animal was not infected. It would appear from this that the protective substances continue to be manufactured in some organ, and are thrown into the blood. Wasserman, however, found that the blood serum of an immunized animal protected against the organism 400 times the quantities of 0.5 gram, while the bone marrow protected in small quantities as 0.2 gram.

REFERENCES
1 Varieties and Virulence of the Pneumococcus. Lancet, January 7th, 1899.
2 Further Researches upon the Pneumococcus. Journ. of Path. and Bact., April, 1899.
3 Zaehl, J. Hgg. u. Infect., Bd. XI, 300.
4 Recent Forms of the Pneumococcus. J. Path. and Bact., March, 1899.
5 Experiments with the Pneumococcus. Journ. of Path. and Bact., April, 1899.
7 Zeit. f. Hgg., 1897.
9 Lancet, April 21st, 1899.
10 British Medical Journal, November 4th, 1899.
11 Further Researches upon the Pneumococcus. Journ. of Path. and Bact., January, 1899.
12 Experiments with the Pneumococcus. Journ. of Path. and Bact., April, 1899.

MEMORANDA:

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

URTICARIA ACUTA.

In the British Medical Journal of April 12th, 1902, Dr. F. S. Palmer reported an interesting case of one of those cases of urticaria acuta which he believed to be due to the ingestion of spring rhubarb. A case which tallied, with his in almost every particular was under my care in the early part of the year. The patient was a little girl, aged 7, who suddenly developed feverish symptoms, and complained of great cutaneous irritation.

I was called on the morning after the first restless night, by which time urticarial patches had broken out all over the body, but especially marked on the chest and lower limbs. Here and there the rash had assumed a bullous form, there being small spherical elevations filled with a clear yellow fluid, remaining one of pempigus. These were surrounded in each case with an area of angry redness. There was marked fever, the temperature on the first day being 103.1, gradually falling to normal, which was reached on the third day. As in Dr. Palmer's cases, there was considerable facial erythema, and in addition a blueness under the eyes deeper in colour than I have seen in any case of sickness. Before the third day the patches had become purulent, and some had assumed an oval outline with a slightly depressed centre, looking suspiciously like small-pox pustules in the stage of umbilication, but when opened they were not filled, showing a greenish base, immediately beneath the cuticle. The little patient, in spite of her condition, was bright and cheerful, complaining of nothing but the irritation which, as she said, had kept her awake at nights although she was so sleepy. On inquiry into her diet her relatives said that she had eaten very freely of some stewed rhubarb, and that they had purposely allowed her to do so thinking it would act like spring medicine. A specimen of urine was not obtained until after the severe symptoms had subsided. This was free from albumen but contained an abundance of urates, but whether or not it contained an excess of oxalates was not ascertained.

Liverpool.

WM. BRAMWELL, M.A., M.D., B.Ch.Dubl.

A CASE OF HARD CHANCRO OF UPPER LIP; SUPPOSED SOURCE OF INOCULATION.

Recently, while acting as Senior Assistant Surgeon to the Nottingham General Dispensary, I was consulted by a female patient, aged 20, who suffered from a sore in the centre of the upper lip. She saw me on March 5th, 1902, and said she had first noticed it about a week previously. Its appearance at once suggested a specific nature, and the submaxillary glands were enlarged and shotty.

The girl was to all appearances a virgin, and denied having kissed anybody, except a girl friend some months before. Her occupation was to attach labels to parcels in a warehouse; she did this by first licking the labels. Supposing it to be syphilitic, I prescribed the solution of mercury perechloride 20 minims, and potassium iodide 5 gr., three times daily. After about two weeks treatment the hair fell out and a rash developed on the chest and thighs. The amount of the liq. hydarg. perechlor. was increased to 60 minims thrice daily, and the iodide to 10 gr. doses. The sore was treated from the first with a local application of lotio nigra in weak solution, and a powdery containing calomel and oxalates. On April 7th the torn had healed, leaving a cicatrix. After another month of this treatment the "secondaries" had pretty well disappeared, when smaller doses were again substituted.

The most interesting point in the case is the source of inoculation. Did she get syphilis from licking the labels? I remember listening to a well-known surgeon one day giving a clinical lecture on a patient who had an ulcer on the tongue. The patient indignantly denied that he ever had venereal disease, whereupon the surgeon replied, "Gentlemen, we must take all these statements cum grano salis, and the best salt is K.I." There can be no doubt, however, that the system of fixing labels adopted by some firms—as in this case—is highly dangerous and ought to be abandoned.

Wyb, N.B.

J. NOONAN MEADE, L.R.C.P. & S.E.

TREATMENT OF RHEUMATOID ARTHRITIS.

The following case of so-called rheumatoid arthritis is of interest inasmuch as it was treated by a method recommended by Dr. P. W. Latham, of Cambridge. This is based on what is undoubtedly to be the true pathology of this disease—the neural theory, others urging strongly the infective theory. I see no reason why the two should not go hand in hand; given that it is infective, one can easily believe that the particular poison exerts its chief influence on the spinal cord. I think the name should be changed; if this disease were called poliomyelitis many misconceptions of the true nature of this distressing and intractable malady would be to a large extent removed. As long as the disease is considered a kind of rheumatism, the joints will receive attention and the spinal cord be neglected.

Mrs. W., married, aged 43; had had much illness and worry. On January 10th, 1901, she was found to be much wasted, with much pain, and practically every joint in the body stiff and swollen. She had glosy finger tips, and was bedridden. She was treated for a time on ordinary lines.

On March 18th two freshly prepared blisters were applied, one on each side of the tenth dorsal vertebrae, and were kept open with savin treatment about twelve days. On April 16th similar blisters were applied, one on each side of the lower cervical and upper dorsal vertebrae.

On April 19th the patient had more feeling in her feet.

On May 28th raw meat juice ordered, a teaspoonful four times a day.

On June 16th the patient felt stronger and better, and spent some hours in the open air on fine days. The blisters were repeated in the lower dorsal region.

On July 12th she could use her knees better.

On August 6th there was considerable increase in weight.

On February 15th, 1902, she could walk with crutches.

In April she could walk without crutches, and did horsework. In addition to blistering the patient had massage at home and at Buxton. The contrast between this woman's present condition and her former almost hopeless state is very marked.

MIDELTON.

W. J. MIDDLETON, L.R.C.P., M.R.C.S.

PSORIASIS INHERITED (?) FROM MYXODEMATOUS PARENT.

The following case seems worthy of record as affording some evidence of a possible inheritance of thyroid deficiency. I was recently consulted by a young woman, aged 27, who had been suffering from a persistent attack of psoriasis for the last four years. She had undergone a lengthy treatment with various remedies, but without any benefit. At that time thyroid extract had not been administered.

I subjected her to a course of vapour baths with some improvement, but having elicited a history of myxoe dema in her mother, I thought it well to order the extract. Recovery
from this date was rapid, and in less than a fortnight the psoriasis had disappeared. The general health was good, and he was able to come to the hospital without any great inconvenience.

It is perhaps impossible to deduce any conclusion from the above, but when one remembers the uncertainty of the thyroid treatment of psoriasis, the rapid recovery in this case is remarkable.

EVELYN A. W. ENGLISH, M.B.Edin.

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

MARDAN CIVIL HOSPITAL, NEPAL.

ENCESTED VESICAL CALCULUS AFTER GUNSHOT WOUND OF THE BLADDER.

By Captain J. H. HUCCO, I.M.S., Official Residency Surgeon.

