

MEMORANDA:

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

THE VALUE OF UTERINE DRAINAGE IN CASES OF CHRONIC METRITIS.

THE long-continued retention in the uterine cavity of any abnormal secretion—owing to acute flexion, stenosis of cervical canal, invading carcinoma, etc.—often gives rise to chronic metritis, pyosalpinx, hydrosalpinx, etc. It will be generally admitted that when the early symptoms of the first-named complaint are recognized there should be no time lost in an endeavour to secure thorough uterine cleanliness by means of an open canal, curetting if necessary, and subsequent drainage.

Narrow strips of antiseptic or sterilized gauze are introduced into the uterus and capillary drainage expected. This as a rule does take place so long as the gauze remains *in situ* and when the secretions are liquid, but when viscid and thick I fail to see how any effective drainage can take place or sufficiently so as to leave a lasting result. The gauze has another disadvantage: requiring frequent change, and instead of carrying out septic material may carry it in (during introduction) or retard its exit altogether.

In recent cases of endometritis I have found good results from rapid dilatation and the introduction of boric acid powder after cleansing the cavity with my blunt wire curette—the original form of “dredger” so called—combined with insufflation of vaginal walls with the powdered acid.

I believe I was one of the first—if not the first—to adopt this dry treatment in cases of endometritis, for the carrying out of which I designed two useful instruments made for me now several years ago, by the Messrs. Arnold (Smithfield). The boric acid having an affinity for fluid establishes a form of uterine drainage which in mild cases acts well without any necessity for the gauze drain.

The more thorough the dilatation before curetting the less likely is subsequent contraction to take place, which would early neutralize the value of the gauze drain (if chosen) by its expulsion from the uterus altogether.

For the reasons given I prefer to use the spiral wire drainage tubes of various sizes designed by me for the cure of stenosis, and obstructive dysmenorrhoea, and which, by affording much more room for exit of the secretions, and being, in addition, self-retaining, combined with flushing of the vagina, I have found give me excellent results (in chronic cases more especially), and which I venture to recommend a trial of, in preference to the gauze drain.

I cannot help thinking that if cases of chronic endometritis were oftener treated directly on being recognized by thorough dilatation, curetting (if necessary), and subsequent continued drainage, instead of the palliative treatment usually adopted by liquid escharotics, which so often ends in failure, there would be fewer cases found in future of ovarian and tubal disease.

Regeneration of disorganized endometrium, lymphatics, nerves, and glands do not always occur immediately after treatment. Time is an important factor, and a more extended period should be given to thorough drainage of the uterine cavity by the wearing of the spiral wire flexible tube.

The assistance given to the exit of the secretions is much favoured by the patient not being confined to the recumbent position, for the gravitation alone materially aids in the result looked for. Of course, when endometritis is complicated with extensive chronic metritis or pelvic infection the disease will continue in spite of all local treatment, and hysterectomy may eventually prove the only plan of relief.

London, W.

ALEXANDER DUKE.

PUNCTURED INJURY OF THE EYEBALL.

A FARMER, aged 35, when mending a flail with a large-sized bradawl held close to his face, slipped, and the point struck him in the right eye. He described the feeling as that of a severe blow in the face, but there was not very much pain in the eye itself. The eye could only be opened with great difficulty and pain, as “the light hurt him very much.”

Four days after the accident I saw him, and found the eyelids slightly swollen and red, spasmodically closed, but uninjured. The bulbar conjunctiva was very hyperaemic, with marked circumcorneal injection. In the cornea was a straight wound, 4 mm. long, situated in the lower and outer quad-

rant, parallel to the sclero-corneal margin, and about 3 mm. distant from it. From the wound came a small shred of whitish tissue frayed and torn, and projecting above the surface of the cornea. Otherwise the cornea was unharmed. The iris was torn, and there was a clean piece cut out of it—the bradawl had done an iridectomy, in fact—but the piece of iris corresponding to the defect was adherent to the wound in the cornea, and it also retained connexion with the rest of the iris by a slender bridge of tissue above and at the pupillary margin. The defect of the iris was about 4 mm. long, corresponding to the corneal wound, and about 2 mm. broad. The torn fragment of iris came completely through the corneal wound, and presented itself externally as the shred of tissue above mentioned. Through the hole in the iris the uninjured ciliary body could be seen, as well as the sharp edge of the perfectly transparent lens, these two being separated by a clear interval, in which the red fundus reflex was uninterrupted. A faint and floating opacity could be seen in the vitreous, evidently the track which the awl had made in passing inwards. The fundus appeared normal. The bradawl, which was a large flat one, in passing in, had just managed to hit the interval between the lens and ciliary body, and its long diameter exactly corresponded to the direction of this interval. Thus both the lens and ciliary completely escaped injury; in fact, the only injury the interior of the eye had received, besides the tear in the iris, was the cut in the zonule of Zinn, and this was not extensive enough to bring about a partial dislocation of the lens. When the patient came first the wound in the cornea, with the incarcerated iris, was healed, so that nothing directly could be done except to cut off the shred of iris flush with the cornea, which I did. Also patient was given subconjunctival injections of corrosive sublimate, atropine (1 per cent. in corrosive 1 in 5,000), rest in bed, with both eyes bandaged. Two days later I made an opening with a broad keratome in the cornea, below and outside opposite the wound; then by very careful movement of the point, and without the least drawing back of the instrument, which would have caused escape of the aqueous, I cut the prolapsed piece of iris close up to the posterior surface of the cornea; then having withdrawn the keratome, I introduced a fine iris forceps, drew out the torn piece of iris, and cut it off in the usual way.

The healing was protracted, extending over three weeks, but the recovery was ultimately good, only a line remaining in the cornea where the wound had been, and a visual acuity of nearly $\frac{1}{2}$ being obtained.

ROBERT D. JOYCE, F.R.C.S.I.,
Ophthalmic Surgeon, Richmond Hospital, Dublin.

DIABETES MELLITUS WITH RAPIDLY FATAL TERMINATION FOLLOWING TYPHOID FEVER.

On November 6th, 1902, I was called to see R. A. W., aged 24, in whom I diagnosed typhoid. He was admitted to the Adelaide Hospital on October 9th, under the care of Dr. Wallace Beatty, to whom I am indebted for particulars of the case while in hospital. Without going into detail the case was one of severe enteric, with recrudescences, and during the course of the fever jaundice developed, but passed off. Constipation was the rule throughout, and even before he became ill his bowels were a source of great trouble to him. Sugar was absent from the urine during the entire time he was in hospital, and albumen only present in small amount during the last three or four weeks. He was discharged on January 31st, 1903, and sent to the convalescent home, where he remained a fortnight, when he returned home, and came to see me on February 20th, complaining of intense thirst, passing large quantities of urine, and great weakness for a week back. In order to observe his condition, I did not then place him on any special diet, or order any medicine, and, having given him explicit directions as to measuring his urine, found that he had passed 320 oz. in twenty-four hours of specific gravity 1030, and containing 756 grams of sugar, but no albumen or acetone. He told me his weight was 7 st.; he also complained of the difficulty he had in reading, and I found he had some paralysis of the muscles of accommodation. I prescribed codeine and aperients, and placed him on restricted diet, and from this date (February 22nd) his condition was more or less unchanged up to February 27th, when the urine fell to 200 oz., with specific gravity 1027, and containing 414 grams of sugar; diacetic acid and acetone were present now for the first time. Up to this he had been able to take mild walking exercise out of doors when the weather permitted, but now began to complain of fatigue

and loss of appetite. The total quantity of urine fell during the next few days, and on March 2nd was 140 oz., containing 280 grams of sugar. During the following week the patient remained mostly in bed, being extremely weak and his stomach very irritable. I prescribed large doses of sodium bicarbonate and relaxed the dietary, allowing him now a liberal supply of milk.

