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CONNAUGHT BRANCH AND ULSTER BRANCH (UNITED).
Byers, Professor J. W., M.D., Lower Crescent, Belfast (see also Ulster).
Calwell, Dr. William, I., College Square, North Belfast.
DORSET AND WEST HANTS BRANCH AND WEST SOMERSET

BRANCH (UNITED).
Parkinson, Mr. C. H. Watts, Wimborne Minster (see also West Somerset)

DUNDEE BRANCH, PERTH BRANCH, AND STIRLING BRANCH

Buist, Dr. B. Cochrane, 163, Nethergate, Dundee (see also Perth and Stirling).

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Barnes, Dr. Edgar George, Eye, Suffolk
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EAST YORK AND NORTH LINCOLN BRANCH AND CAM-BRIDGE AND HUNTINGDON BRANCH (UNITED).

Milburn, Dr. C. H., 153, Anlaby Road, Hull (see also Cambridge and Hunting.lon).

EDINBURGH BRANCH AND FIFE BRANCH (UNITED).

Philip, Dr. R. W., 45, Charlotte Square. Edinburgh (see also Fife).

Walker, Dr. Norman, 7, Manor Place, Edinburgh.

FIFE BRANCH AND EDINBURGH BRANCH (UNITED).

Philip, Dr. R. W., 45, Charlotte Square, Edinburgh (see also Edinburgh). Walker, Dr. No man, 7, Manor Place, Edinburgh (see also Edinburgh). GLASGOW AND WEST OF SCOTLAND BRANCH. Goff, Dr. Bruce, The Lindens, Rothwell, Lanarkabire, Hamilton, Er. James, 1, Royal Crescent, Crosshill, Glasgow.

Hamilton, Dr. James, I, Royal Crescent, Crosshill, Glasgow.

GLOUCESTP RESHIRE BERANCH AND WORK ESTERSHIRE AND HEREFORDS SHRE BERANCH (INITED).

Crowe, Dr. G. W., 43, Foresate Street, Worcester (see also Worcester and Hereford).

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GRIQUALAND WEST BRANCH.

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Helme, Dr. T. Arthur, 337, Oxford Road, Manchester.
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MALITA AND WEDITERRANEAN BRANCH.

Editor of the British Medical Journal, DAWSON WILLIAMS, M.D.

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Castes, Mr. George, M.B., 35. Gloucester Terrace, Hyde Park, W.
Heron, Dr. G. A., 37. Harley Street, W.
Hersley, Sir Victor, F.R.S., 25. Cavendish Square, W.
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NATAL BRANCH.
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NATAL BRANCH.

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OXFORD AND READING BRANCH. Cheatle, Mr. Thomas Henry, Burford, Oxon.

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SOUTH WALES AND MONMOUTHSHIRE BRANCH.
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Deas, Dr. P. Manry, Exeter.
Fox, Dr. Edward Lawrence, 9, Osborne Place, Plymouth.

FOX, Dr. Edward Lawrence, v. OSBOTHE FIREE, I MIDDLE.

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Buist, Dr. R. Cochrane, 166, Nethergate, Dundee (See also Dundee and Perth SYDNEY AND NEW SOUTH WALES BRANCH.
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Calwell, Dr. Wm., 1, College Square North, Belfast

Calwell, Dr. Wm., 1, College Square North, Belfast

WESTERN AUSTRALIAN BRANCH.

WESTERN AUSTRALIAN BRANCH.

WESTERN AUSTRALIAN BRANCH.

BRANCH (UNITED).

Parkinson, Mr. C. H. W., Windborne Minster (see also Dorset and West Hants).

WORCESTERSHIRE BRANCH (UNITED).

Crowe, Dr. W., G. 43, Foregate Street, Worcester (See also Gloucestershire).

YORKSHIRE BRANGH.

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General Secretary, GUY ELLISTON, Esq.

## MEMORANDA

MEDICAL, SURGICAL, OBSTETRICAL, THERA-PEUTICAL, PATHOLOGICAL, ETC.

A SIMPLE METHOD FOR THE ADMINISTRATION OF ETHYL CHLORIDE.

SINCE the introduction of ethyl chloride as a general anaesthetic scarcely a month passes without the publication of some new and ingenious mechanism for its administration. It is with the object of showing how needless many of these inventions are that I describe the following simple device, from which the happiest results in the giving of ethyl chloride can be obtained.

The apparatus consists of Clover's ether inhaler, any ordinary pattern of which will answer the purpose. The inhaler is set up in the same manner as when ether is used, with the exception that the ebony plug is removed from the opening by which the ether chamber is filled. In place of this plug a short cork is substituted, through which a hole about a quarter of an inch in diameter has previously been bored. The hole in the cork should be made well to one side, so that there shall be a free way into the ether chamber, since in most Clovers a metal lip occupies the upper half of that opening. It is through this hole in the cork that the ethyl chloride is sprayed.

For the administration the pointer should be moved to the mark II, bringing the cork to the right-hand side, while the facepiece is held in the left hand, the bag also being to the left. When the patient has gained confidence by freely breathing into the bag, from 2 c.cm. to 3 c.cm. of ethyl chloride can be sprayed into the ether chamber through the hole in the cork, which hole should then be closed with the finger. If more ethyl chloride be required the operation may be repeated. The ethyl chloride tube should be one provided with a spring clip to close the nozzle, since much of the drug is wasted by using a tube of the ordinary screw-stoppered type. Should it be desirable to prolong the anaesthetic for some time, the Clover is complete and ready to be charged with ether, the perforated cork being removed and the ebony

plug fitted in its place. There are several points in which this Clover ethyl-chloride arrangement is superior to many of the inhalers made expressly for this anaesthetic. (1) The drug is given gradually, the patient taking several breaths before the air in the bag becomes thoroughly saturated with vapour. Consequently both coughing and holding the breath are avoided, and the anaesthetic is easily taken. (2) The ether container makes a perfect chamber for vaporizing the ethyl chloride, gines the most of which it is made as readily posts with since the metal of which it is made so readily parts with its heat. It is in this respect that some inhalers fail, the drug being sprayed upon lint, which, being a bad conductor, and containing practically no heat in itself, entails the freezing of the anaesthetic as soon as the first few drops have evaporated. Again, it is impossible for any liquid ethyl chloride to run down the facepiece, or to get into the bag and destroy the rubber of which it is made.

I have found this simple contrivance work in so satisfactory a manner that I hope this description may be the means of introducing ethyl-chloride anaesthesia to the notice of those who have not tried it hitherto.

E. HUGH KITCHIN, M.A., M.B., B.C.Cantab., etc., Surgeon to the Skipton and District Hospital.

#### A DRUG RASH.

In the British Medical Journal of April 25th, 1902, a case of drug rash is reported by Dr. Percy E. Adams. About that time I had been consulted by two patients who were suffering from a rash produced by taking "Doan's Backache Pills," but the symptoms were of a very slight and transient character.

This month (November 5th) I was sent to see a patient in bed who had taken two white-coated and four of the dark coated pills contained in a packet of the above-named pills. She was covered with a rash and swelling on face and rash

She was covered with a rash and swelling on face, and rash on legs and back, and on the next day the temperature went up to 100°, and she was feeling very ill, the rash resembling belladonna rash.

The eruption cleared up quickly on leaving off the pills. Leeds.

JOHN J. PICKLES, M.R.C.S., etc.

HAY-FORK IN THE ABDOMEN: RECOVERY. On March 20th I received a note from Dr. McKee to go and assist him and bring everything necessary to stitch up a assist nim and bring everything necessary to stitch up a wound in the abdomen of S. R., aged 68, caused by falling off a cart of corn on to a hay-fork, on which he was impaled. Dr. McKee had been called in while out visiting and had not a "bag" with him.

On arrival I found several coils of intestine protruding—covered with warm cloths—which had now been out about three hours. One prong of the fork had penetrated the abdomen, the other grazing the side above the ilias great but the

men, the other grazing the side above the iliac crest, but the fork had been pulled out before I sot there. The prong that had entered the abdomen was bent nearly to a right angle—it was thought by impact against the pelvis—and in pulling it out this bent piece first tore through the peritoneum and abdominal muscles, then ripped down between the latter and the skin for about  $1\frac{1}{2}$  in. before coming out, causing a wound about 4 in. in length into the abdominal cavity. The wound was clean, not much laceration, nor was there a great deal of haemorrhage. There were five punctured wounds in deal of naemorrhage. There were five punctured wounds in the coils of bowel that were protruding, which I stitched up as well as I could with catgut, trying to keep the peritoneal surfaces of the bowel together by inverting the edges of the wound, while all the time more coils kept coming out. Having finished this part, with considerable difficulty I got the intestines back through the two wounds. I then stitched the inperception wound with catgut and finally the skin the inner abdominal wound with catgut, and finally the skin wound also with catgut, Dr. McKee keeping the parts clean would also with catelly, Dr. likely excepting the parts clean as I went along with wool steeped in warm weak carbolic lotion. We put a good pad of dry boracic lint and absorbent wool over the would and bandaged it on firmly. We then gave him 20 minims of tr. opii to keep the bowels quiet, and gave instructions not to give the patient anything but sips of hot water or a little milk and water.

