

thoroughly acquainted with, every article of equipment. On the contrary, it is the duty of those in authority to see that every officer and man has daily opportunity of learning his work and of being made familiar with every article of the equipment he may some day have to use to save the lives of officers and soldiers, wounded while fighting their country's battles.

Only in one passage of the lecture is there any but entirely favourable criticism. After speaking of the way in which houses and buildings in captured towns and villages were converted into hospitals, the lecturer says:

Notwithstanding their habits of personal cleanliness, their fondness for baths, and the spotless absence of dirt or dust that characterizes their houses in their own country, in the field the surroundings of hospitals were far from what they should have been in this respect.

The wards, operating and dressing rooms, and their furniture were perfectly clean, the instruments and materials aseptic, the aprons of the medical officers and attendants spotlessly white, yet in some cases the immediate surroundings, even the door steps by which the patients were brought into the operating room, were in the most insanitary condition. Here was the one great failure; yet even this, when later cholera appeared among the troops, was attacked most vigorously, and with a display of well directed energy so characteristic of the Japanese officials when the necessity for it is once recognized. Towns in temporary occupation, which were in such an insanitary condition as could only exist, I hope, in China, and were such as to ensure the prevalence of any and every disease due to dirt, were cleansed, drained, and put under such regulations as prevented the appearance of a single case of cholera, or other disease arising from want of proper sanitation. Speaking of cholera, it was not anticipated; certainly for months nothing was done to prevent its advent; even at places like Taliénwan, which was the base in the occupied country of the armies in the Liao-tung peninsula through which all reinforcements passed to the army and all invalids were sent back to Japan. But when the disease did appear it was met in force, and a regularly organized establishment started, not only for the treatment of cases, but for the prevention and study of the disease. Many of us have seen how short-handed we have had to meet epidemics of cholera in India, where two or three (one or two I can say from personal experience) medical officers have been left to deal with an epidemic in which twenty to thirty men have died in seven or eight hours. That is not how things were done by the Japanese. When the disease appeared they put forth their strength to combat it at Taliénwan. For dealing with cholera alone there was a regular department established, consisting of an administrative office with clerks for records and special reports, and statistics; an officer and staff of gendarmes for inspection and quarantine control; of bearers for carrying those attacked; medical officers for the examination of all suspicious cases, and for establishing quarantine lines and carrying out quarantine regulations on board ship as well as on shore; and besides all these, a bacteriological section for the special study of the disease and the accurate diagnosis of doubtful cases, presided over by an expert, a pupil of Professor Koch. And this all in time of war, in the enemy's country, and after all but the last divisions of the Japanese army had been mobilized and were in the field. One could not help wondering at what seemed to be the inexhaustible resources of the country, and admiring the spirit and quiet determination of its officers.

Sir William picked out a natural capacity for thoroughness as the keynote of Japanese character, and appeared to think that this, coupled with the fact that every Japanese child was brought by his mother to believe that the highest ambition he could attain was that of laying down his life for his country, fully accounted for all he himself had witnessed. It is obvious that whatever surprises the present war may have had for others, it can have had none for Sir William Taylor.

MEDICAL NEWS.

THE Italian Congress on Children's Diseases will hold its fifth meeting at Rome in October.

THE Paris Academy of Sciences has awarded the Le Compte Prize, of the value of £2,000, to M. Blondlot for his researches on the so-called *n* rays.

AMERICAN ELECTROTHERAPEUTIC ASSOCIATION.—The American Electrotherapeutic Association will hold its next annual meeting at St. Louis, September 13th to 15th, 1904, under the presidency of Dr. A. D. Rockwell, of New York.

PAPAL HONOURS FOR PHYSICIANS.—The Pope has conferred on Drs. Amici, Angeli, and Salvatori, of Rome, the Cross of St. Gregory the Great, in recognition of the zealous service rendered by them during twenty years as physicians to the dispensary of the Apostolic Charity Department.

MIDWIVES ACT.—On the request of the Sanitary Committee of the Salop County Council it was recommended that Miss E. L. Frith should be appointed Inspector under the Midwives Act and Lecturer for the Higher Education Committee at a salary of £120 a year and travelling expenses.

CAUSES OF DEATH AMONG MEDICAL PRACTITIONERS.—Recently published statistics show that in Austria heart disease is accountable for by far the largest proportion of deaths among medical practitioners, amounting to 44 per cent. of the whole number. Diseases of the nervous system are responsible for 20 per cent., and an almost equal proportion is attributed to morphinomania. Tuberculosis claims only 7 per cent., a fact which seems to show that medical practitioners practise their own precepts as to the prevention of disease in this particular field of pathology more strictly than in some others.