On March 12th he was seized with vomiting early in the morning, which continued for more than one hour, when I saw him and ordered ice to suck, which checked it. The quantity of urine in twenty-four hours had now fallen to 100 oz., containing 150 grams of sugar, and he was greatly distressed by air-hunger which had now set in. The breath had a sweetish odour.

On March 13th and following days he continued in a state of dullness, apathetic, and inclined to sleep but for the great distress he was in and pain in the muscles of the neck and chest. His tongue was persistently dry, and it was very hard to understand him when speaking; his skin was also very dry and branny. Pulse 96, respirations 24. For this condition I used subcutaneous injections of saline fluid, half a pint slowly injected into the thoracic region with benefit daily. From the 15th onwards he could with difficulty be persuaded to take his food and medicine; his bowels required constant enemata. The urine for the last week of his illness averaged from 100 to 140 oz., with a sugar excretion of from 150 to 280 grams. Pulse averaged 96 to 100, feeble; respirations 22 to 26. On March 18th coma set in about 10 p.m., and he remained in this condition, with a few intervals of semi-consciousness (during which I was told he recognized relatives and was able to swallow some nourishment), after which he again relapsed into coma, and died at 11.30 a.m. on April 19th.

This case is peculiar, as following typhoid and in running an extremely rapid course—thirty-five days. There was no family history, I should add, to suggest diabetes.

Dublin.

J. F. C. MEYLER, L.R.C.P.I.

REPORTS

ON

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

ROYAL INFIRMARY, NEWCASTLE-ON-TYNE.

CASE OF TORSION OF THE SPERMATIC CORD.

(By G. GREY TURNER, M.S.Durh., M.R.C.S., Surgical Registrar to the Infirmary.)

History.—In August, 1902, a child, aged 13 months, was brought to the Newcastle Royal Infirmary about 8 p.m. in the evening. On the morning of that day the mother had noticed a hard lump in its left groin. All day it was cross, and often cried out, especially when the lump was touched. The child had taken the breast as usual, it had not vomited, and the bowels had been once moved.

State on Examination.—When first seen its general condition was very good. In the left inguinal region there was a rounded hard lump, about the size of the testicle at puberty. It was evidently very tender, and was irreducible. The left testicle was absent from the scrotum, the right was normal in size and position. A diagnosis of strangulated hernia with undescended testis had been made.

Operation.—I operated at once. On making an incision over the testicle the subcutaneous and other tissues were found oedematous. The testicle lay just outside the external ring. There was a little fluid in the tunica vaginalis, and the body of the organ was dark purple in colour. The cord was found twisted one whole turn from right to left; the torsion was very tight, but could be easily undone. After it was freed the cord was too short to allow the testicle to be placed in the scrotum, and even had this been possible the vascular supply seemed to be too much interfered with to allow of its recovery; the testicle was therefore removed. The structures of the cord, were spread out in the mesorchium, which was as broad as the length of the testicle. No hernia was found. The external ring was closed with catgut sutures.

Owing to the crowded state of the wards it was necessary to send the child home the same night. A week later it was brought back to be dressed. It had made a good recovery, and the incision was perfectly healed. The substance of the

testicle was oedematous, congested, and there was blood effusion into the epididymis. Unfortunately I mislaid the specimen, and no further examination was made. As cases of torsion of the cord are very rare (writing in the *Annals of Surgery*, August, 1901, Charles L. Scudder was only able to collect the records of 32 undoubted examples) this case seems worthy of record.

VICTORIA HOSPITAL, GERALDTON, WESTERN AUSTRALIA.

A CASE OF RAPID RECOVERY AFTER OVARIOTOMY.

(By A. P. THOM, M.B., C.M.Aberd.)

It is held by many that the aboriginal of Australia is not a good subject for operation. The following case may help to dispel this belief:

In a "gin" about three weeks after a natural confinement pain and a swelling was noticed in the region of the right ovary which grew so rapidly that six weeks after the confinement a large fluctuating tumour was found occupying the whole of the abdomen up to the level of the umbilicus, with evident peritonitis. On opening the abdomen a cyst of the right ovary was discovered adhering to the parietes, pelvic organs, omentum, and bowels. After separation and tapping the cyst was removed. It contained a thin serous blood-stained fluid. Oozing from the large adherent surface was arrested by hot sponges.

On the ninth day the abdominal wound stitches were removed. The same day she got wind of a "corraboree" to take place at night about ten miles out of town, which her wild nature could not resist. She was observed leaving by one of the nurses, who got hold of her, but the native wriggled out of her hands like a snake. The nurse then gave chase, followed by the matron, both smart tennis players, but they only saw her heels and she was soon lost in the darkness. Three days after I got notice of her whereabouts, and found everything as could have been wished. She treated the whole affair as a big joke. Her only complaint was slight stiffness in the muscles of the legs, due to running and possibly to dancing.

In contrast with the above case, I removed at the same time a small fibroid ovary without any complications or adhesions in a young healthy Englishwoman. Everything went on well, but it was four weeks before she left the hospital and it took a week or two more before she felt herself again.

BANGOR COTTAGE HOSPITAL, COUNTY DOWN.*

COMPLETE PERFORATION OF THE ABDOMINAL CAVITY: RECOVERY.

(Under the care of C. K. DARNELL, L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg.)

J. H., aged 40, a mechanic, was riding a bicycle, when he came into collision with a spring cart, the shaft of which penetrated the abdomen immediately below the stomach. He was brought three miles to the hospital. The rent was found to be 3 in. below the ensiform cartilage and $3\frac{1}{2}$ in. long, running transversely. Its edges were irregular and bruised, and a mass of abdominal contents the size of a fetal head was protruding from the opening. The mass consisted of some transverse colon, small intestine and mesentery. The torn mesentery was bleeding freely. The patient was much collapsed. Under chloroform no perforation of the stomach or bowel could be found, and after wiping out the peritoneal cavity as far as possible and cleansing the bowel the mass was reduced and the abdominal wound sutured. A gauze drain was put in from the left angle of the wound.

For two days there was a good deal of pain, rapid pulse and abdominal distension, and the temperature reached 102°, but under morphine and rectal feeding the condition improved, and remained wonderfully good all through. On the third day, what looked like a bruise 3 in. in diameter was found on the patient's left side, $\frac{1}{2}$ in. above the highest point of the iliac crest, and as this in the course of the next day gradually swelled and became tympanitic and dark in colour, an incision was made into it. About 3 oz. of foul pus and some gas escaped, and at the bottom of the cavity appeared a foreign body, which on being taken out and examined was found to be pieces of the patient's flannel shirt, woollen jersey, and tweed coat. These had been pushed through the abdominal cavity on the end of the shaft and deposited in the lumbar muscles, where they were evidently shut off from the cavity, and in due time sloughed downwards and towards the outside.

authorities the injustice of the system of promotion, which depended practically upon seniority alone, though occasionally tempered by the haphazard of war service. Fleet Surgeon Kirker left behind him a widow, two sons, and two daughters, who will have the deep sympathy of members of the service, as well as of the profession at large, in their loss.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

Approval of Examiners in the Faculty of Medicine.

At a Convocation held on Tuesday, November 17th, the names of the following persons, who had been duly nominated to serve as Examiners at the examinations for the degree of B.M., were submitted to the House and approved (*nemine contradicente*):—First Examination: Francis Gotch, M.A., D.Sc., F.R.S., Fellow of Magdalen College, Waynflete Professor of Physiology, in human physiology, Second Examination: Gustave Schorstein, M.A., B.M., B.Ch. Christ Church, F.R.C.P.Lond., in medicine.

Scholarships in Natural Science.

