

The induction of abortion must be considered in those cases which come under the third and fourth divisions of my classification.

The responsibility of such an operation should be a divided one, and the patient should have the benefit of it before too late, not waiting too long under the hope that vomiting may suddenly subside, as it sometimes does. Strict antiseptic precautions and anaesthesia are absolutely necessary to ensure a favourable termination. Lloyd Roberts says "in hyperemesis gravidarum he had never regretted the performance of induction." The following is an illustrative case:

## CASE VI.

I. J., aged 26, belonging to the upper classes, prepossessing in appearance, strong and athletic, and one who prided herself upon being free from women's ordinary ailments, became pregnant for the second time, had persistent vomiting accompanied by great emaciation, which came on in the tenth week; rectal alimentation was not tolerated, so abortion was induced. Recovery, though protracted, was satisfactory and complete.

This was a typical case for operative procedure. Patient could not have survived if the operation had been longer delayed.

The next case I have to record is one of unusual rapidity.

## CASE VII.

M. R., aged 41, cotton operative, was admitted in August last to the Blackburn and East Lancashire Infirmary. Her medical attendant thought there might be intestinal obstruction, but stated she was eight to nine weeks advanced in pregnancy. The vomiting and collapse were very severe, and all the symptoms pointing to pernicious vomiting of pregnancy, abortion was induced. She died from exhaustion pure and simple, verified by *post-mortem* examination. This was a very rapidly fatal and unfortunate case.

## CONCLUSIONS.

From the foregoing and many other cases which have come under my direct observation, I conclude:

First, that there is simple nausea with or without actual emesis of physiological and reflex origin, a symptom only due to hyperaemia, the developing uterus, vessels, and nerves in a confined cavity.

Secondly, that malposition of the uterus, if the cause of so many troubles in ordinary conditions of health, must be a graver trouble in the pregnant woman, and thus increases the vomiting of pregnancy and consequent malnutrition and emaciation.

Thirdly, that in the absence of uterine troubles and organic disease, hysteria plays an important rôle, and usually defies all therapeutical remedies. I emphasize here that if operation should be deemed necessary, it should be carried out under thoroughly antiseptic conditions and anaesthesia.

Fourthly, that it is probable in pregnancy, with its increased arterial tension, and where lung and cardiac complications exist, gastric irritation may be set up and continued in consequence of the special toxæmia which at present is only suspected, but which in further researches I feel convinced will be scientifically proved.

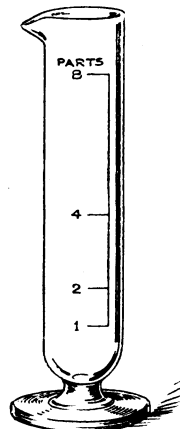
In conclusion, the better attention to health and the greater inclination to athletic exercises and hygienic surroundings of our present-day girls may naturally come to counteract the artificial existence which has for so many years existed in our child-bearing population.

ASSHETON-SMITH MARINE BIOLOGICAL STATION.—We have received from Professor Phillip J. White a note upon the interest taken by the late Mr. Assheton-Smith in the zoological department of the University College of North Wales, Bangor. Mr. Assheton-Smith liked nothing better, Professor White states, than to go the rounds of his park at Vaynol with a guest and to point out and discuss the characters and habits of the animals which he had gathered together from various quarters of the globe. Not only did he afford to men of science an opportunity of studying animals under favourable circumstances, but he was able to place material at the disposal of the laboratory and the museum when these animals had paid the last debt of Nature. Owing to his interest in the zoological department of the University College, the professor and students were able to carry out not a few researches in comparative anatomy. His zoological donations and his gift to the College of a site on the Menai Straits for a biological station for the study of marine life bear eloquent testimony to his desire to advance science, and Professor White expresses the hope that a fund may be raised to erect on this fine site a building which will be a suitable tribute to Mr. Assheton-Smith's memory.

## SUGGESTION FOR A CUBIC CENTIMETRE MEASURE FOR PATIENT'S USE.

By J. THEODORE CASH, M.D. EDIN., F.R.S.,  
Regius Professor of Materia Medica, University of Aberdeen.

IN my address to the Aberdeen Medico-Chirurgical Society on November 3rd I dealt with certain points relating to the dosage of remedies, and in conclusion accentuated the great importance of a speedy change from the present chaotic system of weights and measures to the decimal standard.



When we seriously apply ourselves to this change, the question of measurement of the prescribed dose for the recipient must be carefully considered and satisfactorily provided for. The so-called domestic measures—spoons, wineglasses, etc.—are so unsatisfactory, owing to the great variations in capacity which they possess individually, that their use should be entirely abandoned.

I suggested the employment of a cylindrical-footed measure-glass of *éprouvette* shape, which should bear only four graduation marks. The cylinder is 20 cm. in height and 2 cm. in diameter; it is provided with a small lip. The numbers corresponding to these marks do not represent the capacity in cubic centimetres. This would inevitably cause confusion amongst those unacquainted in the system.

But taking 2.5 c.cm. as a convenient unit for the purpose, this might correspond with the lowermost mark "1." The second mark "2" would represent 5 c.cm. The third "4" (2.5 × 4) 10 c.cm.; the fourth (and uppermost) "8" (2.5 × 8) 20 c.cm.

Such figures would have the following rough correspondence with the domestic measures, provided that these were accurate:

Parts.	Minims.	C.cm.	Domestic Measure.
8	338	20	A large tablespoonful. $5\frac{1}{3}$ teaspoonfuls.
4	169	10	A large dessertspoonful. Nearly 3 teaspoonfuls.
2	84.5	5	A large teaspoonful.
1	42.25	2.5	A small teaspoonful.

It would be a simple matter for the prescriber using the decimal system to find a convenient dose with the choice which such a scale affords, whilst the direction he might give, to take 2 parts, 8 parts, etc., of the remedy at the stated time intervals could scarcely admit of error. Such a system certainly involves the general employment of a measure, but as the cost of this would probably not exceed 3d. or 4d., I can see no reason why even the poorest patient should not possess it.

I venture to think that such a very simple method might help to bridge over a distinct difficulty in the adoption of the decimal system by British practitioners, and that it would favour a more exact medication, which would be in the interest of the patient under treatment, whilst it would increase the exactitude of therapeutical observation.

## MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

### ABSENCE OF UTERUS AND VAGINA.

A SINGLE woman, aged 21, came to the out-patient department at St. Thomas's Hospital on September 14th, 1904, stating that she had never menstruated, and wishing to know the reason of this, and whether the periods were likely to appear. She had suffered no pain and felt well, except for occasional faintness and lassitude, due no doubt to a slight degree of anaemia. On abdominal examination nothing abnormal could be made out. A bimanual examination was then made

with one finger in the rectum, and no trace of the uterus could be discovered. The vulva appeared normal to inspection, and when the labia were separated the unruptured hymen was seen, with a small aperture which would not admit the finger. A sound was passed through the aperture, but it entered less than a quarter of an inch. A bladder sound was then passed into the bladder, and the finger in the rectum was clearly only separated from this in its whole length by a very thin partition. It seemed obvious that there was complete absence of the vagina as well as of the uterus. On further bimanual examination the left ovary was clearly felt close to the pelvic wall in its normal anatomical position. The lower pole of the right ovary was also felt. The breasts and other secondary sexual characteristics were normal.

I endeavoured to persuade the girl to submit herself to further examination, in consultation with one or two others, but this she declined. I have felt, however, that the condition is sufficiently rare to merit a short record.

R. HAMILTON BELL, M.B., M.R.C.P., F.R.C.S.,  
Obstetric Tutor and Registrar, St. Thomas's Hospital; Physician to  
Out-patients, Samaritan Free Hospital.

#### RIGOR MORTIS IN STILLBORN CHILDREN.

DR. PARKINSON'S paper upon this subject leads me to cite the following case, since it bears to some extent upon the question. I was called recently to a primipara, whom I delivered of a dead male child. Upon examination I found she had a flat pelvis, the funis was prolapsed (it had been down at least one hour), and there were no signs of life in the child. She stated that she had felt the child move before labour commenced. I examined the infant about half an hour after the birth, and noticed that the lower limbs were becoming flexed; they required some force to straighten them. Before leaving the house (probably an hour and a quarter after the confinement) the body showed a certain amount of rigidity, the arms becoming fixed in the flexed position, in which they were placed, the neck alone remaining quite flaccid. There was no *post-mortem* examination, since the child was obviously still-born.

Alston. F. INMAN TRIMMER, M.R.C.S., L.R.C.P., etc.

#### SUPPURATIVE GOITRE.

I READ Dr. Wilkins's case of suppurative goitre, in the *BRITISH MEDICAL JOURNAL* of October 15th, with much interest, as I have recently had a similar experience, but could find no mention in textbooks of this complication of goitre. My case occurred in a woman, aged 72, with a large pendulous goitre, who, for no obvious reason, developed symptoms similar to those of Dr. Wilkins's case; the goitre has continued to discharge very thick pus from four sinuses for over two months. Since reading Dr. Wilkins's note, however, I find that Mackenzie induced suppuration in goitres by injecting perchloride of iron, and so causing contraction of the cyst; from this I gather "suppurating goitre" must be well known to surgeons, and it is odd that the subject should not be discussed in textbooks.

G. BRIEAU GILL, M.B., B.S. Dun.,  
M.R.C.S., L.R.C.P. Lond.  
Belper.

## REPORTS

ON

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

#### HULL ROYAL INFIRMARY.

CASE OF HYDRONEPHROSIS DUE TO VALVE FORMATION IN THE  
URETER: OPERATION: RECOVERY.

(Under the care of EDWARD HARRISON, M.A., M.D., F.R.C.S.)

#### HISTORY.

MRS. G. had a movable kidney, which caused her considerable pain, for the relief of which Dr. C. operated. He fixed the kidney by three kangaroo tendon sutures to the lumbar muscles. Since the operation she complained of periodical attacks of pain, which were accompanied by the formation of a swelling in the loin, which left her when the pain had disappeared.

Dr. C. diagnosed a hydronephrosis, and sent her to me. She came to stay with some friends in Hull, and it was arranged that she should send for me when the next attack came on. This she did, and when I first saw her she was in great pain, and had a swelling as large as a cocoanut in the right loin, which was movable, and felt cystic. The colon could be mapped out over it, and I had no doubt that it was a hydronephrosis. This diagnosis was confirmed the following day, as when I saw her the pain had disappeared, and the swelling was reduced to the size of an orange. She had, too, in the interval passed a large quantity of urine. I diagnosed hydronephrosis due to a twist or kink in the ureter, and patient was admitted into the infirmary for operation.

#### OPERATION.

On the day following her admission to the infirmary (May 18th, 1904) I explored the kidney by Morris's incision, and found it enlarged, and the renal pelvis dilated to the size of a Tangerine orange. There was no obvious twist of the ureter, and pressure on the dilated pelvis failed to reduce the dilatation, even when the kidney was rotated in either direction, so it was evidently not due to a twist, and no kink could be found.

