

a rigid rod is then pushed through this, and rests on the abdominal walls; the sides of the bowel are then sutured to each other below the rod. If it is necessary to complete the operation at once, the bowel is sutured to the edges of the wound, and a transverse opening made. If there is no necessity to complete in one stage, the bowel is not sutured to the edges of the wound, but simply left for from four to six days, and then opened with the thermo-cautery. On the fourteenth day, all the superfluous bowel above the rod is removed with the thermo-cautery, and the edges of the mucous membrane are sutured to the skin.

M. Reclus, in the *Bulletins et Mémoires de la Société de Chirurgie de Paris*, February, 1890, describes his modification of this method. He simply passes a rigid aseptic rod through the mesocolon, omits all sutures, opens the bowel about the fourth day, and about the tenth day removes superfluous bowel, all with the thermo-cautery.

On July 21st, 1890, I first employed this method of Reclus, and exhibited the patient to several visitors at the annual meeting of the British Medical Association, held in August, 1890, in Birmingham. So simple was the procedure, and so satisfactory the result, that I have since adopted it in all suitable cases, with however one or two slight modifications in the *technique* of the operation.

1. The incision through the abdominal wall should be about two instead of the usual two and a-half inches, and the peritoneal opening should be of the same length, so that the bowel may have as wide a surface as possible for attachment, and that there may be no need to suture the upper and lower angles of the wound; not a suture should be used.

2. The sigmoid colon having been found, and a loop drawn out, it should be passed on through the fingers until the upper end is taut enough just to allow the loop to rest easily in the wound; the rod should be so passed through the mesocolon that it lies across the wound considerably nearer the lower than the upper angle, in order that subsequently the upper opening may be larger than the lower. The rod I now use is made of glass (a suggestion made to me by Mr. Greig Smith, who saw my first case), 4 inches long, round, with the ends made square to prevent rotation and slipping.

3. The bowel may be opened in a few hours in urgent cases, or left three or four days without causing any discomfort in those cases where, practically, no obstruction exists. I generally make a transverse opening about the third day, and at the end of a week remove superfluous bowel with the thermo-cautery, and burn through the remaining circumference of the bowel over the glass rod, so that it may be lifted out. A double-barrel opening is thus left, the openings diverging rather than converging, so that it is impossible for any faeces to pass onwards. For opening the bowel I have used both scissors and the cautery, and prefer the latter. With the former the resulting hæmorrhage is occasionally very troublesome, whilst with the latter there is practically none, and if the skin around is protected with collodion no pain is felt by the patient during the process, unless the mesocolon is touched, and very little even then.

With regard to the objection that the intestines may be forced through the wound by vomiting, etc., prior to adhesion taking place, no such accident had occurred to Maydl, Verneuil, or Reclus, up to the date of the latter's paper, nor do I think it likely to happen if the smaller incision be adopted, and ordinary care exercised in applying the dressings and binder.

The method is not applicable to every case—no one method is. The old inguinal (Littre's) is preferable, if the opening is to fulfil a temporary purpose, Madelung's, if the colotomy is performed as a preliminary to an extensive excision of the rectum; possibly the lumbar if the patient is emaciated and the colon greatly distended.

In some cases it is impracticable: the mesocolon may be too short, from induration or other causes, to admit of a loop being drawn out—Verneuil relates one such case: or the colon may be too distended; but Mr. Mayo Robson's method of emptying the bowel will probably prove a means of overcoming this difficulty.

In the majority of cases, however, it is applicable, and especially so in those where a prolonged operation, or even an anæsthetic, would be a serious matter. The time occu-

ried is so short, if the colon is in its normal situation, that local anæsthesia could very well be employed.

The diminution of risk to the patient is the great advantage, and as that must be the chief consideration in what is often more or less an operation of election, the method will, I believe, largely replace the more complicated ones now in vogue.

In conclusion, I would suggest that the term "iliac colotomy" should be retained in preference to the more correct, but formidable-looking, "sigmoidostomy."

Since writing the above I find that other surgeons in the provinces have for some time practised, and evidently believe in, this method of Reclus. In the fourth edition of his *Abdominal Surgery*, Mr. Greig Smith gives a full account of the operation, and this is how he speaks of it in comparison with other methods of transperitoneal colotomy (p. 484): "The operation of election is, in my opinion, that of Reclus. It is by far the simplest, provides a perfect spur, and leaves an anus surrounded by muscular fibres. Where it is out of court, it is difficult to see what other method of colio-colotomy can compete with it; then it would be best to perform lumbo-colotomy."

MEMORANDA:

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

METATARSO-TARSAL DISLOCATION IN A CHILD.

MR. CHAYTOR WHITE's interesting paper¹ brings to mind the following instructive dislocation which came under my notice when house-surgeon in Edinburgh Royal Infirmary. On September 28th, 1887, M. L., aged about 7 years, came complaining that a vehicle had run over her foot. On examination, a mark of bruising was visible on the back of the leg, midway between the lower end of the calf and the ankle-joint, the foot having been doubled upon itself in an antero-posterior direction. There were also on the dorsum of the foot, in the metatarso-tarsal region, two swellings in the region of that joint. This was not a bruise, and on examination proved to be a dislocation of the first, third, and fourth metatarsals on to the dorsum of the tarsal bones. The facets were easily distinguishable. The second and fifth metatarsals were not dislocated, dislocation of the second metatarsal being saved from the peculiarly strong position of that joint. The third metatarsal was inclined abnormally outwards. There was no crepitus. I took a cast of the dislocation, which showed the features of the dislocation with clearness, and then under chloroform reduced each metatarsal separately, the method being pressure with the thumb downwards while using extension. The fourth metatarsal required a pad to keep it in position after reduction of the dislocation, the reason here being due to the more or less wedge-like form of its proximal extremity antero-posteriorly.

Bath.

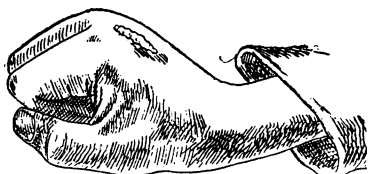
GEO. HARDYMAN, M.B., C.M.

CASE OF DIVISION OF EXTENSOR TENDON OF FINGER SUTURED SUCCESSFULLY AFTER TWO MONTHS.

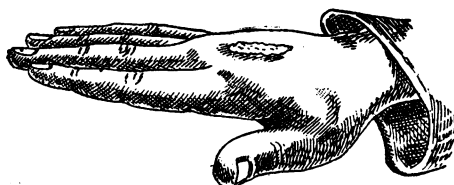
A PRIVATE soldier, aged 22, in the course of a field day during September, 1891, had a stone of about 30 lbs. weight rolled down upon his hand while he was lying on the ground at the foot of a declivity. A point of the stone made a contused punctured wound an inch from the distal end of the middle metacarpal bone of the right hand, and completely divided the extensor tendon; the finger dropped and was useless from that moment. There was no fracture, but the nature of the injury was unmistakable. The wound was cleansed and dressed antiseptically, and the finger and its fellows were put upon a straight splint in an extended position. The wound healed in ten days, but though strict rest was maintained no union of the tendon had taken place at the end of two months. There was a gap of nearly $\frac{3}{4}$ inch between the

¹ BRITISH MEDICAL JOURNAL, January 2nd, 1892, p. 15.

ends of the tendon, the proximal end having retracted $\frac{1}{4}$ inch from the site of the wound, and the distal end being over the most prominent part of the knuckle.



In consultation with Surgeon-Lieutenant-Colonel Fraser, it was decided to suture the tendon. This was done on November 13th under an anæsthetic, and with antiseptic precautions. An incision $1\frac{1}{2}$ inch long was made parallel with and to the radial side of the tendon, and the ends, which were found square cut and somewhat spread out and bound down by the fascia, were disengaged for as small an extent as possible,



and a carbolised catgut suture passed three times through them with a round needle. They were then brought together by over-extending the wrist, and fingers, hand, and forearm placed on a splint made to maintain the position. The wound was closed with a continuous catgut suture. The operation was done by a bloodless method.