A CLASSICAL BANQUET.—The medical men of Bedford and neighbourhood recently entertained Dr. G. P. Goldsmith at a complimentary dinner on the occasion of his leaving the town to take up his residence in Norwich. Dr. Rowland H. Coombs was in the chair. The *menu*, with its explanatory commentary on the several dishes writ in choice Latin, gave a classic flavour to the banquet which, however, bore no resemblance to the famous "feast after the manner of the ancients," described by Smollett. We reproduce it for the benefit of collectors of such curiosities:

GEORGIO POCOCK GOLDSMITH.

MEDICINÆ DOCTORI

DUNELM:

MOX RUS DISCESSURO UT ISTA COMMORATIO

FELIX FORTUNATAQUE EVENIAT

PRECANTUR

VIRI EIDEM ARTI, CUI QUONDAM
PRÆFUISSE DEUS EPIDAUURIUS PERHIBETUR,
DEDITI.

MENU.

HORS D'ŒUVRES.

Gustus in his.

Soups { JULIENNE.
... .. { TOMATO.
Et bene conditum jus apponatur.

Fish { SALMON.
... .. { TURBOT.
Nec te pœniceo rutilantem viscere, salmo,
Transierim.

Quamvis lata gerat patella rhombum.
Rhombus latior est tamen patella.

Entrée LAMB CUTLETS.
Vincere tu cupias varia fastidia cœna.

Joint FILLET OF STEAK.
Ingens accedit stomacho futura ruenti.

Poultry { ROAST DUCKLING. SALAD.
... .. { ROAST CHICKEN. HAM.
Si Libycæ nobis volucres et Phasides essent
Acciperes, et nunc accipe chortis aves.

Sweets { DIPLOMATIC PUDDING.
... .. { STRAWBERRY CREAM.
Ocius hoc pueri! mellitas ferte placentas.

Jam de melle datur mollique silligine libum.
Nil non perficiet callidus arte cocus.

Carpite, non deerit concreti copia lactis.

Carpite naturæ dulcia fraga decus.

ICE PUDDING.

Solve Nives.

HADDOCK ON TOAST.

Post asellum diaria non sumo.

DESSERT.

En! bellaria sunt parata nobis.

COFFEE.

Ohe! jam satis est.

Hic ubi clara suum spectat Bedfordia pontem,

Luget et amissos celsa columna viros,

Hospitio noto (Cycnum dixere priores)

Excipimur plena læta caterva domo.

A U.C. bis millensimo sexcentesimo

quinquagesimo octavo.

A.D. xix Kal: Sextil.

TOASTS.

"THE KING."

Ipse suis felix felloibus omnia præstet,

"Our Guest."

Justum ac tenacem propositi virum.

Et bene Messalam sua quisque ad pocula dicat.

Jam bene cœnatum est, nobis jam tempus abire

makers are no longer hampered by out-of-date regulations and equipments." The swimming clubs and associations now so numerous throughout the country have done much to increase the popularity of bathing. There is still, however, considerable room for improvement in the accommodation provided for the purposes of undressing and dressing. The writer justly condemns the antiquated bathing machines as "uncomfortable devices and hideous disfigurements of the seaside." At many places, however, the local authorities and hotels are providing comfortable bath-houses for the convenience of visitors; and in others, in places where the tides are inconvenient, walls are being constructed to retain the sea, thus forming vast bathing pools where one can always enjoy a swim without traversing long stretches of shingle or mud. It is devoutly to be hoped that this latter arrangement may become the general rule.

ASSOCIATION NOTICES.

NOTICE OF QUARTERLY MEETING OF COUNCIL FOR 1904.

A MEETING of the Council will be held on Wednesday, October 19th, in the Council Room of the British Medical Association, 429, Strand, London, W.C.

ELECTION OF MEMBERS.

ANY candidate for election should forward his application upon a form, which will be furnished by the General Secretary of the Association, 429, Strand. Applications for membership should be sent to the General Secretary not less than thirty-five days prior to the date of a meeting of the Council.

GUY ELLISTON, *General Secretary.*

BRANCH MEETINGS TO BE HELD.

EAST ANGLIAN BRANCH.—The autumn meeting of the East Anglian Branch will be held at Kelling Open-air Sanatorium, near Holt, Norfolk, on Thursday, September 29th. Members wishing to read papers or show cases or specimens should communicate with Mr. H. A. BALLANCE, M.S., Norwich, Honorary Secretary.