I opened the pelvis, and evacuated about an ounce of urine, and then through the wound attempted with a probe to find the orifice of the ureter. This I was unable to do until I traced it up from below, when I found that it opened close to my incision.

The opening of the ureter was now seen to be valve-like, a spur of mucous membrane having been formed which fell across the ureteral orifice, and completely blocked it. One could see that if the dilatation continued to increase the obstruction would be overcome by the dilatation of the opposite side of the renal pelvis, and so allow of relief.

I cut off the spur of mucous membrane with scissors, and sutured it with fine silk. After passing a probe down the ureter in order to ascertain that no other obstruction existed, I sutured the wound made in the pelvis with fine silk, being careful to exclude the mucous membrane, and keeping a probe in the ureter to ensure its patency. The kidney was then fixed to the last rib and the lumbar muscles by means of three kangaroo tendon sutures, in such a position that the ureter occupied the most dependent place. A gauze drain was inserted down to the ureter, and the muscles united by silk sutures, and, finally, the skin by silkworm gut. The patient bore the operation, which lasted an hour, well.

#### AFTER HISTORY.

For the first week the progress of the case was good, the wound healed by first intention, and the skin sutures were removed on the eighth day. Although the temperature was at times 100° F. there was no discomfort. The amount of urine secreted was small. On the ninth day there was some discharge from the loin, and the kidney was decidedly increased in size. Later there was a urinous discharge from the wound, and I was afraid that the operation would prove a failure. However, this did not last many days, and the amount of urine passed by the urethra steadily increased, and the wound in the loin closed. I wished to employ Harris's segregator, but the patient would not submit to its use.

When she was discharged from the Infirmary on June 21st the wound was quite healed, though the kidney could still be felt to be larger than normal. On October 25th I heard from Dr. C., who writes: "She has made a wonderful recovery, has had no attacks of pain, and is in better health than formerly. Her increase in weight is most obvious."

#### REMARKS.

So far as I am able to discover, only 9 cases of operation for the relief of this condition have been published.

In Morris's *Surgical Diseases of the Kidney and Ureter* 5 cases are tabulated—namely, one each by Trendelenburg, Fenger, Mynter, and two by Morris. Israel, in his *Chirurgische Klinik der Nierenkrankheiten*, refers to two, one of which is, however, included in Morris's table. A case of valve formation in the lower ureter is recorded by Morgan in the *Annals of Surgery*, October, 1902; and Moynihan reports a case in the *BRITISH MEDICAL JOURNAL*, April 30th, 1904. In addition to these, Bryant, in his *Operative Surgery*, mentions an unsuccessful case by Gerster.

Of these 9 cases, the first, Trendelenburg's, was done by the transperitoneal route, and the patient died of ileus. This should be excluded from statistical tables. Of the remaining 8 cases there were only two failures, so that for a new operation the record is very encouraging.

in school, necessarily became contaminated. Another great source of the spread of vermin is secondhand clothing and the habit of pawing clothes.

Happily, Dr. Kerr took the matter up very energetically, and instituted a plan which, under the name of "Oleasant Scheme," has inspired sensible teachers anxious for the welfare of their schools with gratitude, and the less public-spirited with indignation and rage. A number of nurses were appointed; they visit the schools one by one, examining every head in every class. Any child found in an unsatisfactory state receives a card, on which the parent is instructed how to treat its head. If the advice is disregarded, after eight days the parents are warned that the children will be excluded and that prosecution and a fine may follow. At first the schools were invaded by indignant mothers, who complained of being disgraced before the neighbours, and said that the scheme was causing domestic ruin, as the husbands blamed them for the disgrace brought upon the family. They went so far as to threaten personal violence, and actually in some instances smashed the furniture. Nevertheless, the scheme is doing good work, and the children are getting gradually cleansed. As an example, taken at random, a school at Bethnal Green may be mentioned, where a short time ago not one of the 300 children was free from lice. Now only 6 suspicious cases remain. If only the homes could be disinfected in the same way, a splendid work would be carried out. The misfortune is that the clean or the cleansed run the risk of becoming reinfected owing to the filthiness of the minority.

There are among the teachers a few, excellent and enlightened, who give practical teaching; who insist upon the children wearing collars and, if possible, pinafores; who supply those literally barefooted with strong boots at a nominal price; who insist, too, on tidy hair and clean faces. But unfortunately some are easily discouraged, for it is uphill work, and what they do is done during their well-earned leisure.

In an odd school here and there elementary hygiene and physiology is taught to the elder girls; but no teaching whatever is given in the other classes unless in the practical way above indicated. But although through slackness, discouragement or lack of judgement, teaching is not at present given in more than a few schools, it is certain that no teacher would oppose it if it were made a compulsory subject. In fact there are many circumstances which will tend to render it popular.

#### *The Teaching of Teachers.*

Every elementary school teacher is obliged to instruct her class in physical exercises. She must have a knowledge of the practical work, but before she can receive the extra remuneration allowed for this subject she is obliged to pass a stiff theoretical examination in physiology and hygiene. We cannot do better than quote the syllabus laid down by the London County Council:

I. *Physiology.*—General acquaintance with the build of the body and the bones of the skeleton; special study of the spinal column, the ribs, and shoulder girdle, the pelvic basin, and the bones of the limbs; the chief joints, their classification and limits of movement; muscle and movement; structure and function of bone and cartilage; general acquaintance with physiological functions, with a more careful study of respiration, circulation, the abdominal organs and digestion; the skin and its functions; the nervous system in outline.

#### II. *Rules of Hygiene, so far as they apply to the following:*

1. Effects of exercise (local and general).
2. Rules to be observed during and after muscular exercise.
3. Symptoms of over-exertion.
4. Advantages of frequent short exercises.
5. Effects of bad posture in sitting and standing; good postures—reading, writing, and needlework.
6. General rules for conducting a lesson in physical exercises.
7. Class-room exercises; ventilation of rooms.
8. Games as physical exercises.

As practically all teachers in elementary schools have passed, or are seeking to pass, the theoretical examination in physiology and hygiene, it is to be presumed that they are already well-grounded in these subjects, and that, with the assistance of a book containing a course of straightforward practical lessons in domestic and personal hygiene and applied physiology, with perhaps, in addition, a short course of lectures and demonstrations, they should be prepared in, say, three months to take up the teaching of elementary hygiene in their schools.

In the case of the teachers who are coming on and have not yet qualified in the course of physiology and hygiene demanded to enable them to earn the pay for the teaching of physical exercises it would be strongly to be recommended

that this course should be incorporated in that which will have to be taken by teachers in school hygiene. While giving for teachers a wider view of the subject than that expected of the children, this should be restricted to what is really necessary without going into the more purely scientific aspects of physiology and hygiene.

#### *The Time Table.*

As to the question of time, it must be granted that the school time tables are already too full, but it would be quite possible to teach hygiene during the time—about forty minutes a week—set apart for the lesson in "knowledge of the common phenomena of the external world," and other readjustments are possible. In this way a sorely-needed reform would be inaugurated almost imperceptibly and at once, both important considerations.

#### *Early Teaching.*

It is necessary to lay particular stress on the fact that the teaching of personal hygiene cannot be begun too early. Some will contend—an argument that was put forward to us only a few days ago by a member of an education committee—that the time for this is after school life is over. A child who lives at home with a decent mother is taught personal hygiene from the earliest age. It is warned against such things as unwholesome food, close rooms, untidy habits, and so on; it is trained in that most precious of all possessions—self-control; and learns that there are such things as self-respect and duty to one's neighbour. Even supposing that elementary school children have the best mothers in the world, since compulsory education came into force they are withdrawn from parental care for the greater part of the day, and the teaching they should get at home naturally devolves on the strangers responsible for their education in school. It is not sufficient that they should sit still and observe discipline in school, then to run home, and behave like ignorant savages. The teaching of moral hygiene should play as great a part as that of material hygiene, for without self-respect and a knowledge of right from wrong a slum child—or, indeed, the average child—will be likely to develop into a hopeless slut. One fails to picture what one's own child would be at 14 had she been allowed to go without what we have called moral hygiene, and had the teaching of it to be commenced then. It is strange that this reasoning did not strike those educationalists who, thirty years ago—and subsequently—have handled this mass of raw material.

Much has been written about sick children and hungry children shut up in unventilated class-rooms for long hours. But there are other tragedies going on inside those four walls. Imagine class after class of infants under four or five years old forced to do fine needlework! Yet this is what happens in the infant schools. Elaborate hemming is done by these creatures with undeveloped eyes, as they recite with half-developed brains, what is called needlework drill—in itself a most difficult and incomprehensible lesson. The same with writing. The results obtained in both writing and needlework at the tenderest age are surprising, but any one understanding the abuse of sight to obtain this must be horrified at the ignorance which leads to such needless torture. All that need be required of children up to the age of 7 or 8 is good behaviour and discipline, and the years intervening should be spent in quiet play in the class-rooms and in romping in the school yard.

This is the time for sowing civilized seeds, for the earlier these moral lessons are begun the better.

The word *Gesundheitspflege* is applied to hygiene in Germany, but the popular idea that hygiene is a science dealing with that part of medicine which aims at the preservation of health is too narrow. It should rather mean the material and moral improvement of man as an individual and as a citizen—in a word, Progress.

## 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 130

bacilli can be present—separately and in different organs—in the human body. In another case human and bovine bacilli were found together in the same organs. Dr. Weber declared the theory which would make human and bovine tubercle bacilli transformable into one another, to be untenable. There were, on the contrary, distinct differentiating signs and biological differences. There could no longer be a doubt that the tubercle bacilli of cold-blooded animals were saprophytes, and bore no essential relation to human tubercle bacilli.

He summarized his conclusions as follows: As far as the dissemination of human tuberculosis is concerned, it is (practically speaking) the human species of the tubercle bacillus only that must be taken into consideration. How great may be the danger which bovine tubercle bacilli carry with them it is impossible to say at present, but it would be very unwise to do away with the precautions insisted on in the milk trade, as well as those urgently recommended to consumers.

This was the chief speech of the meeting, the other papers read being more on points of detail. The second day was devoted to a debate, in which von Leyden, B. Fraenkel, and many others took part.

## MEDICAL NEWS.

PROFESSOR DEBOVE has been unanimously re-elected Dean of the Medical Faculty of the University of Paris.

PROFESSOR ARNOLD HELLER, Director of the Institute of Morbid Anatomy at Kiel, has been elected Rector Magnificus of that University.

COVENT GARDEN THEATRE has been selected as the site for the next Chemists' Exhibition, which is organized annually by *The British and Colonial Druggist*. The same building was used for the exhibition some seven years ago and proved convenient. The exhibition will be open from March 13th, 1905, to March 17th, both days inclusive.

THE annual general meeting of the Metropolitan Hospital Sunday Fund will be held at the Mansion House on Friday next at 2.30. A meeting of London commercial travellers will be held at the same place at 4 p.m. on the following day, to consider the best means of increasing the collection to £100,000. Among the speakers at this meeting will be Sir Frederick Treves.