On March 24th we dressed the wound, which looked in excellent condition. The pad which came off showed very excellent condition. The pad which came off showed very little discharge, and there was no suppuration. The bowels were kept locked up till March 20th, when an injection was given, but without much result. The next day I gave him another, and he had a good motion. We now allowed him a little whisky and meat juice occasionally, but not much change otherwise in the diet, the bowels being still kept change otherwise in the diet, the bowels being still kept locked up with opium and opened every few days with an enema. The temperature never rose above 100° till the third week, when he got hypostatic congestion of the lungs, his temperature going up to 102.6°. He had then a very critical time, and we were afraid of the cough doing the wound some harm, although it seemed perfectly healed. However, under treatment this cleared up and he went on well, the pad and bandage keeping the abdomen quiet, and he was able to be removed home on April 18th. We got him a colotomy truss,

and he is now going about as usual.

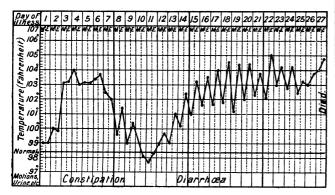
REMARKS.—The chief object in publishing this case is to encourage the younger members of our profession, especially those in country practice where, like myself, one has not much practice in surgery, and where it is hard, or often impossible, to get a specialist in time to do the work, and to be a specialist in time to do the work and the specialist in time to do the work and the specialist in time to do the work and the specialist in time to do the work and the specialist in time to do the work are the specialist in time to do the work and the specialist in time to do the work are the specialist in time to do the work are the specialist in time to do the work are the specialist in time to do the work are the specialist in time to do the work are the specialist in time to do the work are the specialist in time to do the work are the specialist in time to do the work are the specialist in time to do the work are the specialist in time to do the work are the specialist in time to do the work are the specialist in time to do the work are the spec show that even when a case seems desperate, as this one did to Dr. McKee and myself, it is not necessarily hopeless. Much of the credit of the recovery of this case is due to Dr. McKee, who kept the sensitive intestines warm and protected from the cold air when they were out so long; and also a great deal of credit is due to the farmer and his sister (at whose farm the accident happened), who without a murmur took him into their own house and nursed him unremittingly for four weeks night and day. Had chloroform been administered no doubt there would not have been so much straining and so much of the intestines would not have come down, and it would have been easier to get them back, but it might have caused more sickness afterwards. The patient had had something to eat just before the accident happened, and after our operation he vomited once, but had no return of it.

Randalstown.

C. V. H. NESBITT, M.D.

SCARLET FEVER: ENTERIC FEVER: DEATH Some months ago, on one of the Union Castle liners, I had under my care a case of illness in a steward, H. B., aged 21 years. A few days from the start of the attack I unhesitatingly pronounced it one of scarlatina in typical form—the headache, shivering, and vomiting of the abrupt onset, the sore throat and the rash, demanding only one diagnosis, which the course of the temperature, the tongue, and the subsequent desquamation amply confirmed. The temperature

reached normal on the tenth day, and I had hardly begun to congratulate myself that the worst was probably past, when it began to rise night upon night, showing a remission in the mornings; the constipation gave place gradually to diarrhoea, the motions becoming of the so-called pea-soup type; there was right iliac gurgling, but no stress was laid on this point in diagnosis; a roseolar eruption then appeared on the lower abdomen and thighs, but not in profusion; the tongue became cleaner, red, and fissured transversely; the spleen enlarged; the patient gradually sank into a typhoid state, with marked low muttering delirium, and died on the twenty-seventh day of the whole illness and seventeen days from the day the temperature had reached normal in the primary febrile attack. We had arrived at Table Bay on the sixteenth day of the illness, and I asked Dr. Thomas, of Capetown, the plague medical officer, to come on board and see the case. He agreed with me that it was a typical case of enteric fever, a fact which I proved later, for on the night of the patient's death I made a post-mortem examination, and, in the words of the notes I took at the time, "typical enteric ulcers were present in the lower ileum and caecum; the intestines generally were markedly congested; there was some pale brownish fluid in the abdominal cavity; the spleen and many mesenteric glands were large and soft."



L. I., a fellow-steward of H. B., was taken ill two days later than his friend, and survived a well-marked attack of scarlatina, continuing to desquamate till a week after H. B. died. They were both certain that they never had had scarlet fever in their childhood.

Now, two days after leaving Southampton a nurse travelling third class, who, previously to sailing had been nursing some cases of scarlatina, was seized with that disease in a severe form, and died on the sixth day of her illness. On the first hint of her condition she was at once isolated in the hospital aft on the poop-deck, and was nursed by her mother and a stewardess, both of whom were also completely isolated. The destruction of clothing, linen, etc., and disinfectants were all along used unstintedly, and the only other cases that occurred were those of the stewards above mentioned, who were not employed in the third class, where only the nurse—the first case—had been. In the circumstances, therefore, the mode of transmission of the infection was merely matter for conjecture.

As a point of interest in the case of H. B. may be mentioned the fact that cold sponging was used to prevent the temperature getting into hyperpyretic registers, despite the fact that he was desquamating freely, and it was only at the very last that the urine showed the presence of a small quantity of albumen.

The temperature curve is shown in the chart.
A. D. THOMPSON, M.B., B.Ch.,
Late Surgeon to the Union-Castle Royal Mail Line; Assistant
Medical Officer, Cheshire County Asylum.

THE AFTER-TREATMENT OF APPENDICITIS.

Any facts tending to elucidate the after-treatment of appendicitis seem to me worth recording, for professional opinion is far from being united as to the appropriate treatment of appendicitis after a first attack, moderately severe, has

occurred.

H. B., aged 9, was admitted into the Tunbridge Wells General Hospital after an illness of about ten days' duration. He was said to have had a very severe attack of appendicitis, and his condition on admission fully bore this out. His pulse was

quick and weak, temperature 103°, and there was a good deal of abdominal distension with sense of resistance and relative dullness over the region of the appendix.

The day after his admission his condition improved, the temperature fell to 99°, and the following day became normal. The distension gradually disappeared until there was nothing whatever abnormal to be felt in the abdomen except a small rounded hardness about the size of a large walnut about 1½ in. internal to the anterior superior iliac spine and a little below it. This lump was slightly tender. The general condition of the patient was now (thirteen days after admission very good, and it was decided to operate with the view of removing the appendix. On opening the abdomen in the usual position the lump was found to consist of the appendix apex surrounded by adherent intestines. The parietal peritoneum was not adherent to it. In separating the adhesions from the appendix first of all a body resembling a horse bean, followed closely by a grape stone, came up into the wound. These two bodies had sloughed through the appendix and were lying outside it surrounded by adhesions. The appendix was removed, a drainage tube and gauze inserted. The case did well.

E. P., aged 28, was admitted into the hospital about a fortnight after the onset of a severe attack of appendicitis. On admission his general condition was very fair, temperature 100°, slight abdominal distension and tenderness on pressure over McBurney's point.

He improved until there was no tenderness nor anything abnormal to be felt about his abdomen. Eleven days after admission laparotomy was performed forremoval of appendix. The latter was discovered lying behind the caecum in a cavity containing about two drachms of pus. The appendix had sloughed in half, and its distal end was lying loose in the cavity. The remaining portion of the appendix was removed, the abscess cavity was swabbed out with 1 in 20 carbolic lotion, and a drainage tube with gauze inserted, etc. No faecal concretion was discovered at the time of operation. The wound was some time healing, but five weeks after operation it was soundly healed, and the patient was able to go home one week later quite well.

R. A., aged 13, was taken ill during a voyage from Marseilles to London. On his arrival at his destination he was very ill with appendicitis. Some ten days after his arrival his medical attendant, Dr. H. A. Hall of Rotherfield, asked me to see him. He was then getting better; temperature 100°; abdominal distension, etc., beginning to subside. I advised removal of the appendix as soon as his general condition allowed—that is, when it became quiescent. This occurred about ten days afterwards. At this time the patient appeared quite well, except, of course, that he was weak. There was no tenderness, and nothing abnormal to be felt in his abdomen. Laparotomy disclosed a very similar state of affairs as in the second case. The appendix lay in a cavity behind the caecum, containing about one drachm or so of pus. Its distal end lay loose in the cavity. The treatment adopted was exactly similar to that in the second case. No faecal concretion was found at the time of operation, but some days afterwards, on removing the drainage tube, a concretion about the size of a horse bean was found sticking in its lower end. The patient was well in six weeks.