A PATHAN from Upper Swat, aged 24, presented himself at Mardan Civil Hospital in September, 1898, complaining of symptoms of vesical calculus. He gave the following history: Five years ago in a tribal feud he had been shot with a jezail bullet in the left side of the abdomen, the bullet passing out through the right buttock. There were no intestinal symptoms, but for two days there was much discharge of pus with some urine from the abdominal wound; the discharge gradually decreased, and for nearly one year before coming to Mardan had ceased altogether, the abdomino wound healing up. For two years he had passed a little blood in his urine, and had occasionally suffered from stoppage in the flow. There was always some pain in the lower part of the abdomen and after emptying the bladder; there was such acute pain in the region of the abdominal scar, radiating down the inner side of the left thigh, that he had to lie down for a time, and looked forward with dread to micturating.

On examining the abdomen I found on the left side about 3/4 in. above the junction of the outer and middle thirds of Poupart's ligaments, a puckered scar from which a small sinus ran backwards and towards the middle line for 3 in. There was no discharge from this, and no pain. On the right buttock was a large scar where the bullets had made its exit. The right rectus muscles were a little wasted.

While the patient was in hospital I saw him pass urine. He squatted on the ground in the usual position affected by natives of India; urine flowed away easily, but towards the end of micturition he could feel the pressure of the region of the bladder, radiating up to the abdominal scar and down the inner side of the left thigh. After micturating he at once lay on his back with both legs drawn up to ease the pain, and beads of perspiration stood out on his forehead; the left testicle was retracted; this paradoxym lasted rather less than two minutes, and then gradually passed off, when the patient got up and walked about, seemingly quite well again. Urine contained a quantity of pus and excess of phosphates.

On passing a sound a small calculus was detected free in the bladder. On further exploration a calculus was felt fixed on the left bladder wall. A diagnosis was therefore made of two calculi, one free in the vesical cavity and one encysted.

The patient had come five days’ journey on foot in order to be operated on, but expressly stipulated that, if the operation could not be performed without cutting, he was only to be cut from “underneath,” and not from “above.”

The difficulties attending such a procedure were represented to him, but although he wanted to be relieved at once he refused to allow a suprapubic cystotomy to be performed on any account, giving as his reasons that a man he knew on whom this operation was performed had died, also that a scar “underneath” would not be visible; no amount of persuasion could shake his determination, so the only choice was a lateral lithotomy. This operation was performed and a small stone weighing 30 gr., which was free in the bladder, extracted; on the left bladder wall a stone about the size of a hazel nut was felt protruding into the vesical cavity; this was tightly gripped at its neck, and attempts were made to extract it by means of lithotrites, forceps, scoops, but failed. A long pair of sinus forceps were then inserted into the sac round the neck of the stone, and attempts were made by opening the blades to dilate the opening sufficiently to extract the stone, this method also failed. Lastly, the edges of the neck of the sac were very carefully “nicked” by means of a probe-pointed bistoury, and the stone was extracted with laryngeal forceps.

On examining the interior of the cyst with a sound another stone was detected. This was also extracted with a scoop aided by abdominal pressure. On palpating the abdomen a cord-like process could be felt running from the abdominal scar down to the cyst. The three stones weighed 1 oz. 30 gr. The stone which protruded into the bladder was somewhat dumb-bell shaped; the protruding part was much the smaller, about the size of a large hazel-nut; the intermediate part was slender, and had been very tightly gripped by the mouth of the cyst; the part within the sac was faceted and the size of a large walnut; the stone in the deeper part of the sac showed a corresponding facet. All the stones were phosphatic. The nucleus of the stone in the deeper part of the cyst was a very small splash of lead and a piece of black cloth, which had probably been carried in by the bullet. No nucleus was found in the calculi. The stone was packed with blood, and the right ureter was completely blocked at the bladder outlet. I sounded it with a large catheter, but could detect no stone; his urine contained a very small quantity of pus.

No. 11 GENERAL HOSPITAL, KIMBERLEY, SOUTH AFRICA.

GUNSHOT WOUND OF THE PERINEUM.

(Reported by H. HUBERT SWANZY, L.R.C.P.L., L.R.C.S.I., L.M., and L.M. Rotunda, Dublin, Civil Surgeon to the Hospital.)

G. C., trooper, 5th Imperial Yeomanry, a healthy youth, aged 21, was admitted to the hospital on March 11th, 1902, after Lord Methuen’s fight at Klipdrift on March 7th, suffering from a gunshot wound of the perineum, involving the urethra, bladder, and rectum. He was rising from the kneeling position when hit by a Mauser bullet, which entered the penis on its right side, at its junction with the scrotum. It travelled along the side of the urethra, entered the bladder, and, piercing it, passed through the rectum in its lower third, about 2 in. from the anal margin, emerging midway between this and the base of the bladder. The bullet had passed the urethra, through the perineum, all coming from the perineal wound and from the rectum. An attempt was made to pass a large silver catheter, but proved unsuccessful. The patient was accordingly anæsthesised with chloroform, and Major Hickson, R.A.M.C., with very considerable difficulty introduced a silver catheter (No. 9) into the bladder. This was firmly tied in, but during the night became unfastened and slipped out. On March 14th chloroform was again administered, and the instrument introduced and tied in; a rubber tube was introduced, and conducting the urine to a receptacle under the bed. Very little urine passed through the tube, most escaping by the rectum. Believing the catheter might be blocked, the tubing was removed and a stilette passed; the bladder was then washed out with boracic lotion. Urine still flowed freely from the perineum, and on March 26th chloroform was again administered, and the catheter withdrawn, being replaced by a larger silver instrument (No. 12). This was kept in three days, and then withdrawn, as no urine escaped per rectum; the perineal wound was washed freely with boracic lotion, as the urine passed naturally, and the recto-vesical fistula healed up without further interference. The patient is now convalescent, and on his way to England in splendid health.

The report of this case is especially interesting for the following points: First, the urethra being almost completely severed, extreme difficulty was experienced in finding the distal end without having to perform an external
sutures. Dr. Edmunds's second case, where some alarming attacks of blood continued to take place for three or four hours, was one where sutures were called for, notwithstanding that the patient did survive the danger arising from the wound having been left open. Dr. Edmunds has a curious notion that if sutures were put into the uterus it would write and write until it got itself free.

The words which I have italicized have no foundation in fact. They imply that I took 'three or four hours' to stop the hemorrhage. My report shows that in forty-five minutes, 'the whole of the uterine substance had become densely compacted together,' and the abdominal wall had been partly sutured up. This period would be shortened in future.

In fact, the second case, the second uterus, was closed by thirteen sutures, and the abdomen having been carefully sponged out the external wound was closed. As I had no need to sponge out the abdomen, and as my patient convalesced without a single rise in temperature, I do not see why uterine sutures were called for. — JAMES EDMUNDS.

OBITUARY.

JAMES BANKART, M.B., LOND., F.R.C.S.,
Consulting Surgeon to the Royal Devon and Exeter Hospital; Senior Surgeon to the West of England Eye Infirmary.

The death of Mr. Bankart removes from the medical profession in the South-West of England one of its ablest and most respected members. An excellent anatomist, an able operator, a surgical consultant of wide experience, a distinguished eye surgeon, as well as a shrewd observer of man and things, and a cautious and far-seeing adviser in the practical affairs of life, Mr. Bankart leaves behind him a gap not easily to be filled.

His career was distinguished throughout. As House-Surgeon, and subsequently Surgical Registrar and Demonstrator of Anatomy at Guy's Hospital he attracted attention by the excellence of his work. He was university med. and gold medallist in surgery at the University of London in 1861. From 1856 to 1859 he held the post of Surgeon to the Metropolitan Free Hospital, where he distinguished himself by his successful operations. In 1860 he went to reside in Exeter, and the following year was appointed Registrar to the West of England Eye Infirmary. Two years later he was appointed Surgeon there, and not long afterwards was also elected Surgeon to the Devon and Exeter Hospital. He retained his appointment at the Eye Infirmary down to the time of his death, but at the hospital an age-limit obliged him to retire some years since, when he was appointed Consulting Surgeon.