NORTH WALES AND SHROPSHIRE BRANCH: SOUTH CAERNARVON AND MERIONETH DIVISION.—The autumn meeting of this Division will be held at the White Lion Hotel, Bala, on Tuesday, August 23rd, at 2.30 p.m. Richard Jones, M.D., D.P.H., in the chair. Agenda: To read communication received from the Exeter Division. Dr. Elliott (Chester) will show a Specimen of Ulcerating Endocarditis. The Chairman as representative of the Division on the Representative Meeting will give an account of the Oxford meeting, and draw attention to the questions submitted to the Divisions. The Honorary Secretary will read a paper (founded on the Medico-Political Committee's interim report) on Contract Practice: Its Aims and its Abuses.—W. JONES-MORRIS, Portmadoc, Honorary Secretary.

SOUTHERN BRANCH: SALISBURY DIVISION.—The next meeting of this Division will be held on September 7th next at the Infirmary, Salisbury, at 8.15 p.m.; the meeting to be preceded by dinner at the County Hotel at 7 o'clock. Members wishing to read papers or show cases at the meeting are requested to communicate as soon as possible with the Honorary Secretary, J. E. GORDON, 52, Endless Street, Salisbury.

SPECIAL CORRESPONDENCE.

CAPE TOWN.

Medical Ethics in South Africa.—Next Medical Congress.—The Prevention of Tuberculosis.—The British Medical Association and the Proposed Medical School in South Africa.

WHETHER *post hoc* or *propter hoc* one cannot say, but it is certain that the increase of competition in the South African medical field has been followed by a notable quickening in matters of organization and ethics. The medical associations are all devoting much more attention towards maintaining or raising the tone of the profession than has been the case before, and the Medical Councils of the older Colonies have been showing a commendable activity which formerly was certainly not in evidence. The Cape Colony Council has commenced a distinct crusade against advertising, and there is very little doubt about the fact of its being eventually able to suppress this practice. The Cape Council, although in some respects its powers are larger than those of the British body, can only recommend, but cannot decree removal. The giving effect to the recommendation lies with the Ministry. It is one of the mis-

fortunes of this country that all things, even things medical, are argued out on political racial lines. When a vote for a hospital or an extra assistant in the Health Department comes on the estimates in the Assembly, one always knows that it will be discussed as a purely party matter. If English people try to imagine a condition of things under which every hygienic advance was fiercely opposed by the Conservatives and equally supported by the Liberals, or one under which the medical profession had to wait until a Liberal party came into office before mooted any legislation for its own regulation or protection, they may have some idea of our parlous state of things. It may be remarked that as far back as 1900, the Cape Medical Council notified to the profession a resolution declaring all advertising improper conduct, and this has been largely acted upon. Some men, however, profess to believe that they are still allowed to insert three simple notifications on commencing practice or changing address, but this limitation of the disciplinary rule is certainly not warranted by the terms of the resolution, which are absolute. Hitherto the Council has mostly contented itself with a simple letter warning the offender to desist advertising, and this has had no effect, as generally he has, in the small communities of this country received all the publicity he wishes by the time the Council hears of him. The Natal Council has disciplined, to the extent of censure, one or two dentists, but I have not heard of its having done this to any medical man. However, advertising is not nearly so rampant in the Garden Colony as in its big sister, owing perhaps to the fact of the medical *personnel* not being nearly so cosmopolitan there as here. The new Orange River Colony Council has just held its first meeting, and, when it gets into working order, will, no doubt, do much to put the profession on a proper footing in that colony. The Ordinance for the formation of a Medical Council and for medical practice regulation has just passed the Transvaal Legislative Council. It is a good law, although not quite so strong in some respects as that of the Orange River Colony. One commendable point is that it reduces the nominee element in the Council to very modest dimensions, six out of the eight medical members and one of the two dental members being elective.

The next Medical Congress is announced to be held at Pietermaritzburg in June, 1905, and preparations for it are very far advanced. It is certain to be a success.

An Association for the Prevention of Tuberculosis, which is to be affiliated with the home National Association, has been launched here under very influential auspices, the Governor having taken great interest in it. It is getting actively to work, and hopes to form branches all over the Colony.

The Capetown Branch of the British Medical Association has recently pronounced very strongly against the proposal of the South African College to found Chairs of Anatomy and Physiology, and has been backed up by the Medical Societies all over South Africa. Medical opinion almost unanimously concludes that the idea of a local medical school is altogether premature.

CORRESPONDENCE.

