

MEMORANDA:

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

A CASE OF PSEUDO-HYPERTROPHIC MUSCULAR PARALYSIS IN AN EARLY STAGE.¹

ON November 23rd, 1891, W. W., aged 8, was brought to me by his mother, who complained that "he could not walk right, and could not get up off a chair." A brief examination revealed the characteristic features of pseudo-hypertrophic muscular paralysis. There is no history of the disease in the family. The father and mother are third cousins. There are three sisters, all healthy; no brothers. From the first W. W. walked badly, "lifting his legs sideways and swinging them round." He began to speak in his 8th year. His intelligence has always been impaired. He has never had any feverish attack, but gets occasional bruises and burns from being knocked over. His diet has been mostly bread and tea. For hours every day he was left sitting on a cold stone floor. He cannot run, and lately he has had difficulty in rising off a low stool.

His present attitude and movements are characteristic. He can stand erect, but with feet six inches apart—marked lordosis of the back—the scapulæ projecting about 2 inches further back than the buttocks. The belly is pushed forward. The calves are prominent, measure $8\frac{1}{2}$ inches in girth, and are hard and elastic to the touch. No talipes equinus. Latissimi dorsi completely atrophied; so also lower halves of pectorales majores—upper halves reduced in size. Infraspinati hypertrophied; so also erector spinæ on both sides. Thighs normal. Arms uniformly thin. Neck and face muscles unaffected. Height 38 inches. Expression stupid, saliva dropping at times from the half-open mouth. Temperature 97° . The skin of the arms and legs feels cold, and has a marbled appearance, but there is no change in its sensibility. Superficial reflexes all present. No ankle clonus. Knee reflex scarcely perceptible. Faradic excitability of the muscles greatly reduced. Heart acts regularly but rapidly (120 a minute); no murmurs, but systole and diastole are quite equal. Lungs affected with slight bronchial catarrh. Other organs healthy. He can stand perfectly still in the erect position, even with his eyes shut, but a slight touch is apt to knock him over. He walks in the characteristic waddling way. Sitting down on a stool is a difficult matter for him, and after all he falls on to it with a thump. Once down he has still greater difficulty in rising. It gives him no assistance if one holds up his arms or grasps him under the axillæ—the arms threaten to come off, while the shoulders touch the ears. His custom is to throw himself forwards on to hands and feet, and then "climb up the thighs." He can stand on tip-toe, but jumping and climbing upstairs are impossible. The lordosis—so marked while he stands—give place to kyphosis in the sitting posture.

In the main this case shows the characteristic signs of pseudo-hypertrophic paralysis in an early stage. But the enlarged condition of the erector spinæ is unusual.² When the boy stoops the erector spinæ stands out boldly, and is hard and elastic to the touch. In spite of its size, however, its power is very small. Another feature in the case is the entire absence of any hereditary tendency. The consanguinity of the parents may have had some influence, but more probably the disease here has been caused by exposure to cold and want of attention to the boy in infancy.

Dundee.

GEO. A. PIRIE, M.D.

NOTES OF CASES ILLUSTRATING THE USE OF THE INHALATION OF OXYGEN GAS.

ABOUT five years ago I determined to try whether the inhalation of pure oxygen would relieve the dyspnoea in a severe case of pneumonia. I was then practising in Oswestry, and had to send to London for a supply of the gas, but owing to

the unavoidable delay in its transit the oxygen arrived too late. I have since tried its effect in three cases, and send the following notes, thinking they may be of interest in the discussion now going on in the BRITISH MEDICAL JOURNAL upon this subject:

CASE I.—S. W., aged about 45, who had suffered for many years from catarrhal phthisis, caught a cold about the middle of February, 1890, and bronchitis supervened. He got worse; his breathing was difficult. All through he had frequent attacks of severe dyspnoea, during which the extraordinary muscles of inspiration acted forcibly, and there was marked cyanosis. These attacks became worse, more distressing, and prolonged. I tried all the remedies I could think of, but with little or no good effect, and as a last resource I resorted to the inhalation of oxygen. This gave him speedy relief; it aided expectoration, his breathing and pulse improved, the attacks of dyspnoea became less frequent, and the cyanosis to a great extent disappeared. The patient, however, died after a three weeks' illness. Suffering as he did from phthisis, of course no permanent cure could be expected, but I am satisfied that the oxygen prolonged his life and gave him great relief during the time it lasted.

CASE II.—E. W., aged 35, subject to chronic bronchitis, had an attack of broncho-pneumonia, which commenced on December 18th, 1890. He got gradually worse; dyspnoea became most distressing, and his face cyanotic. I gave him oxygen to breathe, and in a few minutes he said he felt considerably relieved. He continued to inhale the gas at intervals, and the urgent symptoms passed away. Although his progress was slow he gradually got better, and ultimately recovered his usual health.

CASE III.—About three weeks ago I tried it in another case very similar to the above. This patient also felt great relief from it, and is now in a convalescent state.

I think that oxygen, if used in suitable cases, will be found a therapeutic agent of great value.

Tyldesley.

JAS. T. NEECH, L.R.C.P.E.

TREATMENT OF HÆMORRHOIDS.

FOR some years I have been in the habit of treating hæmorrhoids by the simple process of applying calomel to them with the finger alone, and without a single exception I have done so with marked success, especially when inflammatory action was obvious in the hæmorrhoidal mass, characterised by mucous discharge and hæmorrhage, accompanied by most painful sensation of weight in the rectal region. All these symptoms under this simple influence were speedily relieved, with the still more important subsequent advantage of the patient's restoration to ease. Only a few days ago a patient came to me suffering so acutely that he could neither sit nor walk freely, each movement of the body entailing exquisite pain. I have now seen him thoroughly enabled to pursue his usual occupations in happy immunity from these distressing symptoms.

Jamaica Road, S.E.

J. BRINDLEY JAMES.

CASE OF EXALGIN POISONING.

I WAS recently called to a case of poisoning by exalgin which had been given for toothache, the dose prescribed being $17\frac{1}{2}$ grs., as the practitioner had confused the dose of the drug with that of sulphonal. As soon as the patient swallowed the dose, dissolved in spirit and water, she was aware of something wrong, and had just time to warn her husband before she became convulsed and unconscious. On arriving within twelve minutes after the dose had been taken, I found the patient in a profuse perspiration, foaming at the mouth; seized at short intervals with convulsions; the pulse weak, rapid, and intermittent, and the pupils dilated. It was only with difficulty that I could rouse her, and that only very imperfectly. I at once administered $\frac{1}{10}$ gr. of muriate of apomorphine with $\frac{1}{10}$ gr. of digitalin hypodermically, as nothing could be given by the mouth. Profuse vomiting was rapidly produced. In about half an hour the patient became slightly better; breathing better, pulse firmer, but trying to swallow produced a slight convulsion. In an hour and a-half she was more easily roused, the pupils less dilated, and by the administration of digitalis and ammonia and a mustard poultice over the heart the patient gradually rallied. What is the

¹ Summary of a paper read at a meeting of the Forfarshire Medical Association.

² See an exhaustive paper on this disease by Professor Erb, in *Z. für Nervenheilkunde*, 1891.

poisonous dose of exalgin supposed to be? I have looked up several authorities, but can get no information on that point.
Canterbury, Melbourne. G. VEITCH GILRAY, M.B.

REPORTS

ON

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

WESTMINSTER HOSPITAL.

CASE OF BULLET WOUND NEAR THE HEART APEX.

(Under the care of Mr. COWELL.)

[Reported by Mr. GREEN, House-Surgeon.]

C. C., aged 18, was admitted on December 21st, 1891. About 8.45 P.M. the patient was in charge of the shooting gallery at the Westminster Aquarium when a gentleman came in. The patient loaded a single-barrelled Winchester saloon pistol and handed it to him, holding it by the barrel with the muzzle pointing towards the range and the stock towards the gentleman's hand. The gentleman, still holding the pistol in his hand with his finger on the trigger, turned half round towards the patient, who was on his left, and asked him "why the animals were not running." The patient answered: "I don't know; perhaps the engines are not ready yet." Suddenly, as he finished speaking, there was a loud report, and the patient ran out to the manager, who was just outside the door, saying "I'm shot." At the time the pistol went off the patient was standing less than a yard from the gentleman and directly facing him. The patient took his coat and two waistcoats off, and undid his shirt and vest himself. A minute or two after the accident he was violently sick (he had had a hearty tea, consisting of haddock and tea-cakes at 7 o'clock); he then lost consciousness for a minute or two and felt very faint.

At about 8.50 he was seen in the Aquarium, lying on his back; vomiting at intervals; the pulse was very feeble, almost imperceptible, the face blanched and covered with cold sweat. There was a small, circular, ragged, contused wound, $\frac{3}{4}$ -inch internal, and slightly below the left nipple, in fact almost over the apex beat. The patient was carried across to the hospital on a stretcher. There was no second wound. The temperature on admission was 97.2° F. There was no increase of cardiac dullness; the pulse was 100; the respirations 40. There was no effusion into the pleuræ, and no hæmoptysis. The patient complained of being unable to draw breath, and had pain in the situation of the wound on doing so.

