

section a newly-formed connective tissue, embryonic in nature, is to be seen, with a number of dilated lymphatics or lymphatic spaces in the centre.

I have never heard or read of an ailment of this description, except a series of 6 cases described by Surgeon A. J. Wildey, R.N., in the *Transactions of the Hong Kong Medical Society*, vol. i, 1889, published by Messrs. Kelly and Walsh, of Hong Kong. In this volume Surgeon Wildey, in a paper entitled "On Some Cases of Lymphatic Obstruction occurring among the Detachment of Royal Marines at Port Hamilton, Corea," described very similar conditions, but the nodules in his cases were, perhaps, larger, and the lymphatic streaks more pronounced. As in the cases referred to by Surgeon Wildey, so in my case I am convinced that the disease was an evanescent obstruction of the lymphatics in the limbs.

MEMORANDA:

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

AN UMBILICAL FISTULA.

The following case of an umbilical faecal fistula, spontaneously cured, was observed in my hospital last year.

R. V. B., aged 45, a male Mohammedan, came with a fluctuating tumour at the umbilicus. The latter had bulged out to a distance of $1\frac{1}{2}$ in. in front of the abdominal wall. It had a small opening surrounded by exuberant granulations. On gentle pressure a drop of purulent discharge escaped from the opening.

Since the umbilicus is not a common seat of an abscess I suspected something unusual in the case, and under chloroform cautiously opened the abscess on a director. A large quantity of pus was washed out, and three solid masses were found free on the floor of the cavity. These solid masses on examination under the microscope proved to be faecal matter, and it was evident that they had escaped from a faecal fistula which had subsequently closed.

On inquiry the patient told us that the abscess was of a month's duration, and that previous to its occurrence he experienced not the slightest trouble or inconvenience. The abscess cavity has now healed and the patient has completely recovered.

Considering the usual danger of perforation of the small intestine, the operation, and the amount of after-care it requires, one cannot help wondering at the quiet and effective cure. Nature at times brings about.

G. R. TAMBE,
State Surgeon, Indore, Central India.

British Medical Association.

CLINICAL AND SCIENTIFIC PROCEEDINGS.

ULSTER BRANCH.—At the last meeting of this Branch, Dr. THOMAS McLAUGHLIN, President, in the chair, Professor BYERS gave an account of a large fibro-cystic tumour of the uterus which he had recently removed which exhibited areas of secondary degeneration (myxomatous, suppurative, and sarcomatous). Professor Byers also showed a solid tumour of the ovary (sarcoma) which was associated with ascites and pleural effusion, and mentioned that Mr. Lawson Tait's dictum was that in a case of pleuro-peritoneal effusion an exploratory abdominal section should be done, as cases clinically malignant sometimes were shown by direct examination of the parts after the peritoneum had been opened to be capable of removal. Professor Byers pointed out that a great deal needed to be done in reference to the pathology of so-called sarcomatous ovarian tumours, and said that this case afforded support to the views put forward by Dr. Cullingworth in the Ingleby Lectures for 1904 (A Plea for Exploration in Suspected Malignant Diseases of the Ovary, with Illustrative Cases). Professor Byers also showed a placenta from a case of a normal full-term child. Incorporated with the placenta was an arrested fetus whose cord was attached to an abnormal (necrotic) portion of the placenta. Photo-

graphs of the specimen were shown taken by a vertically-placed camera.—Professor LORRAIN SMITH gave a demonstration with explanations of the microscopic characters of all the specimens.—Dr. JOHN McCRAW (Belfast) gave a short account of a case of triplets he had attended and showed the placenta.—Mr. A. B. MITCHELL showed (1) a series of six prostates removed by Freyer's method; (2) a patient wearing a Symonds's tube for stricture of the oesophagus; and (3) a child operated on for hare-lip and cleft palate.—Dr. HOWARD SINCLAIR (Rostrevor) read a paper on the consumptive poor.

REVIEWS.

OPHTHALMOLOGY.

In his book on the examination of the functions of the eye,¹ Professor SCHWARZ has made a sound and very solid contribution to the literature of clinical diagnosis. Although the work has many neurological bearings, yet they are quite overshadowed by the ophthalmological interest. It may be said at once that it seems to be intended for specialists in ophthalmology, and for them nothing could be better adapted, but for the neurologist who wants as much help as he can get from ophthalmology it would probably prove not nearly so helpful as some others, for instance, that by Max Knies. Dr. Schwarz begins with seventy-four pages of pure physics which include more trigonometry and algebra as applied to optics than the average medical man, to say nothing of the average ophthalmologist, would be inclined to face by the time he needs suggestions on the methods of investigating the different functions of the living eye. Immediately following this is an elaborate disquisition on visual acuity and the methods of estimating it; then a dissertation on defects of accommodation, with more mathematics. The treatment of the subject of the light sense and colour vision will appeal to the physiologist, as well as to the ophthalmologist, and the sections on visual fields, mind blindness, pupil changes, binocular vision, and diplopia are exhaustive; but the section on the diagnostic significance of eye changes is scanty, almost bald in its statements, and withal rather too dogmatic. Methods are given for estimating the different ocular defects quantitatively as well as qualitatively. The style of the book for the English reader is good; the German is transparent, and the arrangement is methodical and rational, but the book is truly a portentous aggregation of facts which, while doubtless of importance to the specialist, is likely to overpower by its mass the ordinary man.