The wound did not, unfortunately, heal by first intention as to the superficial part, as the patient contracted a sore throat, and when dressed on the fifth day there were bullæ about the wound containing bloody serum, but it was again dressed antiseptically, and healed completely. The splint was removed, and passive motion used five weeks after the operation. The union is perfect and strong, and though there is some adhesion between cicatrix and tendon, it causes him no inconvenience, and gets less as he continues to use it. The accompanying sketches of the fingers and hand show the capacity for flexion and extension.

Dublin. H. E. R. JAMES, F.R.C.S., Surgeon-Captain M.S.

ON TRANSFUSION OF BLOOD.

THE experiments of Dr. A. E. Wright, reported in the *BRITISH MEDICAL JOURNAL*, December 5th, 1891, p. 1203, are of great interest in showing how coagulation of blood may be prevented during the operation of indirect transfusion by the addition of a certain proportion of solution of oxalate of sodium, because they add another to the methods already known for retarding blood coagulation.

Whilst agreeing with Dr. Wright that this method may be superior to the use of defibrinated blood, arm-to-arm transfusion by means of the siphon apparatus, introduced to the profession by myself, seems the most perfect plan of all. I feel emboldened to make this assertion from the satisfactory manner in which I performed the operation with the assistance of Drs. Masters and Philpots on October 8th, 1891, upon a patient of Dr. Philpots at Parkstone.

The case was that of a lady, aged 66, who was very anæmic, very emaciated, had had previous attacks of hæmoptysis and lung disease, and who, for many days prior to the operation, had taken scarcely any sustenance. Her son gave the blood—about 16 ounces—which was transfused, mingled with about 10 ounces of saline fluid, and about 16 ounces of saline fluid were infused into his veins as a substitute for the blood he had lost.

The increased colour in the recipient and the diminished colour in the giver were at once noticed, and the patient's appetite became hearty, and she has maintained a good recovery from a state of great prostration. With the exception

of slight pallor in consequence of the loss of blood no other phenomenon was noted in the giver subsequent to the operation.

The advantage of replenishing the giver's veins with saline fluid to prevent faintness during and after the operation, and to restore the dynamic equilibrium of his circulation, which is so easily done with my instrument, has been already pointed out in previous communications, and in my work on the subject; but as perhaps the utility and safety of this plan may, by lapse of time, have been forgotten, I trust I shall be pardoned in directing fresh attention to it.

In view of the satisfactory issue of the case now cited, there is a considerable field for transfusion as a means of revival of the flagging powers of elderly anæmic persons, and in my opinion the quantity of blood transfused should vary from 10 to 20 ounces.

CHARLES E. JENNINGS, M.B., M.S., F.R.C.S.

Seymour Street, W.

REPORTS

ON

MEDICAL & SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN, IRELAND, AND THE COLONIES.

KING'S COLLEGE HOSPITAL.

CASE OF ANEURYSM OF THE SUPERFICIAL FEMORAL ARTERY WHICH HAD RUPTURED: INCISION INTO THE ANEURYSM: LIGATURE OF THE FEMORAL ARTERY ABOVE AND BELOW THE OPENING IN THE VESSEL: REMOVAL OF THE GREATER PART OF THE SAC: RECOVERY.

(Under the care of Mr. WATSON CHEYNE.)

A. C., aged 29, newspaper reporter, was admitted to King's College Hospital on October 14th, 1890. Family history good; had syphilis about twelve years ago, otherwise he has enjoyed good health till about a year ago, when he had "rheumatism," especially in his right elbow. Six months ago he had a severe fall from his bicycle when going downhill, injuring both legs—the left most. About four months ago he first noticed a small pulsating swelling about the middle of the left thigh, which has steadily increased in size till, some days before admission, it had reached the size of a turkey's egg. He has never suffered any pain. Four days before admission he became involved in a mob while reporting a dock strike, and was violently pushed about, and when walking home afterwards he suddenly felt severe pain in the left thigh, which he describes "as if the flesh were being torn apart." When he got home he found that the thigh was very much swollen; the swelling has not increased much since that time.

On admission, a large tumour was found on the front and inner side of the left thigh, measuring $8\frac{1}{2}$ inches in vertical diameter by $6\frac{1}{4}$ inches transversely at its most prominent part. On the inner side, however, it extended upwards into the buttock and round to about the middle of the back of the thigh. The prominent swelling showed marked expansile pulsation with systolic murmur, and the pulsation extended about half-way up to the buttock. There was some yellow discoloration of the skin at the upper part of the thigh but no œdema of the leg, and both tibial arteries were pulsating, not thickened; the radial arteries also seemed normal. The general condition of the patient was fair, but there were several ulcers on the right leg and some effusion into the right elbow-joint with enlargement of the olecranon, but no synovial thickening.

On October 15th the femoral artery being controlled by an assistant, an incision was made over the aneurysm, in the course of the superficial femoral artery, and the artery was exposed just above the sac, and, being healthy though somewhat dilated, was at once ligatured. The sac was then laid freely open, the clots turned out, and the large opening into the aneurysm exposed. On relaxing the pressure on the common femoral blood flowed freely from the lower opening; the

¹ On Transfusion of Blood and Saline Fluid. Third Edition. Baillière, Tindall, and Cox.

CHANGING THE DOCTOR.

MR. H. AND DR. A.—A dispassionate review of the correspondence which has passed between Mr. H. and Dr. A., in relation to the case of Mr. W., leaves little or no doubt upon our mind that the latter was desirous to fulfil his ethical obligations to the former, as evidenced by his expressed wish, on being apprised that he was the attendant practitioner, to meet him in consultation. This was declined; and not until Dr. A. had received an assurance that Mr. H. should at once be informed that his further attendance would not be required, did he consent to visit the patient later on in the day; on doing which, however, he omitted to ascertain, in accordance with the rule laid down in the Code to which he specially referred Mr. H., that the promised intimation had been conveyed to the attendant practitioner, and so far, though unwittingly, he erred ethically.

While sympathising with our correspondent in regard to the great lack of courteous consideration evinced towards him by the lady of the house, we regret that he omitted calmly to solicit from Dr. A. an explanation of the real facts before accusing him of "a gross breach of professional etiquette." In answer, however, to his three specific questions, we are clearly of opinion that, under the circumstances related, it did not devolve upon Dr. A., otherwise than as a friend, to call on or personally notify to him the professional arrangement entered into. See Code, chap. ii, sec. 5, Rule 9.

RECOVERY OF MIDWIFERY FEES.

F.R.C.S. writes: A man's wife calls upon me and asks me to attend her in her confinement, expected in some two months' time, which I agree to do. Later on her husband consults me about himself, and then has a dispute with, and behaves rudely to, the chemist who dispenses my prescriptions, so much so that I have to interfere and remonstrate with him as to his conduct. He takes umbrage at this, and without saying anything to me calls in another man to attend his wife when the time comes for her confinement. Can I recover my fee? The amount was not stated nor asked. I may state that although, of course, I have no engagement in writing to attend the confinement, still I have a letter from the husband referring to it, asking me to give the address of a nurse, and stating when, in his opinion, she should be engaged. I wish to recover it if possible, simply as a lesson to him that doctors are not to be treated in that sort of way. If he wished to alter his arrangements he should have written to me to that effect.

. Under the circumstances stated, our correspondent could not, we think, recover his fee.

