From that time the patient's condition gradually got worse; drowsiness increased, conversation became confined to monosyllables, occasionally food was retained in the mouth for a considerable time before it was swallowed, the sphincters were no longer controlled, spasm of one arm occurrred, bedsores formed, and she died comatose on November 26th.

Dr. Neild, University College, Bristol, kindly made a necropsy the same day. Macroscopic signs of chronic meningo-encephalitis—injection of vessels, and milkiness of the pia arachnoid—were found. Subsequently microscopical examination of brain sections by Drs. Mott and Low (whose preparations I have examined) revealed the extensive perivascular small mononuclear infiltration so characteristic of sleeping sickness.

MEMORANDA:

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

RED LIGHT TREATMENT OF SMALL-POX.

[Communicated by the DIRECTOR-GENERAL OF THE MEDICAL DEPARTMENT OF THE ROYAL NAVY.]

I READ with interest in the BRITISH MEDICAL JOURNAL of June 6th the communication of Professor Niels R. Finsen on the red light treatment of small-pox. In July, 1897, I had an opportunity of trying this treatment—or, as Professor Finsen prefers to call it, "preventive measure"—and the results surpassed one's highest expectations. A bluejacket was received on board a gunboat I was then serving in from the flagship on the China station at a port in Korea for passage to hospital at Nagasaki. His temperature was 103°, rapid pulse, furred tongue, headache, and the patient very ill. He was in the second week of the disease, but suppuration was slight. There was an abundant eruption over the face, scalp, backs of the hands, and a less abundant eruption over the trunk and limbs. He was placed under the forecastle in a swing cot, and enclosed with a canvas screen. The only light was supplied by two scuttles, which were covered with thick "red bunting" (used for making flags). He was treated in the usual way with liquid diet and tepid sponging. In two days the temperature had fallen to 99°, and there was a very marked effect on the eruption, and his general condition much improved. He made a rapid and uninterrupted recovery, although the light preventive measure was not carried out after he was placed in hospital at Nagasaki. There is nothing new in this communication, but is one more positive proof of the efficacy of this light treatment, and it may help others in a similar position to try it.

MONTAGUE L. B. RODD,
Surgeon, R.N.

HYPERPYREXIA IN MEASLES.

I HAVE in a recent epidemic of measles in this district (Failsworth) had about 50 cases, of which 4 died, and these all 4 died of hyperpyrexia. They all had lung complications. Two had moderately severe bronchitis, 1 very severe bronchitis, and 1 moderate broncho-pneumonia. The latter was seen by Dr. Ernest S. Reynolds, who verified the diagnoses and temperature. The cases and ages were:

M. J. D.	19 months	F.
J. N.	3 years	M.
E. A. M.	10 months	F.
J. H. W.	3½ years	M.

The history of the first three cases was similar. In them I was called in to a case of apparently normal measles, with varying degrees of bronchitis, the two female children having commenced convulsions, and J. N. having "fainted." The rash in all three was just beginning to fade, and the temperature in them when I first saw them was in all the cases about 106° F. Cold sponging, ice to the head, etc., and, in the cases where a bath could be got, a cold bath with added ice was used, but the temperature (taken in the rectum) rose in the bath, and death ensued in all three, in periods ranging from four to seven hours.

The last case, J. H. W., I had attended through a preceding bronchitis, and when the rash came out diarrhoea and broncho-pneumonia commenced. I saw him on the evening of October 28th (the evening before death), when he was delirious, with a temperature of 104° F. The rash was beginning to fade. A bath was given. He fell asleep, and slept quietly until 4 a.m., awaking talkative, and much better; the temperature was then 101° F. I was again sent for at 7.30 a.m., as he had "fainted." I found him pale, with moist skin and stertorous breathing, and complete insensibility, with a temperature of 106° F. I telephoned for Dr. E. S. Reynolds, and meanwhile repeated the bath. Dr. Reynolds, at 9.30 a.m., October 29th, found the temperature up to 110° F. This was confirmed by three thermometers. The child died at 10 a.m., with a temperature of 111° F.

I understand from Dr. Reynolds that hyperpyrexia in measles is unknown, and in no authorities he and I have consulted do we find any mention of it.

I have since casually heard of three other cases of sudden deaths during measles, with apparently similar symptoms. Convulsions accompanied the hyperpyrexia in the two female babies. The treatment adopted was cold to the body, tepid baths with ice added, and ice to the head. No effect was seen on the temperature.

Dr. Reynolds considers these four cases unique, and that in the case he saw the hyperpyrexia was doubtless the cause of death. It is by his request and advice I put them on record.

Failsworth, Manchester. E. BARNES, M.B.Aberd.

CASE OF ACTINOMYCOSIS OF THE LOWER JAW.

IN the beginning of March, 1901, a delicate, anaemic girl suffered from a hard swelling on the lower jaw, connected with a decayed, hollow right molar tooth. The swelling had gradually become larger, and at intervals shooting pain occurred in it. This was different to the continuous active pain associated with the usual development of an alveolar abscess. External application had no appreciable effect, and eventually, as pus was forming, the molar tooth was extracted, and matter escaped. In spite of this, the abscess continued to advance to the surface, and opened in two places. A granulomatous condition speedily developed round the openings, and granules of actinomycosis were discovered in the discharge. They were small in size, yellowish, and did not exhibit many of the "clubbed" elements. Potassium iodide in increasing doses was given till the amount taken per diem soon reached 90 gr. Similar effects in the discharge and granules were observed as detailed in a case reported in the BRITISH MEDICAL JOURNAL in June, 1896. Several days after the potassium iodide was administered, the granulomatous condition entirely disappeared, the wounds becoming quite flat. On April 19th Mr. Godlee, who had seen the patient and corroborated the diagnosis, operated by incising the abscess and scraping away as much deposit as possible, and also thoroughly cleaning the bone, about three-quarters of an inch of which was denuded of periosteum. Pure carbolic acid was poured into the wound, and allowed to remain for a few minutes, and finally the bone and abscess cavity were well rubbed with a swab soaked in pure carbolic acid. The wound was packed with iodoform gauze, which was removed in three days. Healing gradually took place by granulation, leaving a scar of a keloid type about an eighth of an inch wide; but a certain amount of induration remained about the margin of the abscess cavity. The opening of the abscess into the mouth had closed, although this was the channel of least resistance.

Another abscess a little behind and inferior to the first one, formed, and on May 16th was treated by Dr. Dickson and myself in the same manner and with a similar result. Induration round the margin again remained.

A third abscess still lower in the neck, in close contiguity to the previous one, speedily followed, and was opened on May 24th; but as we proposed to try the effect of spirit of wine we adopted the following plan which, we think, deserves further trial and investigation.

The needle of an antitoxin syringe was plunged into the abscess cavity, and some pus was squeezed out. Then spirits of wine was injected under pressure and allowed to remain for about ten minutes. The abscess was then opened and thoroughly scraped out and packed. It cleaned out much more thoroughly than the previous ones and healed quickly, leaving a narrow linear scar without any induration at the margin. There was no further spread of the disease in this direction.

On July 4th a final smaller abscess communicating with the jaw-bone was opened over the site of the first abscess. It had worked its way straight through the middle of the keloid scar. It was treated with spirits of wine and thoroughly scraped. It healed well, and there has been no further sign of the disease.

