

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

THE TREATMENT OF HEPATIC ABSCESS.

IN the BRITISH MEDICAL JOURNAL of December 26th, 1891, is published an interesting contribution to the treatment of hepatic abscess, by Dr. Neil Macleod, of Shanghai. The advantages claimed by Dr. Macleod for his method of operating are: (1) Before emptying the abscess a means of estimating the size and position of the cavity, and so determining the best site for opening and drainage. (2) No hæmorrhage. (3) Certainty of free drainage, better fixation of the liver than by a rubber drainage tube, no necessity for excision of a portion of rib, and rapid, certain, and easy introduction of the tube in any position both at the operation and at exchange of tubes.

On March 6th, 1885, I read notes on some cases of hepatic abscess which are recorded in the *Transactions* of the South Indian Branch of the British Medical Association. As the results of operation in these cases were certainly not less favourable than those obtained by Dr. Macleod—of eight cases operated on five recovered—I hope I may be allowed to make a few remarks on a subject so interesting to all medical men serving in tropical climates.

The first advantage claimed by Dr. Macleod seems to me more theoretical than practical. The abscess cavity is often most irregular, and there may be no distinct line between the contents of the abscess and the inflamed and softened walls. As regards hæmorrhage, in an experience of twelve operations I have never seen a single instance of it. Rough manipulation of the walls of an hepatic abscess may, however, lead to hæmorrhage; and too much gentleness cannot be exercised in the examination of an acutely inflamed liver. I fail to see why the employment of a metal drainage tube ensures better drainage than that of a stout rubber tube. No doubt there is often some difficulty in keeping the aperture through the superficial structures large enough for the drainage tube; still this can be overcome with a little care and trouble. The direction of the sinus usually alters as the liver contracts, and it may become very tortuous; surely therefore an elastic tube is more suitable than a perfectly rigid metal one. As to fixing the liver, the remedy suggested seems to be much too rough for that tender organ.

In cases of hepatic abscess the real difficulty is in diagnosis. Two signs of value in obscure cases of enlargement of the liver are displacement of the heart and abnormal conduction of the heart sounds to the back above the usual level of the liver. When discovered, the abscess seems to require no very special treatment. It must be borne in mind that there are two varieties of hepatic abscess. Pyæmic abscesses are generally small and numerous, and occur as a consequence of previous inflammation of some part of the body, which inflammation has, in nearly all cases, reached the stage of suppuration. They cause a nearly uniform enlargement of the liver, and are associated in most cases with more or less jaundice, and with a markedly typhoid condition of the patient. No surgical interference is justifiable in these cases. In the ordinary so-called tropical abscess of the liver I adopt the following method. The presence of pus having been ascertained by exploring with a large aspirator needle, an incision is made large enough to admit a large size india-rubber drainage tube. The presence or absence of adhesions does not influence my procedure in any way. In none of the cases in which I operated or assisted in operating was there any evidence of extravasation into the peritoneal cavity, and I cannot help thinking that this danger has been much exaggerated. I quite agree with Dr. Macleod as to the utter impracticability of stitching the edges of the incision in the liver to the margin of the wound in the parietes.

Of the eight cases I operated on, in seven there was diarrhoea. In only one case was there any vomiting, and in this case the bowels were more or less constipated till after operation. In three cases the urine contained albumen, and in three it contained bile.

Madras:

DONALD F. DYMOTT, M.B.

SALOL IN GONORRHEAL ARTHRITIS.

CASE I.—A gentleman who had suffered from gonorrhoea for some time strained his knee slightly whilst on horseback. There was great pain and much effusion into the left knee-joint. The limb was put on a splint, and all the usual remedies, both local and otherwise, were used without any effect. The urethral discharge continued in spite of everything, and the right knee and left ankle also became involved. He was put on 15 grains of salol three times a day, and from that date his condition improved, the urethral discharge diminished, and the pain ceased, but the effusion did not wholly subside until the joints had been repeatedly strapped with Scott's ointment. In order to make the diagnosis doubly sure I drew off some of the fluid from the left knee with a hypodermic syringe, and found numerous diplococci as described by Watson Cheyne in his translation of Flüggé's *Micro-organisms*, both free in the fluid and imbedded in the floating epithelioid cells.

CASE II.—In the next case the effect was not so well marked. The patient had a urethral discharge for about a month when the left knee-joint became swollen, red, and painful, and in fact at one time threatened to suppurate, so that I feared to rely solely on the salol, and gave him at different times quinine, iodide of potash, and salicylate of soda. He eventually got well, though I was unable to satisfy myself whether it was due to the salol or not.

CASE III.—The third case was that of a lady who derived no benefit from the salol. I believe the drug is supposed to split up in the intestinal canal into salicylic and carbolic acids, and to be excreted as such or as sulpho-carbolates in the urine, and thus render the urinary tract antiseptic. If this be the case, we could only hope for a local action, and this, owing to the shortness of the urethra, would be less marked in the female sex.

Bedford Square, W.C.

VERNON JONES, M.B.

COMPLETE SUBCUTANEOUS EMPHYSEMA.

ON November 30th, 1891, I was called to see a little boy, between 5 and 6 years old, who presented the following appearance. His neck, cheeks, and chest, arms, legs, and trunk, were swollen to an enormous size, so as to resemble a series of huge bladders. His eyes were quite closed up, and his head and neck formed a uniform inflated mass. The scalp was blown out in front and at the sides; the chest and back bulged out like great air-cushions, which sank in on pressure for over an inch. The scrotum was inflated to the size of a large ostrich egg. Audible crackling could be elicited all through.

I learned that the boy had whooping-cough, and that after a fit of coughing, his mother noticed his neck below the jaws a little swollen. The swelling increased, and within two days his appearance was as above described. I punctured the most inflated part of the chest, but the amount of air that escaped was inappreciable. He was in a very weak condition when I saw him, with faint whiffy breathing, sordes on the teeth, and extremely small pulse. He died three days after. The air seemed to have travelled by way of the mediastinum into the neck and from thence over the whole body.

Belfast.

GEORGE CROKER, M.D., F.R.C.S.I.

ARTIFICIAL RESPIRATION IN CYANOSIS FROM PLUGGING OF THE BRONCHIAL TUBES.

THE present frequent allusion to the good effects of oxygen inhalation in cases of pneumonia and bronchitis urges me to call attention to a further aid I have now and then in the past resorted to with advantage. I shall merely allude to one case.

Many years ago I attended a medical friend, aged 65, for bronchitis. This rapidly became "suffocative" in character, and cyanosis came on. I performed artificial respiration (Sylvester's mode) on two occasions for about half an hour each time, and undoubtedly saved his life. This artificial respiration not only supplemented the exhausted respiratory force, more especially that of expiration, but enabled my friend to get up large plugs of mucus which prevented the ingress of air.

In another case where emphysema was marked, I tried, I think with distinct advantage, a Martin's elastic bandage around the chest. Again, where coughing is unavailing to

get up accumulated secretion, and emesis is risky or cannot be produced, it will often be found that a strong sneeze produced by a good pinch of snuff, will sometimes do a great deal of good.