M.R.C.S. ENGLAND.—Although under the circumstances related we consider that A. is, as a matter of right, justly entitled to a fee, we would, nevertheless, counsel him—and especially in view of the lady's expression of regret—as a matter of policy, to avoid sending in a claim for such (unless specially requested), otherwise it would not improbably convert two passive well-wishers into active opponents, whose hostility, moreover, might possibly be more or less effectively aided by the unfriendliness of the superseding practitioner.

THE POWERS OF MIDWIVES.

F.R.C.P.S.G. (Glasgow) asks: 1. Is a certificated midwife legally free to administer liquid extract of ergot to a woman in labour without any supervision? 2. May she use forceps? 3. In the event of circumstances arising, would she be liable to an action for malpraxis or criminal proceedings?

. Any man or woman, with or without a certificate, may at present legally administer any drug or perform any operation; but he or she would be liable to an action for malpraxis if convicted of giving damaging doses or operating unskillfully. The Bill brought into Parliament last session proposed to limit the action of midwives, to prevent them operating, and to allow them to administer drugs only under medical supervision, but it met with great opposition in the profession.

IMPORTUNATE INQUIRERS.

AMICUS writes: I am attending a patient for influenza in a house let out in apartments, and am waylaid at one of my visits by a lodger, who "demands to know the nature of the illness." Am I right or wrong in refusing to recognise the right of such a demand, and in meeting it by referring the applicant to the landlady?

. That our correspondent had a perfect right to decline to recognise the abrupt demand of the "waylaid lodger" we entertain no doubt.

RESPONSIBILITY OF EMPLOYERS.

PRACTITIONER.—In soliciting our opinion as to the reasonableness of the specified charge, "Practitioner" has omitted to furnish essential details wherewith to assist us in arriving at a just conclusion, namely, whether the distance from his own residence to that of the patient was such as to constitute a journey, or simply a visit; also the number of such visits made, together with the nature and extent of medicaments (if any) supplied.

To the first part of his second query our reply must be an emphatic negative, for the suggested "punitive" charge of £70 would, as we view it, not only be a moral wrong on his part, but tend injuriously to reflect upon the faculty.

THE "OPINION" OF AN IRREGULAR PRACTITIONER.

M.B., C.M. (Kelvindale) writes: 1. Is the medical officer of a medical club justified in expelling from the club a member (and family) who has chosen to be attended at her confinement by an irregular practitioner, a man who has received no medical instruction or training whatever, merely because he charges 2s. 6d. less than the club midwifery fee? 2. What

action (if any) should be taken against the said irregular practitioner, when in the case of a private patient he expresses the belief that the case will terminate fatally, although the medical man in attendance has reported—at his last visit—favourable progress; the object of the quack being to discredit the patient's medical adviser, and the method of treatment pursued. (N.B.—The patient is now well.) I may mention that the unqualified person in question had to leave the village very suddenly about five years ago, to avoid a warrant issued at the instance of the Apothecaries Company. He returned a few months ago, and is trying to make as much mischief as possible without actually bringing himself within reach of the law.

. 1. Unless there is an express rule of the club to the effect that a member may not engage any practitioner (regular or irregular) other than the medical officer of the club, we are of opinion that the medical officer would not be justified in expelling the member in question. 2. No action can, we think, be taken against the irregular practitioner for the statement referred to; because, if it be conceded that he is an irregular practitioner, it does not amount to more, we think, than the expression of opinion of a layman, which is not actionable, however erroneous it may be.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

CLOTHWORKERS' EXHIBITION.—An exhibition of fifty guineas a year for three years is offered for proficiency in physical science by the Worsnipp Clothworkers' Company. It is tenable by a non-collegiate student in his first term, or proposing to commence residence in October next. Application is to be made to the Censor, Fitzwilliam Hall.

REGIUS PROFESSORSHIP OF PHYSIC.—In consequence of the lamented death of Sir George E. Paget, Sir G. M. Humphry and Dr. D. MacAlister have been appointed to act for the Regius Professor in reference to M.D. and M.B. Acts respectively, during the vacancy in the professorship.

DEGREES.—At the Congregation, on January 28th, G. Tolcher Eccles, M.A., of Downing College, was admitted to the degrees of M.B. and B.C.

ROYAL COLLEGE OF PHYSICIANS.

AN ordinary Comitia was held on Thursday, January 28th, Sir Andrew Clark, Bart., President, in the Chair.

The following gentlemen were admitted Members of the College: J. O. W. Barratt, M.D. Lond.; M. M. Bird, M.D. Durh.; E. L. Fenn, M.D. Edin.; A. A. Kanthack, M.B. Lond.

The licence was granted to 120 gentlemen, of whom only 11 did not present themselves under the regulations of the Conjoint Board.

Diplomas in Public Health were granted conjointly with the College of Surgeons to P. T. Adams, M.R.C.S.; L. T. F. Bryett, M.B. Lond., L.R.C.P., M.R.C.S.; R. Crosskey, L.R.C.P., M.R.C.S.; W. P. T. Daniel, L.R.C.P., M.R.C.S.; R. C. Duthie, M.B. Aberd.; A. Elliot, M.B. Edin.; G. S. Greenwood, L.R.C.P., M.R.C.S.; G. A. Hamerton, L.R.C.P., M.R.C.S.; J. F. Johns, M.B. Durh., L.R.C.P., M.R.C.S.; H. W. Macnamara, Surgeon R.N., L.R.C.P., M.R.C.S.; T. A. P. Marsh, Surgeon-Captain, Army, L.R.C.P., M.R.C.S.; A. Perry, Surgeon-Captain, Army, M.R.C.S.; H. Stott, L.R.C.P., M.R.C.S.; W. G. B. Tyrrell, L.R.C.P., M.R.C.S.; W. W. Westcott, M.B. Lond., M.R.C.S.; L. E. Wood, M.B. Lond., M.R.C.S.

A letter of thanks was received from the family of the late Sir Risdon Bennett.

A communication was received from the Secretary for War respecting the examinations for admission to the medical department of the army, and inviting the President's advice thereon; and a letter was received from the Secretary to the College of Surgeons stating that, in response to a similar communication, a Committee had been nominated to confer, it was hoped, with the College of Physicians, and on the nomination of the President, Sir Joseph Fayrer, Dr. Cheadle, Sir Dyce Duckworth, Dr. Green, Dr. Farquharson, and Dr. Norman Moore were nominated to meet the Committee of the College of Surgeons, and report to the College. A communication was also received from the Secretary to the College of Surgeons on matters jointly concerning the two Colleges.

A communication was received from the Metropolitan Asylums Board respecting the removal of influenza patients by public conveyances. The Registrar had replied that the prevalent opinion in the profession was that the malady was directly contagious, but the Chairman of the Board not being willing to wait until the deliberate judgment of the College on the matter could be obtained, the President had advised him to grant the use of the ambulances for the conveyance of influenza patients.

Sir Dyce Duckworth and Dr. Heron were reappointed to represent the College on the Committee of the National Leprosy Fund.

A communication was received from the governors of Tancred's charities, of which body the President is *ex officio* a trustee.

Drs. Maudsley, Bastian, Cayley, and Powell were elected to fill the vacancies on the Council.

The Society of Arts, having invited the College to a conference on the subject of obtaining a new scheme for awarding the Swiney Prize, the Treasurer, the Registrar, and the Senior Censor were appointed a committee for the purpose, with power to add to their number. Sir Henry Pitman mentioned that this question had frequently been mooted and discussed with the Society of Arts during the last twenty years, but hitherto without success.

Certain alterations in the by-laws were enacted for the second time, and Sir Henry Pitman, Dr. Liveing, Dr. Munk, Dr. Church, Dr. Allchin, and Sir Dyce Duckworth were appointed a committee to revise the by-laws relating to the five years' curriculum.