Mr. Bankart has published from time to time valuable papers on professional subjects. In 1862 he was officially engaged in the Government commission of miners of Cornwall and Devonshire. But he will be chiefly remembered for the great ability and industry exercised through many years, alike in public appointments and in private and consulting practice, and for the calm judgement and firm adherence to what he felt was the best course which had been of so much value to the institutions with which he was connected. Amidst the arduous duties of a busy practice Mr. Bankart found time for other interests. An excellent violincell player, he has been long connected with the Exeter Orchestral Society, of which he was Honorary Treasurer. A keen fisherman, he sought occasional relaxation in trout fishing, in which he was an expert.

His health began to fail last April, and, in spite of all that medical skill could do, it slowly grew worse, and died on October 31st, at the age of 68. He leaves a widow and five children.

ARCHIBALD DUNLOP, M.D., J.P.,
Holywood, Belfast.

It was with the deepest regret that every one throughout the North of Ireland heard of the death, on November 14th, of Dr. Archibald Dunlop, of Holywood, in his 69th year. Although failing health had been evident for a short time previous, yet Dr. Dunlop discharged his accustomed duties up till three weeks before his demise, which was due to heart failure.

Dr. Dunlop obtained the diploma of M.R.C.S. in 1855, and the M.D. of the Queen's University in Ireland in 1857. He became House-Surgeon in the then Belfast General Hospital, and shortly afterwards set up in Holywood, where he soon enjoyed a large practice, which he carried on uninterruptedly for forty-four years. During this time he held many posts, such as Medical Officer of the Dispensary District, which he relinquished not very many years ago. He also accomplished much public work in Belfast. He was a member of the North of Ireland Branch of the British Medical Association and of the Ulster Medical Society, and was always ready to aid younger men in their work, both by shrewd advice and by kindly help. He was a warm and hearty fellow-lodger, and as my friend Urban Councillor and Justice of the Peace, but at all meetings, both in the House of Commons, in Belfast and the district. His hearty manner, his pleasant humour, and his kindliness, as well as the more sterling qualities of generosity, uprightness and straightforwardness, all combined to make him one of the most popular members of the profession. He was exceedingly fond of flowers, and rose cultivation was one of his favourite hobbies. The rich and the poor will equally miss him.

Dr. Dunlop was twice married and leaves six children, of whom the eldest are Dr. Shuldham Dunlop and Major A. Dunlop, of the Royal Artillery. Much sympathy is felt with the widow and members of the family.

We regret to have record the death of Mr. William Dobson, M.R.C.S., L.I.A., which occurred at Beeston, Leeds, on November 9th, at the age of 55 years, after an operation for chronic intestinal obstruction. He was the only son of Dr. Thomas Dobson, of Beeston and Leeds, who succeeded him in the practice, which he enjoyed with the late Dr. Duckworth Nelson of St. John's Wood, and continued to practise there until his retirement in April, 1899. He obtained the diploma of L.R.C.P. in 1866, and for 10 years he held the post of Medical Officer to the St. John's Wood and Portland Town Provident Dispensary. Although he had a somewhat retiring disposition he made many friends, and was held in high regard by his patients, more especially perhaps by the poor. It may be that he had rather less patience with well-to-do malades imaginaires on account of what he saw of the Gold Fields, and continued to do so until his health broke down by dysentery. He then entered the service of the Government as Surgeon in charge of emigrant ships. On his marriage in 1863 he commenced general practice in Wimbledon, but soon after entered into partnership with his father. He also ably practised chirurgical surgery, and was a fellow of the Royal College of Surgeons.

Mr. Arthur Goullet, M.R.C.S., Eng., L.R.C.P. Lond., who, three years ago, retired from active practice, died in his sleep at Budleigh-Salterton, on October 20th, at the age of 75. Mr. Goullet came of a Huguenot family; his father was Commander Goullet, R.N., and his mother the daughter of Chevalier A. S. de Paris, a well-known Spanish musical composer. He received his medical education at Charing Cross Hospital, and took the diploma of M.R.C.S. in 1854. Shortly afterwards he went to Australia to practise among the diggers in the Sydney fields, and as my friend. He then entered the service of the Government as Surgeon in charge of emigrant ships. On his marriage in 1863 he commenced general practice in Wimbledon, but soon after entered into partnership with his father. He also ably practised chirurgical surgery, and was a fellow of the Royal College of Surgeons.

Mr. Arthur Goullet, M.R.C.S., Eng., L.R.C.P. Lond., who, three years ago, retired from active practice, died in his sleep at Budleigh-Salterton, on October 20th, at the age of 75. Mr. Goullet came of a Huguenot family; his father was Commander Goullet, R.N., and his mother the daughter of Chevalier A. S. de Paris, a well-known Spanish musical composer. He received his medical education at Charing Cross Hospital, and took the diploma of M.R.C.S. in 1854. Shortly afterwards he went to Australia to practise among the diggers in the Sydney fields, and as my friend. He then entered the service of the Government as Surgeon in charge of emigrant ships. On his marriage in 1863 he commenced general practice in Wimbledon, but soon after entered into partnership with his father. He also ably practised chirurgical surgery, and was a fellow of the Royal College of Surgeons.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Ferdinand Jahr, Professor of Surgery in the University of Giessen; Dr. Wulffert, of Berlin, Founder and President of the German Association of Medical Ab-
ROYAL NAVY AND ARMY MEDICAL SERVICES.

ROYAL NAVY MEDICAL SERVICE.

Captain W. E. Braddon, M.D., has been promoted to Deputy-Inspector-General, appointed September 30th, 1894; Staff Surgeon, September 30th, 1895; and Fleet Surgeon, September 30th, 1896.

The following appointments have been made at the Admiralty: Charles G. Goddard, Deputy-Inspector-General, to Bermuda Hospital, November 14th; Dudley J. Davitt, Deputy-Inspector-General, to the Medical Department, December 1st; James Porter, B.A., M.D., Deputy-Inspector-General, to Haslar Hospital, December 1st; John C. B. Maclean, M.A., M.B., to Haslar Hospital, December 1st; George W. Bell, Fleet Surgeon, to the Duke of Wellington, for Haslar Hospital, temporary, December 1st; Arthur Gaskell, Surgeon, to the Thetis, November 14th; E. R. L. Thomas, Surgeon, to the Aranget, lent, November 14th; William E. Trythall, Surgeon, to the Vindex. Key Dockyard, November 14th. The appointment of Staff Surgeon, F. W. Parker, to the Thetis is cancelled.

STRENGTH AND DISTRIBUTION OF THE ARMY MEDICAL SERVICE.

The following shows the strength and distribution of medical officers employed on the Active and Reserve Lists, according to the Army List for November, 1902:

Distribution in November Army List.

The last analysis we made was from the September Army List, and a considerable change in the distribution of medical officers has naturally followed on the conclusion of peace in South Africa.

We have altered the heading from "undermanning" to "strength"; for, although the numbers are still much under the needed establishment, we have every reason to believe that a sincere and probably successful endeavour will now be made to bring them up to a sufficient strength to secure efficiency.

The changes during September and October have been as follows: The total working strength has decreased from 927 to 945, or 22, chiefly through retirements; but from the last total must fairly be deducted 25 seconds, and 26 reserve of officers, still employed, leaving 924 as the true effective number for general service and foreign relief.

Since the beginning of September the number of officers has increased at home by 53, has decreased in South Africa by 105, and increased at other foreign stations by 23.

A column has been added showing 31 candidates "under probation" in the lieutenants' list; these gentlemen will doubtless be commissioned in due course.

The number of retired officers (other than reserve) employed about 70, showing a decrease.

Our next analysis in January will doubtless show further changes consequent on the termination of the war.

ROYAL ARMY MEDICAL CORPS.