The following are the dates announced for the examinations: December 8th, Balliol College, Christ Church, and Trinity College; January 12th, 1904, Jesus College; January 16th, Lincoln College; March 15th, Keble College; March 22nd, Magdalen College; April 19th, Merton College, New College, Corpus Christi College.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

An extraordinary comitia was held at the College on Thursday, November 19th, the President, Sir William Church, K.C.B., in the chair.

Portrait of the King.

His Majesty the King having consented that a portrait of himself should be placed in the College, a Committee composed of the President, the Treasurer, and Dr. Blandford was appointed to approach Mr. Fildes with a view of endeavouring to make arrangements for him to paint a replica of the portrait of His Majesty painted two years ago.

The Parkes-Weber Prize.

The President announced that the subject of the essay for the Parkes-Weber Prize was "The Degree of Infectivity of Pulmonary Tuberculosis and the Administrative Measures desirable for the Control and Treatment of the Disease."

Horace Dobell Research Lectureship.

The President announced that a letter had been received from Dr. Dobell offering the sum of £500 from his wife and self for the purpose of founding a lectureship at the College, to be termed "The Horace Dobell Research Lectureship." The proposed lectures were to be given every second year, and were to deal with the evolution and life-history of the micro-organisms associated with tuberculosis, leprosy, malaria, and plague. A sum of £50 was to be paid to each lecturer, and Dr. Dobell expressed the hope that when the amount of his gift should have been expended, about the year 1924, other means would be forthcoming for continuing the work of the lectureship. Dr. Dobell's gift was accepted with acclamation, and a Committee consisting of the President, the Registrar, and the Treasurer was appointed to make arrangements with the donor.

ANNUAL MEETING OF FELLOWS AND MEMBERS OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The annual meeting of the Fellows and Members of the Royal College of Surgeons of England took place in the large hall of the College at Lincoln's Inn Fields on November 19th, the attendance being about forty, and the chair being taken by Mr. Tweedy, President of the College.

The Annual Report.

The President discussed the annual report of the Council, which was analyzed in our columns on October 31st, page 1487, and mentioned that it had been decided not at present to make any move in the proposed combination with the University of London for granting a degree in connexion with the Membership of the Royal College of Surgeons of England and the Licentiatehip of the Royal College of Physicians of London. In regard to *post-mortem* examinations in inquest cases, the Council considered that much could be said in favour of handing over ordinary *post-mortem* examinations to the medical practitioner who had been in attendance on the patient; but much to be urged in favour of the plan of entrusting the special cases to a pathological expert. The Council had come to the conclusion that their answer to the London County Council on this matter must of necessity be couched in guarded terms.

The Claims of Members.

Dr. Thomas Morton said that the time had arrived for the extension of the franchise of the College to its Members. Some of the Fellows of the College were favourably disposed to the granting of this franchise to the Members which had been withdrawn from the Members by the Charter of 1800. He concluded by proposing the following resolution:

That this meeting once more affirms the claim of the Members to representation on the Council on the grounds of historical right, justice, and expediency.

Mr. E. D. Vinrace seconded this motion, and warned the Council that until the Members had had their rights restored there would be no peace for those who opposed this act of justice.

Mr. F. W. Collingwood supported the motion on the ground that the Council would know the wishes of medical men in general practice if Members of the College were granted the representation that was due to them.

This motion was carried unanimously.

Mr. Joseph Smith then proposed that the Council should be asked to confer with a deputation of Members on the resolution just passed, and he was seconded by Dr. G. Danford Thomas, who in a well-balanced speech urged that it was not an impossibility to meet the agitation satisfactorily. This motion was also carried without a dissentient voice.

Minutes of Council.

Dr. W. G. Dickinson then brought forward a motion regretting the inadequate information afforded concerning the proceedings of the

Council, and asked that complete minutes of the Council meeting should be available. Mr. J. B. James seconded the proposition, but, after the President had explained that the omissions were necessary, the motion was withdrawn.

The College and the General Medical Council.

Mr. Nelson Hardy then proposed:

That this meeting considers it unfortunate that the Council should have placed before it their reply to a report from the Inspectors of the General Medical Council without publishing at the same time the report itself, and further trusts that the Council will take immediate steps to bring the dispute with the General Medical Council to an amicable settlement.

Mr. John C. Smith seconded the motion, and Mr. Tweedy explained in detail the circumstances of the case. He was followed by Mr. Collingwood and Dr. Dickinson; and after Sir H. G. Howse had given further confirmation of the views expressed by the President, the motion was submitted to the meeting, when it was declared to have been lost by nine votes to eight.

The meeting terminated with a vote of thanks to Mr. Tweedy for presiding.

ADMISSION OF MEMBERS.

The following gentlemen, having passed the necessary examination, have been admitted Members of the College:

