

A PRELIMINARY NOTE ON THE INFLUENCE OF THE ANTHRAX VIRUS ON TUBERCULOSIS.

By T. J. BOKENHAM, L.R.C.P., M.R.C.S.,
Research Scholar British Medical Association.

DR. PERRONCITO has recently announced the results of some experiments which were undertaken with a view of ascertaining the influence of vaccination against anthrax upon the susceptibility of animals to tuberculosis.¹ He was led to make this inquiry by observation of the fact that in Italy the districts in which protective vaccination of cattle against anthrax had been adopted on a large scale were remarkably free from tuberculous disease. He has stated that (1) cattle vaccinated against anthrax are insusceptible to tuberculosis; (2) the saturation of a tuberculous animal with anthrax virus renders the tuberculous disease stationary, and renders the tuberculous nodules inert when tested subsequently by cultivation or by inoculation of guinea-pigs; (3) rabbits were unsatisfactory animals for the experiment, for if a strong virus were used for the vaccination the animals died of anthrax, and if a weak one were employed they died of tuberculosis. In other words Dr. Perroncito was not successful in vaccinating his rabbits against anthrax, and therefore had no means of estimating the true effect of this vaccination on the tuberculous process. At least, that is the impression I gather from a note of his communication which appeared in the *Gazzetta degli Ospitali*.

I have myself made some experiments on the same subject—not on cattle, but on rabbits only—and although the inquiry is by no means complete, I think it well to make known the results I have obtained, as they form an important control to those of Dr. Perroncito.

Although it is not by any means easy to vaccinate rabbits against anthrax, I have succeeded in doing so in six instances, and these animals I used for observing the course of tuberculous infection in the soil thus prepared. They were all inoculated with matter from the tuberculous lymphatic gland of a calf.

The result was as follows: Four of the animals, immune to anthrax, contracted general tuberculosis and died in about the same time as a control rabbit inoculated with the same material. The nodules in these animals were quite infective, as I have since proved. The fifth contracted a local tuberculosis at the point of inoculation, and, in the remaining animal, an acute suppurative process developed around the introduced caseous matter, resulting in much loss of tissue, but eventual perfect healing. The animal is still apparently quite healthy. I cannot consider this an instance of protection against tuberculosis by the previous anthrax vaccination, as I have observed exactly the same thing take place in an unprepared animal. I have had no opportunity of carrying out, as Dr. Perroncito has done, the experiment with the higher animals (oxen), but the observation must be repeated with the same successful results before any generalisation from it can be accepted. I hope to be able before long to supplement these results by other observations now in progress.

The above experiments were performed in the Conjoint Laboratories of the Royal Colleges of Physicians and Surgeons, London.

¹ Vide EPITOME, BRITISH MEDICAL JOURNAL, February 6th, 1892.

BALNEOLOGICAL CONGRESS.—The fourteenth meeting of the Balneological Congress will be held, from March 10th to 13th, in the Pharmacological Institute at Berlin under the presidency of Professor Oscar Liebreich. Among the communications promised are the following: The Treatment of Diabetes Mellitus, by Dr. Jacques Mayer; The Connection between Universal Lipomatosis and Diabetes Mellitus, by Dr. Kisch; The Internal Treatment of Persons suffering from Calculus, by Dr. Posner; The Initial Symptoms of Nervous Asthma, by Dr. Goldschmidt; The Therapeutics of Phthisis and Koch's Method, by Dr. Römpler; The Treatment of Eczema by Baths, by Professor Lassar, etc.

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

FOREIGN BODY IN THE EAR.

R. W., aged 43, stated that when 6 years of age something got into his left ear, but that as no ill effects ensued his parents had nothing done. About six months ago he began to hear noises and experience a buzzing in the head on the left side. These got worse and he found himself getting deaf. He came to the infirmary, and on examination I detected a foreign body. After carefully syringing the ear for some time, a large stone covered with cerumen escaped. The drum appeared quite normal, and the patient now hears quite well and is free from noises in the head.

This stone, represented in the accompanying drawing of the exact size, must have been in the external auditory canal



without inconvenience or doing harm for about thirty-seven years. The reason why he experienced the noises and other symptoms during the last six months was I think the accumulation of sufficient wax to close up the canal completely.

FRED A. A. SMITH, M.D.,
Honorary Surgeon, Cheltenham Eye, Ear, and Throat Infirmary.

DEATH UNDER ETHER.

I BEG to forward some further particulars concerning the case noted by you, in the BRITISH MEDICAL JOURNAL of February 6th, of "Death Under Ether at the Royal United Hospital, Bath."

On January 29th I admitted into the hospital, under the care of Mr. Freeman, S. D., aged 37, a dustman, who was suffering from a small strangulated right inguinal hernia. He had attended as an out-patient at the hospital on the previous day—and was seen by one of the honorary assistant medical officers—complaining of symptoms which appeared to be due to his drinking habits, he making no mention of the rupture.

The patient, although very weak, walked to the hospital on the day of admission. He was placed in bed, and the usual measures for taxis were employed; but these proving unavailing, and his general condition becoming rapidly worse, he was given an enema of brandy and taken to the operating theatre for the purpose of performing herniotomy. On examination no sign of organic lesion was discovered in the chest, and ether was slowly administered by myself. There was some struggling at the commencement, but anaesthesia was induced in from six to eight minutes, and the operation was begun by Mr. Freeman.

Two minutes later breathing ceased—the temporal pulse persisting—after three or four shallow respirations. There was no stertor or mydriasis. The tongue was immediately drawn forward, the head thrown back, and artificial respiration performed, enemata of brandy and injections of strychnine being given and the faradic current employed to the phrenic nerves. A few ounces of dirty bilious fluid escaping from the mouth soon after, tracheotomy was performed to obviate the risk of any foreign matter being sucked into the lungs. Although artificial respiration was continued for an hour and a-half, all efforts to resuscitate the patient were ineffectual, no signs of vitality being noted after the cessation of breathing.

A post-mortem examination was made by myself thirty-six hours later. Rigor mortis was marked. On opening the hernial sac a small knuckle of ileum was alone seen. This was very deeply congested, but the congestion did not extend to the mesenteric border, involving only about two-thirds of the circumference of the gut. The bowel was adherent to the sac round the neck, and there were a few

flakes of recent lymph on the abdominal side of the ring. Beyond a few atheromatous patches on the aorta above the sigmoid valves, and slight marginal emphysema, no abnormal appearance was detected in any of the organs of the body.

E. H. BIDDLECOMBE, M.B.Lond.,
Bath. Resident Medical Officer, Royal United Hospital.

THE TREATMENT OF HEPATIC ABSCESS.

IN an interesting paper on this subject which appeared in the BRITISH MEDICAL JOURNAL of December 26th, 1891, Dr. Macleod advocates the use of a rigid metal cannula in preference to rubber tubes for the purpose of drainage. The objection to the method advocated appears to me to be the impossibility of thereby securing that free drainage which he rightly regards as most important. As these abscesses are usually deeply situated in the substance of the organ and are of irregular shape, I believe it will in the majority of cases be found practically impossible to gauge their size and exact situation by means of a rigid probe passed through a narrow cannula in the way he suggests; nor is the advantage of opening them in the most dependent situation, even if this was generally possible, of as much importance as the selection of a favourable site for the external incision. Those who are familiar with the ordinary contents of a tropical liver abscess know how readily even a large-sized drainage tube is blocked by the pus and *débris* of the hepatic tissue, and this, in the case of an abscess cavity the walls of which are not collapsible, can only be overcome by a *vis a tergo*.

The plan I have adopted in a succession of successful cases has been to introduce two non-perforated rubber tubes side by side into the cavity of the abscess at the time of the operation, and then by inserting the nozzle of an ordinary irrigator into one to wash or siphon out the contents of the cavity once or twice a day with a weak solution of iodine or carbolic acid. By this means not only is the cavity kept aseptic, and any tendency of the pus to gravitate into the dependent portion of the organ obviated, but the growth of granulation tissue accelerated. If the tubes are in the first instance pushed to the bottom of the cavity and gradually withdrawn as it closes, no necessity for any further operative interference is likely to arise.

The real secret in the treatment of these cases is a sufficiently large incision through the external tissues in the first instance, for if the external opening is sufficiently large, there will be no danger of the pus finding its way into other organs or into the peritoneum when once the abscess is opened. As Dr. Macleod rightly remarks, nearly everyone nowadays recognises the value of free drainage in these cases; and, valuable as the aspirator is for diagnostic purposes, I am afraid it has in the past led many to adopt a temporising, and therefore fatal, policy.

A few days ago I had the opportunity of examining for engagement a soldier on whom I operated a year ago for a liver abscess which contained 35 ounces of pus, and who was discharged from hospital six weeks afterwards with the wound healed. The man is at the present time performing his ordinary military duties without detriment to himself or the service, and, as he appears to be in perfect health, has, I hope, many years of Indian service before him.

Kamptee, India.

P. M. ELLIS, Surgeon-Major, M.S.

EMPHYSEMA IN PHTHISIS.

SOME weeks since I had a young man, aged about 18, under my care. He was far advanced in phthisis, and had all the usual constitutional and local symptoms. The cough was slight, and had never been very distressing.

Being hurriedly summoned to see him one evening (I had seen him that morning and found him in his usual weakly condition, but without complication), I discovered that air had escaped into the loose subcutaneous tissues of the neck. The swelling gradually increased, and invaded the chest and back, bulging them out to a great extent, travelling down the trunk and into the scrotum. The crackling could also be easily felt along the inner side of the thighs as far as the knees, and along the arms and forearms to the wrists.

I punctured the neck, chest, and back where air was tensest, but with little or no relief. The breathing became much embarrassed. He complained of the "muffler"-like cushion of air round his throat—that it was choking him.

He fought and gasped for breath. Cyanosis soon became well marked, and he died in about thirty-six hours.

I suppose in this case that the air escaped into the posterior mediastinum, and from here found its way, as described by Hilton, through the cervical fascia into the neck. From thence its course would be unimpeded into the trunk generally, and along the sheaths of the nerves and vessels of the limbs.

It appears to me that the case is interesting as one of general emphysema, and worthy of record for the following reasons: There was no violent fit of coughing or straining of any kind preceding the appearance of the air; the patient was lying at ease in bed; and there was nothing in the physical examination of the lung to point to such a rapidly fatal complication.

T. O'CONNELL REDMOND, L.R.C.P.I., L.R.C.S.I.

Dublin.

REPORTS

ON

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

WEST RIDING ASYLUM, WAKEFIELD.