Lieutenant-Colonel C. A. F. Mitchell, M.D., retires on retired pay, November 14th. His commissions are dated: Surgeon, February 18th, 1871; Surgeon-Major, February 18th, 1871; and Lieutenant-Colonel, February 18th, 1871. He served in the Egyptian war in 1882, including the actions at Tel-el-Khub, Mahamas, Kasassin (both actions), and Tel-el-Kehrib (medal with clasp, and Khedive's bronze star); with the Nile Ex}

pedition in 1884-5, including the action at Kirbeokan (two clasps); and with the Sudan Frontier Field Force in 1896.

Lieutenant-Colonel W. G. W. Volkerley, who is serving in the Madras Command, is appointed to officiate as Principal Medical Officer, Bombay and Nagpore Districts.

CHANGES OF STATION.

The following changes of station amongst the officers of the Royal Army Medical Corps have been officially reported to have taken place during the last month:

From. To.

Colonel W. E. Prat, M.D. ... Bombay ... Mhow.
W. E. Webb, M.D. ... Netley ... Hong Kong.
W. G. S. Blythe, M.D. ... Pambrook, D.K. ... Bombay.
W. H. A. Jones, M.B. ... London ... South Africa.
R. W. B. Clifton, M.D. ... Devonport ... Woolwich.
Major E. G. S. Simpson, M.B., C.M.G. ... Bombay ... Preston.
G. S. Breton, M.B. ... South Africa ... Aldershot.
J. H. A. B. Smith, M.B. ... South Africa ... Cork.
G. R. B. Bracken, M.B. ... South Africa ... Bombay.
H. J. L. A. W. A. I. W. ... Devonport ... Woolwich.
W. D. F. ... South Africa ... Cork.
J. J. Forde, M.B. ... South Africa ... Northfield.
J. G. McNaught, M.D. ... South Africa ... Bermuda.
E. A. Tyrell, M.B. ... South Africa ... South Africa.
W. D. Escott, M.B. ... South Africa ... South Africa.
R. C. Lewis, M.B. ... South Africa ... South Africa.
J. W. E. Austin, M.B. ... South Africa ... South Africa.
C. E. Pollock, M.B. ... South Africa ... South Africa.
T. H. C. Goodwin, D.S.O. ... South Africa ... South Africa.
H. A. Berryman, M.B. ... South Africa ... South Africa.
W. T. T. Tibbits, M.B. ... South Africa ... South Africa.
J. W. L. F. J. G. W. ... South Africa ... South Africa.
A. W. Hooper, D.S.O. ... South Africa ... South Africa.
R. S. R. Firth, D.S.O. ... South Africa ... South Africa.
H. P. W. Barrow, M.B. ... South Africa ... South Africa.
J. E. Hodgson, M.B. ... South Africa ... South Africa.
P. H. Falkiner, M.B. ... South Africa ... South Africa.
J. W. L. F. J. G. W. ... South Africa ... South Africa.
W. O. A. S. ... South Africa ... South Africa.
J. T. Crean, V.C. ... South Africa ... South Africa.
R. F. ... South Africa ... South Africa.
J. J. R. ... South Africa ... South Africa.
C. E. Pollock, M.B. ... South Africa ... South Africa.
W. T. T. ... South Africa ... South Africa.
H. A. Berryman, M.B. ... South Africa ... South Africa.
J. W. L. F. J. G. W. ... South Africa ... South Africa.
A. W. Hooper, D.S.O. ... South Africa ... South Africa.
R. S. R. Firth, D.S.O. ... South Africa ... South Africa.
H. P. W. Barrow, M.B. ... South Africa ... South Africa.
J. E. Hodgson, M.B. ... South Africa ... South Africa.
P. H. Falkiner, M.B. ... South Africa ... South Africa.
J. W. L. F. J. G. W. ... South Africa ... South Africa.
W. O. A. S. ... South Africa ... South Africa.
J. T. Crean, V.C. ... South Africa ... South Africa.
R. F. ... South Africa ... South Africa.
J. J. R. ... South Africa ... South Africa.
C. E. Pollock, M.B. ... South Africa ... South Africa.
W. T. T. ... South Africa ... South Africa.
H. A. Berryman, M.B. ... South Africa ... South Africa.
J. W. L. F. J. G. W. ... South Africa ... South Africa.
A. W. A. Irwin, M.B. ... South Africa ... South Africa.

ADMIRALTY.

Lieutenant-Colonel J. L. Liddon, M.B., retired pay, has been transferred from Devonport to Dublin.

ARMY MEDICAL RESERVE.

Surgeon-Captain R. J. Bridges is promoted to Surgeon-Major, November 14th.

IMPERIAL YEOMANRY.

Mr. John G. D. Keer, M.B., is appointed Surgeon-Lieutenant in the North Somerset, November 15th.

ROYAL GARRISON ARTILLERY (VOLUNTEERS)

Surgeon-Lieutenant J. R. Robertson, M.B., 1st Ayrshire and Galloway, resigns his commission, November 15th.

VOLUNTEERS.

Surgeon-Captain J. T. Thomas, M.B., Volunteer Battalion the Duke of Cornwall's Light Infantry, promoted to Surgeon-Major, November 15th.

Surgeon-Captain G. G. W. Wood, M.B., 1st Middlesex (London Scottish), November 1st.

Surgeon-Captain R. R. Berman, 6th Middlesex (Artists), is promoted to Surgeon-Major, November 4th.
MEDICO-LEGAL AND MEDICO-ETHICAL.

MEDICAL ETIQUETTE.

INQUIRY.—According to the statement submitted to us, A. has fulfilled some important obligations under one of the clauses of his partners' contract, and B.'s reply is simply a hasty utterance for which he will probably, after reflection, see fit to retract.

T. C. F.—We share our correspondent's objection to the advertisement issued by the Devon and Cornwall Sanatorium for Consumptives, in which the position of the doctors is that of the least paid for in the South of England. We do not think it fair to state the salary they require. There is surely some member of the medical profession who might be induced to undertake the duties of a practitioner in this way to a sort of Dutch auction.

BOND NOT TO PRACTISE WITHIN AN AREA.

MOIRA writes that nine years ago, when acting as an unqualified assistant to A., he gave the usual bond not to practise within certain limits, the extent of which he has now forgotten. Since leaving A., the latter has sold his practice, and bound himself not to come within one mile and a half of his old residence, but continues to practise two or three miles away, and his old practice has been again sold, owing to the death of the vendor. Our correspondent states this to be a very high-handed denial of the bond, and that the desirability of putting up the appointment in this way to a sort of Dutch auction.

PARTNERSHIP ACCOUNTS.

PERPLEXED J.P. has been in partnership, and is now taking over the whole practice and the book debt of the firm, in nominal value about £2,000, of which £1,000 is paid by small weekly instalments. He wishes to know: (1) What price ought he to pay for such book debts? (2) If he were to pay the whole on delivery of the evidence, would he be entitled to any charge on all payments from such debtors, so that if he were to go on attending patients owing money to the firm and paying weekly sums, he might recover his own payment for such attendance with indefiniteness postponed? (3) (a) It is impossible to advise as to price. The debt might be worth £1,000, or £600, or less. (b) The outgoing partner would have a first charge on all sums paid by the debtors till the amount of his claim was paid off. Where a debtor pays money on account, if he makes no special stipulation to the contrary, the money goes towards the settlement of his debts according to their priority. THE ADMINISTRATION OF ANAESTHETICS FOR DENTISTS.

M. D.—(1) A dentist, like an operating surgeon, has the right to choose his own anaesthetic, and to give gas is quite at liberty to administer it on his own responsibility. (2) The medical examination, the expense of which has to be borne by the employer. Therefore any insurance company taking over the liabilities of the employer cannot compel the injured person to put in a medical certificate. If such certificate is given by a house-surgeon to a hospital, a charge should be made to the company for it. The fees charged should be fixed by the medical staff of the hospital, and should be sanctioned by the Board of Management.

