

formations, congenital and acquired, is sure to be found helpful, as also that on anomalies of the circulation, including, among other points, cyanosis, icterus, haemorrhage, and non-inflammatory oedema. Inflammatory oedema is brought under the heading of phlegmonous laryngitis, primary and sequential (p. 117). An interesting reference is made to a form of phlegmonous laryngitis occurring in diabetics as furunculosis laryngis diabetica (p. 119). The book is rich in instances of affections of the larynx depending on various constitutional disturbances. Tuberculosis is discussed from the general and special points of view. The author places the local above the general treatment in laryngeal tuberculosis, describing the various methods with wise insistence on the contraindications. He thinks that lactic acid is contraindicated when there are extensive ulcers occupying the whole of the entrance of the larynx, or in debilitated patients with advanced disease of the lungs. Some recommend the application of lactic acid in tuberculous infiltration; Schech, in common with Hajek, protests against the possibility of bringing about a disappearance of such infiltrations, but on the other hand sees the probability of converting the infiltration into an ulcer, a proceeding which must not be lightly considered. As contraindications against sending a patient to a climatic health resort or watering-place in addition to loss of strength and diarrhoea, are severe dysphagia, laryngeal dyspnoea, and haemoptysis. He speaks well of the galvano-caustic method. In his admirable chapter on carcinoma he might have made the distinction between the intrinsic and extrinsic forms somewhat more marked. The translation of his work on the diseases of the mouth, nose, and pharynx, by Dr. Blaikie (Young J. Pentland), was much in demand when it first appeared, and the present book would, we are sure, meet with a most favourable reception in English guise. We recommend it most cordially to our readers.

Dr. GRAYSON'S work on *Diseases of the Throat, Nose, and Ear*³ gives a good general account of them in an unusually attractive manner. In some matters the reader will wish to amplify his knowledge by referring to more detailed though perhaps "drier" textbooks and monographs. It affords, however, a most excellent introduction to otology and laryngology, and will, we are sure, lead many to take up the subjects. The author's attention to the constitutional side of treatment must appeal to those who are general in their practice, and many of his hints may be taken to heart with advantage. Many of the chapters, though short, contain most of what is practically required, as for instance in regard to hay fever, epistaxis, and nasal reflexes. The diseases of the nasal sinuses might have received more detailed description in view of their complexity and seriousness. Again, the reference to intrinsic carcinoma of the larynx might well have been more explicit, and the description of cholesteatoma of the middle ear more definite. Among points to which the author has given the importance they deserve we may note the complete rest of the voice he insists on in laryngeal tuberculosis and the cleansing of the nasal passages in acute and chronic suppurative inflammations of the middle ear. He cuts down the sections on deflections of the nasal septum to very reasonable limits, recommending strongly Douglas's septum perforator and curved septum knife. A curious disproportion exists between the space devoted to the operation of removal of the stapes and that given to the radical mastoid operation, the latter having immensely greater importance than the former. We are sure this book will be found valuable and at the same time most readable, two qualities which are not universally coexistent.

The growing attention to the distressing results of ear disease if neglected or improperly treated has led to a rapid increase in knowledge of their clinical and pathological history. The operative treatment is therefore coming more and more to the front, and at a time when an excess of zeal is evinced in some quarters a discreet enthusiasm is to be highly encouraged. *Operations on the Ear*,⁴ by Dr. HEINE, is from this aspect especially deserving of a welcome from aural and general surgeons alike. His descriptions of the indications for the

various operations are characterized by well-balanced discussion of their advantages and drawbacks. The scope of the work extends from paracentesis of the membrane to puncture of the lateral ventricles of the brain. The information conveyed is well up to date, and perhaps one of the most valuable of the novelties contained in the book is the chapter dealing with the evacuation of the labyrinth in cases of purulent inflammation of that structure. He points out very succinctly the difficulties in the way of its diagnosis, while clearing them away as far as possible. He starts with the broad dictum that the one condition necessary is the certainty that pus is present in the labyrinth. This has to be made out by means of symptoms on the one hand, and signs found during the operation on the other; neither alone seems to be quite definitive. Although, in the long run, many will be saved from death from meningitis or cerebellar abscess by the timely adoption of operative procedures on the labyrinth, he is disposed to think that many labyrinths will be opened without necessity and with undesirable results before the indications for the operation are definitively settled (p. 110). The removal of the ossicle for chronic suppuration of the middle ear is kept within very judicious limitations. He considers it only advisable when the hearing is much diminished, when there is caries confined to the ossicles, and expectant treatment had proved unavailing (p. 26). The "radical" mastoid operation necessarily occupies a considerable amount of space, and no important points in connexion with the after-treatment is omitted. The book is full of practical hints founded on experience; and, as far as any one man's experience can help another, this work may be consulted with every confidence.

MEDICAL NEWS.

DR. MAZERON, of Auzances, died a few days ago at an electoral meeting as he was beginning a speech.

A SOCIETY for the suppression of dust on streets has been founded in Munich.

THE SPITTING NUISANCE.—The New Jersey State Board of Health has begun a crusade against the spitting nuisance on all the railroads of the States.

THE inaugural sessional address before the Pharmaceutical Society of Great Britain will be delivered on October 3rd by Professor Arthur William Crossley, D.Sc., Ph.D., F.I.C. The presentation of the Pereira medal by the President will take place on the same occasion.

THE Duchess of Albany has consented to open the new Operating Theatre at the National Hospital for the Paralyzed and Epileptic, Queen Square, Bloomsbury, at 3.30 p.m. on Saturday, October 8th, and to attend a harvest festival service in the Chapel, at which Bishop Welldon will preach.

AN examination by Professor Dunstan at the Imperial Institute of certain minerals discovered during a recent mineralogical survey of Ceylon has shown that the principal constituents of one found in refuse from gem washings near Balangoda is radio-active; it contains 75 per cent. of thorium oxide, and it is thought probable that radium is present.

MRS. S. A. BARNETT, Honorary Secretary of the Hampstead Heath Extension Council, is enabled to state that an undertaking has been given to purchase from the Eton College Trustees the eighty acres of Wyldes Farm, to be finally transferred to the London County Council and held as an open space. Of the total sum of £40,000 required, £4,000 remains to be collected, and subscriptions will be received by Mrs. Barnett, Warden's Lodge, Toynbee Hall, Whitechapel, E.

NURSING IN JAPANESE MILITARY HOSPITALS.—Miss McCaul and Miss Elaine St. Aubyn, with the sanction of the Queen, went out in March to Japan to inspect and report upon the Japanese military nursing both in the field and at the base hospitals. During the two months which they spent in Japan they were allowed by special permission of the Japanese Government to go up in a hospital ship to Feng-kwan-chenn, where under Japanese escort they saw the work of the Red Cross Society in the field. They also visited Matsuyama, where the Russian prisoners were being detained. Every facility for seeing everything appertaining to their commission was granted to them by the Japanese authorities; and it is understood that their experiences will be embodied in a special report to be made to the Queen and the military authorities in London.

³ *Diseases of the Nose, Throat, and Ear*. By Charles Prevost Grayson, A.M., M.D. London: Henry Kimpton. 1903. (Demy 8vo, pp. 540; 137 illustrations. 18s.)