G. B. D. Adams, B.A. Oxford, Oxford University and St. Bartholomew's Hospital; R. G. Anderson, Guy's Hospital; E. G. Anthonisz, St. Mary's Hospital; J. G. Atkinson, St. Bartholomew's Hospital; S. G. Barling, Birmingham University; C. Barlow, L.R.C.P.Lond., and T. E. Blunt, London Hospital; G. E. Bellamy and B. R. Bickford, Charing Cross Hospital; P. C. V. Bent and S. C. Bowle, L.D.S. Eng., Guy's Hospital; H. W. Bethell, B.A. Camb., Cambridge University and Guy's Hospital; A. C. Birt, St. Thomas's Hospital; H. J. Cardew, B.A. Camb., Cambridge University and St. George's Hospital; F. F. Carr-Harris, M.D. Canada, Kingston, Queen's University, Canada, and University College Hospital; C. T. Cheate, King's College Hospital; D. B. Chiles-Evans, University College, Cardiff, and University College Hospital; H. Clapham, St. Mary's Hospital; F. Cock, Charing Cross Hospital; J. D. Cooke, Melbourne University and London Hospital; W. L. Cripps, Cambridge University and St. Bartholomew's Hospital; W. A. Cumming, M.D., C.M. McGill, McGill University, Montreal, and St. Mary's Hospital; E. D. Davies, University College, Cardiff, and Charing Cross Hospital; M. Eager, King's College Hospital; L. E. Ellis, L.S.A. Lond., St. George's Hospital; H. Falk, B.A. Camb., Cambridge University and St. Thomas's Hospital; G. E. O. Fenwick, University of New Zealand and University College Hospital; A. E. Fiddian, University College, Cardiff, and St. Mary's Hospital; W. T. Finlayson, St. Mary's Hospital; H. R. Fisher, B.A. Camb., Cambridge University and London Hospital; L. W. Forsyth, M.A. Camb., L.D.S. Eng., Cambridge University and Middlesex Hospital; F. M. Gardner-Medwin, B.A. Camb., Cambridge University and St. Bartholomew's Hospital; W. Garton, St. George's and Westminster Hospitals; O. B. Gauntlett and H. M. Gilmour, St. Thomas's Hospital; F. W. Goyder, B.A., B.C. Camb., Cambridge University and St. Mary's Hospital; W. P. Grant, Owens College and Royal Infirmary, Manchester; J. N. Gunn, M.B. Toronto, Toronto University; A. Hallowes, St. Bartholomew's Hospital; W. T. Hamilton, M.B. Toronto, Toronto University; S. L. Harke, B.A. Camb., Cambridge University and St. Bartholomew's Hospital; B. Higham, St. Thomas's Hospital; R. B. D. Hird, Birmingham University; G. G. Hirst, B.A. Camb., Cambridge University and Middlesex Hospital; B. Hood, Charing Cross Hospital; W. S. Hughes, St. Mary's Hospital; J. James, King's College Hospital; W. Johnston and H. S. Jones, Guy's Hospital; J. D. Judson, Owens College and Royal Infirmary, Manchester; J. N. Kilner, St. Mary's Hospital; S. M. Lawrence, St. Bartholomew's Hospital; W. C. Lewis, Guy's Hospital; T. C. Lucas, B.A. Camb., Cambridge University and Guy's Hospital; E. J. H. Luxmoor, St. Mary's Hospital; W. M. Macaulay, B.A. Lond., Middlesex Hospital; C. Markus, M.D. Germany, Frieburg University College Hospital; J. E. Martin and R. C. Merryweather, University College Hospital; A. Martineau, B.A. Camb., Cambridge University and London Hospital; C. F. Nicholas, St. Bartholomew's Hospital; W. W. Nock, Birmingham University; W. B. Norcott, Queen's College, Cork; R. G. Northwanger, M.A. Camb., Cambridge University and St. George's Hospital; F. P. Nunnerley, B.A. Oxon., Oxford University and St. George's Hospital; B. H. Pain, B.A. Camb., Cambridge University and St. Bartholomew's Hospital; R. E. Palmer, G. E. Peachell, and E. A. Price, St. Mary's Hospital; L. G. Parsons, Birmingham University; P. C. Peace, University College and General Infirmary, Sheffield; C. T. MacL. Flouwright, B.A. Camb., and C. A. W. Pope, B.A. Camb., Cambridge University and St. Bartholomew's Hospital; R. Raby, St. Thomas's Hospital; T. E. Regan, Owens College and Royal Infirmary, Manchester; D. M. Ross, Durham University and St. Thomas's Hospital; J. B. Rous, St. Mary's Hospital; J. L. Rushton, King's College Hospital; H. T. Samuel, University College, Cardiff, and St. Bartholomew's Hospital; H. H. E. Scatliffe, M.A. Oxon., Oxford University and St. George's Hospital; W. H. Scott, A. J. L. Speechly, and F. E. Taylor, St. Bartholomew's Hospital; H. C. Sidgwick, B.A. Camb., Cambridge University and St. Bartholomew's Hospital; C. J. Singer, B.A. Oxon., St. Mary's Hospital; W. G. Taylor, M.A. Aberd., Middlesex Hospital; J. H. Timothy, University College, Cardiff, and University College Hospital; J. E. Turle, University College Hospital; J. C. F. D. Vaughan, St. Thomas's Hospital; F. H. Wallace, A. M. Webber, and R. Willan, Guy's Hospital; G. D. Walsh, London Hospital; S. J. Weinberg, Owens College and Royal Infirmary, Manchester; H. Wheelwright, St. Thomas's Hospital; E. H. White, B.A. Oxon., Oxford University, and St. Bartholomew's Hospital; R. G. Wills, B.A. Camb., Cambridge University, and University College and Royal Infirmary, Liverpool; O. C. Withrow, M.B., Toronto, Toronto University and Middlesex Hospital; A. F. R. Wollaston, B.A. Camb., Cambridge University and London Hospital; H. W. Wilson, L. L. Winterbotham, and W. P. Yetts, St. Bartholomew's Hospital.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The following candidates have passed the primary part of the Fellowship Examination: P. F. Foran, Miss C. E. O'Meara, H. J. Perry, and H. Stevenson.

TRINITY COLLEGE, DUBLIN.

The following candidates have passed the previous medical examination in the subjects undernoted:

Anatomy and Institutes of Medicine.—A. C. Elliott, F. J. Usher, D. M. Corbett, H. J. Knox, M. P. Leahy, E. C. Phelan.
Physics and Chemistry.—E. H. Sheehan, J. A. L. Hahn, T. P. Dowley, J. G. M. Moloney, F. R. Sayers, W. H. Sutcliffe, G. A. Jackson, J. W. Lane, C. H. O'Rourke, H. de C. Dillon.
Botany and Zoology.—*T. H. Gibbon, F. C. Anderson, H. F. Blood, S. F. A. Charles, H. D. Woodroffe, T. J. T. Wilmot.
 * High marks.

SOCIETY OF APOTHECARIES OF LONDON.

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

Surgery.—G. Nunn (Sections I and II), Guy's Hospital; P. J. Pagonis, Athens; P. A. Pettavel, Lausanne; C. H. Pring (Section II), Westminster Hospital; L. S. Shoosmith (Sections I and II), St. Mary's Hospital.

Medicine.—S. Bentley (Section II), Sheffield; C. C. Bernard (Section II), Royal Free Hospital; P. Elias (Sections I and II), Amsterdam; F. Hansen (Section II), Copenhagen; W. B. Harris (Sections I and II), St. Mary's Hospital; P. S. Klotz, Leyden; W. S. Lewis (Section II), Birmingham; C. H. Pring (Section II), Westminster Hospital.

Forensic Medicine.—C. C. Bernard, Royal Free Hospital; F. M. Boclet, Charing Cross Hospital; G. C. M. Davies, Charing Cross Hospital; P. Elias, Amsterdam; J. H. Harrison, Sheffield; H. M. Jones, Royal Free Hospital; P. S. Klotz, Leyden; T. R. Waltenberg, Manchester.

Midwifery.—L. F. Cope, St. George's Hospital; G. C. M. Davies, Charing Cross Hospital; P. Elias, Amsterdam; A. T. Greenhill, St. Bartholomew's Hospital; R. J. S. Verity, Charing Cross Hospital; A. Whitby, Dublin.

The Diploma of the Society was granted to S. Bentley, F. M. Boclet, F. Hansen, W. B. Harris, P. S. Klotz, P. J. Pagonis, P. A. Pettavel, C. H. Pring, L. S. Shoosmith.

ROYAL DENTAL HOSPITAL OF LONDON.

The annual dinner of the staff and past and present students of the Royal Dental Hospital of London was held on November 21st at the Hotel Metropole with Mr. F. J. Bennett in the chair. After the usual local toasts had been honoured, the Chairman proposed the toast of "The Past and Present Students." He discussed the importance of bacteriological study in dentistry and hoped to see a professorship in dental bacteriology established. He concluded by describing the evil effects noted among the troops in the South African War from neglect of dental treatment. Mr. G. W. Bateman, who responded, urged the necessity for closer attention to the mechanical details of dentistry. Mr. F. Butler, who also replied, thanked the School Committee for providing the students so successfully with the means of studying dental practice and theory. Mr. Bland-Sutton, in giving the toast of "The Hospital and School," eulogized its equipment and management. Mr. Walter Hills replied, and sketched the history of the institution during his 17 years' service on the Committee of Management. He particularly referred to the great benefits the school had derived from the advice of Mr. Stonham. Mr. Morton Smale (Dean) also acknowledged the toast and remarked on the money subscribed by the old students which he said was a gratifying characteristic in those who had left the school. Mr. J. Murray responded to the toast of "The Visitors," and Mr. A. Hopewell-Smith proposed the health of the Chairman.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

ROYAL NAVY MEDICAL SERVICE.

The following appointments have been made at the Admiralty: JEROME BARRY, Staff Surgeon, and WALTER G. EDWARDS, Surgeon, to the *Furious*, December 3rd; THEODORE MARLES-THOMAS, Surgeon, to the *Robin*, November 18th; REGINALD L. JONES, Surgeon, to the *Venus*, November 18th; SAMUEL H. WOODS, Surgeon, to the *Jason*, on commissioning; JOSEPH H. WHELAN, M.D., Fleet Surgeon, to the *President*, for three months' study at a civil hospital, December 1st; JAMES BRADLEY, M.D., Staff Surgeon, to the *Edgar*, December 1st.

