

science and specialism, and to this, no doubt, the great advance in medicine was due. It was not, however, without its dangers. What was gained in depth was often lost in breadth, and intense occupation with a part loosened our grasp of the whole.

The various organs of the body had been sometimes studied pretty much as if they were parts of a motor car, and modern physiologists, in spite of their amazing accuracy in details, failed as a rule to present the unity of man or to give the idea that the personal factor played any part in the organism. Psychotherapeutics was scarcely mentioned in textbooks. In one work of 2,360 pages it is true that nearly three pages alluded to it, but this was an exception, for other works, though speaking of every conceivable agency of cure, made no mention of it, in spite of the fact, which could not be denied, that the mind played some part in the cure of every disease—a fact not true of any other curative agent.

The second proposition was as follows: The force of mind in therapeutics, though largely ignored by the profession, was successfully exploited and abused by quacks everywhere in the present day. The secret of the success of quackery was that it effected cures, and unfortunately the public placed a higher value on cure than on diagnosis. One chief reason why psycho-therapeutics had not been more used has been the psychological limitations of "mind." It was indeed only thus that one could account for the abortive experiments of Sir James Paget, who apparently limited mind to consciousness. He said:

In hysteria there are many who cannot bring about a mimicry of disease by any effort of imagination or direction of the mind. Among these I am happy to count myself. I have tried many times carefully, but always failed.

So, said Dr. Schofield, would all others, for conscious effort was powerless here. It was the unconscious mind alone that could produce true mimicry of disease. It was indeed the discovery of this truth that convinced him that neuro-mimesis was not malingering, a suggestion which had been the cause of great cruelty in the treatment of these unfortunate cases. Hysteria was a mental disease, and if the mind were limited to consciousness the mimicry it produced must be consciously produced, which constituted fraud, and it was only when the neuro-mimesis was admitted that it was possible to understand how mimicry could be mental and yet unconscious. If this were true he would submit that while insanity was a disorder of the conscious mind, the unconscious mind remaining sound, hysteria was a disorder of the unconscious mind, the conscious mind being sound. It was not that there are two minds: the mind was but one, and consciousness the faculty by which some of its actions were discerned and guided.

In consequence first of the value of its use, and secondly the evils of its abuse, psycho-therapeutics should have its proper place in the study and practice of medicine. He advocated no system, but seeing quackery rampant, and conscious that a great power was abused which was but little used in medicine, he pleaded earnestly for the teaching of the force of mind. The study of the sound mind in connexion with bodily disease was practically virgin soil.

Dr. YELLOWLEES was much interested in Dr. Schofield's paper, and reminded the author that psycho-therapeutics was the fundamental method of treatment as practised by alienist physicians.

RESOLUTION.

The following resolution, proposed by Dr. GOODALL, seconded by Dr. YELLOWLEES, was passed by the Section:

That the designation of this Section be that of "Psychological Medicine," as formerly, and not that of Psychology.

OPENING OF A NEW WING AT THE WATFORD HOSPITAL.—A new wing of the district hospital at Watford was opened by the Duchess of Bedford on September 26th in commemoration of the coronation of His Majesty King Edward VII. In formally declaring the new wing open the Duchess of Bedford said that to be able to assist even in a small measure in a movement which had for its object the alleviation of suffering was one of the highest privileges that could fall to any man or woman. The new portion of the hospital contains two new wards of six beds each, with various offices, a dental operating room, and a dark room for x-ray work. The whole is lighted by electricity and heated on the medium-pressure hot-water system. Nearly the whole of the £4,300 required has already been contributed.

MEMORANDA:

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

THOMSEN'S DISEASE.

THOMSEN'S disease is so rare a malady that it is my duty to record a case I saw on September 29th. The patient is a vigorous man of 40 years of age, of very active habits, both in his calling and in games. The affection is confined to the little finger of the right hand, and has existed as long as he can remember. He has found it especially inconvenient in cricket and hockey, as the right little finger is apt to clip the handle of the bat, and must be released with the other hand. He has never heard of any such disability in any kinsfolk.

The matter was named to me by chance in a consultation on certain minor disorders of no present importance. The only affection of health which might concern the Thomsen's disease is that he is subject to dead fingers if he washes in cold water; and he has certain other small discomforts which may indicate some instability of neuro-vascular governance. He is a keen but not morbidly nervous man. The affected finger and its joints and muscles, and the parts about them are perfectly normal in appearance, and the defect, though so narrow in area, corresponds precisely to the description of the disease by Dr. Hale White in my *System of Medicine*. The patient readily demonstrates the disorder: the flexion seems slow, and completes itself with a snap, then the flexed finger is immovable for some seconds, so that habitually he releases the finger with the other hand. If he waits in persistent effort it gives way rather suddenly and opens again with a snap or "clasp-knife" action.

Cambridge.

T. CLIFFORD ALLBUTT.

POISONOUS EFFECTS OF RICINUS COMMUNIS.