⁴ *Operationen am Ohr. Die Operationen bei Mittelohrerkrankungen und ihren intrakraniellen Complicationen*. [Operations on the Ear. Operations for Middle ear Suppurations and their Intracranial Complications.] By Dr. B. Heine, Senior Assistant in the Aural Clinic of the Royal University of Berlin. Berlin: S. Karger; and London: Williams and Norgate. 1904. (Demy 8vo, pp. 178; 36 illustrations. 6s.)

LITERARY NOTES.

WE have received the prospectus of the *Internationales Archiv für Schulhygiene*, which is to make its appearance shortly under the editorship of Professor H. Griesbach, M.D., Ph.D., of Mülhausen, Alsace, with whom Sir Lauder Brunton, Professor A. Johannessen (Christiania) and Dr. A. Mathieu (Paris) will co-operate. The idea of founding such a magazine originated at the first International Congress on School Hygiene held at Nuremberg last April. That Congress, the prospectus asserts, proved not only that amongst all civilized nations school hygiene is an independent science standing in the forefront of the people's welfare, but also that "the most sacred duty of a people is to regard the health of its youth as its greatest good, and to give the greatest possible care to the health of the children, especially during school life." Original articles—that is to say, papers based on original researches, observations, and experiences, or scientific lectures and reports—only will be accepted. They may be written in German, English, French, or Italian. The *Archiv* will be published by the firm of William Engelmann, Mittelstrasse 2, Leipzig, and the annual subscription will be 30 marks. Members of the German Society for School Hygiene and of other societies associated with it will receive the periodical at a reduced rate (25 marks).

In the Cymmrodorion Section of the Royal National Eisteddfod of Wales held at Rhyl this week, Sir John Williams introduced a discussion on the subject of a national library for Wales. He said that the foundation upon which the whole superstructure must be erected was a collection of books and manuscripts in the Welsh language, and this, as our readers will remember, he has himself to a large extent provided by purchasing the Hengwrt library, said to be both in extent and in quality the finest collection of Welsh manuscripts in existence. The library, he said, should also contain books written by Welshmen upon any subject, and in any language, books in allied languages, Irish, Gaelic, Manx, Cornish and Breton, and books on the allied races and the several branches of the Celtic race. Sir Isambard Owen also contributed a paper on the subject, in the course of which he appeared to consider it probable that a grant would be made from the Treasury for the establishment of a national library for Wales. Great approbation was expressed by other speakers as to Sir John Williams's suggestion that the library should be established in some quiet place where students might work without interruption or distraction.

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.

LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are fitted up for the accommodation of the members in commodious apartments, at the office of the Association, 429, Strand. The rooms are open from 10 a.m. to 5 p.m. Members can have their letters addressed to them at the office.

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.

METROPOLITAN COUNTIES BRANCH: WANDSWORTH DIVISION.—A meeting will be held at the Town Hall, Wandsworth, on Thursday, September 29th, at 8 p.m. Business: To receive the Representative's report of his attendance at Oxford, when several resolutions based thereon will be submitted. An address, illustrated by the optical lantern, will be given by W. D. Turner, M.D., on Tuberculosis, its Origin and Extinction. It is hoped the members will attend in large numbers, and so begin the winter session well.—E. ROWLAND FOTHERGILL, M.B., Torquay House, Southfields, S.W., Honorary Secretary.

SOUTH-EASTERN BRANCH: CROYDON DIVISION.—The next meeting will be held at the Cock Hotel, Sutton, on Thursday, October 20th, at 4 p.m., Mr. G. Bower (Sutton) in the chair. Members desirous of exhibiting specimens or reading notes of cases are requested to communicate with the Honorary Secretary, E. H. WILLOCK, 113, London Road, Croydon.

SPECIAL CORRESPONDENCE.

BERLIN.

A New State Institute of Hygienic Education.—Medical First Aid.

IN Charlottenburg, a suburb of Berlin, there is a new State institute which, although its objects are not exactly medical, deserves the attention of all interested in improving the physical well-being of the working classes. The institute calls itself "Permanent Exhibition for the Welfare of the Working Classes (Ständige Ausstellung für Arbeiterwohlfaht), and is a sort of museum—constantly replenished and kept up to date—of appliances for the protection and well-being of those employed in factories, mines, agricultural undertakings, etc. An important point is that the machines are not merely models, but specimens of those in actual use, and that they are shown at work, with the protective appliances attached. The latter are all painted red so as to be easily distinguishable. Besides these protective appliances—and their number is legion—there are respirators for the protection of the lungs and throat from poisonous gases and dust, safety vessels for the storage of petroleum and other inflammable liquids, suction apparatus for use in workshops where there is much dust, etc. A special department is the tuberculosis museum which contains models, microscopes, diagrams, tables—everything calculated to arouse the interest of the general public in the tuberculosis question, and to afford trustworthy information as to the best means of combating the disease. Free popular lectures are given here, not exactly addressed to the "man in the street" but to persons selected from among policemen, foremen in factories, railway officials, etc. Special courses for mothers will begin shortly, and are to be continued on stated days. All these lectures are illustrated by photographs thrown on the screen, the subjects being taken from the daily life of the poor. The connexion between dirt and disease is demonstrated by pictures of slum rooms, and statistics of the development of tuberculosis in such surroundings, while pictures of sanatoriums, cottage homes, etc., show the good influence of cleanliness and ventilation. The organizers hope that these "object lessons" will do much to destroy the prejudice against hospitals and similar institutions which is still deep-rooted among the people. To show the practical value of scientific work, tables published by the Prussian Statistical Department are demonstrated, and the marked decrease in tuberculosis since 1886, which these tables show to have taken place, is brought into connexion with Koch's discovery of the tubercle bacillus in 1882, this discovery having led to entirely new methods of prophylaxis. Further, to stimulate the hearers' interest, there is a box in which written questions may be placed; these together with any that may be asked verbally at the end of the lectures the lecturer answers in turn. An anti-alcohol museum is another feature of the institution. It contains an admirable collection of telling printed matter on alcoholism and degeneration. One of the tables shows the frequency of weak brain power, and even idiocy among children begotten at periods of general drunkenness, such as carnival time and grape harvest time. Such children are known popularly in Germany as "*Rauschkinder*," drink children, and among them the percentage of mentally-defective individuals is very high. The large figures of another table show that Germany spends annually on education—schools, churches, etc., 330 million marks (£16,500,000), on the army and navy 871 million marks (£43,550,000), and on alcohol 3,000 million marks (£150,000,000)! These figures seem appalling, but probably they represent a past high-water mark of alcoholic consumption, from which Germany is gradually descending; for there can be no doubt that in all classes enlightenment as to the dangers of chronic alcoholism

continuing the discussion. From his unselfishness and self-obliviation I cannot but suspect that he is a surgeon in sheep's clothing.—I am, etc.,
Edinburgh, Aug. 27th.

F. W. N. HAULTAIN.

DISPENSING BY MEDICAL MEN.