APHASIA AND DEAFNESS: CEREBRAL WASTING OF THE CORRESPONDING CORTICAL AREAS.

(By E. A. SHAW, B.A., M.B.Cantab., late Assistant Medical Officer and Pathologist.)

M. A. W., aged 72, a widow, by occupation a housekeeper, was admitted on January 30th, 1890. She had a "fit" in April, 1889, fell down unconscious, and was a few minutes before she recovered herself, all her limbs being flaccid in the meantime. She appeared to be quite well directly afterwards, and nothing of the kind recurred until seven weeks prior to admission, when she had a stroke which deprived her of speech and of the use of both right limbs. She partially recovered the use of the latter, though she imagined she had picked up things when she had failed to do so. Speech remained destroyed. She had been deaf from childhood, but six weeks before her last-mentioned stroke her hearing returned, and lasted until this seizure. Two sisters died from "strokes." There was no history of insanity in the family.

On admission she exhibited almost complete aphasia and considerable dementia. She persistently repeated "Win yo? Win yo?" (will you), "I," and "man," and these were the few intelligible among many absolutely unintelligible utterances. On a slate being given her, and a pencil put in her right hand, she attempted to write, but frequently allowed the pencil to fall from her fingers, but continued moving her hand and fingers in the act of writing as though it were still grasped by them. Occasionally she voluntarily placed the pencil in her left hand and endeavoured to write, but no single letter was ever recognisable. She was quite cheerful, and accompanied her attempts at talking by gestures, the meaning of which was quite obscure; hence it could not be distinctly ascertained if word-blindness or deafness were absent. There was some paralysis of the right side of the face (not absolute); distinct feebleness of the right lower limb was shown in walking, but no dragging. The right upper limb was paralysed for fine movements, but was free from contractures and retained moderate grasping power.

February 7th, 1890. Occasionally the patient uttered two or three consecutive and intelligible words spontaneously—for example, "Feeling very well"—but apparently could not understand anything of the purport of most simple remarks, supplemented with gestures which would ordinarily render the meaning quite unequivocal.

February 21st. She made great efforts to render herself intelligible but failed, "I" being all that could be distinguished. She did not appear to understand anything said to her.

July 17th, 1891. During the last sixteen months the patient had made repeated and most vigorous attempts to render herself understood, getting quite vehement at times, but only succeeding in uttering unintelligible jargon, and often weep-

SUPERSESSON IN INDIA.

REFERRING to previous remarks in these columns on this subject, "India" writes: I have no intention of stirring up strife between the Medical Staff and the Indian Medical Service; but maintain that it is only fair and moderate that the Surgeon-Generals of the three Presidencies should be selected alternately from the two services. My reasons are as follows: (a) Indian medical officers, previous to going into civil employ, always have some years' military experience and training. (b) It is a custom and necessity to keep a certain number of them in civil employ for the purpose of forming a reserve for military duty in times of emergency. (c) The best men, almost without exception, seek civil employ, and perform valuable services to the State in that capacity. (d) In no regulation is it stated or implied that service in civil employ is a disqualification for promotion to the administrative grades; on the contrary it may even be an admirable training, by fostering administrative capacity and habits of self-reliance.

. We can subscribe to all our correspondent's arguments, and yet not accept his conclusions. The civil employ of medical officers is, of course, an absolute necessity in Indian administration, and the best men seek it; but it would be absurd in face of the fact and theory that they are only so lent, if the regulations either expressed or implied that such employment annulled military status or disqualified for army promotion. We admit civil responsibilities may even foster administrative capacity, but in the very nature of things it cannot be a sufficient, much less the best, training for military administration. If there be anything in professional soldiering, executive or administrative, surely a life-long training in it is the best guarantee that its higher functions have been mastered.

THE SURGEONS OF THE UNITED STATES NATIONAL GUARD.

THE second annual session of the Association of Military Surgeons of the National Guard of the United States is to be held at St. Louis on April 19th, 20th, and 21st, 1892. Addresses will be delivered by several prominent surgeons of the National Guard and the United States Army, and the list of papers promised on subjects belonging to the domain of military surgery gives promise of an unusually useful and instructive meeting. All matters pertaining to the health, efficiency, and welfare of the citizen soldiers will be fully discussed; and if our own War Office regarded the volunteers as anything but convenient subjects on whom to practise the art of official snubbing, it might profitably send one or two delegates from among the volunteer medical officers to the meeting at St. Louis.

FIRST DRESSINGS IN THE FRENCH ARMY.

THE French Minister of War has issued an order that henceforth every officer and every man in the French army shall, when on active service, carry on his person materials for a first dressing in case of his being wounded.

AMBULANCE ORGANISATION.¹

THIS little monograph is the outcome of a paper read before the Naval and Military Section of the International Congress of Hygiene, and in some twenty pages gives the most lucid summary of medical arrangements for an army in the field we have seen. It gives the cream of the regulations and larger manuals on first-aid to the wounded. A large plan is attached showing regimental and company-bearers and ambulance at work, as practised at drill at Netley, where the author is instructor to the surgeons on probation. We know of no book on the subject which conveys so much so succinctly and so simply. We heartily commend it to all concerned in ambulance work in the auxiliary forces, for whom, indeed, it is intended as a guide and help; and it may be interesting for a civilian to know that in a half hour's intelligent reading he may gain a very fair idea of this very important part of our army organisation.

WEAPONS AND WOUNDS.

PROFESSOR F. SMITH (Netley) writes: Surgeon-Captain Marsh has fallen into an error by implying that the present service bullet has not been tried experimentally on the dead body. The experiments were made in conjunction with Professor Godwin in March, 1890, and the specimens in this school, with the bullets attached, must have escaped Captain Marsh's observation.

'THE ASSISTANT ADJUTANT-GENERAL AT NETLEY HOSPITAL.

ECONOMIST writes: The term of this office will expire this year; cannot arrangements be made to abolish it? Of course it is a snug appointment, but there is probably no part of the duties that could not be performed by the medical department. If there are, the general officer at Portsmouth could easily provide temporarily for them, as is done in all other military hospitals.

¹ *Ambulance Organisation and Medical Arrangements of an English Army Corps in the Field*, etc. By Surgeon-Captain C. J. Addison, Army Medical Staff. Netley Abbey: J. T. Lemon.

RUSSIAN UNIVERSITIES.—The total number of students in the University of Moscow on January 1st, 1892, was 3,396, of whom 1,096 belonged to the medical faculty. The degree of Doctor of Medicine was conferred on twelve candidates in 1891. At Charkow, the number of students on January 1st, 1892, was 1,010. The number of licences to practise medicine granted last year was 112. At the same date, the number of students at Kieff was 2,110, of whom 942 belonged to the medical faculty. Of 79 candidates who were examined for the licence to practise during 1891, only 7 were rejected.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

DR. BROOKS has been appointed a delegate of lodging houses.

The preliminary examination in natural science will begin in Hilary Term on March 28th, in Trinity Term on June 2nd, and in Michaelmas Term on November 24th.

UNIVERSITY OF CAMBRIDGE.

REGIUS PROFESSORSHIP OF PHYSIC.—The Vice-Chancellor publishes a letter from Lord Salisbury stating that Her Majesty intends to nominate Dr. T. Clifford Allbutt to the vacant Chair of Physic in place of Sir George Paget.

ACT FOR M.B.—Mr. Sydney Kent, B.A., of Trinity College, has kept the Act for the degree of Bachelor of Medicine.

HONORARY DEGREE.—The degree of D.D. *honoris causa* was on February 25th conferred on the Rev. J. W. Hicks, M.A., M.D., F.R.C.P., Bishop-elect of Bloemfontein.

ELECTORS TO PROFESSORSHIPS.—Professor Foster has been appointed an Elector to the Downing Professorship of Medicine and to the Professorships of Botany and of Zoology; Professor Ray Lankester, of Oxford, an Elector to the Professorship of Zoology; and Dr. Gaskell an Elector to the Professorship of Physiology.

UNIVERSITY OF LONDON.

PRELIMINARY SCIENTIFIC (M.B.) EXAMINATION.—January, 1892. Pass list. Entire examination.

First Division.—H. Brown, B.A., Yorkshire College and private study; V. E. Collins, Guy's Hospital; G. T. Dickinson, Kingswood School; F. C. B. Gittings, Middlesex Hospital and University Tutorial College; W. Haig, B.A., private study; C. M. Hemmann, B.A., University Tutorial College and private study; C. F. Hunter, Kingswood School; J. A. McMichael, B.A., private study; T. F. Rutter, University College; S. R. Smith, Westminster Hospital and private study; A. G. Tolpitt, University College, Dundee, and Queen's, Belfast.

Second Division.—J. F. Baxter, Yorkshire College and private study; H. Clifford, University College and private study; Octavia Margaret S. Lewin, Girton College; F. H. Nimmo, St. Bartholomew's Hospital; H. P. Noble, Middlesex Hospital and Birkbeck Institute; A. E. Payne, Wyggeston School, Leicester; R. O. Sibley, St. Mary's Hospital; J. M. G. Swainson, Westminster Hospital; A. J. Wernet, Guy's Hospital and private tuition; A. T. White, Westminster Hospital.

Chemistry and Experimental Physics.

*J. N. Bahadurji, University College and private study; E. C. Bailey, King's College; *H. C. Barlow, Wyggeston School, Leicester; *J. A. P. Barnes, St. Bartholomew's Hospital; *J. Blackwood, B.A., private study; *W. E. V. Bonney, private study and tuition; *P. W. Brigstocke, St. Bartholomew's Hospital and private study; J. B. Christian, St. Paul's School; H. E. Corbin, private study and Hartley Institution; A. B. Cridland, Bristol Grammar School; G. B. Crisp, St. Mary's Hospital; T. B. Dakin, London Hospital; A. W. Dickson, Bedford Grammar School; *M. Dixon, University College; *Mary Buchan Douie, University College and private study; *H. K. Emms, University College and private study; R. T. Fitz-Rugh, Guy's Hospital; F. E. Fremantle, Balliol College, Oxford; *A. B. Fry, University College and private study; *H. C. Harrison, St. Bartholomew's Hospital and private study; *T. A. Hawkesworth, private tuition; *Sindia Emily Hicks, University College, Bristol, and private study; *Charlotte Elizabeth Hull, University College and University Tutorial College; *G. K. Levick, private study; *B. Lewitt, St. Mary's Hospital; *C. D. Lindsey, St. Mary's Hospital; J. L. Maxwell, St. Bartholomew's Hospital; *F. A. H. Michod, St. Mary's Hospital and private tuition; *J. F. Northolt, University College; *J. H. Phipps, Owens College and private study; *F. Pritchard, private study; C. H. Reissmann, University Tutorial College; C. H. D. Robbs, Dulwich College; T. O'N. Roe, Epsom and University Colleges and private tuition; *C. Rundie, St. Mary's Hospital; A. G. Sargent, Bedford Grammar School and private study; *S. F. Smith, private tuition and St. Bartholomew's Hospital; *J. H. Tallent, University College; *W. E. Waymark, Guy's Hospital; *H. E. Wise, Middlesex Hospital; *W. C. Wood, St. Mary's Hospital.