Inspector-General ROBERT POTTINGER died at Moffat on November 16th, in his 86th year. He was appointed Surgeon, May 3rd, 1839; Staff Surgeon, December 21st, 1847; Fleet Surgeon, November 18th, 1862; Deputy Inspector-General, December 8th, 1868; and Inspector-General, March 5th, 1896. He retired from the services, March 8th, 1898. From the *Royal Navy List* we learn that he was Assistant Surgeon of the *Druid* at the bombardment and capture of Ty-kok-tan and the forts of the Bocca Tigris in 1841, and was afterwards frequently employed in boat service in Canton river; was present in the same ship at the capture of Amoy, and in medical charge of a detachment of Marines, who were engaged in taking possession of the Island of Koo-long-soo (China medal). He was Surgeon of the *Hecla* and *Blenheim* during the Russian war (1854-55); in the *Hecla* was in a cutting-out expedition at Eckness, in the Gulf of Finland, when one man was killed and the first lieutenant and two men severely wounded, the ship being twice hulled; was present at the bombardment of Bomarsund, when the *Hecla* was again hulled in towing the *Penelope* off the rocks, and one man wounded (Baltic medal).

SURGEONS AND AGENTS.

J. writes: Concerning the appointment of surgeons and agents, may I suggest that it would be advisable for the Admiralty to allow some retaining fee, varying of course according to the importance of the appointment? Some acknowledgement of their services would be a recognition of their status, and would maintain a reserve of medical officers on shore in cases of emergency.

ERRATUM.—In the list of appointments made by the Admiralty published last week, the initials of Staff-Surgeon G. T. Collingwood were incorrectly printed.

ROYAL NAVAL VOLUNTEER RESERVE.

WILLIAM D. ANDERSON and ALEXANDER MACLELLAN are appointed Surgeons, November 20th.

ARMY MEDICAL STAFF.

SURGEON-GENERAL W. L. GUBBINS, recently Principal Medical Officer in the Home District, has, on promotion, been appointed to a similar post on the staff of General Sir A. Hunter, commanding the Bombay Army, and has left England to take up the appointment. He will be succeeded in the Home District by Colonel A. T. Sloggett.

ROYAL ARMY MEDICAL CORPS.

THE undermentioned Lieutenants are promoted to be Captains, dated November 14th: W. J. WATERS, H. F. SHEA, M.B., C. E. FLEMING, M.B., P. J. BODINGTON, M.B., J. F. WHELAN, M.B., P. S. LELEAN, W. H. ODLUM, F. A. STEPHENS, M. G. STERLING, W. M. POWER, J. T. JOHNSON, M.D., E. F. Q. L'ESTRANGE, R. B. BLACK, M.B., T. B. UNWIN, M.B. The last-named officer served in the recent war in South Africa with the Imperial Yeomanry, and has the Queen's medal with three clasps. All the others served in the war as Civil Surgeons, and received commissions as Lieutenants, from November 14th, 1900. Captain Odlum was slightly wounded during the campaign.

Lieutenant-Colonel J. J. MORRIS, who is serving in the Bengal Command, is appointed to officiate as Principal Medical Officer, Bombay and Nagpore Districts.

CHANGES OF STATION.

THE following changes of station amongst the officers of the Royal Army Medical Corps have been officially reported to have taken place during the last month:

	From.	To.
Surgeon-General W. J. Charlton	Bermuda	4th Army Corps
Colonel G. D. Bourke	Peshawar Dist.	Western Dist.
W. L. Chester, M.B.	Bengal	Peshawar Dist.
Lt.-Col. A. T. Sloggett, C.M.G.	—	Home District.
W. J. Macnamara, M.D.	South Africa	Jersey.
E. L. Maunsell	Bengal	Gosport.
D. Bruce, M.B.	Uganda	Home District.
C. G. D. Mosse	—	Portsmouth.
R. Porter, M.B.	Woolwich	South Africa.
G. J. Coates, M.D.	Buttevant	Templemore.
A. S. Rose, M.D.	Stobs Castle	Maryhill
T. J. O'Donnell, D.S.O.	Chester	Preston.
R. E. R. Morse	Madras	York.
C. W. Thiele, M.B.	South Africa	Chester.
F. H. Treherne	Netley	Punjab.
S. Westcott, C.M.G.	—	Shoeburyness.
H. J. Wyatt	—	Dublin.
Major J. M. Reid, M.D.	Punjab	Dover.
R. H. Clement	Bulford	Portsmouth.
A. E. C. Spence, M.B.	Pinner Camp.	Belfast.
M. W. Russell	Home District	War Office.
E. Davis	Beverley	Punjab.
S. G. Allen	Malta	Woolwich.
T. Daly	South Africa	Madras.
A. Hosie, M.B.	—	Portsmouth.
G. F. H. Marks, M.D.	Dover	Bengal.
C. H. Hale, D.S.O.	Devonport	Cardiff.
G. Raymond, M.B.	Delamere	Madras.
G. A. Wade, M.D.	South Africa	Dorchester.
A. P. Blenkinsop	Salisbury Pln.	Brighton.
J. Paterson, M.B.	Preston	Bermuda.
W. T. Mould	Southampton	Bengal.
J. W. Jennings, D.S.O.	Manchester	Abyssinia.
J. E. Brogden	Bombay	Netley.
F. McDowell	Scots Guards	Madras.
Captain H. N. Dunn, M.B.	Woolwich	Abyssinia.
T. McDermott, M.B.	Kildare	Dublin.
W. D. Erskine, M.B.	Glencorse	Egypt.
E. H. Condon, M.B.	Dorchester	Punjab.
H. W. K. Read	South Africa	Dublin.
St. J. B. Killery	Dover	Scots Guards.
J. R. McMunn	Dublin	Curragh.
C. M. Fleury	Salisbury Plain	Bulford.
S. F. St. D. Green	Dublin	Fermoy.
W. Tibbits, M.B.	R.A.M. College	Bengal.
A. E. Milner	Madras	R.A.M. Coll.
C. W. Profeit, M.B.	R.A.M. College	Punjab.
J. Grech	—	Cork.
J. C. B. Statham	Bengal	Woolwich.
R. M. Le H. Cooper, M.D.	R.A.M. College	Aldershot.
A. W. Hooper, D.S.O.	—	Bombay.
A. C. Lupton, M.B.	Half-pay	Home District.
A. O. B. Wroughton	Aldershot	Madras.
J. F. Martin, M.B.	—	Punjab.
W. C. Croly	Cork	Madras.
T. G. Ford, M.B.	South Africa	Malta.
L. M. Purser, M.B.	—	Ceylon.
D. O. Hyde, M.B.	Chester	Bombay
R. T. Brown, M.B.	Half-pay	Bulford
Lieutenant H. G. Pinches	Salisbury Plain	Bengal.
S. B. Smith, M.D.	Kinsale	Dublin.
J. L. Jones	Jamaica	Woolwich
H. A. Bransbury	South Africa	Malta.
A. H. Hayes	Netley	Punjab.
F. A. H. Clarke	Woolwich	Bengal.
J. W. S. Seccombe	—	West Africa.
J. M. H. Conway	—	Punjab.
H. G. S. Webb	Aldershot	—
W. W. Browne	—	Madras.
R. Rutherford, M.B.	Cork	Bombay.
W. D. C. Kelly, M.B.	—	Punjab.
R. J. Franklin	Aldershot	Bengal.

Lieutenant-Colonel A. Baird, M.B., retired; pay, has assumed the medical charge of troops at Worcester.

Major J. H. Nicholas, retired pay, has relinquished his medical charge of troops at Derby.

Lieutenant-Colonels H. W. Murray, M.B., M. W. Kerin, and A. Peterkin, M.B., have been selected for increased pay under Article 362 of the Royal Warrant.