SIR,—The question of dispensing by medical men having again come to the front, I trust you will allow me to say a few words on the subject. The statements of Mr. Idris have been somewhat severely commented on, but I think due note has not been taken of the fact that his views, if expressed with too great emphasis, are still those which are generally held by no inconsiderable body of pharmacists. There is probably no druggist who would care to assert that a medical man is incapable of dispensing successfully any prescription he may choose to write. Nevertheless chemists as a class feel that having been qualified in expectation of receiving such work, having it alone to do, and time enough to do it, they are in a position to carry it through not necessarily with greater absolute safety, but as a rule more easily, exactly, and regularly, in short, in a more business-like manner. From conversations with some of them in this neighbourhood, I should judge that as a body they are not indisposed to meet medical practitioners in a reasonable arrangement which would not only deal effectively with counter-prescribing, but would also limit, if desired, the repetition of medicines prescribed, and the transfer of prescriptions. I regard this attitude as of hopeful import, since the discontinuance of dispensing by medical men—an object much to be desired for several reasons—can be best attained on the basis of some such mutual understanding. Mr. Idris's argument is not without some cogency. It is fortunately true that serious mistakes in dispensing by medical men are rare, and with sobriety they should be practically impossible. Still the check by another mind equally responsible is better than any system of booking, especially in view of the fatigues and emergencies of medical practice. Besides, the system of repeated entry mentioned by one of your correspondents is by no means universal. The contention that unless dispensing is adhered to either practitioner or chemist must go to the wall is surely a baseless one. There should be work for both even in a country district. A medical man must always depend mainly on his success in treatment, and a pharmacist is not likely to remain idle if he is allowed a free hand in his proper sphere. We are constantly told what would happen if the prescribing system were adopted. May I suggest to those gentlemen who believe so strongly in the conditional future that they attempt the experiment, be it ever so cautiously, and so enable themselves to judge of its actual effect?—I am, etc.,

London, N., Aug. 29th.

B. G. MORISON.

OBITUARY.

PROFESSOR ANTON DRASCHE, M.D.,
Vienna.

PROFESSOR DRASCHE, for a long time physician to the General Hospital of Vienna, died at Voslau on August 23rd, at the age of 78. He was born on July 1st, 1826, at Lobendau in Bohemia, and, after studying medicine in the Universities of Prague, Leipzig, and Vienna, took his doctor's degree in the last-named seat of learning in 1853. During the cholera epidemic of 1855 he was in charge of the cholera department in the General Hospital, and by his services in that capacity won great distinction. In 1866 he was entrusted with the charge of the Municipal Cholera Hospital. In 1858 he qualified as a lecturer on medicine, and in 1874 he was appointed extraordinary professor of epidemiology and physician to the *Allgemeine Krankenhaus*. He was physician-in-chief of that great institution till 1897. In 1891 the Emperor of Austria conferred upon him the title of Aulic Councillor.

Professor Drasche devoted himself mainly to epidemiology, but he was also the author of numerous writings on subjects of general medicine. For many years he took a prominent part in the work of the Superior Sanitary Council of Austria. Owing to ill-health he retired from active professional life many years before his death. He was held in high respect for his scientific knowledge and beloved by those who had the privilege of intimacy with him for his amiability and kindness of heart.

WILLIAM BLASSON, M.R.C.S. Eng., L.S.A.

WE regret to record the death, on September 2nd, of Mr. William Blasson, in his 69th year, whilst on a visit with his wife to Harrogate. He was the eldest son of Mr. Thomas Blasson, F.R.C.S. Eng., a much-respected medical practitioner of Billingborough, Lincolnshire. William Blasson was educated by a private tutor, and, like his father and his two brothers, received his professional training at Guy's Hospital. He "passed the Hall" in 1856, and "the College" in 1857, and shortly afterwards became Resident House-Surgeon to the Kent and Canterbury Hospital, Canterbury. After four years' service in that institution he joined Dr. Shaw in partnership, at Edgware, Middlesex, and, after that gentleman's retirement, was constantly engaged in the busy life of a country practitioner, for which he proved to be typically fitted. Of robust build, self-reliant, courteous in manner, cheery in conversation, of tact and sympathy compact, he soon came to be trusted by all, the friend of high and low, rich and poor, and was appealed to for counsel in emergencies of all kinds. When he left, after twenty-eight years' residence in Edgware, his friends and patients presented him with a handsome and substantial testimonial of their regard and esteem.

For the last twelve years he led a quieter life in Seymour Street, Portman Square, where many of his old patients, some of them occupying high positions in the State, were delighted to consult him. His health failed during the last year; and he suffered from gout and diabetes. He married, in 1865, Miss F. Mair; and they had two sons, who are both in South America. The funeral took place on Wednesday at Highgate Cemetery.

ON Sunday, August 28th, Mr. GEORGE MARSHALL PHILLIPS, M.R.C.S., L.S.A., entered into rest at the ripe age of 85 years. Educated at St. Bartholomew's Hospital and in Paris, he qualified in 1842, and after practising at Hertford for a short time he settled at Whitwell, in Hertfordshire, where he remained in practice for nearly fifty years. He was gifted with unusual ability, which, together with constant reading and most painstaking investigation of all cases, made him a most successful practitioner, and his opinion, formed from his ripe experience, was much valued by his medical *confrères* in the neighbourhood. A man of singularly retiring disposition, but blessed with a great fund of quiet humour, of refined artistic tastes, an enthusiastic gardener, and a sincere friend of the poor, he was universally beloved by all who knew him.

WE have also to record the decease, upon September 5th, of Dr. JOSEPH WOOD, formerly a Fleet Surgeon in H.M. Navy. Dr. Wood received his medical education at the University of Edinburgh, where, in 1866, he received the degree of M.D., and, two years later, the diplomas of the Royal Colleges of the same city. Three years after completing his student career Dr. Wood entered the Royal Navy, and became Staff Surgeon in 1880. His promotion to the rank of Fleet Surgeon followed in ten years, and in 1893 he retired upon pension, having then reached the age of 51. During the early part of his service he was engaged, as Surgeon of the *Himalaya*, in the Zulu war, and received the medal for that campaign. His death took place at "Glengall," Hurstpierpoint.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Joseph Wiener, of New York, who was for a considerable time associated with the late William Detwold in the Chair of Military Surgery in the College of Physicians and Surgeons, since affiliated with Columbia University, and one of the founders of the department of pathology in that school, aged 76; Professor Albert Landerer, of Berlin, whose name is associated with the introduction of cinchonic acid for the treatment of consumption, aged 50; Dr. Friedrich Zahn, Professor of Pathological Anatomy in the University of Geneva; and Dr. Bax, Professor of Clinical Medicine at Amiens.

THE Local Government Board has issued a circular recommending urban and rural authorities to instruct their meat inspectors to act in strict accord with the principles laid down by the Royal Commission in their report of 1898 with respect to the degree of tuberculous disease which should cause the carcass of an animal to be seized.

A NAVAL TUBERCULOSIS CAMP IN AMERICA.