Biology.

*W. B. Bell, King's College; *S. H. Berry, St. Bartholomew's Hospital; *E. C. Davenport, Mason College and London Hospital; C. W. Dimmock, Mason College; *C. E. Durrant, St. Thomas's Hospital; W. N. East, King's College; *Jane Hall Filshill, University College and private tuition; *H. N. Goode, private study; J. J. C. Hamilton, King's College; G. B. Mason, London Hospital and private study; R. Maxwell, University College and private tuition; C. Roberts, Middlesex Hospital; *W. G. Savage, University College; *F. M. Seal, University College; *F. C. Shruball, Merchant Taylors' School and University Tutorial College; Margaret Smith, University College and private study; *R. Waterhouse, St. Bartholomew's Hospital; W. B. H. Wood, Mason College.

One Subject of the Examination (under former regulations).

*J. C. Harcourt (Biology), private study.

*These candidates have now completed the examination.

THE CHARTER OF GRESHAM UNIVERSITY.—A petition is now being circulated for signature by members of Convocation praying Lord Salisbury not to grant a charter to a new university without further consideration. The memorial, which has been drafted by a special subcommittee of the annual Committee, affirms that the charter, if granted, "would neither supply a teaching university for London as recommended by the Royal Commissioners, nor tend to promote the interests of higher education, while it might interfere with the work of the University of London." Lord Salisbury is asked to suspend the grant of the charter until, in ac-

cordance with the recommendation of the Royal Commission, the subject has been remitted to it for further inquiry. Finally, Lord Salisbury is invited to receive a deputation. The proposal to present any such memorial has caused some surprise, and is thought by many graduates to be a very doubtful policy. The charter is now before Parliament, and it is urged that the petition ought to have been presented to both Houses; further, the question does not appear to concern very nearly the Prime Minister, but rather his colleague the Lord President.

CHAIRMAN OF CONVOCATION.—A movement is on foot to secure the election of Mr. Edward H. Busk, M.A., LL.B., as Chairman of Convocation in succession to the late Dr. Wood. Mr. Busk, like the last incumbent, is a lawyer. Dr. Storrar, who preceded Mr. Wood, was a member of the medical faculty, and there is a feeling of regret that no medical or science graduate has as yet come forward on the present occasion.

Mr. COOKE'S School of Anatomy has been recognised by the University.

UNIVERSITY OF EDINBURGH. EMOLUMENTS OF PROFESSORS, ETC.

THE Edinburgh Association for the Promotion of Reform in Medical Education have presented to the Scottish Universities Commission a statement referring to duties and emoluments of professors, lecturers, assistants, and other persons engaged in medical teaching in the University of Edinburgh. This fresh statement deals with Draft Ordinances, (General) No. 10, containing regulations as to assistants and lecturers, issued by the Commission November 16th, 1891, and a summary of which appeared in the BRITISH MEDICAL JOURNAL at that time.

The new statement begins by giving a historical sketch from the year 1831 onwards, of the growing requirements of the University in respect of medical teaching, and of the manner in which these requirements have been and are being dealt with.

In the year 1831 the number of Chairs in the Medical Faculty was twelve (neglecting the Chair of Military Surgery, abolished in 1855), and it is twelve now. In the year 1831 there were 810 medical students in the University, in 1845-46 there were 330, in 1861-62 there were 543, and in 1889-90 there were 2,003. Since the latter date the numbers have fallen. Not only has the number of students increased enormously, but the range of subjects requiring attention on the part of the student has become greatly widened. In 1859-60 there were fifteen courses of lectures and four practical classes; in 1891-92 there were seventeen courses of lectures and thirteen practical classes, and several of these practical classes had, on account of the big numbers, to be repeated as often as eight times in the year. This increase in the range of study has arisen from the enormous development and differentiation of the medical sciences. Little has been done in the University to give effect to that differentiation, or to make thorough-going provision to meet it. More has been done in many small English schools, in the unendowed Extramural School of Edinburgh, and even in the smaller foreign universities.

Further, in the matter of original research the University has fallen behind, and yet the functions of a university are not merely to communicate to its own students the results of scientific progress made elsewhere, but also to contribute to that progress by its own efforts. Original research implies, not only a specialised knowledge of the literature and the technique of the subject, but also a sufficiency of time and energy. This has hitherto been rendered impossible by excess of teaching duty. This increase in the necessary demands made upon the professoriate has been met in other institutions by an addition to the professorial staff; and in forty selected foreign universities, on an average 25 or 26 professors are considered to be necessary to complete the medical faculty of an average university, as against the twelve of Edinburgh University.

During the period from 1831 to 1892 five lecturers have been added to the teaching staff of Edinburgh University, in order to deal with the subjects of diseases of children, insanity, ophthalmology, and embryology. But the chief addition to the teaching staff has been made by the appointment of assistants.

By the Financial Ordinance No. 23, Edinburgh No. 5, 1862, four assistants in the medical faculty were provided for by the Commissioners, and the general university fund was charged with the payment of £400 a year distributed among these gentlemen. Subsequently the Senatus, with the consent of the University Court, voted from the same fund £1,150 (inclusive of the £400) a year for the same purpose. The professors yearly subscribe out of the intake of their own departments about £2,812 towards the salaries of assistants (about thirty in number), making a total of £3,962, or less than £150 a year on an average to each assistant. These gentlemen have been practically appointed by the professors in whose department they act, the sanction of Senatus or Court being nominal, and their dismissal has likewise been in the hands of the professor. They have had no special university privileges, and no voice or representation on any university governing body. As will readily be understood, these posts are in the main held only by young graduates as stepping-stones to other appointments, and as opportunities of acquiring experience in teaching.

It thus appears that the University has hitherto worked its medical school by means of twelve professors (seven of whom are engaged in private practice), five lecturers (of whom four are also in private practice), and about thirty assistants, who, the Reform Association states, do the main part of the practical work.

In respect of original research, the facilities obtainable at the University under existing conditions are in most cases so defective that it is a matter of current experience that investigators desirous of undertaking experimental research are obliged to go either abroad or to the Laboratory of the Royal College of Physicians or elsewhere for working facilities, which ought naturally to be found within the University.

The income of the medical side of the University falls under two chief heads: (1) Graduation and matriculation fees; (2) Class fees. The former moneys, about £2,000 a year, go to the general university fund, and the greater part of this is again returned to the Medical School for the payment of examiners and assistants, laboratory expenses, and the up-keep of the medical buildings. The class fees are paid by the students themselves directly to the professors; and in the year 1889-90 £23,259 8s. 4d. was thus received.

The emoluments of the professors are therefore derived from the latter sum of money, together with £1,620 15s. 2d. from endowment and the general university fund, making up a total sum of nearly £25,000, or a little more than £2,000 a year on the average. Out of this sum the professors paid in 1889-90 £4,537 7s. 8d. for departmental expenses (assistants and laboratory expenses) over and above the sums paid for these purposes out of the general university fund.

It is worth noting in this connection that the average nett incomes of medical professors were in the year 1886-87 £1,620 in Edinburgh, £907 in Glasgow, £645 in Aberdeen. The incomes of the medical professors in Edinburgh have, during the past few years, largely exceeded those of the other professors of the University, and have also greatly exceeded those of the medical professors in the English colleges and universities, which average about £800 per annum, without retiring allowances.

In each department the professor is the sole judge of how much money is to be laid aside out of his total fees for assistants and other expenses, and how much is to be retained by him as his own income. According to this system the fees are not University income but personal income. In the opinion of the Association the fees should not be personal, but should accrue to the University.

The evils of the present system are obvious. Some professors have, after making what provision they consider adequate for the requirements of their chairs, enjoyed nett incomes which bear no necessary relation to the work of the chair, or to the standard of the corresponding emoluments in other universities, either in this country or elsewhere, or even to the incomes of their colleagues in the same faculty. The system tends to discourage the development of such higher branches of teaching as are not in themselves remunerative.

PROFESSORS' RETIRING ALLOWANCES.

Formerly these were paid by the Treasury, they are now met by the University funds. These were first introduced by the Commission of 1858. We read on page 42 of their report that it previously had been the custom for a professor to retire from old age or ill-health and pay (or rather to under-pay, see page 213 Reports) an assistant to discharge his duties. The Commissioners state (page 42): "It was obviously essential, for the interests of the universities, to put an end to the necessity of resorting to such an expedient, and to provide means for enabling a professor so situated to retire from his office." The Lords of the Treasury were induced by the Commissioners to place Scottish professors on the same footing as those persons for whom the fourth section of the Superannuation Act enables a larger provision to be made than for persons engaged in the ordinary public service.

A principal or professor may, on the ground of ill-health or age, retire on a pension, equal to one-third of his income, calculated on the average of the five previous years, after ten years of service; and one-sixtieth more for each up to thirty years, when he may, on the same grounds, retire on two-thirds of his previous income.

The Association ventures to submit that the mode of the adjustment of the retiring allowances is now felt to have been an unfortunate one. The income of a professor depends on the number of students who have attended his class, and this is dependent upon the subject taught rather than upon the distinction of the teacher himself. In many cases it is obviously unfair that the professor of a subject which is lucrative in virtue of its position in the prescribed curriculum should, in addition, be entitled to a correspondingly large retiring allowance. The poorer professor has, in fact, the greater need of an adequate retiring allowance. In the medical faculty the retiring allowances to which the professors would have become entitled have been increasing *pari passu* with their incomes, so that, looking at the returns for 1889-90, we find that a full two-thirds retiring allowance for a medical professor would be more than £1,120 on the average, and in one case would be as much as £1,377 a year, calculated on nett income.

SUGGESTIONS BY THE ASSOCIATION.