The time having come for a revision of the nomenclature of diseases, the following were appointed a committee to undertake the revision, with power to add to their number: Drs. Bristowe and Pavy, Sir W. Roberts, Drs. Buchanan, W. Ogle, Jackson, Gee, Sir D. Duckworth, Sir J. Fayrer, Drs. R. Liveing, Buzzard, Payne, Cavafy, Brunton, F. Roberts,

Sansom, Galabin, Champneys, Dreschfeld, Savage, Tooth, Greenhill, Perry, Kaser, and H. Weber, Mr. Bryant, the Directors-General of the Medical Departments of the Army and Navy, Messrs. Holmes, Hulke, Nettleship, Sir W. Dalby, Messrs. Beck, Tomes, Butlin, Owen, and H. Morris.

The quarterly report of the Finance Committee and the annual report of the examiners for the licence were received and adopted.

A report from the Laboratories Committee was received and entered on the minutes.

The thanks of the College were voted to the donors of books.

THE following gentlemen, having conformed to the bye-laws and regulations and passed the required examinations, were, at a meeting of the College on January 28th, admitted Licentiates:

Adams, A., St. Bartholomew's
Adams, E. W., King's College
Adams, W. F., King's College
*Archer, S. L., St. Bartholomew's
Armstead, H. W., St. Bartholomew's
Atlee, J., St. Bartholomew's
Barker, C., St. Bartholomew's and
Sheffield
Bell, J. A., King's College
Biddle, H. G., Guy's
Billson, C., St. Thomas's
Bishop, G. T., Charing Cross
Blackwell, A. S., St. Bartholomew's
Bolus, H. B., Guy's
Braithwaite, C. B., Guy's
Brownie, J. J., Guy's
Brownlow, H. L., St. Bartholomew's
Burden, H., St. Thomas's
Cooke, W. H., St. George's
Cooper, A. T., University College
Day, J. H., Charing Cross
*Dolamore, W. H., St. Mary's
Dorman, M. R. P., St. Thomas's
Drake, W. E., St. Thomas's
*Eccles, R. B., St. Thomas's
Ellis, F., London
English, T. H., London
Evans, J., Liverpool
Everett, E. W., St. Bartholomew's
Fearnley, J., Leeds
Fennings, A. A., St. Mary's and Dur-
ham
Finley, H., University College
*Fraser, R. C., Guy's
Freeland, D. L., Middlesex
Glover, L. G., St. Bartholomew's
Graham, C. H., St. Bartholomew's
Green, J., Manchester
*Greenhalgh, A., Manchester
Griffiths, G. B., St. Bartholomew's
Haslam, W. A., Guy's
Haydon, A. G., St. Bartholomew's
Hayes, W. A., University College
Higgs, W. A., Guy's
Hignett, L. W., Edinburgh
Hopkin, R., London
Hutton, J. W., Leeds
Iliewicz, E. M., St. Mary's
Jerome, G. P., Birmingham
Jones, L. G. D., Manchester
Jones, W. B., St. Bartholomew's
Kendall, H. W., Middlesex
Kitching, C. A., London
Lacey, A. R., Guy's
Lee, S. H., Middlesex
*Leicester, T., St. Thomas's
Lemarchand, A. W., St. Bartholomew's
Lewarne, F., St. Bartholomew's
Lewis, H. W., Westminster
Lister, S. R., St. Bartholomew's
Lloyd, F. G., St. Bartholomew's
Lord, P., Guy's
Lumley, F. D., Guy's
Lunn, C. R., Birmingham
*McAnally, A. A., King's College
McKinnon, A. A., King's College
McMichael, A. W., Birmingham
Marin, F. B., Westminster
*Martland, T., Manchester
Matthews, W. R., London
Miller, J., St. Bartholomew's
Minshall, A. G., University College
Morgan, H. de R., St. George's
Morrison, J., St. Bartholomew's
*Nash, C., King's College
Newby, G. E., University College
Nicholls, S. R., London
Norman, G., Westminster
Norris, A. E., Guy's
Nuttall, W. W., St. Bartholomew's
Passmore, J. E. S., London
Pauling, W. T., St. Thomas's
Phillips, P. C., St. Thomas's
Pickford, J. S., Manchester
Pitt, T., Bristol
Porter, F. C., Charing Cross
Powrie, P. C., University College
Prall, C. B., St. Thomas's
*Prosser-Evans, J., University Col-
lege
Prynne, H. V., Middlesex
Ralph, C. H. D., Guy's
Ramsay, G., King's College
*Richardson, W. J., King's College
Roth, W. E., St. Thomas's
Rowell, J. G., Leeds
Rutter, F. B., London
Sargent, H. C., London
Senior, H. D., Charing Cross
Star, P. H. M., Bristol
Stegmann, E. J., St. Mary's
Thomas, H., St. Bartholomew's
Thomas, W., London
Thorne, B. B. T., St. Bartholomew's
Turner, J. G., St. Thomas's
Turner, O. P., University College
Visick, C. H. C., University College
Voisin, E. O. B., University College
Wallace, F. G., St. Thomas's
Warner, T., King's College
Waters, H. G., St. Thomas's
Watkins, D. J. G., St. Bartholomew's
Weichert, C. J., University College
Whiteford, C. H., St. Bartholomew's
Whitehead, A. L., Leeds
Wiglesworth, T. R., Bristol
Wild, H. S., St. George's
Wilkinson, H. B., Guy's
Williamson, J. H., Manchester
Wood, C. G. R., Bristol
Worthington, H. E., Guy's
Wrench, E. B., Cambridge and St.
Thomas's
Wylie, J. T. R., St. George's

* Candidates who have not presented themselves under the regulations of the Examining Board.

1831, and was elected to a Fellowship at Gonville and Caius College in 1832. Having resolved to enter the medical profession, he studied medicine at Cambridge, at St. Bartholomew's Hospital, and at Paris. He proceeded to the degree of Bachelor of Medicine in 1833, and took the M.D. in 1838. In 1839 he was elected a Fellow of the Royal College of Physicians, London. Adopting Cambridge as his sphere of labour, he rapidly acquired a high reputation and an extensive practice, and was early chosen one of the physicians to Addenbrooke's Hospital and appointed Linacre Lecturer in Physic at St. John's College. He retained his Fellowship until 1851, in which year he married; but in 1881 his connection with his old College was renewed by his election to a professorial Fellowship.

The great work of Sir George Paget's life, and the achievement by which his name will be long had in remembrance, was his share in reviving the Medical School of Cambridge. How large that share was only those know who can recall, or who have learned, the slow steps by which the dead bones have been clothed. For dead to all appearance was the medical faculty of Cambridge in the year when Dr. George Paget decided to remain there. He sought and found an able, suggestive, and unwearying coadjutor in Sir George Humphry, and slowly year by year the medical faculty was built up again from its foundations. From 1833 to 1858 the average annual number of persons who took the degree of M.B. was less than 4, and even this number were only in a limited sense *alumni* of the University which had played but a stepmother's part by them, leaving them to get all or nearly all their education, not only in medicine, but even in natural science, elsewhere. The first great advance was the establishment of the Natural Sciences Tripos, and gradually a whole apparatus of teaching was brought into existence, professors who taught were appointed, and laboratories erected in which it was possible to teach and to discover. Slowly the interest in the biological sciences and a recognition of their claim to be counted among the liberal studies to which the University and the colleges might devote their funds, and afford the prestige of academic honours, permeated the whole life of the University; open scholarships were given for natural science, and success in the Natural Science Tripos came to be an avenue to Fellowships. It is unnecessary to say how large a part Professor Michael Foster and his pupils played in this growth. Now the Medical Faculty has become an important and integral part of the University, which has a most distinguished body of teachers and professors and medical *alumni* in every public service and in every quarter of the world. This great change was very largely due to the personal influence and steady perseverance of Dr. George Paget, in whose sound judgment and unselfishness of aim the University placed a remarkable and well-grounded confidence. In 1872 the crown of official recognition was placed upon his work by his appointment by the Queen as Regius Professor of Physic.