THE Surgeon-General of the United States Navy has completed plans for an outdoor hospital for men suffering from tuberculosis. He proposes that such men shall not be discharged or become pensioners, but shall be subject to treatment under conditions that promise a restoration to health and a preservation of useful men to the service. The Surgeon-General proposes that a farm should be purchased somewhere near the coast, at an elevation of about 2,000 ft., to which naval tuberculous patients may be sent. He believes that the camp should not be too far from the coast, or at an altitude which will make it impossible for patients to return to sea duty. He also suggests that the camp shall be open to army patients, in return for the courtesy shown the navy at the army sanatorium at Fort Bayard, New Mexico.

MEDICO-LEGAL AND MEDICO-ETHICAL.

AN ALLEGED ILLEGAL POST-MORTEM EXAMINATION.

ON August 5th, Mr. John Shaw Carleton, a surgeon practising at Newham, was summoned at the Littledean Petty Sessions, to answer certain charges under the Anatomy Acts of 1832. According to a report published in the *Gloucester Journal* it was alleged (1) that he, upon July 25th, 1904, being a person lawfully qualified to practice medicine, unlawfully did practice anatomy without having obtained a license in pursuance of 2 and 3 William 4, c. 75, empowering him to do so. (2) That on the same date, being qualified to practice medicine, he unlawfully did examine anatomically the body of John Price, without the permission or direction of the surviving wife. (3) That he did unlawfully carry on anatomy at a place, to wit, the house of Emily Price, there situate, without having given at least one week's notice thereof before the first receipt or possession of the body for such purpose to His Majesty's Secretary of State for the Home Department.

Mr. W. Langley Smith prosecuted, and Mr. H. Williams defended.

The facts of the case appear to be shortly these. John Price died of heart disease on July 23rd. Prior to his death he was being attended by a Dr. Harris or his assistant, but some years ago he had been attended by Dr. Carleton. On July 23rd, Mr. M. F. Carter, Coroner for the Forest Division of Gloucester, received a police report concerning the death of John Price. On July 24th Mr. J. W. Guise, who was acting as the Coroner's deputy, received a communication from Dr. Carleton, in reply to which he sent the following letter: "Dear Carleton, I did not know I was to hold an inquest to-morrow on poor Price. I have had no instruction myself from Mr. Carter to this effect. If, however, he tells you I am to, there is no doubt I shall do so. As to the necropsy, if you cannot arrive at the cause of death without one please make it. It is my practice to leave these matters to the discretion of the doctor. If I am to hold an inquest I shall probably do so between 5 and 6 o'clock to-morrow." On July 25th Dr. Carleton called at the house of the deceased, saw the body, and made a necropsy. There was a dispute as to whether upon this occasion Walter Price, a son of the deceased, did not ask Dr. Carleton whether he had any authority to make the necropsy. Dr. Carleton, in the course of his evidence, said that he acted upon the written authority given by Mr. Guise, and that in his practice, which extended over 26 years, he had never held a necropsy without an order. He had not told the relations of his intention for fear it would distress them. He had merely wished to clear up a mystery which existed in connexion with the death. Dr. Harris made out a certificate of death from heart disease at 11.30 a.m. on Monday, July 25th.

At the conclusion of the evidence the magistrates retired, and upon returning said they considered that the summons must be dismissed. They did not think upon the evidence that a jury would convict. Dr. Carleton acted upon the best authority he could get, and the authority was the letter written by Mr. Guise.

QUESTIONS OF ETIQUETTE.

WELLINGTON writes: (1) A patient employing Dr. X. leaves him and comes to me. One night patient's child is injured, and in the absence of its mother is taken by a neighbour to Dr. X., who dresses it. Next morning the mother brings the child to me. How ought I to act towards Dr. X.? (2) Dr. X., being on a holiday, a patient of his finds fault with the treatment of his *locum tenens* and desires my attendance. What should be my action?

* * * (1) Our correspondent is quite justified in attending, but it would be an act of courtesy on his part to acquaint Dr. X. with the circumstances of the case. (2) An effort should be made to see the patient in consultation with Dr. X.'s *locum tenens*. If the patient refuses, our correspondent should offer to attend for Dr. X., and resign the case to the latter on his return.

RECOVERY OF FEES.

GLASGOW asks whether a L.F.P. & S. Glas. can sue for medical and surgical fees in a court of law, and whether he can keep an open shop for the sale of drugs, etc., over the counter.

* * * (1) Certainly he can. (2) The keeping an open shop, though very derogatory from a professional point of view, is not illegal.

FEE OF MONTHLY NURSE UNABLE TO ATTEND.

PATER asks whether a monthly nurse can legally demand a fee, where she has been engaged for a particular time, and where, owing to the labour coming on earlier, and she not being able to attend, another nurse has had to be engaged.

* * * She is entitled to her fee if she was unable to obtain other employment during the time for which she had been engaged. A common practice is to pay the nurse half the fee. A medical man is similarly entitled to recover under the same conditions, but it is seldom wise on his part to enforce his rights. Nurses, too, will often show discretion in not pressing unduly their claims in such cases.

FEE FOR ATTENDANCE ON SICK PASSENGER.

S. J. O. writes that he was recently asked by a guard of a railway company to attend to a passenger in an epileptic fit; he did so, and took charge

of the patient up to the London terminus. He has since applied to the company for remuneration, but his claim has been repudiated. He wishes to know if the company is legally responsible.

* * * Unfortunately, our correspondent can only claim payment from the patient for services rendered. The officials of a railway company have no authority to pledge the credit of the company for medical or surgical aid. This was decided in *Cox v. Midland Railway Company* (18 L. J. Ex. 65). In a later case, however (*Walker v. Great Western Railway Company*), it was laid down that the general manager of a railway company may pledge the company's credit for medical expenses.

SPECIAL HOSPITALS OR SPECIAL DEPARTMENTS.

E. L.—Where a general hospital is willing to provide an efficient special department it seems to us bad economy to start a special hospital. Unquestionably the foundation of special hospitals was due to the refusal of the general hospitals a generation or two ago to make adequate provision for these special departments, and to the opposition to specialism which was at that time manifested by many leading members of the medical profession; but this has all passed away. The need for specialists is generally recognized, and there can be no reason why a special department in connexion with a general hospital should not be as efficient as a special hospital.

OPTICIANS AS OCULISTS.

"G. P." and "Nemo" write to complain of the claims put forward by opticians to act as eyesight specialists. This matter has been repeatedly referred to in the *BRITISH MEDICAL JOURNAL*, and is being dealt with by the Medico-Political Committee. As these opticians are not members of the medical profession no question of medical ethics arises except where medical practitioners are asked to countenance these persons in any way either by acting as examiners to the bodies which grant them diplomas, or by assisting them in their work.

E. G. G.—We may refer our correspondent to the report of the Medico-Political Committee (see SUPPLEMENT, July 16th, p. 35) and to the discussion at the Representative Meeting (see SUPPLEMENT, August 6th, p. 120), both of the present year. The matter has also been repeatedly referred to in this column. It would be unfair to condemn all opticians, but medical men should be cautious how they afford any assistance to those who are making claims to a knowledge and skill which unquestionably they do not possess.

SHOULD INSTRUMENTS AND APPLIANCES BE CALLED AFTER THE NAMES OF THEIR INVENTORS?