It should have been stated that the original German text of Professor Robert Koch's address on trypanosome disease, a translation of which appeared in the *BRITISH MEDICAL JOURNAL* of November 26th, p. 1445, was published in the *Deutsche medizinische Wochenschrift*, 1904, No. 47. We were indebted to the editor of that journal and Professor Koch for advanced proofs.

REQUESTS TO HOSPITALS.—Under the will of the late Mr. James Thomas Smith, of Leeds, £1,000 each was bequeathed to the Miller Hospital, the British Home for Incurables at Clapham, and the Dreadnought Hospital for Seamen at Greenwich; £500 to the London Hospital; and £100 each was left to the National Hospital for the Paralysed and Epileptic and the Eltham and Mottingham Cottage Hospital.

EDUCATION AND OPEN AIR.—Mr. W. A. Rix, M.A., has opened at Sparsholt, near Winchester, a school for boys of the upper classes who are recognized to be delicate or to have a tendency towards tuberculous complaints. Their physical needs are to be met by a strict observance in their daily lives of the general principles of "open-air treatment," while their minds will not be allowed to lie fallow, the tuition being conducted for the most part in the open air.

LONG SERVICE.—A few months ago the retirement of Dr. Monro after thirty-seven years' work for the guardians of Nantwich was the occasion of many pleasant observations being made concerning him at a meeting of the Board, and more recently the resignation of Dr. William Thomson has been tendered after fifty-five years' service under the same Board. In moving its acceptance, the Chairman, in addition to other acknowledgments of Dr. Thomson's work, suggested that a record of his good service for such an amazing period of time should be preserved in the minutes.

THE bacteriological examination conducted by Dr. Klein has confirmed the clinical diagnosis of plague made in the case of a seaman belonging to the ss. *Weybridge*, which

arrived in the Thames from the River Plate on November 30th. The Port Medical Officer found the seaman in question ill, and at once recognized his case as probably one of plague. The ship was therefore detained at Denton for the adoption of the necessary measures of disinfection, and the patient removed to the port hospital near the mouth of the Thames, the crew being kept under observation. Several incidents of the same sort have occurred in British ports during the past few years, though the last case in the Port of London dates back several years. They show that the need for vigilance on the part of port sanitary authorities continues and is recognized.

SUDDEN DEATH IN CHILDREN.—A special meeting of the Society for the Study of Disease in Children will be held at 5.30 p.m. on Friday, December 16th, at 11, Chandos Street, W., for the purpose of discussing Sudden and Unexpected Death in Children. The discussion will be introduced by Dr. C. J. Macalister (Liverpool), Dr. J. Porter Parkinson, Mr. J. W. Thomson Walker, Mr. A. H. Tubby, and Dr. J. Blumfield. The meeting will be open to all members of the medical profession.

MEDICAL SICKNESS AND ACCIDENT SOCIETY.—The usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 429, Strand, London, W.C., on November 25th, Dr. de Havilland Hall in the chair. The records of the previous month showed that the sickness experience of the Society had been about the same as is usual at this period of the year. When the Society was founded, the risk of incapacity from accidents was so little thought of that it was not considered necessary to refer to it specifically in the rules, although sickness pay has always been allowed; but the experience of the Society has shown that medical men are as much liable to accidents as the classes upon whose sickness experience the tables were based. Medical men do not suffer from so many fractures and sprains as artisans, but they are very liable to being compelled to stop work in consequence of septic wounds, and the amount of sickness pay disbursed by the Society for claims of this description is considerable. In the list of those who are permanently incapacitated from work, several cases have arisen from accidents in riding and driving, and in some of the others it would be difficult to determine whether or not the complete breakdown from which the member is now suffering was not originally caused by something in the nature of an accident. Prospectuses and all particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

THE OTOLOGICAL SOCIETY.—Dr. Thomas Barr, the President of the Otolological Society of the United Kingdom, took the chair at the annual dinner of the Society on December 5th at the Trocadero Restaurant, London. The toast of "The King" having been duly honoured, Sir R. Douglas Powell submitted the toast of "The Otolological Society," and pointed out the great advantage of the members of the Otolological Society also belonging to one or more of the general medical and surgical Societies, for the ear was second only to the throat in importance as the avenue and reservoir for infective diseases affecting so frequently the whole system. Dr. Barr, in replying, hoped that the Society would institute some organized research work, because no part of the human body presented problems so urgently demanding elucidation as the ear. He considered that there would be no difficulty in providing funds for that purpose if any member of the Society were willing to undertake research work. Mr. Ballance proposed the toast of "The Visitors," and described how backward the great hospitals of London were in recognizing the just demands of the otologists. In mentioning Sir Felix Semon as a guest, he said that he had no more worlds to conquer, for he had reached the foremost place in otology, was a splendid physician, and a first-class shot. Referring to Sir Thomas Barlow, he gained the applause of the company by saying that that gentleman's fame lay in the esteem and affection of numberless men who belonged to the profession of medicine. He congratulated Mr. G. R. Sims on his unwearying efforts against wrongdoers, and described him as representing the eternal struggle between right and wrong. Dr. Tirard answered for the guests, and, in response to loud calls, this toast was also replied to by Mr. G. R. Sims. Dr. Barr, in acknowledging the toast of his health proposed by Dr. Urban Pritchard, concluded by submitting the toast of "The Honorary Secretaries," to which Dr. Tilley and Dr. Hugh Jones responded.

as taking place in the Hospital of the Resurrection at Valladolid, Berganza refers to a remark "of portentous import" which he had heard from a student of Alcalá to the effect that, of the 5,000 students of that University, 2,000 were students of medicine. From this he draws the inference that those 2,000 doctors must either find patients to treat—a thing terrible to contemplate—or die of hunger. It is an anticipation of Abernethy's "God help you, gentlemen! What is to become of you all?" In many places Cervantes dwells on the hygienic value of simple diet and moderation in eating. He says some unkind things about doctors, but it must be allowed that the medicine of his time was a fair mark for the satirist, and its professors had not the lofty conception of their calling which now prevails.

It is well known that all the MSS. of Leonardo da Vinci are in "mirror writing," that is to say, written backwards so that the characters can be read only by holding the writing before a mirror. Why did the great artist write in this way? The general explanation is that his object was to prevent his script being read by the curious. This is childish. Dr. Gilbert Ballet, of the Salpêtrière, however, holds that it was because he was left-handed. Mirror writing is in fact the natural writing of left-handed persons. Further proofs of the truth of this explanation are found by Dr. Ballet in the fact that Leonardo's first sketches were made rapidly with the left hand. Vasari, the historian of Italian painters, speaks of his *caratteri scritti con la mancina a reverso*, and Luca Paccioli, a mathematician who was an intimate friend of the painter, states positively that Leonardo wrote backwards with the left hand. It has been said that the "mirror writing" followed an attack of hemiplegia at Amboise, but it is seen in all the "Fogli Vinciani." Dr. G. Antonini, who has examined the question, agrees with Ballet that Leonardo was left-handed. Moreover, owing to the neglect in which his boyhood was passed, it is probable that in the matter of writing he was self-taught and therefore wrote habitually in the manner most natural to him.

Dr. Folet, of Lille, has made the interesting discovery that Ambroise Paré, mighty man of surgery as he was, succumbed to the human weakness of verse making. Jacques Guillemeau, whose length of days extended from 1544 to 1612, was a favourite pupil of Ambroise, and returned the kindness of his master by saving the life of his daughter nine years after the old surgeon's death. Guillemeau was Provost of the College of Saint Côme in 1595, and although he was surgeon to King Henry the Third, his main line of practice seems to have lain in midwifery. He was the author of an *Atlas of Anatomy*, the first edition of which appeared in 1586. Many of the plates are borrowed from the great work of Vesalius. The book is extremely rare. To many its chief interest will seem to be the fact that it contains a recommendatory epistle in Alexandrine verse by Paré. From the literary point of view the verses have little value, but they are interesting as showing Paré in an unfamiliar character. He praises Guillemeau for having chosen

La science entre tous honorable  
Dont Aesculape fut le prince vénérable,

and for having taken the modest author of the epistle as his *guide et fidèle conducteur* in that science. We gather that Paré advised his pupil to shut himself up in the Hôtel-Dieu, where he would gain

L'expérience vraie en maints corps tourmentés  
De diverses langueurs et mille infirmités,

and learn

les traicts d'Anatomie  
Sans laquelle on ne peut faire la chirurgie.

At the Hôtel-Dieu Guillemeau worked under Paré for eight years. Then, like his master, he went to the wars

Où le furieux Mars exerce ses alarmes  
Par le feu, par le fer, par la sang, par les armes.

In due course he became a master surgeon, and produced the *Atlas*, for which Paré foretells that he will always be praised by posterity. When Paré wrote these lines he was seventy-five years of age.

The two-hundredth anniversary of the death of John Locke, philosopher and physician, was celebrated at the Johns Hopkins University, Baltimore, on November 1st "with appropriate exercises." The chief of these "exercises" seems to have been a banquet given by Professor Osler, the menu being a reproduction of a quaint dinner order given by Locke shortly before his death. We are glad to see the memory of our great English philosopher honoured in any way. We confess, however, that the celebration of the anniversary of a great man's death seems to us an odd way of honouring his

memory; nor does a banquet strike us as a particularly appropriate exercise for the occasion. We hope we shall not be accused of flippancy if we add that a bill of fare ordered by a dying man is more suggestive of funeral baked meats than of a banquet for men whose blood is warm within them.

The Hungarian Minister of the Interior offers a prize of ten thousand crowns for the best book or essay on trachoma based on original research, which shall be considered by the judges to possess sufficient value, especially in regard to etiology and treatment. Manuscript essays or printed books sent in competition must be in the hands of the Minister (Ministerium für inn. Angelegenheiten, Budapest, I.), on or before December 31st. They may be written in the language of the nation to which the author belongs.

## ASSOCIATION NOTICES.

### NOTICE OF QUARTERLY MEETINGS OF COUNCIL FOR 1905.

MEETINGS of the Council will be held on Wednesdays, January 18th, April 19th, July 5th and October 18th.

The January meeting of the Council, by kind permission of the Metropolitan Asylums Board, will be held in their Board Room at 2 o'clock in the afternoon of Wednesday, January 18th. The offices of the Metropolitan Asylums Board are situated on the Victoria Embankment, at the corner of Carmelite Street and near to Blackfriars Bridge.

### ELECTION OF MEMBERS.

ANY candidate for election should forward his application upon a form, which will be furnished on application to the General Secretary of the Association, 429, Strand.

GUY ELLISTON, *General Secretary*.

### BRANCH MEETINGS TO BE HELD.

**BIRMINGHAM BRANCH: CENTRAL DIVISION.**—A general meeting of this Division will be held at the Medical Institute on Friday, December 16th, at 4 p.m. Business:—(1) General. (2) Matters referred to the Division: (a) Interim report on contract practice; (b) consultation of medical witnesses; (c) the relations of medical men and coroners; (d) the reorganization of the Local Government Board; (e) Medical Acts Amendment Bill. Each member is requested to bring with him his copy of the SUPPLEMENT to the BRITISH MEDICAL JOURNAL for November 26th.—E. D. KIRBY, Honorary Secretary, Edgbaston.