But Dr. George Paget was very far from being a mere don, and for forty years was engaged in the active work of his profession, and for a considerable part of that time experienced the advantages and labours of consulting practice. In 1864, when the British Medical Association held its annual meeting in Cambridge, he was elected president, and delivered a thoughtful address, in which he had traced what had already been done at that date for the advancement of the study of medicine in Cambridge, and gave some indication of his hopes for the future—hopes which have been more than fulfilled. He spoke then courageously of the necessity for a thorough grounding of medical students in natural science. "Without scientific knowledge the practice of medicine becomes mere empiricism. Without scientific and general acquirements our profession may strive in vain to uphold its social status and its influence. Every ignorant man admitted into our profession has an injurious influence on the estimation in which the entire body is held. His demerits have a tendency to lower us throughout the circle in which he is known. The want of confidence in him, the want of respect for him, beget distrust and disrespect for the profession in general." These sentiments seem to have been the keynote of his whole career, and his own life worthily exemplified the influence of wide and exact knowledge, and a noble character, on his fellows. In 1885 he was created a K.C.B.,

OBITUARY.

SIR GEORGE EDWARD PAGET, K.C.B., M.D., F.R.S.,

Regius Professor of Physic in the University of Cambridge.

THE death of Sir George Paget, which occurred after a brief illness at his residence, St. Peter's Terrace, Cambridge, on January 29th, will cause a widespread feeling of regret throughout the whole profession, and especially will it be a loss to Cambridge.

Sir George Paget, born at Great Yarmouth in 1809, was the eldest son of a merchant of that town, and brother of Sir James Paget. He received his education first at the Charterhouse, and subsequently at Gonville and Caius College. He graduated eighth wrangler in the Mathematical Tripos of

opinion that it was quite fit for human food. In view of this opinion the Butchers Association determined upon fighting the matter, and engaged a law agent to conduct their case. Ultimately it was mutually arranged that the meat should be sent on to Edinburgh in charge of the sanitary officer for the purpose of submitting it to experts there for examination. Dr. Littlejohn and Professor McFadyen examined it on behalf of the butchers and Professor Walley on behalf of the authorities. These gentlemen were of the opinion that the meat was unfit for human food, and in consequence of this opinion the incident, so far as it is concerned, is at an end; but a very important question lies behind, namely, the question as to the method of inspection carried on in Aberdeen. If all is true this is of a very perfunctory character.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,227 births and 6,275 deaths were registered during the week ending Saturday, January 30th. The annual rate of mortality in these towns, which had increased in the preceding three weeks from 28.7 to 35.4 per 1,000, declined to 32.1 during the week under notice. The rates in the several towns ranged from 18.4 in Sunderland, 19.2 in Halifax, 19.5 in Salford, and 19.8 in Birmingham to 34.0 in Birkenhead, 37.5 in Blackburn, 39.1 in Norwich, 41.0 in London, and 47.2 in Croydon. In each of the last mentioned towns influenza was fatally prevalent. In the thirty-two provincial towns the mean death-rate was 25.7 per 1,000, and was as much as 15.3 below the rate recorded in London, which was, as above stated, 41.0 per 1,000. The 6,275 deaths registered during the week under notice in the thirty-three towns included 455 which were referred to the principal zymotic diseases, against 604 and 518 in the preceding two weeks; of these, 241 resulted from whooping-cough, 92 from measles, 39 from diphtheria, 34 from diarrhoea, 25 from "fever" (principally enteric), 24 from scarlet fever, and not one from small-pox. These 455 deaths were equal to an annual rate of 2.3 per 1,000; in London the zymotic death-rate was 3.2, while it averaged only 1.7 per 1,000 in the thirty-two provincial towns. No deaths from any of these zymotic diseases were recorded in Croydon, Brighton, Plymouth, Huddersfield, or Halifax; while they caused the highest death-rates in Swansea, Wolverhampton, Derby, and Blackburn. Measles caused the highest proportional fatality in Derby, Newcastle-upon-Tyne, Wolverhampton, and Burnley; scarlet fever in Cardiff and Swansea; whooping-cough in Blackburn, Liverpool, West Ham, Swansea, Bolton, Bristol, Wolverhampton, and Derby; fever in Blackburn; and diarrhoea in Preston. The 39 deaths from diphtheria recorded during the week under notice in the thirty-three towns included 24 in London, 3 in Salford, 2 in Manchester, and 2 in Bristol. No death from small-pox was registered in any of the large towns; 7 small-pox patients were under treatment in the Metropolitan Asylum Hospitals, and 2 in the Highgate Small-pox Hospital, on Saturday last, January 30th. The number of scarlet fever patients in the Metropolitan Asylum Hospitals and in the London Fever Hospital on the same date was 1,329, against 1,391 and 1,397 at the end of the preceding two weeks. One hundred new cases were admitted during the week, against 92 and 116 in the preceding two weeks. The death-rate from diseases of the respiratory organs in London was equal to 11.6 per 1,000, and was more than double the average.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, January 30th, 895 births and 687 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 23.9 and 27.2 per 1,000 in the preceding two weeks, declined again to 24.7 during the week under notice, and was 7.4 per 1,000 below the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the lowest death-rates were recorded in Greenock and Paisley, and the highest in Glasgow, Leith, and Aberdeen. The 687 deaths in these towns included 41 which were referred to the principal zymotic diseases, equal to an annual rate of 1.5 per 1,000, which was 0.8 below the mean zymotic death-rate during the same period in the thirty-three large English towns. The highest zymotic death-rates were recorded in Perth and Aberdeen. The 335 deaths registered in Glasgow included 5 from measles, 5 from whooping-cough, 4 from "fever," and 2 from diphtheria. Six fatal cases of whooping-cough were recorded in Aberdeen. The death rate from diseases of the respiratory organs in these towns was equal to 8.2 per 1,000, against 14.6 in London.

HEALTH OF IRISH TOWNS.

In sixteen of the principal town-districts of Ireland the deaths registered during the week ending Saturday, January 23rd, were equal to an annual rate of 43.9 per 1,000. The lowest rates were recorded in Drogheda and Newry, and the highest in Waterford and Galway. The death-rate from the principal zymotic diseases averaged 2.5 per 1,000. The 363 deaths registered in Dublin were equal to an annual rate of 54.1 per 1,000 (against 35.0 and 43.8 in the preceding two weeks), the rate for the same period being 46.0 in London and 21.9 in Edinburgh. The 363 deaths in Dublin included 20 which were referred to the principal zymotic diseases (equal to an annual rate of 3.0 per 1,000), of which 10 resulted from whooping-cough, 5 from "fever," 2 from diphtheria, 2 from diarrhoea, and 1 from measles.

MEDICAL NEWS.

THE late Dr. Buckminster Brown, of Boston, U.S., has bequeathed 40,000 dollars to the University of Harvard, for the foundation of a professorship of orthopædic surgery, to be called by the name of the testator.

DR. J. BÓKAI has been appointed Extraordinary Professor of Pædiatrics in the University of Buda-Pesth.

THE King of Denmark has conferred the Grand Cross of the Dannebrog Order on Dr. Hirsch, Physician in Ordinary to the Emperor of Russia.

DR. MARTIN CULLINAN has been unanimously elected medical officer to Thurles Dispensary, in room of the late Dr. Russell.

UNIVERSITY OF GENEVA.—The number of medical students in the University of Geneva this winter semester is 223, exclusive of 56 female students, all of whom are of Russian or Polish nationality.

DR. JAMES ROSS asks us to state that his address is incorrectly given in the *Medical Directory* for 1892 as in Palatine Street, Harpurhey, instead of 14, St. John Street, and 3, Stanley Grove, Oxford Road, Manchester.