1.6 in Grimsby; whooping-cough of 1.4 in Devonport, 1.5 in Merthyr Tydfil, 2.0 in York, and 2.4 in Warrington; "fever" of 1.8 in Wallasey and in Preston; and diarrhoea of 1.2 in Cardiff, 1.3 in York, 1.6 in Hanley and in West Bromwich, and 2.2 in Merthyr Tydfil. One fatal case of small-pox was registered in Nottingham and 1 in Tynemouth, but not one in any other of the seventy-six large towns. The Metropolitan Asylums Hospitals contained 47 small-pox patients on Saturday last, November 21st, against 42, 43, and 51 on the three preceding Saturdays; 5 new cases were admitted during last week, against 12, 5, and 16 in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had been 1,828, 1,854, and 1,824 at the end of the three preceding weeks, had risen again to 1,833 at the end of last week; 192 new cases were admitted during the week, against 199, 224, and 185 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, November 21st, 859 births and 569 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 17.0, 15.8, and 17.4 per 1,000 in the three preceding weeks, was again 17.4 per 1,000 last week, and corresponded with the mean rate during the same period in the seventy-six large English towns. The rates in the eight Scotch towns ranged from 10.7 in Paisley and 12.3 in Aberdeen to 17.0 in Perth and 20.4 in Glasgow. The death-rate from the principal infectious diseases averaged 1.9 per 1,000, the highest rates being recorded in Glasgow and Perth. The 309 deaths registered in Glasgow included 4 which were referred to small-pox, 13 to measles, 2 to scarlet fever, 3 to diphtheria, 2 to whooping-cough, 5 to "fever," and 11 to diarrhoea. Two deaths from whooping-cough and 3 from diarrhoea were recorded in Edinburgh; 4 from diarrhoea in Aberdeen; and 2 from diphtheria in Perth.

HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, November 21st, 469 births and 367 deaths were registered in six of the principal Irish towns against 554 births and 337 deaths in the preceding period. The mean annual death-rate of these towns, which had been 17.5, 19.8, and 19.1 per 1,000 in the three preceding weeks, fell to 17.6 per 1,000 in the week under notice, this figure being 0.2 above the mean annual rate in the seventy-six English towns during the corresponding period. The death-rates in these six Irish towns ranged from 6.3 in Londonderry and 15.1 in Cork to 21.4 in Waterford and 25.0 in Dublin. The death-rates from the principal zymotic diseases in the same towns averaged during the week 1.2 per 1,000, or 0.54 more than during the preceding period. The highest point—2.7—was reached in Limerick, while Waterford again registered no deaths from zymotic disease at all. In Dublin 2 deaths each were registered from whooping-cough and diphtheria, 1 from enteric fever, and 4 from diarrhoeal diseases. In Belfast 3 deaths were ascribed to measles, and 1 each to scarlet fever, diphtheria, and enteric, while 5 were due to diarrhoeal diseases. With the exception of the cases in Belfast and the 2 of diphtheria in Dublin, no deaths from small-pox, measles, scarlet fever, or diphtheria were registered in any part of Ireland.

ATTEMPTED BLACKMAILING BY A SANITARY INSPECTOR.

At the Central Criminal Court, on November 23rd, one of the assistant sanitary inspectors of the City of Westminster was charged with having demanded £20 from the keeper of a restaurant in Soho with menaces. The evidence showed that the prisoner called at the prosecutor's restaurant stating that he was a sanitary inspector, and directed certain structural work to be done. A few days later he called again, inspected the work, and said it was badly done. Then he looked into the larder, and picking up five cutlets and two chops, said they were rotten, and would cost the prosecutor £50 each. He also made corresponding statements about some tins of spicach. Afterwards he drank some whisky and soda with the prosecutor, and impressed upon him that the discoveries made would cost him £700 or eighteen months' imprisonment. On the prosecutor asking what he should do, the prisoner took out a pocket book and wrote on a leaf £20. Later on, in the same conversation, he told the prosecutor he was a big man and could raise the money. The prisoner then left, but not before repeating his remark about the money being raised. Subsequently the prisoner called again with the chief sanitary inspector, who condemned the food pointed out, and had it removed, the prisoner remaining behind to impress upon the prosecutor that he must try and raise £20 before the following Monday, in which case no steps would be taken against him. As a consequence of the prisoner's first statement, the prosecutor told a member of the City Council what had passed, and by arrangement a detective inspector hid upon the premises in anticipation of the prisoner's visit on the following Monday. The prisoner duly arrived, bringing with him what he pretended was a summons to the prosecutor to attend at Marlborough Street Police Court unless he paid him the sum of £20. The prosecutor then handed him this sum in gold, which had been previously marked by the detective. The result of the trial was the conviction of the accused and a sentence of twelve months' imprisonment with hard labour.

In some foreign towns we have heard authorities excuse the existence of sanitary defects on the ground that it was impossible to prevent sanitary officials from accepting bribes. In this country we have no reason to suppose that bribes are either commonly sought, offered, or accepted. Nevertheless it is obvious that there must be considerable risk at all times of attempts being made to avoid the results of breaches of sanitary laws by bribing those who are responsible for seeing that they are observed. It is satisfactory, therefore, that in this case a conviction was obtained, although the jury accompanied their verdict by a recommendation to mercy. Into this they were possibly led by an admission of the prosecutor that if the blackmail demanded had been only three or four pounds he would probably have paid it. The jury, indeed, when they first returned to court, expressed an opinion that it was a case of bribery, and not of menace. Being sent back to consider the issues actually laid before them they returned the verdict which has been mentioned.

FACTORY AND WORKSHOPS ACT, 1901.

M. O. H. writes: The local authority, apparently wishing the Factory and Workshops Act, 1901, to become a dead letter, what is the duty of the medical officer of health between the Council and the Home Secretary?

* The duty of the medical officer of health is to carry out those portions of the Act pertaining to him. He has no option. Of course

the strictness with which he carries out the Act is a question of degree, and differs in various districts. The Act is not permissive or adoptive. It is compulsory; and it is outside the purview of the local authority to appoint a medical officer of health, and then limit his duties only to such Acts as they deem compatible or convenient unless such Acts are permissive, which the Factory Act is not. In a rural district obviously the Act is of less importance than in a large industrial district, and discretion must of course be used.

MEDICAL NEWS.

THE annual dinner of the Otolological Society of the United Kingdom will be held at the Trocadero Restaurant, Piccadilly, on Monday, December 7th, at 7.30 p.m.

DR. J. ROSE BRADFORD will deliver the Purvis Oration before the West Kent Medico-Chirurgical Society at the Royal Kent Dispensary, Greenwich Road, on Friday next, at 8.45 p.m.; he has taken for his subject the value of symptoms in diagnosis. After the oration a *conversazione* will be held.

THE autumnal dinner of the Durham University Medical Graduates' Association will take place on Thursday, December 3rd, at the Café Monico, at 7.30, under the presidency of Dr. Frederick Spicer. Full particulars may be obtained from the Honorary Secretary for the South, Dr. T. Outterson Wood, 40, Margaret Street, Cavendish Square, W.

THE Society of Women Journalists, of which Mrs. Timbrell Bulstrode is Honorary Secretary, gave an "at home" at the Suffolk Street Galleries last week. The attendance was large, and Lady Sarah Wilson, the President, gave an address, in which she commended the efforts of the Society to establish a friendly feeling among ladies working as journalists.

SIR HENRY BURDETT, K.C.B., will open a discussion on London Hospitals and Medical Schools and their Sites at a meeting of the Hospitals' Association, on Thursday next, at 4.30 p.m., in the Board-room of Charing Cross Hospital. Mr. Thomas Bryant, Consulting Surgeon of Guy's Hospital, will take the chair, and tickets may be had on application to Mr. Sydney Phillips at St. Thomas's Hospital.