Dr. WEBSTER FOX (Philadelphia) has added to the long list of textbooks of ophthalmology by the production of an attractive-looking volume, *Diseases of the Eye*.² In arrangement it is, however, somewhat different from the usual books of this nature in that the different structures of the eye are discussed in order from without in, thus we get refraction quite at the end. The author is so well known as an advocate of the use of large probes in the treatment of obstruction of the nasal duct that we are not surprised to find them strongly recommended here: in fact, he prefers to dilate the duct to a sufficient degree to allow the patient to be able to force air through the slit canaliculus. He is also an advocate of the use of the keratome in making the incision in iridectomy for glaucoma. In discussing colour vision the theories of Helmholtz and of Herring are given, but we find no mention of the important work of Edridge Green on the subject. There is an appendix giving directions for the management of operations, together with numerous illustrations of instruments. At the end is a somewhat abridged pharmacopoeia and a list of terms used in ophthalmology with their meanings. The book is profusely illustrated.

The Refraction and Motility of the Eye,³ by Dr. W. N. SUTER, of Washington, is divided into four parts. Part I describes the theory of refraction. Part II deals with the normal eye, Part III gives a detailed description of the errors of refrac-

¹ *Die Funktionsprüfung des Auges und ihre Verwertung für die Allgemeine Diagnostik*. Von Professor O. Schwarz, of Leipzig. Berlin: S. Karger, and London: Williams and Norgate. 1904. (Demy 8vo, pp. 322. M. 7.)

² *Diseases of the Eye*. By L. Webster Fox, A.M., M.D. Philadelphia. London: Sidney Appleton. 1904. (Demy 8vo, pp. 604; 300 illustrations. 18s.)

³ *The Refraction and Motility of the Eye*. For Students and Practitioners. By William Norwood Suter, M.D., Washington. London: Sidney Appleton. 1904. (Crown 8vo, pp. 390; 105 illustrations. 9s.)

THE PLAGUE.

PREVALENCE OF THE DISEASE.

INDIA.

DURING the three weeks ending August 6th, 13th, and 20th, the deaths from plague in India numbered 4,794, 5,849, and 6,198 respectively. The distribution of fatal cases was as follows: Bombay City, 44, 57, and 42; Bombay Districts, 2,927, 3,308, and 3,566; Calcutta, 8, 3, and 3; Bengal, 101, 366, and 335; North-West Provinces and Oudh, 240, 368, and 361; Punjab, 24, 31, and 33; Rajputana, 46, 65, and 134; Karachi, 2, 2, and 2; Central Provinces and Berar, 49, 58, and 93; Coorg, 1, 3, and 7; Central India, 90, 95, and 230; Madras Districts, 390, 413, and 475; Hyderabad State, 187, 266, and 401; Mysore State, 390, 814, and 716. The chief increase in plague recently has occurred in the Bombay Districts.

SOUTH AFRICA.

Port Elizabeth.—With the exception of 1 case of plague and 1 death from the disease during the week ending August 20th, no fresh cases of the disease have been met with in any town in Cape Colony. Three cases of plague remained under treatment on August 20th. Plague-infected rats were found in Port Elizabeth and East London.

HONG KONG.

During the weeks ending August 20th and 27th and September 3rd the fresh cases of plague numbered 1, 1, and 3, and the deaths from the disease, 1, 1, and 3 respectively.

MAURITIUS.

During the weeks ending August 25th, September 1st and 8th, the fresh cases of plague numbered 10, 7, and 4, and the deaths from the disease 5, 6, and 2 respectively.

HAMBURG.

On the British steamer *Bishopsgate* arriving in Hamburg during the first week of September some plague rats were found. No member of the crew has shown signs of illness.

THE MIDWIVES ACT, 1902.

NORTHAMPTONSHIRE.

THE annual report to the Northamptonshire County Council by Dr. Charles E. Paget, County Medical Officer of Health, contains the following statement of the action taken with regard to the administration of the Midwives Act:

The work of bringing the Midwives Act, 1902, into operation in this county has entailed a very heavy official correspondence and much pains to make the provisions of the Act quite clear to those interested in them. A preliminary notice, dated April 6th, 1903, was posted up in every parish of the administrative county, calling the attention of every woman using the title of "midwife," or who habitually and for gain attended women in childbirth, that the Act came into operation on April 1st, 1903, that the local supervising authority was the County Council, and that further information would be given to any woman affected by the provisions of the Act on her making application to me. In the meantime, I put myself into communication with every medical practitioner in the county, and asked him to be good enough to assist me by sending me, as far as he was able from the area within which he practised, (1) a list of women who habitually and for gain attended women in childbirth without a medical practitioner, and (2) a list of women who occasionally attended confinements, not necessarily for gain. The information thus obtained was supplemented by lists furnished me by the Superintendents of the County Police through the kindness of the Chief Constable. I then put myself into communication with each of the women of whose existence I thus became aware and sent her an explanatory letter, setting forth the provisions of the Act and inviting her to communicate with me on any point that might be difficult for her to understand. The number of women thus written to was 378. A second explanatory letter had to be sent to 224 of these women, and interviews were accorded to sixteen others. The rules of the Central Midwives Board were not published until towards the end of September, 1903, their approval for a period of three years by the Privy Council not having been granted until the 12th of August preceding. On the publication of the Rules I wrote to inform all the women practising midwifery in the county—the total number having been increased in the meantime by additional information to 384—of the fact, explained to them the necessary procedure in each class of case if they desired to be certified as midwives under the Act, and sent them at the same time an abstract of the rules relating to the practice of midwives. By the middle of February, 1904, 46 applications had been made by women for enrolment as midwives on the ground either (a) of having been in bona fide practice for one year previous to July 31st, 1902, or (b) of possessing certificates in midwifery satisfactory to the Central Midwives Board; at the same time, 36 other women had decided to give up practice as midwives on account of increasing years, ill-health, or inability to write and so fill up necessary forms, or because they did not care to go to the expense of qualifying for certificates. The right of any woman to take or use the name or title of midwife ceases from and after April 1st, 1905, unless she be duly certified under the Act. I intend, therefore, later on to send the remaining women who have not finally communicated with me a reminder of this provision. In December I reported to the Public Health Committee on the manner in which, in my opinion, the Act should be administered in this county. In regard to certain suggestions to county and county borough councils in reference to the duties assigned to them under the Midwives Act, 1902, issued by the Central Midwives Board, I pointed out that those relating to the re-