A tunic, two waistcoats, a shirt, and vest presented circular ragged holes made by the bullet. Mr. Cowell saw the patient at 10.15 P.M., and probed the wound, but could not find the bullet, the probe only entering a short distance, not even through the chest wall. All signs of shock had rapidly passed away. There were only slight blood-stains on the vest, shirt, and inner waistcoat, showing that there had been a very slight amount of bleeding.

He stated that the trigger was a hard one to pull unless held and pulled with the finger at the very end; there was no guard. It was usual to keep the pistol unloaded in the pocket, and to hand it loaded and at full cock to the person about to fire. It could be half-cocked.

The wound was washed with carbolic lotion, powdered with iodoform crystals, and dressed with double cyanide gauze, iodoform and sal-alembroth wools; the patient was kept in bed. The patient did not sleep well during the night, and complained on December 22nd of the pain on breathing being worse than it was. The temperature was 99.4° F.; respirations 72; pulse 126. The wound was dressed as before, with dry dressing. At 7 P.M. the temperature rose to 101° F.; respirations 54; pulse 108. He had had nothing but a little iced milk since admission, and had not vomited. The lower bowel was emptied by an enema, and the patient fed by nutrient enemata and suppositories every four hours.

On December 23rd, at 11 A.M., the temperature was 100.6° F.,

respirations 70, pulse 120. There was slight discharge of sero-purulent matter from the wound, which was surrounded by an inflammatory halo of redness about $\frac{1}{4}$ -inch in diameter; the edges of the wound were sloughy. The patient complained of pain on taking a breath. There was very little diaphragmatic movement. There was marked dullness in the left axilla and at the left base extending as high as the angle of the scapula. The vocal resonance and fremitus were diminished over this area. At the upper limit of the dullness there was ægophony, and the breathing was bronchial. At the angle of the left scapula, close to the spine, was a patch about the size of half-a-crown, where the vocal resonance and fremitus were increased, and tubular breathing could be heard. The heart sounds were clear, and there was no increase of the cardiac dullness. Dr. Sturges saw the patient at 5 P.M., and expressed the opinion that the bullet was most probably lodged in the vertebra about the angle of the scapula, the dullness at the left base being due to the effusion of blood into the left pleura. He agreed with Mr. Cowell that at present no active treatment should be undertaken for the removal of the bullet.

On December 24th there was a small quantity of purulent discharge from the wound. The respirations were 40, the pulse 118, and the temperature 99.2° F. The bowels had acted twice naturally; the motions contained no blood, and there was no abdominal pain or tenderness. Beef-tea, milk, and ice were now given by the mouth. The pain previously complained of on drawing a breath was much less.

On December 28th Dr. Sturges saw the patient with Mr. Cowell. The physical signs in the chest had diminished, there being less effusion, as evidenced by dullness. The breathing was much less bronchial at the angle of the scapula. The pulse was 72, and the respirations 30.

The patient went home at his own request on January 2nd, having been up for the first time on December 29th, and on full diet since December 26th.

DINORWIC QUARRIES HOSPITAL, LLANBERIS.

A CONTRIBUTION TO INGUINAL COLOTOMY.

(By R. H. MILES-ROBERTS, Surgeon to the Hospital.)

H. W., aged 57, attended first in November, 1890, complaining of diarrhoea and painful straining, with frequently a considerable loss of blood and slime from the bowel. His mother died of "cancer of leg;" a sister also has "cancer of leg," and has had an eye removed owing to "cancer;" a daughter of another sister has had an eye removed for "cancer;" a brother has "cancer of lip." He had been subject to these attacks for four or five years, but during twelve months had been much worse; he had been subject to pain in the left iliac region, and occasional diarrhoea during the last twenty years. A hard irregular mass could be felt about $3\frac{1}{2}$ inches from the anus, involving the whole circumference of the gut, ulcerating on its surface, and bleeding easily when touched. The gut was much narrowed, just allowing the tip of the finger to enter. Colotomy was advised, but the patient would not consent. When I next saw him—six months later—he was much worse, life being almost unendurable. Often he was unable to stay in bed more than ten or fifteen minutes at a time, straining and pain being unbearable; the growth was larger, and the lumen of gut nearly occluded. Consenting at length to an operation, he was admitted to the hospital on May 4th, 1891.

On May 5th, with the assistance of Dr. Parry, of Carnarvon, I performed inguinal colotomy. An incision, $2\frac{1}{2}$ inches long, was made at a distance of $1\frac{1}{2}$ inch from the left anterior superior spine, cutting an imaginary line from the umbilicus to the anterior superior spine at right angles, half the incision being above and half below this line (Harrison Cripps). Small intestine presented, but the descending colon was soon found; it, however, had a very loose mesentery, so it was pulled out at the upper angle of the wound and returned at the lower, until a piece with firm mesentery was found, about 8 or 9 inches being returned in this way. Two sutures were now passed through the presenting muscular band of colon to serve as guides; peritoneum and skin were then stitched together by two sutures on either side, the gut being afterwards joined to the peritoneum and skin in the usual way,

out that what I have endeavoured to show is that the slight wounding power which the Lee-Metford bullet has upon non-resisting structures is due, not only to its small size, but chiefly to its peculiar composition and construction; the hard, cohesive, non-ductile, white metal envelope of the missile preventing all flattening and breaking up on impact, so that it penetrates and passes through soft tissues, causing a minimum of injury to them, and expending the full force of its energy not on their destruction but upon further flight, probably to prove only abortive. Since this practice of sheathing the leaden bullet with a hard cohesive envelope was only brought into vogue with the introduction of small bore magazine rifles about four years ago, Dr. Kirker will pardon my pointing out that his article published, as he states, eleven years since, can hardly have dealt with the subject when comparing the destructive effects of Martini rifle bullets with those of old round balls.

As regards Professor F. Smith's remarks, I was fully aware of the series of experiments carried out on horses some three years ago by that gentleman, in conjunction with Sir Thomas Longmore. Before writing my article I carefully examined the specimens—all bone wounds—preserved in the Veterinary Museum at Aldershot, and to which Professor Smith refers. The experiments were valuable and instructive at the time they were carried out, and are fully discussed in my paper, where I pointed out that they have now become useless as examples of what the destructive effects produced by the Lee-Metford bullet are as it is at present constituted. They were carried out with the missile as it was first introduced, and when in the experimental stage of its manufacture only. For practical purposes it was found necessary to increase the thickness of the white metal case so as to prevent the soft leaden core from "stripping" or making its way through. Since Professor Smith's experiments were carried out, the missile has been much altered; it will not now "strip" or break up unless it meets with a very considerable amount of rigid resistance. The question whether a rifle missile will penetrate, or flatten and break up, on impact entirely depends on its composition and the amount of resistance met with. The bullet of the Lebel rifle is so constructed that it is said to entirely break up—practically explode—on contact with the body within a zone of 500 yards. It is certain that the Lee-Metford missile as at present made has no such power. I have the records of several further cases of accidental wounds caused by it. Each one affords only additional proof of the correctness of my previous deductions. My views too have received the most perfect confirmation in the medical reports received concerning the late severe fighting in Chili, where the Manlicher (0.315" calibre) rifle was used. As I am embodying these reports and the latest experiences on the subject in a further article for a military magazine I will defer further comment.

MEDICO-LEGAL AND MEDICO-ETHICAL.

BONESETTERS AND MALPRAXIS.