The Association is confident that the Commission cannot fail to be impressed with the gravity of the position, and begs respectfully to submit the following suggestions for their consideration as a basis of amendment on Draft Ordinance (General) No. 10:

1. That if any equitable means of adjusting the emoluments of the medical chairs can be devised so as to liberate a proportion of the fees for the general purposes of the school, those means should be adopted.
2. That if it prove to be necessary to ask for a special Parliamentary grant, in order to bring about this change without crippling the general finances of the University, every effort be made to secure such grant.
3. That the University Court should be empowered to make, upon the appointment of any professor, extra-professor, lecturer, assistant, or other officer of the University, any regulation determining the amount and mode of his remuneration.
4. That the Commission recommend to the University Court that, in determining the amount and mode of the remuneration of any professor, extra-professor, or lecturer, the Court follow the principle of allowing a fixed stipend and a proportion of fees, taking into consideration that the duties of some of the chairs are discharged in conjunction with private practice, which is rendered more lucrative by reason of the University appointment. Such remuneration should be subject to revision and readjustment at stated intervals.
5. That all fees paid by students for classes should be paid to an officer of the University Court, and should form a medical faculty fee fund, to be applied, at the discretion of the Court, for the purpose of the medical school.
6. That the University Court should, in their discretion, allocate the fee fund from year to year to payments of professors, of new professors, of lecturers, of assistants, of laboratory and research expenses; to the purchase of appliances for practical classes, and to the expenses of the same; to the payment of any contribution or quota by the medical school towards the general expenses of administration; to the establishment of a medical faculty reserve and contingency fund; to the establishment of a fund for the endowment of new chairs to the medical faculty, or to any other purpose incident to the due carrying on and expansion of the medical school as a part of the University which the University may find to be necessary or expedient.

7. That the University Court be empowered to appoint extra professors of medical subjects. The Association recommends that immediate attention be given to the establishment of extra professorships in the following subjects: namely, an additional professorship of anatomy, and also professorships of bacteriology, histology, chemical physiology, and public health, and that the existing lectureships be raised to professorships.

8. That university lecturers appointed in the medical faculty by the University Court should be appointed for a period of five years with independent university status, the use of university room apparatus and museums, and remuneration to be determined by the University Court. That no assistant to a professor should at the same time be a university lecturer. The Association recommends that provision be made for the teaching of surgical pathology, medical physics, pharmacology, and diseases of the tropics, if necessary, by the institution of separate lectureships, and that clinical lectureships be established in gynaecology, fevers, dermatology, and throat and ear diseases, the remuneration being determined according as the lecturer appointed is or is not at the same time engaged in private practice.

9. That the whole teaching staff be paid directly by the University Court.

10. That all teaching appliances and collections in the museum and laboratories should be the property of the University, and be maintained at the expense of the University.

11. That careful consideration be given to the question of avoiding undue increase in the aggregate cost of medical education, and that if the suggestions of the Association be adopted, a ready adjustment of fees should be made.

12. That the accommodation in the new university buildings be readjusted and more fully utilised, with the view of providing rooms for the new teachers proposed.

SCOTTISH UNIVERSITIES COMMISSION.

We referred last week to the final form of the ordinance giving regulations for degrees in medicine in the University of Edinburgh, the draft of which was printed on June 26th, 1891. The ordinance differs in several essential points from the draft, and in every case the changes are progressive in scope.

The power of the University Court is everywhere more fully emphasised. There is a manifest intention to encourage and extend practical teaching as opposed to pure lecturing; for example, the draft ordained that clinical medicine and clinical surgery should "consist of regular instruction at the bedside, along with at least two clinical lectures a week during six of the nine months" given to the subject, whereas the ordinance runs: "Shall consist of regular instruction at the bedside, along with clinical lectures."

Again, Section vii, par. 8, of the draft ordered that the candidate for medical degrees "must have attended during a course of not less than fifty hours' instruction in the class of practical materia medica and pharmacy in the University of Edinburgh," or "he must have been engaged for not less than two years in the compounding, dispensing, and preparation of drugs as an apprentice with," etc. The ordinance, on the other hand, runs: "The candidate must have attended a course of twenty-five meetings on practical pharmacy in a university or recognised school of medicine, or have dispensed drugs for a period of three months in an hospital or dispensary, or in an establishment recognised by the Pharmaceutical Society."

Post-mortem examinations must now be attended.

Three months' attendance at a lying-in hospital is not now obligatory, but may be substituted for six of the compulsory twelve cases of labour.

"Elementary botany" and "elementary zoology" now appear in place of botany and zoology.

Practical anatomy is now to be attended "during two courses of not less than five months each," in place of one course of "five or six months."

The ordinary short courses stand as having to be attended for "not less than two and a-half months," in place of "three months."

Four professional examinations now stand instead of five in the draft. That which has been abolished is the "second in pharmacognosy and pharmacy." Further, "in subjects which admit of practical instruction, the examination shall be such as to test the practical acquirements of the candidate."

The fee to be paid for the degree of Doctor of Medicine shall be ten guineas (in place of five in the draft), exclusive of any stamp duty. Similarly, the fee for the degree of Master of Surgery has been doubled.

Finally, it was ordained in the draft that "the examinations shall be conducted under regulations framed by the Faculty of Medicine, subject to the approval of the Senatus." In the

ordinance this runs: "The examinations shall be conducted under regulations framed by the Senatus, subject to the approval of the University Court."

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, February, 1892. The following candidates passed in:

Surgery.—R. Freer, St. Mary's Hospital; A. W. Fyfe, Middlesex Hospital and Belfast; W. C. Hinde, Middlesex Hospital; J. H. Hobling, St. Mary's Hospital; H. F. Ransome, Manchester, Owens College; F. K. Rider, Leeds, Yorkshire College; J. W. Smith, London Hospital and Manchester; F. M. Toms, Middlesex Hospital.

Medicine, Forensic Medicine, and Midwifery.—G. H. Baird, St. Mary's Hospital and Dublin; W. T. B. Donnelly, Guy's Hospital; W. Overend, St. Bartholomew's Hospital; D. L. Thomas, London Hospital.

Medicine and Midwifery.—G. M. Arkle, Liverpool Royal Infirmary; V. J. R. Robin, King's College; G. P. Smith, Guy's Hospital; H. S. Ware, St. Thomas's Hospital.

Forensic Medicine.—P. J. Naden, Birmingham, Queen's College.

Midwifery.—G. R. S. Breeze, Royal Free Hospital; J. R. Daly, King's College.

To Messrs. Arkle, Baird, Daly, Hinde, Overend, and Miss Breeze was granted the diploma of the Society entitling them to practise medicine, surgery, and midwifery.

OBITUARY.

HENRY INGERSOLL BOWDITCH, M.D.

THE death of Dr. Bowditch, at the ripe age of 84, removes a physician who cast no little lustre on the profession of medicine in America. He was born at Salem, Massachusetts, and was the son of Nathaniel Bowditch, a mathematician of some eminence. He took the degree of B.A. at Harvard in 1828, and that of M.D. in 1832. He subsequently spent two years in Europe, chiefly in Paris, where he was much influenced by the teachings of Louis. Soon after his return to Boston he was an eye-witness of the famous "Garrison mob" in 1835, and thereafter threw himself heart and soul into the anti-slavery movement, and was a fellow-worker with Phillips and Garrison until emancipation was obtained. This action cost him many friends, and for a time stood in the way of his advancement. He, however, became connected with the Massachusetts General Hospital in 1838, and remained on its staff until he retired in 1864. While still occupying a junior post on the staff he raised the question of the admission of negro patients by recommending the admission of a case of pneumonia. The negro patient was refused admission, and Bowditch resigned, but his resignation was not accepted, and as a result the rule against the admission of negroes was rescinded. In 1859 he had become Jacksonian Professor of Clinical Medicine in Harvard University. He resigned his chair in 1867, but in the following year became physician to the Boston City Hospital, an office which he retained until 1871. He seems early to have given attention to diseases of the chest, and was one of the earliest advocates of thoracentesis, an operation which he performed in 1850.

In 1862 he published a remarkable address, in which he made a most valuable contribution to the study of the relation between soil moisture and phthisis. Thereafter a great deal of his attention was devoted to sanitary reforms, and in 1869, when the Massachusetts State Board of Health was formed—the first in the United States—he was chosen President, an office which he retained for ten years. He was a member also of the National Board of Health appointed in 1879, but already his health had begun to fail, and his public career was practically at an end. In 1877 he had been President of the American Association, and during the Civil War he acted as "surgeon of enrolment."

Dr. Bowditch was a member of the brilliant literary club of which Longfellow and Oliver Wendell Holmes were the best-known members, and was a man who commanded not only the respect, but the affection of those who knew him well.

GEORGE FORSTER BURDER, M.D., F.R.C.P.

GEORGE FORSTER BURDER was born at Stroud in 1824. He was the son of the Rev. John Burder, a Nonconformist minister, and the grandson of the Rev. George Burder, also a somewhat noted Nonconformist minister, and the author of *Village Sermons*, etc. He received his medical education at University College, London; in 1850 he obtained the diploma of M.R.C.S.; in 1851 that of L.S.A. and the degree

BRADFORD EYE AND EAR HOSPITAL.

THE thirty-fifth annual meeting of the subscribers was held on February 20th. The number of new patients was 4,113, of which 1,183 were under 14 years of age, and 1,908 from places beyond the town. The number of in-patients was 517. The average time of each in the hospital was 16.2 days. Of the 489 major operations, 62 were extractions of cataract in old persons. These make a total of 340 consecutive extractions without a case of suppuration following the operation.

HOSPITAL SATURDAY FUND.

THE report presented at the annual meeting of this fund, held on February 20th, under the presidency of the Lord Mayor, showed that the receipts for the year ending January 4th, had been £19,646, as against £20,333 in 1890. The expenses of collection had been £3,103, as compared with £2,916 in 1890. The workshop collection had amounted to £14,503, and the street collection to £4,912. The sum awarded this year to 150 institutions was £15,881, in addition to £354 spent in the purchase of hospital letters. Important changes, it was stated, had taken place in the constitution of the staff, which would make a considerable reduction in the working expenses during the present year.

MEDICO-PARLIAMENTARY.

HOUSE OF LORDS.—Monday, February 22nd.

The Gresham University.—The Earl of DEBY presented a petition from the Victoria University and its constituent colleges, praying that the House would refuse its sanction to the draft charter of the proposed Albert University, on the ground that it would endanger the maintenance of the standard of medical degree examinations, and seriously injure the prosperity of medical schools outside London.

HOUSE OF COMMONS.—Thursday, February 18th.