tention of the duties under the Act by the County Council, and the appointment of the Public Health Committee as the local supervising authority, had already received the approval of the County Council. My own appointment as the executive officer of the committee was then recommended, and subsequently approved by the Council. In regard to the supervision of midwives, it was also decided to give me assistance by means of a fully trained nurse who should herself be qualified to be put on the roll of midwives, and I am of opinion that such a female inspector should succeed in making the supervision both practical and helpful to the midwives themselves. The important clause in the rules of the Central Midwives Board respecting the disinfection of the clothing of midwives by the local sanitary authority, has led to a recommendation being sent from the County Council to the District Councils to provide proper steam disinfectors where such are not in existence; and I am glad to say that this recommendation is meeting with some satisfactory response. A further step of importance in regard to administration has also been taken, namely, in regard to action which must follow the notification of a case of puerperal fever in the practice of a midwife. It was obvious that in almost every instance the notification of the case would reach the District Medical Officer of Health before it reached me, and that he would have opportunities of making earlier inquiry into it for the information of his District Council than I could for the local supervising authority. The local Medical Officer of Health is, however, under no obligation to report on such a case to the local supervising authority; but, inasmuch as there should be as little delay as possible in a report on the circumstances of a case of puerperal fever occurring in the practice of a midwife, the Council, following the example of the Derbyshire County Council, decided that a payment of half-a-guinea should be made to the Medical Officer of Health on his sending in a prompt report of the case upon an approved form. I am hopeful that the administration of the Act may now be carried out in this county without friction and in a satisfactory manner.

CONTRACT MEDICAL PRACTICE.

NOTICE AS TO DISTRICTS IN WHICH DISPUTES EXIST.

A notice as to places in which disputes exist between members of the medical profession and various organizations for providing contract practice will be found among the advertisements, and medical men who may be thinking of applying for appointments in connexion with clubs or other forms of contract practice are requested to refer to the advertisement on page 83.

MEDICAL NEWS.

THE annual dinner of the Incorporated Society of Medical Officers of Health will take place on Friday, October 18th, under the chairmanship of Dr. John F. J. Sykes, President.

A CHAIR of Tropical Medicine has been created at the Naval Medical School, Washington, and Surgeon P. A. Lovering has been appointed to it.

AN address introductory to the Medical Session of the University of Manchester will be delivered by Dr. Lorrain Smith, the newly-appointed Professor of Pathology, on Monday, October 3rd, at 4.30 p.m.

DR. A. T. BRAND, Public Vaccinator, Driffield District, Driffield Union, has been awarded the Government extra grant for efficient vaccination for the eighth consecutive time.

THE SPITTING NUISANCE.—Spitting on pavements will in future be a costly luxury in Seneca, Illinois. An ordinance recently passed by the City Council makes the offence punishable by a fine of 3 to 25 dollars (£1s. to £5).

THE next Pan-American Medical Congress will be held at Panama in the first week in January, 1905. Dr. Julio Yeaza has been appointed President, and there will be four Sections—surgery, medicine, hygiene, and the specialities.

DR. NORMAN MOORE has written a history of St Bartholomew's Hospital from its foundation to the present day. The whole of the proceeds of the sale of the book, which will be published by Messrs. C. A. Pearson, Limited, will be given to the Fund for the rebuilding of the Hospital. It will be illustrated by original sketches by Mr. Howard Penton, and will contain interesting reproductions of the ancient seals and muniments of the Hospital. The volume will be issued at two prices, two guineas and one guinea, and a list of the subscribers to the first edition, which will be limited to two thousand copies, will be printed as an appendix to the work. Intending subscribers are requested to send their names to the Honorary Secretary of the Rebuilding Fund, St. Bartholomew's Hospital, E.C.

THE PELLATT FUND.

THE Treasurer, Surgeon-Colonel F. H. Welch, 8, Brandram Road, Lee, S.E., begs to acknowledge the receipt of the following sums on behalf of Miss E. B. Pellatt, L.S.A., additional to those already reported :

	£	s.	d.		£	s.	d.
The Society of	St. John			A Nursing Home, Blaching-			
the Evangelist	...	25	0	ton	...	0	10
Mrs. Webb	...	10	0	"A Blind Lady"	...	0	3
Mrs. Benyon	...	5	0	Mr. and Mrs. J. E. Ransome	...	2	0
Miss Harris	...	0	10	Dr. P. Frank	...	5	0
Miss T. N. C. Gray	...	1	1	Dr. Minnie E. Bowlby	...	1	6
Miss C. A. Nevill	...	1	1	Miss A. Pellatt	...	1	0
Dr. W. Travers	...	1	1	Miss Marie Corelli	...	5	0
Dr. Elizabeth Courtaud	...	5	0	Mrs. Mann Taylor	...	3	3
Mr. F. D. Welch	...	1	1	Mrs. Nicholson	...	2	2
Miss R. E. Crosse	...	2	0	Dr. Florence A. Stoney	...	1	1
Miss F. Garington	...	1	0	Dr. F. de Havilland Hall	...	2	2
Dr. Mina L. Dobbie	...	2	0	The Misses Henderson	...	2	0
"Tyneside"	...	1	1	Mr. Leonard A. Bidwell	...	1	1
Dr. Edith Shove	...	5	5	Dr. Gabrielle Brezze	...	1	1
The Misses Fergusson	...	3	0	Mrs. C. Jones	...	10	0
Mr. G. Jones	...	0	3	Mrs. Beaumont	...	5	0
Dr. Maria Sharp	...	1	1	"A Nurse"	...	0	10

ASSOCIATION NOTICES.

COUNCIL.