THE following case may not be devoid of interest to practitioners generally and toxicologists in particular as furnishing yet another instance of the potency of the toxic substance contained in the seeds of the ricinus communis.

Shortly after 2 o'clock on August 19th a porter, aged about 50, employed on the London and North-Western Railway at Euston Station was brought to my house in a cart, obviously very ill. He then told me that while sweeping out a railway truck he had picked up and eaten two seeds which he said he took to be "kernels" of some kind. Half an hour after he had eaten them he was overcome with giddiness to such an extent that he was unable to stand, and shortly after vomited eight times in rapid succession.

Some half hour later, when he was brought to me, he complained of throbbing in the temples, pains in the head, giddiness, nausea, slight fullness and pain in the stomach, and a sense of dryness and constriction in the throat. His face was very pale; his forehead and cheeks covered with beads of sweat; his lips were blue, his pupils dilated, and his whole face bore a pinched and anxious expression. The rest of his skin was moist and cold. His respiration was slightly quickened and pulse 84.

He now told me that he had two "kernels" similar to those which he had eaten in his possession, which I thereupon examined and took to be rather dried-up specimens of the seeds of the castor-oil plant, both from their external appearance and on breaking the outer husk, from their peculiarly unpleasant odour, suggestive of the well-known flavour of the oil. No sooner had he handed these to me than he again vomited, and in the matter thus expelled I found several portions of the beans. I then hoped that as he had already vomited profusely before this might prove to be the last of the poisonous material, but as his condition did not improve, I evacuated the contents of the stomach, discovering two more small fragments mingled with some blood-stained mucus, after which he seemed greatly relieved. As no further symptoms of poisoning supervened and his condition steadily improved, I sent him home and saw him on the following day, when he said that he felt comparatively well but rather weak.

In order to verify the correctness of my view with regard to the nature of the seeds, I sent the two given me to Dr. Thomas Stevenson, of Guy's Hospital, with merely a description of the physical signs and symptoms. He has since very kindly written confirming my opinion, and at his suggestion I have ventured to send you the above for publication.

London, N.W.

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

that even when everything is going on all right it is a great satisfaction to the family to be assured of this, and to have their doctor's opinion and course of treatment confirmed. A neighbourhood must indeed be unfortunate where a consultant cannot be found acceptable to both parties from an ethical as well as a professional standpoint.

DEATH CERTIFICATES AND INQUESTS.

JUSTICE writes to say that in the district in which he lives (Lambeth) the coroner is in the habit of ignoring the services of the medical practitioner first called to a case, who has been in the habit of reporting the same, but employs a stranger to the district to make the *post-mortem* examination, and give evidence at the inquest. Under these circumstances our correspondent is desirous of knowing whether he would be justified in ceasing to report cases in which he considers an inquest necessary and issuing a certificate stating the cause of death to the best of his knowledge and belief, and leaving the registrar of deaths to report to the coroner should he see fit to do so?

* * * If our correspondent elects to follow the course he has suggested we do not know that any legal objection could arise, so long as the certificate states the exact cause of death, not omitting to state the primary causes, especially if arising from injury or any unnatural conditions. No certificate should be given unless the certifying practitioner has been in attendance upon the deceased person, and has been enabled from his own personal knowledge and observation to diagnose the cause of the death.

A QUESTION OF FEE.

A CORRESPONDENT asks what would be a reasonable fee for tapping a patient for cardiac ascites. The operation requires to be done once a fortnight, the distance to be travelled is three-quarters of a mile, and the usual visiting fee is 5s.

* * * If the patient is fairly well to do, 2 guineas, as suggested by our correspondent, would be a reasonable charge.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

Two courses of lectures in Advanced Physiology will be given at the University during the present session. Commencing on October 16th, Dr. F. W. Mott, F.R.S., will lecture on The Structure and Function of the Cerebral Cortex, and on October 20th Dr. Buckmaster will lecture on The Blood.

Instead of Dr. Buckmaster's lecture on October 13th as advertised, Dr. A. D. Waller will lecture on The Anaesthetic Action of Chloroform and Ether.

Admission to the lectures is by ticket, to be obtained from the Academic Registrar.

UNIVERSITY OF DURHAM.

The following candidates have passed the Third Examination for the degree of Bachelor in Medicine:

Honours—First Class.—L. A. Clutterbuck, L.R.C.P. & S. Edin., L.R.C.P.I., College of Medicine, Newcastle-upon-Tyne.

Honours—Second Class.—Olga Alberta Schiele, London School of Medicine for Women; R. I. Douglas, St. Bartholomew's Hospital, London.