THE St. Petersburg Academy of Sciences has conferred the first Baer prize of 1,000 roubles (£100) for biological research on Professor Metschnikoff, of the Pasteur Institute in Paris; and the second of 400 roubles (£40) on Professor W. W. Salenski, of the University of Odessa.

CREMATION IN GERMANY.—On January 11th the one-thousandth cremation took place at Gotha. The Gotha crematorium has been in existence since December 10th, 1878. The number of bodies burnt has increased year by year, from 18 in 1879 to 162 in 1891.

A SUM of 10,000 francs (£400) has been bequeathed to the Paris Académie des Sciences by M. Colombat, for the foundation of a biennial prize in medicine, more especially for works relating to diseases of the organs of speech or deaf-mutism.

DEATHS IN THE ROYAL SOCIETY.—At the council meeting of the Royal Society on January 21st, the deaths of seven Fellows and three Foreign members were announced. As the average number of deaths in the whole year is only fifteen, such a list for a single month is almost without parallel.

AMERICAN PUBLIC HEALTH ASSOCIATION.—The American Public Health Association is to meet this year in the city of Mexico, under the presidency of Dr. Felix Formento. It has been decided to meet in 1893 in Chicago, in the hope of making the gathering an International Congress of Hygiene and Public Health.

DEVON AND EXETER MEDICO-CHIRURGICAL SOCIETY.—The annual meeting of this Society was held at the Devon and Exeter Hospital on January 29th, 1892; Dr. Davy, President, in the chair. The following were elected the officers of the Society for 1892-93:—*President*: Dr. Woodman. *Vice-President*: Mr. Somer. *Treasurer*: Mr. J. D. Harris. *Council*: Mr. Domville, Mr. Mortimer, Mr. Bell, Mr. Wade, Mr. Langran, Mr. Curtis. *Auditors*: Mr. Roper, Mr. Ackland. *Secretary*: Dr. Blomfield. The Society now numbers 70 members, and meetings are held monthly, from October to May, at the Devon and Exeter Hospital.

DEATH UNDER ETHER.—A death under ether is reported from Bath. The patient, a man, aged 37, was admitted into the Royal United Hospital suffering from strangulated inguinal hernia. He was in a very collapsed state, and brandy was given before Dr. Biddlecombe, the resident medical officer, administered ether. He struggled a good deal in taking the anæsthetic. Scarcely had the operation been begun when Dr. Biddlecombe noticed that the man had ceased to breathe. Every effort to resuscitate the patient was ineffectual. We are promised full details of the case for publication at a later date.

PROFESSOR ALBERT.—Professor Albert, of Vienna, celebrated the twenty-fifth anniversary of his taking his doctor's degree on January 22nd with much pomp and circumstance. After the usual congratulatory speeches Professor Albert's pupils presented him with a large silver medal, wrought by Professor A. Scharff. The medal bears on the obverse the features of the distinguished surgeon, with his name "Eduardus Albert," while on the reverse is the following inscription: "Professori chirurgiæ celeberrimo, per annos decem in Universitate Vindobonensi docenti, viro et doctrina et humanitate insigni mente manūque excellenti discipuli et alumni gratissimi,

ietatis ergo, die II mensis Mai. MDCCCXCI." The proceedings, which were throughout of the most enthusiastic character, were brought to a close by an address on the Medicine of the Future delivered by Professor Albert.

SMALL-POX AND WORKHOUSES.—The Local Government Board, having failed in their efforts to induce the guardians of the Dewsbury Union to cease to admit to their workhouse cases of small-pox from outside, have issued an order prohibiting the admission. The workhouse, with its infirmary and infectious wards, was designed to serve only for the needs of paupers, and it is to be hoped that the firm action of the Local Government Board will lead to the provision without further delay of the adequate permanent hospital accommodation which has long been needed. The presence of small-pox in an insufficiently protected community such as that in the Dewsbury district is a matter of grave concern.

CARBOHYDRATES OF PUTREFYING HUMAN URINE.—J. Trenpel (*Zeit. physiol. Chem.*, 16, 47 to 67) has confirmed Salkowski's statement that the formation of fatty acids in normal urine when putrefaction sets in is due to the decomposition of its carbohydrates (dextrose and animal gum). In the present research the furfur, aldehyde, and α -naphthol reaction was employed for the estimation of sugar, in some cases the results being controlled by Baumann's benzoic chloride method. It was found that as putrefaction advanced the carbohydrate in the urine diminished, but a small quantity always remained even after very prolonged periods (30 to 47 days). If the urine was exposed to the air putrefaction and the diminution of carbohydrate occurred more rapidly than in closed vessels. Increase of the temperature to 35° also hastened the process.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are the following: Dr. Dubois, Professor of Pharmacology at Ghent; Dr. Thomas Lipscomb, one of the oldest and best known practitioners in the State of Tennessee, in his 84th year, a victim to influenza; Dr. E. B. P. Kelley, of Perth Amboy, New Jersey, who was present at fifty-two battles during the great American Civil War, aged 52; Dr. Tommaso-Tommasi, of Florence, well known in Italy as a physician, a sanitarian, and a practical philanthropist, aged 41; Dr. Louis Guichon, one of the oldest practitioners of Lyons, aged 86; Dr. Gustav Fritsche, of Warsaw, editor of the Polish medical journal, *Medycyna*, aged 52; Dr. T. Barrère, of Oran (Algeria), a martyr to professional duty, having contracted diphtheria from a patient on whom he had performed tracheotomy, and Dr. José Casimiro Ulloa, Professor of Medicine in the University of Lima (Peru) and editor of *El Monitor Medico* since its foundation.

THE LATE MR. G. A. ROWELL.—All Oxford scientific men will hear with regret of the death of Mr. G. A. Rowell, assistant in the Oxford Museum, which took place on January 24th. Before the building of the present Museum Mr. Rowell had for many years been Deputy Keeper of the Ashmolean Museum, to which office he was appointed on the death of Mr. Kirtland. Meteorological studies were Mr. Rowell's great delight, and doubtless he would have added more to our knowledge on this subject had he had the present-day advantages as regards education. Born in 1804, his schooling was of a very elementary character, and in his tenth year he was taken from school to assist his grandfather in his business. Luckily his father, a watchmaker in Oxford, was himself fond of star-gazing, and first roused young Rowell's interest in similar subjects by nightly demonstrating on the comet of 1811. From that date every spare minute was devoted to the study of atmospheric phenomena, and in 1839, at the instance of Professor Baden Powell, his first paper was read before the Ashmolean Society. Mr. Rowell's papers will be found chiefly in the *Edinburgh Philosophical Journal*, and the reports of the British Association. Among his separate publications may be mentioned "An Essay on the Cause of Rain" and "An Essay on the Beneficent Distribution of the Sense of Pain." All this work was accomplished in addition to his daily labours at the Museum, and, in his earlier years, to the cares of his business as a paper-hanger. His readiness to help any who were in search of information in the Museum will be gratefully remembered by many Oxford men.

MEDICAL VACANCIES.