**EAST ANGLIAN BRANCH: SOUTH ESSEX DIVISION.**—The first winter meeting will be held at the Victoria Hospital, Southend-on-Sea, on Thursday, December 15th, at 4 p.m. Agenda: Consideration of matters referred to Divisions contained in BRITISH MEDICAL JOURNAL SUPPLEMENT, November 26th. Cases will be shown by Dr. Waters, Dr. Forsyth, Lieutenant-Colonel Westcott, C.M.G., and Dr. Bluck.—W. CARDY BLUCK, Honorary Secretary, Southend-on-Sea.

**FIFE BRANCH.**—A general meeting of this Branch will be held in the Hotel, Thornton, on Wednesday, December 14th, at 3.15 p.m., to consider the various matters referred to the Divisions, as contained in the SUPPLEMENT to the BRITISH MEDICAL JOURNAL of November 26th. Professor Chiene, C.B., Edinburgh, has kindly agreed to give an address, and will dine with the members thereafter.—R. BALFOUR GRAHAM, Honorary Secretary, Leven.

**LANCASHIRE AND CHESHIRE BRANCH: ALTRINCHAM DIVISION.**—The next quarterly meeting will be held at 5 p.m. on Wednesday, December 14th, at the Angel Hotel, Northwich. Agenda: (1) Minutes of last meeting, September 29th. (2) Correspondence re Nurses' Registration Bill. (3) Report of Committee on financial position, and proposed sliding scale of payments to Divisions. (4) Communication to Branch Council. (5) Resolutions for Representative Meeting. (6) Letter from Kendal Division. (7) Dr. Luckman will mention a case of splenectomy, and will show a specimen. (8) Dr. Cooper will read a paper on the radical operation for empyema of the antrum of Highmore: results of five cases. (9) Any other business. A dinner will be arranged to follow the meeting for such members as notify me of their wish to participate, not later than December 10th.—T. W. H. GARSTANG, Honorary Secretary, Altrincham.

**METROPOLITAN COUNTIES BRANCH: KENSINGTON DIVISION.**—An ordinary meeting of this Division will be held at St. John's Hospital for Diseases of the Skin, In-patient Department, 238, Uxbridge Road, W., on Friday, December 16th. Tea and coffee at 4.30 p.m.; meeting at 5 p.m. Business:—(1) To confirm minutes of last meeting. (2) A short paper will be read by Dr. Morgan Dockrell on the principles of treatment in skin diseases. (3) Cases and microscopic specimens will be exhibited by various members of the staff, followed by discussion: Dr. Morgan Dockrell (acne and leprosy), Dr. T. D. Savill (lichen planus), Dr. Alfred Eddowes (lupus and skin gout), Dr. Manners-Smith (papular syphilide), Dr. V. H. Rutherford (urticaria pigmentosa), Mrs. Agnes Savill, M.D. (lipomata successfully treated by ethylate of sodium), and Mr. G. W. Dawson (acne necrotica). (4) Other business. St. John's Hospital is close to Shepherd's Bush Tube Station (Central Railway), Shepherd's Bush Station (Metropolitan Railway), and Uxbridge Road Station (G.W. and L. and N.W. Joint Railway Companies).—G. CRAWFORD THOMSON, M.D., Honorary Secretary, Sinclair Road, West Kensington, W.



**METROPOLITAN COUNTIES BRANCH: ST. PANCRAZ DIVISION.**—An ordinary meeting of this Division will be held at the Royal Free Hospital, Gray's Inn Road, on Friday, December 16th, at 4.30 p.m. Agenda:—Minutes. Correspondence. Mr. J. Smith Whitaker, Medical Secretary of the Association: What a London Division can do for the good of the profession. In his address Mr. Whitaker will deal particularly with the question of contract practice and the report of the Medico-Political Committee; also the Division Ethical Rules adopted by the Bradford Division and approved by the Central Council. The medical staff will show some interesting cases and specimens. The Executive Committee will be glad if all members will attend the meeting and bring some medical friends with them. To consider the question of a dinner.—R. M. POOLEY, Honorary Secretary.

**NORTH WALES AND SHROPSHIRE BRANCH.**—The next meeting of the Clinical and Pathological Section of this Branch will be held at 8 p.m. on Tuesday, December 13th, at the Salop Infirmary.—HAROLD H. B. MACLEOD and LEONARD J. GODSON, Honorary Secretaries, Shrewsbury.

## SPECIAL CORRESPONDENCE.

### MANCHESTER.

*The King to Visit Manchester.*—Northern Counties Hospital.—Beds or No Beds at the Central Receiving House.—Epidemic of Measles.—Board of Agriculture and the Quality of Milk.

It is stated that the King will visit Manchester next spring in order to take part in the inaugural ceremonies associated with civic and philanthropic enterprise, including the great Sanatorium for Consumption in Delamere Forest, an institution with which the name of Mr. W. J. Crossley will ever be associated as the generous donor.

At the annual meeting of the subscribers to the Northern Counties Hospital for Incurables it was stated that 120 beds had been occupied during the year, and that the cost per bed was £51. The receipts amounted to £9,871, and the expenditure to £8,972. The actual cost of maintenance was £6,440.

Beds or no beds in the central receiving house which is to be erected when the infirmary is removed to Stanley Grove is the question shortly to be settled by the trustees of the Royal Infirmary. Meantime the majority, who are in favour of no beds, and the minority, who wish to have about a dozen beds, have issued reports, setting forth their views and the arguments *pro* and *con*. There is the usual crop of letters in the lay press. The lay members of the committee appointed to consider this matter are equally divided in their opinion, and the two medical members subscribe to the majority report. The lay board is numerically strongly in favour of no beds being provided. The majority report recommends the provision of a central receiving house "for the treatment of medical and surgical casualties and dispensary out-patients." The trustees will be asked to approve the recommendations of the majority report.

A serious state of affairs is reported by the medical officer of the Saddleworth District Council. The Church school had to be closed more than three weeks ago, as more than half the children were suffering from measles. Then another school had to be closed because 85 out of 106 scholars were affected with the disease. The people, it was stated, would not drink the water supplied through the mains and went to private wells.

The milk dealers of Cheshire have a grievance, and the Cheshire Chamber of Agriculture has issued a circular to local authorities as to carrying out the regulations laid down to define the genuineness of milk. The gist of the circular is contained in the following regulation of the Board of Agriculture of December 28th, 1901:

Although the quality of genuine milk offered for sale will usually be well above the official limits of milk fat and non-fatty solids, there may occasionally—and especially in certain seasons of the year—be cases in which a sample of genuine milk may fall below those limits. To meet cases of this kind it is suggested that in the absence of any special circumstances indicating that the case is a fraudulent one the local authority might, in the first instance, call the vendor's attention to the analyst's report, and ask him whether he desires to offer any explanation; and if the explanation is one they are able to accept, they might, in the exercise of their discretion, refrain from the institution of proceedings, or withdraw any summons which, in order to prevent the failure of proceedings, by reason of the time-limit imposed by the Act, it may have been necessary to take out. But it may be desirable that further samples of milk should be taken in such cases, in order that a satisfactory conclusion as to the character of the milk supplied may be arrived at.

Many authorities have adopted the course recommended in dealing with samples of milk which are just below the standard. The time of milking and collecting, it is alleged, may make the difference, so that there may be some cases in which the purveyors are not responsible for the deterioration in quality.

### LIVERPOOL.

*The United Hospitals Schools.*—Jubilee of Mr. E. R. Bickersteth. THE United Hospitals Clinical School held its first annual dinner at the Adelphi Hotel on December 3rd, Dr. William Carter, J.P., Senior Physician to the Royal Southern Hospital, being in the chair. As a good deal of misconception seems to prevail as to the nature of this school, it will be well to explain its origin and position. For many years the practice of the Royal Infirmary, of the Royal Southern Hospital, and of the Northern Hospital has been recognized by the qualifying bodies, but for a long time nearly all the Liverpool students have attended the Royal Infirmary, which, besides being the largest of the general hospitals, has the great advantage of being adjacent to the medical school, whereas each of the other hospitals is about a mile and a half distant. Ever since the formation of University College, and for some years before, the physicians and surgeons of the Infirmary have been *ex-officio* members of the medical school, but when the Medical Faculty drew up regulations for its constitution under the new university it resolved to admit to its membership, in addition, a physician and a surgeon from the Southern and the Northern Hospitals and also from the Stanley Hospital so soon as the last-named was enlarged so as to be capable of fulfilling the requirements of the licensing bodies. After the granting of the University Charter a proposal was made that a hospital Board should be formed including all the hospitals recognized for clinical instruction in the city, and that students should enter, not for the practice of any one hospital, but for the practice of all the hospitals and should be at liberty to attend the practice partly at one hospital and partly at another as they thought fit. The medical staff of the Infirmary declined to take part in this scheme, but the other three general hospitals and several special hospitals have combined and have issued a prospectus. The fee charged for the curriculum at the United Hospitals is twenty-five guineas, the fee charged at the Royal Infirmary being forty guineas. To judge from the remarks in the *Times* and elsewhere it might be supposed that this was the first time that students were permitted to attend practice at any hospital except the Infirmary, whereas they were always at liberty to do so. There is no new departure; the only difference is that certain hospitals have agreed to do in combination what they always had the power to do independently. At the dinner covers were laid for nearly 200, the guests including the Lord Mayor, the Lord Bishop, Sir Edward Russell, the President of the Medical Institution, Professor Glynn, and over ninety others. Sir Edward Russell proposed the toast of "The City and University of Liverpool," which was responded to by the Lord Mayor and by Professor Benjamin Moore, Dean of the Medical Faculty. The latter remarked that the decline in the number of medical students was becoming a national problem, and it was necessary to have not only the money but also the help and sympathy of the city. He asked them to send their sons and nephews as students. There was about 800 medical men in the district, and 25 or 30 of them retired every year. It was clear that there were many openings for young medical men in Liverpool. Liverpool had facilities for teaching which were unsurpassed. Various other toasts were given, that of "The Visitors" being proposed by Mr. Damer Harrison and replied to by Dr. Barr and the Rev. John Watson, D.D.

At a recent meeting of the Medical Institution, Mr. E. R. Bickersteth, F.R.C.S., formerly president of the institute, and this year President of the Royal Infirmary, was cordially congratulated on the completion of his fiftieth year of membership of the institution.

### BIRMINGHAM.

*Resignation of Mr. Priestley Smith.*—Annual Dinner of the Students of the Medical School.—Health Lectures.