These cases seem to favour the removal of the appendix during the quiescent period, after a first moderately severe attack of appendicitis has subsided. It is difficult to suppose that the cases if left alone would not have had

Looking at the small mortality of the operation when a favourable time can be chosen for it, a mortality which should be almost nil, it would appear to be safer for the patient to submit to operation rather than chance a relapse of the disease, with the terrible uncertainty of its possible results. It should be mentioned that all the cases were first attacks of appendicitis.

J. B. FOOTNER, F.R.C.S. Senior Surgeon, Tunbridge Wells General Hospital.

Tunbridge Wells.

A CLIMATO-THERAPBUTIC CONGRESS.—On the initiative of Dr. Huchard of Paris, arrangements have been made for the holding of a Congress of Climato-therapy and Urban Hygiene at Nice from April 4th to 9th, 1904. Dr. Chantemesse will preside. The Vice-Presidents are Professors Renaut of Lyons, Grasset of Montpellier, Calmette of Lille, and Dr. Dalestre of Nice. All communications should be addressed to the General Secretary, M. Hérard de Besse, Beaulieu-sur-Mer.

The work of the Huntington Fund for Cancer Research has now found a local habitation in the Loomis Laboratory, New York. The directors are Dr. B. H. Buxton and Mr. S. P. Beebe, who will approach the subject from the chemical rather than the pathological or bacteriological side, and will study the cell products of malignant growths with the object of determining if they differ in any way from those of normal tissues.

Professor Marmorek paid a brief visit to England recently, and left some of his serum with Dr. Arthur Latham, who has selected certain cases at St. George's Hospital, and intends to investigate the claims of Professor Marmorek's method thoroughly. For this purpose he has obtained the co-operation of other medical men specially interested in the treatment and pathology of phthisis. The result of this interesting investigation will appear upon its completion in the British Medical Journal Judging from an account of a corresponding inquiry by Professor Dieulafoy, of which our Paris correspondent gave an account in his letter last week, it does not appear very probable that the verdict will be favourable to Professor Marmorek's claims.

# Scotland.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

A SPECIAL clinical meeting of the Society was held in the large theatre of the Royal Infirmary at 4.15 p.m. on December 16th, Professor John Chiene, C.B., President, in the chair. Patients were shown by Drs. F. D. Boyd, R. Mackenzie Johnston, G. A. Sibson, Logan Turner. Alexander Bruce, and by Messrs. Catheart, F. M. Caird, J. M. Cotterill, and Alexis Thomson. Card specimens were shown by Messrs. Caird and Alexis Thomson. Messrs. Cotterill and Catheart exhibited a number of specimens, etc., illustrated by various surgical conditions.

SMALL-POX IN SCOTLAND. The outbreak of small-pox in Scotland continues to spread. During the period from December 1st to the 15th inclusive, the following cases of small-pox were intimated to the Local Government Board: Ayrshire, 2 cases; Dumbartonshire, 1; City of Edinburgh, 1; Dalkeith, 1; Kincardineshire, 1; Lanarkshire, 6; Glasgow City, 68; Govan, 4; Hamilton, 1; Kinning Park Burgh, 1; Partick Burgh, 1; Rutherglen Burgh, 2; Peebles-shire, 6; Renfrewshire, 1; total, 96. Most of the cases in Glasgow have occurred in the eastern district. During last week there was an increase of 42 in the numbers under treatment in the Glasgow Fever Hospital, and on December 20th there were 130 cases in hospital. It will be a matter of surprise if during the next few weeks these numbers are not considerably augmented, for the Christmas and New Year holidays are bound to lead to crowding of the people to the many places of amusement and recreation provided for them, and so unsuspected cases may have ample opportunity of spreading the disease. The Industrial Exhibition recently opened in the east end of the city will no doubt be a special danger in this respect. The antivaccinators are trying to make capital out of the progress of the outbreak, notwithstanding the amount of vaccination that has been practised within the last few years. They have been refused access to the registers of the small-pox hospital by the Corporation, but have appealed to the Secretary for Scotland in the matter, and an interesting correspondence on the subject has been published in the newspapers. It is to be hoped that their methods of assertion and insinuation will have no effect in shaking anyone's faith in vaccination, especially in view of the dangers of the present epidemic.

# Ireland.

FURTHER BEQUESTS TO DUBLIN HOSPITALS.
THE late Mrs. Sarah Thom, who died in Dublin on September 20th last, bequeathed to the Royal Victoria Eye and Ear Hospital, the Stewart Institution for Imbecile Children, the Hospital for Incurables, the Adelaide Hospital, the National

Hospital for Consumption, and the Richmond, Whitworth, and Hardwicke (Combined) Hospitals, £1,000 each; to Sir P. Dun's Hospital £500, to the National Children's Hospital £250, and to the Orthopaedic Hospital £250. After certain pecuniary legacies the testatrix directs that all residue not disposed of by her said will shall be divided between the Royal Victoria Eye and Ear Hospital, the Stewart Institution, the Adelaide Hospital, the National Hospital for Consumption, and the Richmond, Whitworth, and Hardwicke Hospital in equal shares.

The Irish Poor-Law Commission in Belfast. The Irish Poor-Law Commission, which consists of Mr. W. L. Micks (Chairman), Mr. George Murnaghan, M.P., and Dr. E. Coey Bigger, held its first sitting in Belfast on December 16th. The main object of the Commission is to inquire and report whether any administrative or financial changes are necessary in order to secure a more economical system in Poor-law relief; as to the dissolution of Poor-law unions: the alterations of boundaries of areas; the provision of auxiliary lunatic asylums; the boarding-out of children; methods of dealing with casuals; erection of additional hospitals; the best methods of obtaining payment from patients.

best methods of obtaining payment from patients.

Amongst the conclusions and recommendations submitted on behalf of the Antrim County Council were the dissolution of the unions of Ballycastle and Antrim, and of that part of the Union of Belfast outside the county borough of Belfast. It was proposed that the Ballycastle Union be amalgamated with the Ballymoney Union. Ballycastle Workhouse had on an average only 26 inmates, though a regular staff had to be maintained; there was convenient train service between Ballymoney and Ballycastle, and the proposed amalgamation would tend to economy. Antrim Union and the portion of Belfast Union outside the borough would be amalgamated with Larne and Lisburn Unions.

Many other witnesses were examined, including representatives of the Ballycastle, Ballymoney, and Larne Board of Guardians, and there was a practically unanimous expression of opinion that economies ought to result from amalgamation; that some change ought to be carried out with regard to the treatment of tramps, and to the transference of lunatics to one asylum; also as to the boarding-out of children, to remove them from the pernicious influence of workhouse life. There was a general feeling favourable to small cottage hospitals

asylum; also as to the boarding-out of children, to remove them from the pernicious influence of workhouse life. There was a general feeling favourable to small cottage hospitals throughout the country.

On the second day of the sitting several medical men contributed valuable evidence. Dr. St. George (Surgeon to the County Antrim Infirmary, Lisburn) thought that the hospitals attached to workhouses should be dissociated from them, and made distinct hospitals. There should be some form of district hospital for infectious diseases, where respectable people might go. There was a great need for a sanatorium for consumptives. Lunatics should be placed in asylums, and an attempt made to teach imbeciles something. It would be a great advantage to have some land at institutions such as his own infirmary in order that those who could work might have an interest in life, and help to contribute towards their own support.

Dr. Elizabeth G. Bell (Belfast) gave evidence as to rescue

Dr. Elizabeth G. Bell (Belfast) gave evidence as to rescue work and the assistance given to certain cases in the Maternity Home in Belfast.

Dr. Wilson (Whitehouse) said that Boards of Guardians desired to get lunatics out of workhouses.

Dr. P. R. O'Connell (Belfast) expressed the opinion that Belfast was on an essentially different footing from country places; in the country the population was decreasing and amalgamation was advisable. He feared that technical education would increase emigration, as there was not sufficient work for those with technical education at home. He did not believe in maintaining two hospitals for small towns. He thought there should be a rate for essentials and public benevolence should do the rest. He was opposed to workhouses being used for sanatoria, as they were too near towns and unsuitable. Hospitals should be free from workhouse environment.