Crouch End.

JAMES MACMUNN.

CASE OF MALIGNANT PUSTULE: INCUBATION PERIOD TEN DAYS: EXCISION: CURE.

THE following brief notes may be of value in reminding members of the profession of the long incubation period in some cases of this disease, and of the success which may follow excision in apparently hopeless conditions.

On November 27th a butcher, aged 38, killed a heifer which was ailing of a disease not then recognised. He was not aware of having pricked his arm or of having an abrasion on it. It was afterwards proved that the animal had anthrax. The heart of the beast, after being boiled and then fried, was eaten by ten persons, none of whom became ill from so doing. A ferret died in two days after eating a piece of uncooked liver, and a dog which ate also of the liver was very ill for four days but recovered.¹

On December 7th a small itching pimple was noticed on the ulnar border of the left forearm, 4 inches above the wrist; it was never painful.

On December 12th the spot, which had gradually enlarged and become indurated, became inflamed and painful, and red lines (lymphangitis) ran up to the axilla, in which the glands became enlarged and painful.

I saw the patient for the first time at 6.30 P.M. on December 13th. The spot presented the usual appearances of an anthrax pustule, except that there was no surrounding ring of vesicles; the forearm was much swollen, the lymphatics were intensely inflamed, and the axillary glands enlarged and tender. The patient had great pain in the arm. His temperature was 101° F., pulse 94; he had had slight shivering in the morning, and complained of frontal headache and great prostration; there was occasional delirium, profuse perspirations, and troublesome cough, with physical signs of bronchitis, which was evidently an acute exacerbation of the chronic bronchial affection from which he suffered. A scraping of the surface of the pustule showed two or three doubtful anthrax bacilli, none of which could be found in the blood microscopically. Three grains of carbolic acid in solution were injected into the arm in divided doses at four points around the carbuncle, which was then excised under cocaine, great care being taken to cut an inch beyond the induration. The periosteum of the ulna was exposed. A solution of perchloride of mercury (1 in 700) was applied to the wound. The patient felt no pain during the operation.

On December 15th the lymphatic inflammation had quite subsided, and the swelling of the forearm had gone. The after-history was uneventful, except that a severe left basal pleurisy occurred on December 18th, which was greatly relieved by strapping and a twelve-hours' sleep derived from a mixture of 15 grains of chloral hydrate and bromide of potassium. On December 23rd a small pimple formed on the arm, which caused the patient no small anxiety, but which soon formed pus, and ran the course of an ordinary boil.

Microscopic Appearances.—Mr. Targett, Pathological Curator of the Royal College of Surgeons, kindly furnished me with the following account of his examination of the excised pustule: "I failed to find anthrax bacilli in scrapings of the pustule. The tissues were hardened in absolute alcohol, and sections made and stained by Gram's method. Numerous bacilli were found in these sections. I have no doubt of the nature of these bacilli. The sections are from the margin of the pustule, and are crowded with bacilli in certain parts—chiefly the tops of the papillæ and the upper strata of the corium. The papillæ are infiltrated with inflammatory products, and the epidermis is becoming separated by the subjacent œdema. A few lines of bacilli are met with in the deeper parts of the corium, apparently in the course of lymphatics. Many of the bacilli show abundant spore formation. We are precluded from inoculation experiments here, so the evidence must rest on the microscopical appearances."

¹ The carcass of the infected animal was sold to a neighbouring butcher; but, fortunately, before any of it was sold the disease was recognised, and the carcass seized and dealt with as the law prescribes.

It is a great boon to busy practitioners to be able to have specimens examined and reported on by an expert; a boon for which we are indebted to the Council of the College of Surgeons.

Stanhope.

WILLIAM ROBINSON, M.S., M.D.

REPORTS

ON

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

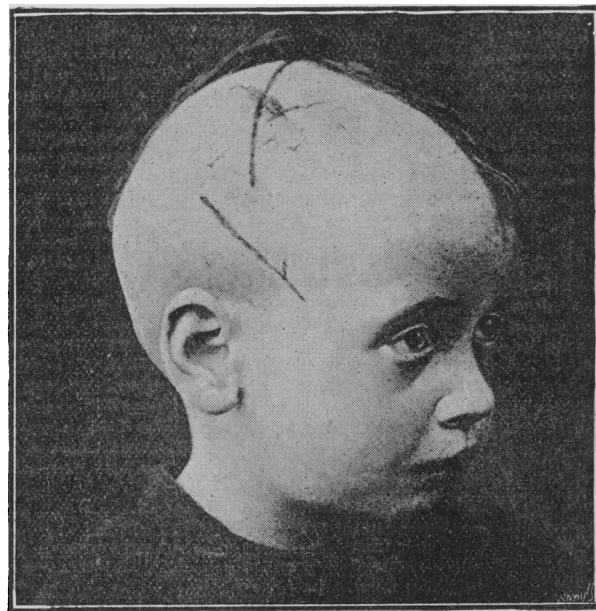
CHILDREN'S INFIRMARY, LIVERPOOL.

CEREBRAL ABSCESS: OPERATION: RECOVERY.

(By R. W. MURRAY, F.R.C.S., Assistant Medical Officer.)

THOUGH of recent years great advances have been made in the surgical treatment of intracranial affections, still cerebral abscess must always be looked upon as a very grave affection, and the following notes of a case recently under my care may prove to be both interesting and instructive.

A. L., aged 5 years, was admitted on May 5th, 1891, on account of loss of power in the left hand and epileptic seizures affecting the left upper extremity and the left side of the



face. The following history was obtained from the mother: A fortnight before the child's admission the mother threw a poker at some member of the family, but missed him, the poker striking the patient "end on" on the right side of the head. There was free bleeding from the wound, which was cleansed with water and a plaster applied. No loss of consciousness resulted, and the child appeared to be in her usual good health until fourteen days after the accident, when she ran into the house crying because her left arm and left side of the face were twitching, and she could not stop them. This twitching continued without any loss of consciousness for half an hour. She had three of these attacks during the day, and after each of them was somewhat exhausted, wanting to lie down for a short time, after which she was apparently all right again, and had no more fits until May 4th, when she had a similar attack. The fits always commenced in the left arm; the arm shook and the fingers worked, then the left side of the face became involved, and the eyes "rolled about." The left leg was apparently not involved at any time, and

formity, from which he suffered throughout his life, but he nevertheless displayed an active energy which few men could have exercised under such conditions.

At the formation of the 18th Middlesex Rifle Volunteers (then the 36th) he joined as private. He afterwards became assistant-surgeon, and finally surgeon-major before his retirement on account of age. During his term of service in either capacity he was seldom absent from the regimental drill, and of late years he took an active part in the training of an ambulance detachment, lecturing for two or three courses at the Guildhall. Mr. Hill was moreover a zealous follower of the hounds, and up to the last few years habitually attended at the first meeting of the Queen's. His practice was extensive. Few men have passed through so long a career with as few enemies and as many friends. He was a man of genial temperament and many a professional entertainment was enlivened by his cheerful songs; but above all he had a kind and generous heart and was ever ready to assist by his time and skill those who were not in a position of life to afford any prospect of compensation. He wife predeceased him leaving no issue.