The potassium iodide was continued in large doses for about three months as a precautionary measure, and

especially as the patient gained flesh considerably under its administration, and also lost her anaemic condition.

As in syphilitic deposits so in actinomycosis, large doses of the drug are well borne, and the remedy in both cases has a very definite influence for good. This is especially the case when the disease is not in connexion with the gastro-intestinal tract.

The granules in the final abscess were very soft, pale in colour, had lost their consistence, and their "mantle" was not defined. This condition was also observed shortly before death in the case described in the BRITISH MEDICAL JOURNAL in 1896, and in it, although death occurred, accompanied by extreme emaciation and exhaustion, Dr. James Galloway, who made the necropsy, reported: "There remain only the softened wall of what had been an abscess cavity. Nothing can be found to demonstrate the ray fungus." For some time previous, it may be added, spirits of wine and water (about 1 in 3) had been injected under pressure by means of a douche. As the result of this there was first a profuse serous discharge, followed in a few days by pus and masses of deposit coming away. The spirit application then we think deserves further trial on account of the great efficiency it possesses, by reason of its tenuity, in cleaning out the burrows, and especially under pressure penetrating the inflammatory deposit. It is also a very strong germicide.

The potassium iodide sustained its reputation by its disintegrating effect on the granules and by its resolution of the inflammatory deposit, thus robbing the fungus of its food.

D. FAIRWEATHER, M.A., M.D.,
London, N. ROBINSON S. DICKSON, M.D.

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

ROYAL NATIONAL HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, VENTNOR.

A CASE OF TUBERCULOSIS OF THE TONGUE.

(Reported by J. F. HALLS DALLY, M.A., M.B., B.C.Cantab., M.R.C.S.Eng., L.R.C.P.Lond., Assistant Resident Medical Officer.)

THE patient, a married woman, aged 35, was admitted on March 13th, 1903. Her mother died, at the age of 57, of "decline," and one brother of "consumption," at the age of 31. There was no further family history of consumption. Her husband is healthy. She had had no children. Her past illnesses were "typhoid fever" at the age of 9, and "influenza" in the spring of 1902. With the exception of these she has been quite healthy.

History of the Present Condition.—Since the attack of "influenza" in 1902 the patient has never felt well, and has had a cough with expectoration. Haemoptysis in small quantity occurred in April, 1902, and the sputum has been slightly tinged on several occasions since. In December, 1902, about half a pint of bright blood came up on coughing.

History of Tongue Condition.—In October, 1902, a small red spot appeared at the tip of the tongue. After a few days this became raised, and in November developed into a whitish patch. Previously the tongue had been long and pointed, but the tip now began gradually to disappear, the ulcerated surface being covered with a whitish slough. In December, 1902, a reddish elevation was noticed at the right margin of the tongue, which increased in size, and then ulcerated, leaving a shallow depression covered by a whitish slough. Both patches have always been tender, and have felt sore, the sensitiveness of the one at the tip of the tongue being increased by the patient involuntarily biting it at night. The tongue was excessively tender whenever food was taken, and at night used to throb and burn, so that the patient's rest has been much disturbed since the beginning of the year.

Condition on Admission.—The patient has lost weight, sweats at night, does not sleep well, and is short of breath. The appetite is fair; she is not troubled with indigestion, but constipation is present. She is not anaemic. The heart's apex beat is in the sixth left intercostal space, three-quarters of an inch inside the mid-clavicular line. The area of cardiac dullness is much diminished, and the heart sounds are faint, but there are no added sounds. The chest is well covered, and in shape somewhat emphysematous. Over the left front the percussion note is impaired down to the level of the second rib, and crepitations are audible down to the sixth rib on the left side and to the second rib on the right. Posteriorly there is impaired percussion on the left as low as the fourth thoracic spine, the note, except over the upper two-thirds of the left lung, being elsewhere hyper-resonant. Crepitations extend on the left side down to the eighth thoracic spine and on the right to the fourth thoracic spine. On the day following the patient's admission tubercle bacilli were found in the sputum, also on April 16h and June 29th.

Condition of Tongue.—On the dorsum is a coating of brownish fur, and at the tip an ulcerated surface, transversely oval, as if the end o the tongue had been cut off. The surface is made up of pale, flattened granulations, the lower portion being covered by yellowish-grey mucus; the edges are slightly undermined on the right side, and sharply cut elsewhere, the margin being a little thickened and redder than the rest of the tongue. There is no surrounding oedema or infiltration. The ulcer measures 18 mm. in length by 6 mm. in breadth. Situated on the right margin of the tongue, at a distance of 8 mm. from the above, is another small ulcer, pale, with an excavated centre, surrounded by a hyperaemic margin. This measures 4 mm. in a vertical direction and 5 mm. transversely. Both ulcers are exquisitely painful when food is taken or when their surface is touched, and salivation is present to a slight degree. The lymphatic glands beneath the jaw are enlarged on both sides, but are not tender. The patient remained in hospital sixteen weeks. During the first fortnight her temperature varied from 98.0° to 99.8° F., and during the rest of the time from 97.8° to 99.0° F.

Treatment and Progress.—The treatment at first adopted consisted in the local application of a powder composed of morphine, iodoform, and boric acid, together with a boric acid mouth-wash. The ulcers during this time became more painful, and slowly but steadily increased in size. On April 3rd the following treatment was instituted: the ulcers were painted with a 10 per cent. solution of cocaine five minutes before each meal, and once daily a 10 per cent. solution of lactic acid was rubbed into the ulcerated surfaces after previous cocainization. The strength of the solution was rapidly increased, till on April 13th pure lactic was reached, and this application was daily continued till May 8th. The note at this time in the casebook runs as follows: "The base of the ulcer at the tip of the tongue is now almost level with the edges, and looks healthy, the edges being no longer undermined. It is smaller in size. The ulcer at the right margin slightly enlarged till May 3rd, since when it has been stationary in size." Since the ulcer at the side was not healing, pure carbolic acid was applied twice, then pure lactic, and pure carbolic acid again on May 11th. A week later the ulcer at the side was scraped, and pure carbolic acid applied, the ulcer at the tip being treated similarly on the 26th. The scrapings were carefully examined on each occasion for tubercle bacilli, but, as not infrequently happens in this class of case, without positive result. At this time the ulcer at the side of the tongue had nearly healed. For the ulcer at the end of the tongue pure nitric acid was now applied daily. The note on June 15th is, "Ulcer slowly and steadily diminishing in size. General condition good." By the 29th the ulcer had lost its hypersensitiveness, and was very small. The nitric acid was then discontinued, and patient left the hospital on July 2nd. Since her departure she has been kept under observation, and up to the time of writing both ulcers remain completely healed, and there is no tenderness, infiltration, or other evidence of recrudescence of the disease.

REMARKS.—The above case is of interest not only on account of the rarity of the disease, but also on account of the unusually favourable nature of the result. In support of the fact that this condition is usually regarded as hopeless I may quote Mr. Butlin, who states[1] that

> the prognosis of tuberculous ulcer of the tongue is almost as unhappy as that of carcinoma. Not only is the disease fatal, but it is usually fatal within a few months, or from one to two years.