MEDICAL DEFENCE AND THE BRITISH MEDICAL ASSOCIATION.

SIR,—The history of the various attempts to get the British Medical Association to undertake medical defence shows how little progress has been made in all these years. The movement appears to have begun about 1886, for at the annual meeting at Brighton in that year a meeting of members was convened by the Secretary of the Lancashire and Cheshire Branch to consider the proposal. A circular had been sent to the Branches (see JOURNAL, 1886, vol. ii, pp. 344, 388), and replies showing 14 out of 25 in favour of the principle were laid before the meeting. The upshot was that a Provisional Committee was appointed, with Dr. Danford Thomas as Chairman, and Mr. William Armstrong as Secretary, which drew up a scheme and forwarded it to the Council. At the meeting of Council in October, 1886, a Committee was appointed to consider the whole question and the scheme of Dr. Danford Thomas's Committee; it presented a report which embodied various legal opinions, and ended by recommending the Council not to proceed further with the matter as being *ultra vires* under the existing Memorandum of Association (see JOURNAL, January 29th, 1887, p. 235).

After this the question slumbered until 1895, when an article urging it upon the attention of the Association

added to the long roll of Norwich medical worthies—which, beginning with John Caius—four hundred years ago, has continued, almost without a break, to the days of Frederic Bateman.

DR. WILLIAM MACDONALD, of Blueclidde, Cape Colony, who died recently, was a native of Strathspey, and took the degrees of M.B., C.M. at Aberdeen in 1866, and that of M.D. in 1882. After serving a term as House-Surgeon in the Northern Infirmary he practised for many years in Inverness, where he earned a high reputation for skill and kindness. Acting on medical advice he removed to Cape Colony, where he soon built up a large professional connexion in Port Elizabeth. This he relinquished some years ago to settle down at Armadale, where he had purchased a fruit farm. There also his medical skill and sound judgement proved of much value to friends and neighbours. He was married to a niece of the late Mr. Caldwell, shipowner, Inverness, who survives him with a family of two sons and two daughters.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

Philip Walker Studentship in Pathology.

THE Managers have elected Mr. J. Henderson Smith, B.A.Oxon., M.B.Edin., to this studentship for three years.

UNIVERSITY OF CAMBRIDGE.

Tropical Medicine and Hygiene.

THE following candidates have satisfied the Examiners (Sir Patrick Manson, Major Ross, and Dr. Nuttall), and are entitled to receive the University Diploma in Tropical Medicine and Hygiene: A. R. Cleveland, A. R. J. Douglas, G. Elliott, P. N. Gerrard, C. M. Heanley, J. C. B. Statham, C. A. Suvoong, J. C. Thompson.

UNIVERSITY OF LIVERPOOL.

PASS LISTS.—FACULTY OF MEDICINE.

THE following candidates have satisfied the examiners: Final M.B. and Ch.B. Examination—Part I.—J. F. Edmiston, B. T. J. Glover, T. E. Jones, J. F. McCann, J. McClellan, S. W. McLellan, R. H. Mole, L. D. Napier, T. W. Parry, C. H. Smith, F. H. Storey, C. Yorke, W. Yorke. Part II.—With Second Class Honours: P. Hick, T. E. Walker. Pass: A. E. Griseewood, W. L. Hawksley, G. J. Keane, W. A. Kidd, G. C. Scott. Second M.B. and Ch.B. Examination—Anatomy and Physiology.—J. W. Cropper, W. G. Williams. Materia Medica and Pharmacy.—T. T. Apsimon, E. R. Armstrong, A. C. Edwards, S. J. C. Holden, A. Jones, T. Martlew, W. R. Pierce, J. H. Rawlinson, A. M. M. Roberts, E. S. Taylor, E. V. Tinsley. Diploma in Public Health.—D. T. Barry, M.D. Diploma in Tropical Medicine.—T. M. Clayton, M.B., B.S.; Saiduzzafar Khan, M.B.; P. Hehir, Major I.M.S., M.D., F.R.C.S.; A. R. MacLurkin, M.B., Ch.B.; J. E. Nicholson, Lieut.-Colonel R.A.M.C., M.R.C.S., L.R.C.P.; N. Phillips, L.R.C.P. & S.Edin.

THE ROYAL UNIVERSITY OF IRELAND.

MEETING OF THE SENATE.

THE Senate met on Thursday, July 28th, 1904.

Deaths of Members of Senate.