GEORGE ROBERTS TATUM, F.R.C.S.ENG.

On January 18th, 1892, this venerable member of the medical profession passed away at Salisbury, at the advanced age of 84 years, after a long period of failing health. He was the brother of Thomas Tatum, who for many years was Surgeon, and subsequently Consulting Surgeon, to St. George's Hospital, London, and of the Reverend Wm. Tatum, formerly Rector of St. Martin's, Salisbury. Dr. Tatum was, says a personal friend, of fine physique and presence, of extremely brilliant mental power, and of great ability in the exercise of his profession. After studying at St. George's Hospital he obtained his L.S.A. in 1829, M.R.C.S.Eng. in 1830, and F.R.C.S.Eng. in 1843. He also qualified as M.R.C.P.Lond. in 1845, but he did not make use of this diploma. In 1830 he went to Paris to study at the Hôtel Dieu, where he attended the lectures of Dupuytren. He used to recount how well he remembered Dupuytren drinking his bowl of milk, and walking off with a long loaf of bread under his arm with a proud air. Such was the primitive fare they then provided for the medical lecturers. In Paris he witnessed the sacking of the Archbishop's palace, and saw the priests' robes floating down the Seine. He entered the palace with the mob, and picked up a leaf from Procopius's *Wars of the Vandals* when they were destroying the library.

Mr. Tatum was House Surgeon of the Salisbury General Infirmary from November, 1833, to March, 1841; and this institution owes much to him for its capital working organisation and local prestige. He was elected Honorary Surgeon in 1841, and discharged the duties of that office with great ability up to 1860, when he was elected a Consulting Surgeon, which position he continued to hold up to the period of his decease.

JOHN MEIKLE, F.R.C.S., F.R.C.P.EDIN.

By the death of Dr. John Meikle, on January 19th, which we much regret to announce, Melrose and the Border have lost an eminent physician and surgeon. Dr. Meikle was born in September, 1844, in Douglas, Lanarkshire, where his venerable father, Dr. Robert Meikle, is still engaged in practice. After receiving his early education there, Dr. John Meikle proceeded to Edinburgh, where he passed through a successful course of medical study at the University and Surgeons' Hall. His first year of practice was spent as assistant to his father. In 1867 he went to Melrose to assist Dr. Smith, then in partnership with the late Dr. William Brown, brother of the well-known author of *Rab and his Friends*, and a year later he became a partner—a relationship which subsisted for nearly ten years, during the whole of which time Dr. Brown was laid aside by illness. The responsibilities of an extensive and important practice thus early devolved on young Dr. Meikle's shoulders.

His work was much increased by his extreme kindness to the needy, which added to the toils of a practice which extended all over the Border. His health for some time had been much impaired, and he succumbed to an attack of influenza. Dr. Meikle was a member of the British Medical Association, a volunteer, and actively interested in social and

philanthropic movements. His warm-heartedness and humour, and his love of animals, endeared him to a large circle of friends, and his death is widely mourned.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

THE treatise of Mr. W. Turrell, M.A., M.B., on the Operative Treatment of Bronchocele, has been accepted as his dissertation for the M.D. degree.

A strong effort is being made to raise £10,000 to remodel the Radcliffe Infirmary and to give more space for the nursing staff. About £1,000 has already been promised, and it is probable that sufficient money will be collected to commence building in the spring.

UNIVERSITY OF CAMBRIDGE.

APPOINTMENTS.—Mr. J. J. Lister, of St. John's College, has been appointed Demonstrator in Animal Morphology; Mr. A. Scott, of Trinity College, Demonstrator to the Jacksonian Professor of Natural and Experimental Philosophy; and Professor Alexander Macalister, F.R.S., of St. John's College, Chairman of the Examiners for the Natural Sciences Tripos of 1892.

DEGREES.—At the Congregation on February 4th the following degrees were conferred:

M.B. and B.C.—John Attlee, B.A., St. John's; George N. Edmondson, B.A., St. John's; Trevor H. Evans, B.A., St. John's; Lewis G. Glover, B.A., St. John's; Donald H. Atfield, M.A., St. Peter's; Harold B. Grimsdale, B.A.; Caius; Edward B. Wrench, Downing; William Carling, non-collegiate.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF EDINBURGH AND FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

THE quarterly examinations in Edinburgh for the Triple Qualification took place in January and February, with the following results:

FIRST EXAMINATION.—Of 52 candidates, the following 34 passed: T. C. Smyth, Victoria (with honours); W. Morris, Kilkenny; J. Ingram, County Down; J. G. Portal, Mauritius; C. W. Lawson, Edinburgh; H. Highet, Cork; T. G. G. Symons, Cornwall (with honours); G. W. Baker, Northampton; J. Meade, Limerick; T. Murphy, Cork; D. G. Newland, Madras Presidency; J. J. Harvey, Madras; B. Shreenivassa, Madras; A. P. Dias, Bombay; W. Gordon, Salisbury; M. Breen, County Limerick; G. H. Monkhouse, British Guiana; A. J. Young, London; J. W. Lax, County Durham; E. B. H. Hughes, Willington-on-Tyne; J. Wishart, Leith; J. T. Jones, Cardiff; J. K. Brownlee, County Antrim; F. Smith, Durham; A. Pearson, Yorkshire; W. Pole, Shetland; J. Minns, Whitby; J. O'Sullivan, County Cork; J. Waddell, Airdrie; J. A. Humphrey, Wetherby; G. H. K. Ross, Jamaica; E. F. O'Ryan, Tipperary; S. Robb, Dublin; and H. S. O'Connor, County Limerick.

The following candidates passed in the respective divisions:

In Chemistry.—J. A. Sanderson, D. J. M. Vallange, and J. B. Voortman.

In Elementary Anatomy and Histology.—R. P. Graham.

In Elementary Anatomy.—S. Potter.

SECOND EXAMINATION.—Of 59 candidates the following 30 passed: Minnie Ethel Bowlby, Kent; E. T. Whitaker, Lancashire; R. L. Park, Lancashire; G. Moore, County Limerick; C. S. Dudgeon, Longford; L. W. Harvey, County Cork; M. Donovan, County Cork; D. G. Newland, Madras Presidency; A. G. Rolland, North Shields; E. R. A. MacDonnell, County Clare; G. W. Beesley, Liverpool; J. G. Thomson, Glasgow; M. P. Corkery, Bombay; W. Bell, Preston; J. F. O'Meara, Limerick; G. H. K. Ross, Jamaica; D. R. Taylor, Edinburgh; S. I. Williams, Canada; H. J. V. Brockhinzen, Holland; T. J. Kennedy, County Limerick; S. Gawn, County Antrim; T. Leays, County Limerick; J. H. Wilson, Plymouth; A. T. Brown, Dunfermline; R. H. Manson, County Durham; L. T. Myers, Yorkshire; T. M. Donovan, County Cork; J. C. Doughridge, County Antrim; F. C. Rundell, Devonshire; and J. Morrison, County Down.