DR. BERNARD O'CONNOR (2, New Square, Lincoln's Inn) writes: In your editorial under the above heading in the BRITISH MEDICAL JOURNAL of February 13th you ask the very pertinent question, "Can a quack practitioner of any sort be guilty of malpraxis?" In the case *Rex v. John St. John Long*, tried at the Old Bailey sessions, October 30th, 1890 (first case), and reported in 4 C. and P., Mr. Baron Garrow (one of the judges trying the case) said (page 404): "I make no distinction between the case of a person who consults the most eminent physician and the cases of those whose necessities or whose folly may carry them into any other quarter. It matters not whether the individual consulted be the President of the College of Physicians, the President of the College of Surgeons, or the humblest bonesetter of the village; but, be it one or the other, he ought to bring into the case ordinary care, skill, and diligence. Why is it that we convict in cases of death by driving carriages? Because the parties are bound to have skill, care, and caution." Mr. Justice Park, in summing up, says (page 405): "licensed or unlicensed certainly does not signify.....that which is called *mala praxis* in a medical person is a misdemeanour;" and, quoting the words of Mr. Baron Hulloock in the case of *Van Butchell* (decided twelve months earlier), he says (page 407): "It is my opinion that it makes no difference whether the party be a regular or an irregular surgeon;" and also, "there is no doubt that there may be cases where both regular and irregular surgeons might be liable to an indictment, and there might be cases where, from the manner of the operation, even malice might be inferred." In the case *Rex v. John St. John Long* (second case), tried February 19th, 1891, reported in 4 C. and P., Baron Bayley (trying the case) says (page 438): "I agree with my Lord Hall, and I do not think that there is any difference between a licensed and an unlicensed surgeon;" and, on page 438, he says: "I consider that rashness will be sufficient to make it manslaughter. As, for instance, if I have the toothache, and a person undertakes to cure it by administering laudanum, and says, 'I have no notion how much will be sufficient,' but gives me a cupful, which immediately kills me: or if a person, prescribing James's powder, says, 'I have no notion how much ought to be taken,' and gives me a tablespoonful, which has the same effect: such persons, acting with rashness, will, in my opinion, be guilty of manslaughter. With respect to what has been said about a willing mind in the patient, it must be remembered that a prosecution is for the public benefit, and the willingness of the patient cannot take away the offence against the public." In summing up, the same judge says (page 440): "It matters not whether a man has received medical education or not; the thing to look at is whether, in reference to the remedy he has used, and the conduct he has displayed, he has acted with a due degree of caution, or, on the contrary, has acted with gross and improper rashness and want of caution. I have no hesitation in saying for your guidance, that if a man be guilty of gross negligence in attending to his patient after he has applied a remedy, or of gross rashness in the application of it, and death ensues in consequence, he will be liable to a conviction for manslaughter." This is still the law.

PROFESSION OR TRADE?

DR. M. R. J. BEHRENDT (Burringham, *via* Doncaster) writes: The enclosed was put in my hands a day or two ago, and I am informed copies have been freely distributed throughout the district. I need scarcely make any comment in sending it.

*. The following is the handbill referred to: "The Scunthorpe and Frodingham Private Cash Dispensary. For the benefit of the working classes, commencing November 1st. Medicine (any size), one shilling. Visits, sixpence (within a mile). Confinements, 10s. (in advance). Vaccination, 1s. 6d. Teeth extracted, 1s. Medical officer, A. J. Rollinson, L.R.C.P., L.R.C.S., L.M. The drugs used will be of the best possible quality. Hours: Morning, 9 to 10.30; evening, 6 to 8. Patients to provide their own bottles."

RECOVERY OF FEES.

J. O. B.—A registered practitioner holding only the M.R.C.S. diploma could not recover in a court of law fees for attendance and medicine, in a purely medical case; provided, of course, the defendant duly raised the defence of the absence of the proper qualification.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

ACTS FOR M.B.—The following have kept the Act as required for the degree of M.B.: G. A. Mason, B.A., St. John's; W. H. C. Shaw, B.A., Jesus; F. G. Wallace, M.A., non-collegiate.

UNIVERSITY OF LONDON.

INTERMEDIATE EXAMINATION IN MEDICINE.—January, 1892. Pass list. Entire examination.

First Division.—H. G. Meakin, St. Bartholomew's Hospital; W. T. Pugh, Middlesex Hospital.

Second Division.—E. G. B. Adams, St. Bartholomew's Hospital; Lizzie Bennett, London School of Medicine for Women; C. E. Carpmal, Guy's Hospital; Alice Mary Corthorn, London School of Medicine for Women; P. C. Fenwick, St. Thomas's Hospital; J. W. Haines, St. Bartholomew's Hospital; A. C. Hovenden, Guy's Hospital; G. S. Hovenden, Guy's Hospital; W. D. Jones, University College; R. G. Kirtan, London Hospital; C. H. Langford, St. Bartholomew's Hospital; A. A. Martin, St. Mary's Hospital; A. Miller, Guy's Hospital; T. G. Nicholson, B.Sc., St. Thomas's Hospital; L. A. Parry, Guy's Hospital; C. D. D. Roberts, Queen's College, Birmingham; A. Stanley, St. Mary's Hospital; T. H. Woodfield, St. Bartholomew's Hospital.

Excluding Physiology.

First Division.—C. R. Colley, Guy's Hospital; A. Tait, Leeds Medical School.

Second Division.—R. Bebb, London Hospital; W. Branson, Sheffield and University College; D. A. Channing-Pearce, Guy's Hospital; T. O. Halliwell, St. Thomas's Hospital; E. F. H. Hardenberg, Guy's Hospital; N. Instone, Guy's Hospital; J. Mace, Yorkshire College; J. Nicholson, Yorkshire College; H. S. Revell, University College; W. H. Stoddart, University College; R. H. Thompson, St. Thomas's Hospital.

Physiology only.

First Division.—S. Cornish, St. Bartholomew's Hospital; W. E. De Korté, Guy's Hospital; C. H. Drake, St. Bartholomew's Hospital; T. B. Flint, Owens College; A. C. Gurney, St. Bartholomew's Hospital; W. E. Lee, St. Bartholomew's Hospital; J. D. Rawlings, St. Bartholomew's Hospital and University College.

Second Division.—F. L. Blenkinsop, University College; F. P. Piper, St. Mary's Hospital; W. H. Pollard, St. Bartholomew's Hospital.

SCOTTISH UNIVERSITIES COMMISSION.

THE Commissioners under the Universities (Scotland) Act, 1889, have just issued six new ordinances: Regulations as to Examinations, Regulations for Degrees in Arts and in Science, and Regulations for Degrees in Medicine in the three universities of Glasgow, Aberdeen, and Edinburgh. On comparing these with the various draft ordinances formerly issued, the greatest changes will be found in Ordinance No. 12 (General No. 7 Regulations for Degrees in Science); so much so, indeed, that the ordinance has been entirely recast. Several of the changes are those which were so strongly insisted on by the General Council of the University. Almost all the changes are for the improvement of the ordinance, and will alike reflect credit on the Commissioners and on the University.

DEGREES IN SCIENCE.—The Commissioners statute and ordain that:—I.—Two degrees in Science may be conferred by each of the Universities of Scotland, namely, Bachelor of Science (B.Sc.) and Doctor of Science (D.Sc.). These degrees may be given in Pure Science and in Applied Science.

Degree in Pure Science.—II. Every candidate for the degree of Bachelor of Science must pass the Preliminary Examination prescribed by Ordinance, General, No. 6 (Regulations for Degrees in Arts), and the conditions with respect thereto imposed by the said ordinance. French or German may be substituted for Latin or Greek; mathematics must be passed on a higher standard, and a degree in Arts from any recognised university will exempt from preliminary examination. Candidates will

be required to attend seven courses during three academical years, and four of the courses must be taken in the university in which the degree is conferred. The Senatus, subject to the approval of the University Court, shall determine the number of meetings of which a full course shall consist. The professors and lecturers will be required to submit to the Faculty of Science in each university a syllabus of the subjects and books proposed for the work of their classes during the next academical year. The first Science Examination will be in the following subjects: (1) Mathematics or Biology, that is, Zoology and Botany; (2) Natural Philosophy; (3) Chemistry. The examination will be the same as that for the ordinary degree of M.A., and candidates may present themselves in any one or more of the subjects. The final Science Examination on a higher standard may be taken not less than one year after the first, and the candidate shall be examined in three or more of the following subjects: (1) Mathematics, (2) Natural Philosophy, (3) Astronomy, (4) Chemistry, (5) Human Anatomy, including Anthropology, (6) Physiology, (7) Geology, including Mineralogy, (8) Zoology, including Comparative Anatomy, (9) Botany, including Vegetable Physiology. The standard would be that of the Honours M.A.

Degrees in Applied Sciences.—Authorisation for the institution of degrees in Applied Sciences according to regulations to be laid down in special ordinance.

Doctorate of Science.—A B.Sc. of five years' standing may offer himself for the degree of D.Sc. in the same university, and he will be required to present a thesis or a published memoir or work, and shall, if required by the Senatus, pass such examination as may be from time to time determined. The thesis should be a record of original research by the candidate. The ordinance provides that students already engaged in a course of study with a view to graduation in Science may, on the completion of his course, become a candidate, and directs that the degrees shall not be conferred on *honoris causa*.

REGULATIONS FOR DEGREES IN MEDICINE.

Ordinance, No. 16, Edinburgh, No. 1.