Pass List.—J. H. Cooke, College of Medicine, Newcastle-upon-Tyne; W. Cowden, College of Medicine, Newcastle-upon-Tyne; H. B. Cunningham, College of Medicine, Newcastle-upon-Tyne; W. E. Falconar, College of Medicine, Newcastle-upon-Tyne; S. J. Fielding, College of Medicine, Newcastle-upon-Tyne; W. P. A. Hardwicke, L.S.A., College of Medicine, Newcastle-upon-Tyne; A. H. Hogg, College of Medicine, Newcastle-upon-Tyne; B. W. Lacey, Guy's Hospital; F. R. H. Laverick, College of Medicine, Newcastle-upon-Tyne; W. E. C. Luun, College of Medicine, Newcastle-upon-Tyne; S. L. McBean, College of Medicine, Newcastle-upon-Tyne; F. H. Moxon, College of Medicine, Newcastle-upon-Tyne; C. D. Reiton, College of Medicine, Newcastle-upon-Tyne; W. Seymour, College of Medicine, Newcastle-upon-Tyne; F. T. Simpson, College of Medicine, Newcastle-upon-Tyne; F. R. Spall, St. Thomas's Hospital, London; T. J. S. Suffield, L.R.C.P., L.S.A., London Hospital; E. Tate, College of Medicine, Newcastle-upon-Tyne; Janet Arthur Vaughan, London School of Medicine for Women; T. Visser, College of Medicine, Newcastle-upon-Tyne; E. Young, St. Mary's Hospital, London.

SOCIETY OF APOTHECARIES OF LONDON.

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

Surgery.—W. V. Braddon (Section II), Cambridge and Manchester; W. H. Bush (Sections I and II), Guy's Hospital; K. R. Jay, Royal Free Hospital; A. Jurriaanse (Sections I and II), Leyden; P. S. Klotz, Leyden; L. W. Roberts, Middlesex Hospital; S. H. Ryan (Sections I and II), Manchester; A. Turner (Section II), Charing Cross Hospital.

Medicine.—J. E. L. Bates, Guy's Hospital; W. H. Bush (Sections I and II), Guy's Hospital; L. E. Ellis (Section II), St. George's Hospital; A. H. Falkner (Section II), Cambridge and St. Mary's Hospital; A. Jurriaanse (Sections I and II), Leyden; N. O. Roberts (Section I), Cambridge and St. Mary's Hospital; F. Robinson (Sections I and II), Manchester; S. H. Ryan (Section I), Manchester; F. J. Waldmeier, London Hospital; J. W. Watson (Section II), Manchester.

Forensic Medicine.—J. E. L. Bates, Guy's Hospital; W. V. Braddon, Cambridge and Manchester; A. Jurriaanse, Leyden; E. H. Price, Birmingham; N. O. Roberts, Cambridge and St. Mary's Hospital; F. Robinson, Manchester; S. H. Ryan, Manchester; K. Wallace, Glasgow; R. Watson, Glasgow.

Midwifery.—W. B. Harris, St. Mary's Hospital; A. Jurriaanse, Leyden; R. Reynolds, Bristol; F. Robinson, Manchester; S. H. Ryan, Manchester; A. Williamson, Royal Free Hospital.

The Diploma of the Society was granted to J. E. L. Bates, L. E. Ellis, and A. Jurriaanse.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 8,229 births and 4,707 deaths were registered during the week ending Saturday last, September 26th. The annual rate of mortality in these towns, which had been 15.7, 15.8, and 16.5 per 1,000 in the three preceding weeks, declined again last week to 16.3 per 1,000. The rates in the several towns ranged from 5.3 in Hornsey, 7.1 in Devonport, 7.6 in Tottenham, 8.0 in East Ham, 8.2 in Handsworth and in King's Norton, 9.7 in Newport (Mon.), and 9.8 in Wallasey, to 21.0 in Rotherham, 21.4 in Hanley and in Newcastle-on-Tyne, 22.5 in Middlesbrough, 23.2 in Hull, 23.4 in York, 24.0 in Bootle, and 24.7 in Merthyr Tydfil. In London the death-rate was 15.4 per 1,000, while it averaged 16.7 in the seventy-five other large towns. The death-rate from the principal infectious diseases averaged 2.6 per 1,000 in the seventy-six large towns; in London this death-rate was equal to 2.7 per 1,000, while it averaged 2.8 in the seventy-five other large towns, and ranged upwards to 5.1 in Merthyr Tydfil, 5.3 in Willesden, 5.5 in West Ham and in Middlesbrough, 5.8 in Burnley, 6.0 in Bootle, and 6.0 in Preston. Measles caused a death-rate of 1.2 in Blackburn; scarlet fever of 1.1; Swallow, 1.3 in Rhondda, 1.6 in Grimsby, 1.7 in Bootle, and 2.0 in Tynemouth; diphtheria of 1.0 in Leyton and in Burnley; whooping-cough of 1.4 in Coventry and 2.2 in Newport (Mon.); "fever" of 2.4 in Grimsby and 2.9 in Merthyr Tydfil; and diarrhoea of 3.0 in West Bromwich, in Aston Manor, in Bolton, and in York, 4.2 in Burnley, 4.3 in West Ham, 4.6 in Rotherham, 4.9 in Willesden and in Stockport, and 5.0 in Preston. One fatal case of small-pox were registered last week in London, one in Birmingham, and one in Liverpool, but not one in any other of the seventy-six large towns. The Metropolitan Asylums Hospitals contained 29 small-pox patients on Saturday last, September 26th, against 49, 46, and 41 on the three preceding Saturdays; a new case was admitted during last week, against 6, 9, and 7 in the three preceding weeks. The number of scarlet fever patients under treatment in these hospitals and in the London Fever Hospital, which had been 1,796, 1,772, and 1,803 at the end of the three preceding weeks, had further risen to 1,886 at the end of last week; 293 new cases were admitted during the week, against 229, 212, and 261 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, September 26th, 910 births and 550 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 16.6, 14.4, and 16.1 per 1,000 in the three preceding weeks, further rose to 16.8 per 1,000 last week, and was 0.5 per 1,000 above the mean rate during the same period in the seventy-six large English towns. Among these Scotch towns the death-rates ranged from 12.0 in Greenock and 13.1 in Leith to 18.6 in Perth, and 20.1 in Dundee and in Aberdeen. The death-rate from the principal infectious diseases averaged 2.4 per 1,000 in these Scotch towns, the highest rates being recorded in Paisley and Perth. The 247 deaths registered in Glasgow included 4 which were referred to measles, 2 to scarlet fever, 4 to diphtheria, 7 to whooping-cough, 5 to "fever," and 22 to diarrhoea. Two fatal cases of diphtheria and 2 of diarrhoea were recorded in Edinburgh. Six deaths from diarrhoea were registered in Aberdeen, 4 in Dundee, 4 in Paisley, 2 in Leith, and 2 in Greenock.

HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, September 26th, 498 births and 322 deaths were registered in six of the principal Irish towns, against 526 births and 332 deaths in the preceding period. The mean annual death-rate of these towns, which had been 16.5, 16.2, and 18.7 per 1,000 in the three preceding weeks, fell to 15.8 per 1,000 in the week under notice, this figure being 0.5 less than the mean annual rate during the corresponding period in the seventy-six English towns. The death-rates ranged in these six Irish towns from 3.9 in Waterford and 12.6 in Londonderry to 22.7 in Dublin and 24.0 in Cork. The death-rates from the principal zymotic diseases in these six Irish towns averaged during the week 1.3 per 1,000, or 0.8 less than during the preceding period. The highest point, 2.5, was reached in Belfast, while Londonderry and Waterford registered no deaths from zymotic disease at all. No deaths from small-pox, measles, scarlet fever, or typhus were registered in any of the six towns, but Dublin had 1 death from diphtheria, and Belfast 2 from whooping-cough, while from enteric Dublin registered 1, and Belfast 2, deaths. In both these towns there seems to have been a considerable amount of diarrhoeal disease, 14 deaths being registered from this cause at Dublin and 13 at Belfast.

HOUSING OF THE WORKING CLASSES ACT, 1903.

THE Local Government Board has addressed a circular to town councils and urban district councils drawing attention to the provisions of the new Housing of the Working Classes Act, 1903, which has introduced some important amendments into the law relating to the housing of the working classes. The provisions respecting borrowing powers and repayment of loans are considerably amended by Section 1 of the new Act. The effect of subsection (1) of this section is to extend the maximum period for the repayment of loans raised for the purposes of the principal Act, or any Acts amending it, to 80 years, leaving the actual period for repayment, subject to this limitation, to be determined as heretofore with the sanction of the Board. The next subsection will prevent any loans raised for the purposes of the Housing Acts from being taken into account for the purposes of the limitations on borrowing above referred to. The Board state that they propose in future as a general rule to allow the full term of 80 years for the repayment of money borrowed for the purchase of freehold land, and 60 years for the repayment of money borrowed for the erection of buildings under the Housing Acts, where the circumstances are such that this may properly be done. Where money has been borrowed in recent years for these purposes, they will be ready to consider applications for sanction to the reborrowing of the outstanding balances for 80 or 60 years (as the case may be) from the date of the original borrowing, if the money has been borrowed on terms which will admit of this. The new Act also provides for appeal to the Board by ratepayers in the event of the local authority doing nothing. This provision is an old

one, but has been slightly improved. Certain points in procedure, modification of schemes, closing orders, cost of demolition, and letting houses for the working classes, are also incorporated in the new Act. As Sir S. B. Provis says, there are now very considerable powers placed in the hands of local authorities, and the Board trusts the effect will be to stimulate councils to exercise their powers in this matter.

OBITUARY.

JAMES FERGUSON, M.B., C.M.

By the death of Dr. James Ferguson one of the leading practitioners in the city has been lost to Perth. He had for some time been in poor health, but it was only a week before his decease that serious symptoms developed. Indeed, it was only on September 4th that he attended the funeral of the late Dr. Macaulay, apparently with years of useful work before him.