The following vacancies are announced:

- BELMULLET UNION.**—Medical Officer to Knocknallower Dispensary. Salary £110 per annum and fees. Applications to Mr. Thomas Swift, Honorary Secretary, Ballinaboy, Pollatomas, Belmullet. Election on February 16th.
- BOROUGH LUNATIC ASYLUM, Portsmouth.**—Clinical Assistant for six months. Board, rooms, lodging, washing, and attendance provided. Applications to the Medical Superintendent by February 20th.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.**—Assistant-Physician; must be Fellow or Member of the Royal College of Physicians, London. Applications to the Secretary at the Office, 24, Finsbury Circus, E.C., by February 24th.
- COUNTY BOROUGH OF BRADFORD.**—Resident Medical Superintendent at the Fever Hospital; doubly qualified and not more than 30 years of age. Salary, £200 per annum, with board and residence. Applications, endorsed "Resident Medical Superintendentship," to the Chairman of the Sanitary Committee, Town Clerk's Office, Bradford, by February 6th.
- COUNTY KILKENNY INFIRMARY.**—Second Surgeon. Salary, £75 per annum. Applications to the Chairman of the Board. Election by the Governors on February 24th.
- DENTAL HOSPITAL OF LONDON.**—Medical Tutor. Salary, £40 per annum. Applications to the Dean by February 8th.
- DENTAL HOSPITAL OF LONDON, Leicester Square.**—Two Assistant Dental Surgeons; must be Licentiates in Dental Surgery. Applications to the Secretary, F. J. Fink, by March 14th.
- DISTRICT INFIRMARY, Ashton-under-Lyne.**—Junior House-Surgeon and Dispenser. Salary, £50 per annum, with board and lodging. Applications, marked "Application for the Office of Junior House-Surgeon and Dispenser," to the Honorary Secretary, William Bottomley, 120, Stamford Street, Ashton-under-Lyne, by February 13th.
- DONEGAL UNION.**—Medical Officer to Dunkinelly Dispensary. Salary, £100 per annum and fees. Applications to Mr. John McNeely, Honorary Secretary. Election on February 23rd.
- EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.**—Resident Medical Officer; unmarried. Appointment for two years. Salary, £80 per annum, with board and washing. Applications to the Secretary by February 18th.
- EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.**—House-Physician. Board and lodging provided. Applications to the Secretary by February 18th.
- GENERAL HOSPITAL, Birmingham.**—House-Governor. Salary, £300 per annum, with board and apartments. Applications to W. Septimus Harding, Chairman, by February 18th.
- GLAMORGANSHIRE AND MONMOUTHSHIRE INFIRMARY AND DISPENSARY, Cardiff.**—House-Surgeon, doubly qualified. Salary, £100 per annum, with board, washing, and furnished apartments. Applications, endorsed "House-Surgeon," to G. T. Coleman, Secretary, by February 8th.
- HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.**—Resident House-Physicians. Applications to the Secretary by February 11th.
- HOSPITAL FOR WOMEN, Soho Square, W.**—House-Physician, doubly qualified. Appointment for six months. Salary, £30. Applications to David Cannon, Secretary, by February 8th.
- KENT COUNTY LUNATIC ASYLUM, Chartham, near Canterbury.**—Medical Superintendent. Salary, £600 per annum, unfurnished house, gas, washing, and garden produce. Applications to Allen Fielding, Solicitor, Canterbury, by February 9th.
- LEEDS PUBLIC DISPENSARY.**—Junior Resident Medical Officer. Salary, £85 per annum. Applications to the Secretary of the Faculty by February 6th.
- LISNASKA UNION.**—Medical Officer to Derrylin Dispensary. Salary, £115 per annum and fees. Applications to Major B. T. Winslow, Honorary Secretary, Mount Prospect, Derrylin. Election on February 11th.
- LIVERPOOL INFIRMARY FOR CHILDREN.**—Assistant House-Surgeon. Appointment for six months. Board and lodging provided. Applications to C. W. Carver, Honorary Secretary, by February 13th.
- LONDON COUNTY ASYLUM, Cane Hill, Coulsdon, Surrey.**—Fourth Assistant Medical Officer, doubly qualified, unmarried, and not more than 35 years of age. Salary, £150 per annum, rising by £5 to £160, with board, lodging, and washing. Applications, on forms to be obtained of the Clerk, R. W. Partridge, Asylums Committee Office, 40, Craven Street, Strand, to whom they should be sent by February 10th.
- LONDON HOSPITAL, Whitechapel, E.**—Assistant-Surgeon. Applications to the Secretary by February 20th.
- LONDON LOCK HOSPITAL AND ASYLUM.**—Surgeon to in-patients and out-patients at 91, Dean Street, Soho. Appointment for ten years. Applications to the Secretary, London Lock Hospital, Harrow Road, by February 6th.
- METROPOLITAN HOSPITAL, Kingsland Road, N.E.**—Surgeon; must be F.R.C.S. Eng. Applications to the Secretary by February 8th.
- NEW ROSS UNION.**—Medical Officer to Fethard No 2 Dispensary. Salary, £115 per annum with fees. Applications to Mr. John Cummins, Honorary Secretary, Shelbaggan, Arthurstown. Election on February 11th.
- NOTTINGHAM GENERAL HOSPITAL.**—Resident Medical Assistant. Appointment for six months. Board, lodging, and washing provided. Applications to the Secretary.
- QUEEN'S HOSPITAL, Birmingham.**—Casualty Surgeon. Honorarium, £50 per annum. Applications to the Secretary by February 18th.
- RADCLIFFE INFIRMARY, Oxford.**—House-Surgeon, doubly qualified. Salary, £30 per annum, with board, lodging, and washing. Applications, on printed forms to be obtained from the Secretary, to be sent in by February 12th.

SOUTH SHIELDS UNION.—Medical Officer for the Workhouse, doubly qualified. Salary, £250 per annum and vaccination fees. Applications to J. W. Coulson, Clerk, Union Offices, South Shields, by February 10th.

UNIVERSITY OF GLASGOW.—Applications are invited for Examinerships in Anatomy, Midwifery, and Medical Jurisprudence. Annual fee in each case £30. Terms of office, four years, from 1st April. Applications to the Secretary of the Court, Mr. A. E. Clapperton, 91, West Regent Street, Glasgow, by February 18th.

MEDICAL APPOINTMENTS.

ALLAN, E. Bullar, M.R.C.S., L.R.C.P., appointed House-Physician to the Hospital for Consumption and Diseases of the Chest, *vice* Dr. Stanley.

BALLANCE, H. Stanley, M.R.C.S., L.R.C.P., appointed House-Physician to the Hospital for Consumption and Diseases of the Chest, *vice* Dr. Bristowe.

BARLING, H. G., M.B.Lond., F.R.C.S., appointed Consulting Medical Officer to the Tewkesbury Rural Hospital.

BARNES, L. S., L.R.C.P.Lond., M.R.C.S., appointed Medical Officer for the Third Sanitary District of the Hitchin Union, *vice* — Haycock, resigned.

BISHOP, Henry Draper, L.R.C.P.Lond., M.R.C.S.Eng., appointed House-Physician to the London Hospital, Whitechapel, E.

BOWER, Ernest Dykes, M.R.C.S., L.S.A., appointed Surgeon to the General Infirmary at Gloucester and the Gloucester Eye Institution, *vice* A. M. Sydney Turner, resigned.

CHEETHAM, W. H., M.D., M.R.C.S., L.S.Sc., of Guiseley, appointed Certifying Surgeon under the Factory Act to the Guiseley, Yeadon, and Bardon District, *vice* — Hepworth, deceased.

DICKIE, H., M.B., C.M.Glas., appointed Medical Officer for the Workhouse of the Morpeth Union, *vice* Dr. Clarkson, resigned.

DONALDSON, George, A.B., M.B., B.Ch., B.A.O.Dub.Univ., appointed Medical Officer to the Castlesham Dispensary District, Monaghan Union, *vice* Dr. Robert Donaldson, resigned.

FISHBOURNE, Dr. J. E., appointed Fourth Physician to the British Hospital for Mental Disorders.

FORBES, N. Hay, L.R.C.P.Lond., M.R.C.S., appointed Honorary Surgeon to the Tunbridge Wells Salvage Corps.

FORREST, J. S., L.R.C.P.Edin., L.F.P.S.Glas., appointed Medical Officer for the Fourth Sanitary District of the Morpeth Union, *vice* — Hedley, deceased.