MR. PRIESTLEY SMITH has resigned the appointment of Honorary Ophthalmic Surgeon to the Queen's Hospital, to the great regret of the staff of the hospital and of everybody connected with the institution. He has served the hospital for more than thirty years, and during this time has always been held in the highest esteem, not only for his great skill in his profession, but also on account of his high personal character. His kindly disposition, his thoughtfulness for others, his loyalty to his colleagues, and the interest he has taken in the welfare of the medical students have made him a favourite with all who have been associated with him. Mr. Priestley Smith was the first to be appointed ophthalmic

points, entitle him to an honourable place in the history of ophthalmology.

Professor Stellwag von Carion was a representative of the best traditions of the Vienna school, and he had the highest reputation as a teacher. The bent of his mind was more towards original research than to practice, but he always showed the greatest kindness of heart in dealing with his patients.

**THE LATE DR. POORE.**—F. S. C. writes: In your sympathetic account of the late Dr. Poore it is not mentioned that, as Harveian Orator, he delivered in 1899, before the College of Physicians, one of his most finished and restrained literary productions. It should not escape reference, too, that for many years Dr. Poore filled—how ably and with what tact may not be generally known—the exacting post of Inspector under the Cruelty to Animals Act. His services in this and in other capacities were to the Home Office considerable. One who learnt in the wards and lecture-rooms much from Dr. Poore may, perhaps, be forgiven for hoping that the memory of his brilliant wit, pungent humour, and genial cynicism will not obscure the very great powers he possessed as a practical physician. Possibly during the time of his greatest activity these powers suffered some disparagement from those who mistook solemnity for profundity and the accumulation of sterile facts for wisdom. But Dr. Poore's great sagacity, wide humanity, and clarity of vision, together with his intimate knowledge of the methods he employed and the insight he possessed into the individuality of his patients, made him in the exercise of the healing art a far greater proficient than those nourished on crumbs from Teutonic laboratories. There must be, scattered up and down this and other countries, many who will be always profoundly grateful that they listened to Poore's teaching, and learnt from him to prove all things and hold fast that which is good, not to be blown about by every new gust of pathological doctrine, and above all, that the function of the physician is not to perform intellectual gymnastics in the hope that he may be called a "scientist," but to practise the art of curing or at least amelioration.

WE regret to announce the death of Dr. DUNCAN CAMPBELL MACCALLUM, who for over thirty years was an active teacher in the medical faculty of McGill University, which occurred recently at Montreal. Dr. MacCallum, who was 81 years of age, took his doctor's degree at McGill in 1850, and afterwards pursued his studies in London, Edinburgh, and Dublin. While in England he became a member of the Royal College of Surgeons. On his return to Montreal he was appointed a demonstrator of anatomy in McGill University, and in 1856 he was appointed to the chair of clinical surgery, which he held up to 1860, when he became professor of clinical medicine and professor of medical jurisprudence. Dr. MacCallum was appointed visiting physician to the Montreal General Hospital in 1856. In April, 1868, he was appointed professor of obstetrics and of diseases of women and children, a position he held up to 1883, when he gave up active teaching.

**DEATHS IN THE PROFESSION ABROAD.**—Among the members of the medical profession in foreign countries who have recently died are Dr. Joaquin X. Pereira da Cunha, Professor of Ophthalmology in the Medical Faculty of Rio de Janeiro; Dr. Thomas S. K. Drown, Professor of Analytical Chemistry in Lafayette College, and later President of Lehigh University, aged 62; Dr. Jean Van Aubel, Emeritus Professor in the University of Liege; Dr. O. Naumann, Lecturer on Medicine in the University of Leipzig, aged 71; Dr. Otto Bode, head of the Surgical Department of the Augusta Victoria Hospital at Berlin, and formerly assistant to the late Professor Eugen Hahn in the Friedrichshain Hospital, of blood poisoning contracted in the discharge of his professional duties, aged 42; Dr. Carlos Carneiro de Mendonca, head of the service of specific prophylaxis against yellow fever, aged 42; and Professor Friedrich Plehn, for many years medical officer of the German Government in the Cameroons, well known by his writings on tropical diseases. Dr. Plehn died of Malta fever at Schottek, near Bremen.

**A MARTYR OF MEDICINE.**—It is announced that Dr. Gaetano Cocchi, who was sent by the Italian Government to study malaria in South America, has died of yellow fever at Merida in Mexico.

## ROYAL NAVY AND ARMY MEDICAL SERVICES.

### ROYAL NAVY MEDICAL SERVICE.

FERNAND L. J. M. DE VERTEUIL, LIDBROOKE F. COPE, HORACE B. HILL, KENNELM D. BELL, JAMES R. A. CLARK-HALL, FRANCIS HERNAMAN-JOHNSON, M.B., PERCY M. RIVARY, M.B., HENRY M. BRAITHWAITE, M.B., DUNCAN G. ADDISON-SCOTT, M.B., ARTHUR S. BRADLEY, M.B., M.A., LAWRENCE C. HUNT, CHARLES R. WORTHINGTON, B.A., PATRICK D. MCL. CAMPBELL, ERNEST D. RUTHERFORD, M.B., FREDERICK G. WILSON, M.B., HENRY COOPER, B.A., JAMES MCA. HOLMES, M.B., RICHARD WILLAN, ALFRED O. HOOPER, M.B., HENRY S. TURNER, MAURICE WILLOUGHBY HAYDON, SAMUEL H. VICKERY, M.B., B.A., ROBERT H. MCGIFFIN, M.B., EDWARD M. W. HEARN, and ALEXANDER J. MCDIARMID, M.B., are appointed Surgeons, from November 21st, and are all (Surgeon Bradley excepted) appointed to the *Fire Queen*, additional, for study at Haslar Hospital, November 21st.

Fleet-Surgeon E. J. BIDEN has been placed on the retired list, December 1st. He was appointed Surgeon, August 25th, 1881; Staff Surgeon, August 25th, 1893; and Fleet Surgeon, August 26th, 1897. He was Surgeon of the *Opal* during the Niger Expedition in 1883, and at the punishment of the Solomon Islanders in 1886; was Staff Surgeon of the *Scout* in the Red Sea during the Dongola Expedition in 1896 (Khedive's medal); and Staff Surgeon of the *Orlando* in 1900 (medal).

Deputy-Inspector-General G. A. CAMPBELL has been awarded the Greenwich Hospital Pension of £50 a year, vacant by the death of Deputy-Inspector-General W. Ross. Deputy-Inspector-General Campbell entered as Surgeon, February 28th, 1860; became Staff Surgeon, January 20th, 1872; Fleet Surgeon, March 23rd, 1883; and Deputy-Inspector-General on retirement, November 30th, 1891. He was Staff Surgeon of the *Hecia* at the bombardment of the Alexandria forts in 1882 and during the Egyptian war (medal with clasp, and Khedive's bronze star), and during the operations near Suakin in 1884 (medal).

The following appointments have been made at the Admiralty: ROBERT R. FASSON, M.B., Surgeon, to the *Cormorant*, additional, to be lent to Gibraltar Hospital, December 2nd; JOHN O'HEA, Surgeon, to the *Excellent*, December 2nd; CHARLES F. BAXTER, Surgeon, to the *Britannia*, November 30th; JEROME BARRY, M.D., Fleet Surgeon, and WALTER G. EDWARDS, Surgeon, to the *Junco*, on recommissioning, undated; FREDERICK J. A. DALTON, Staff Surgeon, to the *Gibraltar*, on commissioning, December 14th; REGINALD WATERFIELD, Surgeon, to the *Gibraltar*, on the *Medusa* paying off; CORNELIUS BRADLEY, M.D., Fleet Surgeon, and FRANK BRADLEY, B.A., Staff Surgeon, to the *President*, additional, for three months' course of hospital study, December 6th.

G. D. M.—We find on inquiry that there is at present no reserve list of surgeons R.N.; when it is formed it will be published in the *Navy List*. There is, we understand, a list of medical men who have volunteered for service in emergency, but it is private and constantly changing.

### ROYAL ARMY MEDICAL CORPS.

CAPTAIN M. H. G. FELL, M.D., from the Seconded List, to be Captain, October 21st. Captain Fell was seconded for service with the South African Constabulary, May 7th, 1902.

### EXCHANGE.

The charge for inserting notices respecting Exchanges in the *Army Medical Department* is 3s. 6d., which should be forwarded in stamps or post-office order with the notice, not later than Wednesday morning, in order to ensure insertion in the current issue.

A LIEUTENANT, R.A.M.C., two years' service, wishes to hear of an officer in the I.M.S. willing to exchange, subject to regulations.—Address No. 6140, BRITISH MEDICAL JOURNAL.

### IMPERIAL YEOMANRY.

MAJOR T. H. OPENSHAW, M.B., F.R.C.S., C.M.G., from the London Companies R.A.M.C. (Volunteers), to be Surgeon-Major in the Lincolnshire Regiment, December 3rd.

### ARMY MEDICAL RESERVE.

SURGEON-LIEUTENANT A. ROBINSON, M.D., 2nd Volunteer Battalion the York and Lancaster Regiment, to be Surgeon-Lieutenant, December 7th.

### THE THIBET MISSION.

Among the officers brought to notice by Brigadier-General J. R. L. Macdonald, C.B., as deserving of special approval for their services with the military forces attached to the Thibet mission are: Major A. R. Aldridge, R.A.M.C.; Lieutenant-Colonel L. A. Waddell, C.I.E., I.M.S.; Major C. N. C. Wimberly, I.M.S.; and Captain T. B. Kelly, I.M.S.

### ROYAL GARRISON ARTILLERY (VOLUNTEERS).

MR. ALFRED A. BEERS to be Surgeon-Lieutenant in the 2nd Durham (Seaham) Regiment, November 26th.

Surgeon-Captain D. M. GREIG, M.B., 1st Forfarshire, to be Surgeon-Major, December 3rd.

Surgeon-Lieutenant A. A. MACKETH, M.B., 1st Hampshire, to be Surgeon-Captain, December 3rd.

### ROYAL ARMY MEDICAL CORPS (VOLUNTEERS).

JAMES S. WARRACK, M.D., to be Lieutenant in the Woolwich Companies November 10th.

Captains C. H. GAGE-BROWN, M.D., and H. FULHAM-TURNER, the London Companies, resign their commission, December 3rd.

BROWNLOW-RIDDELL, M.D., to be Lieutenant in the Argyll and Sutherland Bearer Company, December 3rd.

MR. LOUIS A. FRENCH to be Lieutenant in the South Yorkshire Bearer Company, December 3rd.

### ROYAL ARMY MEDICAL CORPS (MILITIA).

FREDERICK E. BISSELL, M.D., to be Lieutenant, December 3rd.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

### THE PLEA OF INSANITY.

IN a case which was heard at York on December 1st the plea of insanity was raised by way of defence to a charge of murder. The prisoner was a man aged about 45. The deceased—his father-in-law—was 78 years old. The murder was a particularly brutal one, the throat being cut practically from ear to ear, and there were numerous other cuts on the head, hands, and wrists. The case is only interesting by reason of the fact that the defence of insanity was raised. The prisoner's history was as follows:

In 1874 he enlisted; in 1879 he was invalided from India, suffering from melancholia. He was discharged in 1879, but re-enlisted in 1880, and served for another twelve years. His medical reports disclosed the fact that he had suffered from hepatitis and syphilis. After leaving the army he worked as an engineer. In 1900 he was injured in a lift. In 1901 he was found wandering about Poplar, suffering from complete loss of memory. In 1902 he was discharged from employment because he was insane. He was a good workman, and on good terms with his wife (who died in 1903) and with the deceased man. A hesitation in his speech was first noticed when he gave evidence at the inquest.