The following candidates passed in the respective divisions:

In Anatomy.—W. H. Ferrier.

In Physiology.—H. W. Fisher.

In Materia Medica and Pharmacy.—S. H. Noble and J. S. D. MacCormac.

FINAL EXAMINATION.—Of 121 candidates, the following 57 passed and were admitted L.R.C.P. & S.E. and L.F.P. & S.G.:

J. A. Ross, Ontario; G. H. S. Hillyar, Devon; Lucie Whitby, Warwickshire; S. Firth, Yorkshire; P. W. McGregor, Glasgow; F. W. Toms, London; R. E. Roberts, North Wales; Anne Augusta Wilson, Baltimore, U.S.A.; Elizabeth May Harris, Wiltshire; F. P. Bassett, Dublin; A. K. Jarratt, Yorkshire; S. W. Thompson, Lancashire; T. L. Johnston, Derbyshire; R. M. Cooper, Canada; R. Martin, County Down; E. H. Hackett, Cork; R. D. Stokes, Woolwich; B. Harris, India; W. E. Inksetter, Ontario; H. D. Hamilton, New York; J. Ross, Elgin; J. L. Smith, County Limerick; P. Q. Ambrose, County Limerick; R. T. Davies, Cerrigy-Druidon; W. C. Rainsbury, Queenstown; Martha Georgina Isabella Cadell, Cardigan; G. M. Stocks, Edinburgh; A. J. Millar, Newmains; C. J. Johnston, County Tyrone; S. McNair, County Antrim; A. L. Chignell, Kent; H. A. Smit, Cape Colony; R. Holmes, Westmeath; T. M. Bassano, London; A. W. Robertson, Edinburgh; H. A. Cruttwell, Bath; J. Cumming, Banffshire; P. A. Conran, Cork; H. Webster, York; W. H. Stephenson, Whitby; E. F. W. Moon, County Tyrone; G. B. Mitchell, Brechin; W. Leahy, County Kerry; W. J. Baird, Londonderry; R. Muschamp, Guiseley; R. H. Griffith, Castellmarch; B. Keane, Sheerness; G. Gresswell, Lincolnshire; A. G. Jackson, Melbourne; H. F. J. Graves, Birmingham; W. G. Sellar, Edinburgh; J. J. Moynihan, Cork; O. J. Caregan, Liverpool.

R. MacCarthy, Paisley; G. H. Jenkins, Worcester; G. R. Fortune, Glasgow; and H. A. L. Howell, Kent.
 The following candidates passed in the respective divisions:
In Medicine and Therapeutics.—F. A. Godfrey, J. Wilkie, and W. S. Howard.
In Surgery and Surgical Anatomy.—C. A. Brough (with honours), and R. McCoull.
In Midwifery and Medical Jurisprudence.—P. I. de Villiers.
In Surgery and Surgical Anatomy, Midwifery, and Medical Jurisprudence.—G. Hepworth.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS IN IRELAND.
 The following gentlemen having passed the necessary examination under the conjoint regulations, have been admitted licentiates of the colleges, namely:

E. H. Beaman, H. Bouchier-Hayes, T. F. Dillon, J. J. M. Dowzer, J. H. Elmes, M. Ferguson, F. W. Foott, E. F. Frazer, W. C. Hamilton, M. Keay, H. B. Ludlow, E. W. Lynch, J. M. Mangan, R. Moynahan, A. W. Power, G. H. Russell, J. G. Warren, R. J. White, G. T. Whyte, D. E. Williams.

HOSPITAL AND DISPENSARY MANAGEMENT.

THE APPLICATION OF ELECTRIC LIGHT CURRENTS TO SURGICAL PURPOSES.

Now that the various electric light companies who have obtained provisional orders have settled down to work, and have in many cases completed the first section of their central stations, we may expect before many months to have an unlimited supply of electric current for use in our hospitals. It becomes a matter of interest therefore to ascertain in what respects this current differs from that to which we have been accustomed from primary or secondary batteries. The two main points of difference are: (1) pressure, or electromotive force; (2) quantity.

Pressure.—The technical difficulties in the manufacture of an incandescent lamp to withstand a greater pressure than that of 100 volts are very great, the consequence being that this pressure is adopted almost invariably by the London companies. The pressure to which we have been accustomed for most purposes is from 10 to 30 volts; if we apply the higher pressure to our existing instruments we get into difficulties at once, and there is great scope for development in this direction.

Quantity.—The quantity of current which can be obtained from a primary battery of the usual type is limited, 20 amperes for a cautery instrument is considered a large amount, but the quantity which can be obtained from the electric light supply is almost unlimited.

These primary batteries—usually bichromate of potash—are cumbrous, costly, and constantly liable to be out of repair. The problem, then, is how to apply the current supplied by the companies for the purposes for which these primary batteries have hitherto been employed, as well as for electric lighting. Several hospitals have commenced to work out the problem as to what can be done with these powerful currents, in addition to what has been attempted up to the present, and amongst others St. George's Hospital and the Westminster Hospital have already commenced in earnest.

Mr. C. T. Dent, one of the surgeons connected with St. George's Hospital, who has had experience for some years in connection with an electric light plant fitted up in his own house, is watching the interests of the committee and advising them, and Messrs. Drake and Gorham, electrical contractors, of Westminster, have been called in to carry out the work.

The first experiment was merely one of lighting for a special purpose in the operating theatre. The operating table had previously been lit by a number of radial gas jets; the light always came from above, could not be concentrated, and was unsteady. This has been replaced by a large cardboard cone lined with pure white paper, suspended in such a manner that it remains in any position in which it is placed; the cone can be lowered to within 2 feet of the ground, and the light can be projected upwards, and will throw a horizontal ray in any direction.

The lamps are so arranged that 5, 8, 32, 48, or 64-candle power can be used; the 5-candle power lamp is fixed on the forehead, connection being made by means of a flexible cord to an attachment on the side of the cone. Another attach-

ment is used for the 8-candle power lamp, which is fixed in a frame with a reflector; this is a hand lamp for close inspection; the remainder of the lamps are fixed in the upper part of the cone.

We have described this simple apparatus because, by means of it, the surgeons are able to carry on their operations with much greater facility and convenience. The light is arranged in such a way that no shadows are cast, and the operator is as well off as in brilliant daylight. The out-patient department at St. George's, the dispensary and diphtheria wards, are also lighted by incandescent lamps.