THIS ordinance also has undergone very material change. Thus the proposal in the draft ordinance—to give an inexplicable prominence to the department of materia medica, to the extent of giving up the Second Professional Examination entirely to pharmacognosy and pharmacy, and again introducing materia medica, including pharmacology and therapeutics, in the Fourth Professional Examination—has disappeared, and fitly so. No part of the draft ordinance met with such severe and such general disapprobation as this, and there will be a general chorus of approval over their disappearance. Yet we believe that most strenuous efforts were made by teachers and professors of materia medica in Scotland to have these obnoxious clauses retained. The provisions of the ordinance also ordain that greater and supreme power shall be given to the University Court, and correspondingly less to the Senatus; that the professors and lecturers shall submit to the Senatus annually, at the end of the winter session, a scheme specifying what proportion of the courses shall be devoted to lectures, practical demonstrations, examinations, and tutorial work respectively. This is sent to the University Court for approval or disapproval. Attendance on *post-mortem* examinations is now made obligatory. Throughout the whole ordinance many changes in detail have been made. The suggestions of the various medical corporations and of the Reform Association have evidently been very carefully considered by the Commission, and in many cases effect given to these. Many would have liked to see this carried considerably further, especially in relation to an honours school, but this latter may yet form the subject of a further ordinance.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The Hunterian Oration, in February, 1893, will be delivered by the President, Mr. Thomas Bryant.

ELECTION OF OFFICERS.—Mr. A. E. Durham has been elected a Vice-President for the remaining period of the Collegiate year, in the vacancy occasioned by the death of Mr. Berkeley Hill. Mr. Reginald Harrison has been elected trustee of the Jacksonian Fund, the Hunterian Fund, and Sir Charles Blinck's Bequest to the Library, in the place of the late Mr. John Marshall.

QUALIFICATION OF EXAMINERS.—On the recommendation of the Nomination Committee, the Council have resolved that the qualification for the office of Examiner in Physiology, whether for the Fellowship or Membership, be unrestricted; and that the Regulation of the Council of 9th June, 1881, requiring the Fellowship for the Examinership for the Fellowship (F.R.C.S. Eng.), and the regulation of November 13th, 1884, requiring the Membership or Fellowship for the Examinership for the Membership (M.R.C.S. Eng.) be rescinded.

COURT OF EXAMINERS.—Mr. H. G. Howse was elected a member of the Court of Examiners, and Mr. Marcus Beck was appointed to the same Court in the room of the late Mr. B. Hill.

INFRACTION OF BY-LAWS.—The Council, in pursuance of their resolution on March 14th, 1890, proceeded to the further consideration of the infraction of Section 17 of the By-Laws; and resolved that the subject be again considered at the next meeting of Council on March 10th. It was further resolved that the Fellow and Members concerned be informed of this decision of the Council.

The following gentlemen, having passed the necessary examinations,

and having conformed to the by-laws and regulations, were at the ordinary meeting of the Council on February 11th admitted Members of the College:

Adams, A., L.R.C.P.Lond.	Lumley, F. D., L.R.C.P.Lond.
Adams, E. W., L.R.C.P.Lond.	Lunn, C. R., L.R.C.P.Lond.
Adams, W. F., L.R.C.P.Lond.	McAnally, A. A., L.R.C.P.Lond.
Acher, S. L., L.R.C.P.Lond.	McKinnon, A. A., L.R.C.P.Lond.
Armstrong, H. W., L.R.C.P.Lond.	*Mackinnon, A. R.
Atlee, J., L.R.C.P.Lond.	McMichael, A. W., L.R.C.P.Lond.
Barker, C., L.R.C.P.Lond.	Marin, F. B., L.R.C.P.Lond.
Bell, J. A., L.R.C.P.Lond.	Mathews, W. R., L.R.C.P.Lond.
Biddle, H. G., L.R.C.P.Lond.	Miller, J., L.R.C.P.Lond.
Billson, C., L.R.C.P.Lond.	Minshall, A. G., L.R.C.P.Lond.
Bishop, G. T., L.R.C.P.Lond.	Morgan, H. de R., L.R.C.P.Lond.
Blackwell, A. S., L.R.C.P.Lond.	Morrison, J., L.R.C.P.Lond.
Bolus, H. B., L.R.C.P.Lond.	Newby, G. E., L.R.C.P.Lond.
Boyes, W. I., M.B.Melb.	Nicholls, S. R., L.R.C.P.Lond.
Braithwaite, C. B., L.R.C.P.Lond.	Norman, G., L.R.C.P.Lond.
Browne, J. J., L.R.C.P.Lond.	Norris, A. E., L.R.C.P.Lond.
Brownlow, H. L., L.R.C.P.Lond.	Nuttall, W. W., L.R.C.P.Lond.
Burden, H., L.R.C.P.Lond.	Passmore, J. E. S., L.R.C.P.Lond.
Cooke, W. H., L.R.C.P.Lond.	Pauling, W. T., L.R.C.P.Lond.
*Cooper, A. T., L.R.C.P.Lond.	Phillips, A. S., L.S.A.
Day, J. H., L.R.C.P.Lond.	Phillips, P. C., L.R.C.P.Lond.
Dolamore, W. H., L.R.C.P.Lond.	Pickford, J. S., L.R.C.P.Lond.
Dorman, M. R. P., L.R.C.P.Lond.	Pitt, T., L.R.C.P.Lond.
Drake, W. E., L.R.C.P.Lond.	Porter, F. C., L.R.C.P.Lond.
Ellis, F., L.R.C.P.Lond.	Powrie, P. C., L.R.C.P.Lond.
Eccles, R. B., L.R.C.P.Lond.	Prall, C. B., L.R.C.P.Lond.
English, T. H., L.R.C.P.Lond.	Prynne, H. V., L.R.C.P.Lond.
Evans, J., L.R.C.P.Lond.	Ralph, C. H. D., L.R.C.P.Lond.
Everett, E. W., L.R.C.P.Lond.	Ramsay, G., L.R.C.P.Lond.
Fearnley, J., L.R.C.P.Lond.	*Richardson, W. J., L.R.C.P.Lond.
Fennings, A. A., L.R.C.P.Lond.	Roth, W. E., L.R.C.P.Lond.
Finley, H., L.R.C.P.Lond.	Rowell, J. G., L.R.C.P.Lond.
Fraser, R. C., L.R.C.P.Lond.	Rutter, F. B., L.R.C.P.Lond.
Freeland, D. L., L.R.C.P.Lond.	Sargent, H. C., L.R.C.P.Lond.
Glover, L. G., L.R.C.P.Lond.	Senior, H. D., L.R.C.P.Lond.
Graham, C. H., L.R.C.P.Lond.	*Smyth, R. H.
Green, J., L.R.C.P.Lond.	*Stack, E. H. M.
Greenhalgh, A., L.R.C.P.Lond.	Star, P. H. M., L.R.C.P.Lond.
Gregerson, W. J., M.B.Melb.	Steege, E. J., L.R.C.P.Lond.
Griffiths, G. B., L.R.C.P.Lond.	Thomas, H., L.R.C.P.Lond.
Haslam, A. W., L.R.C.P.Lond.	Thomas, W., L.R.C.P.Lond.
Haydon, A. G., L.R.C.P.Lond.	Thorne, B. T., L.R.C.P.Lond.
Hayes, W. A., L.R.C.P.Lond.	Turner, J. G., L.R.C.P.Lond.
Higgs, W. A., L.R.C.P.Lond.	Turner, O. P., L.R.C.P.Lond.
Hignett, L. W., L.R.C.P.Lond.	Visick, C. H. C., L.R.C.P.Lond.
Hopkin, R., L.R.C.P.Lond.	Voisin, E. O. B., L.R.C.P.Lond.
Hutton, J. W., L.R.C.P.Lond.	Wallace, F. G., L.R.C.P.Lond.
Ilewicz, E. M., L.R.C.P.Lond.	Warner, T., L.R.C.P.Lond.
Jerome, G. P., L.R.C.P.Lond.	Waters, H. G., L.R.C.P.Lond.
Jones, L. G. D., L.R.C.P.Lond.	Watkins, D. J. G., L.R.C.P.Lond.
Jones, W. B., L.R.C.P.Lond.	Weichert, C. J., L.R.C.P.Lond.
Kendall, H. W., L.R.C.P.Lond.	Whitehead, A. L., L.R.C.P.Lond.
Kitching, C. A., L.R.C.P.Lond.	Whiteford, C. H., L.R.C.P.Lond.
Lacey, A. R., L.R.C.P.Lond.	Wiglesworth, T. B., L.R.C.P.Lond.
Lee, S. H., L.R.C.P.Lond.	Wild, H. S., L.R.C.P.Lond.
Leicester, T., L.R.C.P.Lond.	Wilkinson, H. B., L.R.C.P.Lond.
Lemarchand, A. W., L.R.C.P.Lond.	Williamson, J. H., L.R.C.P.Lond.
Lewarne, F., L.R.C.P.Lond.	Wood, C. G. R., L.R.C.P.Lond.
Lewis, H. W., L.R.C.P.Lond.	Worthington, H. E., L.R.C.P.Lond.
Lister, S. R., L.R.C.P.Lond.	Wrench, E. B., L.R.C.P.Lond.
Lloyd, F. G., L.R.C.P.Lond.	Wylie, J. T. R., L.R.C.P.Lond.
Lord, P., L.R.C.P.Lond.	