Dr. Mackenzie (Lisburn) thought the institution at Antrim should be converted into an auxiliary asylum; Ballycastle could be incorporated with Ballymoney, and Antrim with Lisburn, Larne, and Ballymena; Lisburn could also relieve Belfast of some of the congestion by taking some of the Ligoniel. Shankill, Springfield, and Falls districts, and in the County Down, some of the Ballynateigh and Newtonbreda districts.

Several lay members of various Boards also gave evidence.

## OBITUARY.

THEOPHILUS W. TREND, M.D.St. AND., M.R.C.P., Formerly Physician, Royal Hants Infirmary

In Dr. Theophilus William Trend, who died after a short illness on December 7th, Southampton loses one who, both as a citizen and as a member of the medical profession, played a very active and useful part in its life. Dr. Trend was a student of Westminster Hospital, and one of its resident medical officers, and his earliest qualification dated back to 1859, when he received the licence of the Society of Apothecaries. To this he added in the same year the Membership of the Royal College of Surgeons, and at later dates became M.R.C.P.Edin. and Ireland, as well as M.D. St. Andrews.

His connexion with Southampton began in 1860, when he became assistant to the late Mr. J. King Sampson, F.R.C.S., but it was not long before he gained an independent position for himself. From that time onwards he enjoyed the esteem and confidence of a very large circle of friends and patients. He was for many years one of the Physicians of the Royal Hampshire Infirmary, and he continued to take an active Hampshire Infirmary, and he continued to take an active interest in its affairs after he resigned that position. He was also at one time President of the Southern Branch of the British Medical Association. His interests and influence, however, were not confined to professional matters. All questions of public utility appealed to him, and, besides assisting nursing and various charitable institutions, he took a keen interest in educational matters, and especially in Hartley College and other endowed schools. In politics he was a pronounced Conservative, and he generally appeared on the platform at local elections. Earlier in his career he was Surgeon-Major of the Volunteer battalion of the Hampshire Regiment, and held his commission sufficiently long to re-Regiment, and held his commission sufficiently long to receive the Volunteer decoration for long service. About ten years ago he became a Justice of the Peace for the borough, and was a very constant attendant at the court which, upon the occasion of his death, suspended operations for a short time in order that the Bench and local Bar might unite in sending an expression of regret and sympathy to the surviving relatives of their late colleague.

LANGTON PHILIP MUMBY, M.B.Lond., D.P.H.CAMB.,
Major Royal Army Medical Corps.
WE regret to have to record the death of Major Langton Philip

ME regret to have to record the death of Major Langton rump Mumby, which occurred on December 1st at Gosport. Major Mumby received his medical education at Westminster Hospital, gaining at its medical school one of the principal scholarships. He obtained the qualifications of M.R.C.S., L.S.A. in 1883, and the degree of M.B.Lond. in the following year. Shortly afterwards he entered the Army Medical Department and was at first stationed in England. Later he went to the West Indies and on his return took the diploma in Public Health at Cambridge. On his next foreign tour he in Public Health at Cambridge. On his next foreign tour he went to India, where he was appointed to the Punjab command, and put in charge for some time of the cantonment hospital at Umballa.

Subsequently he took part in the fatiguing operations on the North-West Frontier known as the Tochi expedition, and in connexion therewith was mentioned in dispatches as well as awarded the medal. It was during this campaign that he first showed symptoms of the disease which finally proved fatal. In spite of ill-health, however, he stuck to his work, and it was not until its termination that he put himself on the sick list and returning home obtained a year's sick leave. During this period the symptoms of cystic tuberculosis increased, and in 1501 he was placed upon half-pay. Little by little the disease extended up to the right ureter to the kidney and he was never fit to serve again, and died somewhat suddenly from an intercurrent attack of laryngitis. Major Mumby has left a widow but no children.

Many old students of Westminster Hospital will learn with sorrow of the death of Mr. John Green, sometime Secretary of the Medical School, which took place at Yew Tree Cottage, Wrotham, Kent, on December 17th, from chronic spinal myelitis. He suffered long and patiently, and for the last few years was as happy as his sad lot allowed him to be under the skilful and incessant care of his kind friends, Mr. and Mrs. Hogben. All those who knew him well will remember him as a man of rare culture and wide sympathies, with an influence of remarkable power for good over those with whom he came in contact. He received several tributes of affection from friends and old students up to the time of his death. I ment, aged 71.

His grave is in Wrotham Churchyard, where it is proposed to place a stone in piam memoriam. Mr. Green had recently nearly finished a small book of considerable philological interest, which it is hoped may soon be issued to subscribers.

We regret to have to record the death, at the age of 73, of Deputy-Surgeon-General J. H. SYLVESTER, formerly of H.M. Indian Medical Service. He received his medical education at King's College Hospital, and joined the Indian Medical Service in 1854. He served both in the civil and military branches, and his career in both was distinguished. His military service included the Persian campaign, during which he was attached to the 14th Light Dragoons, and with the same regiment he served in the Deccan, Malwa, Nerbudda, and Control Indian Field Force during the Mutiny, Later on he Central Indian Field Force during the Mutiny. Later on he served with Beatson's Horse in Bundelkhand and Rajputana, and later he again accompanied the Euzofnai Field Force. For these services he was awarded the medal and clasp for Persia, Umbeylla, and Central India. His civil service was chiefly at Bombay, where he was one of the professors of the Grant Medical College and also a member of the staff of the Jamsetjee Jeejeebhoy Hospital. After his retirement and return to England he devoted himself to painting. He was a skilful artist, and the well-known picture of Lord Roberts which was published by Messrs. McLean was engraved from one of his works. A few years before his death his interest in medicine revived, and he became a constant attendant at the meetings of the West London Medico-Chirurgical Society, Until about eighteen months ago he led a very active existence, and was devoted to bicycling and fishing. He leaves a widow and a married daughter.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. F. Brun, agrégé of the Medical Faculty of the University of Paris, Surgeon to the Hôpital des Enfants-Malades, and author, in conjunction with M. Morax, of a treatise on ocular therapeutics, aged 49; Professor Proust of Paris, one of the foremost hygienists of the world, aged 69; Dr. J. McFadden Gaston of Atlanta, U.S.A., a leading surgeon of the United States, sometime President of the American Academy of Medicine, and a frequent contributor to current surgical literature, aged 79; Dr. G. J. Engelmann of Boston, a distinguished gynaecologist, aged 55; Dr. R. Secondi, Professor of Ophthalmology in the University of Rome and author of works on glaucoma, etc.; Dr. Gustav Reyher, for many years Lecturer on Medicine in the University of Dorpat, aged 72; Dr. Nikolai Tschermak, sometime Professor of Histology, Comparative Anatomy and Embryology in the University of Dorpat, aged 47; Dr. Robert Newman of New York, widely known as an advocate of electrolysis in the treatment of stricture of the urethra, and a frequent contributor to the medical journals, aged 73; Dr. Frederich Goll, Professor of Therapeutics in the University of Zürich, aged 75; Dr. Angelo Maffucci, Professor of Morbid Anatomy in the University of Editor Discours Design of the University of Editor Discours Design of the University of Editor Discours Design of the University of Un Angelo Manucci, Professor of Morbid Anatomy in the University of Pisa; Dr. Gennaro De Luca, formerly Editor of the Rivista Clinicae Terapeutica and libero docente of pathology in University of Naples; Dr. R. Pott, Professor of Children's Diseases in the University of Halle; Dr. Theodor von Schroeder, Director of the Ophthalmic Institute of St. Petersburg, aged 50; Dr. Achille Urbain, President of the Hainaut (Belgium) Ankylostomiasis Commission; Dr. Chachereau, Director of the Municipal Health Office, Nantes, aged 54. Dr. Cyrus Edson, sometime Health Commissioner aged 54; Dr. Cyrus Edson, sometime Health Oince, Nantesianer of New York City and Commissioner of Health Commissioner of New York, aged 46; Dr. William Shaw Stewart, one of the founders of the Philadelphia Medico-Chirurgical College, in which he was for a long time Professor of Obstetrics and Clinical Gynaecology and of which he was dean for ten years, and for the Chief Assistant in the aged 65; Dr. Georg Loewenbach, Chief Assistant in the Vienna Clinic of Syphilis and Skin Diseases, and author of numerous contributions to the literature of these subjects, aged 31; Dr. Antonio Augusto da Costa Simoes, for many years Professor of Histology and Experimental Physiology in the University of Coimbra, a member of the Portugese Chamber of Deputies of which he was more than once Chamber of Deputies of which he was more than once President, and a prominent sanitarian and expert in hospital administration, aged 84; Dr. Delotte, Professor of Internal Pathology at the Medical School of Limoges; Dr. P. A. Duflocq, physician to the Hôpital de la Charité, Paris, and author of Lecons sur les Bactèries Pathogènes, aged 47, and Professor A. Th. Almén, head of the Swedish Medical Department accedent.