NOTICE OF MEETING.

A MEETING of the Council will be held in the Council Room of the Association, at 429, Strand (corner of Agar Street), London, on Wednesday, the 19th of October, at 2 o'clock in the afternoon.

September, 1904.

GUY ELLISTON, *General Secretary*.

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.

BRANCH MEETINGS TO BE HELD.

BIRMINGHAM BRANCH: COVENTRY DIVISION.—The annual dinner of this Division will be held at the Drill Hall, Queen Victoria Road, Coventry, on Thursday, October 6th, at 7.15 p.m. After the dinner the Chairman (Dr. Webb Fowler) will give his address as chairman for the year. Mr. J. Smith Whitaker, the Medical Secretary of the Association, has accepted an invitation to be present. Dinner tickets, including wine, will be 15s. each. It will be open to members to introduce guests, who must be either medical men or registered dentists. The Secretary will be obliged if members will let him know at an early date, not later than September 30th, whether they will be present, and whether they will be introducing guests. Members wishing to read papers or to show specimens or cases during the current session are requested to communicate their wishes to the Honorary Secretary, E. H. SNELL, Knighton House, Coventry.

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

LANCASHIRE AND CHESHIRE BRANCH: ALTRINCHAM DIVISION.—The members of this Division will meet at the Brooklands Hotel, Brooklands, at 5 p.m. on Thursday, September 29th. (The 4.5 p.m. train from Northwich will be stopped at Brooklands.) The meeting will be a Special Meeting (under Rule 12) for the purpose of passing (under Rule 13) a new rule to provide for the filling of casual vacancies among the officers. It will also be the ordinary quarterly meeting. The Association and Medical Defence: The Committee calls attention to the history of this subject as given in Dr. Welsford's letter on p. 469 of the BRITISH MEDICAL JOURNAL of August 27th, 1904, and reminds the members that the Special Meeting of March 30th, 1904, passed a resolution, *nem. con.*, in favour of the proposal that the Association should undertake medical defence. The Committee considers that the importance of the subject demands further action, and requests each member to be good

enough to fill up and return the post-card to the Honorary Secretary before September 29th, to facilitate the discussion on a resolution to be proposed. The Committee further request members to read the reports of the Annual Representative Meeting as contained in the JOURNAL and SUPPLEMENT of July 30th and August 6th, with a view to making an official communication to the Central Council. Agenda: 1. Minutes of last meeting (May 18th). 2. Report of Committee (Minutes of Meeting of August 31st). 3. Dr. C. J. Reushaw will open a discussion on the advisability of the State registration of nurses; and will move a resolution. 4. The Association and Medical Defence: 5. New rule as to filling casual vacancies among the officers. 6. Report of Representative on Annual Meeting at Oxford; authorize official communication to Central Council. 7. To transact any business that may be transacted at an ordinary meeting. 8. Communication from Exeter Division.—T. W. H. GARSTANG, Honorary Secretary.

METROPOLITAN COUNTIES BRANCH: WANDSWORTH DIVISION.—A meeting will be held at the Town Hall, Wandsworth, on Thursday, September 29th, at 9 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.

NORTH WALES AND SHROPSHIRE BRANCH: FLINT AND DENBIGH DIVISION.—The annual meeting will be held at the Westminster Hotel, Rhyl, on Friday, September 30th, at 3 p.m. Members wishing to read papers, or show cases or specimens, are requested to communicate with the Honorary Secretary, E. D. EVANS, Wrexham.

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. The dinner will take place at 6 p.m., charge 7s., exclusive of wine. All members of the South-Eastern Branch are entitled to attend, and to introduce professional friends. Papers have been promised by Mr. Dundas Grant, Dr. W. H. Tunnicliffe, Dr. A. E. Giles. The subjects of these papers will be announced at a later date. N.B.—The Honorary Secretary would be much obliged if members would kindly inform him by postcard whether they intend, if possible, to be present at the meeting, and if likely to remain to dinner. By doing so they will materially facilitate arrangements, and promote the success of the meeting.—E. H. WILLOCK, Honorary Secretary, 113, London Road Croydon.

SPECIAL CORRESPONDENCE.

PARIS.

Professor Lucas-Championnière on the Treatment of Varicose Veins and Phlebitis by Movement.—Nomination of a Commission to Control Vaccine Establishments.—The International Congress of Tuberculosis in 1905.

PROFESSOR LUCAS-CHAMPIONNIÈRE, reporting on a paper by Dr. Marchais on the treatment of varicose veins by walking, already mentioned in the BRITISH MEDICAL JOURNAL, draws attention to the freedom from bad results when cases of phlebitis are not immobilized after operation, the complications in wounds of veins being entirely due to infection. After operation, the limb is left free in the bed, the patient only requiring the rest which is necessary after any operation on the lower limb, movement being favourable to healing in cases of phlebitis. Immobility causes continuation of pain due to oedema, and also muscular atrophy, which changes these patients into chronic feeble subjects. Professor Lucas-Championnière has remarked that movement had nothing to do with the fatal termination in cases of embolus occurring in the course of treatment of fractures of the lower limb. These cases, which are so difficult to explain, and in which pulmonary embolus is so rapidly fatal, occur, he has observed, in patients who had been kept carefully immobilized. He cites cases in proof of the statement, and quotes a paper by Dr. Dagron advocating the treatment of cases of phlebitis by massage. The limb should not be touched while the temperature is above normal, as then the infection is active and the clot soft; this period, as a rule, does not exceed fifteen days. Movements causing contraction first of the muscles of the calf, then those of the thigh, are then begun. After one week of these he adds movements of rotation and abduction of the limb, without flexion on the pelvis, the patient not yet being allowed to sit up. At this period massage may be given, avoiding the region of the external saphenous, the popliteal space, Hunter's canal, and Scarpa's triangle. During a third period, if oedema has gone, mobilization will be increased; the patient is allowed to sit, the legs being allowed to hang for a few minutes, and then he is allowed