CERTIFICATES UNDER THE WORKMEN'S COMPENSATION ACT.

J. S.—In claims arising under the Workmen's Compensation Act (to which our correspondent probably refers) the injured person is not required to prove negligence. All that can be required of him is that he should submit himself, if required by the employer, to a medical examination, the expense of which has to be borne by the employer. Therefore any insurance company taking over the liabilities of the employer cannot compel the injured person to put in a medical certificate. If such certificate is given by a house-surgeon to a hospital, a charge should be made to the company for it. The fees charged should be fixed by the medical staff of the hospital, and should be sanctioned by the Board of Management.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

APPOINTMENT.—Mr. Frederick Delighton, M.A., M.B., of Peterhouse, Surgeon to the University Hospital, has been appointed by the Local Government Board to be an authorized Teacher of Vaccination in Cambridge, in the room of the late Dr. Robert Cory.

UNIVERSITY OF LONDON.

KING'S COLLEGE.

A MEETING under the presidency of the Earl of Selborne was held on Wednesday, November 15th, in the Library of the University of London. The decision of the University of London on the subject of the proposed endowment of King's College, London, for the endowment of the College as a school of the Universities of London and of the Commonwealth, and the reception of the College from its existing debt, the maintenance of its efficiency in laboratories and equipment for higher teaching and research, and the adequate provision of professors for this purpose has been asked.

The resolution read a message from the King expressing His Majesty's thorough sympathy with the proposal to raise a large fund for the endowment of King's College as a constituent of the newly-developed University of London, and the Principal read a letter of sympathy from the Prime Minister.

Lord Selborne pointed out that University College and King's College and the other institutions were in the same section in all faculties alike, and that they alone are recognized as such by the statutes of the University. London needed more than one centre of general education, where different subjects might be brought into social and intellectual contact. With regard to the King's College's Council of the University it was the first institution in this country to provide laboratories for physics and for bacteriology, and had throughout its career always sought to furnish the best facilities for the students. Under the House of Commons for the Colonies he had had many opportunities of observing how King's men were devoted to work throughout the Empire. King's College had done substantial service, not only to the higher education in London, but to the advancement of learning and science, and he hoped that practically every student had drunk from the chalice of undertaking new responsibilities, and the first thing to be done was to free it from the load of debt.

Sir Richard Jebb, M.P., moved a resolution commending the appeal of King's College for an adequate endowment. It had done good work in the past, and its outstanding people had included many famous names, and the hospital connected with the College was the first home in London of anti-septic surgery, the most remarkable modern application of science to the saving of human life and the alleviation of suffering.

Sir J. Wolfe Barry seconded the resolution, and, speaking as an old exponent of the University, insisted on the excellence of the teaching given. As a member of the Senate of the University of London he pointed out that the whole reconstitution of the University and the responsibilities upon the College. At the present day the need for thorough technical education not only for chiefly for workmen, but for masters and men, could be understood by every student at the University. He thought that the work had scarcely been begun, and London was not only behind Germany, but behind the great provincial cities, such as Birmingham.

The resolution was supported by the Dean of Westminster and by Sir A.W. Rücker, Principal of the University of London, and carried unanimously.

A vote of thanks to the Chairman was adopted on the motion of Mr. W. B. Smith, M.P., seconded by Sir John Cockburn.

The debt is stated to amount to £15,000. For the extinction of the debt, and for the reorganization and equipment, and to provide the extra space needed, with a small endowment for a library, museum, and similar expenses, a total of over a quarter of a million is asked to place the College on a satisfactory basis apart from the endowments of chairs. For this purpose and income of £47,500 a year is required towards which the College may have a claim, and encouragement for one Chair of Engineering now provided by the University, leaving a net annual income of £14,000 to be raised. The capital sum to provide this is to total amount of £300,000. To this was attached the statement that Professor W. J. Simpson, M.D., Secretary of the Appeal Committee, would gladly supply further information on application to him at the College.

UNIVERSITY OF EDINBURGH.

In the report of the statutory half-yearly meeting of the General Council of the University of Edinburgh, which is published in the British Medical Journal of November 8th, p. 155, no reference was made to a motion brought forward by Mr. Ernest E. Greif, M.B., C.M. This omission, which was purely inadvertent on our part, we now think it right to supply. Mr. Greif moved "That the right of 'vote or ballot' be accorded to members of the General Council of the University, and that voting be taken by ballot whenever this method is requested by the mover or seconder of a resolution. He said his desire was to remove one of the many obstacles which are placed in the way of the University of Edinburgh. They were practically denied all real representation in the Council of the University of Edinburgh, and of the number of members some 10,000, they had no share whatever in the government of their University. They might pass unanimous resolutions, but the University Council could ignore them. The representation by legal statute, it was made smaller still by such procedure. When vote was by ballot of the present method, they were practically reduced to the governing few. In illustration he referred to the assistants to the professors, who by the conditions of their appointment had their hands tied and their work prejudiced. If they strayed to the University they brought themselves into antagonism with their chiefs, who, it might be possible, were in the present meeting. They might not risk the loss of their appointments at the end of the session by coming to the General Council and voting openly.

The motion was seconded.

Dr. Schoolbred (Edinburgh) moved as an amendment that voting should be by ballot unless the mover and seconder of any resolution should desire otherwise.

Dr. Hadden (Denholm) seconded.

Mr. Buchan in support moved the previous amendment. He held that they had to look to the general good of the University as a whole, and not to the local section. In no business meeting could a vote by ballot be taken on every point that might arise.

Mr. Buchanan seconded.
Dr. Greville withdrew his motion for the amendment, which was carried by a large majority. Dr. Greville next moved "That members of the General Council of the University be allowed reasonable opportunity for securing the opinion of candidates seeking election as Assessors to the University Court. For this purpose members of the General Council of the University shall be permitted to canvass any candidate prior to the taking of the vote for the election of such candidates." This motion was also carried by a large majority.

Dr. Hadden argued that it was perfectly competent to deal with any regulation of the University affecting the College.

Mr. James Oliphant moved "That candidates for election as Assessors to the University Court be sent to the members along with the notice calling the meeting, but it was ruled that notice must be given of such a motion."

The Finance and Business Committees were afterwards elected.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary Council was held on November 15th, Sir Henry G. Howe, President, in the chair.

Removal from Membership.

A member was removed from the membership for the issue of objectionable handbills or circulars.

Cancer Research.

The President reported the appointment of Mr. Ernest Francis Bashford, M.B., Edin., to be Director of the Cancer Research Laboratory by the Executive Committee of the Fund.

Court of Examiners.

The vacancy caused by the resignation of Sir William H. Bennett, K.C.V.O., will be filled up at the ordinary meeting of the Council in December.

Bradshaw Lecture.

The President stated that this will be delivered by Dr. Howard Marsh on Wednesday, December 10th, at 5 p.m., the subject being Infective Affections.

University of Wales.

University Court.—The annual college meeting of the University Court was held on November 14th at University College, Bangor, under the presidency of the Deputy Chancellor, Sir Iasiarn Owen. A letter was read from the Chancellor, the Prince of Wales, acknowledging the receipt of reports and expressing the opinion that the University might well be satisfied with the result of the year's work. It was reported that the Corporation of Cardiff had offered a free site for the University offices.

Degrees.—At a congregation held later in the day degrees were conferred on Sir Iasiarn Owen, the numbers being B.A. 79, B.Sc. 23, B.D. 4, M.A. 5, B.D. 4.

CONJOINT BOARD IN ENGLAND.