LUNACY CERTIFICATES IN SCOTLAND.

M.B. writes that he attended a case of insanity lately for a week, and then reported it to the inspector of poor for certification. He got the parish medical officer for the district to examine and certify the case, and M.B. expected to give the second certificate. Instead of that, however, another of the parish medical officers (there are three) was asked to examine and certify. M.B. thinks this was unfair, and wishes to know if there is any legal requirement as to the parish doctors certifying such cases. He also asks whether he has any claim on the parish council for attendance on the case before certification.

\*\*\* The Lunacy Act requires that two medical men should great a

\*\* The Lunacy Act requires that two medical men should grant a certificate before the sheriff can order the removal of a patient to an asylum, unless an "emergency" certificate is granted, in which case the patient can be detained for a limited period on one certificate. Any qualified medical practitioner may grant these certificates, and the usual fee is a guinea for each certificate, but when the patient is sent in by the parish council one of the certificates is invariably granted by the parish medical officer, who sometimes has to do this without any fee and at other times there is a small allowance made for such certificates If there is no arrangement he of course charges the usual fee. If there are two parish medical officers in the district they are both employed, and this appears to have been done in M.B.'s case. We do not think M.B. has any claim on the parish council for attendance on the case before certification, because the patient did not become a pauper until the certificate was granted. He has, a claim against the person who employed him, and against the estate of the patient if he possesses any.

DEATH CERTIFICATES AND THE CAUSE OF DEATH.

CERTIFICATE.—If in serious doubt, the best course for the medical attendant to take in such cases as those mentioned is to seek a personal interview with the coroner and explain the circumstances. If the coroner is satisfied he can then give a certificate in the usual form, mentioning only the disease as the cause of death.

CERTIFICATES FOR FUNERAL SOCIETIES.

Rustic writes as follows: One of my patients, who was a member of a funeral society, died recently, and the relatives applied to me for a certificate to get the money from the society. Was I entitled to give a certificate in this case? The registrar says it is quite illegal for me to grant a certificate to any one for the purpose of obtaining money from any society whatsoever.

\*\*\* On the facts as stated we are advised that the contention of the registrar is untenable, and that our correspondent was not acting illegally in giving the certificate.

BONDS NOT TO PRACTISE WITHIN AN AREA

F.B.C.S. asks if it is customary in the usual bond not to practise within a certain distance, to insert a clause to prevent an assistant from acting in the same capacity, or as locum tenens for another practitioner within the prescribed area.

\*\*\* Such a clause, we believe, is inserted in many bonds, and this condition is necessary to safeguard the principal's interests; his practice might suffer as much harm by an assistant entering the service of a rival practitioner as by his going into practice on his ewn account,

VALUATION OF DRUGS.

INQUIRER.—Judging from the account given us of the clause in the articles of partnership, the incoming partner is required to pay half the value of the drugs then in stock. If at a subsequent date A. retires from the firm, he can claim to receive half the value of the drugs in stock at the time he retires. It is of course to be presumed that all drugs acquired during the partnership were paid for by the firm. If A. paid any of the firm's expenses out of his private pocket he is entitled to be repaid the amount.

ATTENDANCE ON SERVANTS BY CONTRACT.

A CORRESPONDENT writes that a wealthy gentleman, living about three miles distant from his residence wishes him to attend his domestic servants—about a dozen in number—for an annual fee. How much ought he to charge?

\*\*This is a matter about which our correspondent ought to be the better judge. If he is the medical attendant to the family, it might be wise on his part to charge a moderate fee, say a guinea per annum for

THE RISK OF PURCHASING DEATH VACANCIES.

M.D.—Our correspondent's misforture is much to be regretted. The purchase of a death vacancy is always a matter attended with great risk, and nowhere is it more necessary that the maxim "Caveat emptor" should be borne in mind by the would-be purchaser. If he is in a position to prove misrepresentation on the part of the vendors, he might successfully bring an action against them for rescission of the purchase, and damages, but before taking such steps, he would be wise to consult a good solicitor, who would be the best judge whether the evidence he could produce would be sufficient for this purpose.

ETHICS OF CONSULTATION.

W. J. H.—We cannot agree that it would be a breach of confidence to inform the guardians of the result of the consultation. The Board presumably stands in loso parentis to the child, and its request that such a serious operation as amputation should not be performed without a consultation at the hospital seems natural and right, and if there is to be a consultation it is only reasonable that the Board should be informed of the result. As to whether a fee should be paid for the consultation, it is not the rule to pay for such work done in a hospital, but we are aware that some cottage hospitals are not managed on precisely

the same lines as larger institutions, and that they are in part "pay hospitals." If the guardians are going to pay our correspondent for the operation he proposes to perform, they ought to pay his colleague a fee. We do not know the rule of the hospital or the powers of the committee, but it would be very unusual for the committee to interfere.

"ANTIPHLOGISTINE" CIRCULAR.

Dr. Colin Campbell (Southport) writes: I have just received from the United States a copy of a circular re antiphlogistine, accompanying which is a reprint of an article which I recently contributed to the Medical Press and Ctrcular. As this might be regarded as a sort of self-advertisement, I desire to say I much regret its appearance, which is entirely without my knowledge or permission. Certain capitals—implying a qualification which I do not possess, and an ancient appointment—have been added which did not appear in the original article.

IS MIDWIFERY MEDICAL OR SURGICAL?

Member.—We are unable to decide this knotty point, for although midwifery practitioners are Members and Fellows of the Royal College of Physicians, physicians as rule do not attend midwifery, and in many provincial hospitals the rule was, or still is, that they are debarred from this line of practice. As the parties in the present instance are in general practice, although holding office respectively as physician and surgeon to the hospital, and both are presumably in the habit of attending midwifery cases, no question of principle appears to arise, and we recommend that the case should be attended by the officer under whom it would fall in ordinary rotation.

REMUNERATION OF MONTHLY NURSE.

A CORRESPONDENT writes that a nurse was engaged to attend a lady in her confinement; shortly afterwards the patient miscarried, and owing to distance the nurse was not sent for. She was, however, immediately informed of what had happened, so that she had over four months to obtain another engagement. She only succeeded in getting employment for a portion of the time for which she had been engaged, and now claims that the lady should make up to her the difference, that is, she claims the whole fee minus a guinea she received for the above employment. employment.

\*\* The nurse's claim is in accordance with the law. If two parties contract together, the contract cannot be put aside by one without the consent of the other. If one of the parties breaks the contract the other can claim damages for the breach. In this case, as the nurse was indemnified to the extent of r guinea, she can only claim the difference

between that and the fee she had contracted to receive.

TERM OF MEDICAL PARTNERSHIP SUPER MARE.—Medical partnerships can be arranged either for a limited number of years or for life, according to the wish of the parties.

MEDICAL TESTIMONIALS.

HEALTH OFFICER.—The rule which has been approved by the Council of the Association is that medical testimonials should not be given for use in advertisements in the lay press or otherwise so as to be brought under the notice of the general public.

# UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

THE following candidates have passed the Second Examination for the degree of Bachelor of Medicine in the subjects undernoted:

Pathology.—G. B. D. Adams, B.A., Christ Church; C. H. Barber, B.A., non-collegiate; H. A. Barnes, B.A., Keble College; G. E. Barry, B.A., Trinity College; F. L. Golla, B.A., Magdalen College; A. F. Hertz, B.A., Magdalen College; F. L. Golla, B.A., Magdalen College; P. A. Mansfield, B.A., Keble College; E. M. Smith, B.A., Queen's College

Medicine, Surgery, Midwifery, Forensic Medicine, and Public Health.—G. B. D. Adams, B.A., Christ Church; C. H. Barber, B.A., non-Collegiate; E. F. Beaumont, B.A., Wadham College; W. E. Blackall, B.A., non-Collegiate; A. G. Gibson, B.A., Christ Church; F. L. Golla, B.A., Magdalen College; C. M. H. Howell, B.A., Trinity College; F. P. Nuuneley, B.A., Brasenose College; P. N. B. Odgers, B.A., Lincoln College; D. R. Pike, B.A., Jesus College; E. H. White, B.A., University College.

The following candidates have passed the First Examination for the degree of Bachelor of Medicine in the subjects undernoted:

Organic Chemistry.—J. F. Aldridge, Magdalen College; C. N. Binney, Corpus Christi College; R. F. Bridges, University College; H. G. Butterfield, Wadham College; R. Evans, M.A., Jesus College; P. H. C. Fowell, St. John's College; G. H. Hunt, Christ Church; J. F. Penson, non-collegiate; E. A. Ramsden, New College; O. L. V. Simpkinson, Corpus Christi College; H. G. F. Spurrell, B.A., Merton College; B. A. W. Stone, B.A. Brasenose College.