are only received under special circumstances and not treated separately from other patients; and he further comments on the fact that the "stigma of pauperism" is felt acutely by many who, although their friends are unable to afford even the ordinary maintenance rate, have always, prior to their illness, been able to earn their own living, and who upon recovery will do so again, and thus cannot justly be styled "paupers." This evil, Dr. Kidd maintains, cannot be remedied, but might be mitigated by providing accommodation for those whose relatives are able to make moderate payments for treatment but who are unable to afford the sums required by most private asylums, and recommends the subject to the West Sussex Committee. On January 1st, 1903, there were resident 723 patients, and on December 31st, 1903, 659. This considerable drop in the numbers is accounted for by the termination of contracts and the re-transfer of 98 chronic patients to their respective county asylums. One hundred and fifty-one were admitted during the year, and include 55 out-county and private cases. Of these 151 admissions, 123 were first admissions, but the Medical Superintendent says that only one-fifth of the whole number can be regarded as probably recoverable. Seventy-one were cases of mania, 44 melancholia, 7 dementia, and in 12 there was congenital defect. There were 8 cases of epilepsy (acquired) and 9 general paralytics. Hereditary influences were ascertained in 63 (42 per cent. of the whole), but the actual percentage in those furnishing family histories amounted to 50 per cent. Intemperance in drink was assigned as a cause in 24, privation and starvation in 15, previous attacks in 38, and moral causes in 19. Venereal disease appears as a cause in 6, and the remainder are distributed over the other usually cited causes. There were 47 discharged as recovered during the year (a recovery-rate of 32.10), 37 as relieved, 77 as not improved, and there were 59 deaths, being a death-rate to average daily numbers resident of 8.9 per cent. Half the deaths were due to organic brain disease, including 5 cases of general paralysis. Ten deaths were due to tuberculous disease, 5 to cancer, and 6 to heart disease. The general health has been good; with the exception of influenza there has been no illness of an epidemic nature, and, as we have had occasion to notice elsewhere, with ample accommodation for patients, the death-rate from tuberculous disease has been low.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 8,544 births and 5,188 deaths were registered during the week ending Saturday last, September 10th. The annual rate of mortality in these towns, which had been 22.7, 20.5, and 18.2 per 1,000 in the three preceding weeks, further declined last week to 17.5 per 1,000. The rates in the several towns ranged from 9.1 in Hornsey, 8.3 in Willesden, 8.6 in Smethwick, 9.4 in Kings Norton, 9.6 in Handsworth (Staffs.), 11.7 in Walthamstow, and 12.8 in West Hartlepool, to 24.7 in Liverpool, 25.0 in Rotherham, 25.3 in St. Helens, 26.5 in Tynemouth, 28.4 in Plymouth, 29.9 in Wigan, 31.8 in Hanley, and 33.0 in Great Yarmouth. In London the rate of mortality was 15.2 per 1,000, while it averaged 18.5 in the seventy-five other large towns. The death-rate from the principal infectious diseases averaged 5.2 per 1,000 in the seventy-six large towns; in London this death-rate was equal to 3.5 per 1,000, while among the seventy-five large provincial towns the death-rates from these diseases ranged upwards to 9.0 in Portsmouth, 9.1 in Stockport and in Wigan, 10.7 in Liverpool, 10.9 in Burnley, 11.9 in Plymouth, 12.0 in Great Yarmouth, 12.7 in Bootle, and 14.7 in Hanley. Measles caused a death rate of 1.1 in Walsall and in Stockport, and 1.4 in Plymouth; diphtheria of 1.5 in Bradford and in West Hartlepool, 1.6 in Hanley, and 1.7 in Bootle; whooping-cough of 1.1 in Stockport, 1.6 in West Bromwich, and 3.0 in Great Yarmouth; "fever" of 1.3 in Aston Manor; and diarrhoea of 8.2 in Preston and in Hull, 8.3 in Wigan, 8.6 in Grimsby and in Liverpool, 9.0 in Great Yarmouth, 9.3 in Burnley, 10.1 in Bootle, 10.5 in Plymouth, and 12.2 in Hanley. The mortality from scarlet fever showed no marked excess in any of the large towns. Two fatal cases of small-pox were registered in Salford, and one each in Manchester and in Newcastle-on-Tyne, but none in any other of the seventy-six towns. The Metropolitan Asylums Hospitals contained 8 small-pox patients at the end of last week, against 18, 13, and 9 at the end of the three preceding weeks; 2 new cases were admitted during the week, against 2, 0, and 2 in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital which had been 1,745, 1,781, and 1,810 on the three preceding Saturdays, had declined again to 1,816 on Saturday, the 10th inst.; 234 new cases were admitted during the week, against 198, 263, and 266 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, September 10th, 850 births and 519 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 15.7, 16.2, and 16.0 per 1,000 in the three preceding weeks, further declined last week to 15.7 per 1,000, and was 1.8 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 9.7 in Leith and 14.0 in Edinburgh, to 18.7 in Greenock, and 20.0 in Perth. The death-rate from the principal infectious diseases in these towns averaged 2.6 per 1,000, the highest rates being recorded in Paisley and Greenock. The 231 deaths registered in Glasgow included 4 which were referred to measles, 2 to diphtheria, 9 to whooping-cough, 2 to "fever," and 22 to diarrhoea. Two fatal cases of diphtheria, 3 of whooping-cough, and 7 of diarrhoea were recorded in Edinburgh; 2 of whooping-cough and 9 of diarrhoea in Dundee; 3 of diarrhoea in Aberdeen; 7 of diarrhoea in Paisley; and 2 of whooping-cough and 4 of diarrhoea in Greenock.

HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, September 3rd, 551 births and 327 deaths were registered in six of the principal Irish towns, against 520 births and 341 deaths in the preceding period. The mean annual death-rate of these towns, which had been 17.5, 16.0, and 15.8 in the three preceding weeks, rose to 17.2 per 1,000 in the week under notice, this figure being 1.0 per 1,000 lower than the mean annual rate in the seventy-six

English towns for the corresponding period. The figures ranged from 3.8 in Waterford to 23.9 in Londonderry. The zymotic death-rate during the same period and in the same six Irish towns averaged 1.8 per 1,000, or 1.2 less than during the preceding period, the highest figure, 4.0, being recorded in Dublin, while Limerick and Waterford registered no deaths under this heading at all. Diarrhoea caused 26 deaths in Dublin and 18 in Belfast; no deaths from diphtheria, scarlet fever, small-pox, or simple continued fever were recorded anywhere in Ireland. In Belfast 1 death was ascribed to typhus.

THE HEALTH OF NATAL.

THE annual report on the health of the Colony of Natal, furnished by the Health Officer, Dr. Ernest Hill, affords evidence of progress. There has been a decline in the death-rate, which stands at 12.9 per 1,000 for 1903 as against 14.4 for 1902, and the infant mortality rate is not, under all the circumstances, excessive. Much of Dr. Hill's report is concerned with what may be described as pioneer work and the inculcation of the elements of hygiene. The sanitary legislation now in force in the Colony needs amendment in respect to vaccination, registration of deaths, and adulteration of food, and the Public Health Act of 1901 needs some modification. In many ways there appears to be in public opinion in the Colony lack of appreciation of the value of sanitary measures, and the Health Officer points out how this affects many common and everyday requirements of a healthy life, such as pure water, clean milk, drainage, refuse disposal, and so forth, and thus it comes about that filth diseases such as typhoid, diarrhoea, dysentery, etc., are the chief contributors to the death-rate. Dr. Hill considers that the two chief channels of infection in enteric fever, which causes more than 7 per cent. of the total deaths, are polluted water and insanitary privies and earth closets. The incidence of the disease in Maritzburg was more than three times as heavy in the portion of the town supplied with water from the Zwaartkop stream, which is not filtered, as in the portion supplied from the Chase Valley Works, where the water is passed through sand. The gathering grounds also seem open to criticism. Pollution of rivers with refuse from sugar mills has elicited increasing complaint, and much nuisance results from the deposit of refuse in proximity to dwellings and high-ways. The report dwells a good deal also upon the transference of infection by flies. Disease has still been too prevalent at Ladysmith, where the possibilities of pollution are great. An extensive water scheme is in hand. During the year a water-carriage system of sewerage and a closed septic tank and contact beds have been installed in connection with the Railway Barracks at Maritzburg, and a Bill is before Parliament for sanctioning a loan for the purpose of installing similar works for the town. Scurvy is very common among the natives, especially the latter half of the year. It seems to be due in large measure to the absence of vegetable diet, the insufficiency of nutriment in the native's ordinary food, and the unsatisfactory condition of house property. Plague caused 157 deaths out of 208 cases, of which 20 cases and 5 deaths were among Europeans. The medical officer rightly insists that in addition to keeping imported cases out and killing rats, immunity from plague depends largely upon general sanitation. Reports on the various towns and districts and on port sanitation are appended.

DISINFECTORS.

SUBSCRIBER.—There are a large number of efficient steam disinfectors now on the market. The cheapest form we know of is Thresh's disinfecter (approximately £105), described in the BRITISH MEDICAL JOURNAL, June 28th, 1902, p. 1606; but many authorities prefer an Equifex (Defries and Son, Houndsditch, E.C.; £250 and upwards), or a Weshington Lyon (Manlove, Alliot, and Co., Nottingham), or one of the disinfecting machines of Goddard, Massey, and Warner, Nottingham.

WATER ANALYSIS.

M.O.H. writes: The Chairman of the Rural District Council to which I am medical officer of health directs the Sanitary Inspector to bring me samples of his domestic water supply for analysis; he has done so now upon three occasions, without taking the trouble to write to me or send a word in explanation. The Inspector tells me it is no use his remonstrating, as he, the Chairman, would simply say: "Take it to him; it is his duty to analyse it." It is not a question of any illness in his family or employees likely to be caused by polluted water, but simply, I believe, to know that it is all right. May I ask if I am bound to comply with this somewhat arbitrary and very uncourteous proceeding? The Chairman is a well-to-do farmer.

* * While it is the duty of a medical officer of health to keep himself informed of all circumstances likely to affect the health of his area, and thus to acquaint himself with the nature of the water supply, it is not his duty to conduct analyses of water in the absence of a special arrangement on the point between himself and the local authority. The Local Government Board ruled to this effect many years ago.

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: HORTON INFIRMARY.—House-Surgeon, resident. Salary, £80 per annum.
BIRKENHEAD BOROUGH HOSPITAL.—Junior Resident House-Surgeon. Salary, £80 per annum and notification fees.
CAMBRIDGE: ADDENBROOKE'S HOSPITAL.—Assistant House-Surgeon, resident. Salary at the rate of £30 per annum.
CENTRAL LONDON THROAT AND EAR HOSPITAL, Gray's Inn Road, W.C.—Second Assistant Anaesthetist.
CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Second House-Physician, resident. Salary at the rate of £30 per annum.
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.
HALIFAX UNION POOR-LAW HOSPITAL.—Resident Medical Officer. Salary, £120 per annum and £20 for dispensing medicines.
HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Resident House-Physician. Honorarium, £25 for six months.
HULL ROYAL INFIRMARY.—House-Surgeon, resident. Salary, 80 guineas per annum.

INVERNESS DISTRICT ASYLUM.—Assistant Medical Officer, resident. Salary, £100 per annum.

