales) writes: I think "Prostate" (whose query appeared in the BRITISH MEDICAL JOURNAL of August 8th, page 348) will find the patient's urine very acid, and would suggest citrate of lithia with mag. sulph. as a gentle aperient. Other alkalies may be given if required. Also belladonna with glycerine as a suppository, and draughts of cold water to keep the urine less acid. The specific gravity of the urine is probably high.