D. L. S.—This practice is unquestionably open to abuse, but, as our correspondent says, precedents can be quoted in its favour. It must therefore be regarded as a matter of taste; each case must be considered on its merits, and, as the Ethical Committee has pointed out, much must depend upon the real utility of the invention or improvement to which the name is to be attached.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

MR. ARTHUR THOMSON, M.A. Oxon., M.B. Edin., Professor of Human Anatomy and Deputy Regius Professor of Medicine, has been elected a member of the General Medical Council for a period of five years.

UNIVERSITY OF CAMBRIDGE.

SIR ISAMBAARD OWEN, M.A., M.D., of Downing College, has been appointed a Governor of the University College of Wales, Aberystwyth.

MR. H. E. DURHAM, M.A., M.B., King's, and Mr. G. S. GRAHAM-SMITH, M.A., M.B., Pembroke, have been elected John Lucas Walker Students in Pathology.

The degree of Doctor of Science, *honoris causa*, was, on August 17th, conferred on Professor A. Kossel, of Heidelberg, Professor A. Engler, of Berlin, Professor H. F. Osborn, of New York, and Sir W. T. Thiselton-Dyer, of Kew.

CONJOINT BOARD IN ENGLAND.

THE following gentlemen passed the First Examination of the Board in the subjects indicated at the quarterly meeting of the Examiners:

Chemistry.—H. R. L. Allott, R. W. Annison, J. J. H. Beckton, V. H.

Bowen, N. B. Benjafield, V. D. B. Bransbury, J. Brierley, B.A. Oxon.,

C. J. Butler, E. J. Chambers, B. Dale, D. Davies, G. A. Dempster,

F. N. Doubleday, F. Dumphy, W. J. I. Dwyer, E. C. East, B. C.

Eskell, E. R. Evans, A. K. Glen, B. G. Goodwin, P. T. Harper, F.

M. Harvey, L. A. Harwood, MacW. Henry, G. Holman, V. F.

Hutchinson, G. James, B. A. Keats, C. F. V. Kebbell, S. H. Kingston,

F. M. Lipscomb, R. A. Morrell, S. P. Mart, S. Mozumder, J. J.

O'Mullane, A. B. Pettigrew, C. C. Pickles, A. L. Saul, A. B. Scott,

H. Spitz, Shephard, E. R. Sircom, K. Wolferstan, E. S. S. Statham,

S. S. M. Wood, H. H. S. Templeton, H. E. Wall, J. L. Waller, S.

Williams, C. R. Woodruff.

Practical Pharmacy.—C. E. H. Adam, C. H. F. Atkinson, J. H. Bankes,

E. C. Banks, E. C. P. Barnes, A. Baxendale, A. M. Bennett, W. P.

Bonner, F. Brache, A. J. Brown, J. Browne, R. G. Buckley, J. A.

Bryne, R. S. Capon, J. P. Clarke, A. H. Clough, R. Cock, P. S. Con-

nellan, H. Cooper, S. A. Camb., S. Coram, A. Cordon, H. P. Costo-

badie, H. R. Cotton, R. M. Denny, W. J. I. Dwyer, J. G. Edwards,

H. B. Farrant, R. Farrant, A. E. Foerster, E. H. Good, R. S. Graham,

G. C. Gray, J. H. Gurley, C. P. R. Harvey, D. Havard, G. A. Hayman,

P. K. Hill, G. M. Huggins, F. W. Hobbs, E. C. Holton, S. F. Huth,

H. M. Inman, B.A. Oxon.; H. G. Janion, W. G. Jones, E. McIntyre,

P. W. Mathew, T. M. Miller, F. C. Morgan, J. F. H. Morgan, B. N.

Murphy, F. W. Murray, A. E. Nicholls, F. F. O'Mahony, T. G.

Percival, E. Prall, F. C. Pridham, R. B. N. Reade, R. A. Robinson,

L. P. Sanders, J. E. Scales, W. S. Simpson, T. W. R. Stode, F. L.

Smith, W. R. Taylor, H. E. Wall, F. Thompson, E. R. B. Von Braun.

L. F. K. Way, C. H. Welch, P. C. West, H. B. Wickham, W. E. Wilks, H. G. Williams, W. H. Williams, W. T. Williamson, "Elementary Biology," R. B. Abraham, T. C. R. Archer, H. W. L. Allott, C. W. T. Baldwin, F. Balkwill, W. E. P. Briggs, A. C. B. Biggs, C. C. C. Brace, W. V. Corbett, E. E. Davies, R. P. Davies, G. A. Dempster, D. C. Druiett, E. C. East, G. Holman, F. H. Fawkes, C. W. Gee, F. J. Gordon, B. A. Keats, C. F. V. Kebbll, S. C. Langford, K. G. Haigh, A. W. Havard, R. A. Hosegood, S. P. Mort, G. L. Lawlar, W. S. Luly, G. K. MacLean, P. E. H. Patey, A. T. Pitts, J. St. A. Titmas, A. R. Wise, E. A. Pywell, I. Ridge-Jones, G. G. Rigby, A. L. Robinson, N. F. Sinclair, J. G. Watson, G. F. Turner, D. Wainwright, and P. A. With.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In seventy-six of the largest English towns, including London, 8,109 births and 5,335 deaths were registered during the week ending Saturday last, September 3rd. The annual rate of mortality, which had been 22.1, 22.7 and 20.5 per 1,000 in the three preceding weeks, further declined last week to 18.2 per 1,000. Among these large towns the death-rates ranged from 6.4 in Hornsey, 7.8 in Kings Norton, 8.2 in Derby, 11.0 in Blackburn, 11.1 in Southampton, 11.6 in Halifax, 12.0 in Smethwick, and 12.3 in Croydon, to 26.3 in Stockport and in Hull, 26.6 in Salford, 27.2 in Liverpool, 27.4 in Plymouth, 27.5 in Middlesbrough, 28.5 in Hanley, and 28.7 in Bootle. In London the rate of mortality was 16.4 per 1,000, while it averaged 19.0 in the seventy-five other large towns. The death-rate from the principal infectious diseases averaged 5.6 per 1,000 in the seventy-six large towns; in London the rate was 4.5 per 1,000, while among the seventy-five other large towns the death-rates from these diseases ranged upwards to 9.2 in Middlesbrough, 9.3 in Grimsby, 9.6 in York, 10.4 in Burnley, 10.9 in Liverpool, 11.3 in Hull, 12.4 in Warrington, 13.0 in Hanley, 14.1 in Wigan, and 14.4 in Bootle. Measles caused a death-rate of 1.1 in Salford, 1.2 in Manchester, 1.8 in Plymouth, and 2.5 in Bootle; diphtheria of 1.8 in Rochdale; whooping-cough of 1.4 in Merthyr Tydfil, 2.7 in Norwich, 3.0 in Burton-on-Trent, and 3.9 in Grimsby; "fever" of 1.5 in Ipswich; and diarrhoea of 8.0 in Newport (Mon.), 8.1 in Stockport, 8.3 in York, 8.6 in Middlesbrough, 9.3 in Liverpool, 10.3 in Hull, 10.6 in Hanley, 11.6 in Warrington, 11.8 in Bootle, and 12.5 in Wigan. The mortality from scarlet fever showed no marked excess in any of the large towns. One fatal case of small-pox was registered in Warrington, 1 in Preston, and 1 in Gateshead, but none in any other of the seventy-six large towns. The number of small-pox patients in the Metropolitan Asylums Hospitals, which had been 21, 18, and 13 at the end of the three preceding weeks, had further declined to 9 at the end of last week; 2 new cases were admitted during the week, against 2 and 0 in the two preceding weeks. The number of scarlet fever cases remaining under treatment in these hospitals and in the London Fever Hospital on Saturday last, September 3rd, was 1,810, against 1,763, 1,745, and 1,781 on the three preceding Saturdays; 266 new cases were admitted during the week, against 189, 198, and 263 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, September 3rd, 927 births and 530 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 15.7, 17.1, and 16.2 per 1,000 in the three preceding weeks, further fell last week to 16.0 per 1,000, and was 2.2 per 1,000 below the mean rate during the same period in the seventy-six large English towns. The rates in the eight Scotch towns ranged from 9.2 in Perth and 11.7 in Leith, to 18.6 in Greenock, and 18.6 in Glasgow. The death-rate from the principal infectious diseases in these towns averaged 5.0 per 1,000, the highest rates being recorded in Glasgow and Greenock. The 234 deaths registered in Glasgow included 34 which were referred to diarrhoea, 16 to whooping-cough, 3 to measles, 2 to diphtheria, 2 to "fever," 1 to small-pox, and 1 to scarlet fever. Three fatal cases of whooping-cough, and 2 of "fever," were recorded in Edinburgh; 7 of diarrhoea, and 3 of whooping-cough in Dundee; and 9 of diarrhoea in Aberdeen, 4 in Paisley, and 2 in Greenock.

HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, August 20th, 568 births and 355 deaths were registered in six of the principal Irish towns, against 591 births and 379 deaths in the preceding period. The mean annual death-rate in these towns, which had been 15.0, 17.8, and 17.5 per 1,000 in the three preceding weeks, fell to 16.0 per 1,000 during the week under notice, this figure being 6.7 per 1,000 below the mean annual rate in the seventy-six English towns for the corresponding period. The figures ranged from 7.8 in Waterford and 10.9 in Limerick to 18.6 in Belfast, and 25.2 in Dublin. The death-rate from the principal zymotic diseases during the same period and in the same six Irish towns averaged 2.3 per 1,000, or 0.1 per 1,000 less than during the preceding week, the highest figure, 5.9, being recorded in Dublin, while Cork and Limerick recorded no deaths under this heading at all. The high rate in Dublin was due to diarrhoeal diseases, to which cause 33 cases were there ascribed, and 16 in Belfast.

During the following week, ending August 27th, the births in the same six Irish towns numbered 520, and the deaths 341, while the mean annual death-rate rose to 3.0 per 1,000, this figure being 2.9 lower than the corresponding rate in the seventy-six English towns. The figures ranged from 10.9 in Limerick and 11.7 in Waterford to 18.6 in Belfast and 24.5 in Dublin. The death-rate from the principal zymotic diseases during the same period and in the same six towns averaged 3.0 per 1,000, or 0.7 higher than during the preceding week, the highest figure, 6.7, being recorded in Dublin, while Limerick still recorded no deaths under this heading at all. In Dublin, 35 deaths were ascribed to diarrhoeal diseases, and in Belfast, 17 from the same disorder. Measles also accounted for 7 of the Dublin deaths from zymotic disease.

PLUMBERS' WORK.

THE Worshipful Company of Plumbers has issued a second portfolio of diagrams illustrating on a reduced scale the work of the plumber and some of the scientific principles underlying it. The diagrams are accompanied by descriptive and explanatory notes. The new set of diagrams are of a more advanced character than those comprising the first series, and are designed for the use of those following the intermediate and final courses of the Company's graded syllabus of instruction for plumbers. The two sets are intended to secure greater uniformity in the instruction of apprentices and others engaged in the plumbing trade, and have been prepared by a committee of experienced plumbers. It is believed that the general adoption of these diagrams in technical classes would tend to set up a higher standard of plumbing practice throughout the country, affording a still further guarantee against the admission of sewer gas into dwellings and the pollution of water.

TREATMENT OF SEWAGE AT MANCHESTER.

THE Rivers Department of the City of Manchester has just issued its annual report for the year ending March 30th, 1904. For several years past the department has furnished students and workers at sewage problems with the instructive particulars of the great experiments at Davyhulme, and the present volume is no exception to that rule. The original works first came into operation in the spring of 1894, and were designed for chemical treatment. During the past few years, the new works for bacterial treatment of the sewage have been in process of construction and are now nearly completed; consequently the greater proportion of the flow is dealt with by bacterial methods and chemical treatment will shortly be abandoned. The sewage is screened and then passed either through open septic tanks on to the half-acre contact beds or after simple sedimentation on to the storm beds. A certain proportion is chemically treated with lime and copperas, and after settlement in tanks is further purified on the storm beds or passes direct into the Ship Canal. The sludge which settles in the sedimentation tanks or septic tanks flows by gravity or is pushed by manual labour into channels leading to two ejectors from which it is forced under air pressure into two storage tanks near the banks of the Ship Canal. From these tanks it flows by gravity into the sludge steamers and thence to the open sea.

The total area of land comprising the Davyhulme Works is now 183 acres, of which 10 are occupied by precipitation and open septic tanks; 15 by buildings, sludge tanks, etc.; 46 by bacteria beds, complete or being constructed, and 26 by storm water filters. The volume of sewage delivered at the works from March to March was 13,154,650,000 gallons, or 35 million gallons per diem. From this flow some 4,000 tons of detritus has been removed by the screening process, and 3,527,217,000 gallons of sewage has been passed into the open septic tanks, or an average of 94 million gallons per day. About 6 tons per million gallons of this sewage becomes sludge as compared with 14 tons, which was the average amount of sludge per million gallons obtained by chemical treatment during the previous four years. The report, which is signed by the Chairman, Sir Bosdin Leech, gives a number of particulars as to the actual workings of the department, and the scientific data furnished by the Superintendent, Dr. J. G. Fowler, are placed in an appendix. This latter includes many tables and charts, and deals in the main with experiments on gauging sewage flow, with experimental filtration of effluent from chemical treatment, with the chemical characteristics of the filtrate from the half-acre bacteria beds, and with various miscellaneous work, all of which will prove of value to workers in sewage treatment.

DIPHTHERIA IN BRISTOL.