The Secretaries reported the deaths, since last meeting, of the following members of the Senate: William A. McKeown, M.D., on July 6th, and Edmund Dease, M.A., on July 17th. The following resolution was proposed by Sir Christopher Nixon, seconded by Rev. Dr. N. McA. Brown, and passed unanimously:

The Senate desires to record its deep regret at the death of William Alexander McKeown, M.D., and to express its high appreciation of the zeal and energy with which he devoted himself to the interests of the University, especially to those of the medical faculty, from the time of his appointment as Senator at the foundation of the University.

The following resolution was proposed by his Honour Judge Shaw, seconded by his Grace the Most Rev. Dr. Healy, Archbishop of Tuam, and passed unanimously:

The Senate desires to record its deep regret at the death of Edmund Dease, M.A., who has been a member of Senate since the foundation of the University, and to express its sense of the benefits which the University derived from the wide experience of public affairs, the high sense of duty, the unswerving integrity, and the unflinching courtesy which Mr. Dease brought to deliberations of the Senate. Mr. Dease was a scion of a well known Irish medical family.

Examination Results.

The report of the standing Committee in reference to the recent Summer Examinations was adopted and Passes, Honours and Exhibitions were awarded as follows:

THE FIRST EXAMINATION IN MEDICINE.

SUMMER, 1904.

At the further examination for Honours, the following distinctions have been awarded:

Honours in Botany.—First class: W. D. O'Kelly, University College, Dublin; J. A. Sinton, Queen's College, Belfast. Second class: A. Kidd, Queen's College, Belfast.

Honours in Zoology.—First class: None. Second class: W. D. O'Kelly, University College, Dublin; H. H. MacWilliam, Queen's College, Belfast; W. P. Dunne, B.A., University College, Dublin.

Honours in Experimental Physics.—First class: W. D. O'Kelly, University College, Dublin; J. A. Sinton, Queen's College, Belfast. Second class: H. H. MacWilliam, Queen's College, Belfast; W. C. M. Lewis,

Queen's College, Belfast; W. B. Dunne, B.A., University College, Dublin.

Exhibitions.—First class, £20: W. D. O'Kelly, University College, Dublin. Second class, £10: J. A. Sinton, Queen's College, Belfast.

DIPLOMA IN SANITARY SCIENCE.

D. J. Collins, M.B., B.Ch., B.A.O., Royal Army Medical College, London.

Deputation to the Prime Minister.

The Vice-Chancellor stated that, as authorized by the Senate, he had attended as representing the University on the deputation consisting of representatives of the universities of the United Kingdom and various learned bodies, organized by the British Association for the Advancement of Science, which had waited on the Prime Minister to ask for increased help from Government funds for universities and university colleges. The Vice-Chancellor gave an account of the reception of the deputation by the Prime Minister and the Chancellor of the Exchequer, and of the subsequent proceedings.

MEDICO-LEGAL AND MEDICO-ETHICAL.

IMPULSIVE INSANITY.

At the Leeds Assizes on July 29th, Mr. Justice Channell heard the case of Rex v. Kay, in which the defence of insanity was raised to a charge of murder, in somewhat peculiar circumstances.

Mr. Harold Thomas and Mr. W. V. Ball appeared to prosecute on behalf of the Treasury; Mr. Mitchell-Innes (at the request of the learned judge) defended the prisoner.

It appeared that the prisoner was a labourer, aged 52, who for some time past had lived with the deceased, a married woman living apart from her husband. Her husband had left her some eight months ago, owing to her intemperate habits. There had been frequent quarrels between the prisoner and the deceased. On the night of May 9th the prisoner woke up, crept downstairs, and took a hatchet, with which he dealt the deceased several blows on the head, causing fracture of the skull. He then went out and gave himself up to the police, stating that he was guilty of murder.

Dr. Clark, Medical Officer at the Wakefield Gaol, stated that he had had the prisoner under observation since the arrest. He had seen nothing in the prisoner's demeanour which showed any sign of insanity, but the prisoner had given the following account of how he came to commit the crime. He said: "Three days prior to May 19th I tried to commit suicide three times. On the night of May 6th I got out of bed as if I was in my sleep, and I seemed to hear a voice saying 'Get up and kill her.' I crept downstairs, got a hatchet, and struck her three or four blows. When I had done that it seemed as if some scales fell from my eyes, and I flew out of the house to give myself up. I was fond of the woman and never intended to kill her." Witness said that if these facts were true, it was his opinion that the prisoner was insane at the time of the act. The prisoner, who gave evidence on his own behalf, substantially repeated the above statement.