THE SANITARY INSTITUTE.—A provincial sessional meeting of the Sanitary Institute will be held at Leicester on Saturday, December 5th, when Mr. William Whitaker, F.R.S., will take the chair at 11 a.m. A discussion on the collection, disposal, and utilization of town refuse in Leicester will be opened by Mr. Frank W. Allen, A.M.Inst.C.E. In the afternoon a visit will be paid to the destructors of the Leicester Corporation. An ordinary sessional meeting of the Institute will be held at the Parkes Museum, Margaret Street, London, W., on Wednesday, December 9th, at 8 p.m. The chair will be taken by Sir Benjamin Baker, K.C.M.G., and a discussion on flooding of basements in London by sewage will be opened by Mr. Maurice Fitzmaurice, C.M.G., M.Inst.C.E., and Dr. H. R. Kenwood.

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.

- BIRMINGHAM AND MIDLAND EYE HOSPITAL.—House-Surgeon, resident. Salary, £75 per annum.
- BOURNEMOUTH: ROYAL BOSCOMBE AND WEST HANTS HOSPITAL.—House-Surgeon, resident. Salary, £80 per annum.
- BRIDGWATER INFIRMARY.—House-Surgeon, resident. Salary, £80 per annum.
- BRIGHTON HOVE AND SUSSEX THROAT AND EAR HOSPITAL.—Non-resident House-Surgeon. Salary at the rate of £75 per annum.
- CARLISLE DISPENSARY.—Resident Surgeon. Salary, £150 per annum.
- CENTRAL LONDON THROAT AND EAR HOSPITAL, Gray's Inn Road, W.C.—(1) Non-Resident House-Surgeon for In-patient Department. Honorarium, 40 guineas. (2) Three Registrars (Honorary) for Out-patient Department.
- DURHAM COUNTY HOSPITAL.—House-Surgeon, resident. Salary, £120 per annum.
- EVELINA HOSPITAL FOR SICK CHILDREN, Southwark Bridge Road.—Pathologist. Salary, 100 guineas per annum.
- GUILDFORD: ROYAL SURREY COUNTY HOSPITAL.—Assistant House-Surgeon, resident. Salary, £75 per annum.
- HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—(1) House-Physician, resident. Salary, £80 for six months. (2) Clinical Pathologist and Bacteriologist. Honorarium 50 guineas.
- HOSPITAL FOR WOMEN, Soho Square, W.—(1) House-Physician. Salary, £30 per annum, for six months. (2) Clinical Assistants.
- HUDDESFIELD INFIRMARY.—Junior House-Surgeon, resident. Salary, £40 per annum.
- JERSEY GENERAL DISPENSARY AND INFIRMARY.—Resident Medical Officer. Salary, £120 per annum.
- LYNN: WEST NORFOLK AND LYNN HOSPITAL.—House-Surgeon, resident. Salary, £100 per annum.
- METROPOLITAN HOSPITAL, Kingsland Road.—Assistant Surgeon.
- NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square W.C.—Gynaecologist.
- NOTTINGHAM GENERAL HOSPITAL.—House-Physician, resident. Salary, £100 rising to £120 per annum.
- NOTTINGHAM ROBE-LAW INFIRMARY.—Second Resident Medical Officer. Salary £180 per annum.
- OLDHAM INFIRMARY.—Junior House-Surgeon, resident. Salary, £100 per annum.

PLYMOUTH PUBLIC DISPENSARY.—Honorary Gynaecologist.
PLYMOUTH: SOUTH DEVON AND EAST CORNWALL HOSPITAL.—Assistant House-Surgeon, resident. Salary at the rate of £250 per annum.
ROYAL WATERLOO HOSPITAL FOR CHILDREN AND WOMEN, Waterloo Bridge Road.—Surgeon to Out-patients.
ST. MARY'S HOSPITAL MEDICAL SCHOOL, Paddington, W.—Lecturer on Physiology. Salary, £400 per annum.
SOUTH SHIELDS UNION.—Assistant Resident Medical Officer at the Workhouse. Salary, £200 per annum.
TEIGNMOUTH HOSPITAL.—House-Surgeon, resident. Salary, £70 per annum.
UNIVERSITY COLLEGE, Gower Street, W.C.—Chair of Hygiene and Public Health.
WEST LONDON HOSPITAL, Hammersmith Road, W.—(1) House-Physician. (2) House-Surgeon. Both resident.
WINCHESTER: ROYAL HANTS COUNTY HOSPITAL.—House-Physician, resident. Salary, £265; Royal to £75 per annum.

MEDICAL APPOINTMENTS.

CROWLEY, J., L.R.C.P. & S. Edin., L.F.P.S. Glasg., Certifying Factory Surgeon for the Ballycastle District, Mayo.
GAULT, David, M.D., F.R.C.S., Medical Superintendent to the Orokonui Home for Inebriates, Waitati, Otago, New Zealand.
POLOLOCK, J., D.Sc., M.D., C.M. Edin., Radiographer and Superintendent of the Electrical Department at the Cancer Hospital, Fulham Road, S.W.
PROVIS, F. Lionel, M.R.C.P., F.R.C.S. Edin., M.R.C.S. Eng., Physician to Out-patients at the Chelsea Hospital for Women.
PURCHAS, F. U., M.D., C.M. Edin., Certifying Factory Surgeon for the Newtown District, Montgomeryshire.
ROGER, E. R., M.D. Canada, Clinical Assistant, Chelsea Hospital for Women.
ROY, J. Allan C., M.B., Ch.B. Vict., Junior House-Surgeon to the Manchester Royal Eye Hospital.
RURRA, H. H., M.D. Brux., M.R.C.S. Eng., L.R.C.P. Lond., Postal Medical Officer to the Horney Division.
YOUNG, A. G., M.D., Certifying Factory Surgeon for the Castle Bytham District, Lincolnshire.

DIARY FOR NEXT WEEK.

TUESDAY.

Pathological Society of London, 20, Hanover Square, W., 8.30 p.m.—Dr. L. S. Dudgeon: On Contribution to the Pathology of the Thymus Gland. Mr. C. S. Wallace: On Enlargement of the Prostate. Dr. H. Lediard: Unusual Tumour of the Skull. Mr. O. A. Morton: (1) Calcifying Chondrosarcoma of Breast; (2) An Unusual form of Obstruction of the Colon. Messrs. Barnard and Rigby: Pulsating Exophthalmos with Carotid Aneurysms. Dr. J. H. Drysdale: Racomose Aneurysm of the Brain.

WEDNESDAY.

Obstetrical Society of London, 20, Hanover Square, W., 8 p.m.—Specimens will be shown by Mrs. Scharlieb, Dr. Russell Andrews, Dr. Victor Bonney, and others. Dr. F. G. Stevens: Lantern Demonstration on the Fate of the Ovary and Graafian Follicle in Premenstrual Ages. Paper: Mr. John D. Malcolm, Dr. E. Hamilton Bell and Dr. Outhbert Lockyer: A Case of Hydatidiform Mole with Bilateral Cystic Disease of the Ovaries and Malignant Invasion of the Muscular Wall of the Uterus, the patient being quite well two years after removal of the parts.

THURSDAY.

Harveian Society of London, Stafford Rooms, Titchborne Street, Edgware Road, W., 8.30 p.m.—Discussion on the Present Treatment of Enlarged Prostate, to be opened by Mr. C. W. Mansell Moullin.

Neurological Society of the United Kingdom, 11, Chandos Street, Chandos Square, W., 8.30 p.m.—Pathological Meeting. Specimen and Lantern Slides by Dr. Mitchell Clarke, Dr. Harris, Dr. Farquhar Buzzard, Dr. Purvis Stewart, Dr. Collier, Dr. Fletcher, and Dr. Batten.