The reason for this bad prognosis probably depends on the difficulty which these patients experience in taking food. Since it is usually agreed that dysphagia is the factor of most importance as regards the rapid downhill course which is taken by cases of tuberculous laryngitis, the probability is that the same symptom is the cause of the bad prognosis in cases of tuberculous ulceration of the tongue in which the dysphagia is an equally prominent symptom. Now, in the present case inability to take food persisted to such a degree that, if we are correct in assuming dysphagia to be the cause of the bad prognosis, this patient had an equally short time to live. The patient being unwilling to accept surgical treatment, it became necessary to decide upon some form of local application. For many years past treatment by means of the local application of lactic acid has been almost universally adopted for tuberculous ulcers of the larynx, and it has been thought to exercise a specific action upon them. Latterly, however, some doubt has arisen as to its specificity, and now it seems more probable that its beneficial effect entirely depends upon the germicidal property which it possesses in common with other acids. Having started treatment with lactic acid, and —wishing to gain further knowledge as to the truth or otherwise of this more recent hypothesis—finding after a short time that the ulcer at the side of the tongue was enlarging instead of healing, I abandoned the use of lactic acid for the smaller marginal ulcer and tried the effect of pure carbolic. The very marked improvement subsequently manifested encouraged me to adopt the same treatment, followed by nitric acid for the larger ulcer at the tip of the tongue, and although this had been steadily healing under the influence of lactic acid, yet under the newer conditions it healed with much greater rapidity. Carbolic acid, not being a true acid, perhaps hardly comes under the same category as the others, but

[1] *Diseases of the Tongue*, 1900, p. 180.

Surgeon-General T. O'FARRELL, M.D., is placed on retired pay, November 20th. He entered the service as Assistant Surgeon, March 31st, 1865; became Surgeon, March 1st, 1873; Surgeon-Major, March 31st, 1877; was granted the rank of Lieutenant-Colonel, March 31st, 1885; was made Brigade-Surgeon-Lieutenant-Colonel, December 10th, 1890; Surgeon-Colonel, November 24th, 1895; and Surgeon-General, July 1st, 1899. He was in the Afghan war of 1878-80, receiving the medal.

ROYAL ARMY MEDICAL CORPS.

LIEUTENANT-COLONEL J. J. MORRIS, M.D., to be Colonel, *vice* J. D. EDGE, November 11th. Colonel Morris entered the service as Surgeon, February 4th, 1877; was promoted Surgeon-Major, February 4th, 1889; granted the rank of Lieutenant-Colonel, February 4th, 1897; and made Brigade-Surgeon-Lieutenant-Colonel, October 17th, 1898. He was in the Afghan war of 1878-80, and was at the battle of Charasiah and in the different affairs round Kabul in December, 1879, including the defence of Sherpur, the expedition to Kohistan, and the affair at Childukhtean; he was mentioned in dispatches, and received a medal with two clasps.

Lieutenant-Colonel H. GRIER is placed on temporary half-pay on account of ill-health, November 20th. His commissions are thus dated: Surgeon, February 3rd, 1878; Surgeon-Major, February 3rd, 1890; and Surgeon-Lieutenant-Colonel, February 3rd, 1898. He was in the South African war in 1899-1901 in charge of a general hospital, and was mentioned in dispatches. He was awarded the Albert Medal of the 2nd class for the following service: On August 26th, 1880, Lieutenant Graham, 10th Regiment, was dying of diphtheria, when Surgeon Grier performed upon him the operation of tracheotomy, and, observing that no inspiration followed, at the imminent risk of his own life applied his lips to the wound, and by suction restored to the patient the power of breathing. Lieutenant Graham's life was thus saved for the time, although unfortunately on the following day the disease extended to his lungs, and he died.

MEDICO-LEGAL AND MEDICO-ETHICAL.

FEES FROM HOSPITAL PATIENTS.

DR. THOMAS EASTES, F.R.C.S. (Folkestone), writes: I have just read "Fees from Hospital Patients" (page 1441, BRITISH MEDICAL JOURNAL), and, in consequence of your remarks, I beg to enclose a copy of the rules of the Victoria Hospital, Folkestone:

Private In-patients.

Rule 85. Private patients may be admitted into the hospital, when accommodation is available, on the recommendation of a medical officer. Application shall be made to the matron, who shall furnish the patient, on admission (or his representative), with a form of security, which shall be signed by himself, or some one of assured respectability, who shall be responsible for the weekly payments.

Rule 86. Private patients shall be of two classes:

Class 1 shall be charged from 3 to 5 guineas a week. Such payments shall entitle the patient to a private room, board, lodging, nursing, medicines (wines and spirits shall be extra); patients of this class shall, in addition, be charged £1 1s. per week for ordinary medical attendance, which charge shall not include extraordinary attendance or the fee for important surgical operations, which must be the subject of arrangement between the surgeon or medical officer and the patient.

Class 2. Persons whose means will not admit of their entering the hospital under Class 1, but who are able and willing to pay towards the expenses incurred for their maintenance, nursing, and medical attendance, may, subject to Rule 70, be admitted at a charge not exceeding £2 2s. a week.

In cases where extraordinary attendance is necessary, or an important surgical operation has to be performed, an additional fee may be charged; but if the patient can show that he is not in a position to pay such extra charges, he can, under the special order of the house visitors, have such medical services without fee.

Rule 70, mentioned above, simply states how all in-patients are to be admitted.

These rules have been in force for several years, and I shall be very sorry if they are really "contrary to the rules of all hospitals, as well as to professional ethics."

HUMBER writes: I notice a letter in the BRITISH MEDICAL JOURNAL of November 28th, p. 1441, as to the remarks of "Refero Relata" respecting the honorary staff accepting fees from hospital patients. I can confirm his suspicions as to this town. The way it has told chiefly against me is this—that they use the house-surgeon's time and the hospital chloroform, etc., and so are able to undercut the general practitioner to the extent of a guinea as a small operation fee. Not long ago I had a patient to see me about her child with adenoids. I offered to operate for 2 guineas as they were in rather poor circumstances—not altogether hospital patients. She called again a few days ago, and told me she saw Dr. X., who told her to go up to the hospital in the afternoon, and he would then charge her a guinea. She took the child up and paid Dr. X. the guinea when he called to visit the child next morning. Again, I have distinct evidence that the same thing is done with circumcisions, etc. I have been told by patients too of having paid for their operations in the hospital, even though their bed was free.

*** In our comments upon "Refero Relata's" letter, we did not intend to allude to hospitals which avowedly have paying departments. "Refero Relata" and "Humber" presumably complain of members of the staffs of free hospitals who take advantage of their position to admit to the wards patients who pay them fees without the knowledge of the hospital authorities. By so doing they impose upon the charity and compete unfairly with their outside colleagues by this misuse of a charitable foundation.

MEDICAL ETIQUETTE.

CIVILIAN writes that he has been employed by several officers' wives at a neighbouring barracks, but that one lady writes to him to say that, being entitled to the gratuitous services of the medical officer, she proposes to avail herself of them in future, except in severe illness, when she hopes that our correspondent will attend her. He asks what is he to do if invited to a consultation, in a case of midwifery, for instance?

*** There can be no objection to our correspondent undertaking a case of midwifery for which he is regularly engaged; but he might explain to the lady that he can only visit in consultation in cases where another practitioner is already in attendance.

LIABILITY FOR MIDWIFERY ENGAGEMENT.