In summing up his Lordship said that he had never before heard of a case in which the only evidence of insanity was that of the prisoner himself. If an accused person were to be held irresponsible merely because he heard a voice calling upon him to commit a serious crime, any murderer might escape. The true test of insanity had been thus defined by Mr. Justice Stephen in *R. v. Davis* (14 Cox c.c. 563): "A person may be both insane and responsible for his actions, and the great test laid down in McNaughton's case was whether he did or did not know at the time that the act he was committing was wrong. If he did, even though he were mad, he must be responsible; but if his madness prevented that, then he was to be excused. As I understand the law, any disease which so distorts the mind that you cannot think calmly and rationally of all the different reasons to which we refer in considering the rightness or wrongness of an action, any disease which so distorts the mind that you cannot perform that duty with some moderate degree of calmness and reason, may be fairly said to prevent a man from knowing that what he did was wrong."

After an absence from court of half an hour the jury found the prisoner guilty, and he was sentenced to death.

EMPLOYER'S LIABILITY.

L. E. P.—A farm labourer contracts a poisoned hand whilst at work. The employer asks the medical attendant to fill up an insurance certificate to get compensation, but afterwards refuses to pay the fee demanded for the certificate on the ground that the patient ought to pay for it. Who is liable for the fee?

*** If the certificate was given at the request of the employer the latter would be liable for the fee. On the other hand, if, as is often done, the employer tells the patient that he must get such a certificate from his medical attendant, then the latter can only look to his patient for payment.

FEES DUE FROM DECEASED PATIENT'S ESTATE.

A CORRESPONDENT who has practised in Cape Colony for some years writes in reference to this subject that there the law is the same as in Scotland. The fees due to a medical man at a death-bed illness are preferential. For illnesses attended prior to his death-bed sickness the medical man has, however, to come in concurrently with other creditors.

MEDICAL WITNESSES' FEES AT CORONERS' INQUESTS.

DR. WRIGHT (Aldershot) states that he was summoned by the deputy coroner of his district to attend an inquest and ordered to make a post-mortem examination and to give evidence on the body of a child which died from congestion of the lungs caused by exposure to smoke and cold two days after an outbreak of fire in the house where the child lived. Dr. Wright attended the child up to the time of its death, and at the inquest he was cross-examined upon its condition and surroundings as found previous to its death as well as the post-mortem condition of the body. On the first day of the inquest he was sworn and gave evidence. The inquest was adjourned for a week, when Dr. Wright was again called and gave evidence, being detained three hours.

From whooping-cough, 5 deaths occurred in Belfast and 4 in Dublin; from measles, 5 in Dublin, and 1 in an outlying town. In Belfast, 1 death from diphtheria occurred, and 2 in Dublin. The deaths from diarrhoeal diseases in Belfast were 17, but, except in Dublin, the deaths from this cause were elsewhere very few.

MEDICAL VACANCIES AND APPOINTMENTS.

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.

BATH: OPEN-AIR SANATORIUM FOR CONSUMPTIVES, Limpley Stoke.—Resident Medical Officer. Salary, £250 per annum.
BIRMINGHAM AND WIRRAL CHILDREN'S HOSPITAL.—House-Surgeon, resident. Salary, £100 per annum.
BRIGHTON: SUSSEX COUNTY HOSPITAL.—Third House-Surgeon, resident. Salary, £50 per annum.
BRIGHTON THROAT AND EAR HOSPITAL, Church Street. Non-resident House-Surgeon. Salary at the rate of £75 per annum.
CAR ISLE NON-PROVIDENT DISPENSARY.—Resident Medical Officer. Salary, £150 per annum, without board.
CHELSEHAM GENERAL HOSPITAL.—Assistant House-Surgeon, resident. Salary, £82 per annum.
DOUGLAS: NOBLE'S ISLE OF MAN GENERAL HOSPITAL AND DISPENSARY.—Resident House-Surgeon. Salary, £82 per annum.
LANARK: BELLEFIELD SANATORIUM.—Resident Physician. Salary, £100 per annum.
LANCASTER: ROYAL LANCASTER INFIRMARY.—House-Surgeon, resident. Salary, £100 per annum.
LIVERPOOL INFIRMARY FOR CHILDREN.—Assistant House-Surgeon, resident. Appointment for six months. Salary at the rate of £80 per annum.
LONDON UNIVERSITY.—Scientific Assistant in Pathology. Salary, £50 per annum.
MACCLESFIELD GENERAL INFIRMARY.—Junior House Surgeon, resident. Salary, £50 per annum.
MANCHESTER CHILDREN'S HOSPITAL.—Junior Resident Medical Officer. Appointment for six months. Salary at the rate of £80 per annum.
NEWCASTLE-ON-TYNE: HOSPITAL FOR SICK CHILDREN.—Resident Medical Officer, male. Salary, £100 per annum.
READING: ROYAL BECKHURST HOSPITAL.—Assistant House-Surgeon, resident. Appointment for six months. Salary, at the rate of £60 per annum.
ROTHAMPTON HOSPITAL AND DISPENSARY.—Senior House-Surgeon, resident. Salary, £110 per annum.
ST. PETER'S HOSPITAL FOR STONE, Henrietta Street, Covent Garden, London.—Junior House-Surgeon, resident. Appointment for six months. Salary at the rate of £50 per annum.
PLYMOUTH PUBLIC DISPENSARY.—(1) Honorary Physician. (2) Second Medical Officer, moiety of net receipts. (3) Physician's Assistant. Salary, £70 per annum.
WEST BROMWICH DISTRICT HOSPITAL.—Resident Junior House-Surgeon. Salary, £50 per annum.
WINCHESTER: ROYAL HANTS COUNTY HOSPITAL.—House-Surgeon, resident. Salary, £65 per annum.