FORSYTH, Harry A., L.D.S.Eng., reappointed House-Surgeon to the London Dental Hospital.

GOUGH, J. Harley, L.R.C.P.Lond., M.R.C.S., appointed Honorary Surgeon to the Tavistock Cottage Hospital.

HANSON, Arthur S., M.R.C.S., L.R.C.P., reappointed Surgeon and Agent for Stubbington and Warsash Coastguard Stations, Hants.

HARRIS, H. E., M.B., L.R.C.P.Lond., M.R.C.S., appointed Medical Superintendent to the St. Saviour's Infirmary, East Dulwich Grove.

HEARD, Robert Lynn, M.B., B.Ch., etc., R.U.I., appointed Medical Officer to the Monkstown Parochial Benefit Society.

HEWITT, R. J., L.R.C.P., L.M., L.R.C.S.Irel., appointed Medical Officer for the Tipperary Dispensary District.

HUME, G. H., F.R.C.S.Edin., appointed Consulting Surgeon to the Children's Hospital, Newcastle-on-Tyne.

KENNEDY, F. W., M.D., B.Ch., B.A.O.Dub.Univ., appointed House-Surgeon to the Sir Patrick Dun's Hospital, Dublin.

LACE, F., L.R.C.P.Lond., M.R.C.S., appointed Honorary Medical Officer to the Eastern Dispensary, Bath.

MCMASTER, J., M.D., appointed Medical Officer for the Glenwherry Dispensary District of the Ballymena Union.

MARSHALL, John J. de Zouche, appointed by the Admiralty to be Surgeon and Agent for the Coastguard in the Hastings District, dating from January 4th.

MARTIN, F. G. S. G., L.R.C.P.Lond., M.R.C.S., appointed Medical Officer to the Central and North Sanitary Districts of the Darlington Union, *vice* — Fraser, deceased.

PAGE, Frederick, M.D., appointed Consulting Surgeon to the Children's Hospital, Newcastle-on-Tyne.

ROBERTS, C. Gordon, M.A., M.B., B.C.Cantab., appointed Medical Officer of Health to the town of Halstead, Essex, and Medical Officer to the Second Division, and Public Vaccinator to the First and Second Divisions, of the First District, Halstead Union.

SHARMAN, Eric H., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Hospital for Sick Children, Great Ormond Street, W.C.

STEPHENS, D. H., L.R.C.P., L.R.C.S.Edin., appointed Medical Officer for the Fifth Sanitary District of the Morpeth Union.

TAYLOR, George T., L.D.S., appointed Dental Surgeon to the Bristol General Hospital, *vice* T. Cooke Parson, M.R.C.S., L.D.S., deceased.

THOMPSON, R. E., L.R.C.P., L.M., L.R.C.S.Irel., appointed Medical Officer for the Milford Union.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Lang: Conjunctival Affections. Great Northern Central Hospital, 8 P.M.—Dr. Galloway: Gastro-Intestinal Tract.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. J. W. Carr: Enlargement of the Spleen in Young Children. Dr. J. S. Keser: The Treatment of some forms of Chronic Bronchitis by the Water of Weissenburgh (Switzerland).

TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Hyslop: Puerperal and Lactational Insanity. Hospital for Diseases of the Skin, Blackfriars, 4 P.M.—Mr. Jonathan Hutchinson: On Lichen Planus. Charing Cross Medical School, 8 P.M.—Dr. Potter: The Sequelæ of Abortion.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Mr. Holmes will exhibit a patient on whom Pirogoff's Amputation was performed twelve years ago. Dr. Mitchell Bruce and Mr. A. Marmaduke Shield: Gelatinous Degeneration of Hydatid Cysts. Dr. Archibald E. Garrod: The Changes in the Blood in the course of Rheumatic Attacks.

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Parkes Museum, 74A, Margaret Street, W., 1 P.M.—Dr. Louis C. Parkes: Defective Sanitary Arrangements in Houses, and their Effects upon Health. Hospital for Consumption, Brompton, 4 P.M.—Dr. Green: Cases in the Wards. No. 1. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. J. B. Lawford: Optic Nerve Atrophy.

THURSDAY.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralyzed and the Epileptic, 2 P.M.—Dr. Buzzard: Cases in the Hospital. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Dr. Barlow: Illustrations of Abdominal Disease in Children. No. 1. London Throat Hospital, Great Portland Street, 8 P.M.—Dr. Woakes: Necrosing Ethmoiditis.

BRITISH GYNÆCOLOGICAL SOCIETY, 8.30 P.M.—Dr. Granville Bantock will show Specimens. Dr. Heywood Smith: On Subperitoneal Hysterectomy.

NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY, Great Northern Central Hospital, 9 P.M.—Dr. Lewis Jones will read a paper on Electricity as an Aid to Medical and Surgical Diagnosis and Treatment, and demonstrate the apparatus.

FRIDAY.

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 11 A.M. to 1 P.M.—Professor Crookshank: Lecture: Tuberculosis. Practical Work: Examination of Sputum, etc. Hospital for Consumption, Brompton, 4 P.M.—Dr. Green: Cases in the Wards. No. 2. Charing Cross Medical School, 8 P.M.—Dr. Potter: The Uterine Sound.

CLINICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. Lees: Three Cases of Perforation of the Vermiform Appendix. Mr. Page: 1. A Case of Acute Appendicitis; Removal of Appendix; Recovery. 2. A Case of Relapsing Appendicitis; Operation; Recovery. Mr. Stephen Paget: An Unusual Case of Sloughing of the Vermiform Appendix. Mr. Bland Sutton: A Case of Cholelithiasis; Removal of Impacted Gall Stones through an Incision in the Common Duct; Recovery.

SATURDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 11 A.M.—Dr. Hyslop: Climacteric Insanity.

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 Order or Stamps with the notice not later than Wednesday morning, in order to insure insertion in the current issue.

BIRTH.

HANLY.—January 29th, 1892, the wife of Dr. J. J. Hanly, M.A., Ormskirk, of a son.

MARRIAGES.

CHAMBERLAIN—PLAYER.—On January 26th, W. W. Chamberlain, M.B., C.M., of Nailsworth, Gloucestershire, to Jessie, daughter of John Player, Edgbaston, Birmingham.

KEIFFENHEIM-TRUBRIDGE—CUNNINGHAM.—On February 3rd, at St. Philip's, Kensington, by the Rev. Arthur Vesey, M.A., L. W. Keiffenheim-Trubridge, M.D., M.R.C.S., L.R.C.P., of Cliveden Place, Eaton Square, S.W., to Eva Beatrice, third daughter of the late James Elliot Cunningham and of Mrs. Cunningham, 122, Lecham Gardens, Kensington.

SEMPLE—SMITH.—On December 26th, 1891, at Holy Trinity Church, Karachi, India, by the Rev. C. A. Gillmore, assisted by the Rev. H. J. Long, Surgeon-Captain J. Semple, Medical Staff, to Marion Ethelwyn, third daughter of W. Nelson Smith, Esq.

SHARP—HART.—On February 3rd, at Christ Church, Bradford, by the Rev. H. Stapleton, M.A., vicar, Percy Sharp, L.R.C.P.Lond., M.R.C.S. Eng., L.S.A., of Brant Broughton, Newark-on-Trent, younger son of the late John Buckley Sharp, Esq., of Bradford, to Florence Elizabeth, youngest daughter of the late John Hart, Esq., of London.

DEATHS.

BASSETT.—On January 25th, at his residence, 97, Hamstead Road, Handsworth, Birmingham, John Bassett, M.D., aged 66.

MUDGE.—On January 20th, at Tregenna, Paignton, Thomas Henry Tracey Mudge, L.R.C.P.Lond., M.R.C.S.Eng., aged 35.