Dr. Ferguson had an extensive practice, and was much respected by the public and his colleagues in the profession. He began life in the commercial world, but turned to medicine, and served for two years in the Perth Infirmary as House Surgeon. Afterwards he entered on general practice, and was appointed on the visiting staff of the same institution, making several contributions to medical literature. Later, Dr. Ferguson was elected President of the Perthshire Branch of the British Medical Association, having previously acted as Secretary. In the endeavour to improve secondary education in the city he also served on the School Board, but had soon to retire in consequence of the pressing professional claims on his time. His chief public work was as Certifying Factory Surgeon, and as Principal Medical Examiner for the General Accident Assurance Corporation. Dying at the age of 53, while in his prime, Dr. Ferguson will be much missed by a large circle of friends.

OUR Aberdeen correspondent writes: The death of Dr. ALEXANDER BAIN, which occurred on September 18th, will be regretted, not only by those students of psychology to whom his writings appeal, but also by many generations of Aberdeen graduates who came to a greater or less degree under the influence of his teaching during his twenty years' tenure of the Chair of Logic in the university. His personality was not such as to lead to intimate social intercourse between himself and any large number of his students and admirers; but the recognition by the whole university of his European reputation as a philosopher and the appreciation of his interest in university affairs found expression in his election to the Lord Rectorship after his resignation of the Chair of Logic. Up to very recent times his *Mental and Moral Science*, published in 1868, was a textbook very widely used, and though the current of psychological thought and teaching has in these latter days set away from the empirical school, yet *The Senses and the Intellect* and *The Emotions and the Will*, published in 1855 and 1859 respectively, established the position of Bain as a very honourable one in the history of English psychology. He has died after a life of 85 years. He had for some time taken little active part in public affairs, but many will realize that the university has lost one of her most distinguished sons—one who in his own generation added much to her fame.

WE regret to have to record the decease of Mr. DAVID ILLTYD JONES, which took place on September 25th at Southsea. Mr. Illtyd Jones was the second son of the late Rev. J. Jones, Vicar of Abergwessyn, and a brother of Dr. Arnallt Jones, M.D., J.P., of Aberavon, as well as of the Rev. Ifor Jones, of Llandovery College. Mr. Illtyd Jones was educated at Llandovery College during the wardenship of the present Bishop of St. Asaph, and was a frequent attendant at the reunions of his old school. He received his professional education at Edinburgh and left his medical school with the diplomas of L.R.C.P., L.R.C.S. Edin., and L.M., L.F.P.S. Glasg., in 1892. He was a member of the South Wales and Monmouthshire Branch of the British Medical Association, and practised for some time at Aberavon, Kidwelly, and Abergwynfi. He had recently gone to Southsea for a change of air, and was there seized by an illness which proved rapidly fatal. He was a man of fine physique, so that his death at the early age of 39 years is a surprise as well as a matter of deep regret to the large circle of friends and patients to whom his genial disposition and kindly manners had endeared him. He leaves a widow, a daughter of the late Colonel Charles Pasley Roberts of the Royal Horse

Artillery. His body was interred in Pentlerygaer Churchyard, in the parish of Llangyfelach, Glamorganshire, on Michaelmas day.

MEDICAL NEWS.

A FIRE broke out in the top room of an empty ward at Fisherton House Asylum, Salisbury, between 8 and 9 p.m. on September 21st. It was speedily extinguished by the asylum fire brigade.

A COURSE of Gresham lectures on digestion will be given by the Gresham Professor of Medicine, Dr. E. Symes Thompson, at Gresham College, Basinghall Street, E.C., on October 6th, 7th, 8th, and 9th, at 6 p.m.

The lectures at the National Hospital for the Paralyzed and Epileptic, Queen Square, will be resumed on October 6th, at 3.30 p.m., when Dr. Beevor will give a lecture on cerebral localization.

THE memorial stone of the new buildings of the Royal Waterloo Hospital for Children and Women, Waterloo Bridge Road, will be laid by H.R.H. The Duchess of Albany on October 26th, at 3 p.m.

M. DUCLAUX, Director of the Pasteur Institute, Paris, asks us to state that the courses of chemistry applied to hygiene and practical analysis will begin in November. Full particulars may be obtained on application to the Institute, 26, Rue Dutot, Paris.

MEDICAL MAGISTRATES.—Dr. William Duncan, Obstetric Physician to the Middlesex Hospital, has been placed on the Commission of the Peace for Buckinghamshire by Lord Rothschild, Lord Lieutenant of the County.—Dr. Richard Caton has been appointed to the Commission of the Peace for the city of Liverpool.

SAMARITAN FREE HOSPITAL.—A series of lectures, mainly on diseases of women from a clinical aspect, will be delivered on Thursdays, at 3 p.m., throughout the coming autumn at the Samaritan Hospital. The lectures, free to medical practitioners, will be given by members of the staff, the first on Thursday next. The clinical resources of the hospital are, as is well known, considerable.