APPOINTMENTS.

BELL, Thomas, M.D., Medical Officer of Health to the Shepshed Urban District Council.
COURTENAY, K. J., L.R.C.P. & S. Edin., L.F.P.S. Glasg., Medical Officer of Health for Walsingham.
FREER, J. H., M.R.C.S., L.R.C.P., Medical Officer of Health to the Rugby Urban District Council.
HARLING, Thomas, L.R.C.P. & S. Edin., L.F.P.S. Glasg., Medical Officer to the Reeth Rural District Council.
LYON, R. M., M.B., C.M., Medical Officer and Vaccinator for the Parish of Cathcart.
PERRY, S. Herbert, M.D. Lond., M.B., Ch.B. Birm., M.R.C.P., Assistant Physician to the General Hospital, Birmingham.
PRINGLE, A. Douglas, M.B., Ch.B. Aberd., Senior Assistant Physician to the Government Asylum, Finsbury Park, London.
STANTON, T. W., M.R.C.S., L.R.C.P., Medical Officer for the Osbornby District of the Steadford Union.
WALES, R. G., M.B., M.R.C.S., L.R.C.P., Medical Officer to the Downham Urban District Council.

DIARY FOR NEXT WEEK.

POST-GRADUATE COURSES AND LECTURES.

Post-Graduate College, West London Hospital, Hammersmith Road, W.—Lectures will be delivered as follows: Monday, at 5 p.m., Treatment of Nephritis; Tuesday, at 3.30 p.m., Demonstration in Medical Wards; Wednesday, at 5 p.m., Tobacco Amblyopia; Thursday, at 4 p.m., Demonstration in Surgical Wards; Friday, at 5 p.m., Surgical Cases.

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.

GITTINGS.—On the 10th inst., at 21, Eardley Crescent, Earl's Court, the wife of Surgeon C. B. Gittings, M.B. Lond., M.N. of a son.
DEACON.—At Tor View, Yelverton, Devon, on 4th August, to Thomas Deacon, Gold Coast Colonial Service, and Mary Ariel Stewart Deacon, M.B., B.S., Gold Coast Colonial Service, a daughter.

MARRIAGES.

GILL-JAMIESON.—On the 9th inst., at St. Mary's Church, Welford, Northamptonshire, Miss Ursula Jamieson, daughter of Mr. and Mrs. J. Storey Jamieson, of Sydney, N.S.W., and George Britton Gill, M.B., B.S., M.R.C.S., L.R.C.P., of the Gabies, Belper, son of the late Henry Clifford Gill, M.R.C.S., of Bootham, York, and Mrs. Macleod, of High Bank, Sidmouth, Devon.
LINDSAY-SWINKERTON.—On August 16th, at the Parish Church, Templecorran, by the Rev. T. Macdonald, M.A., Greilston H. Lindsay, M.B., Springfield, Wigan, to Margaret Helena Swinkerton, of Magherafelt, Co. Derry, Ireland.
MURRAY-KERR-MILLIGAN.—On August 9th, at East United Free Church, Dunmore, by the Rev. W. J. Strickland, M.A., United Free Church, Maxwelltown, assisted by the Rev. Chas. Stewart, B.D., Cupar-Angus, brother-in-law of the bridegroom, and the Rev. Jas. Pollock, Dunmore, F. Murray-Kerr, M.B., to Elizabeth H. S. J. Milligan, daughter of John Milligan, of Merland, Dumfries.