ONE of the most interesting portions of Dr. Davies's annual report on the health of Bristol for 1903 deals with the recent history of diphtheria in the city. The comparative returns from the Registrar-General's annual summary show that the diphtheria mortality in Bristol during the decade 1890-9 yielded the low average rate of 14 per 100,000 living, and in 1899 the even lower rate of 10. These figures of course compared very favourably with other great towns. But in 1900 the figure rose to 31, in 1901 to 37, and in the following year to 54. In 1903 there is the decline of the wave, and the figure is 35. The return of 54 for 1902 was the highest of all the great towns, and was 26 per 100,000 above the average. Moreover, from 1900 to 1902 the fatality of diphtheria steadily increased in Bristol, just as it has in other towns similarly invaded by a virulent type of bacillus. Dr. Davies points out that the recrudescence of the disease in 1900-3 has generally avoided the congested alum districts of the older parts of the city and has fallen heavily upon the more recently-built districts on the fringe. A large proportion of these new districts consists of a working-class population, especially susceptible, not because they are insanitary but because there is "a preponderance of young and susceptible children of school ages amongst such a population." Taking a broad view of the facts both of increased fatality and of distribution, Dr. Davies summarizes his view in the following words: "The outstanding features of the 1900-1 outbreak in Bristol were (a) the introduction into the city of a new and virulent variety of the bacillus, and (b) personal spread by unrecognized cases presenting few or no characteristics, but containing diphtheria bacilli in nose or throat." Acting on this belief of personal transmission of the disease and in its unsuspected persistence in nose and throat the authorities at Bristol have made systematic search for the bacillus in contacts, and isolation and treatment of such cases without resort to school closure, "which seems a quite inadequate measure and sometimes actually harmful in the case of diphtheria."

Dr. Davies's conclusions as to the part played by the pseudo-diphtheria bacillus of Hofmann are not in entire accord with the recently-expressed view of Dr. Thomas and others as a result of experience in the metropolis. The Bristol experience points to the view that the presence of the Hofmann bacillus amongst children who have been in direct association with cases of clinical diphtheria is a sign of danger, as "their frequent appearance in both stages of throat diphtheria, and their constant occurrence amongst contacts with clinical diphtheria (especially in schools) lead us to attach serious importance to them when found in intimate association with an outbreak of recognized diphtheria, and to ascribe to them in such association the rôle common to the mildest forms of scarlet fever or of small-pox, that is, of keeping alive an infection which, if marked clinical cases alone occurred, might readily be blotted out." This is a clearly-defined position, and on the whole we are of opinion that the occurrence of the Hofmann bacillus must, for the present, be viewed with suspicion.

Professor Stanley Kent, who had undertaken the bacteriological examinations at Bristol in 1903, reports that of 5,545 examinations made for the Klebs-Loeffler bacillus 768 cases showed the specific organism to be present

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.

- BANBURY: BORTON INFIRMARY.—House-Surgeon, resident. Salary, £80 per annum.
- BATH ROYAL UNITED HOSPITAL.—House-Surgeon, resident. Salary, £80 per annum.
- BREKSHIRE COUNTY COUNCIL.—County Medical Officer of Health. Retaining fee of £22 10s. per annum with fee of £3 8s. per day for special services.
- BIRKENHEAD BOROUGH HOSPITAL.—Junior Resident House-Surgeon. Salary, £80 per annum and notification fees.
- BIRMINGHAM: GENERAL HOSPITAL.—(1) House-Surgeon. Salary at the rate of £50 per annum. (2) Resident Pathologist. Salary, £100 per annum.
- BIRMINGHAM GENERAL DISPENSARY.—Resident Surgeon. Salary, £170 per annum, and £30 for cab hire.
- BOURNEMOUTH: NATIONAL SANATORIUM FOR CONSUMPTION AND DISEASES OF THE CHEST.—Resident Medical Officer. Salary, £10 per month.
- DEVONPORT: ROYAL ALBERT HOSPITAL AND EYE INFIRMARY.—Assistant House-Surgeon. Salary, £50 per annum. Appointment for six months.
- DUDLEY: GUEST HOSPITAL.—Assistant House-Surgeon, resident. Salary at the rate of £40 per annum.
- EVELINA HOSPITAL FOR SICK CHILDREN, Southwark, S.E.—Eight Clinical Assistants in Out-patient Department.
- GORDON HOSPITAL FOR FISTULA, Vauxhall Bridge Road.—House-Surgeon. Honorarium, £15 15s. for six months or £40 for twelve months.
- GREAT NORTHERN CENTRAL HOSPITAL, Holloway, N.—Pathologist. Salary, 50 guineas per annum.
- HALIFAX UNION POOR-LAW HOSPITAL.—Resident Medical Officer. Salary, £120 per annum and £20 for dispensing medicines.
- HEREFORD COUNTY AND CITY ASYLUM.—Assistant Medical Officer, resident. Salary, £150 per annum.
- INVERNESS DISTRICT ASYLUM.—Assistant Medical Officer, resident. Salary, £100 per annum.
- LEICESTER INFIRMARY.—Clinical Clerk, resident. Honorarium, £10 10s. for six months.
- LIVERPOOL INFECTIOUS DISEASES HOSPITAL.—Assistant Resident Medical Officer. Salary, £120 per annum.
- LONDON HOSPITAL, Whitechapel, E.—Physician.
- LONDON OPEN-AIR SANATORIUM, Pinewood, near Wokingham.—Resident Assistant Medical Officer. Salary, £100 per annum.
- MANCHESTER TOWNSHIP.—Junior Resident Assistant Medical Officer at the Workhouse. Salary, £110 per annum.
- METROPOLITAN HOSPITAL.—(1) Casualty Officer. (2) House-Physician. (3) House-Surgeon. (4) Assistant House-Physician. (5) Assistant House-Surgeon. Salary for (1) at the rate of £150 per annum, for (2) and (3) £40 per annum, and (4) and (5) £20 per annum.
- MONTROSE ROYAL ASYLUM.—Junior Assistant Medical Officer. Salary, £125 per annum.
- QUEEN'S JUBILEE HOSPITAL, Earl's Court, S.W.—House-Surgeon, resident. Salary at the rate of £32 per annum.
- READING: ROYAL BREKSHIRE HOSPITAL.—House-Physician, resident. Salary at the rate of £80 per annum.
- ROTTERHAM HOSPITAL AND DISPENSARY.—Senior House-Surgeon. Salary, £110 per annum.
- ST. MARY'S HOSPITAL, Paddington.—Medical Officer in charge of X ray Department. Salary, £150 per annum.
- ST. THOMAS'S HOSPITAL MEDICAL SCHOOL.—Lecturer on Physics.
- SAISBURY INFIRMARY.—Assistant House-Surgeon, resident. Salary, £50 per annum.
- STOCKPORT INFIRMARY.—Junior Assistant House-Surgeon, resident. Salary, £40 per annum.
- TOTTENHAM HOSPITAL.—House-Physician, resident. Salary, £80 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, increasing to £75.
- WISBECH: NORTH CAMBRIDGESHIRE HOSPITAL.—Resident Medical Officer. Salary, £100 per annum.
- WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—Assistant House-surgeon, resident. Honorarium at the rate of £75 per annum.

APPOINTMENTS.