KIDDERMINSTER INFIRMARY AND CHILDREN'S HOSPITAL.—House-Surgeon. Salary, £120 per annum, increasing to £150.

KILKBURTON; STORTHES HALL ASYLUM.—Assistant Medical Officer, resident. Salary, £140 per annum.

LEITH HOSPITAL.—(1) House-Physician; (2) Physician in the Outdoor Department; (3) Assistant House-Surgeon.

LINCOLN COUNTY HOSPITAL.—Junior Male House-Surgeon, resident. Honorarium, £25 for each six months.

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

MANCHESTER: CHILDREN'S HOSPITAL.—(1) Junior Physician; (2) Junior Surgeon. Honorarium, £25 each. Junior Physician, to act also as Pathologist, with honorarium, £25.

MONSIEUR FEVER HOSPITAL.—Fourth Medical Assistant, resident. Salary, £100 per annum.

NEW HOSPITAL FOR WOMEN, Euston Road, N.W.—Clinical Assistant in the Out-patient Department.

PRESTON ROYAL INFIRMARY.—Assistant House-Surgeon, resident. Salary, £160 per annum.

READING: ROYAL BERKSHIRE HOSPITAL.—House-Physician, resident. Salary at the rate of £80 per annum.

ROYAL DENTAL HOSPITAL, Leicester Square, W.C.—Morning House-Anaesthetist. Honorarium, £50 per annum.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—House-Physician, resident. Salary at the rate of £60 per annum.

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

TOTTENHAM HOSPITAL.—House-Physician, resident. Salary, £80 per annum.

VICTORIA HOSPITAL FOR CHILDREN, Tite Street, S.W.—House-Surgeon, resident. Honorarium, £25 for six months.

WEST LONDON HOSPITAL, Hammersmith Road.—Additional Officer in charge of X-Ray Department.

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

APPOINTMENTS.

BELL, E. S., M.D.Brux, M.R.C.S., L.R.C.P., Medical Superintendent, Bermondsey Parish Infirmary.

DANIELL, G. W., Bampfylde, M.R.C.S., L.R.C.P.Lond., Anaesthetist to the Edinburgh Dental Hospital.

HARG, Harold A., M.R.C.S., L.R.C.P.Lond., Junior Assistant Medical Officer to the Cumberland County Council.

HETHCOTE, D. M.B., B.S.Durh., District Medical Officer, Richmond (Yorks) Union.

HOLMES, A. H., M.D., District Medical Officer of the Bourne Union.

HOOLE, John, M.R.C.S., L.S.A., Medical Officer of Health to the Ashbourne Rural District.

HOWLETT, J. K., L.R.C.P. & S.Edin., L.F.P.S.Glasg., Medical Officer and Public Vaccinator for the Greenhall District of the Midford and Launditch Union, *vice* S. M. Hopson, M.R.C.S.Eng.

HUGHES, B. M., M.R.C.S., L.R.C.P.Lond., District Medical Officer of the Forehoe Incorporation.

JACKSON, F. W., M.R.C.S., L.R.C.P.Lond., Certifying Factory Surgeon for the Market Hasen District, Lincolnshire.

KEMP, W. M.B., C.M.Edin., Certifying Factory Surgeon for the Castleford District, County York.

KILLEN, J. W., M.B., B.S., R.U.I., Assistant Medical Officer at the Hendon Asylum of the Central London Sick Asylum District.

LAWSON, W. W. J., M.B., Ch.B.Aberd., Second Assistant Medical Officer to the Berkshire County Asylum, Wallingford.

LEVICK, G. K., M.B., B.S.Lond., Medical Officer of Health to the Havant District Council, *vice* Wm. Bannister, M.R.C.S.Eng.

MCDONALD, James E. F., M.B., B.S.Melb., Acting Assistant Health Officer for the Port of Brisbane, *vice* K. A. O'Brien, M.B., B.S.Melb., resigned.

MACCLIN, T. T., M.D.Glasg., Certifying Factory Surgeon for the Whalley District, County Lancaster, and Medical Officer of Health, Clitheroe Rural District.

MACLENNAN, John N. E., M.B., M.S.Aberd., Government Medical Officer and Vaccinator at Young, N.S.W., *vice* Dr. Alfred Campbell, resigned.

MARKEY H., M.R.C.S.Eng., L.R.C.P.Lond., Medical Officer to the Post Office, Morley District.

MILLS, R. J., M.B., C.M.Aberd., Medical Officer for the Thorpe District of the Blifield Union.

MOLESWORTH, T. H., M.B., B.C.Camb., District Medical Officer of the Dover Union.

MOODIE, D., L.R.C.P. & S.Edin., District Medical Officer of the Sedgfield Union.

MOORE, E. J. F., M.R.C.S., L.R.C.P., Medical Officer, Well Street Temporary Workhouse of the West Ham Union.

MOSTYN, Sydney G., M.B., R.Ch.Oxon., D.P.H.Camb., Medical Officer of Health for the Borough of South Shields.

NICHOLSON, F. D., B.C.Camb., District Medical Officer of the Hoxne Union.

NORMAN, A. S., L.R.C.P. & S.Edin., D.P.H.Camb., Certifying Factory Surgeon for the Havant District, Southampton.

PARKHURST, L. E., M.D., B.Ch.Oxon., Medical Officer of the Workhouse of the Brackley Union.

PERRAM, E. A., M.D.Lond., M.R.C.S., Certifying Factory Surgeon for the Whitechurch District, County Salop.

POTTS, L., M.R.C.S.Eng., Medical Officer for the Headley District of the Epsom Union.

RODWAY, F. A., M.B., B.S.Melb., Junior House-Surgeon to the Hobart Hospital, Tasmania.

ROSS, A. P., M.B., M.S.Edin., Government Medical Officer and Vaccinator at Condo-bolin, N.S.W., *vice* Dr. W. H. B. acwell.