DEATHS.

JOHNSTON.—On the 17th inst., at the residence of his son-in-law, Joseph Bostock, The Grove, Spaldon, Thomas Johnston, M.R.C.S. Eng., of Belper. No flowers by request.
STEWART.—On the 16th August, 1904, at "Dunmurry," Sneyd Park, near Clifton, Glos., Hamilton Stewart, Assistant Paymaster (retired), younger son of James Stewart, B.A., L.R.C.P. Ed.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 2, Agar Street, Strand, W.C. London; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 423, Strand, W.C., London.

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

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Manager, 423, Strand, W.C., on receipt of proof.

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

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

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

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

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

TELEPHONE (National).—EDITOR, 2631, Gerrard. GENERAL SECRETARY AND MANAGER, 2630, Gerrard.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

CAUTION asks for a recipe for soap and ether solution for cleansing the skin before operations.

DR. ETHEL M. N. WILLIAMS (Newcastle-on-Tyne) writes: I should be glad if any reader of the BRITISH MEDICAL JOURNAL could give me any particulars of Guimar in Tenerife. Is the accommodation good? Are there shady gardens for sitting or lying in? Are the milk and water supplies good? Is it possible to get a villa, or is there a small quiet hotel? Is there an English doctor within reach?

INTRACTABLE PSORIASIS.

A CORRESPONDENT writes: Can any members suggest a line of treatment for an intractable case of chronic psoriasis extending over the entire body with the exception of the face? The patient, a young lady, has been treated with arsenic, sulphur bath, ichthyol, chrysarobin, and many external applications over a period of two years, without effect. Are there any cases on record of cure by thyroid?

REQUIRED A DIAGNOSIS.

SIGMA writes: A strong, and up to the time of his attack, a presumably healthy workman, aged 28, was seized suddenly while at work with cramp of legs, arms, and body. He continued on duty, took part of his dinner, had no nausea or vomiting, and indeed beyond the cramp made no special complaint, except that he said he felt rather drowsy. This feeling increased; he was taken into a cabin close at hand, when he became more or less unconscious, and he was then removed home in a cab. When I saw him about two hours later he was suffering from intense collapse, his face and body drenched with perspiration, and he was evidently dying. He did not live much longer than one hour after his return home. But just before the close he developed a general convulsive condition of the body, which lasted till death. There was no paralysis, and no history of any injury. A necropsy could not be obtained, and an attempt to obtain a specimen of urine was unsuccessful, as the bladder was quite empty.

THE MEANS OF MAKING HOSPITAL WALLS IMPERMEABLE.

I M.S. asks what is the best means of making hospital walls (operation room and wards) impermeable. Burdett recommends paper varnished, but our correspondent does not think this would be suitable for India.

** We are advised that the best way to make hospital walls impermeable is a perpendicular damp-proof course up the whole height of the wall, from damp course to roof. If the walls are constructed in brick a 1 in. cavity, left 4½ in. or 9 in. from inside face of wall, should be filled with asphalt every four courses, or every foot, commencing from the damp-proof course, and pouring the asphalt in a boiling state into the cavity, which must be kept clear of mortar and dirt. The cavity may for practical purposes for different materials be kept 4½ in., 9 in., or in the middle of the wall, whichever is most easily worked. This will render the interior face of the wall absolutely impermeable even to violent gales or storms. An expert informs us that he has used it for 25 years with constant success.

ANSWERS.

EXCELSIOR has omitted to enclose his card.

NOM DE PLUME.—One of the following French medical journals might meet our correspondent's requirements: Weekly, *La Semaine Médicale*, 18, Rue de l'Abbe de l'Épée, 10 francs a year to foreign subscribers; *Le Progrès Médical*, 14, Rue des Carmes, Paris, 12 francs a year to foreign subscribers. Monthly, *Archives Générales de Médecine*, 28, Rue Serpente, Paris, 15 francs a year to foreign subscribers.

SUPERFLUOUS HAIRS.

DR. W. PITT PALMER (Torquay) writes: In answer to "Electrolysis" in the BRITISH MEDICAL JOURNAL of August 13th, fifty to seventy hairs are sufficient to remove at one sitting, of which five to ten may return. In most cases a sitting could be endured every other day. Hair on the chin and upper lip would probably take three months for complete removal. Pain is such a variable quality in different individuals that it is difficult to estimate. Given an expert operator, with a small needle which will practically of its own weight fall into the hair follicle, with the correct amount of current, no pain is felt, and in a short time the patient does not notice any discomfort. The upper lip, especially near