L. LYTTLE, M.D.—Every patient has a right to choose his or her medical attendant, and the only questions which arise out of the facts related are: (1) Whether our correspondent, having been engaged to attend, has not a claim to at least half fees? We think he has. (2) Whether, if he can prove that the nurse interfered to the extent alleged, her conduct should not be brought before the local division of the British Medical Association, so that she may be warned that such conduct will not be permitted? We think it should.

MEDICAL ADVERTISING.

DR. JAMES HOLMES.—We referred to this matter last year in the BRITISH MEDICAL JOURNAL of July 7th, 1902, p. 159. On general grounds the announcement of the names of medical practitioners in connexion with the advertisements of hydropathic establishments seems open to objection, but it has gone on so long that it may plead established custom in its defence, and can only be stopped by general action on the part of the profession. The question is one for the Ethical Committee to consider.

PROFESSIONAL SECRECY.

DR. STANLEY B. ATKINSON, barrister, Honorary Secretary of the Medico-Legal Society, writes: The design of the Birmingham Police Force referred to in the BRITISH MEDICAL JOURNAL of November 28th, is but a repetition of what their fraternity at Southport attempted in August, 1899 (duly reported in your columns). A circular was issued concerning a neonate found in a garden, dead, apparently from exposure. Then the medical practitioners of that town refused to be caught in the trap, apparently considering that if professional confidences were to be divulged in such cases as these, many lives would be jeopardized, for such puerperal women would rather bear the ills they had and suffer, even to the death, than court the publicity which seeking the assistance of medical aid might gain them, under the fulfilment of these novel suggestions. There is no statute which degrades the profession into a huge detective agency. Closely akin to this subject is the question, How far should hospital authorities allow "the relic of the right of sanctuary" to be abused by encouraging the pertinacity of the police in their search for criminals? An actual case in point was where a burglar lost the tip of a finger, crushed by the dropping of a window frame. The police shrewdly suspected that a hospital surgery would shortly be visited by him, nor were they unsuccessful in the result of their inquiry.

LIABILITIES OF A MINOR UNDER SCOTTISH LAW.

CRUX, who writes from abroad, asks for advice on the following case: A youth (a minor) was lately employed by a local firm. He contracted fever and was attended to. When he was sufficiently improved to be moved, on the doctor's advice he was sent home to Scotland. Having no money when he left, his medical attendant sent the bill for professional attendance to his father, as he considered him responsible for the debts of his son, especially debts connected with his illness. The father replies that he does not intend to pay his son's bills, and that he (the son) may do so when he is able and willing to pay. "Crux" wishes to know the law in Scotland on the subject.

*** We are informed that according to the law of Scotland our correspondent has no claim against the father for payment of the professional bill incurred by his son although the son was a minor. When a son leaves his father's house he is no longer under his father's control and is said to become forisfamiliated, and the father is not in any way responsible for any debts incurred. Scottish law, which is founded on Roman law, differs much from English law. In many respects a child becomes of age at 14 and not at 21 years.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

Degrees.—In a Congregation holden on Thursday, November 19th, the following degrees were conferred in medicine:—Doctor of Medicine: John Wood, Pembroke College; Peverell Smythe Hichens, Magdalen College.

The Salary of the Professor of Anatomy.—In a Convocation holden on Tuesday, November 24th, the following decree was proposed and carried *nemine contradicente*: "That, notwithstanding anything contrary in Decree (1) of Convocation of January 22nd, 1901, contained, the delegates of the Common University Fund be authorized to assign to Arthur Thomson, M.A., Exeter College, as Professor and Reader of Human Anatomy, a stipend of £700 a year, to be reckoned from the first day of Michaelmas Term, 1903, in lieu of the stipend of £500 a year specified in the above-mentioned decree."

Examination in Preventive Medicine and Public Health (D.P.H.).—The following gentlemen have passed in this examination.

Part I.—E. H. Roberts, M.R.C.S., L.R.C.P.

Parts I and II.—J. B. Coumbe, F.R.C.S., G. K. Gifford, M.D., H. J. Hutchens, D.S.O., M.R.C.S., L.R.C.P., T. W. G. Kelly, M.D.

UNIVERSITY OF CAMBRIDGE.

Appointments.—Professor Marsh has been appointed a member of the Museums Syndicate and of the State Medicine Syndicate; Dr. D. MacAlister a member of the latter Syndicate; Dr. J. Griffiths a member of the Special Board for Medicine; Mr. F. C. Parsons an Examiner in Human Anatomy for Medical Degrees in place of Dr. A. Birmingham.

University Studies.—The appointment of a syndicate to consider what changes are desirable in the studies and examinations of the University

was on November 26th carried by 170 votes to 79. The persons nominated as syndics were approved by 156 votes to 92.

D.P.H.—Professor Woodhead, Mr. J. E. Purvis, Dr. Tatham, Dr. Lane Notter, and Dr. R. D. Sweeting have been elected Examiners in State Medicine for the Diploma in Public Health.

Degrees.—On November 26th the following degrees were conferred. *M.B. and B.C.:* H. A. Cutler, Clare. *M.B. only:* F. Bryan, King's: C. V. Bulstrode, Trinity; W. H. Fisher, Emmanuel.

CONJOINT BOARD IN IRELAND.

CANDIDATES have passed the Final Examination as undernoted:

Honours.—M. J. Ryan.

Pass.—E. B. Bird, J. Casey, A. H. R. Duncan, G. H. Enright, J. Hayes, D. F. Hegarty, P. J. Irwin, L. C. E. Murphy, J. J. M'Connell, P. J. O'Farrell, C. F. P. Plunkett, J. J. Ryan, P. Sampson, G. G. Tabuteau.

VICTORIA UNIVERSITY OF MANCHESTER.

Advanced Lectures on Public Health.

DURING the months of January, February, March, May, and June a series of lectures will be given in the library of the Public Health Laboratory by a number of well-known authorities, who will each deal with some subject to which he has more particularly given attention. The course is intended specially for medical officers of health, medical men who are members of sanitary committees, and candidates for the D.P.H. After each lecture the laboratory will be open to members of the class, and the laboratory staff will exhibit or demonstrate specimens, apparatus, experiments, and methods. The lectures will be given at 4 p.m., and, as a rule, on Wednesdays. The first, on industrial diseases due to certain poisonous fumes or gases, will be delivered by Professor Thomas Oliver, of Newcastle-on-Tyne, on Wednesday, January 13th. Further particulars can be obtained from Professor Delépine, Public Health Laboratory, 1, Stanley Grove, Oxford Road, Manchester.

TRINITY COLLEGE, DUBLIN.

THE following candidates have passed the Final Examination as undernoted:

Section A.—H. H. A. Emerson, W. Nunan, W. J. Powell, C. H. M'Comas, C. Scaife, H. B. Leech.

Final in Surgery.—T. H. Gibbon, H. Stokes, R. C. Hallowes, P. S. Stewart, W. Boxwell, F. F. Willington, C. J. Wyatt, T. J. Crean.

THE SOCIETIES OF APOTHECARIES.

Meeting of the Association of Physicians and Surgeons of the Society of Apothecaries.

A MEETING of the Licentiates of the Societies of Apothecaries in London and Dublin was held on December 1st at the Apothecaries' Hall, Blackfriars, London, under the auspices of the Association of Physicians and Surgeons of the Society of Apothecaries. The chair was taken by Mr. Rivers-Willson, of Oxford, who in submitting the following motion announced that this was the first meeting of the Association since its incorporation, after existing as a private society for three years:

"That the Association of Physicians and Surgeons, Limited, having for its objects the professional advancement of the Licentiates of the Society of Apothecaries of London, and of the Apothecaries' Hall in Ireland, deserves the encouragement and cordial support of all Licentiates of the Corporation."