Inspection of Weaving Sheds.—MR. MATTHEWS said, in reply to Sir H. JAMES, that the experience of the operation of the Factories and Workshops Amendment Act of 1891 had not been sufficient to enable him to decide whether any or what increase of the staff was required, but particular attention was being directed to this important matter.

Friday, February 19th.

Gresham University Draft Charter.—Sir W. Hart DYKE, replying to Mr. PICTON, said there had been no revision of the draft charter as settled by the Committee. The parties were told at the hearing that the Committee would be prepared to consider any alteration of the name of the new University. A petition was presented by the two Colleges, and the assent of the Gresham Committee and of the ten medical Colleges accompanied it, praying that the name of Gresham may be adopted. The Committee met on Tuesday, February 16th, and agreed to this proposal. The draft charter would be laid on the table in a few days.

The Coroners Act Amendment Bill.—The Bill to amend the Coroners Act of 1887, introduced by Sir Walter Foster on February 19th, dispenses with the formality of "viewing the body," unless the coroner considers it needful for the jury to see the corpse, or unless a majority of the jury, after having heard the evidence, express a desire to do so before considering their verdict. The coroner would, if the measure became law, be the only person required to view the body after the present fashion. The Bill also enacts that persons charged with murder or manslaughter can be brought to an inquest at the written request of the coroner. Amongst the backers of the measure are Mr. H. S. Wright, Mr. Addison, and Mr. J. R. Kelly,

Wednesday, February 24th.

Shop Hours Bill.—MR. PROVAND moved the second reading of this Bill, the object of which was to re-enact and amend the Shop Hours Regulation Act, 1886, relating to the employment of women and young persons in shops. That statute, which would expire at the end of this year, enacted that young persons of either sex, under 18 years of age, should not be employed in shops, warehouses, and publichouses more than seventy-four hours per week. The present Bill made two additions—in the first place, adult women would be brought within the purview of the Bill; and, secondly, power was to be given to inspectors to see that effect was given to its provisions.—MR. MATTHEWS said the only ground put forward that day for this proposed legislation was the medical ground. It was said that the employment of women in shops was so prejudicial to their health that the House ought to interfere on the score of humanity; but in such documents as he had had access to he found no evidence to support that contention. In the evidence given before the Committee of 1886, to which so much reference had been made, there was nothing to show that the labour undertaken in shops by adult women—long and, in some cases possibly, excessive labour—produced such injurious effect upon their health that legislation of this kind was really needed. He did not think that many people would agree that a woman who worked ten hours at a spinning-jenny, a machine requiring extreme watchfulness, and which was in a constant state of activity and whirl, was not worked harder than a woman whose business it was to attend to different customers with different characters. The independent doctors who were called before the Committee of 1886 confined their observations to the case of growing girls between the ages of 15 and 21. They were the people, according to the doctors, who might be physically injured in consequence of long hours of work. But with reference to adult women, he could find no evidence. He had applied to the Registrar-General, asking whether he could throw any light upon the question whether the mortality of the female shop assistants was higher than that of any other class of the community. The reply which he had received was that no statistical material existed on which to make any positive statement on the subject. If anybody asserted that shopwomen suffered in excess of any other class of women he should be glad to know what was the basis of the assertion. According to the evidence at his disposal it was a mere assumption. If hon. members turned to the last report of the Registrar-General they would find that the mortality amongst male shop assistants

was exceptionally low. In his opinion, then, the medical ground for this exceptional legislation was not proved.—The second reading was carried by a majority of 23, and the Bill referred to a Select Committee.

MEDICAL NEWS.

THE next annual Congress and Exhibition of the Sanitary Institute will be held at Portsmouth in September.

THE Chair of Pharmacology in the Paris Faculty of Medicine has been filled by the appointment of Dr. G. Pouchet.

A PHARMACOLOGICAL INSTITUTE is about to be built at Erlangen at an estimated cost of 71,000 marks (£3,550).

LORD CARRINGTON presided at the annual dinner of the East London Hospital for Children, Shadwell, on February 24th, when a sum of about £2,000 was subscribed.

A COMMITTEE has been formed at Vallerangues, in the Department of Gard, for the erection of a monument to M. de Quatrefages, the distinguished French naturalist, whose death we announced recently.

At the first meeting of the new Boards of Directors of the Royal Infirmary and Royal Lunatic Asylum, Aberdeen, Mr. David Littlejohn and Mr. Alexander Walker were unanimously re-elected Chairmen of the respective Boards.

LEPROSY IN THE UNITED STATES.—The Philadelphia Board of Health has adopted resolutions calling on the United States Congress to establish stations for the treatment of lepers.

PRESENTATION.—MR. C. M. Brady, of Wigan, has been the recipient of a handsome case of cutlery from his professional brethren on the occasion of his marriage. The case bore the following inscription: "Presented to C. M. Brady, Esq., by a few of his medical friends on the occasion of his marriage, February 16th, 1892."

WIGAN MEDICAL SOCIETY.—The following gentlemen have been elected office-bearers for 1892: *President*: Mr. J. B. Stuart, J.P., F.R.C.S.Ed. *Committee*: C. M. Brady, Ex-President; W. C. Barnish, R. Cowan, G. H. Monks, jun., J. A. Marsden, M. Benson. *Treasurer*: G. H. Monks, jun. *Honorary Secretary*: Wm. Berry, F.R.C.S.I.

THE University of Munich has created a new degree—"Doctor of Pharmacy"—which will be granted after a curriculum of seven academical sessions (semesters) and examination in one principal subject, Chemistry or Botany, and in three secondary subjects combined as follows: Mineralogy, Physics, and Botany, or Zoology, Physics, and Chemistry. An inaugural dissertation must also be presented.

MANCHESTER MEDICAL SOCIETY.—The following officers have been elected for 1892: *President*: David Lloyd Roberts, M.D. (Manchester). *Hon. Treasurer*: William Walter, M.D. (Manchester). *Honorary General Secretary*: Henry Briggs, F.R.C.S.Eng. (Liverpool). *Local Secretaries*: William Lauder, M.D. (Manchester); Thomas B. Grimsdale, M.B. (Liverpool); Sydney Rumbold, F.R.C.S.Edin. (Leeds); Richard Favell, M.R.C.S. (Sheffield); David Lawson, M.D. (Hull), together with 8 vice-presidents and 24 members of council.

A SOCIETY FOR THE HELP OF DISCHARGED LUNATICS.—The French Minister of the Interior has sent a circular note to the prefects of the different departments relative to the creation of benevolent societies whose object it should be to help lunatics discharged from asylums. Many insane persons are perfectly harmless, and are only kept in asylums because they have no means of support and are incapable of earning their living. The Minister urges on the prefects the desirability of their promoting the establishment of charitable societies for the purpose indicated.

POISON BOTTLES.—According to Mr. Brighouse, the coroner, fatal mistakes resulting from mistaking poisonous lotions for draughts are very frequent in the county of Lancaster, and it is suggested once more that the Legislature should compel the sale of poisonous fluids in bottles of a distinctive shape and colour. The case which gave rise to these observations was a peculiarly painful one. A young woman, the wife of a puddler, who had recently been confined, asked her mother-

in-law to give her a dose of medicine out of a bottle on the dressing-table. The mother-in-law complied, but, being an old woman with defective eyesight, she mistook the bottle. Her daughter-in-law's exclamation, "You have given me the eye-water," was the first intimation of her fatal error. Medical aid was summoned and on the spot within a few minutes, but the sufferer succumbed to atropine poison.

BETTING AS THE HANDMAID OF CHARITY.—The Committee appointed to allocate the proceeds of the tax levied by the French Government on all bets made on racecourses has distributed them as follows: 100,000 francs (£4,000) to the funds of the French Hospital at Constantinople; 75,000 francs (£3,000) towards the establishment of a hospital in Savoy; a grant (amount not stated) for the creation in one of the Paris hospitals of a second ambulance station on the lines of that now in existence at the Hôpital St. Louis; and "a considerable sum" for the establishment at St. Raphaël, in the Department of Var, of a large hospital for scrofulous children on the lines of that at Berck-sur-Mer.

His Royal Highness the Duke of Connaught, speaking at the annual meeting of the Royal Portsmouth Hospital, proposed that the sincere thanks of the subscribers be tendered to the honorary medical and surgical officers and the chaplain for their valuable services during the year. He spoke in the highest terms of the efficiency of the hospital, of its untold value to the town, and the gratitude of the inhabitants for the large amount of time devoted by the medical officers to their duties to the hospital and for the services which they so generously gave. As a general officer he expressed in the name of the army their very grateful thanks for the kind manner in which soldiers who had been received in the hospital had been treated and the skilful attention given to them.

A TROPICAL BIOLOGICAL STATION.—A published letter from the wife of the Governor of Jamaica appeals for the creation of a marine biological station in Jamaica, to be called "The Columbus Marine Biological Station." It is proposed to connect the establishment with the celebration of the fourth centenary of the discovery of the Western World. The coast of Jamaica offers a rich and promising field for such explorations. No marine biological station as yet exists in any tropical country. The leading biologists—Huxley, Lankester, Flower, etc.—have expressed their hearty approval. Professor Lankester (Oxford) and the Hon. Walter Rothschild have undertaken to receive subscriptions. £15,000 will be needed to establish the laboratory on a sound basis.

DERMATOLOGICAL PRIZES.—The prize which, as announced in the *BRITISH MEDICAL JOURNAL*, was offered in 1891 by Dr. Unna, of Hamburg, for the best essay on the Topography of the Elastic Tissue in the Skin of Adults, has been awarded to Dr. Zenthöfer, of Stallupönen. The subject of the prize (£15) for 1892, which is open to all competitors without restriction, is the Wasting and Regeneration of the Elastic Tissue of the Skin under Different Pathological Conditions. The judges are Professors Klebs and Hoyer. Essays must be sent in by the beginning of December, 1892, to Leopold Voss, publisher, Hohe Bleichen 18, Hamburg, from whom any further information that is required may be obtained.

JOTTINGS FROM AMERICA.—At an inquest recently held at Indianapolis on the body of a man who had died in a hospital while under the influence of an anæsthetic, the jury added a rider to their verdict to the effect that the surgeon in charge of the case had been guilty of gross carelessness in allowing a medical student to administer the anæsthetic.—A physician of Huntingborg (Indiana) has been fined 50 dollars for "indiscretion in illustrating human anatomy for the benefit of a hysterical young lady."—A petition has been presented to the Massachusetts Legislature, praying that steps may be taken to make the use of tobacco by persons under 16 years of age illegal.—According to Dr. W. P. Watson, Secretary of the New Jersey State Board of Examiners, 10 per cent. of the 2,500 licensed practitioners in that State are registered on bogus diplomas.—An extraordinary and complex accident is reported from Wichita (Kansas). A nonagenarian physician, while attempting to bleed his granddaughter, had an apoplectic seizure. The poor old man severed an artery in the young lady's arm, causing fatal hæmorrhage, and he himself died soon after of apoplexy.