Those marked with an asterisk (*) have passed the examinations for L.R.C.P.Lond.

EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGES OF PHYSICIANS AND OF SURGEONS.

The following gentlemen having passed the necessary examinations have been admitted by the two Colleges Diplomates in Public Health:

Adams, P. T., M.R.C.S. Eng.	Macnamara, H. W. (Surg. R.N.).
Bryett, L. T. F., M.B.Lond., L.R.C.P., M.R.C.S. Eng.	L.R.C.P.Lond., M.R.C.S. Eng.
Crosskey, R., L.R.C.P.Lond., M.R.C.S. Eng.	Marsh, T. A. P. (Surg.-Capt., Army).
Daniel, W. P. T., L.R.C.P.Lond., M.R.C.S. Eng.	L.R.C.P.Lond., M.R.C.S. Eng.
Duthie, R. C., M.B. Aberd.	Perry, A. (Surg.-Capt., Army).
Elliot, A., M.B. Edin.	M.R.C.S. Eng.
Greenwood, G. S., L.R.C.P.Lond., M.R.C.S. Eng.	Stott, H., L.R.C.P.Lond., M.R.C.S. Eng.
Hamerton, G. A., M.D. Brux., L.R.C.P. Lond., M.R.C.S. Eng.	Tyrell, W. G. B., L.R.C.P.Lond., M.R.C.S. Eng.
Johns, J. F., M.B. Durh., L.R.C.P. Lond., M.R.C.S. Eng.	Westcott, W. W., M.B.Lond., M.R.C.S. Eng.
	Wood, W. E., M.B.Lond., M.R.C.S. Eng.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the monthly business meeting of the College, held on Friday, February 6th, 1892, the President admitted to the Licences in Medicine and Midwifery the following candidates, who had been successful at the Final Professional Examination held in January under the Conjoint Scheme with the Royal College of Surgeons in Ireland:

E. H. Beaman, H. Bouchier-Hayes, T. F. Dillon, J. J. M. Dowzer, M. Ferguson, F. W. Foot, 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.

Mr. J. H. Elmes, who also passed the examination, being under age, was not admitted.

ROYAL COLLEGE OF SURGEONS IN IRELAND.
FELLOWSHIP EXAMINATION.—Mr. William Deane, L.R.C.S.I. 1879, Surgeon-Captain, Indian Medical Service, having passed the necessary examination, has been admitted a Fellow of the College.

OBITUARY.

THOMAS SYMPSON, F.R.C.S.Eng.,

Senior Surgeon to the Lincoln County Hospital.

ON February 10th, at James Street, Lincoln, there passed away one whose face had long been familiar to the gatherings of the British Medical Association both in the Midland Branch and at the annual meetings.

Mr. Sympson was born at Lincoln in 1825, and came of a family which has been settled there since 1730. The deceased, who was the son of Mr. Thomas Charles Sympson, himself a medical practitioner in Lincoln, after a five years' apprenticeship to his father, went to St. Bartholomew's Hospital, where he was friend and contemporary of, among others, Sir William Savory. He dressed for Sir William Lawrence, and worked very hard, gaining several prizes. Sir James Paget (in a letter he has kindly allowed us to use) says of him: "He was one of my oldest and very best of pupils, admirable alike in study and in conduct, and with this beginning the whole course of his professional life was exactly consistent; it was always and in all things good."

In 1847 he became M.R.C.S. and L.S.A., and the same year, that of his father's death, was elected house-surgeon to the Lincoln County Hospital, which appointment he held till 1852, when he commenced practice in the city of Lincoln, first taking the practice of Mr. Hainworth and afterwards joining Mr. Hadwen. About nine years ago he was joined by Dr. J. T. Collier, and three years ago his only son, Dr. Mansel Sympson, entered the firm. In 1854 Mr. Sympson was elected honorary surgeon to the Lincoln County Hospital, which office he held till his death, being then the senior surgeon to the institution. He was also honorary surgeon to the General Dispensary and the Lunatic Hospital, and had been surgeon to the City Gaol till it was closed. In 1872, while in the thick of practice, he worked for and passed the examination for the F.R.C.S.Eng. He was a Fellow of the Royal Medical and Chirurgical Society, and at onetime vice-president of the Ophthalmological Society. He was a member of the Council of the British Medical Association, a former president of the Midland Branch thereof, and had been elected vice-president of the Ophthalmological Section of the forthcoming annual meeting at Nottingham. He was a keen microscopist, a great lover of astronomy and of natural history, and was a good practical geologist; he had been a member of the Palaeontographical Society for several years. He wrote a short account of the Old and New Lincoln County Hospitals in 1878, and was a frequent contributor to the medical journals, chiefly of rare cases, such as myositis ossificans, scleroderma, and congenital defects, as well as of surgical work.

He took an active part in the work of the Lincolnshire Medical Benevolent Society, of which he was a trustee and treasurer, and showed a keen interest in the work of the Lincoln School of Science and Art. He was well known throughout Lincolnshire as a skilful surgeon, and his opinion was highly valued. He was ever straightforward and honourable in his dealings with his professional brethren, and was held in the greatest esteem by them.

Mr. Sympson suffered from influenza in 1890, which prostrated him from a time, but a trip across the Atlantic restored him to health, and when he attended the last annual meeting of the Association he appeared to be as well and vigorous as ever. About two months ago he had a rheumatic attack, but derived much benefit from a visit to Bath. Shortly before his death he suffered from symptoms of angina pectoris, to which he succumbed on the following day.

The funeral took place on February 13th, and, with the exception of two or three who were unavoidably detained, all the local medical practitioners attended.

WILLIAM ADAMS, F.R.C.S.Eng., J.P.

MR. WILLIAM ADAMS, who died at his residence, Tower Lodge, Regent's Park, on January 31st, after a short illness was born in 1827. He was the son of Mr. Henry Adams, of Morwenstow, Cornwall. He was educated at Barnstaple, and was originally intended for the Church. He, however, considered that his path of life lay in the medical profession, and determined to follow it, though he had in doing so to resign his interest in a small fortune. He was was apprenticed to Hawker Denham, a surgeon of Bude; and later on came to London in 1846, and entered at University College. In 1848 he accepted an appointment at Camberwell to combat the cholera epidemic, and in that year the Camberwell Board of Guardians presented him with a valuable testimonial. At University College Hospital he was Mr. Erichsen's first house surgeon, being succeeded in that post by Sir Henry Thompson. Among his contemporaries at University College Hospital were Drs. Russell Reynolds, Wilson Fox, William Squire, and Graily Hewitt. After holding a resident post at the Marylebone Infirmary, he commenced practice in St. Austell, Cornwall, but returned to London, and in 1854 was appointed one of the district medical officers for the parish of St. Pancras. Upon the institution of medical officers of health, he presented a memorial to the Home Secretary, pointing out that these officers would be unable effectively to discharge their functions on account of having been appointed by the vestries or sanitary authorities, the members of which bodies were in many cases owners of tenement properties in their different districts, which has since proved a very valid objection to the system.

Mr. Adams was an original member of the Pathological Society of London, and afterwards served on the Council of that body. He took part with Dr. Wilks in working out the pathology of ulcerative endocarditis, at that time an unrecognised disease. He identified himself with the provident dispensary movement, and also with the volunteers, and was for a short period associated with the 17th Middlesex (St. Pancras) Corps. In 1881 he was elected a Guardian of the parish, and accepted the chairmanship of the Highgate Infirmary, containing 500 beds. He was placed on the commission of the peace in 1884, and made the first successful attempt to utilise the parish infirmaries for clinical teaching. It consisted in appointing for twelve months at a small honorarium two senior students nominated by the Dean of University College Hospital (one every six months) in place of the junior medical officer of the infirmary, whose post was abolished. He reorganised the infirmary, and altered the system of drainage and heating, and improved the accommodation of the nurses by the addition of a new wing for them. An epidemic of ophthalmia and ringworm at Leavesden schools was successfully met by the adoption of his advice to provide not only isolation wards but quarantine, or intermediate, wards as well.

He was elected Vice-Chairman of the St. Pancras Board of Guardians, and remained so till his death. He was invited by the Conservatives of East St. Pancras to stand as a candidate for that seat, but failing health obliged him to decline. It was, we understand, at the solicitation of friends, his intention to have offered himself as a candidate for a seat on the Council of the College of Surgeons. He leaves a wife and four children, the eldest of whom was associated with him in his practice.

PROFESSOR ALEXANDER LUMNITZER, M.D.

PROFESSOR LUMNITZER, the most esteemed and popular surgeon in Hungary, whose death was recorded in our last issue, was born in 1821, at Kapuvár, where his father was superintending manager of the domains of Prince Esterházy. His grandfather was a renowned botanist. The late Dr. Mérieu, whom some may still remember as a very successful physician and founder of the Children's Hospital at Manchester, was Lumnitzer's maternal uncle.