Dr. Clark, surgeon to the prison at Wakefield, spoke as to the prisoner's mental condition. His sense of pain was blunted, and there was slight general muscular inco-ordination. He complained of frontal headache and vertigo, also of having felt depressed at the death of his wife. The pupils were contracted, and the knee-jerks absent. The prisoner's present condition was consistent with his having been insane on July 29th. The history of the case showed that a very slight cause might have driven the prisoner into active insanity. In cross-examination the witness said that syphilis was one of the predisposing causes of insanity. The fact that the prisoner had suffered from melancholia in 1879 was also significant. The witness could not recall any case in which an insane man had committed robbery as well as murder. The fact that the prisoner had shown deliberation before the fact was evidence that his mind was not unhinged, unless it could be shown that he suffered from delusions. Here he found no trace of delusions.

In the course of his summing-up, Mr. Justice Darling said that the serious question for the jury to consider was whether the prisoner was insane. The question did not mean—"Is he more or less weak in his mind?" nor did it mean, "Is he a man who may yet go mad?" The question for them was, "Are you satisfied that at the time of committing the act the accused was labouring under such a defect of reason from disease of the mind as not to know the nature and quality of the act he was doing, or, if he did know it, that he did not know he was doing what was wrong?" The doctor had said that although the prisoner was a man of weak intellect, he would not certify him to be insane at the present time. That might justify them in adding a rider to their verdict, but it would not justify their giving a verdict contrary to the evidence. All the symptoms were consistent with the prisoner having had syphilis and sustaining injury by an accident.

The jury found the prisoner guilty. He was sentenced to death.

### PRESCRIPTIONS OF OPIUM AND MORPHINE.

AT an inquest last week, held by Dr. Waldo, the City Coroner, a question arose as to whether the deceased died from natural causes or from the effect of an overdose of opium administered previous to his admission to St. Bartholomew's Hospital for an operation for appendicitis. The deceased had been ill for some time with rheumatism and tonsillitis, and symptoms of appendicitis developed a few days before his death. It was intended by his medical adviser that his pain should be treated freely with opium, but according to the evidence, as detailed in the *Morning Advertiser*, there would appear to be some doubt as to what instructions were given and to be clear that the patient was given more than it was intended he should receive. An operation was performed as soon as he was admitted, but he died shortly afterwards. The medical evidence went to show that a fatal issue was in any case inevitable, and Dr. Kearney, the Divisional Surgeon of the City Police, who was entrusted with the *post-mortem* examination, certified that it could not be in any way ascribed to opium poisoning; he found extensive disease of the liver, heart, and kidneys. The jury brought in a verdict in accordance with the medical evidence, adding a rider to the effect that when medical men had occasion to prescribe poisons the package should bear clear instructions as to their administration.

Another inquest, in which the question of the medical prescriptions arose, was also held last week. In this case, according to a report in the *Daily News*, the deceased had been taking morphine hypodermically for eighteen years on a prescription once given to her after an illness. A chemist who gave evidence admitted that he had been supplying her with morphine for three years, and that a week before her death he had given her a bottle of morphine containing over 2 oz. He said he was "unfortunately bound to supply the morphine when a prescription was produced." The coroner, in summing-up, remarked that medical men ought to limit the time for which a prescription might be used.

### CLUB PATIENTS AND THE EMPLOYERS' LIABILITY ACT.

DEVON RURAL asks, if a person belonging to a Friendly Society is injured, has his club medical attendant a right under the Employers' Liability Act to make a charge for his services other than supplying certificates?

\*\* An employer is not responsible for the charges for medical attendance upon one of his workmen who may be injured. The medical man would not be entitled to charge the injured person for his attendance, unless he had made a special arrangement with the Friendly Society mentioned absolving him from medical attendance in cases of accident.

### PROFESSIONAL SECRECY.

LEGAL.—Our correspondent is under no obligation, legal or moral, to inform the police of facts which have come under his notice in the course of his professional duties. If his patient lives he will do well to impress upon the friends the absolute necessity for having her placed under proper control; should death result, he must certify correctly the cause of death, but he is not under any legal compulsion to render assistance to the coroner unless summoned to give evidence as to the

cause of death. On this point he might study with advantage the memorandum published by the Medico-Political Committee on p. 180 of the SUPPLEMENT of November 26th, 1904.

### ANAESTHETIST'S FEE.

X. Y. Z. writes that he was recently called to the assistance of a neighbouring practitioner in a midwifery case to give chloroform. The latter asked our correspondent what his fee was, and on being told that it would be a guinea, said he would try to get it for him. But he has since stated that he cannot pay it unless he receives it from the patient. "X. Y. Z." asks whether it is not usual for the practitioner calling for assistance to be personally liable for the fee.

\*\* Under such circumstances it is not usual for the practitioner to be personally liable for the fee, but it is his duty to do his best to get the patient to pay it.

### RELATIONS WITH CHEMISTS.

C. H. B.—It is obviously not a desirable arrangement to have a consulting room over a chemist's shop, even though the patients are admitted by a side door; but there is no positive rule against it. If the patients are to be sent to the chemist to get their medicine, the least objectionable arrangement would be for "C. H. B." to charge the patients an inclusive fee and to pay the chemist. For repeating the medicine it would be best that the patients should pay the chemist according to a previously-arranged scale, but there should be no profit-sharing with the chemist.

### AMATEUR PRESCRIBING IN THE HALFPENNY PRESS.

A CORRESPONDENT writes to draw attention to prescriptions which are being published by the *Evening News* for bronchitis, dysentery in children, croup, rheumatism, and ringworm, and he suggests that these conditions are of sufficient gravity to make such amateur prescribing a public danger.

\*\* We agree with our correspondent, but it is certain that at the present time there are numbers of people not in this country alone who honestly believe that such folk-lore remedies, however nasty, are more efficacious than those ordered by the medical profession. One of the paragraphs recommends as a cure for bronchitis "two parts of best rum to one part of glycerine," to be taken at bedtime, or, as the decorous writer puts it "on retiring"; he says, "it ought to be good, as its simplicity cost £10 from the late Sir Andrew Clark." Poor Sir Andrew Clark! It may be noticed that the size of the "parts" is not given, but we hope, for the sake of Sir Andrew Clark's memory, that they are intended to stop short of an intoxicating dose.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE.

MR. F. F. BLACKMAN, St. John's, has succeeded Mr. F. Darwin, F.R.S., as Reader of Botany.

Mr. E. Waymouth Reid, M.B., F.R.S., of Downing College, Professor of Physiology at University College, Dundee, has been approved for the degree of Doctor of Science.

Professor Sims Woodhead has obtained from friends resident in or connected with Huddersfield contributions amounting to over £1,600 towards the endowment of a University Lectureship in Special Pathology, to be known as the Huddersfield Lectureship. The Special Board for Medicine and the General Board of Studies recommend that this generous effort be gratefully recognized by the University, and they propose suitable regulations for the establishment of the Lectureship.

The accommodation provided for the Museum of Zoology and the Laboratories of Animal Morphology is already far short of their needs. The Museums Syndicate submits a proposal for the erection of entirely new buildings on the Downing site, adjoining the Sedgwick Museum of Geology. The provision of such a site will probably offer no great difficulty; but the funds for the building are not forthcoming, and "private munificence" is the only resource suggested.

The First, Second, and Third Examinations for the M.B. degree begin this term on December 12th, and will not be completed till December 22nd.

Professor Woodhead and Mr. J. Barcroft are appointed members of the Museums Syndicate; Dr. Annington, Mr. C. T. Heycock, F.R.S., and Mr. J. E. Purvis members of the State Medicine Syndicate; Dr. D. MacAlister a member of the General Board of Studies, the Special Board for Medicine, and the Board of Geographical Studies; Dr. A. Hill, Master of Downing, a member of the Board of Agricultural Studies; Professor R. Stockman of Glasgow an examiner in Pharmacology for the Third M.B. Examination, in the place of Sir T. R. Fraser of Edinburgh, resigned.

### Degrees.

At the Congregation on November 24th, the following medical and surgical degrees were conferred: M.B.—H. D. Hoffmann, Trinity. M.B. and B.C.—S. Child, Pembroke; S. Dodd, Gonville and Caius.

At the Congregation on December 3rd the following degrees were conferred: M.B. and B.C.—C. W. P. Moffatt, Clare. M.B. only.—E. Ward, Clare; D. H. Fraser, Caius; J. Lambert, Downing. B.C. only.—S. H. Nathan, Trinity.

### UNIVERSITY OF LONDON.

#### FACULTY OF MEDICINE.

A MEETING of the Faculty of Medicine was held at the University on Tuesday, December 6th, at 5 p.m., the Dean, Dr. J. K. Fowler, being in the chair.

#### Promotion of Teaching and Research in Advanced Subjects.

On the motion of Mr. H. W. Page, seconded by Dr. Hale White, it was unanimously resolved:

That a Committee be appointed to consider and report to the Faculty as to the best means by which teaching and research in the advanced subjects of the medical curriculum can be promoted in the schools of the University by the action of the University.

The Committee consisted of the thirty-four members of the Faculty named below, representing the various schools of medicine of the



University and the various subjects of study in the advanced period of the curriculum.

In the course of the discussion, which was carried on by Dr. Herringham, Sir Felix Semon, Dr. Percy Smith and Dr. Halliburton, it was pointed out that the conclusions arrived at by the Committee would have an important bearing on the future of clinical teaching in London. In view of the large issues involved the Dean requested any member of the Committee or of the Faculty who desired that any special point should be considered to communicate his wishes addressed to the Honorary Secretary of the Faculty of Medicine at the University.

#### Committee.

Dr. J. K. Fowler, Mr. Pearce Gould, Dr. Bradford, Dr. Sydney Martin, Mr. Watson Cheyne, Dr. Crawford, Dr. Norman Moore, Dr. Herringham, Dr. Schorstein, Dr. Bulloch, Dr. Hale White, Dr. Lauriston Shaw, Mr. H. H. Clutton, Dr. Turney, Dr. Rolleston, Dr. Latham, Mr. H. W. Page, Dr. Caley, Mr. Stanley Boyd, Mr. H. F. Waterhouse, Dr. De Havilland Hall, Dr. E. P. Paton, Dr. Samuel West, Miss Cock, Sir Felix Semon, Sir Thomas Stevenson, Sir Cooper Perry, Dr. Champneys, Mr. A. H. Cheate, Dr. Percy Smith, Dr. Seaton, Dr. Mott, Mr. Marcus Gunn, Mr. Morton Smale.