The next point to which attention was turned was the application of the electric light to the ophthalmoscope and laryngoscope. The lamp, in this case, is fixed in a brass cylinder mounted on a bracket with four joints; this arrangement allows the lamp to be placed close to the ear of the patient in such a manner that its ray of light can be projected on to the operator's eye in the usual manner, thence being reflected by a small mirror, having an aperture in the centre, on to the eye of the patient, the object of this arrangement being to reflect the ray at as nearly as possible the same angle, and the white light thus produced will permit of a more careful examination of the eye. Discs of ground glass are inserted in front of the lamp to diffuse and soften the light to the required intensity, and at the back of the lamp a silvered reflector is used. For the laryngoscope the same apparatus is used with a powerful lens in the place of ground glass. The cautery apparatus has not yet been got to work; for this purpose a low pressure is required but a large current; instead of reducing the pressure by resistances which would not increase the current, a very ingenious transformer is used. This transformer is connected to the continuous current mains, and not only increases the current and reduces the pressure as required, but it can be used for faradisation and for the small surgical lamps for special purposes, and will no doubt allow of further developments in other directions.

For electrolysis, a rather complicated switchboard is used, a coil is mounted on this board with an interrupter, a resistance coil of 5,000 ohms is inserted, and, if the currents required are extremely small, a graphite resistance of 70,000 ohms can also be put into circuit. These resistances are both graduated, so that the current can be reduced or increased almost imperceptibly; a very delicate ammeter is used, which gives the current in tenths of a milliampère. If larger readings are required, there are two stops which allow the instrument to measure 10 times and 100 times the normal current.

There is a switch for reversing the current, and the instrument can be used also for faradisation or for combined, continuous, and interrupted currents.

The next application will be in connection with motors. There is no doubt that fine saws revolving at great velocity can and have been made to do delicate work which no hand-worked instrument can accomplish. The work, moreover, would be done with great rapidity, and time is of the greatest consequence in all operations. There will, therefore, be further developments in this direction.

At the Westminster Hospital, where the accident wards are of such great service to the public, the work has been commenced by Messrs. Drake and Gorham in these wards.

A powerful light is required on any bed at any moment, and to effect this they have provided a vertical rod fitted on to a heavy pedestal. On this rod swings a horizontal arm, and at the end of this arm there is a universal joint, to which is fixed a well-shaded but powerful lamp. The arm can be raised or lowered, and the light be projected in any direction. The standard is placed close to the bedside, and the arm reaches over the bed. At one end of this arm is an attachment for a hand-lamp, which is used for close inspection. This simple apparatus will be of great assistance to the surgeons.

In the physicians' rooms powerful laryngoscopic and ophthalmoscopic lamps have been fitted, and apparatus for cautery, electrolysis, and faradisation. The dispensary is also fitted up with the electric light in place of gas, which is known to have a bad effect on many chemicals.

The utilisation of the electric current supplied from the street mains, although both cheap and convenient, involves, as will be readily understood, a complete modification in the electrical details of the apparatus, and additional power of

Hindus flock in enormous numbers to bathe in the sacred Harkipairi pool of the Ganges at this place.

The manner in which this great multitude were preserved in health, and a wide-spreading epidemic prevented, we regard as one of the best examples of sound sanitation on record. It was brought about by the hearty co-operation of the civil, military, municipal police, sanitary, and medical authorities. The arrangements were made under the superintendence of the magistrate of Sahúrampur, Mr. A. B. Patterson, C.S., who began his operations as early as December, 1890. Bridges to the number of seven were constructed between the islands of Rori and Lajiwala and the mainland, to facilitate approach to the sacred pool on the day set apart for bathing. To preserve the site of the fair in a condition of perfect cleanliness was one of the most difficult as well as important of the precautionary measures. For this purpose an army of 1,342 sweepers was provided by the nearest municipalities, latrines in sufficient numbers were provided, and arrangements for trenching the night soil day by day were made.

The magistrates' plans were made on the lines indicated by Dr. Hutcheson, the sanitary commissioner. This able officer advised the Government not to prohibit the fair, and expressed a conviction, more than justified by the event, that an outbreak of cholera could be prevented by the precautionary measures he advised. Dr. Hutcheson divided the site of the fair into eight sanitary sections, each under the charge of a police inspector with a staff of constables, chankidárs, and vaccinators to help him. These formed the sanitary patrol of each section, and their business was (1) to prevent crowding, (2) see to surface cleanliness, (3) give notice of and remove nuisances, (4) report offenders, (5) remove promptly and carefully those sick of infectious diseases, (6) to see the proper location of baggage and other animals. One of the most important of the sanitary arrangements was carried out by the executive engineer of the Ganges Canal, Mr. King, letting a current of fresh water into the sacred pool, which carried off every kind of offensive matter which in former years had been allowed to accumulate to the detriment of the crowd of bathers. Barriers were constructed which were opened and closed by flag signals. The police and a troop of Bengal cavalry preserved order and discipline with great tact and forbearance. Thus no accident or collision of any kind occurred, and everything passed off smoothly. Thus, as we have said, the Khumbh Mela was successfully brought to an end not only without an epidemic of cholera, but without suffering to the immense concourse of pilgrims.

We have gleaned the above most interesting information from the Reports of the Commissioner of the Meerut Division, the Sanitary Commissioner of the North-West Province, and the inspector-general of police of the same provinces. It is satisfactory to add that all the authorities who who carried out this difficult work have received the highest commendation from the Lieutenant-Governor of the North-West Provinces and Oudh.

MEDICAL NEWS.

A SCOTCH hospital is to be erected in Chicago as a memorial of Robert Burns.

A "COLUMBIAN World's Congress of Pharmacists" is to be held during the great Exposition at Chicago in 1893.

M. CHABROT has been promoted to the high grade of Commander of the Legion of Honour.

THE *Revue Médico-Chirurgicale de Constantinople* is responsible for the somewhat startling statement that by a recent *iradé* of the Sultan the use of cocaine and sulphonal is forbidden in the Turkish Empire.

FOR the convenience of members of the British Medical Association who may desire to sign the petition to Parliament prepared by "the Association of Diplomates and Students of the London Medical Schools," praying for a modification of the proposed charter of the New University, a copy has been placed in the Library (429, Strand).

CREMATION IN FRANCE.—The number of persons cremated in Paris in 1890 was over 150 as against 50 in 1889. The cost of

cremation in France on the average does not exceed 31 francs 60 centimes (rather less than 24s.). In addition to the ordinary cremations, more than 4,614 bodies have been sent from the hospitals to be cremated since October 1st, 1891.

THE *Bulletin of the International Medico-Legal Congress*, held at New York in June, 1889, appears rather late in the day. It contains a report of the proceedings and discussions at the meeting of the Congress, but not of the papers which gave rise to the discussions; most if not all of these, however, have, we believe, already appeared in the pages of the *Medico-Legal Journal*.

MEDICAL EDUCATION FOR WOMEN IN RUSSIA.—The Municipal Council of St. Petersburg has voted a yearly subvention of 15,000 roubles (£1,500) to be applied in developing the existing provision for the medical education of women in the Russian capital. The late Professor S. P. Botkin bequeathed 20,000 roubles, and Mr. I. M. Sibiriakow has just given a sum of 50,000 roubles for the same purpose.