After finishing his preliminary education at Pozsony and Köszeg, he pursued his professional studies at Buda-Pesth and Vienna, and graduated at both places in 1844 and 1846. At Buda-Pesth he was assistant to Professor Balassa, and at Vienna to Professor Schuh.

The highest zymotic death-rates were recorded in Greenock and Aberdeen. The 273 deaths registered in Glasgow included 11 from whooping-cough and 6 from measles. Six fatal cases of whooping-cough were recorded in Aberdeen. The death-rate from diseases of the respiratory organs in these eight towns was equal to 5.7 per 1,000, against 6.8 in London.

HEALTH OF IRISH TOWNS.

In sixteen of the principal town-districts of Ireland the deaths registered during the week ending Saturday, February 6th, were equal to an annual rate of 32.0 per 1,000. The lowest rates were recorded in Armagh and Lisburn, and the highest in Sligo and Kilkenny. The deaths from the principal zymotic diseases averaged 1.8 per 1,000. The 225 deaths registered in Dublin were equal to an annual rate of 36.3 per 1,000 (against 54.1 and 41.5 in the preceding two weeks), the rate for the same period being 30.8 in London and 21.3 in Edinburgh. The 225 deaths in Dublin included 6 which were referred to the principal zymotic diseases (equal to an annual rate of 0.9 per 1,000), of which 3 resulted from diarrhoea, 2 from whooping-cough and 1 from enteric fever.

NOTIFICATION AT STROUD.

LAST year the Stroud Board of Health decided not to adopt the Notification Act on the ground that it would injure the trade of the district to let it be known that infectious disease existed in the town. They were led to this sapient conclusion, it seems, by a memorial signed by a section of the business community, but their faith in the wisdom of concealment has been shaken by the occurrence of an epidemic of scarlet fever. Not only had the board left themselves in ignorance of the progress of the outbreak in their own town, and therefore powerless to adopt effective measures of prevention, but their inaction led to the invasion of an adjoining district by cases taken from Stroud. The sanitary authority cannot plead ignorance in this matter, for they had been pressed by their medical officer of health to adopt the Act, and warned of the probable consequences of delay. Indeed, the cynical frankness of the reasons alleged for their refusal places Stroud in a different category from Lincoln and certain other towns, where the postponement of notification has been brought about by the persistent iteration of downright falsehoods as to the nature and scope of the Act. Happily the Stroud Board seem already to have realised that, while failing to conceal the occurrence of the epidemic from others, they have succeeded only in fostering its growth by hiding the facts from themselves and their medical officer of health. Formal notice of motion for the adoption of the Act has been given by a member of the board.

INFLUENZA AND THE CLUB AND PARISH DOCTOR.

CLUB AND PARISH DOCTOR writes: I think it is only right that club and parish surgeons who are paid a contract price should make application in each case for some extra remuneration for the immense amount of extraordinary work entailed by the recent epidemics of influenza.

In ordinary life, when a man does extra work he gets extra pay, and so should the poor underpaid club or union doctor in this instance. I hope any who do apply will relate their success in the BRITISH MEDICAL JOURNAL.

“* We are afraid that most boards of guardians will argue that the chance of an epidemic of influenza is one of the risks which a medical officer knowingly encounters when he enters on his engagement with them by contract or otherwise, and we consequently fear that any application by Poor-law medical officers for extra pay for services during influenza will be refused. Club doctors are not likely to fare better than their union confrères, as, though influenza has seriously taxed the doctors, it has even more seriously taxed the resources of all benefit clubs, and will probably bring many to an end by exhaustion of funds.

CLUB CERTIFICATES FOR PAUPERS.

Q. R. D., who we assume is a district medical officer, asks whether he is entitled to charge a parish pauper for signing a club certificate.

“* It is no part of the duty of a Poor-law medical officer, as such, to sign club certificates, but we should advise “Q. R. D.” not to charge any pauper for this or any other similar duty.

FEES FOR PAUPER LUNACY CERTIFICATES.

WINCANTON, who appears to have entered into an agreement with his board of guardians to sign lunacy certificates—for removal of patients to asylum—for 5s. each, asks if he can demand 21s. for this duty, which the magistrate has given him an order for, notwithstanding his agreement.

“* This is a point of law upon which an opinion could only be expressed after an examination of the agreement. We think, however, it would be inconsistent and unwise to take any legal steps to recover the higher fee if disputed by the guardians.

WORKHOUSE MEDICAL OFFICERS AND FEES AT INQUESTS.

WORKHOUSE MEDICAL OFFICER writes to say that for twenty-two years he has always received fees for giving evidence at inquests concerning the deaths of persons dying in the workhouse, but that lately payment had been refused, and that at a recent inquest he had declined to give evidence without fee, necessitating the adjournment of the inquiry. Our correspondent asks, Was he justified in adopting this course, and was he legally entitled to a fee had he given evidence?

“* The answer to the latter question is given in the BRITISH MEDICAL JOURNAL of February 13th, p. 367, under the above heading. With regard to refusing to give evidence, all witnesses in the coroner's court,

are summoned on behalf of the Crown, and are bound to give evidence upon oath, fee or no fee, otherwise they subject themselves to committal for contempt of court. We would advise that our correspondent should not refuse to give evidence; and then afterwards, if payment is declined, he should seek his legal remedy by summons against the coroner in the county court.

MEDICAL NEWS.

THE Queen has sent a subscription of 20 guineas to the East London Hospital for Children, Shadwell.

THE anniversary dinner of the Medical Society of London will be held at the Whitehall Rooms, Hôtel Métropole, on March 12th.

THE New York Health Department officers found 37 sufferers from typhus fever among the 267 Hebrew passengers of the steamship *Massalia* of the Fabre line from Naples, which landed 717 emigrants on January 30th.

A PAPER on Indian Sanitation and the International Congress of Hygiene will be read by Sir William Moore, before the Indian Section of the Society of Arts, on March 3rd, at 4.30 P.M. The chair will be taken by Sir Owen Burns.

THE offer of Mr. Blundell Maple, M.P., to erect an infectious diseases hospital at a cost of £6,000, to be named “The Sisters’ Hospital,” and present to the St. Albans Corporation, has been heartily accepted.

THREE lectures on the diseases of the reproductive organs of plants caused by parasitic fungi, will be delivered by Professor Charles Bagge Plowright, M.D., M.R.C.S., in the Theatre of the Royal College of Surgeons of England, on February 22nd, 24th, and 26th, at 4 o'clock. Lecture I will deal with reproductive parasitism; Lecture II, with the ustilaginæ as reproductive parasites, with special reference to the economic species; and Lecture III will treat of ergot.

HUNTERIAN SOCIETY.—The following is a list of the officers for the year: *President*: Frederick Gordon Brown. *Vice-Presidents*: Thos. E. Bowkett, J. Dundas Grant, M.D., C. J. Symonds, M.S., R. G. Tatham. *Treasurer*: F. Charlewood Turner, M.D. *Trustees*: H. I. Fotherby, M.D., F. M. Corner. *Librarian*: Arthur T. Davies, M.D. *Orator*: John S. E. Cotman, M.R.C.P.Ed. *Secretaries*: John Poland, R. Hingston Fox, M.D. *Council*: S. H. Appleford, M.D., H. W. Denton Cardew, Sir Andrew Clark, Bart., M.D., T. Rowing Fendick, J. Langton Hewer, M.D., T. Mark Hovell, Francis R. Humphreys, Stephen Mackenzie, M.D., T. Horrocks Openshaw, M.S., Reginald J. Ryle, M.B., F. J. Smith, M.D., Henry J. Thorp. *Auditors*: J. H. Stowers, M.D., R. Clement Lucas, B.S., T. Rowing Fendick, F. J. Smith, M.D.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. H. J. Bowditch, of Boston, formerly Professor of Clinical Medicine in Harvard University, aged 84; Dr. Reiner Ritter von Schmerling, President of the Vienna College of Doctors, and Physician in Ordinary to the Archduke Albert, aged 81; Dr. Wilhelm Junker, the celebrated African traveller, aged 51; Dr. J. Gans, one of the oldest and most popular practitioners of Carlsbad, aged 88; Dr. Carl von Brunn, formerly teacher of clinical medicine in the University of Halle, aged 47; Dr. Henry Frazer Campbell, formerly Professor of Surgery and Gynaecology in the Medical College of Georgia, and President of the American Medical Association, aged 67; Dr. Clemente Vannetti, formerly a hospital physician at Pavia, and author of a work on cholera, aged 65; Dr. V. A. Margotta, Conservator of the Vaccine Station at Naples, and for many years editor of the *Gazzetta di Medicina Publica*; Dr. Giannangelo Barbaglia, Professor of Chemistry in the University of Pisa; Dr. Robert Carson Hewett, one of the most prominent physicians of Louisville, aged 79; Dr. John Cunningham, of Wooster, U.S.A., one of the first graduates of Jefferson College, who died within a few days of completing his 100th year; Dr. Gabriele Valsecchi, of Milan, well known in Italy as a scientific hydro-therapeutist, aged 42; Dr. Béziat, Chief of the Medical Service of the French colony of Suberbeville, on the West Coast of Madagascar, who was about to return to France with a valuable geological collec-

tion when he was assassinated by native robbers; Dr. Gerhard, a distinguished clinical teacher in the Medico-Chirurgical College and Hospital of Philadelphia, aged 52 (of influenza); and Dr. M. T. Kaschkadamow, of Simferopol, who, born in a foundling hospital graduated at Moscow in 1826, was for many years public accoucheur in the Taurida Government, and left more than £10,000 to a hospital at Simferopol, aged 88.