Materia Medica and Pharmacy.—O. A. R. Berkeley-Hill, B.A., Trinity College; G. S. Strahan, Keble College; W. W. Wells, Merton College; C. F. Luhn, Christ Church, A. S. MacNalty, Non-collegiate; H. A. Philpot, B.A., New College; C. J. Pinching, B.A., St. John's College; A. G. J. Thompson, B.A., Queen's College.

UNIVERSITY OF CAMBRIDGE.

The following candidates have passed the Third Examination for Medical and Surgical Degrees, as undernoted:

Part I. Pharmacology and General Pathology.—E. D. Anderson, B.A.,
Pemb.; F. O. Arnold., Trin.; L. J. Austin, B.A., Sid. Suss.; I. G.
Back, B.A., Trin. H.; G. F. S. Bailey, B.A., Cai.; A. L. Baly, B.A.,
Emm.; A. E. Barclay, M.A., Christ's; S. Barradell-Smith, B.A.,
Joh.; J. R. Beale, B.A., Cla.; J. H. Board, B.A., Pemb.; J. R.

Briscoe, B.A., H. Selw.; F. M. Bulley, M.A., Emm.; A. S. Burgess, B.A., Cai.; C. Cassidy, B.A., Sid. Suss.; A. de C. C. Charles, B.A., Magd.; H. J. Clarke, B.A., Trin.; C. St. A. Coles, B.A., Trin.; G. H. Colt, B.A., Sid. Suss.; G. L. Cox, B.A., Christ's; A. P. Day, B.A., Christ's; T. R. Elliott, M.A., Trin.; J. N. F. Fergusson, B.A., Joh., H. R. Fisher, B.A., Emm.; R. E. French, B.A., King's; N. H. Gandhi, B.A., Cai.; M. F. Grant, B.A., Trin.; H. T. Gray, B.A., Trin.; C. R. F. Hall, B.A., Trin.; R. F. V. Hodge, B.A., Emm.; H. D. Hoffman, B.A., Trin.; V. C. Honeybourne, B.A., Joh.; W. R. Honeyburne, B.A., Joh.; W. L. Honeyburne, B.A., Pet.; C. W. Hutt, B.A., Trin.; J. H. Iles, B.A., Cai.; F. A. G. Jeans, M.A., Joh.; P. P. Laidlaw, B.A., Joh.; J. W. Linnell, B.A., Joh.; W. Lowe, B.A., Cai.; A. H. Miller, B.A., Trin.; W. P. Morgan, M.A., Cla.; H. E. H. Oakeley, B.A., Joh.; F. W. M. Palmer, B.A., Joh.; S.; W. E. Paramore, B.A. Joh.; J. E. Pellow, B.A., Joh.; M. C. M. Pitkin, B.A., non coll.; C. W. Ponder, B.A., Emm.; D. W. Roy, B.A., Sid. Suss.; C. T. Scott, M.A., Sid. Suss.; K. S. Singh, B.A., Pemb.; P. H. Smith, B.A., Pemb.; E. C. Sparrow, B.A., Trin.; C. Btanley-Clarke, B.A., Cai.; C. M. Stevenson, Joh.; B. H. Stewart, B.A., Jes.; R. Wade, B.A., Christ's; G. H. H. Waylen, B.A., King's; G. L. Webb, B.A., Cai.; J. K. Willis, B.A., Queens'; H. L. Wilson, B.A., H. Selw.; N. Wilson, B.A., Pemb.; A. F. R. Wollaston, B.A., King's; V. J. Woolley, M.A., King's; F. Worthington, B.A., Joh.; E. A. Wright, B.A., H. Selw.; A. Wylie, B.A., Pemb.; S. L. O. Young, M.A., Christ's.

Part 11. Surgery, Midwifery, and Medicine.—E. Bigg, M.A., Cai.; H. S. D. Browne, B.A., Trin.; C. Burrows, B.A., Emm.; N. C. Carver, B.A., King's; H. H. Clarke, M.A., Trin.; J. S. Cooper, M.A., Jes.; G. E. Davidson, B.A., Cai.; G. B. Davis, M.A., Corp. Chr.; S. Dodd, B.A., Cai.; J. H. Donnell, B.A., Cai.; T. L. Drapes, B.A., Gai.; G. B. Davison, B.A., Trin.; P. A. Lloyd-Jones, B.A., Joh.; E. Higgon, B.A., Cai.; H. J. Robinson, B.A., Trin.; P. A. Lloyd-

Wylie, B.A., Pemb.; S. L. O. Young, M.A., Christ's.

The following candidates have passed the First Examination for Medical and Surgical Degrees as undernoted:

Part I. Chemistry and Physics.—A. Abrahams, Emm.; F. S. Adams, Christ's; J. W. Adams, Cai.; G. C. Alderson, Cai.; B. W. G. Angus, Christ's; R. R. Armstrong, Trin.; H. A. Ash, Pemb.; H. L. Attwater, Pemb.; M. W. Baker, Joh.; E. Billing, Cai.; C. J. Blaikie, Cai.; C. L. Boulenger, King's; A. E. A. Carver, Cai.; F. G. Cawston, Cai.; A. J. Clark, King's; H. M. McC. Coombs, Emm.; F. C. Davies, Down.; J. R. Dick, Down.; H. G. Earle, Down.; L. A. Exham, H. Selw.; R. Fisher, Sid. Suss.; J. T. Fox, Sid. Suss.; G. Gamlin, Pemb.; W. Gillison, Pet.; R. H. P. Hick, Christ's.; R. F. Higgin, Cai.; W. C. Hodges, Trin. H.; A. N. Hodges, Queens'; C. C. Holman, Cai.; J. S. Jobson, Sid. Suss.; M. Lea, Cai.; R. J. B. Leney, Cai.; R. L. Ley, Pemb.; J. C. Marklove, Cai.; J. L. H. Mogg. B.A., Trin.; H. G. Monteith, Pemb.; V. H. Mottram, Trin.; H. M. D. Niboll, Cai.; L. B. Perry, Queens'; C. Raymond, Cai.; J. E. M. D. Niboll, Cai.; L. B. Perry, Queens'; C. Raymond, Cai.; H. G. Rice, Joh.; I. Singh, Pemb.; A. L. H. Smith, Cai.; F. R. Thornton, Trin.; H. A. Treadgold, Down.; L. B. C. Trotter, Cla.; R. J. Vernon, Cai.; J. N. Wheeler, Christ's; E. T. Willans, Emm.

Part II. Elementary Biology.—A. Abrahams, Emm.; R. R. Armstrong, Trin.; C. J. Blaikie, Cai.; C. L. Boulenger, King's; R. N. Chopra, Down.; A. J. Clark, King's; F. C. Davies, Down.; W. Denston, Christ's; J. R. Dick, Down.; E. A. Dyson, Jes.; H. G. Earls, Down.; J. T. Fox, Sid. Suss.; H. A. Hett, Trin.; W. C. Hodges, Trin. H.; C. C. Holman, Cai.; L. R. King, Pemb.; M. Lea, Cai.; E. W. Nelson, Christ's; H. F. Percival, Trin.; L. B. Perry, Queens'; A. J. Rae, B.A., Cai.; A. C. Rayner, Cai.; H. G. Rice, Joh.; L. M. Routh, Cai.; H. W. Scott, Cla.; R. B. Taylor, Cla.; F. R. Thornton, Trin.; H. A. Treadgold, Down.; R. M. Vick, Jss.; E. P. W. Wedd, Cai.

UNIVERSITY OF EDINBURGH.

UNIVERSITY COURT.

AT a meeting of the University Court on December 14th the Senatus reported that they had re-elected Professor Crum Brown as one of their Assessors in the University Court.

Physics.—The Court approved of the recommendation of the Senatus that the classes of advanced practical physics and senior practical physics should qualify as half courses for graduation (second stage of the Final B.Sc. Examination in Pure Science.)

Applied Anatomy.—On the recommendation of the Senatus the Court resolved to institute a Lectureship in Applied Anatomy for senior students, and appointed Mr. Harold J. Stiles, M.B., F.R.C.S.E., as Lecturer. The class fee for the course (which is purely optional) was fixed at one guines.

one guinea.

Examiners.—Additional Examiners for higher degrees in Science were appointed as follows: Degree of D.Sc., Sir T. Lauder Brunton, London; Professor James Walker, Dundee; and Dr. J. B. Readman, Edinburgh.