He suggested that instead of the title "Licentiate of the Society of Apothecaries" they should use the title "Licentiate in Medicine, Surgery, and Midwifery."

Mr. G. Jackson, a direct representative on the General Medical Council, in seconding the motion, took occasion to regret the disappearance of the apprenticeship system. The main point to strive for was to effect some alteration in title, so as to indicate that the possessor of the Licence of the Society of Apothecaries was qualified in medicine, midwifery, and surgery. It appeared that Licentiates might use the title of physician and surgeon, but that was not expressed in the letters L.S.A. Mr. Jackson then proceeded to compare the position of the Licentiates of the Society of Apothecaries with that of the Members of the Royal College of Surgeons, England, and the Licentiates of the Royal College of Physicians, London. From what he could gather the Licentiates of the Society of Apothecaries had some influence in the management of their own affairs.

Mr. A. M. Upton (Clerk to the Society of Apothecaries) welcomed the licentiates to the Apothecaries' Hall. He said there was no doubt that the Licentiates of the Society of Apothecaries were looked down upon and despised by certain people. There were two causes for this: the first was the comparative youthfulness of the qualification, for in less than a century the Licentiate had developed into a professional gentleman among the most professional of all professions. The second cause was, in his opinion, due to professional jealousy; the sneer of M.D. Blackfriars, though of course unmerited, was not unknown. The first remedy for this state of things was time, and further it had to be remembered that the world at large did not very much care about fine distinction in regard to medical titles. He hoped that a good deal would be accomplished by the union of the Licentiates into an association.

The motion was then put to the meeting and carried unanimously.

Mr. Rivers-Willson moved a vote of thanks to the Master of the Society of Apothecaries, Dr. Clarence Cooper, for his kindness in allowing the Association to use the hall. In replying to this, Dr. Cooper assured those present of the sympathy of the Society in their movement. He proceeded to discuss the legal and other views in regard to granting of the title Fellow by the Society of Apothecaries, to those who had qualified as Licentiates. It was not possible to alter the title of a qualification without taking proper steps, but after a qualification had been gained the Society, according to a competent authority, could proceed to grant further titles without examination if it so wished.

A hearty vote of thanks to Mr. Rivers-Willson brought the proceedings to a close.

PRESENTATION.—Dr. Ronald Daniel, on the occasion of his leaving Ravenscourt Park, where he has practised for some years, was presented by his old patients with a testimonial consisting of silver plate and a cheque to purchase a personal present.

OBITUARY.

WE regret to announce the death of Mr. THOMAS HIGHTON, of Derby, which occurred quite suddenly on November 26th, at the age of 54. He commenced his professional education at St. Thomas's Hospital, and became M.R.C.S.Eng. in 1873 and L.S.A. in 1875. He was House-Physician at St. Thomas's Hospital in 1873-4, and held the post of Senior House-Surgeon at the Derbyshire General Infirmary for five years (1874 to 1879). He was afterwards Surgeon to the Derby Dispensary, and had been in practice in Derby for over a quarter of a century. Mr. Highton was very well known in the neighbourhood, and was held in high esteem by all with whom he became associated. He was married and leaves four children. The news of his sudden and altogether unexpected death, when he was apparently enjoying good health, has cast a great gloom over a very large circle of friends.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 7,950 births and 5,092 deaths were registered during the week ending Saturday last, November 28th. The annual rate of mortality in these towns, which had been 16.2, 17.9 and 17.4 per 1,000 in the three preceding weeks, rose again last week to 17.6 per 1,000. The rates in the several towns ranged from 8.0 in Hornsey, 8.1 in Wallasey, 8.7 in Hastings, 9.0 in Stockton-on-Tees, 9.3 in Walthamstow, 9.7 in Leyton, 10.3 in Croydon, and 10.6 in Smethwick, to 23.0 in Coventry, 23.2 in Bootle, 23.6 in Warrington, 23.7 in Preston, 24.7 in York, 25.1 in Swansea, 26.2 in Burnley, 29.6 in Sunderland. In London the rate of mortality was 17.4 per 1,000, while it averaged 17.7 per 1,000 in the seventy-five other large towns. The death-rate from the principal infectious diseases averaged 1.5 per 1,000 in the seventy-six large towns; in London this death-rate was equal to 1.3 per 1,000, while it ranged upwards in the seventy-five other large towns to 2.6 in Bootle and in Rhondda, 2.7 in Bury, 2.9 in Walsall, 3.5 in Sunderland, 5.9 in Preston, 6.2 in Willesden, 7.9 in Warrington, and 9.1 in York. Measles caused a death-rate of 1.5 in Ipswich, 1.6 in West Bromwich, 2.4 in Sunderland, 2.6 in York, 3.2 in Preston, 5.3 in Willesden, and 5.5 in Warrington; whooping-cough of 1.7 in Walsall, 2.4 in Warrington, 2.6 in Bootle, and 3.9 in York; and diarrhoea of 1.4 in Preston and 2.0 in York. The mortality from scarlet fever, from diphtheria, and from "fever" showed no marked excess in any of the large towns. One fatal case of small-pox was registered last week in London, 1 in Coventry, 1 in Newcastle-on-Tyne, and 1 in Tynemouth, but not one in any other of the large towns. The Metropolitan Asylums Hospitals contained 40 small-pox patients on Saturday last, November 28th, against 43, 51, and 47 on the three preceding Saturdays; 5 new cases were admitted during last week, against 5, 16, and 5 in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had been 1,854, 1,824, and 1,833 at the end of the three preceding weeks, had declined again to 1,770 at the end of last week; 157 new cases were admitted during the week, against 224, 185, and 191 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, November 28th, 871 births and 611 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 15.8, 17.4 and 17.4 per 1,000 in the three preceding weeks, increased last week to 18.7 per 1,000, and was 1.1 per 1,000 above the mean rate during the same period in the seventy-six large English towns. The rates in the eight Scotch towns ranged from 9.3 in Perth and 11.6 in Aberdeen, to 20.8 in Glasgow, and 22.7 in Paisley. The death-rate from the principal infectious diseases averaged 1.9 per 1,000, the highest rates being recorded in Glasgow and Paisley. The 315 deaths registered in Glasgow included 3 which were referred to small-pox, 17 to measles, 2 to diphtheria, 7 to whooping-cough, 3 to "fever," and 12 to diarrhoea. Five fatal cases of diarrhoea occurred in Edinburgh, 2 in Aberdeen, and 2 in Paisley.

HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, November 28th, 475 births and 342 deaths were registered in six of the principal Irish towns against 469 births and 367 deaths in the preceding period. The mean annual death-rate of these towns, which had been 19.8, 19.1, and 17.6 per 1,000 in the three preceding weeks, fell to 15.3 per 1,000 in the week under notice, this figure being 2.3 below the mean annual rate in the seventy-six English towns during the corresponding period—a somewhat rare event. The death-rates ranged in these six Irish towns from 7.8 in Waterford and 10.3 in Cork, to 19.1 in Limerick and 25.9 in Dublin. The death-rates from the principal zymotic diseases in the same towns averaged during the week 0.7 per 1,000, or 0.5 less than during the preceding period. The highest point—1.7—being reached in Dublin, while Cork, Londonderry, and Waterford registered no deaths from zymotic disease at all. With the exception of 1 death from diphtheria in Dublin, no deaths were registered in any part of Ireland from diphtheria, small-pox, measles, scarlet fever, or typhus. In Dublin 3 deaths each were registered from whooping-cough and diarrhoeal diseases, and 4 from enteric. In Belfast the number of deaths ascribed to whooping-cough was as high as 11, but excepting 1 case ascribed to enteric, no other deaths from zymotic disease were registered there at all.