MEDICAL VACANCIES.

The following vacancies are announced:

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 ASYLUM, Rainhill, near Liverpool.—Assistant Medical Officer; unmarried, and not more than 30 years of age. Salary, which is progressive, £100 per annum, with furnished apartments, board, washing, and attendance. Applications to the Medical Superintendent.

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 Licentiates in Dental Surgery. Applications to the Secretary, F. J. Fink, by March 14th.

DENTAL HOSPITAL OF LONDON AND LONDON SCHOOL OF DENTAL SURGERY, Leicester Square.—Demonstrator. Honorarium, £50 per annum. Applications to Morton Smale, Dean, by March 14th.

DISTRICT INFIRMARY, Ashton-under-Lyne.—Assistant House-Surgeon and Dispenser. Salary, £50 per annum, with board and lodging. Applications marked "Applications for the office of Assistant House-Surgeon," to William Bottomley, Honorary Secretary, 120, Stamford Street, Ashton-under-Lyne, by March 1st.

DONEGAL UNION.—Medical Officer to Dunkinelly Dispensary. Salary £100 per annum and fees. Applications to Mr. John McNeely, Honorary Secretary. Election on February 23rd.

DUNKINELLY DISPENSARY DISTRICT.—Medical Officer. Salary, £100 per annum, with usual fees. Applications to Mr. John McNeely, Honorary Secretary, Dunkinelly, by February 23rd.

GOREY UNION, Gorey Dispensary.—Medical Officer. Salary £135 per annum and fees. Applications to Mr. Henry Kingwood, Honorary Secretary, Medop Hall, Camolin. Election on March 2nd.

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 23th.

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

HUDDERFIELD 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.

LEWISHAM DISTRICT BOARD OF WORKS.—Analyst. Applications, sealed and endorsed to E. Wright, Clerk, Board of Works Office, Catford, S.E., by February 24th.

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 DISPENSARIES.—Assistant-Surgeon, unmarried. Salary, £80 per annum, with apartments, board and attendance. Applications to R. R. Greene, Secretary, Leith Offices, 34, Moorfields, Liverpool, by February 22nd.

LIVERPOOL EYE AND EAR INFIRMARY.—House-Surgeon; doubly qualified. Salary, £40 per annum, with residence and maintenance. Applications to Reginald Haigh, Honorary Secretary, 6, Grosvenor Buildings, Liverpool, by February 22nd.

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

LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.—Physician, doubly-qualified. Applications to E. Wilson Taylor, Secretary, by March 12th.

LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.—House-Surgeon, doubly qualified. Appointment for six months. Salary at the rate of fifty guineas per annum, with board, residence, and washing. Applications to E. W. Taylor, Secretary, by March 3rd.

LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.—Junior House-Surgeon, doubly qualified. Appointment for six months. Board, lodging, and washing provided, and an honorarium of five guineas at expiration of term. Applications to E. W. Taylor, Secretary, by March 3rd.

LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.—Assistant Physician, doubly qualified. Application to E. Wilson Taylor, Secretary, by March 12th.

MANCHESTER ROYAL INFIRMARY.—Assistant Medical Officer for the Monsall Fever Hospital. Appointment for twelve months. Salary, £100 per annum, with board and residence. Applications to the Chairman of the Board, by March 6th.

METROPOLITAN HOSPITAL, Kingsland Road, N.E.—Two Assistant Surgeons; must be F.R.C.S. Eng. Applications to C. H. Byers, Secretary, by March 5th.

MIDDLESEX HOSPITAL, W.—Anæsthetist. Salary, £100 per annum. Applications to F. Clare Melhado, Secretary-Superintendent, by March 4th.

MONTROSE ROYAL LUNATIC ASYLUM.—Junior Assistant Medical Officer. Salary, £80 per annum, with board, etc. Applications to Dr. Howden.

NEW HOSPITAL FOR WOMEN, 144, Euston Road, N.W.—Female Assistant Physician for Out-Patient Department. Applications to Margaret M. Bagster, Secretary, by February 24th.

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.

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 COLLEGE, Birmingham.—Professor of Therapeutics. Applications to Dr. B. C. A. Windle, Dean of the Faculty, by March 16th.

RAVSGATE 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.

ROTHERHAM HOSPITAL.—Resident House-Surgeon, doubly qualified, unmarried. Salary, £100 per annum, with board, furnished apartments, and washing. Applications to the Honorary Secretary by March 8th.

TEIGNMOUTH, DAWLISH, AND NEWTON INFIRMARY, DISPENSARY, and CONVALESCENT HOME.—House-Surgeon, doubly qualified. Salary, £40 per annum, with board and lodging. Applications to the Chairman of the Committee, Infirmary, Teignmouth, S. Devon, by March 1st.

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.

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.

BARRY, Frederick W., M.D., D.Sc., appointed Examiner in Medical Jurisprudence and for the Second B.Sc. Examination in Public Health at the University of Edinburgh, *vice* J. W. Taylor, M.D.

BAYLEY, J. H., M.B., C.M. Edin., appointed Assistant House-Surgeon to the Northampton General Infirmary.

BEATSON, George Thomas, M.D. Edin., appointed Examiner in Surgery at the University of Edinburgh, *vice* W. Watson Cheyne, M.B.

BOAZMAN, W. H., M.B., C.M. Edin., appointed Visiting Surgeon to the Chester General Infirmary, *vice* Dr. Wright.

BRUCE, Alexander, M.D. Edin., appointed Examiner in Pathology at the University of Edinburgh, *vice* G. Sims Woodhead, M.D.

BRYANT, J. H., M.D., B.S. Lond., appointed Medical Registrar and Demonstrator of Practical Medicine to Guy's Hospital.

BULLIVANT, S., L.R.C.P. Lond., M.R.C.S., appointed Honorary Visiting House Surgeon to the Mansfield and Mansfield Woodhouse District Hospital.

CADMAN, A. W., appointed a Demonstrator of Anatomy at King's College.

CHILD, Edwin, M.R.C.S., reappointed Medical Officer of Health for New Maldon.

COLLINGRIDGE, William, M.D., D.P.H., M.R.C.S., reappointed Medical Officer of Health for the Port of London.

CRAIG, William, M.D. Edin., appointed Examiner in Materia Medica at the University of Edinburgh, *vice* C. D. F. Phillips, M.D.

CRESSY, George J., L.R.C.P., L.R.C.S.Irel., reappointed Honorary Surgeon to the Mansfield and Mansfield Woodhouse District Hospital.

DE BUTTS, Stanley B., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer to the Army and Navy Co-operative Society, Westminster, *vice* Surgeon-General Waing, deceased.

DENDY, Walter, M.B., C.M.Édin., appointed a Surgeon in Ordinary to the Bucks General Infirmary.

FAUSSETT, H. J., M.D., M.Ch.Dub., reappointed Medical Officer of Health for the Tamworth Urban and Rural Sanitary Districts.

FLETCHER, F. J., appointed, *pro tem*, Medical Officer of the Grantham Union, *vice* J. E. Collingwood L.R.C.P., deceased.

FOWLER, J. Kingston, M.A., M.D.Cantab., L.R.C.P.Lond., M.R.C.S.Eng., appointed Physician to the Brompton Hospital for Consumption, *vice* F. T. Roberts, M.D., resigned.

GOULLET, Charles Arthur, M.R.C.S.Eng., L.R.C.P.Lond., appointed Surgeon to the St. John's Wood and Portland Town Provident Dispensary.

GREENWOOD, William, M.R.C.S., appointed Medical Officer of Health for Ossett.

HAIGH, Thomas Allen, M.R.C.S.Eng., L.S.A., appointed Medical Officer of Health for Meltham.

HINDE, F. R. B., M.B., C.M.Édin., appointed Medical Officer of the Sawbridge Sanitary District of the Bishops Stortford Union.

HUDSON, A. R. Rooke, L.R.C.P., L.R.C.S., appointed Medical Referee, Prudential Assurance Company, for Widnes, *vice* Dr. Cooper, resigned.