Lecturers and Assistants.—The Court's Draft Regulations as to the performance of the duties of University Lecturers and Assistants during their temporary absence or disability were submitted, adjusted, and approved. The class returns for 1902-3 were submitted, and sent to a Committee for consideration and report.

TRINITY COLLEGE, DUBLIN.

THE following have passed the Final Examination in Medicine:

F. F. C. Willington, C. E. Moore, H. R. Nelson, R. C. Hallowes, T. C. A. Sweetman, T. J. Crean, H. Stone, C. J. Wyatt, \*W. Mitchell, \*H. M. Crawford, \*A. A. M'Neight, \*W. Thunder, \*H. Stewart, \*W. J. M'Iver, \*R. S. Symth, \*E. G. Scroope, \*T. Wilson, \*J. Chambré.

\* Section B.

SOCIETY OF APOTHECARIES OF LONDON.
Pass List, December, 1903.—The following candidates passed in:
Surgery.—A. A. Angelis (Sections I and II), Athens; E. M. Cox, C. P.

and S, New York; G. C. M. Davies (Sections I and II), Oxford and Charing Cross Hospital; A. H. Falkner (Section II), Cambridge and St. Mary's Hospital; H. J. Gater (Sections I and II), Guy's Hospital; A. C. George (Section I), Manchester; R. H. Rigby (Section I), Leeds; F. Robinson (Sections I and II), Manchester; A. Rogers (Section I), Cardiff and St. Mary's Hospital; D. A. Stepney (Section II), Royal Free Hospital; J. W. Watson (Section I), Manchester chester

tion II), Royal Free Hospital; J. W. Watson (Section I), Manchester.

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Hospital.

Midmitery.—A. Bernfeld, Royal Free Hospital; A. E. Bird, Manchester; E. M. Cox, C. P. and S., New York; W. S. Gibson, Manchester and Middlesex Hospital; J. C. Johnson, Middlesex Hospital; R. H. Rigby, Leeds; L. C. A. Savatard, Manchester.

The diploma of the Society was granted to A. E. Bird, W. H. Bush, E. M. Cox, G. C. M. Davies, A. H. Falkner, H. J. Gater, G. R. Hannon, W. Lovell, S. Northwood, F. Robinson, S. H. Ryan, L. C. A. Salvatard, and D. A. Stepney.

## PUBLIC HEALTH

## POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, \$,207 births and 5,553 deaths were registered during the week ending Saturday, December 12th. The annual rate of mortality in these towns, which had been 17.4, 17.6, and 18.6 per 1,000 in the three preceding weeks, further rose to 10.2 per 1,000. The rates in the several towns ranged from 6.3 in Grimsby, 8.8 in Leyton, 10.6 in Hornsey, 10.8 in Walthamstow, 13.1 in Kings Norton, 13.3 in Barrow-in-Furness, 13.4 in South Shields, 13.8 in Tottenham, and 14.0 in Stockton-on-Tees, to 25.2 in Oldham, 25.4 in York, 25.7 in Reading, 26.2 in Burnley, 26.5 in Plymouth, 29.6 in Middlesbrough, 30.2 in Wigan, and 32.0 in Merthyr Tydfil. In London the rate of mortality was 18.9 per 1,000, while it averaged 19.4 per 1,000 is the seventy-five other large towns. The death-rate from the principal infectious diseases averaged 1.5 per 1,000 in the seventy-fix large towns; in London this death-rate was equal to 1.2 per 1,000 while in the seventy-five large provincial towns the rates ranged upwards to 3.7 in Bury, 3.9 in Warrington, 4.0 in Great Yarmouth, 4.1 in Preston, 4.5 in Bury, 5.5 in Rotherham, 5.9 in York and 6.2 in Willesden, Measles caused a death-rate of 3.0 in Great Yarmouth, 3.6 in Bury, 3.9 in Warrington, 4.1 in Preston, 4.6 in Rotherham and in York, and 5.7 in Willesden; diphtheria of 1.4 in Coventry and 1.5 in Merthyr Tydfil; whooping cough of 1.1 in Wolverhampton and in Leeds, 1.2 in Brighton and in Rochdale, 1.3 in Aston Manor, 1.5 in Newport (Mon.) 1.6 in Burnley and in Swansea and 1.7 in Bootle; and diarrhoea of 1.9 in Burnley. The mortality from scarlet fever and from "fever" showed no marked excess in any of the large towns. Two fatal cases of small-pox were registered last week in Gateshead, and 11 Binningham, but not one in any other of the large towns. Two fatal cases of small-pox were registered last week in Gateshead, and 11 Binningham, but not one in any other of the large towns. Two fatal cases of small-pox were regis

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, December 12th, 034 births and 735 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 17.4. 18.7, and 20.0 per 1,000 in the three preceding weeks, further increased to 22.4 per 1,000, and was 3.2 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 16.4 in Edinburgh and 17.0 in Paisley, to 25.8 in Glasgow, and 29.3 in Greenock. The death-rate from the principal infectious diseases in these towns averaged 2.2 per 1,000, the highest rates being recorded in Glasgow, Greenock, and Perth. The 391 deaths registered in Glasgow included 34 which were referred to measles, 9 to diarrhoea, 5 to scarlet fever, 5 to whooping-cough, 2 to diphtheria, 2 to "fever," and 1 to small-pox. Two fatal cases of whooping-cough, and 2 of diarrhoea were recorded in Edinburgh; 2 of diarrhoea in Dundee; 3 of whooping-cough in Aberdeen; 2 of whooping-cough in Paisley; and 2 of 'fever" in Greenock.

HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, December 12th, 502 births and 383 deaths were registered in six of the principal Irish towns against 493 births and 438 deaths in the preceding period. The mean annual death-rate of these towns, which had been 17.6, 15.3, and 24.3 per 1.000 in the three preceding veeks, fell to 19.9 in the week under notice, this figure being only 0.7 above the mean annual rate in the seventy-six English towns during the corresponding period—instead of 5.7 as during the preceding week. The death-rates ranged in these six Irish towns from 10.1 in Londonderry to 25.6 per 1,000 in Dublin. The death-rates from the principal zymotuc

diseases in the same towns averaged during the week 1.7 per 1.000, or approximately the same as during the preceding period. The nighest point -1.9—was reached in Waterford, while Limerick and Londonderry registered no deaths from zymotic disease at all. In Dublin measles and enteric fever each caused 1 death, diarrhoeal diseases 2, and whooping-cough 7, but no deaths were recorded from any other disease on the zymotic list. In Belfast 1 death occurred from diphtheria, 1 from scarlet fever, and 8 from whooping-cough.

THE ART OF ADULTERATION.

We have received from Mr. A. W. Stokes, F.I.C., the Public Analyst of Paddington, his usual quarterly report, which contains an interesting note on the "changes which have taken place in the art of adulteration" during the last twenty-five years. Bread is now, as is well known, no longer adulterated with alum, which appears to have gone out of fashion owing to its making bread indigestible, and to the better milling of flour. Mr. Stokes considers that there has been improvement in butter owing to the manufacture of margarine, which, however, opened the way to adulterations, one of the most common during recent years being "watered" butter. Though there is a standard fixing 16 per cent. as the legal limit for water in butter, yet any amount may be added legally if only some approximate declaration is made. Milk is still the most adulterated article, but Mr. Stokes considers that the bad samples are but few in comparison with the mass retailed. On the other hand, it should not be forgotten that the samples examined are but few compared with the amount sold. Groceries, on the whole, appear to be fairly free from adulteration, though coffee, which heads the list, is still mixed with chicory. Mustard, pepper, cocoa, sweets, sugar, etc., are also less adulterated than formerly. Spirits are weaker, and beer in London is said to be consistently free from injurious ingredients.

BUILDING BY-LAWS.

THE Building By-laws Reform Association, which was instituted about a year ago, has now appointed a committee to consider and report on the amendments needed in the existing building by-laws. The object of the Association would appear to be to obtain relief from "the more oppressive" of the by-laws now in force in rural districts, and to bring about such changes as will lead to future by-laws dealing only with matters of principle.

FEE FOR CERTIFICATION OF LUNATIC.

STEMA states that he was called to a patient of unsound mind with a suicidal tendency. He informed the relieving officer, and asked the latter for a lunacy form on which to certify the case. The relieving officer did not provide this, but said the case was one for the police. "Sigma" subsequently, by the aid of the police, obtained a form of certificate and filled it up. The patient was then taken to a magistrate and another practitioner consulted and paid. The relieving officer refused to pay our correspondent any fee, and he now asks whether he can claim one, and, if so, from whom.