ATTENDANCE ON SMALL-POX PATIENTS.

ARDUUS AD SALEM states that a case of small-pox has occurred in his village. The medical officer of health when asked to remove the patient states that there is no hospital and that our correspondent must remain in attendance. His other patients complain of his doing so, and are not unnaturally wishful that he should discontinue. He now asks: (1) If the sanitary authority will do nothing, what can he do? (2) Has he a claim against the sanitary authority for loss of work, etc., if he is compelled to remain in attendance? (3) Can he insist on the sanitary authority providing suitable accommodation and medical attendance? (4) Ought he to give up attending his other patients?

*** The last question may be answered first. There is no need to give up attending other patients if the usual precautions are taken. As to question (3), there is, we fear, no compulsion on the sanitary authority to provide hospital accommodation. Section CXXXI of the Public Health Act, 1875, says, "any local authority may provide for the use of the inhabitants of their districts hospitals," etc. This clearly does not involve any compulsion. The instances in which no accommodation is provided in cases like the above must be rare, and the facts reflect grave discredit on the sanitary authority concerned. We are doubtful if any claim lies against the sanitary authority for loss of work, etc. So far as we can judge, the only way in which our correspondent can relieve himself of his responsibilities is by giving notice to the sanitary authority and to the relatives of the patient that he will no longer attend the patient. We assume he would only do this if the patient is out of danger. It would be well also to send a statement of the facts to County Council and to the Local Government Board.

PERIOD OF SECLUSION OF PERSONS IN INFECTED HOUSEHOLDS.

NESCIO states that in his district notices are posted and circulated warning persons resident in a house infected by scarlet fever against going into any other house, or attending school or any place of worship, or other public meeting, or using any public conveyance either during the sickness or within one month of the recovery of the last case which has occurred in such house; and he asks (*a*) whether it is the fact that no matter what may be the measures taken for isolation of the sick, all the residents in the same house, including the breadwinners, are legally or even morally bound to accept the disabilities indicated above; (*b*) when forbidden to enter "any other house," are they to hold themselves precluded from workshop or store? (*c*) does "public conveyance" include railway carriage; (*d*) must children that are well and do not come near the sick, be kept at home for five or six weeks or longer, to the loss of their education, of the school grant, and the greatly increased risk of their taking the disease?

*** The answer to (*a*) and to (*d*) depends on the degree of isolation which is secured. In the majority of households of the working classes and among small shopkeepers it would be unwise to allow children from the same household to attend school. In fact, all authorities are agreed to exclude all children from infected households from school attendance in all cases in which the patient is treated at home during the whole period of infection, and subsequently for a period covering the longest-known incubation period of the disease. Our correspondent will, on reflection, see that no other cause would be justifiable in the interests of non-infected households. There is ample power to enforce the exclusion of such children from school under Art. 88 of the Code of Regulations for Day Schools.

The exclusion of breadwinners from work is a more difficult problem. It cannot be enforced unless it can be shown that the breadwinner in question is capable of acting as an intermediary in spreading infection. He must, in other words, be an infected person or thing. If his clothes could be shown to be infected, the Public Health Act gives power to enforce his seclusion until disinfection has been carried out, or, in default, to enforce a penalty when a person wilfully exposes himself or infectious articles belonging to him. The exclusion of breadwinners from work is seldom enforced, and arrangements have not infrequently been made for compensating them when the exclusion is required, as for a tailor, or ironer, or dressmaker. Clearly the proper remedy in such instances is not to interfere with the breadwinner, but to secure the isolation of the patient himself in a fever hospital; and the chief moral to be derived from Nescio's difficulties is the necessity for such an institution when otherwise breadwinners may be injured.

Question (*b*) is answered above; and in answer to (*c*), public conveyance includes railway carriage.

MEDICAL NEWS.

THE Plumbers Company gives notice that it will register the names of indentured plumbers' apprentices free of cost; such apprentices will be eligible for the examinations of the Company, and those who pass the final examination will be eligible to receive the certificate of registration under the national registration of plumbers.

A PAMPHLET entitled *St. Bartholomew's Hospital* has been issued by the Scientific Press, 28 and 29, Southampton Street, London, W.C., containing the report of the Medical Council to the Lord Mayor's Committee, and a reprint from the *Hospital* of the article and plan which appeared in our issue of November 21st. We are asked to state that copies can be obtained on application to the Manager of the Scientific Press, and that applicants who wish a copy sent by post should enclose two stamps.

THE Otological Society of the United Kingdom will hold its annual dinner on Monday, December 7th, at the Trocadero Restaurant (Balmoral Rooms), Piccadilly Circus. The chair will be taken by the President, Dr. Urban Pritchard, at 7.30 p.m., and the Earl of Crawford, the President of the College of Surgeons, Sir Thomas Barlow, Bart., Sir Henry Norbury, K.C.B., Sir William Taylor, K.C.B., and other distinguished guests are expected to be present.

PRESENTATION.—On November 23rd Professor Arthur Gamgee was presented with a testimonial, consisting of an address and a silver embossed plate, by his friends and colleagues in Montreux as an expression of their gratification on the occasion of his recent presentation to the honorary degree of LL.D. at the University of Edinburgh. In reply to the deputation, Professor Gamgee expressed his high appreciation of this proof of kindly feeling, adding that a most gratifying circumstance was to find his two English colleagues warmly co-operating in giving voice to so eloquent a token of regard. He was convinced that the *odium medicum* was less pronounced among members of the English profession than among those of any other nationality.

THE BIRMINGHAM MEDICAL STUDENTS' ANNUAL DINNER.—The annual dinner of the past and present students of the Queen's Faculty of Medicine in the University of Birmingham, which was held on November 26th, at the Grand Hotel, was very successful; over one hundred and twenty sat down to dinner—the largest attendance on record. There were even a few past students from the old Sydenham College, besides many from the old Queen's and Mason Colleges. The chair was taken by Mr. George Heaton, and among those present were Sir Oliver Lodge (Principal of the University), Sir James Sawyer, Dr. Malins, Dr. Purslow, Dr. Taylor and Dr. Higgs of Dudley. After the toast of "The King" had been proposed by the President and duly honoured, the toast of "The Medical School" was proposed by Sir Oliver Lodge in a speech which was full of sanguine hopes for the future of the school, and of good advice to the students. He went on to speak of the benefits which might be obtained by examining all the recent discoveries in chemistry, physics, and other allied sciences, with the view of adding some new methods to the treatment of disease, and deprecated the tendency of passing them lightly by as of very little practical value. He also recommended the study of the influence of the mind upon the body. The Chairman, in responding to this toast in a very able and humorous speech, reviewed all the work and events of the past year. The toast, "Students, Past and Present," was proposed most eloquently by Dr. Malins, and responded to by Dr. Purslow and the Honorary Secretaries, Mr. F. T. H. Davies and Mr. H. B. Jones. In the intervals between the toasts two 'cello solos were given by Mr. W. H. Pickup, a song by Mr. A. W. Nuthall, and humorous sketches by Mr. H. H. Whaite.