- BURNET, E. M.B., Ch.B.Vict., District Medical Officer of the Parish of Birmingham.
- CASSE, W. E. M.B., C.M.Edin., District Medical Officer of the Rochdale Union.
- CODD, J. A., M.D.Lond., B.Sc., Medical Officer of Health, Heath Town Urban District.
- CRUTTWELL, H. A., L.R.C.P. & S.Edin., L.F.P.S.Glasg., District Medical Officer of the Chertsey Union.
- CUDMORE, Arthur M., M.B., F.R.C.S., Surgeon to the Adelaide Hospital, South Australia.
- CUMPERTON, T. H. L., M.B., B.S., Resident Medical Officer, Parkside Lunatic Asylum, South Australia.
- EDLESTON, R. S. C., M.R.C.S., L.R.C.P.Lond., District Medical Officer of the Bakewell Union.
- EDMONSTON, W. C., M.B., C.M.Aber., District Medical Officer of the Pembroke Union.
- FLANNERY, J. G., L.R.C.P. & S.L., Certifying Factory Surgeon for the Tubercular District, County Sligo.
- GRAHAM, R. G., M.R.C.S., L.R.C.P.Lond., Medical Officer of Health for the Watchet Urban District.
- GRIFFITH, O. W., L.R.C.P. & S.Edin., District Medical Officer of the Pwllheli Union.
- HAWKSWORTH, T. A., M.D.Lond., M.R.C.S.Eng., District Medical Officer of the Henley Union.
- ST. THOMAS'S HOSPITAL.—The following gentlemen have been selected as House-Officers from Tuesday, September 6th, 1904:
- Resident House-Physicians.—B. Higham, M.R.C.S., L.R.C.P.; W. Howard, M.B., B.S.Durb., M.R.C.S., L.R.C.P.
- House-Physicians to Out-patients.—A. G. Gibson, B.A., M.B., B.Ch.Oxon., B.Sc.Lond.; K. Takaki, M.R.C.S., L.R.C.P.
- Resident House-Surgeons.—H. S. Bennett, M.R.C.S., L.R.C.P.; N. C. Carver, R.A., B.C.Cantab., M.R.C.S., L.R.C.P.; A. C. Birt, M.R.C.S., L.R.C.P.; G. T. Birks, M.A., M.B., B.C.Cantab.
- House-Surgeons to Out-Patients.—H. A. Kisch, M.R.C.S., L.R.C.P.; G. B. Footner, B.A.Cantab., M.R.C.S., L.R.C.P.; R. E. G. Gray, M.A.Cantab., M.R.C.S., L.R.C.P.; J. C. F. Vaughan, M.R.C.S., L.R.C.P.
- Obstetric House-Physicians.—(Senior) J. P. Hedley, M.A., M.B., B.C.Cantab., M.R.C.S., L.R.C.P.; (Junior) H. I. Pinches, M.A., M.B., B.C.Cantab., M.R.C.S., L.R.C.P.
- Ophthalmic House-Surgeons.—(Senior) H. S. Stannus, M.B.Lond., M.R.C.S., L.R.C.P.
- Special Departments.—Throat.—T. B. Henderson, M.A., M.B., B.Ch.Oxon.; R. E. Whiting, B.A., B.C.Cantab. Skin.—W. L. Harnett, M.A., M.B., B.C.Cantab., M.R.C.S., L.R.C.P.; F. M. Bulley, B.A.Cantab., M.R.C.S., L.R.C.P. Ear.—T. Guthrie, M.A., M.B., B.C.Cantab., M.R.C.S., L.R.C.P.
- Some other gentlemen received an extension of their appointments.
- SHAW, William, M.D., Honorary Physician to the West Kent General Hospital, Maidstone, vice C. E. Hoar, M.D. resigned.
- WYLLIE, William R., M.D., B.Sc.Lond., M.Sc., M.B., B.Ch.Birm., Casualty Assistant Physician to the General Hospital, Birmingham.

DIARY FOR NEXT WEEK.

POST-GRADUATE COURSES AND LECTURES.

Medical Graduates' College and Polytechnic, 23, Chenies Street, W.C.—The following clinical demonstrations have been arranged for next week at 4 p.m.: Monday, Skin Diseases; Tuesday, Medical Cases; Wednesday, Surgical Cases; Thursday, Surgical Cases; Friday, Eye 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.

- BLANDFORD.—On August 27th, at Harland House, Norton-on-Tees, to Dr. and Mrs. Laurence J. Blandford, a son.
- KIRKBY.—On September 5th, at 87, Earlsfield Road, Wandsworth Common, the wife of R. C. Kirkby, M.R.C.S., L.R.C.P., of a son.

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 *Aitiology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

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

PLUMBAGO asks suggestions for treatment of the following case: A child fell and struck its nose against a tin of blacklead. There is now a purple-blue line beneath the epidermis, extending horizontally across the nose.

DUBIOUS will be grateful for any hints as to the treatment of a patch of ringworm on the scalp of a boy aged 10 years. The disease has existed for twelve months and has resisted treatment by the application of iodine, oleate of mercury 10 per cent., sulphur ointment, Coster's paste, chrysarobin ointment, etc. On more than one occasion, after the disease has apparently been cured, it has developed afresh.

NEMO writes: I should be glad to know from you or any of your readers whether there is any literature dealing with the therapeutic value of rum, or whether any of your readers are in the habit of prescribing rum in preference to any other alcoholic beverage in certain cases; if so, in what particular cases they find it to be of special value.

TREATMENT OF TUBERCULOUS BONE DISEASE.

G. V. writes: I have a case, a young lady, who has suffered from tuberculous inflammation and necrosis of many of the bones (but with good health and spirits all the time) for now fifteen years. I would like to know if any serum treatment would do her good, or perhaps cure her. All remedies, change of air, etc., are useless.

ANSWERS.

H. R.—If the appliance in question leaves "an unsatisfied feeling," its use is injurious, and tends to produce neurasthenia.

ALBERT.—Chavasse's *Advice to a Wife* (London: J. and A. Churchill, 2s. 6d.) and *Advice to a Mother* (London: J. and A. Churchill, 2s. 6d.) will probably meet our correspondent's views.

THE correspondent who has forwarded to the Medical Secretary a marked copy of a pamphlet on Catarrhal Deafness is requested to communicate his name.

INTRACTABLE PSORIASIS.

DR. J. F. MACGREGOR (Morvern, Argyllshire) writes: If your correspondent would consult Dr. Byrom Bramwell's *Clinical Studies* (R. and R. Clark, Limited, Edinburgh), vol. ii, Part III, which is published quarterly, he will there find a very full account of cases, with illustrations, of the successful treatment of psoriasis by thyroid.

DR. THOMAS HAYES (Rathkeale, Ireland) writes: I have had a case of intractable psoriasis which was treated in hospital and at Harrogate without result. A gentleman, aged 75, was covered from head to foot with psoriasis, and after protracted treatment extending over a year was perfectly cured by the following treatment: Bran or linseed meal baths at temperature 100° daily; applications daily of a solution of liq. carb. detergens; application of creosote ointment occasionally to relieve the itching, and the administration internally of iodide of potassium in infusion of cinchona.

G. R. S. writes: Three years ago during a small-pox scare I vaccinated two middle-aged women. These had been under my care for two years or more, suffering from psoriasis, and had benefited but little from the usual treatment. They both suffered very badly from the vaccination, but both lost all trace of psoriasis in two to three weeks' time. And