THE Harben Lectures before the Royal Institute of Public Health will be given in King's College, London, by Professor Ferdinand Hueppe, of Prague, during October. On Thursday, October 8th, the etiology of infectious diseases from the standpoint of natural science; Monday, October 12th, hygienic lessons to be derived from the serum treatment; and Thursday, October 15th, tuberculosis. Members of the medical profession are admitted to the lectures.

THE autumn meeting of the Northern and Midland Division of the Medico-Psychological Association will be held at the Northumberland County Asylum, Morpeth, on Friday, October 9th. Dr. Macdowall, who will entertain the members at lunch, will explain the advantages of providing villas for a considerable proportion of pauper patients, and an opportunity will be afforded for visiting the new villas. Subsequently papers will be read and the members will dine together at the Station Hotel, Newcastle-on-Tyne, at 7.15 p.m.

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.

BEDFORD COUNTY HOSPITAL.—Senior House-Surgeon, resident. Salary, £190 per annum.

BRENTFORD UNION.—Medical Officer and Public Vaccinator. Salary, £110 per annum.

CAMBRIDGESHIRE, &c., ASYLUM.—Second Assistant Medical Officer, resident. Salary, £120 per annum.

CUMBERLAND AND WESTMORLAND ASYLUM, Garlands.—Senior Assistant Medical Officer, resident. Salary, £150, rising to £180 per annum.

DERBY COUNTY ASYLUM, Mickleover.—Junior Assistant Medical Officer, resident. Salary, £120, rising to £150 per annum.

DUBLIN: ROYAL CITY OF DUBLIN HOSPITAL.—(1) Physician; (2) Surgeon.

GREAT YARMOUTH HOSPITAL.—House-Surgeon, resident. Salary, £90, and £10 yearly for lectures to probationer nurses.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Resident House-Physicians. Honorarium, £25 for six months.

LEICESTER INFIRMARY.—Clinical Clerk, resident. Honorarium, £10 10s. for six months.

LIVERPOOL: HOSPITAL FOR WOMEN.—House-Surgeon. Appointment for six months. Honorarium, £57 10s.

LIVERPOOL INFIRMARY FOR CHILDREN.—Assistant House-Surgeon, resident. Salary, £30 for six months.

MARGATE: ROYAL SEA-BATHING HOSPITAL.—Resident Surgeon. Salary as junior at the rate of £80 per annum, and as senior £120 per annum.

METROPOLITAN HOSPITAL, Kingsland Road, N.E.—(1) Physician; (2) Assistant Physician.

ST. BARTHOLOMEW'S HOSPITAL, E.C.—(1) Physician; (2) Surgeon.
ST. GEORGE'S AND ST. JAMES'S DISPENSARY, King Street, W.—Honorary Physician.
ST. MARY'S HOSPITAL FOR SICK CHILDREN, Plaistow, E.—(1) Resident Medical Officer; (2) Assistant Resident Medical Officer. Salary, £100 and £80 per annum respectively.
STAFFORD: COTTON HILL LUNATIC ASYLUM.—Assistant Medical Officer, resident. Salary, £125, rising to £175 per annum.
WESTMINSTER HOSPITAL, Broad Sanctuary, S.W.—Fourth Assistant Physician.
WESTON-SUPER-MARE HOSPITAL.—House-Surgeon, resident. Salary, £100 per annum.
WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—House-Physician, resident. Salary, £100 per annum.
YORK DISPENSARY.—Resident Medical Officer. Salary, £120 per annum.

MEDICAL APPOINTMENTS.

BROWN, John, M.D., D.P.H. Vict., Univ. Manchester, reappointed Medical Officer of Health for the Borough of Bacup, also Physician to the South's Isolation Hospital.
GARLAND, E. C., L.R.C.P. Edin., M.R.C.S. Eng., reappointed Medical Officer of Health for the Urban District of Yeovil.
HARDY, Francis Alex., M.D., C.M., Medical Officer and Public Vaccinator to the Fulbeck District of the Newark Union and to the Leadham District of the Sleaford Union.
MARRISON, E. H., M.B., Certifying Factory Surgeon for the St. Neots District, Huntingdonshire.
LESLIE, W. L. A., M.B. Aberd., Assistant Medical Officer to the Grahamstown Asylum, South Africa, vice A. B. S. Powell, resigned.
LANGMORE, H. R., M.B., B.C. Cantab., District Medical Officer of the Wallingford Union.
LAW, R. R., M.D., B.C., Clinical Assistant to the Chelsea Hospital for Women.
LYAN, E. J., M.D. McGill, L.R.C.P. & S. Edin., District Medical Officer of the Easington Union.
SHAW, Raymond Henry, M.S., M.B. Dunelm., Assistant Surgeon to the Great Yarmouth Hospital.
SNELL, E. H., M.D., B.Sc. Lond., D.P.H. Camb., F.R.S.E., permanently reappointed Medical Officer of Health for the City of Coventry.
THOMAS, W., L.R.C.P. & S. Edin., District Medical Officer of the Anglesey Union.
THOMAS, W. E., M.D., Medical Officer of the Workhouse of the Pontypridd Union.
TURNER, G. J. K., M.B., C.M. Aberd., District Medical Officer of the Dulverton Union.
WALLIS, Charles Edward, M.R.C.S., L.R.C.P., L.D.S., Dental Surgeon to Feltham School under the London County Council.
WORTS, Lewis, L.R.C.P. & S. Edin., Assistant Medical Superintendent and Dispenser at the Croydon Infirmary.
YOUNG, C. Y., M.D., M.Ch., Clinical Assistant to the Chelsea Hospital for Women.