HOSPITAL SUNDAY was held at Sheffield on the last day of January. The weather was most favourable, but the amount collected, judging from the first returns, will show a slight falling off from that of the previous year. The total thus far announced is £2,057, but there are additional returns yet to come in. The collections in Rotherham amounted to £218, being in excess of any previous year.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—The Council of this Society has arranged for a house-dinner to be held in the Society's rooms on Monday, February 29th, at 7.30 punctually. As not more than one hundred can be comfortably accommodated, places will be allotted strictly in the order in which the applications are received, and no application can be considered after Monday, February 22nd. The cost will be 25s. each, and application for tickets is to be made as early as possible to Mr. J. Y. W. MacAlister at the Society's library.

A SANATORIUM FOR PHTHISICAL PATIENTS IN AUSTRIA.—On the initiative of Professor von Schrötter and some other leading Vienna physicians a movement is on foot for the establishment of a "climatic sanatorium," within easy reach of the Austrian capital, for the reception of poor patients suffering from pulmonary tuberculosis. The new institution will be under the patronage of the Archduke Carl Ludwig, and Baron von Rothschild has given a sum of 400,000 florins in furtherance of the project.

DEATHS UNDER CHLOROFORM.—During the years 1885-1890 inclusive, 23 deaths from chloroform occurred in New South Wales—namely, 6 each in the Sydney and Prince Alfred Hospitals, 2 each in the Albury and Goulburn Hospitals, and 1 each in the Gulgong, Wagga, Tamworth, St. Vincent's, and Newcastle Hospitals, the Gladesville Hospital for the Insane, and Dr. Wood's private hospital at Stanmore. Nothing is said as to the occurrence of any similar fatalities in private practice.

UNQUALIFIED PRACTICE.—According to the evidence reported in the *Birmingham Daily Post* as having been given at an inquest recently held before the deputy-coroner at Hanley, it would appear that an unqualified practitioner, in the employment of the National Medical Aid Company, Limited, had given to the relatives of a woman deceased a death certificate signed by a qualified practitioner who had never seen the patient. The deputy-coroner expressed his intention of reporting the circumstances to the General Medical Council.

POOR-LAW DISTRICT NURSES.—The Local Government Board has issued an order authorising boards of guardians to appoint nurses to attend persons in receipt of medical relief. Such nurses must have had at least a year's training in a hospital training school, and will be required "to obey any direction of the district medical officer in attendance upon any poor person in regard to nursing and treatment." While the order only insists on one year's training, an accompanying memorandum states that a longer period "would seem desirable." The memorandum also points out that guardians ought to exercise great care in choosing nurses of good character, who have shown themselves to possess the special qualities needed for successful nursing in the homes of the poor.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—At a meeting of the West London Medico-Chirurgical Society, on February 5th, Mr. Howard Marsh read a paper on some points in the operative treatment of cancer of the breast. He mentioned the case of a woman, aged 30, who had been under his care for very rapidly developed carcinoma of the left breast. The tumour was removed, but very quickly recurred. Similar cases had been recorded at the ages of 27, 23, and 21, and Sir J. Paget had told him that he had seen one in a girl aged 19. They were very quickly fatal. On the other hand, the aged bore operations well, and he had recently operated successfully on a lady aged 83. There was a danger in the too rapid healing of modern surgery, and he had observed that in cases where union had been delayed from various causes there seemed to be less chance of recurrence *in situ*. He laid stress upon the importance of dissecting off all the subglandular areolar tissue and pectoral fascia, as well as any glands that could be felt in the axilla.

LITERARY INTELLIGENCE.—The trustees of the Australian Museum in Sydney have decided to take up the question of a new work on Australian snakes, and have asked the Government for funds in furtherance of the project. If the money is voted it is intended to describe every species, and to figure as many as possible. The work will also contain a chapter on snake venom, and Dr. Mueller's treatment of snake bites by the hypodermic injection of strychnine will be fully described. —Dr. Canniff, of Toronto, has in the press a "History of the Medical Profession in Upper Canada." —*The Medical Fortnightly* is the title of a new periodical which has just come into being at St. Louis. Dr. Bransford Lewis is the editor, and the aim of the journal is stated to be to represent all the medical colleges and societies of St. Louis. —*The Journal de Médecine de Bruxelles*, which is the official organ of the Brussels Royal Society of Medical and Natural Sciences, which recently completed its fiftieth year of existence, will in future appear once a week instead of once a fortnight as heretofore. —A new medical journal, entitled *Ungarisches Archiv für Medizin*, has recently appeared under the editorship of Professors Arpád Bókai, Ferdinand Klug, and Otto Perlitz, of the University of Buda-Pesth.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Professor Emile Parisot, of Nancy, who died of influenza at the age of 63; Dr. Antonio Achille Turati, Senior Surgeon to the Ospedale Maggiore, at Milan, and one of the founders of the *Gazzetta degli Ospitali*, aged 49; Dr. Emilio Parietti, Assistant to the Chair of Hygiene in the University of Pavia; Dr. G. D'Ancona, a well known Italian physician who practised for many years in Egypt, and afterwards in Paris; Dr. Daniel Ayres, one of the leading practitioners in Brooklyn, one of the founders of the Long Island College Hospital, and its first professor of surgery, aged 71; Dr. Dubois, Professor of Pharmacology at Ghent; Dr. Johann Wagner, Ordinary Professor of Anatomy in the University of Charkow, aged 58; Dr. Anatolio Sani, a rising obstetrician of Florence, aged 34; Dr. Alexander Lummitzer, Professor of Surgery in the University of Buda-Pesth, famous throughout Hungary as an operator and author of numerous works and papers on plastic surgery, fractures of vertebrae, etc., aged 70; Dr. Josef Hoffmann, Director of the Allgemeine Krankenhaus, of Vienna, from 1869 to 1887, and an ardent sanitary reformer, aged 68; Dr. A. H. Paquet, Professor of Clinical Medicine in the Laval Medical Faculty, Physician to the Montreal Hôtel Dieu and member of the Canadian Senate; Dr. Castelo, one of the leaders of the profession in Madrid, whom the *Siglo Medico* calls "the Spanish Ricord;" and Dr. Ignacio Oliva, the Spanish translator of the works of Vidal de Cassis, aged 90.

MEDICAL VACANCIES.

The following vacancies are announced:

BARTON REGIS POOR-LAW UNION.—Medical Officer for the No. 3 District. Salary, £40 per annum, with usual fees for surgical operations, and 10s. for each ordinary midwifery case. The candidate elected will also be appointed Public Vaccinator for the said District. Applications to C. H. Hunt, Clerk, Barton Regis Workhouse, Eastville, Bristol, by February 17th.

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.

BRADFORD INFIRMARY AND DISPENSARY.—Honorary Gynaecologist. Applications to the Secretary at least ten days before the election on March 4th.

CANCER HOSPITAL, FREE, Brompton, S.W.—Two Surgeons; must be F.R.C.S. Eng., and reside within the four miles radius. Applications to W. H. Hughes, Secretary, by March 7th.