HUTCHINSON, William, M.D., C.M.Glas., appointed Medical Officer for the Finchfield Sanitary District of the Braintree Union, *vice* J. G. S. Forrest L.R.C.P., resigned.

JOYNT, H. Noble, M.A., M.D., Dipl. State Med. Dubl., appointed to a Colonial Surgeoncy in Fiji.

KEMPE, Charles Marshall, M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health to the New Shoreham Port Sanitary Authority.

KNYVETT, H. F., L.R.C.P., L.R.C.S.Édin., appointed House-Surgeon to the Northampton General Infirmary, *vice* Durrant.

MILLETT, George Bown, L.R.C.P.Édin. M.R.C.S.Eng., reappointed Medical Officer of Health for Penzance Borough.

MUNRO, J. M., M.B., C.M.Aberd., reappointed Honorary Surgeon to the Mansfield and Mansfield Woodhouse District Hospital.

NICHOLLS, John Michael, L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer of Health for St. Ives.

PHILLIPOT, George F., M.R.C.S.Eng., L.R.C.P.Édin., appointed a Surgeon in Ordinary to the Bucks General Infirmary.

ROBERTSON, William, C.M. & M.D.Glas., appointed District and Dispensary Surgeon to the Perth County, and City Royal Infirmary, *vice* W. Gowans, M.D.Édin., deceased.

ROBSON, Christopher, L.R.C.S., L.R.C.P.Édin., L.F.P.S.Glas., appointed Medical Officer and Public Vaccinator for the Pembridge District of the Kington Union.

SAUNDERS, W. Sedgwick, M.D.U.S., L.R.C.P.Édin., reappointed Medical Officer of Health and Public Analyst for the City of London.

SEAE, F. M. T., M.B., C.M.Édin., appointed Medical Officer for the Parish of Lerwick.

STIRLING, William, M.D., D.Sc., appointed Examiner in Physiology at the University of Edinburgh, *vice* Dr. Noël Paton, M.D.

TENCH, Montague, M.D.Brux., M.R.C.S., L.R.C.P., L.S.A., appointed Medical Officer and Public Vaccinator to the High Easter District of the Dunmow Union.

WELLBURN, E. D., L.R.C.P., L.R.C.S.Édin., reappointed Medical Officer of Health for Sowerby Bridge.

WHITCOMBE, Philip, M.R.C.S., reappointed Medical Officer of the Hospital at Gravesend.

WILDING, W. F. W., L.R.C.P.Lond., M.R.C.S., appointed Medical Officer of Health for Hindley, *vice* J. Aspinall, M.R.C.S., resigned.

WYLLIE, John, M.D.Édin., appointed Examiner in Clinical Medicine at the University of Edinburgh, *vice* J. O. Affleck, M.D.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. William Lang: Corneal Affections. Great Northern Central Hospital, P.M.—Dr. Galloway: Nervous System.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 4 P.M.—Dr. C. B. Plowright: On the Diseases of the Reproductive Organs of Plants caused by Parasitic Fungi. Lecture I.—Reproductive Parasitism.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Clinical Evening. Mr. H. H. Clutton: Two Cases of Arthroctomy of Elbow-Joint. Dr. Sidney Phillips: Case of Acromegaly. Mr. Pearce Gould and Mr. Watson Cheyne: Results of Operations for Old Unreduced Dislocations of the Shoulder. Dr. James Taylor: Case of Friedreich's Ataxy. Dr. Ormerod and Dr. Aldren Turner: Specimens of Syringomyelia Cords. Dr. Leslie Ogilvie: Case of Floating Spleen. Sir Hugh Beevor, Bart.: Unusual Case of Osteo-Arthritis.

ANATOMICAL SOCIETY OF GREAT BRITAIN AND IRELAND, Library of St. Thomas's Hospital Medical School, S.E., 4.30 P.M.—Sir W. Turner: On the Cerebral Hemispheres of Ornithorhynchus Paradoxus. Professor Sherrington: Note on the Nerve Sup-

ply of the Hind Limb of *Macacus Rhesus*. Mr. David Hepburn: Note on an Abnormal Condition of the Shoulder-Joint. Mr. F. G. Parsons: Some Points in the Myology of Rodents. Mr. J. Bland Sutton: Sections of the "Velvet" from Stag's Antlers, showing Sebaceous Glands. Professor W. Anderson: On the Delimitation of the Regions of the Abdomen. Mr. F. C. Abbott: (1) A Right Aortic Arch with Abnormal Arrangement of the Vessels; (2) Pulmonary Valve with Four Cusps.

TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Hyslop: Senile Insanity. Hospital for Diseases of the Skin, Blackfriars, 4 P.M.—Dr. Payne: Acne. Charing Cross Medical School, 8 P.M.—Dr. Cullingworth: Practical Diagnosis in the Diseases of Women.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Mr. A. Bowlby (for Dr. W. G. Macpherson, A.M.S.): Antiseptic Preparations of Catgut and Silk; their Relation to Wound Infection. Mr. Thomas Bryant: Case of Torsion of the Spermatie Cord, with Strangulation of the Epididymis and Testicle in an Incompletely Descended Organ.

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Parkes Museum, 74A, Margaret Street, W., 1 P.M.—Dr. Louis C. Parkes: Hospitals—Sites; Construction; Arrangement of Wards; Floor Space and Cubic Space; Ventilation; Warming; Infectious Disease and Isolation Hospitals. Hospital for Consumption, Brompton, 4 P.M.—Dr. C. T. Williams: Pleurisy. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. J. B. Lawford: Intra-ocular Tumours.

HUNTERIAN SOCIETY, London Institution, 8.30 P.M.—Dr. J. Hughlings Jackson: On Neurological Fragments.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 4 P.M.—Dr. C. B. Plowright: On the Diseases of the Reproductive Organs of Plants caused by Parasitic Fungi. Lecture II.—The *Ustilaginæ* as Reproductive Parasites, with Special Reference to the Economic Species.

THURSDAY.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralyzed and the Epileptic, 2 P.M.—Mr. Victor Horsley: Surgery of the Nervous System. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Mr. Arbuthnot Lane: Spinal Caries and its Treatment. London Throat Hospital, Great Portland Street, 8 P.M.—Mr. George Stoker: Impaired Movements of the Vocal Cords.

FRIDAY.

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 11 A.M. to 1 P.M.—Professor Crookshank: Lecture: Leprosy, Glanders. Practical Work: Sections. Hospital for Consumption, Brompton, 4 P.M.—Dr. C. T. Williams: Fibroid Phthisis. Charing Cross Medical School, 8 P.M.—Dr. Cullingworth: Pelvic Peritonitis.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 4 P.M.—Dr. C. B. Plowright: On the Diseases of the Reproductive Organs of Plants caused by Parasitic Fungi. Lecture III.—On Ergot.

CLINICAL SOCIETY OF LONDON.—Living specimens at 8 P.M. Mr. Davies-Colley: Repaired Traumatic Separation of the Epiphysis of the Head of the Femur. Dr. Abercrombie: Unusual Congenital Deformities. Dr. Arthur Davies: Myxoedema. Dr. Hadden: Microcephalic Idiocy. Mr. L. A. Dunn: (?) Sarcoma of the Face and Neck. Papers at 9 P.M.—Mr. Bland Sutton: Cholelithiasis; Removal of Impacted Gallstones through an Incision in the Common Duct; Recovery. Mr. Stanley Boyd: Pachymeningitis Hemorrhagica Interna treated by Trephining. Mr. Davies-Colley: Fusiform Sarcoma of the Laminae of Dorsal Vertebrae; Pressure upon Spinal Cord; Rhachiotomy; Cure. Dr. Wallis Ord: Microcephalus.

SATURDAY.

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

HODGSON.—On the 6th instant, the wife of John Hodgson, M.B.Lond., M.R.C.S., Oldham, of a daughter.

MARRIAGES.

HURRY—HILL.—On February 16th, at St. Mary Abbot's Church, Kensington, by the Rev. J. Cecil Grainger, M.A., assisted by the Rev. Canon Payne, M.A., of Reading, and the Rev. H. E. Hill, M.A., brother of the bride, Jamieson Boyd Hurry, M.D., of Reading, to Gertrude Louisa, daughter of Arthur Hill, Esq., J.P., of Erleigh Court, Reading. No cards.

MACKAY—DARLING.—At Wallace Green Church, Berwick-on-Tweed, on the 16th instant, by the Rev. W. Ainslie Walton, M.A., B.D., Paisley, and the Rev. James McLeish, Wossler, William Burtie Mackay, M.B., Ch.M.Édin., M.R.C.S.Eng., to Jessie Wilson, youngest daughter of Adam Darling, Governor's House, Berwick-on-Tweed.

DEATH.

PRICHARD.—On February 14th, at 4, Chesterfield Place, Clifton, Bristol, Mary Sibellah, the dear wife of Augustin Prichard, F.R.C.S., aged 73.