The following gentlemen have passed the First Examination of the Board in the subjects indicated:

Chemistry.-F. W. Cogdill, University College, Liverpool; C. A. Ellis, P. J. Lush, V. L. Matthews, H. E. Middlebrooke, and W. Morgan, London Hospital; M. Maier, Cairo, Egypt; F. W. O'Connor and R. D. O'Connor, St. Bartholomew's Hospital; J. N. D. Paulin, Edinburgh, St. Mary's Hospital and South-West Polytechnic Institute, Chelsea; J. J. Reinhart, Birbeck Institute, H. H. Ritchie, University College, Sheffield.

Practical Pharmacy.—J. F. Beale, Cambridge University and London Hospital; P. J. Godkin, London Hospital; P. D. Mac. Campbell, St. Mary's Hospital; E. F. Carmody and J. W. Cleveland, St. Bartholomew's Hospital; H. C. Colyer, Charing Cross Hospital; J. A. Cowan, Dowdall, University College, Liverpool; R. T. Edwards, Glasgow, University College, Liverpool, and London Hospital; E. R. Evans, University College, Liverpool; D. E. Fabian, Guy's Hospital; P. Gully, Charing Cross Hospital; N. N. Hill, London Hospital; H. Tuddenham, St. Bartholomew's Hospital; R. M. Inham, Cambridge University and St. Bartholomew's Hospital; R. D. King, St. Mary's Hospital; T. C. Maxwell, St. Bartholomew's Hospital; J. L. Meyrick, London Hospital; J. H. Newbey, Charing Cross Hospital; G. A. Paulin, Royal College of Surgeons, Edinburgh; T. C. Power, London Hospital; J. D. Thomas, Guy's Hospital; T. C. Rossill, University College, Bristol, and St. Thomas's Hospital; A. E. Rowlett, Guy's Hospital; E. E. H. Judge and H. M. Scott, London Hospital; R. G. Shiel, Liverpool Hospital; G. A. Simmers, St. Thomas's Hospital; G. P. B. Snell, Middlesex Hospital; J. M. Wall, St. Thomas's Hospital; J. C. J. Weller, Charing Cross Hospital; R. L. English, St. Bartholomew's Hospital; H. T. M. Wilson and L. L. Winterbotham, St. Bartholomew's Hospital.

Elementary Anatomy.—C. A. Bockstecher, Merchant Venturers' College, Bristol; R. F. Gerrard, University College, Liverpool; A. H. Hardy, Manchester; W. J. Harrington, Charing Cross Hospital; V. L. Matthews, London Hospital; R. F. Minett and J. F. Ramirez, Guy's Hospital; H. Sowery, St. Bartholomew's Hospital.

The following gentlemen have passed the Second Examination of the Board in the subjects indicated:

Anatomy and Physiology.—C. A. Austen, Westminster Hospital; J. S. Ayton, University College, Liverpool; G. M. Beatty, St. Thomas's Hospital; E. R. Bennett, Westminster Hospital; J. H. Boddam, St. Bartholomew's Hospital; J. F. Boyd, University College Hospital; H. G. Brown, B.A.Camb., Cambridge University; and Middlesex Hospital; C. P. Charles and C. Clarke, St. Bartholomew's Hospital; J. Copland, University College Hospital; V. A. P. Costenoble, Guy's Hospital; G. W. Hardy, Charing Cross Hospital; L. S. Heacham, Owens College, Manchester; A. A. Hoare, Grants-Manford Hospital; C. W. Hutt, B.A.Camb., Cambridge University; H. Ide, Charing Cross Hospital; J. M. J. Jones, St. Bartholomew's Hospital; R. M. Kalshe, L.M.S. & B. Bombay, Grant Medical College, Bombay; R. M. Langdale, Guy's Hospital; T. J. Evans, Manchester; D. M. Martin, St. Bartholomew's Hospital; D. M. Masina, Grant Medical College, Bombay; J. Mellor, Owens College, Manchester; W. S. Nealon, St. Bartholomew's Hospital; G. W. de P. Nicholson, B.A.Camb., Cambridge University and Trinity College, Dublin; J. C. A. Norman, New College and University; W. A. G. Pepper, Middlesex Hospital; H. G. Phippin, St. Mary's Hospital; C. W. Preston, Guy's Hospital; H. G. Rickman, St. Mary's Hospital; R. M. Riggs, Owens College, Manchester; J. W. L. Scott, Westminster Hospital; J. Sello, St. George's Hospital; E. G. Sherren, London Hospital; G. F. Simpson, University College, Manchester; C. C. Sidway, St. Bartholomew's Hospital; G. S. Thompson, St. Mary's Hospital; E. H. Thomson, St. George's Hospital; J. C. J. Turbutt, University College Hospital; J. F. Trewby, St. Bartholomew's Hospital; R. A. Veale, B.A.Oxon, Yorkshire College, Leeds; G. W. Varry, L.M.S. & B. E. Walton, Guy's Hospital; A. S. Webley, St. Mary's Hospital; W. T. Williams, St. Bartholomew's Hospital.

Physiology only.—W. R. Clarke, Westminster University.

CONJOINT BOARD IN SCOTLAND.

The quarterly examinations of the above Board, held in Edinburgh, were concluded on October 28th with the following results:

First Examination, Four Years Course.—F. F. Midwinter.


Two passed in Elementary Biology, and 4 in Chemistry.


Two passed in Biochemistry, and 3 in Surgery and Surgical Anatomy, 1 in Midwifery, and 1 in Medical Jurisprudence.


CONJOINT BOARD IN IRELAND.

Candidates have passed the Autumn examinations as undernoted:

First Professional Examination Part II.—Honours:—E. L. Sheridan.


THE GRANT MEDICAL COLLEGE, BOMBAY.

The report of the Grant Medical College, Bombay, was compiled by the Principal, Lieutenant-Colonel H. P. Dimmock, M.D., gives indication of continued and growing usefulness. The number of matriculants in the College was 116 and 128, respectively, and the number of students increased by twenty-eignt. The collection Sir JamesJilhby, Bart., presided and gave an excellent address in which he recalled the circumstances under which the College was founded,
mainly through the efforts of Sir Robert Grant, Governor of Bombay, whose name it bears and in whose memory it was founded. The hospital with which the college is affiliated was the Royal Hospital of the President, whose name it bears. Sir James also gave an account of the gradual rise of the college and alluded to several donors of prizes. Carnac, Farish, Anderson, Reid, and MacLeish—men of prominence and worth in their day. He acknowledged warmly the debt of gratitude the government, the encouragers of the hospital, and the city of Bombay, accorded to an institution which had rendered valuable service to the presidency and city of Bombay.