DIARY FOR NEXT WEEK.

WEDNESDAY.

Obstetrical Society of London, 20 Hanover Square, W., 8 p.m.—Specimens will be shown by Mr. Alban Doran (for Dr. Batchelor, Dunedin) and others. Short communication: Dr. Heilner: Case of Abdominal Pregnancy secondary to partially ruptured Pregnant Tube. Papers: Mr. Malcolm: An Operation for Extrauterine Fecundation between the Third and Fourth Months of Gestation, with removal of a living Fetus and much Trouble from Haemorrhage during Convalescence. Dr. Lockyer: A Case of Ruptured Fetal Gestation in which the Ovary continued to grow for about Four Months, the Gestation Sac becoming implanted on the Omentum.

THURSDAY.

British Gynaecological Society, 20, Hanover Square, W., 8 p.m.—Specimens will be shown by the President, Dr. Macnaughton-Jones, and others. Cases: Dr. Macnaughton-Jones: (1) Notes on a Case of Coeliotomy on a Patient for the Third Time; (2) Extensive Cellulitis after Hysterectomy. Dr. Hodgson: Incarcerated and Irreducible Femoral Hernia in a Woman.
North London Medical and Chirurgical Society, Great Northern Central Hospital, Holloway Road, N., 9 p.m.—Professor R. J. Hewlett on Insects as Carriers of Disease.

FRIDAY.

Clinical Society of London, 20, Hanover Square, W., 8.30 p.m.—Sir Dyce Duckworth, and Mr. H. T. Butlin: A Case of Erosive Gastric Ulcer with Severe Haematemesis; Operation; Recovery. Dr. Frederick Taylor (President): A Case of Acute Pancreatitis. Mr. Anthony A. Bowby, C.M.G.: A Case of Acute Pancreatitis.

POST-GRADUATE COURSES AND LECTURES.

National Hospital for the Paralysed and Epileptic, Queen Square, W.C.—Lectures will be delivered at 8.30 p.m. as follows: Tuesday, On Cerebral Localization; Friday, On Cerebral Circulation.
Marazion Free Hospital for Women, Marylebone Road, N.W., Thursday, 3 p.m.—Lecture on Broad Ligament Tumours.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 5s. 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.

BAINES.—On September 22nd, at 31, Boundary Road, St. John's Wood, London, N.W., the wife of Edward Baines, M.B. Cantab., of a daughter.
MORNER.—On September 24th, at 77, Church Hill, Walthamstow, the wife of C. J. Horner, M.R.C.S., L.R.C.P., of a son.
O'BEGAN.—On September 12th, at 57, Cockspur Street, St. John's, Newfoundland, the wife of Staff Surgeon M. J. O'Began, R.N., H.M.S. "Calypso," of a daughter.
STRATTON.—On September 25th, at 198, Jamaica Road, S.E., the wife of J. Ernest Stratton, M.D. Lond., of a daughter.

MARRIAGES.

ANGUS-ARNISON.—At St. James's Church, Newton Hall, Stocksfield on Tyne, on September 24th, by the Rev. A. Swire, Rector of Newton Hall, Henry Brunton Angus, M.B., M.D. Dunelm., F.R.C.S. Eng., eldest son of J. Acworth Angus, M.R.C.S. Eng., L.S.A. Lond., Newcastle-on-Tyne, to Maude, youngest daughter of the late J. S. Arnison, Sandiford House, Newcastle-on-Tyne.
EMMS-ROSE.—On September 19th, at St. Mary's Church, Clebury-Vortimer, by the Rev. S. F. A. A. Vicar, Harry Robert Emms, M.B.C.S., L.R.C.P., to Carrie, eldest daughter of William Rose, Esq., Clebury-Vortimer.
HARDENBERG-WALL.—On September 24th, at St. Andrew's Church, Watford, by the Rev. Canon Keith, Vicar, assisted by the Rev. O. C. Cockrem, L.L.D., and the Rev. E. J. Glenn, Edward Francis Herman Hardenberg, M.B., L.R.C.P., M.R.C.S., of Dunelm House, Watford, to Annie Margaret Graham (Da.), second daughter of John Weal, of Rutland Lodge, Watford.