ROSS, D. M., L.R.C.P.Lond., Assistant Medical Officer, St. Marylebone Infirmary.

ROSS, Gordon, M.B., B.S.Melb., Resident Medical Officer at the Brisbane Hospital, Queensland.

SAYER, Thomas, M.R.C.S.Eng., L.R.C.P.Lond., Medical Officer and Public Vaccinator for the Kirklington District of the Bedale Union and for the Pickhill District of the Thirsk Union; also Medical Officer of Health for Kirklington, Yorks.

SHANNON, David, M.B., Ch.B.Glasg., L.M.(Ed. Dub.), Indoor House-Surgeon to the Maternity Hospital, Glasgow.

SHARPE, Edward S., M.B., Ch.B.Edin., Junior Assistant House-Surgeon to the Stockport Infirmary.

SOPER, G. M., M.R.C.S. L.R.C.P., District Medical Officer of the Totnes Union.

STACY, J. H., L.R.C.P. & S.Edin., Medical Officer of the Receiving Home of the Norwich Union.

TARBET, P. R., M.R.C.S., L.R.C.P.Lond., District Medical Officer of the Hitchin Union.

WICKHAM, G. H., M.B., B.C.Camb., Certifying Factory Surgeon for the Fleet District, County Southampton.

WILLIAMS, J. O., M.R.C.S., L.R.C.P., Medical Officer of Health for Barmouth Urban District, *vice* Arthur Hughes, M.R.C.S.Eng.

DIARY FOR NEXT WEEK.

POST-GRADUATE COURSES AND LECTURES.

Medical Graduates' College and Polytechnic, 22, Chancery Street, W.C.—The following clinical demonstrations have been arranged for next week at 4 p.m. each day: Monday, Skin Diseases; Tuesday, Medical Cases; Wednesday, Surgical Cases; Thursday, Surgical Cases; Friday, Ear 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.

BRUCE PEARSON.—On September 8th, at The Cottage, Buckingham, the wife of Bruce Pearson, L.R.C.P., etc., of a son.

GODDARD.—On August 21st, at Naval Hill, Bloomsfontein, O.R.C., the wife of Captain G. H. Goddard, R.A.M.C., of a son.

MARRIAGES.

BARNES-ORMSBY.—On September 13th, at North Street Church, Brighton, by the Rev. E. Dowell, J. A. Percival Barnes, L.R.C.P., M.R.C.S., son of the Rev. John Barnes, of Sutton, Surrey, to Louisa Eileen, elder daughter of Thomas Ormsby, Esq., solicitor, of Beaumont, Blackrock, Co. Dublin.

BLACKBURN-SHOTTON.—On August 31st, at St. Woolos Church, Newport, Monmouth, by the Rev. B. Lloyd, Vicar, assisted by the Rev. L. E. Richardson, Curate, Vernon Kent, Blackburn, M.R.C.S., L.R.C.P.Lond., of Barnsley, Yorkshire, elder son of John Blackburn, M.R.C.S., of Barnsley, to Katie, eldest daughter of John Webb Shotton, of Newport.

BUNTING-WALKER.—On September 8th, at Wesley Chapel, Bolton, by the Rev. Thomas Allen, D.D., and the Rev. George Oyston, R.A., William Hartley Bunting, M.D., F.R.C.S. Edin., to Edith Maude, younger daughter of Thomas Walker, J.P., of Southfield, Bolton.

WHITE-PULLIBLANK.—On September 7th, at St. Michael and All Angels, Rampsingham, Dorsetshire, by the Rector, father of the bride, assisted by the Rev. W. Beale White, of the Rev. J. Beale White, M.A., brothers of the bridegroom, Clement White, M.D.Cantab., to Emily Jane Pulliblack.

DEATHS.

CARVER.—On Wednesday, September 7th, at Torquay, Edmund Carver, M.D., late of Cambridge, aged 89. Friends will please accept this intimation—no flowers, by request.

JAMESON.—On September 13th, at Newlands, Eltham, Surgeon-General J. Jameson, C.B., K.H.S., etc., late Director-General Army Medical Service, aged 67.

RUSHTON.—On September 11th, at Jordanate, Macclesfield, John Latham Rushton, Junr., M.R.C.S.Eng., L.R.C.P.Lond., aged 28 years, elder son of John Latham Rushton, M.D.

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, 425, 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, 425, 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 *Atibology, 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.

MEDICUS would feel obliged by being informed of a very dry place in England suitable for a young patient suffering from albuminuria to winter in.

R. wishes to know where he can obtain lantern slides of signs of early pregnancy, areola, diagrammatic of cervix, shape, etc., for clinical lecture purposes.

INSECT STINGS.

H. J. W. asks whether any reader has found anything of especial value as a local application in cases of stings by wasps, etc. A little while back a slice of onion applied was mentioned in one of the daily papers as a sure cure. Is this a useful remedy?

SNOING.

SOMNUS asks for a remedy for the unfortunate and most disagreeable nuisance of snoring. He has often been consulted about it, but all the remedies suggested seem to have failed.

THE ELECTION OF CORONERS.

SENEX writes to inquire as to the appointment of coroners, their remuneration, as to publications in which vacancies are advertised, and where a list of existing coroners can be obtained.

* * Coroners are now elected either as county coroners by members of the County Councils, or as borough coroners by members of the Corporations. A list of the present coroners and their respective districts is now published in Churchill's *Medical Directory*. The salary paid to coroners varies considerably, and is fixed by agreement between the coroner and the authority that appoints him, and is usually based upon a quinquennial estimate of the average yearly number of inquests held during that period. In case of non-agreement on this matter there is an appeal to the Home Secretary, whose decision is final. When a vacancy occurs, advertisements sometimes appear in the medical and legal journals, but more frequently in the daily or local newspapers.