THE BELGRAVE HOSPITAL FOR CHILDREN.—The Bishop of Rochester, who presided at the formal opening of the Belgrave Hospital on December 1st, said that the hospital had already had a more stately inauguration on the occasion of the visit of Her Royal Highness Princess Henry of Battenberg last summer, but that the present occasion was of a more domestic nature, the friends and neighbours of the hospital having assembled to wish the good work godspeed. He hoped that the removal of the hospital from Pimlico to the south side of the Thames was an earnest of more to come. He had been pleased to hear the decision at which King's College Hospital had now definitely arrived. He believed that every one would think highly of the arrangements of the Belgrave Hospital, and observed that there would be found but one fault in it, and that was that it was not yet completed. Forty thousands pounds had been spent on the hospital and he feared that but little help would come from the inhabitants of the district, for they were a poor community. The Vice-President of the Committee of Management, Mr. Warden, thanked the Bishop, and the company then made a tour of inspection of the hospital, showing particular interest in the operating theatre and sterilizing chamber, the whole equipment of which was the gift of Mr. Clinton T. Dent.

THE GLASGOW UNIVERSITY CLUB, LONDON.—The members of the Glasgow University Club dined together on November 26th at the Trocadero Restaurant, London, under the chairmanship of Sir William Taylor, K.C.B., Director-General of the Army Medical Service. The toast of "The Imperial Forces" was proposed by Sir G. Hare Philipson, who made particular allusion to the humanity displayed by soldiers.

In naming Surgeon-General Keogh, C.B., to reply to the toast, Sir G. H. Philipson described how he had served with great distinction in the South African war, and was as well known in the army for his professional worth as for his administrative capabilities. Surgeon-General Keogh, in responding, said that the Army Medical Service was indebted to Scotland for some of its greatest traditions. Sir James MacGrigor originated the departmental system, which led up to the corps system, and was followed by Sir William Muir, who practically founded the present system successfully broke up the regimental system, and emancipated the medical service, enabling efficiency to be secured in time of war. Lieutenant-Colonel Beatson, C.B. (Glasgow) replied for the Volunteers. He considered that the Volunteers should receive more generous treatment from the Government, because when a nation lost its martial spirit the other national virtues also disappeared. The Chairman then proposed "The University and the Club," and after giving an amusing description of the origin of the Boydeian Library and narrating some humorous incidents in the history of Zachary Boyd, he passed on to mention how the University of Glasgow had kept abreast of the times by providing a new botanical department costing £20,000, a new engineering department costing £20,000, and buildings for natural philosophy and physics to cost £40,000, together with laboratories for materia medica, physiology, medical jurisprudence and public health, to cost about £60,000. The University continued to send out into the world men who were in the front rank of every profession. He reminded his audience of Lord Kelvin, Lord Lister, Professor Gairdner, and many others, and concluded by describing how the club was of practical benefit in many ways. To the great delight of the company Dr. G. Ogilvie was called upon to tell Scotch stories. Dr. Guthrie Rankin proposed "The Guests," which was acknowledged by Colonel Hensman and Surgeon-General Don. Mr. A. A. Jack proposed "The Chairman" after Sir Charles Ball had given some amusing details of the successful sales of decrepit animals from the Dublin Zoological Gardens by the anatomist, Professor Cunningham.

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.

DUBLIN: SIR PATRICK DUN'S HOSPITAL.—Assistant Physician.

EVELINA HOSPITAL FOR SICK CHILDREN, Southwark.—Clinical Assistants in the Out-patient Department.

GREAT YARMOUTH COUNTY BOROUGH.—Medical Officer of Health. Salary, £500 per annum.

HEREFORD COUNTY AND CITY ASYLUM.—Senior Assistant Medical Officer, resident. Salary, £150 per annum.

LEEDS PUBLIC DISPENSARY.—Junior Resident Medical Officer. Salary, £100 per annum, increasing to £110 on reappointment.

LIVERPOOL CANCER RESEARCH.—Assistant Director. Salary, £200 per annum.

LIVERPOOL INFECTIOUS DISEASES HOSPITALS.—Assistant Resident Medical Officer. Salary, £120 per annum.

METROPOLITAN HOSPITAL, Kingsland Road.—Assistant Surgeon.

MOUNT VERNON HOSPITAL FOR CONSUMPTION, Hampstead.—Male Resident Medical Officer. Honorarium, £60 per annum.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C.—Gynaecologist.

NORTHAMPTON GENERAL HOSPITAL.—Assistant House-Surgeon, resident. Salary, £75 per annum.

NORTH EASTERN HOSPITAL FOR CHILDREN, Hackney Road.—(1) Pathologist and Bacteriologist; (2) Medical Omcer in charge of Electrical Department. Salary, £50 per annum in each case.

NOTTINGHAM GENERAL HOSPITAL.—House-Physician, resident. Salary, £100, rising to £120 per annum.

OLDHAM INFIRMARY.—Junior House-Surgeon, resident. Salary, £100 per annum.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—Milroy Lecturer for 1905.

ROYAL DENTAL HOSPITAL OF LONDON, Leicester Square.—Demonstrator. Honorarium, £200 per annum.

ROYAL EYE HOSPITAL, Southwark.—(1) Refraction Assistants; (2) Clinical Assistants.

ST. PETER'S HOSPITAL FOR STONE, Etc., Henrietta Street, W.C.—(1) Junior House-Surgeon, resident. Salary at the rate of £50 per annum; (2) Clinical Assistant.

SALFORD COUNTY BOROUGH.—Assistant to the Medical Officer of Health. Salary, £200 per annum

SHEFFIELD ROYAL HOSPITAL.—Assistant House-Physician, resident. Salary, £50 per annum.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—Assistant House-Physician, resident. Honorarium at the rate of £75 per annum.

MEDICAL APPOINTMENTS.

BALLACHEY, H. H., L.R.C.P.Edin., M.R.C.S.Eng., Certifying Factory Surgeon for the Heckington District, Lincolnshire.

BERNSTEIN, Julius M., M.B., M.R.C.S., Assistant Pathologist and Curator of the Museum to Westminster Hospital.

BUCK, Joseph, L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., Medical Officer to the New Workhouse and Infirmary of the Hunslet Union, Rothwell Haigh, Leeds.

CAESAR, A. K. A., L.R.C.P. & S.Edin., L.F.P.S.Glasg., District Medical Officer of Health of the East Ashford Union.

CARDIN, H., M.R.C.S., L.R.C.P.Lond., District Medical Officer of the Chelmsford Union.

COCKLE, W. P., M.D., District Medical Officer of the Brentford Union.

GENT, W. Conway, L.R.C.P., L.R.C.S.Edin., Honorary Surgeon to the Fairford Cottage Hospital, *vice* J. O. March, M.R.C.S., L.R.C.P., resigned.

HASLEWOOD, Clarence, M.B., C.M.Aberd., Medical Officer and Public Vaccinator for the Slaidburn District of the Clitheroe Union, *vice* W. Bannerman, M.B., C.M., resigned.