WATSON-FELL.—At Old Oak Parish Church, by the Rev. J. Stewart White, Vicar of the Parish, assisted by the Rev. W. Smith, Vicar of Watlington, Thomas Watson Wilson, M.B., Ch.B., to Irene, daughter of K. Fell, Esq., Crook, co. Durham.

DEATHS.

BLACKSTONE.—On September 27th, at 6, Albert Terrace, Regent's Park, N.W., Joseph Blackstone, a well-known man in his 65th year. Service at St. Mark's Church, Regent's Park, on October 1st, at noon.
ROSE.—On September 23rd, at 31, St. Mary's, York, Robert Duncan Rose, F.R.C.S. Edin., aged 71.

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, 43, 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, 43, 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 *Medicine, 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.

H. L. D.—Can the nebular theory of the production of solar heat be applied to the case of radium? Reference *Encyclopaedia Britannica*, vol. xvii, page 316.

VIATOR would be glad to know if any successes have been recorded in the treatment of chronic atrophic rhinitis by radium. What is the best treatment for a case that has lasted nine years in which various sprays and the electric needle, etc., have used, but the crusts still form?

ANSWERS.

SURGEON-MAJOR REGINALD SLEMAN writes: With reference to Captain Mason's question in the BRITISH MEDICAL JOURNAL of September 26th, page 781, I beg to state that he will find the information which he requires in a book compiled by Lieutenant-Colonel F. Howard, late Army Medical Staff, entitled *Handbook of the Medical Organisations of Foreign Armies*, and published at 1s. by Harrison and Sons, of St. Martin's Lane, W.C.

ATTENDANCE ON SEAMEN, R.N.

D. P. F.—A medical practitioner treating a Royal Navy seaman or marine at his residence for a disability arising from causes beyond his own control should apply for the remuneration of his professional services to the Secretary of the Admiralty, Whitehall, S.W., when his claim will be fully considered.

EARPLUGS FOR SEA BATHING.

MESSRS. FROST AND HARRISON (Eltham Road, S.E.) write: In reply to your correspondent "Xema" in the BRITISH MEDICAL JOURNAL of July 25th, p. 228, we have supplied for some time a flexible rubber plug for keeping water out of the ears while bathing, and they appear to be very successful.

DR. ROBERT HARLAND WHITEMAN.

DR. W. F. SHEARD (Putney) writes with reference to Mr. Perry's letter published in the BRITISH MEDICAL JOURNAL of September 26th, p. 788: Robert Harland Whiteman, High Street, Putney, L.R.C.P. Edin. 1859, L.S.A. 1835, formerly Medical Officer and Medical Officer of Health, Putney, died some twenty or more years ago, was succeeded by Dr. Walker as Medical Officer of Health. I think he had a wife; no family, but an adopted daughter, Miss Buck.

DR. SIDNEY VINES (Mossley, near Manchester) writes: There is an entry in Churchill's *Directory* for 1875—"Whiteman, Robert Harland, High Street, Putney, S.W., L.R.C.P. Edin. 1859, L.S.A. 1835, Medical Officer of Health, Putney," etc. I often wonder what happens to all the old diplomas.

MOTOR TRICYCLES.

DR. W. BLACK JONES (Llangamarch Wells, Breconshire) writes: In reply to "Motor Trike," probably he would find that the Singer motor tricycle (23 h.p.) would suit him well. I have had one for the last nine months and notwithstanding the difficulties I have to contend with in the shape of long and steep hills and bad roads generally the machine works very satisfactorily. I am able to do all my practice on it, and find it very reliable, the only trouble it gives me is an occasional fouling of the ignition plug from over-lubrication, which can be remedied in a few minutes. I can run over 85 miles on a gallon of petrol.

DR. A. STANLEY DUKE (Haslemere) writes: "Motor Trike" cannot do better than try a Singer tricycle. A gallon of petrol, costing at the present time 1s. 7d., will run the machine in a hilly district for ordinary professional visiting for one week. The cost of lubricating oil for that period is so small as to be hardly worth counting. That is to say, at the cost of about 1s. 7d., you can depend on covering 80 miles. I am not quoting maker's statements, but actual experience during the past nine months. I have ridden my machine 1,400 miles, and the front wheel, which in a Singer takes most of the weight and all the driving strain, now requires a new tread cemented on the cover. Beyond this no outlay at the present time appears necessary. The machine will take hills of "one in ten" with help. I may say I first had a motor bicycle of the same make for six months, but find the tricycle better for medical work because of the entire absence of sidleip. I think the absence of belt, battery, and their concomitant risks is a point for consideration for a medical man in a country district.

RIBERI PRIZE.

MAJOR GEORGE S. THOMSON, I.M.S.—The Turin Academy of Medicine announces that it will award the Riberi prize of the value of £200 to the author of the best work in the field of medical science, printed or in manuscript, composed in the course of the five years 1902-7. If two or more works are adjudged equal in merit, preference will be given to those tending to improve the hygienic conditions of Italy. The works