\*\* We are sorry to say that "Sigma" cannot claim any fee as he certi-

\*\* We are sorry to say that "Sigma" cannot claim any fee as he certified the lunacy of the patient in question without being requested by anyone to do so. After having informed the relieving officer of the condition of the patient he should have waited for further instructions before formally certifying the case.

APPOINTMENT OF DISTRICT MEDICAL OFFICERS.

X. Y. Z. writes to ask whether, in the case of an election of a district medical officer, if one candidate resides in the district and one out of it, the one residing in the district has any prior claim for the vacancy.

\*\*\* The resident in the district would appear to have a prior claim,

as in the event of the guardians selecting the non-resident candidate the Local Government Board would request them to give their reasons for not appointing the resident and would not confirm the appointment of the non-resident till satisfactory reasons for discarding the resident had been given.

## MEDICAL NEWS.

Hrs Majesty the King has been graciously pleased to permit Dr. James Donelan to accept and wear the insignia of the Order of Chevalier of the Crown of Italy lately conferred on him by the King of Italy in recognition of his services as Physician to the Italian Hospital.

At the Congress of the Royal Institute of Public Health to be held at Folkestone, July 22nd to July 27th next year, there will be a Section for Child Study and School Hygiene. Dr. George Carpenter has been appointed London secretary, and Dr. Percy Lewis local secretary.

FRENCH OBSTETRICAL CONGRESS.—The fourth session of the French National Periodical Congress of Gynaecology, Obstetrics, and Paediatrics will be held at Rouen, April 5th to 10th, 1904, under the Presidency of Dr. Richelot of Paris.

The section of gynaecology will be presided over by Dr. Richelot, that of obstetrics by Dr. Guillemet of Nantes, and that of paediatrics by Professor Kirmisson, of Paris

THE LIGHT TREATMENT AT PHILADELPHIA.—The appropriation of £5,000 recently awarded by the Pennsylvania Legislature to the University of Pennsylvania is to be used for the erection of a laboratory where patients may be treated with the Finsen and x rays. Dr. Henry K. Pancoast, Assistant Instructor in Clinical Surgery and Assistant Demonstrator of Surgery at the University, will conduct an extensive series of

experiments, which will be begun as soon as the laboratory is completed. This will be the first extensive use of the Finsen rays in Philadelphia.

A REUTER'S telegram states that Sir William Gowers, F.R.S. has been elected an honorary member of the Vienna Internal Medical Society.

THE Prussian Cultus-Minister has issued an order that a strict investigation is to be made of the sanitary condition of all the higher schools of Prussia.

THE Royal Hospital for Diseases of the Chest, City Road, is making a special appeal for £50,000 to provide a suitable home for the nurses, and a country sanatorium for the openair treatment of consumption.

#### 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.
BEIGHTON: SUSSEX COUNTY HOSPITAL,—Third House Surgeon; resident. Salary.

260 per annum.
CITY OF LONDON LYING-IN HOSPITAL, Third House surgeon; resident. Salary, 200 per annum.
CITY OF LONDON LYING-IN HOSPITAL, City Road, E.C.—(1) District Surgeon. (2) Surgeon Acoucheur. Salary, 200 per annum and fees.

HASTINGS, ST. LEONARDS, AND EAST SUSSEX HOSPITAL.—House-Surgeon, resident. Salary, 275 per annum.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST. Brompton.—
Resident House-Physicians. Honorarium, 225 for six months.

LANARK COUNTY.—Resident Physician for the Mildle Ward. Isolation Hospital.
Salary commencing 2140 per annum.

LEEDS: YORKSHIRE [COLLEGE.—Junior Demonstrator of Pathology. Salary, 2120 per annum.

per annum.
LIVBEPOOL STANLEY HOSPITAL.—Honorary Physician.
LONDON THEOAT HOSPITAL, Great Portland Street, W.—House Surgeon, norresident, Honoraryum at the rate of £50 per annum.
MANCHESTER SOUTHEEN HOSPITAL FOR WOMEN AND CHILDREN.—(1) Two
Honorary Assistant Medical Officers. (2) Ansekhetist. Honorailum, £30 per

annum.

NOETH-EASTREN HOSPITAL FOR WOMEN. Hackney Road. E.— (1) Surgeon.

(2) Medical Officer in charge of Electrical Department; salary, £50 per annum.

(3) Pathologist and Bacteriologist; salary, £50 per annum.

PLYMOUTH: SOUTH DEVON AND BAST COENWALL HOSPITAL.—House Surgeon, resident. Salary, £40 per annum.

POPLAE HOSPITAL FOR ACCIDENTS, E.—Assistant [House-Surgeon; resident. Salary at the rate of £50 per annum.

SAMARITAN FREE HOSPITAL FOR WOMEN, Marylebone Road, N.W.—Clinical Assistants.

SEAMEN'S HOSPITAL SOCIETY, Greenwich, S.E.—Junior Resident Medical Officer. Salary, & per annum.
WEST BROWNICH DISTRICT HOSPITAL.—Resident Junior House-Surgeon. Salary,

WEST LONDON LOSPITAL, Hammersmith Road, W.-Pathologist. Salary, £200 per

#### MEDICAL APPOINTMENTS.

PDWAED, J. R., W.B., Ch.B., House-Physician to the Nottingham General Hospital, vice J. W. Scott, resigned.

wice J. W. Scott, resigned.

FAGGE, C. H., F. R.C.S. M.S. Lond., Surgeon in charge of In-patients to the Evelina Hospital for Solc Unidren, Southwark wice F. C. Abbott, M.S., F. R.C.S., resigned, HALL, W. S., M. B., Ch. B. Aberd., District Medical Officer of the Bradferd Union.

HASLEWOOD, C., M.B., C.M.Aberd., District Medical Officer of the Clitherce Union.

HAWKES, Ernest E. U., L.S.A., Senior Resident Medical Officer at the Nottingham Union.

Workhouse.

Workhouse.

HOUGHTON, N. N. A., M.B.Lond., [Assistant House-Physician to the Nottingham. General Hospital.

KRIYHACK, T. N., M.D., M.B.C.P., Physician to the Mount Vernon Hospital for Consumption and Diseases of the Chest.

LUMNDEN, Thomas, M.D., reappointed Registrar to Out-Patients, Central London Threat Hospital.

PRICE Trederick W., M.B. Edin., M.B.C.P.Lond., Assistant Physician to the Mount-Varnon Hospital for Consumption and Diseases of the Chest.

BICHARDS, W. Hunter, M.B., M.S., F.B.C.S., Honorary Gynaccologist to the Phymouth.

Public Dispensary.

Public Dispensary.

VERLEY, B. C., M. B., Ch. B. Edin., Honorary Surgeon to the Swausea Hospital.

WEBER, P. Parkes, M.D., F.R.C.P., Physician to the Mount Vernon Hospital for Consumption and Diseases of the Chest.

KING'S COLLEGE HOSPITAL.—The following resident appointments have been made second House-Physician.—R. H. Lee, M. B.C.S., L.R.C.P., Tunior House-Physician.—W. B. Clerk, M.B.C.S., L.B.C.P.

HOUSE-Accounter.—W. C. Smales M. B.C.S., L.B.C.P.

Assistant House-Accounter.—Cyril Chestle, M.B.C.S., L.R.C.P.

House-Surgeons.—J. A. Drake, M.B.Lond.; E. U. Williams, M.B.C.S., L.R.C.P.

N. B. Dunkerton, M. B.C.S., L.B.C.P.

#### BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 88. 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.

BIRTHN.

BATEMAN.—On December 17th, at Heath End, Blackheath, S.E., the wife of F. J. Harvey Bateman, M.A., M.B., C.M., of a son.

MILTON.—December 11th, at Higher Lutton, South Brent, Devon, the wife of J. Penn Mitton, M.R.O.S. Shg., L.E. C.P. Lond., Medical Superintendent of the Devon and Cornwall Sanatorium, Didworthy, South Brent, of a daughter.

PRIDMOBE.—On December 17th, at Villa d'Este, Ryde, 1sle of Wight, the wife of John Walter Pridmore, M.E.O.S. Eng., L.R.O.P. Lond., of a daughter.

VENDAM.—On December 17th. at 73. Canfield Gardens, Hampstead, N.W., the wife of J. L. Veendam, M.D., late of the British Guiana Medical Service, of a son.

### MARRIAGE.

KNAPP-FLETCHER.—On November 14th, at St. Thomas's Cathedral, Bombay, by the Rev. Canon Hill, Herbert H. G. Knapp, M.A., M.D., B.Oh Oxon, Indian Medical Service, to Dors, drughter of the Rev. J. P. A. Fletcher, M.A., Rector of Burbage.

THE

# British Medical Journal.

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

# **EPITOME**

OF

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MCMIII.

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