JENKINS, A. W., M.B.Lond., M.R.C.S.Eng., Certifying Factory Surgeon for the Hinckley District, Leicestershire.

LINDSAY, Eric C., M.R.C.S., L.R.C.P.Lond., Assistant House-Surgeon to the Scarborough Hospital and Dispensary.

LUCAS, Geoffrey, B.A.Cantab., L.S.A.Lond., Assistant House-Physician to the Westminster Hospital.

MCNABB, A. A. J., M.B., B.S.Durh., District Medical Officer of the Louth Union.

OLIVER, Charles Pye, M.D.Lond., Physician to the West Kent General Hospital, Maidstone, *vice* C. Boyce, M.D Edin., resigned.

ROBERTS, Charles, M.B., B.S.Lond., F.R.C.S.Eng., Assistant Honorary Surgeon for Children to the Northern Hospital for Women and Children, Manchester.

SHANAHAN, T., L.R.C.S.I., L.A.H.Dub., Certifying Factory Surgeon for the Kilmacthomas District, Waterford.

THOMAS, E. E., L.R.C.P. & S.Edin., L.F.P.S.Glasg., District Medical Officer of the Bangor and Beaumaris Union.

YORATH, T. H. B., L.S.A., District Medical Officer of the Carmarthen Union.

ST. THOMAS'S HOSPITAL. The following gentlemen have been selected as House-Officers from Tuesday, December 1st, 1903:

House-Physicians.—R. E. H. Leach, M.A., M.B., B.Ch.Oxon., L.R.C.P., M.R.C.S.; G. R. Rickett, M.A., B.C.Cantab.

House-Physicians to Out-patients.—G. C. Adeney, L.R.C.P., M.R.C.S.; E. A. Ross, M.B., B.C.Cantab.

Obstetric House-Physicians.—(Senior) W. H. Harwood Yarred, B.Sc.Lond., L.R.C.P., M.R.C.S.; (Junior) F. G. Shipway, M.A., M.B.Cantab.

Clinical Assistants in the Special Department for Diseases of the Throat.—A. C. Birt, L.R.C.P., M.R.C.S. Skin.—B. Higham, L.R.C.P., M.R.C.S. Ear.—J. C. F. D. Vaughan, L.R.C.P., M.R.C.S.

Several other gentlemen have received extensions of their appointments.

DIARY FOR NEXT WEEK.

TUESDAY.

Royal Medical and Chirurgical Society, 20, Hanover Square, W., 8.30 p.m.—Professor E. A Schafer: Description of a Simple and Efficient Method of Performing Artificial Respiration on the Human Subject, especially in Cases of Drowning, to which are appended instructions for the treatment of the apparently drowned. (Being supplementary to Report of the Committee on Suspended Animation in the Drowned.) Dr H E Symes Thompson: Hypertrophic Pulmonary Osteo-arthropathy, illustrated by the Epidiascope.

WEDNESDAY.

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

Hunterian Society, London Institution, Finsbury Circus, E.C., 8.30 p.m.—Hypermetropia in Relation to Squint, to be opened by Dr. J. M. Ettles, who will show lantern slides.

South-West London Medical Society, Bolingbroke Hospital, Wandsworth Common, 8.45 p.m.—Clinical Evening.

THURSDAY.

Ophthalmological Society of the United Kingdom, 11, Chandos Street, W., 8.30 p.m.—Clinical Evening. Cases by Messrs. N. C. Ridley, R. Marcus Gunn, Wm. Anderson, and W. T. H. Spicer.

FRIDAY.

Epidemiological Society, 11, Chandos Street, Cavendish Square, W., 8.30 p.m.—Dr. Louis Sambon: On Sleeping sickness.

Clinical Society of London, 20, Hanover Square, W., 8.30 p.m.—Mr. A. Ernest Maylard, M.B., B.S.: Congenital Narrowness of the Pyloric Orifice a Cause of Chronic Gastric Disease in the Adult, illustrated by seven cases successfully treated by operation. Mr. B. G. A. Moynihan, M.S.: One Hundred Cases of Gastro-enterostomy for Simple Ulcer of the Stomach and Duodenum.

Society for the Study of Disease in Children, 11, Chandos Street, W., 5.30 p.m.—Clinical Cases and Papers.

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, 4 p.m.—Lecture on Intrathoracic New Growths.

Hospital for Sick Children, Great Ormond Street, W.C., Thursday, 4 p.m.—Lecture on Cleft Palate.

Medical Graduates' College and Polyclinic, 22, Chenies Street, W.C.—Demonstrations will be given at 4 p.m. as follows: Monday, Skin; Tuesday, Medical; Wednesday, Surgical. Thursday, Surgical; Friday, Ear. Lectures will also be given at 5.15 p.m. as follows: Monday, the Clinical Anatomy and Physiology of the Nervous System; Tuesday, Life Insurance; Wednesday, Tremor; 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 Surgical Treatment of Cavities in the Lung (illustrated by museum preparations).

National Hospital for the Paralysed and Epileptic, Queen Square, W.C.—Lectures will be delivered at 3.30 p.m. as follows: Tuesday, Surgery of the Nervous System; Friday, Pathology of Anterior Poliomyelitis and Diphtheria Paralysis (lantern demonstration).

North East London Post-Graduate College, Tottenham Hospital, N., Thursday, 4.30 p.m.—Nasal Obstruction.

Post-Graduate College, West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 p.m. as follows: Monday, Practical Surgery; Tuesday, Chronic Pancreatitis; Wednesday, Practical Medicine; Thursday, Rectal Cases; Friday, Ankylostomiasis illustrated by specimens and lantern slides.

Samaritan Free Hospital for Women, Marylebone Road, N.W., Thursday, 3 p.m.—Lecture on Leucorrhœa.

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.

GORDON-WILSON.—On the 26th November, at 1, Philbeach Gardens, South Kensington, S.W., the wife of Dr. A. Gordon-Wilson, of a son.

O'MEARA.—On the 1st inst., at Curragh View, Skibbereen, Co. Cork, the wife of T. J. O'Meara, A.B., M.B., etc., of a son.

MARRIAGE.

DRINKWATER—JAY.—On the 18th November, at St. Pancras Church, London, by the Rev W H Fletcher, Vicar of Wrexham and Canon of St. Asaph, Harry Drinkwater, M.D., Grosvenor Lodge, Wrexham, to Katherine R. Jay, L.S.A., B Sc., Chippenham, Wilts.

DEATHS.

BAILLIEU.—On the 19th November, at the Surgery, Hafod, near Pontypridd, Charles P. F. Baillieu, L.R.C.P. & S.Edin., L.F.P. & S.G., aged 39.

WOLFENDALE.—At Beech House, Gorton, Manchester, on Wednesday, the 25th November, Winifred Margaret (Winsome), aged 22 months, the beloved and only daughter Dr. and Mrs. Geo. A. Wolfendale.

THE

British Medical Journal.

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

SUPPLEMENT

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ETC.

FOR THE YEAR 1903.

London:

PRINTED AND PUBLISHED BY THE BRITISH MEDICAL ASSOCIATION AT THEIR OFFICE,

429, STRAND.

MCMIII.

INDEX TO SUPPLEMENTS FOR 1903.

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Printed and published by the British Medical Association at their Office, No. 429, Strand, in the Parish of St. Martin-in-the-Fields, in the County of Middlesex.