PUBLIC HEALTH

AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In seventy-six of these towns, including London, 5,727 births and 4,700 deaths were registered during the week ending Saturday last, November 13th. The annual rate of mortality in these towns, which had been 16.9, 26.6, and 27.3 per 1,000 in the three preceding weeks, further rose last week to 17.4 per 1,000. Among these large towns the death-rates ranged from 8.0 in Coventry, 7.5 in Northampton, 7.8 in Bournemouth, 7.5 in East Ham, 10.0 in Aston Manor, 10.7 in Leyton, 10.8 in Ipswich, and 11.2 in Wallasey, to 22.3 in Middlesbrough, 24.6 in St. Helens, 26.8 in Bradford, 27.4 in Liverpool, 29.1 in Bury, 30.9 in Oldham, 32.5 in Merthyr Tydfil, 32.6 in Cardiff, 33.2 in Stockport, and 33.7 in Halley. In London the death-rate in this week averaged 9.5 per 1,000 in the fifty-five large towns. The death-rate from the principal infectious diseases averaged 1.8 per 1,000 in the seventy-six large towns; in London, this death-rate averaged 2.7, while it averaged 0.6 in the seventy-five other large towns, among which the highest rates were recorded in Grimsby, in Burton, and in West Hartlepool, 3.3 in Saltford, 3.4 in Liverpool, 3.5 in Manchester, and in East Ham, 3.6 per 1,000. In South Shields, 4.5 per 1,000, and in Halley, measles caused a death-rate of 4.9 in the week ending Saturday last. (Aberdeen, 3.5 in Bootle; Manchester, 3.4 in Manchester; Liverpool, 3.3 in Liverpool; Edinburgh, 3.3 in Edinburgh; and in South Shields, 4.3 in Halley, and 4.6 in Cardiff; scarlet fever of 1.7 in Oldham and 1.7 in Huddersfield; diiphtheria of 3.8 in St. Helens, 4.6 in West Hartlepool, and Cardiff, and 5.0 in Bury; whooping-cough of 2.1 in Stockport; fever of 2.2 in Blackburn, 2.3 in York, and 2.3 in Grimsby; and diarrhoea of 2.3 in Horsley, and 2.1 in Halley. Of the death-rate from smallpox last week, 1 belonged to Liverpool, 1 to Bolton, 1 to Burnley, and 1 to Methley Tydfil, but no one to any other of the seventy-six large towns. There were 21 cases of typhus fever in the town of the week. The number of scarlet fever cases in these hospitals and in the London Fever Hospital, which had been 1,450 and 1,700 in the two preceding weeks, declined again to 9,289 at the end of last week; 26 new cases were admitted during the week, against 56, 565, and 416 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

During the week ending Saturday last, November 13th, 704 births and 529 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 16.9, in the two preceding weeks, further declined again last week to 15.4 per 1,000, the highest rate being recorded during the same period in the seventy-six large English towns. Among these Scotch towns the death-rates ranged from 10.0 in Perth and 15.9 in Leith, to 17.3 in Paisley and 18.0 in Glasgow. The principal infectious diseases cases averaged 1.5 per 1,000 in these towns, the highest rates being recorded in Hamilton and Paisley. The scarlet fever cases in these towns last week included 2 from diphtheria, 4 from fever, and 2 from diarrhoea. Three fatal cases of diaphrhea were recorded in Edinburgh. There were 2 deaths from measles, 2 from diphtheria, and 3 from diarrhoea occurred in Aberdeen, and 2 from diarrhoea in Paisley.

PUBLIC VACCINATORS AND PRIVATE PATIENTS.

The present vaccination law requires that the public vaccinator in certain circumstances should visit the dwellings of unvaccinated children over 4 months of age, irrespective of their parents' social position, or of the customary arrangements of the family for medical attendance. While the police of the majority of public vaccinators exercise great care in strictly confining their visits, when paid to patients of conscientious medical practitioners, to their official purpose, instances have occasionally occurred which it appears to have escaped in this respect. We think it very important that these instances should be remeved, and that the unsatisfactory position of the public vaccinator in this respect should be reconsidered in forthwith.
MEDICAL NEWS.

MEDICAL MAYOR.—Dr. C. O'Brien Harding has been elected Mayor of Devonshire, K.G., the Duke of Devonshire, K.G., will take the chair at a complimentary dinner to Sir Alfred Cooper, F.R.C.S., at the Empire Room, Trocadero Restaurant, Piccadilly, on Monday, December 1st, at 7.30 p.m.

The annual dinner of the Otolological Society of the United Kingdom will be held at the Trocadero Restaurant, Piccadilly, on Monday, December 11th, at 7.30 p.m.

The annual dinner of the past and present students of the National Dental Hospital and College, Great Portland Street, London, W., will be held at the Holborn Restaurant on Friday, November 25th. The chair will be taken at 7 p.m. by Mr. William Rushton, L.D.S.R.C.S.Eng.

We are asked to state that the annual dinner of the Harveian Society of London will take place at the Café Monico on December 11th, when Mr. Watson Cheyne will take the chair at 7 p.m.

A meeting of the Sanitary Institute will be held on Wednesday, December 1oth, when a discussion on drain testing will be opened by Dr. Louis C. Parkes, M.O.H. Chelsea, to be followed by Mr. J. Osborne Smith, F.R.I.B.A., and Mr. W. C. Tyndale, M.Inst.C.E. The chair will be taken at 7.30 p.m. Applications to the Secretary by November 3rd.

At the last meeting of the Metropolitan Asylums Board it was reported that during the fortnight ending Thursday, November 13th, there had been three admissions to the Board's small-pox institutions, while 14 had been discharged, and it remained under treatment, as compared with 24 during the previous fortnight, and 377 at the corresponding date last year. Seven cases of small-pox were notified in Scotland during the period from November 1st to 15th inclusive, 4 in Dundee, and 3 in Arbroath.

The Committee of Street Cleaning for New York, stated in their report in a recent issue of the Boston Medical and Surgical Journal that the City of New York, which last year spent £400,000 in carrying street refuse out to sea, commenced last February to deposit ashes, etc., at Eik's Island, in the East River, and has already added to the island 25 acres of land, estimated to be worth £200 an acre. It has sold rubbish to the amount of £20,000, and is establishing a plant to furnish 250 horse power from burning refuse.

BOARDING SCHOOL FOR EPILEPTIC CHILDREN.—The Salford Board of Guardians has decided, subject to the satisfactory arrangement of certain details, to adopt a scheme for the establishment of a joint boarding school for epileptic children in the neighbourhood of Saddlebridge, Cheshire, in conjunction with the Mancheester School Board. The scheme includes the purchase of four houses for this purpose each, in accordance with the requirements of the Elementary Education (Defective and Epileptic Children) Act, 1899. The estimated cost was £14,400.

MEDICAL VACANCIES.

The following vacancies are announced:

HOLLIEH OPHTHALMIC HOSPITAL.—Two Resident House-Physicians. Residence for six months, at the rate of £25 per quarter. Applications endorsed "House-Physician," to be sent to the Secretary, Brompton, or by November 9th.


BRIGHTON AND HOVE LIVING IN INSTITUTION AND HOSPITAL FOR WOMEN. Applications for three members, to the Secretary. Salary, £15 per annum, with board, lodging, and allowances. Applications to the Secretary by December 1st.

CENTRAL LONDON OPHTHALMIC HOSPITAL, Gray's Inn Road, W.—House-Surgeon, unmarried, with board and residence. Salary, £150 per annum. Applications endorsed "M.O.H." to be sent to the Town Clerk, Town Hall, Coventry, by November 29th.

CROYDON GENERAL HOSPITAL.—(1) Senior House-Surgeon. Salary, £20 per annum. (2) Assistant House-Surgeon. Salary, £12 per annum, with board and residence. Applications endorsed "Senior" or "Assistant" to be sent to the Secretary by December 1st.

DEWSBURY DISTRICT GENERAL INFIRMARY.—House-Physician. Salary, £150 per annum, with board and residence. Board, £120 per annum, and all rates. Applications to the Secretary by December 1st.

DORCHESTER: COUNTY INFIRMARY.—Second Assistant, not over 30 years of age. Salary, £120, rising £20 annually, and all rates. Applications to the Secretary by December 1st.

DUBLIN: ROYAL HOSPITAL FOR INCURABLES, Donnybrook.—Resident Medical Officer, unmarried and under 35 years of age. Salary, £200 per annum, with board and furnished apartments. Applications to the Clerk of the Court, Parish Council Chambers, Dunsany, by December 6th.

DUNDEE PARISH COMBINATION.—Medical Officer for the East Poultry Board. Salary, £200 per annum, with board and furnished apartments. Applications to the Secretary by December 6th.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.—House-Physician. Salary, £150 per annum, with board and furnished apartments. Applications to the Secretary by December 6th.

EDINBURGH: ROYAL COLLEGE OF SURGEONS OF THE BRITISH EMPIRE. Salary, £150. Applications to Mr. James Robertson, Clerk to the College, 54, George Street, Edinburgh, by December 1st.