CENTRAL LONDON SICK ASYLUM, Cleveland Street, Fitzroy Square, W.—Assistant Medical Officer and Dispenser, doubly qualified, unmarried. Applications on printed forms, which will be provided, to the Clerk to the Managers, by February 26th.

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 DOWN INFIRMARY.—Surgeon. Application to the Registrar, co. Down Infirmary. Personal attendance of candidates necessary on the day of election, namely, March 1st.

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, Leicester Square.—Two Assistant Dental Surgeons; must be Licentiate 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 Dunkineely Dispensary. Salary, £100 per annum and fees. Applications to Mr. John McNeely, Honorary Secretary. Election on February 23rd.

DUNKINEELY DISPENSARY DISTRICT.—Medical Officer. Salary, £100 per annum, with usual fees. Applications to Mr. John McNeely, Honorary Secretary, Dunkineely, by 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.

HENLEY UNION.—Medical Officer for the Hambleden District. Salary, £70 per annum and extras; must reside in the district. Applications to Arthur E. Lloyds, Clerk to the Guardians, by February 15th.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Assistant Physician. Applications to the Secretary by February 24th.

HOSPITAL FOR DISEASES OF THE THROAT, Golden Square.—Vacancy on the Honorary Medical Staff. Applications to the Secretary by February 29th.

HUDDERSFIELD INFIRMARY.—Senior Assistant House-Surgeon. Salary, £50 per annum, with board, lodging, and washing. Applications to the Secretary by February 23rd.

HUDDERSFIELD INFIRMARY.—Junior House-Surgeon. Salary, £40 per annum, with board, lodging, and washing. Applications to the Secretary by February 23rd.

INGHAM INFIRMARY AND SOUTH SHIELDS AND WESTOE DISPENSARY.—House-Surgeon, doubly qualified. Salary, £50 per annum, rising to £60. Applications to James R. Wheldon, Secretary, 74, King Street, South Shields, by February 22nd.

LINCOLN ODDFELLOWS' MEDICAL INSTITUTE.—Resident Medical Officer, doubly qualified, and married. Salary, £200 per annum, with midwifery and vaccination fees, house free, and allowance to cover cost of coal, gas, rates, etc. Applications to the Secretary, W. Coulson, 12, North Parade, Lincoln, by February 22nd.

LINCOLN ODDFELLOWS' MEDICAL INSTITUTE.—Doubly qualified Assistant (outdoor). Salary, £120 per annum. Applications to the Secretary, W. Coulson, 12, North Parade, Lincoln, by February 22nd.

LIVERPOOL EYE AND EAR INFIRMARY.—House-Surgeon; doubly qualified. Salary, £30 per annum, with residence and maintenance. Applications to Reginald Haigh, Honorary Secretary, 6, Grosvenor Buildings, Liverpool, by February 22nd.

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 HOSPITAL, Whitechapel, E.—Assistant-Surgeon. Applications to the Secretary by February 20th.

NEWPORT AND COUNTY INFIRMARY, Newport, Mon.—House-Surgeon, doubly qualified. Salary, £100 per annum, with board, and residence. Applications to the Secretary by February 29th.

NORFOLK COUNTY ASYLUM, Thorpe, Norwich.—Medical Officer; single, and under 30 years of age. Appointment for five years. Salary, £160 per annum, with board, lodging, and washing. Applications to Dr. Thomson, Medical Superintendent.

NORTHUMBERLAND COUNTY ASYLUM, Morpeth.—Clinical Clerk. Board and residence provided. Applications to Dr. McDowell.

PARISH OF LOCHGOILHEAD AND KILMORICK, N.B.—Medical Officer to attend the Poor. Salary, £70 per annum. Applications, marked outside "Medical Officer," to the Inspector of the Poor by March 1st.

QUEEN'S HOSPITAL, Birmingham.—Casualty Surgeon. Honorarium, £50 per annum. Applications to the Secretary by February 18th.

RAMSGATE AND ST. LAWRENCE ROYAL DISPENSARY AND SEAMEN'S INFIRMARY.—Resident Medical Officer, doubly qualified, unmarried. Salary, £120 per annum, with furnished apartments, gas, firing, and attendance. Applications to the Secretary by February 23rd.

ST. THOMAS'S HOSPITAL MEDICAL SCHOOL.—Chair of Chemistry. Applications to G. H. Makins, Dean, by February 16th.

TOWER HAMLETS DISPENSARY, White Horse Street, Stepney, E.—Resident Medical Officer. Salary, £120 per annum, with furnished rooms, coals, gas, and attendance. Applications to Mr. D. F. Matheson, Secretary, by February 24th.

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.

WEST BROMWICH DISTRICT HOSPITAL.—House-Surgeon, doubly qualified, unmarried. Salary, £80 per annum, with board, residence, and washing. Applications to the Honorary Secretary, William Backe, Esq., Churchill House, West Bromwich, by February 27th.

MEDICAL APPOINTMENTS.

BARRETT, Wm. P., M.R.C.S.Eng., L.S.A., appointed Medical Officer for the Folkestone District of the Elham Union.

BERRY, H. Poole, M.B.Lond., M.R.C.S.Eng., reappointed Medical Officer of Health for the Grantham Urban District.

BROOKS, C., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Liverpool Northern Hospital, *vice* R. D. Mothersole, resigned.

BROWN, Mr. L., appointed Medical Officer for the Ashburton District of the Newton Abbott Union, *vice* W. S. Gervis, M.D., deceased.

BULL, W. C., M.B.Camb., F.R.C.S., appointed Aural Surgeon to St. George's Hospital.

COLE, Arthur, L.R.C.P., L.R.C.S.Irel., appointed Medical Officer at Ayr, Queensland.

COLVIN-SMITH, R. C. M., B.A.Camb., M.R.C.S., L.R.C.P., appointed House-Physician to the Victoria Hospital for Sick Children, *vice* Arthur Gale, M.R.C.S., L.R.C.P.

COOK, Dr. Francis H., appointed Deputy Medical Officer for the Fourth District of the Lexden and Winstree Union, *vice* Dr. James.

DEAN, George, M.A., M.B., C.M.Aberd., appointed Assistant to the Pathologist and Curator of the Museum, Aberdeen Royal Infirmary.

DIMMOCK, A. F., M.D.Durh., M.R.C.S., reappointed Medical Officer of the Harrogate Cottage Hospital.

FLETCHER, Wilfred W. E., B.A., M.B.Cantab., M.R.C.S.Eng., L.S.A., M.O.H. for the Ormskirk Rural Sanitary District, appointed a Medical Inspector for the Local Government Board, *vice* Dr. Ballard, retired.

GONIN, Edmund H., M.B.Edin., appointed House-Physician to June 30th, 1892, to the City of London Hospital for Diseases of the Chest, Victoria Park, *vice* Dr. E. C. Williams, resigned.