PROFESSOR F. A. FLÜCKIGER, the distinguished professor of pharmacognosy in the University of Strassburg, will, it is announced, resign his chair at the end of the present winter semester. An international committee is being formed, on the initiative of Professor A. Tschirch, of the University of Berne, for the commemoration of Professor Flückiger's services to pharmacology and the history of drugs, in the shape of a fund to be applied in the foundation of a "Flückiger medal," or of money prizes for the encouragement of the scientific study of medicinal substances.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Hermann Aubert, for the last twenty-six years Professor of Physiology in the University of Rostock, aged 65; Dr. Mallevialle, of Belmont, formerly Deputy for the Aveyron District and a candidate for the French Senate; Dr. Bourgeois, of Etampes, author of writings on Anthrax, etc.; Dr. Brossard, formerly Professor in the Medical School of Poitiers; Dr. Ferdinand Bourgarel, chief Physician to the Hôtel Dieu at Toulon; and Dr. Felix Schwarz, described by the *Wiener medizinische Wochenschrift* as "one of the most gifted, most cultured, and most lovable of the younger physicians of Vienna," aged 35.

VACCINATION AND SMALL-POX IN JAPAN.—The total number of persons vaccinated in the Japanese empire in 1888 was 1,817,382; of these operations, 681,592 were unsuccessful. In 1889, the total number of vaccinations was 2,295,988, of which 952,805 were unsuccessful. In 1888, the number of cases of small-pox was less by 35,739 than in the previous year, and in 1889 there was a further fall of 2,728, as compared with 1888. This progressive decrease is attributable to the more general practice and increased efficiency of vaccination which followed the enactment by the Home Department of more stringent regulations which came into force in January, 1886. The disease is still, however, more or less prevalent all over the country, and great vigilance is necessary to keep it from spreading.

CHARITABLE FOOTBALL.—Football players who so frequently provide hospitals with work are, it must be admitted, not remiss in giving practical proofs of their gratitude. The second annual football match in aid of the Leeds Workpeoples Hospital Fund, between a team of the Leeds Players and members of the "Grand" and "Royal" pantomime companies took place last week on the Headingley ground. The day was beautifully fine, and it is expected that considerably over £400 will be available for the hospital fund. Another match was that played on February 20th between the Yorkshire County team and a team chosen from the Rest of England. A splendid game ended in favour of Yorkshire by four points to *nil*. The "gate" was again an enormous one, and the charities will be benefited by this match to the extent of over £1,000.

LITERARY INTELLIGENCE.—A new quarterly journal, the title of which (*Annals of Ophthalmology and Otology*) is descriptive of its scope, has recently begun to appear in Kansas City, U.S. The editor is Dr. James F. Parker.—The *National Popular Review*, which is to be an illustrated journal of preventive medicine "for the profession and the people," will appear on July 1st, 1892, and will be published monthly at San Francisco, Los Angeles, and San Diego simultaneously, under the editorship of Dr. P. C. Remondino, a well-known member of the California State Board of Public Health.—Two Spanish medical journals, the *Revista Clínica de los Hospitales* of Madrid and the *Correo Medico Castellano* of Salamanca, have recently ceased to appear.—The *International Medical Magazine* is the title of a new monthly medical journal published by the Lippincott Company of Philadelphia. A special department is allotted to forensic medicine.—Dr. R. A. Smith has retired from the editorship of the *Therapeutic Gazette*, which will henceforth be under the direction of Dr. H. A. Hare.

FRENCH HOSPITAL AND DISPENSARY.—The twenty-fourth annual dinner in aid of the funds of this institution was held at the Hôtel Métropole on February 20th, His Excellency the French Ambassador in the chair, supported by the Lord Mayor and various members of the Diplomatic Corps. During the past year 731 in-patients and 19,274 out-patients, belong-

ing to some twenty different nationalities, were under treatment. As the only hospital in London open to French-speaking patients irrespective of nationality, the hospital appeals, and hitherto with a confidence that has been justified by the result, to a very wide circle of supporters, and in the course of the evening subscriptions amounting in the aggregate to some £2,500 were received. An increase in the annual expenditure has occurred, owing mainly to the extra cost of keeping in a proper condition of efficiency the buildings recently constructed at a cost of upwards of £20,000 in Shaftesbury Avenue. The usual toasts were duly responded to, the musical arrangements being under the superintendence of M. Jacobi.

SHEFFIELD PUBLIC HOSPITAL.—Dr. Sidney Roberts, who recently resigned his appointment as physician to the Sheffield Public Hospital in order to engage in general practice at Beckenham, was entertained at dinner on February 12th by a number of his professional brethren. Mr. W. F. Favell, J.P., President of the Sheffield School of Medicine and senior surgeon to the General Infirmary, was in the chair, and among others present were Dr. W. Dyson, senior physician to the Infirmary, and Dr. Burgess, senior physician, and Dr. Keeling, senior surgeon, to the Public Hospital. At a special general meeting of the governors of the Public Hospital and Dispensary convened for the purpose of electing a physician in place of Dr. Sidney Roberts, a vote of thanks was passed to that gentleman for his services to the institution during the six years he had been a member of its honorary medical staff. Dr. Keeling said that in Dr. Roberts the hospital had had one of the most laborious and efficient servants he had known during the past twenty-five years. He proposed that in recognition of his work, which had been of the best quality, Dr. Roberts should be appointed an honorary consulting physician to the Public Hospital. This was unanimously agreed to. Dr. W. Crockley, Clapham, was appointed to the physicianship vacated by Dr. Roberts's resignation.

FORCED EXTENSION IN TABES DORSALIS.—Yet another violent method of treatment has been proposed for tabes dorsalis. The originator is an Italian surgeon, Pietro Bonuzzi, and the plan has been tried by him and also by Dr. Benedikt, of Vienna. It consists in applying forced extension to the spinal column, and has the advantage of requiring no special apparatus, as did the other mechanical treatment—namely, suspension. All that is necessary is to seize the feet with a towel, and carry them forwards so that the knees touch the patient's forehead, the head being raised by a cushion. Bonuzzi has found that by this method an elongation of the cord is produced which is from three to four times as great as that effected by suspension, and claims that the effects are correspondingly more brilliant. Patients who, before treatment, could neither walk nor stand steadily, could afterwards take long walks and stand easily with their eyes closed. Great caution appears, however, to be necessary, for Benedikt reports rachialgia, swelling of the thighs, and muscular hæmorrhages in some cases after treatment, and, in one instance, fainting and a general adynamic condition with vomiting, which lasted several days.

AN ESCAPE AT THE BRADFORD FEVER HOSPITAL.—The *Bradford Daily Telegraph* relates the double escape of a patient from the Fever Hospital there under very ludicrous circumstances. A young woman certified as suffering from typhoid was received into the hospital, and the medical superintendent and visiting physician, failing to discover anything wrong with her, excepting, perhaps, hysteria, had her placed in an isolation room. From this the girl appears to have made her escape, but was soon captured by a constable, who took her to the Town Hall, where an ambulance (presumably fever) was provided, and she was restored to captivity, put to bed, and had a nurse entirely to herself to prevent a repetition of her vagary. Notwithstanding the nurse's vigilance, the girl managed to escape a second time, and was found by another constable in a public-house in the neighbourhood, from which she was again removed by ambulance to the hospital, and, after a night's rest, was sent home to her parents. The affair has excited much ridicule in Bradford, but it is unfair to call it scandal, as the evening paper does, since cases of mistaken diagnosis may occur anywhere, though seldom with such ludicrous consequences.

MEDICAL VACANCIES.

The following vacancies are announced :

- BELMULLET UNION** (Knocknalower Dispensary).—Medical Officer Salary, £110 per annum, and fees. Applications to Mr. Thomas Swift, Ballinaboy, Pollatomas, Belmullet, Honorary Secretary. Election on March 2nd.
- BIRMINGHAM AND MIDLAND EYE HOSPITAL.**—Assistant House-Surgeon. Salary, £50 per annum, with apartments and board. Applications to the Chairman of the Medical Board by March 10th.
- BRADFORD INFIRMARY AND DISPENSARY.**—Honorary Gynaecologist. Applications to the Secretary at least ten days before the election on March 4th.
- BRIDGWATER INFIRMARY.**—House Surgeon. Salary, £80 per annum, with board and residence. Applications to Mr. John Coombs, Hon. Sec., by March 11th.
- CAMBERWELL HOUSE ASYLUM.** Camberwell, S.E.—Junior Medical Officer; unmarried. Salary, £100 per annum, with board, lodging, washing, etc. Applications to the Medical Superintendent.
- 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 OPHTHALMIC HOSPITAL,** 328 A. Gray's Inn Road, W.C.—House-Surgeon. Rooms, coals, and light provided. Applications to the Secretary by March 5th.
- 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.
- DENBIGHSHIRE INFIRMARY,** Denbigh.—House-Surgeon. Must be conversant with the Welsh language. Salary to commence at £85 per annum, with board, residence, and washing. Applications to W. Vaughan Jones, Secretary.
- 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.
- 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.
- GOREY UNION, Gorey Dispensary.**—Medical Officer. Salary £135 per annum and fees. Applications to Mr. Henry Ringwood, Honorary Secretary, Medop Hall, Camolin. Election on March 2nd.
- HOSPITAL FOR DISEASES OF THE THROAT,** Golden Square.—Vacancy on the Honorary Medical Staff. Applications to the Secretary by February 29th.
- HOXTON HOUSE ASYLUM, N.**—Assistant Medical Officer. Salary, £120 per annum, rising £10 a year to £160, with board, lodging, and washing. Applications to the Medical Superintendent.
- LEEDS PUBLIC DISPENSARY.**—Junior Resident Medical Officer. Salary, £85 per annum. Applications to the Secretary of the Faculty by March 8th.
- LINCOLN COUNTY HOSPITAL.**—House-Surgeon; doubly qualified; unmarried, and under 40 years of age. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary by March 12th.
- LONDON LOCK HOSPITAL AND ASYLUM,** Harrow Road, W., and 91, Dean Street, Soho, W.—Registrar. Applications to the Secretary at Harrow Road by March 26th.
- 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 Mosaic Fever Hospital. Appointment for twelve months. Salary, £100 per annum, with board and residence. Applications to the Chairman of the Board, by March 5th.
- 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, £30 per annum, with board, etc. Applications to Dr. Howden.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, Bloomsbury.—Senior House-Physician; doubly qualified. Salary, £100 per annum, with board and apartments. Applications to B. Burford Rawlings, Secretary, by March 10th.