#### Tropical Medicine.

The Faculty also considered the following report of the Board of Advanced Studies to the Senate:

At a meeting of the Board of Advanced Medical Studies, held on November 21st, 1904, the following report on "Tropical Medicine" was adopted:

- That Tropical Medicine should be introduced into the Syllabus of Subjects for the M.D. Degree.
- That "Tropical Medicine, Branch VI," be added to the list of subjects which may be taken for the M.D. degree.
- That, if (a) and (b) be adopted, a Report be presented on Syllabus and Course of Study.

And resolved, without dissent, that the Faculty approves of the Board of Advanced Studies' Report on Tropical Medicine.

## PUBLIC HEALTH

AND

### POOR-LAW MEDICAL SERVICES.

#### HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 8,518 births and 6,326 deaths were registered during the week ending Saturday last, December 3rd. The annual rate of mortality in these towns, which had been 15.6, 16.6, and 17.3 per 1,000 in the three preceding weeks, further rose last week to 21.7 per 1,000. The rates in the several towns ranged from 5.8 in Harnsey, 11.3 in West Hartlepool, 11.7 in Kings Norton, 12.3 in Aston Manor, 12.7 in Walthamstow, 13.3 in Wolverhampton, 13.4 in Rotherham, and 13.7 in Huddersfield, to 29.1 in Birkenhead, 30.0 in Gateshead, 30.1 in Stockport, 30.3 in Manchester, 30.7 in Wigan and in Middlesbrough, 30.9 in Sneathwick, and 32.4 in Tynemouth. In London the rate of mortality was 21.7 per 1,000, while it averaged 21.6 per 1,000 in the seventy-five other large towns. The death-rate from the principal infectious diseases averaged 1.6 per 1,000 in the seventy-six large towns; in London this death-rate was equal to 1.1 per 1,000, while among the seventy-five large provincial towns the death-rates from the principal infectious diseases ranged upwards to 3.5 in Bristol and in St. Helens, 4.0 in Liverpool, 4.9 in Gateshead, 5.0 in Stockton-on-Tees, 5.4 in Middlesbrough, 5.5 in Grimsby, and 5.7 in Hanley. Measles caused a death-rate of 2.1 in Bristol, 2.2 in Liverpool, 2.5 in Bootle and in Wigan, 2.6 in Gateshead, 3.0 in Stockton-on-Tees, 3.2 in Middlesbrough, and 2.3 in Grimsby; scarlet fever of 1.3 in York, 1.4 in Plymouth, and 1.5 in Warrington; diphtheria of 1.4 in Hull; whooping-cough of 1.6 in Hanley and 1.9 in South Shields; "fever" of 1.3 in Rhondda and 1.4 in Merthyr Tydfil; and diarrhoea of 2.4 in Hanley. One fatal case of small-pox was registered last week in Halifax, 1 in Gateshead, and 1 in Newcastle-on-Tyne, but none in any other of the seventy-six large towns. Three cases of small-pox remained under treatment in the Metropolitan Asylums Hospitals at the end of last week; 2 new cases were admitted during the week, against 1 and 2 in the two preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had been 2,843, 2,774, and 2,741 on the three preceding Saturdays, had further fallen to 2,625 on Saturday last, December 3rd; 247 new cases were admitted during the week, against 294, 259, and 262 in the three preceding weeks.

#### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, December 3rd, 874 births and 702 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 17.5, 17.3, and 18.0 per 1,000 in the three preceding weeks, further rose to 21.2 per 1,000 last week, but was 0.4 per 1,000 below the mean rate during the same period in the seventy-six large English towns. Among these Scotch towns the death-rates ranged from 15.6 in Edinburgh and 16.5 in Greenock to 23.9 in Glasgow and 24.8 in Paisley. The death-rate from the principal infectious diseases averaged 2.1 per 1,000 in these towns, the highest rates being recorded in Aberdeen and Leith. The 395 deaths registered in Glasgow included 2 which were referred to measles, 4 to diphtheria, 25 to whooping-cough, 3 to "fever," and 3 to diarrhoea. Seven fatal cases of whooping-cough were recorded in Edinburgh, 11 of measles and 2 of diarrhoea in Aberdeen, 3 of measles in Leith, and 2 of diarrhoea in Dundee.

#### HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, December 3rd, 549 births and 400 deaths were registered in six of the principal Irish towns, against 368 births and 352 deaths in the preceding period. The mean annual death-rate of these towns, which had been 19.0, 19.6, and 19.5 per 1,000 in the three preceding weeks, rose to 21.2 per 1,000 in the week under notice; this figure being 0.4 per 1,000 lower than the mean annual rate in the seventy-six English towns for the corresponding period. The figures ranged from 14.4 in Cork and 16.4 in Londonderry to 28.0 in Waterford and 28.1 in Dublin. The zymotic death-rate during the same period and in the same six Irish towns averaged 1.0 per 1,000, or 0.2 per 1,000 lower

than during the preceding period, the highest figure—2.8—being registered in Dublin, while Londonderry, Limerick, and Waterford recorded no deaths under this heading at all. The principle zymotic causes of death in Dublin and Belfast were measles and whooping-cough, the former predominating. From small-pox and scarlet fever no deaths were recorded in any part of Ireland, but diphtheria caused 1 death in Dublin, and typhus 1 death in Kilkenny.

#### DISEASED MEAT.

A SOMERSETSHIRE farmer was prosecuted on December 5th at the Guildhall for sending diseased meat to the Central Meat Market. The sanitary inspector attached to the market at once seized it as unsound, and Dr. Collingridge, the City Medical Officer of Health, gave evidence that the animal had been the subject of a very extensive growth of round-celled sarcoma. The farmer's defence was that he had not known that the animal was diseased; he thought it had been injured accidentally, as he found it lying down; he therefore got it slaughtered by a local butcher, and as the latter only offered £10 for the carcass he sent it to London. The presiding alderman imposed a fine of £50 with £7 costs.

It has, of course, been recognized for a considerable period that domestic and other animals are the subject of malignant disease, but, so far as we are aware, this is the first time upon which evidence of the above precise character has been given in a meat prosecution. As the case has received considerable notice in some of the daily papers under the heading of cancerous meat, it may be as well to point out that though, of course, this meat was unfit for food, the investigations published not long ago by the Cancer Research Fund show that the limits within which malignant disease is capable of propagation from animal to animal are exceedingly narrow. A difference in the species of two animals seems to make it impossible to infect one animal from the other.

#### THE RELATIONS OF MEDICAL OFFICERS OF HEALTH TO THEIR PROFESSIONAL COLLEAGUES.

A CORRESPONDENT asks for an expression of opinion upon a case stated by him as follows: The medical officer of health of a small town is also medical superintendent of the fever hospital, and is engaged in private practice. Our correspondent notified and sent into hospital, as a case of scarlet fever, a boy who exhibited certain symptoms. The boy was sent home at the end of ten days, with an intimation that he was not suffering from scarlet fever, but with the request that he should be brought to the consulting rooms of the medical officer of health in a day or two. The medical officer saw him on three or four occasions, and prescribed baths, etc.

"\* Assuming this statement to be correct, we have no hesitation in saying that the medical officer of health erred in his manner of treating a brother practitioner. He should have requested a consultation with the latter before sending the patient back. A *modus vivendi* could then have been arranged, which would have obviated any further difficulty. The medical officer of health erred again in seeing, examining, and prescribing for our correspondent's patient after he had left the hospital. The medical officer seems to have forgotten the golden rule, which is one of the fundamentals of medical ethics.

#### SMALL-POX AND DEATH CERTIFICATION.

FESTINA LENTE writes: In the preparation of death returns one is often in doubt as to which ought to be returned as the primary cause of death, and that, notwithstanding the precise instructions issued by the Registrar-General. The following are two cases in point:

(a) A chronic alcoholic and chronic bronchitic, suffering also from heart disease, is admitted to the fever hospital suffering from small-pox and dies there. In the death returns relating to small-pox—monthly reports to urban district council—this counts as a death from small-pox; according to the death certificate the primary cause of death is alcoholism.

(b) A previously healthy child of 3 is admitted to hospital suffering from small-pox, modified in this case by vaccination performed seven days before the appearance of the small-pox eruption. The child recovers from small-pox, but on the morning of the day on which it is to be discharged from hospital develops an acute attack of laryngitis, to which it succumbs later. This also is returned in the hospital deaths during the epidemic as from small-pox.

Would you kindly state your opinion as to certification in these cases: (1) In regard to preparation of statistics for annual report to urban district council; (2) in regard to the possibility of the copy of an "irregular" death certificate getting to the Registrar-General and so affecting his statistics?

"\* We can well imagine that the death of a person in a small-pox hospital would be returned to the sanitary authorities as a death from small-pox, although the patient was an alcoholic. Similarly we think that the second death would be returned as from small-pox, especially as the patient was practically unvaccinated, or most imperfectly vaccinated, and as he died from an affection which is by no means unknown as a concomitant of small-pox.

#### SALARY AND DUTIES OF MEDICAL OFFICER OF HEALTH.

SWEATED.—(1) It is no part of the duty of a medical officer of health to give his opinion at the request of other practitioners in doubtful cases of infectious disease. He could only see the patient in consultation, and would be entitled to a consultation fee. Most medical officers of health, however, recognize the desirability of assisting their colleagues in such circumstances, and do not press for a fee when payment would fall hardly upon the patient or his friends. (2) The medical officer of Health of an urban district with a population of 35,000 would not be overpaid at an annual salary of £500 exclusive of attendance at isolation hospitals. The amount of salary to be paid for the latter service depends upon the use which is made of the institutions, and the distance from the town concerned. The Local Government Board do not permit a moiety of the salary paid for attending an isolation hospital to be obtained from the County Council.