HARVEY, George, L.R.C.P.Edin., L.R.C.S.I., reappointed Medical Officer of Health for the Matlock Bath Urban District.

HAYMAN, Sidney Arthur, L.R.C.P.Lond., M.R.C.S., appointed Medical Officer of the Workhouse of the Abingdon Union.

HOBSON, Lewis John, M.D.Lond., B.S., F.R.C.S.Eng., appointed Honorary Consulting Physician to the Royal Bath Hospital and Rawson Convalescent Home, Harrogate.

HOUNSELL, F. C. W., B.A.Camb., M.R.C.S.Eng., appointed Medical Officer for the Chudeleigh District of the Newton Abbott Union, *vice* Dr. Wade, resigned.

HUNT, Robert, L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer for the Third District of the Blackburn Union.

JORDAN, J. F., M.B., M.R.C.S., appointed Assistant Surgeon to the General Hospital, Birmingham, *vice* W. F. Haslam, F.R.C.S.

JOY, Frederick Wm., L.R.C.P.Edin., M.R.C.S.Eng., reappointed Medical Officer of Health for Thetford.

LEA, J., B.A., M.B., B.C., appointed Assistant House-Surgeon to the Liverpool Northern Hospital, *vice* S. J. Palmer.

LOVERIDGE, Arthur W., M.R.C.S.Eng., L.S.A., appointed Honorary Surgeon to the Newport and County Infirmary, *vice* Dr. Marsh, resigned.

LOWNDS, Charles E., B.A.Cantab., L.R.C.P.Edin., reappointed Medical Officer to the Workhouse of the Great Ouseburn Union.

MORE, James, M.D.Edin., M.R.C.S.Eng., appointed Medical Officer of Health to the Rothwell Local Board.

NORRIS, Frederick L., M.B., C.M.Glas., appointed Junior House-Surgeon to the Borough Hospital, Birkenhead.

OLDACRES, Chas. E., L.R.C.P.Edin., L.M., M.R.C.S., appointed Medical Officer for the No. 2 District of the Daventry Union, also Medical Officer to the Daventry Public Dispensary, *vice* Montague G. Robinson, L.R.C.P.Edin., L.M., resigned.

OZANNE, F. N., L.R.C.P.Lond., M.R.C.S., reappointed Medical Officer to the Harrogate Cottage Hospital.

PALMER, S. J., M.B., M.R.C.S., appointed House-Physician to the Liverpool Northern Hospital, *vice* C. Brooks.

PANTING, John, M.A.Cantab., M.R.C.S., L.R.C.P., appointed House-Surgeon at the Middlesex Hospital.

RICHARDS, H. Meredith, M.B., B.S.Lond., appointed House-Physician to University College Hospital.

RIDDELL, John S., M.B., C.M.Aberd., appointed Medical Officer to the Holborn Lodge of Oddfellows (Caledonian Order).

ROBERTS, N. E., M.B., C.M.Edin., appointed Visiting Physician to the Grafton Street and Parkhill Hospitals, Liverpool.

ROBINS, George Norman, L.R.C.P.Edin., M.R.C.S.Eng., appointed Medical Examiner to the Scottish Metropolitan Life Assurance Company.

SPENCER, W., L.R.C.P., L.R.C.S.Eng., reappointed Medical Officer of Health for the Borough of East Retford.

STEELE, H. O., M.R.C.S., reappointed Medical Officer of Health for Gomersal.

SYKES, Arthur, L.R.C.P.Lond., M.R.C.S.Eng., appointed Assistant Medical Officer to the City and Borough Asylum, Hellesdon, near Norwich.

WEARNE, Walter, M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health for Helston.

WILLIAMS, N., M.B.Cantab., M.R.C.S., reappointed Medical Officer to the Harrogate Cottage Hospital.

WILLIAMS, Wm. Edwin, F.R.C.S.Eng., reappointed Medical Officer of Health for the Abertillery Urban District.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. R. Marcus Gunn: Cataract. Great Northern Central Hospital, 8 P.M.—Dr. Galloway: Genito-Urinary Tract.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. J. S. Bristowe: On the Cure or Subsidence of Ascites due to Hepatic Disease. Dr. Donald Hood: Hæmatemesis, with special reference to that form met with in Early Adult Female Life.

TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Percy Smith: General Paralysis of the Insane. Hospital for Diseases of the Skin, Blackfriars, 4 P.M.—Dr. Payne: Erythema and Allied Affections. Charing Cross Medical School, 8 P.M.—Dr. J. Braxton Hicks: The Diagnosis of Pregnancy.

PATHOLOGICAL SOCIETY OF LONDON, 8.30 P.M.—Discussion on Phagocytosis and Immunity.

ROYAL STATISTICAL SOCIETY, Museum of Practical Geology, 28, Jermyn Street, S.W., 7.45 P.M.

WEDNESDAY.

EPIDEMIOLOGICAL SOCIETY OF LONDON, 8 P.M.—Dr. R. Sisley: Is Influenza Etiologically Distinct in Man and in Animals?

LONDON POST-GRADUATE COURSE, Parkes Museum, 74A, Margaret Street, W., 1 P.M.—Dr. Louis C. Parkes: Dwelling Houses—Site; Soil-drainage; Construction and Ventilation; the Ventilation, Warming, and Lighting of Rooms. Hospital for Consumption, Brompton, 4 P.M.—Dr. J. Mitchell Bruce: Complications of Phthisis (No. 1). Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Quarry Silcock: Myopia.

ROYAL MICROSCOPICAL SOCIETY, 20, Hanover Square, W., 8 P.M.—Address by the President (Dr. R. Braithwaite).

THURSDAY.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralyzed and the Epileptic, 2 P.M.—Dr. Ormerod: Electrical Testing. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Dr. Barlow: Illustrations of Abdominal Disease in Children. No. 2 London Throat Hospital, Great Portland Street, 8 P.M.—Mr. W. R. Stewart: Some Complications of a Chronic Middle Ear Suppuration.

HARVEIAN SOCIETY OF LONDON, Stafford Rooms, 8.30 P.M.—Mr. Pepper: Disease of the Mastoid Bone.

MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND, Bethlem Hospital, 4 P.M.—Dr. Ewart: Epileptic Colonies. Dr. Hack Tuke (for Dr. Jacobson, of Copenhagen): Relation between Syphilis and General Paralysis.

FRIDAY.

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 11 A.M. to 1 P.M.—Professor Crookshank: Lecture: Actinomycosis. Practical Work: Sections, Human and Bovine. Hospital for Consumption, Brompton, 4 P.M.—Dr. J. Mitchell Bruce: Complications of Phthisis. No. 2 Charing Cross Medical School, 8 P.M.—Dr. J. Braxton Hicks: Version.

SATURDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 11 A.M.—Dr. Percy Smith: General Paralysis of the Insane.

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.

DEATH.

RAYNE.—At Cambridge Gardens, W., on the 21st ult., W. Theodore Rayne, M.R.C.S.Eng., L.R.C.P.Lond., of influenza and pneumonia, after a very short illness.