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.

NORTH DUBLIN UNION.—Medical Officer to Workhouse. Salary, £150 per annum. Applications to Mr. Atkinson, Clerk of the Union. Election on March 2nd.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, N.E.—Junior House-Surgeon for nine months; doubly qualified. Salary at the rate of £80 per annum. Applications to A. Nixon, Secretary, 27, Clement's Lane, E.C., by March 12th.

PADDINGTON UNION, W.—Assistant to the Medical Superintendent of the Infirmary, and Assistant Medical Officer of the Workhouse; doubly qualified; unmarried. Salary, £100 per annum, rising £5 annually to £120, with board, lodging, and washing. Applications by March 5th.

PARISH OF BERMONDSEY.—Analyst. Fee, 10s. each analysis. Applications addressed "Application for Analyst," Town Hall, Spa Road, S.E., by March 7th.

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.

RATHDRUM UNION (Dungans Town Dispensary).—Medical Officer. Salary, £110 per annum and fees. Applications to Mr. Edward Chamney, Honorary Secretary, Ballinclare, Kilbride. Election on February 29th.

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.

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.

WEST LONDON HOSPITAL, Hammersmith Road, W.—House-Physician. Appointment for six months. Board and lodging provided. Applications to R. G. Gilbert, Secretary Superintendent, by March 16th.

WEST LONDON HOSPITAL, Hammersmith Road, W.—House-Surgeon. Appointment for six months. Board and lodging provided. Applications to R. G. Gilbert, Secretary Superintendent, by March 16th.

WESTON-SUPER-MARE HOSPITAL.—House-Surgeon; unmarried; doubly qualified. Salary, £50 per annum, with board and residence. Applications to the Hon. Secretary by March 9th.

MEDICAL APPOINTMENTS.

ALLBUTT, Thomas Clifford, M.D., LL.D., F.R.S., appointed Regius Professor of Physic in the University of Cambridge, *vice* Sir George Paget, K.C.B., deceased.

ATKEY, P. J., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital.

BANKS, A., L.R.C.P., M.R.C.S., appointed Senior Obstetric House-Physician to St. Thomas's Hospital.

BISHOP, T. H., M.R.C.S. Edin., appointed House-Surgeon to the Royal Portsmouth Hospital, *vice* John Watson, M.B., L.R.C.P., resigned.

BOND, Charles K., L.R.C.P. Lond., M.R.C.S., D.P.H., appointed Medical Superintendent of the Bradford Corporation Fever Hospital.

BOX, C. R., B.Sc. Lond., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital.

BULLAR, J. F., M.B., F.R.C.S., reappointed Honorary Medical Officer to the Hampshire Nurses Institute.

BURDEN, H., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital.

CADMAN, Arthur W., L.R.C.P.I., M.R.C.S. Eng., appointed Demonstrator of Anatomy at King's College.

CHILD, Edwin, M.R.C.S., L.S.A., reappointed Medical Officer of Health to the Urban Sanitary Authority of New Malden.

CROSSFIELD, Arthur K., L.R.C.P., L.R.C.S. Edin., reappointed Medical Officer for the Dittisham District of the Totnes Union.

DALZIELL, A., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Throat, St. Thomas's Hospital (extension).

DOLAMORE, William H., L.R.C.P. Lond., M.R.C.S., L.D.S., appointed Medical Tutor to the London School of Dental Surgery, *vice* Dr. H. Baldwin, resigned.

FAIRBANK, F. R., M.D. Heid., etc., appointed Consulting Surgeon to the Doncaster General Infirmary and Dispensary.

FISHER, J. H., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Ear, St. Thomas's Hospital (extension).

FORD, T. A. M., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital.

GUNTHER, Theodore, M.D. Tübingen, L.R.C.P. Lond., reappointed Medical Officer of Health for Teddington.

HALPIN, J. E., L.R.C.S.I., appointed Medical Officer to the Fifth District of the Mansfield Union, *vice* H. Parry Jones, M.R.C.S.

HAYDON, T. H., B.A., M.B., B.C. Cantab., L.R.C.P., M.R.C.S., appointed Junior Obstetric House-Physician to St. Thomas's Hospital.

HICKMAN, William, M.B., F.R.C.S., appointed Surgeon in Ordinary to his Royal Highness the Duke of Edinburgh *vice* Sir Oscar Clayton, deceased.

JAMES, L. L., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glas., appointed Medical Officer of the Workhouse, Rochford Union.

KELLOCK, T. H., M.A., M.B., B.C. Cantab., F.R.C.S., L.R.C.P., appointed House-Surgeon to St. Thomas's Hospital.

LAKEMAN, Thomas, L.R.C.P. Lond., M.R.C.S. Eng., reappointed Medical Officer for the Ugborough, and North Huish Districts of the Totnes Union.

LATTER, C. B.A., M.B., B.C. Cantab., appointed Resident House-Physician to St. Thomas's Hospital (extension).

LITTLETON, P. R., M.R.C.S., reappointed Medical Officer of Health for the Ashbourne Rural and Urban Sanitary Districts.

LOVELL, C. P., M.A., M.B., B.Ch. Oxon., L.R.C.P., M.R.C.S., L.S.A., appointed Clinical Assistant in the Special Department for Diseases of the Skin, St. Thomas's Hospital.

LOWNDS, H. A., L.R.C.P. & S. Edin., appointed Surgeon to the Doncaster General Infirmary and Dispensary, *vice* F. R. Fairbank, M.D., resigned.

MCCRERY, Dr., appointed Medical Officer for the South Brent District of the Totnes Union, *vice* H. S. Johnson, M.R.C.S.I.

MACNABE, L. A., M.B., C.M. Durh., appointed Medical Officer to the South Shields Workhouse, *vice* C. Pope, L.R.C.P., L.R.C.S. Edin., resigned.

MILTON, W. F. E., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital.

OBASA, Prince Orisadipe, L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Throat, St. Thomas's Hospital.

PERKINS, J. J., B.A., M.B., B.C. Cantab., L.R.C.P., M.R.C.S., appointed Non-Resident House-Physician to St. Thomas's Hospital.

PHILLIPS, P. C., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Skin, St. Thomas's Hospital.

PURVIS, W. P., B.Sc. Lond., L.R.C.P., M.R.C.S., appointed Non-Resident House-Physician to St. Thomas's Hospital (extension).

ROCHE, Antony, M.R.C.P.I., L.R.C.S.I., L.M., appointed Examiner in Sanitary Science in the Royal University of Ireland.

SCANLON, Alfred Ernest, L.R.C.P., L.M., L.R.C.S. Edin., appointed Medical Officer of the Newport District of the Middlesbrough Union, *vice* John A. Malcolmson, M.D.

SELLERS, A. E., L.R.C.P. Lond., M.R.C.S., appointed Medical Officer for the Thornhill and Whitley Sanitary Districts of the Dewsbury Union.

SIMMONS, W. Wickham, B.A., M.B. Cantab., appointed Resident Medical Officer to the City of London Hospital for Diseases of the Chest, Victoria Park, *vice* Dr. Chaplin, resigned.

SMITH, Kenneth R., M.D. Lond., M.R.C.S. Eng., reappointed Medical Officer for the Harberton and Halwell Districts of the Totnes Union.

SPROTT, Dr., appointed Medical Officer for the Patterdale District of the West Ward Union, *vice* William Bain, M.D. Glas., deceased.

STADDON, John R., L.R.C.P. Lond., M.R.C.S. Eng., appointed Medical Officer to the Ipswich Union.

USDELL, Henry, M.R.C.S. Eng., L.S.A., reappointed Medical Officer for the District of Staverton and Rattery of the Totnes Union.

VERRALL, Thomas Jenner, L.R.C.P. Lond., M.R.C.S. Eng., appointed Honorary Consulting Surgeon to the Brighton, Hove, and Preston Provident Dispensary.

VICKERS, Charles William, L.R.C.P. Edin., M.R.C.S. Eng., appointed Medical Officer of Health for the Paignton Urban District, *vice* Thomas H. T. Mudge, L.R.C.P. Lond., deceased.

VINCENT, Herbert E., M.D., B.S. Lond., M.R.C.S., L.R.C.P., appointed to the Staff of the Croydon General Hospital, *vice* Dr. P. T. Duncan, resigned.

VINTRAS, Louis, B.Sc. Paris, L.R.C.P., M.R.C.S. Lond., appointed Resident Medical Officer to the French Hospital and Dispensary (Shaftesbury Avenue, W.C.), *vice* Mr. Henri Dardenne, resigned.

WALLACE, C. S., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Ear, St. Thomas's Hospital (extension).

WATSON, William, M.R.C.S. Eng., L.S.A., appointed Medical Officer of Health for the Rochester Urban Sanitary District.

WYMAN, C., M.A., M.B., B.C. Cantab., L.R.C.P., M.R.C.S., appointed Resident House-Physician to St. Thomas's Hospital.

YULE, Robert Mortimer, M.D., M.B., C.M. Aberd., appointed Medical Officer to the Parochial Board of Bressay, *vice* F. D. A. Skae, M.D. Edin., deceased.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. William Lang: Diseases of the

Iris: Great Northern Central Hospital, 8 P.M.—Dr. Gal-
loway: Cardio-Vascular System.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. F. Wethered: The Dia-
gnostic and Prognostic Value of Tubercle Bacilli in the
Sputum. Mr. Spencer Watson: The Effects of Intranasal
Obstruction on the General Health.

TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr.
Percy Smith: Insanity and Organic Brain Disease. Hos-
pital for Diseases of the Skin, Blackfriars, 4 P.M.—Dr.
Payne: Seborrhoea and Allied Affections. Charing Cross
Medical School, 8 P.M.—Dr. Boxall: The Rational Em-
ployment of Antiseptics in Midwifery.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 5 P.M.—Annual meeting.
President's Address. Alteration of by-laws. Election of
President and other officers.

PATHOLOGICAL SOCIETY OF LONDON, 8.30 P.M.—Adjourned discussion on
Phagocytosis and Immunity. Card Specimen: Dr. C.
Slater: Cultures and Preparations of Leprosy Bacilli.