## 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.*

**BETHLEM HOSPITAL.**—Two Resident House-Physicians. Salary at the rate of £25 each per quarter.  
**BIRMINGHAM GENERAL HOSPITAL.**—(1) House-Surgeon. (2) House-Physician. Both resident. Salary at the rate of £50 per annum each.  
**BIRMINGHAM: JAFFRAY BRANCH OF THE GENERAL HOSPITAL,** Gravelly Hill. Resident Medical and Surgical Officer. Salary, £150 per annum.  
**BIRMINGHAM AND MIDLAND EAR AND THROAT HOSPITAL.**—Assistant Surgeon.  
**CARLISLE: CUMBERLAND AND WESTMORLAND ASYLUM,** Garlands.—Junior Assistant Medical Officer. Salary, £130, rising to £150 per annum.  
**CHICHESTER: WEST SUSSEX COUNTY ASYLUM.**—Junior Assistant Medical Officer. Salary, £150 per annum.  
**EXETER: ROYAL DEVON AND EXETER HOSPITAL.**—Male Assistant House-Surgeon, resident. Salary, £60 per annum.  
**GLOUCESTER: GENERAL INFIRMARY AND EYE INSTITUTION.**—Assistant House-Surgeon, resident. Salary at the rate of £30 per annum.  
**HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST,** Brompton.—Resident House-Physicians. Appointments for six months. Honorarium, £25.  
**HULME DISPENSARY,** Dale Street, Manchester.—Honorary Surgeon.  
**LEEDS: HOSPITAL FOR WOMEN AND CHILDREN.**—Resident House-Surgeon. Salary at the rate of £60 per annum.  
**LIVERPOOL: DAVID LEWIS NORTHERN HOSPITAL.**—Two House-Surgeons, both resident. Salary at the rate of £60 per annum each.  
**LONDON TEMPERANCE HOSPITAL,** Hampstead Road, N.W.—Assistant Resident Medical Officer. Honorarium at the rate of 50 guineas per annum.  
**NORTH-EASTERN HOSPITAL FOR CHILDREN,** Hackney Road, E.—Pathologist and Bacteriologist. Salary, £50 per annum.  
**NOTTINGHAM GENERAL HOSPITAL.**—(1) Assistant House-Surgeon. (2) Assistant House-Physician. Both resident. Salary, £100 per annum each.  
**NOTTINGHAM WORKHOUSE INFIRMARY.**—Junior Resident Medical Officer. Salary, £120 per annum.  
**OTAGO UNIVERSITY.**—Professor of Physiology. Salary, £600 per annum.  
**ROYAL COLLEGE OF PHYSICIANS OF LONDON.**—Milroy Lecturer.  
**ST. THOMAS'S HOSPITAL.**—Resident Assistant Physician.  
**STOCKPORT INFIRMARY.**—Junior Assistant House-Surgeon, resident. Salary, £40 per annum.  
**TOTTENHAM HOSPITAL, N.**—(1) Honorary Assistant Physician in Out-patient Department. (2) Honorary Aestheticist. (3) Honorary Radiographer.  
**WHITEHAVEN AND WEST CUMBERLAND INFIRMARY.**—Resident House-Surgeon. Salary, £120 per annum.

## APPOINTMENTS.

**AMPELL, Janet, M.B., B.S.,** Senior Resident Medical Officer to the Belgrave Hospital for Children, S.W.  
**CAMERON, A. G. R., M.B., B.S., Durh., D.P.H. Camb.,** Medical Officer of Health for the Combined Sanitary District of West Sussex, vice Charles Kelly, M.D. Lond., deceased.  
**COOGAN, T. M.B., Ch. B. Vict.,** Resident Assistant Medical Officer of the Chorlton Union Workhouse.  
**DITTMAR, F., M.D. Glasg., D.P.H.,** Medical Inspector of the Local Government Board of Scotland, vice W. Leslie Mackenzie, M.D. Aberd.  
**EWART, R. W. T., M.B., Ch.B.,** Clinical Assistant to the Chels. Hospital for Women.  
**HALL, Donald G., M.A., M.D. Cantab., M.R.C.P. Lond.,** Assistant Physician to the Sussex County Hospital, Brighton.  
**MACLAREN, Norman, M.B., Ch. Cantab., F.R.C.S. Eng.,** Assistant Surgeon to the Cumberland Infirmary.  
**MOSTYN, S. G., M.B., B.Ch. Oxon., D.P.H. Camb.,** Medical Officer of Health for the County Borough of South Shields.  
**MURRAY, Flora, M.B., B.S.,** Junior Resident Medical Officer to the Belgrave Hospital for Children, S.W.  
**PARSONS, L. D., M.B., Ch. B. Edin.,** Assistant Colonial Surgeon and Port Medical Officer at Gibraltar.  
**REIDY, Wm. A., L.R.C.P. and S. Edin.,** Medical Officer and Public Vaccinator for the Maesycwmmwr District of the Newport Union.  
**SAVILLE, Mrs. Agnes F., M.A., M.D., M.R.C.P.L.,** Honorary Assistant Physician to St. John's Hospital for Diseases of the Skin, Leicester Square.  
**SHAW, W. F., M.B., Ch. B. Vict.,** House Surgeon and Resident Obstetric Assistant Surgeon to the St. Mary's Hospital, Manchester.  
**STAVELL, R. De Salis, M.B., B.C. Cantab.,** Physician to the Salop Infirmary, vice E. Lycett Burd, M.D. Cantab., resigned.  
**STEEN, E. H., M.D. Lond.,** Medical Superintendent of the City of London Asylum, Stone, vice E. W. White, M.B., M.R.C.P. Lond.  
**TOVEY, Arthur, M.R.C.S., L.R.C.P.,** Clinical Assistant at St. John's Hospital for Diseases of the Skin, Leicester Square.  
**TOWNLEY, A. E., M.B., Ch. B. Vict.,** Medical Officer of Health, Oswaldtwistle Urban District.  
**WOLVERSON, F., M.B., Ch.B. Glasg.,** District Medical Officer of the Walsall Union.  
**ST. THOMAS'S HOSPITAL.**—The following gentlemen have been selected as house officers from Tuesday, December 6th, 1904:  
 Resident House-Physicians.—A. G. Gibson, B.A., M.B., B.Ch. Oxon., B.Sc. Lond.; K. Takaki, M.R.C.S., L.R.C.P.  
 House-Physicians to Out-Patients.—E. E. Whitting, M.A., M.B., B.C. Cantab.; F. A. Brodribb, M.R.C.S., L.R.C.P.  
 Obstetric House-Physicians.—(Senior) H. I. Pinches, M.A., M.B., B.C. Cantab., M.R.C.S., L.R.C.P.; (Junior) E. W. Parry, 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.; (Junior) A. B. Bradford, M.B., B.S. Durh., M.R.C.S., L.R.C.P.  
 Special Departments.—Throat: C. N. Sears, M.B., B.S. Lond., M.R.C.S., L.R.C.P.; D. K. Coutts, M.R.C.S., L.R.C.P. Ear: L. E. C. Norbury, M.R.C.S., L.R.C.P.  
 Several other gentlemen received an extension of their appointment.

## 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.

**HODGKIN.**—On December 5th, at Hillsdale, Christchurch Road, Hampstead, N.W., the wife of Henry Theodore Hodgkin, M.A., M.B., B.C. Cantab., of a son.  
**SHEENAN.**—On November 25th, at 95, Mayfield Road, Edinburgh, Miss Annie Sheenan (née Greig), L.R.C.P. and S. Edin., etc., wife of Dr. Theodore Sheenan, of a daughter.

## DEATH.

**EVANS.**—On December 2nd, at Cheshunt, Herts, Nicholl Evans, M.D., M.R.C.S., J.P., Herts, Surgeon, Royal Small Arms Factory, Enfield Lock, aged 67 years.

## DIARY FOR NEXT WEEK.

## MONDAY.

**Medical Society of London,** 11, Chandos Street, Cavendish Square, W., 8.30 p.m.—Paper: Dr. E. R. Hunt: Subphrenic Abscess. Mr. Cuthbert S. Wallis: The Surgical Treatment of Subphrenic Abscess.

## TUESDAY.

**Medico-Legal Society,** 22, Albemarle Street, W., at 8 p.m.—Agenda: Discussion on Degeneration: its Causes and Prevention with reference to the proposed Sterilization of certain Degenerates. To be opened by Dr. Robert Rentoul. Dr. Harvey Littlejohn: Four medico-legal specimens.

**Pharmaceutical Society of Great Britain,** 17, Bloomsbury Square, London, W.C.—Paper: Professor K. T. Hewlett: On Antitoxins. Mr. E. M. Holmes, F.L.S.: Notes on some Recent Additions to the Museum.

**Royal Medical and Chirurgical Society,** 20, Hanover Square, 8.30 p.m.—Adjourned discussion on Chloroform Anaesthesia. Speakers: Sir Victor Horsley, F.R.S.; Colonel Lawrie, I.M.S.; Mr. A. W. Mayo Robson, Dr. Silk, Professor Sherrington, Mr. A. M. Shield, Dr. Waller, F.R.S. Dr. P. W. Hewitt, and others.

## WEDNESDAY.

**South-West London Medical Society,** Bolingbroke Hospital, Wandsworth Common, 8.45 p.m.—Dr. Seymour Taylor: On Errors of Treatment.

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

**Hunterian Society,** London Institution, Finsbury Circus, 8.30 p.m.—Paper: Dr. G. Ernest Herman: On Leucorrhoea.

## THURSDAY.

**Samaritan Free Hospital for Women,** Marylebone Road, 3 p.m.—Some Common Complications of Pregnancy.

**The Hospital for Sick Children,** Great Ormond Street, London, W.C., 4 p.m.—Some Points in the Diagnosis of Scarlet Fever, Measles, and German Measles.

## POST-GRADUATE COURSES AND LECTURES.

**West London Post-Graduate College,** West London Hospital, Hammersmith Road, W.—The following demonstrations have been arranged for next week at 5 p.m. each day: Monday, Cancer of the Rectum; Tuesday, High-frequency Currents, with Lantern Slides; Wednesday, Iritis, its Varieties and Treatment; Thursday, Practical Surgery; Friday, Medical Treatment of Insanity.

**North-East London Post-Graduate College,** Tottenham Hospital, N.—Tuesday, 4.30 p.m. Principles of Prognosis; Friday, 4.30 p.m., Lecture demonstration on Anaesthetics.

**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; Tuesday, Medical; Wednesday, Surgical; Thursday, Surgical. Lectures at 5.15 p.m. each day will be given as follows: Monday, Infantile Scoury; Tuesday, Some Points in Abdominal Surgery; Wednesday, Mental Overstrain in Childhood; Thursday, Ditto; Friday, College closes for the vacation.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 2, Agate 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, 429, 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, 429, Strand, W.C., on receipt of proof.

CORRESPONDENTS who wish notices 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 *Atitologic, 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.

## MANAGEMENT OF MOTORS.

**LLANGAN** will find the information he requires in *Motors and Motor Driving*, third edition. Badminton Library. London: Longmans, Green, and Co. 1904. Price 9s.

## TREATMENT OF PEATY WATER BY ALUM.

**ALPHA** asks if any reader can inform him of any instance in which a peaty water supply is treated on the large scale with alum with a view to precipitating the peaty matter.

## ANSWERS.

**INDIA.**—"Forman." we are informed, is only another name for urotropine. Our correspondent would have no difficulty in obtaining the substance from Mr. Marindale, 10, New Cavendish Street, W., or any other first-rate London pharmacist.

**DISCIPULUS.**—The Life of Pasteur by his son-in-law, M. René Valléry-Radot (Paris: Librairie Hachette), would probably meet our correspondent's requirements: it contains a full account of Pasteur's work. An English translation by Mrs. R. L. Devonshire has been published by Archibald Constable and Co.

**STAFF-SURGEON.**—Laudanum is a poison included in Part II. of the Poisons Schedule. It must therefore be labelled "Poison" and be the name and address of the seller. A chemist carrying out these details complies with all legal requirements. Chemists usually satisfy themselves that the drug is to be properly used before selling it, but the law does not impose this obligation upon them, nor need they know the name of the purchaser.