North-East London Clinical Society, Tottenham Hospital, 4 p.m.—Discussion on the Use and Abuse of Pessaries, to be opened by Dr. Arthur B. Giles.

FRIDAY.

Society of Anaesthetists, 20, Hanover Square, W., 8.30 p.m.—Clinical Evening. Communications by Drs. Clapham and McCardie.

West Kent Medico-Chirurgical Society, Royal Kent Dispensary, Greenwich Road, S.E., 8.45 p.m.—Dr. J. Rose Bradford: The Purvis Oration on the Value of Symptoms in Diagnosis. Conversaz one, etc., will follow.

West London Medico-Chirurgical Society, West London Hospital, Hammersmith, W., 8.30 p.m.—Mr. F. G. Lloyd: On appendicitis. Dr. Alex. Morison: On Boldness in the Treatment of Heart Disease.

POST-GRADUATE COURSES AND LECTURES.

Charing Cross Hospital, Thursday, 4 p.m.—Demonstration of Medical Cases. Hospital for Consumption and Diseases of the Chest, Brompton, Wednesday, 3 p.m.—Lecture on the Early Diagnosis of Pulmonary Tuberculosis.

Hospital for Sick Children, Great Ormond Street, W.C., Thursday, 4 p.m.—Lecture on Some Common Skin Diseases in Childhood.

Medical Graduates' College and Polytechnic, 28, Chelsea Street, W.C.—Demonstrations will be given at 4 p.m. as follows: Monday, Skin; Tuesday, Medical; Wednesday, Surgical; Thursday, Surgical; Friday, Bye. Lectures will also be given at 5.15 p.m. as follows: Monday, Treatment of Tuberculosis by the Therapeutic Use of the New Tuberculin; Tuesday, Life Insurance; Wednesday, Ulceration of the Cornea; Thursday, Tuberculous Diseases of the Skin; Friday, Optic Neuritis.

Mount Vernon Hospital for Consumption and Diseases of the Chest, 7, Fitzroy Square, W., Thursday, 5 p.m.—The Treatment of Phthisis at Home.

National Hospital for the Paralyzed and Epileptic, Queen Square, W.C.—Lectures will be delivered at 8.30 p.m. as follows: Tuesday, Surgery of the Nervous System; Friday, Prognosis in Epilepsy.

Post-Graduate College, West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 p.m. as follows: Monday, Treatment of Heart Disease; Tuesday, the Prevention of General Paralysis; Wednesday, Fibroid Tumours of the Uterus; Thursday, Some Ophthalmic Cases; Friday, Entozoa.

Samaritan Free Hospital for Women, Marylebone Road, N.W., Thursday, 3 p.m.—Lecture on the Methods of Examinations Employed in Gynaecological Diagnosis (Demonstration of Instruments).

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

BIRTHS.

BOWEN DAVIES.—On the 21st November, at Pendinas, St. Asaph, N. Wales, the wife of W. L. Bowen Davies, M.R.C.S. Eng., L.R.C.P. Lond., of a daughter.

COLBY.—On November 20th, at Hill View, Woking, Surrey, the wife of Frank Colby, M.B., F.R.C.S., of a son.

MARRIAGES.

GILLIES-WILSON.—At Ca'rnaview, Kirkintilloch, on the 17th inst., by the Rev. Alex. Taylor, M.A., Ayr, assisted by Rev. Geo. Lamb, B.D., Kirkintilloch, and Rev. W. T. Baker, Rochdale, Dr. James Gillies of Seaby, to Agnes Brown Wilson, seventh daughter of the late Gordon Wilson, of Lennoxtown.

MATHEW-SAUNDERS.—On the 29th October, at St. James's, Sea Point, by the Very Rev. the Dean of Capetown, assisted by the Rev. J. Deacon, Mabel, younger daughter of John Saunders, Esq., of Sea Cliffe, Sea Point, to G. Porter Mathew, M.A., M.D. (Cantab.), of Port Elizabeth, Cape Colony.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 2, Apsle 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, 423, 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, 423, 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 *Articology, 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.

MIDWIVES IN SCOTLAND AND IRELAND.

IGNORAMUS asks for information concerning the laws relating to midwives in Scotland and Ireland, and what are the Acts bearing on the subject?

. We are not aware of any special Act relating to the duties of midwives applicable to Scotland and Ireland. The Act of 1902 is confined to England. It evidently was not considered necessary to extend its provisions to Scotland and Ireland, probably because there was no desire either for it on the part of medical men or of their patients. In Scotland midwives fulfil a useful function. Their duties are simple. If they interfere in any way with the duties of the medical profession they come under the provisions of common law, and in the event of a death due in any way to their interference they might be tried on a charge of culpable homicide.

MR. VERNON HARCOURT'S ANAESTHETIC APPARATUS.

DR. K. H. HEKINUGAN (Sivas, Turkey) asks the following questions: Is Mr. Vernon Harcourt's apparatus employed (for general narcosis) in England? If so where can it be got, and what does it cost? Is it possible to use it in private practice? Any literature about the same and where?

. It has been extensively tried in some London hospitals and by various specialists. Mr. Tyrrell of St. Thomas's, and Dr. Dudley Buxton of University College Hospitals, have published their experience of its use, and commend it. It will be issued by Messrs. Griffin, of Sardinia Street, Lincoln's Inn Fields, London, W.C., but at present we believe it is not supplied owing to the necessity of getting an adequate number made. Messrs. Griffin will, however, take orders, and supply inhalers as soon as ready. It is especially adapted for private practice, and has been used by the anaesthetists named above. The only description published appeared in the SUPPLEMENT to the BRITISH MEDICAL JOURNAL, July 18th, 1903, p. cxliii, Report of Special Chloroform Committee.

THE TREATMENT OF OXALIC ACID POISONING.

ANTIDOTE asks with reference to a case of acute pancreatitis at Guy's Hospital, narrated at the Clinical Society of London by Dr. Frederick Taylor, and published in the BRITISH MEDICAL JOURNAL of October 17th, 1903, p. 939, whether the use of emetics, and especially of the stomach pump, are not contraindicated in poisoning by oxalic acid; and whether it is not possible that the acute haemorrhagic pancreatitis was the result of the administration at the hospital of emetics in this case.

. We do not read the note in the same way as "Antidote," but infer that the emetics were given before admission to the hospital, and that the nature of the poison taken was not at first known. Vomiting is almost always an immediate consequence of oxalic acid poisoning, and abstention from emetics and stomach pump seems reasonable, but authorities differ on the point. Luff prescribes chemical antidotes only, but Wynter Blyth says: "Unless the patient has vomited freely, empty the stomach at once by emetics of zinc sulphate or mustard; or the stomach pump or tube may in most cases be used" (*Poisons: their Effects and Detection*. By Wynter Blyth. Third edition. (London. Griffin and Co. 1895.)

ANSWERS.

COONOR.—The prescription forwarded by our correspondent should be read: R Liq. picis carbonis, 500 grams; cresol, 25 grams. For cresol No. 4 carbolic acid might be used, 50 per cent. of it consists of the three cresols, the remainder being phenol.

INVETERATE RINGWORM.

In answer to a request from "Practitioner" in the BRITISH MEDICAL JOURNAL of November 21st, for suggestions as to the treatment of three cases of inveterate ringworm, Dr. G. Steele Parki refers to a letter of his published December 7th, 1895, in which he advocated the use of common salt. The method of using it which he then suggested is as follows: Shave the part affected and rub in a mixture of equal parts of pure vaseline and finely powdered salt until the place becomes sore. This occurs after a few applications, and the result is that the sores may be allowed to heal by themselves or under some simple healing ointment.