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Parkes Museum, 74A, Margaret Street,
W., 1 P.M.—Dr. Louis C. Parkes: Communicable Diseases
—Etiology of Zymotic Diseases, and Modes of Prevention:
Incubation Periods; Quarantine; Isolation at Home and
in Hospital; Compulsory Notification; Disinfection. Hos-
pital for Consumption, Brompton, 4 P.M.—Dr. C. T.
Williams: Asthma. Royal London Ophthalmic Hospital,
Moorefields, 8 P.M.—Mr. A. Stanford Morton: Ocular
Paralysis.

OBSTETRICAL SOCIETY OF LONDON, 8 P.M.—Specimens will be shown by
Dr. Handfield Jones and Dr. Horrocks. Papers on Cæsar-
ean Section will be read by Drs. Leith Napier, John
Shaw, and Cullingworth.

THURSDAY.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralyzed
and the Epileptic, 2 P.M.—Mr. R. Brudenell Carter: Ocular
Symptoms in Diseases of the Nervous System. Hospital for
Sick Children, Great Ormond Street, 4 P.M. Dr. Arkle:
Pathological Demonstration. No. 1. Tuberculosis. Lon-
don Throat Hospital, Great Portland Street, 8 P.M.—Dr.
Woakes: Necrosing Ethmoiditis.

HARVEIAN SOCIETY OF LONDON, Stafford Rooms, 8.30 P.M.—Mr. Lock-
wood and Mr. Cosens: Traumatic Infection, illustrated
with Micro-photographs. Dr. Lewers: A Case of Face
Presentation, illustrating the value of Axis-traction
Forceps.

FRIDAY.

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's
College, 11 A.M. to 1 P.M.—Professor Crookshank: Lecture
—Erysipelas and Suppuration; Practical Work: Strepto-
cocci. Hospital for Consumption, Brompton, 4 P.M.—Dr.
C. T. Williams: The Compressed Air Bath and its Uses.
Charing Cross Medical School, 8 P.M.—Dr. Boxall: Ob-
stetric Operations: A Practical Demonstration, with Manni-
kin and Still-born Fœtus.

WEST KENT MEDICO-CHIRURGICAL SOCIETY, Royal Kent Dispensary,
8 P.M.—Mr. Bruce Clarke: On The Radical Cure of Prosta-
tic Enlargement by the Galvano-cautery. The electrical
apparatus will be demonstrated by Dr. Lewis Jones.

SATURDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 11 A.M.—Dr.
Percy Smith: Insanity and Syphilis.

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.

BIRTHS.

FULLER.—On the 20th instant, the wife of Andrew Fuller, surgeon, Bug-
brook, of a daughter.

JOYCE.—On the 17th inst., at Glyncoly House, Treorkey, the wife of R.
Conwy Joyce, M.B., of a daughter.

MACKENZIE.—On December 21th. 1891, at Inverness House, Mount Morgan,
Queensland, the wife of Arthur C. Mackenzie, L.R.C.P. & S., L.F.P. &
S.G., of a daughter.

MARRIAGE.

HOWELL-PRINGLE.—At Edinburgh, on 17th inst., R. Edward Howell,
M.B. Edin., M.R.C.S., of Middlesbrough, to Jean, eldest daughter of
the late Geo. Pringle, of Manchester.

DEATHS.

CAIRNS.—On February 21st, at 4, Ardgowan Square, Greenock, N.B., David
Cairns, M.D., aged 40 years.

HYRONS.—On the 3rd inst., at sea, the result of a gun accident, Ernest
Augustus Hyrons, M.R.C.S. Eng., L.R.C.P. Edin., L.F.P. & S.G., aged
34, surgeon of s.s. *Monmouthshire*, only son of John Hyrons, Fernleigh,
Fedmoe, Stourbridge.

JONES.—At Bareilly, N.W.P. India, on Jan. 28th, 1892, from croup, David
Stewart Lewis, aged 2 years and 5 months, the dearly loved and only
child of Surgeon-Captain and Mrs. J. M. Jones, Army Medical Staff.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). Hours of Attendance.—Daily, 2. Operation
Days.—Tu. S., 2.

CENTRAL LONDON OPHTHALMIC. Operation Days.—Daily, 2.

CHARING CROSS. Hours of Attendance.—Medical and Surgical, daily, 1.30;
Obstetric, Tu. F., 1.30; Skin, M., 1.30; Dental, M. W. F., 9;
Throat and Ear, F., 9.30. Operation Days.—W. Th. F., 3.

CHELSEA HOSPITAL FOR WOMEN. Hours of Attendance.—Daily, 1.30.
Operation Days.—M. Th., 2.30.

EAST LONDON HOSPITAL FOR CHILDREN. Operation Day.—F., 2.

GREAT NORTHERN CENTRAL. Hours of Attendance.—Medical and Sur-
gical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, Tu. Th.,
2.30; Ear, M. F., 2.30; Diseases of the Skin, W., 2.30; Diseases
of the Throat, Th., 2.30; Dental Cases, W., 2. Operation Day.—
W., 2.

GUY'S. Hours of Attendance.—Medical and Surgical, daily, 1.30; Obstetric,
M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu.,
1; Dental, daily, 9; Throat, F., 1. Operation Days.—(Ophthal-
mic), M. Th., 1.30; Tu. F., 1.30.

HOSPITAL FOR WOMEN, Soho. Hours of Attendance.—Daily, 10. Operation
Days.—M. Th., 2.

KING'S COLLEGE. Hours of Attendance.—Medical, daily, 2; Surgical, daily,
1.30; Obstetric, daily, 1.30; o.p., Tu. W. F. S., 1.30; Eye, M. Th.,
1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F.,
1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. Operation Days.—
Tu. F. S., 2.

LONDON. Hours of Attendance.—Medical, daily, exc. S., 2; Surgical, daily,
1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, Tu.
S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9. Operation Days.
—M. Tu. W. Th. S., 2.

LONDON TEMPERANCE HOSPITAL. Hours of Attendance.—Medical, M. Tu.
F., 2; Surgical, M. Th., 2. Operation Days.—M. Th., 4.30.

METROPOLITAN. Hours of Attendance.—Medical and Surgical, daily, 9;
Obstetric, W., 2. Operation Day.—F., 9.

MIDDLESEX. Hours of Attendance.—Medical and Surgical, daily, 1.30;
Obstetric, M. Th., 1.30; o.p., M. F., 9, W., 1.30; Eye, Tu. F., 9;
Ear and Throat, Tu., 9; Skin, Tu., 4, Th., 9.30; Dental, M. W.
F., 9.30. Operation Days.—W., 1.30, S., 2; (Obstetrical), Th., 2.

NATIONAL ORTHOPÆDIC. Hours of Attendance.—M. Tu. Th. F., 2. Opera-
tion Day.—W., 10.

NORTH-WEST LONDON. Hours of Attendance.—Medical and Surgical,
daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, Tu., 2; Dental,
F., 9. Operation Day.—Th., 2.30.

ROYAL FREE. Hours of Attendance.—Medical and Surgical, daily, 2;
Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th., 9.
Operation Days.—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases
of Women), S., 9.

ROYAL LONDON OPHTHALMIC. Hours of Attendance.—Daily, 9. Operation
Days.—Daily, 10.

ROYAL ORTHOPÆDIC. Hours of Attendance.—Daily, 1. Operation Day.—
M., 2.

ROYAL WESTMINSTER OPHTHALMIC. Hours of Attendance.—Daily, 1.
Operation Days.—Daily.

ST. BARTHOLOMEW'S. Hours of Attendance.—Medical and Surgical, daily,
1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, W. Th. S.,
2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Ortho-
pædic, M., 2.30; Dental, Tu. F., 9. Operation Days.—M. Tu. W.
S., 1.30; (Ophthalmic), Tu. Th., 2.

ST. GEORGE'S. Hours of Attendance.—Medical and Surgical, M. Tu. F. S.,
12; Obstetric, Th., 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W.,
2; Throat, Th., 2; Orthopædic, W., 2; Dental, Tu. S., 9. Opera-
tion Days.—Th., 1; (Ophthalmic), F., 1.15.

ST. MARK'S. Hours of Attendance.—Fistula and Diseases of the Rectum,
males, W., 8.45; females, Th., 8.45. Operation Day.—Tu., 2.

ST. MARY'S. Hours of Attendance.—Medical and Surgical, daily, 1.45; o.p.,
1.30; Obstetric, Tu. F., 1.45; Eye, Tu. F. S., 9; Ear, M. Th., 3;
Orthopædic, W., 10; Throat, Tu. F., 1.30; Skin, M. Th., 9.30;
Electro-therapeutics, Tu. F., 2; Dental, W. S., 9.30; Consulta-
tions, M., 2.30. Operation Days.—Tu., 1.30; (Orthopædic), W.,
11; (Ophthalmic), F., 9.

ST. PETER'S. Hours of Attendance.—M., 2 and 5, Tu., 2, W., 2.30 and 5, Th.,
2, F. (Women and Children), 2, S., 3.30. Operation Day.—W., 2.

ST. THOMAS'S. Hours of Attendance.—Medical and Surgical, daily, exc.
W. and S., 2; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tr., 2;
o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat,
Tu. F., 1.30; Children, S., 1.30; Dental, Tu. F., 10. Operation
Days.—W. S., 1.30; (Ophthalmic), Tu., 4, F., 2; (Gynaecological),
Th., 2.

SAMARITAN FREE FOR WOMEN AND CHILDREN. Hours of Attendance.—
Daily, 1.30. Operation Day.—W., 2.30.

THROAT, Golden Square. Hours of Attendance.—Daily, 1.30; Tu. and F.,
6.30; Operation Day.—Th., 2.

UNIVERSITY COLLEGE. Hours of Attendance.—Medical and Surgical, daily,
1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9;
Skin, W., 1.45, S., 9.15; Throat, M. Th., 9; Dental, W., 9.30;
Operation Days.—W. Th., 1.30; S., 2.

WEST LONDON. Hours of Attendance.—Medical and Surgical, daily, 2;
Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopæ-
dic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10, F.,
4; Skin, F., 2; Throat and Nose, S., 10. Operation Days.—Tu.
F., 2.30.

WESTMINSTER. Hours of Attendance.—Medical and Surgical, daily, 1; Ob-
stetric, Tu. F., 1; Eye, M. Th., 2.30; Ear, M., 9; Skin, W., 1;
Dental, W. S., 9.15. Operation Days.—Tu. W., 2.