GERMAN HOSPITAL, Dalmuir, N.—Honorary Anæstheticist. Applications to the Secretary of the Board by December 6th.

GLASGOW: BARNHILL POORHOUSE AND HOSPITAL, Springburn.—Two Male Assistant Medical Officers. Salary, £50 per annum, with board and residence. Applications to the Secretary by December 6th.

HALLIFAX: ROYAL INFIRMARY.—Third House Surgeon, unmarried. Salary, £20 per annum, with board and residence. Applications to the Secretary by December 6th.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE GREEK, Brompton.—Senior Physician. Applications to the Secretary by December 6th.

HOSPITAL FOR DISEASES OF THE THROAT, South London, £200. Applications to the Secretary by December 6th.

HOSPITAL FOR EPILEPTIC, INFIRMARY FOR EYES AND OTHER DISEASES OF THE NERVOUS SYSTEM, Marylebone, W.—(1) Physician to Out-patients. (2) Assistant Medical Officer. Salary, £125 per annum. Applications to the Secretary by December 6th.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—(1) Resident Medical Officer. Salary, £200 per annum, with board and residence. (2) Fellow-Physician. Salary, £150 per annum, with board and residence. (3) Demonstrator in Ophthalmology. Salary, £100 per annum, with board and residence. Applications to the Secretary by December 6th.

LONDON INFIRMARY.—Senior House Surgeon. Salary, £250 per annum, with board and residence. Applications to the Secretary by December 6th.

LONDON; WHITECHAPEL, E.—Assistant Surgeon. Salary, £150 per annum. Applications to the Secretary by December 6th.

LINCOLN COUNTY HOSPITAL, Gainsborough, and under 30 years of age. Salary, £200 per annum, with board, lodging, and washing. Applications to the Secretary by December 6th.

LIVERPOOL ROYAL INFIRMARY.—Honorary Surgeon. Applications to the Chairman of the Board by December 6th.

LONDON HOSPITAL, Whitechapel, E.—(1) Assistant Surgeon. (2) Medical Registrar. Salary, £200 per annum. Applications to the Secretary by December 6th.

METROPOLITAN ASYLUMS BOARD.—Assistant Medical Officer at the New Arsenal, Tothill Street. Salary, £150 per annum. Applications to the Secretary by December 6th.

MIDDLESBROUGH COUNTY INFIRMARY.—Applications for two House-Surgeons. Salary £160 per annum, with board and residence. Applications to the Secretary by December 6th.

MIDDLESBROUGH COUNTY ASYLUM, Marton-in-Cleveland, Yorkshire.—Assistant Surgeon. Salary, £150 per annum. Applications to the Secretary by December 6th.

NEW HOSPITAL FOR WOMEN, Brompton Road, W.—(1) House-Physician. Salary, £150 per annum. Applications to the Secretary by December 6th.

NEW ROMS UNION.—Medical Officer to the Alexandra Dispensary, Glasgow. Salary, £130 per annum, and all rates. Applications to the Secretary by December 6th.

NORTHAMPTON GENERAL INFIRMARY.—Assistant Surgeon, unmarried, and under 30 years of age. Salary, £150 per annum, with board, lodging, and washing. Applications to the Secretary by December 6th.

NORTH WEST LONDON HOSPITAL, Kentish Town Road, N.—(1) Assistant Medical Officer. (2) Assistant Resident Medical Officer. Salary, £150 per annum, with board and residence. Applications to the Secretary by December 6th.

OLDHAM INFIRMARY.—Junior House Surgeon. Salary, £250 per annum, with board, lodging, and washing. Applications to the Honorary Secretary by December 6th.

PLYMOUTH: SOUTH DEVON AND EAST CORNWALL HOSPITAL.—Assistant House-Surgeon. Salary, £120 per annum. Applications to the Honorary Secretary by December 6th.

QUEEN'S JUBILEE HOSPITAL, Richmond Road, Earl's Court, S.W.—(1) Assistant Surgeon. (2) House-Surgeon. Salary, £150 per annum, with board and residence. Applications to the Secretary by December 6th.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Member of the Court of Examiners. Salary, £150 per annum. Applications to the Secretary by December 6th.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, King William Street, Strand, W.—(1) House-Surgeon. Salary, £150 per annum. Applications to the Secretary by December 6th.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL, S.W.—Secretary. Salary, £150 per annum, with board and residence. Applications to the Secretary by December 6th.

ST. PANCERS AND NORTHERN DISPENSARY, 180, Brompton Road, W.—Resident Medical Officer, unmarried, with board and residence. Applications to the Secretary by December 6th.

WEST LONDON HOSPITAL, Hammersmith Road, W.—(1) House Physician. (2) House Nurse. Board and lodging provided. Applications to the Secretary by December 6th.

WESTMINSTER HOSPITAL, Brompton Road, S.W.—Medical Registrar. Salary, £200 per annum. Applications to the Secretary by December 6th.
LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMENTS AND CORRESPONDENTS requesting editorial matters should be addressed to the Editor, 2, Apex Street, Strand, W.C., London; these concerning business matters, advertisements, non-professional communications, are addressed to the Office Manager, 2, Apex Street, Strand, W.C., London.

CORRESPONDENTS and LETTERS forwarded for publication are understood to be offered to the British Medical Journal alone, unless the contrary be stated.

Authors desiring reprints sent for publication in this Journal are requested to communicate with the Manager, 2, Apex Street, Strand, W.C., on receipt of proof.

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

CORRESPONDENTS are not answered to request at the Notices to CORRESPONDENTS of the following week.

MANUSCRIPTS forwarded to the Office of this Journal cannot under any circumstances be returned to the authors.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.


 Queries, answers, and communications relating to subjects which special departments of the British Medical Journal are devoted to will be found under their respective headings.

Queries.

BLUNT seeks for advice as to the sharpening of instruments or references to published instructions.

ORIGINAL ARTICLES FOLLOWING LIGHTNING STROKE.

Dr. A. MAUDE (Westham) writes: Is there any nerve a recognized sequel of lightning stroke? The few papers on the subject which I could see mention "The Influence of Lightning on the nervous system," by S. B. Baker, M.D., and W. E. Dyke, L.R.C.P., and "Lightening and the Nervous System," by W. R. Inman, M.D.

Dr. S. D. WHITE (Oxford) writes: This is a rather extensive subject, but I think the following may be of interest: It is easy to establish a path of least resistance, and this is probably the explanation of the occurrence of electrical phenomena in the nervous system following lightning stroke.

Dr. E. A. SMITH (Edinburgh) writes to reply to "N. MO."

In addition to keeping the nails regularly clipped close, a splint fixed on to either arm from say, the axilla to the wrist. This will effectually prevent the bending of the elbow, and consequently the child bringing its fingers-nails to its mouth.

FIRE MARTINS

SCOT writes: I know of two cases of twins, in both of which the females have borne children (four in one case and one in the other) although these cases are quite rare. Curiously enough the male twin of the former bore the four children of the husband of the woman who bore one child. The latter's co-twin—a male—is not married.

THE PUERILITY OF JAUNDICE.

P. B. writes, in reply to "Incestuous CSH."

Idc, the hydrochloric acid. The formulation for which is to be found in Tanner's Index of Diseases (fourth edition). They are as follows: Acid nitric, f. drs. 12; acetic acid, chloric, f. drs. 10; and hydrochloric, f. oz. 1; squa calidae, C. 4. Mix. For a foot bath. In dyspepsia, with derangement of the liver and constipation. To be used in a wooden or earthenware vessel.

LETTERS, NOTES, Etc.

LIFE Assurance Companies and Medical Opinions.

In a note under this heading published in the British Medical Journal of November 13th, p. 1692, the insertion of the word "not," three lines from the bottom, has altered the meaning of the sentence. It should have read: "We are at one with our correspondent in thinking the fee wholly inadequate for the services required."