

extirpation, and in doing away with any yet lingering views of "constitutional origin," whatever that equivocal phrase may really mean. Lastly, at their import from an ethical point of view, inasmuch as when any of these obscure marrow symptoms are present no operation can be undertaken or advised, except as a measure of palliation only.

*Appendix of Specimens Exhibited.*

1. Photograph of No. 673 in the Museum of St. Thomas's Hospital (taken by the kind permission of Mr. Shattock)—reproduced in Fig. 1—exhibits in an extreme degree the phenomena of marrow infection without any tumour formation. Also photograph of certain bones taken from the same case.

2. Photographs displaying the "sternal symptom" in as many patients, the subjects of breast carcinoma. Five of these cases were described in the *Lancet* of March 14th, 1891.

3. Case: "Trindles." Scirrhus of right breast in woman aged 51, who died in the Cancer Hospital with acute mania and with coexisting phthisis. Thin sections exhibited showing scirrhus acini in cancellous tissue of head and shaft of right humerus; in ditto of left in marrow taken from both bones; in cancellous tissue of a lumbar vertebra. No bone symptoms during life. Thin sections and bones exhibited.

4. Case: "Hill." Scirrhus of the right breast in woman aged 58. Scirrhus acini in right and left humeri; also in cancellous tissue of lumbar vertebra. Bones and microscopic sections therefrom exhibited.

5. Case: "Hewett." Scirrhus of both breasts, the right primarily, in a woman aged 43. Typical scirrhus acini in marrow and in cancellous tissue of upper epiphyses of both humeri. These bones, with the sections, exhibited.

6. Case: "Phillips." Scirrhus of left breast in woman aged 42. Scirrhus acini in left humerus; large cells, not arranged in acini, scattered through the marrow; the sternum infiltrated, but possibly by contiguity of tissue; a mass adherent to thoracic parietes.

7. Case: "Anson." Scirrhus of both breasts, the left primarily, in a woman aged 78. Scirrhus acini and large cancer cells, mingled with abundant myeloplaques in both humeri.

8. Case: "Carlisle." Scirrhus of left breast in woman aged 50. Typical acini in right humerus; the sternum infiltrated (but possibly by contiguity). At the necropsy several of the ribs, not included in the diseased area, found to contain small nodular tumours, which, on microscopic examination, proved to be scirrhus deposit.

9. Case: "Emma B." Cancellous tissue in head of left humerus, with scirrhus acini; secondary to disease of left breast; brawny oedema of arm; bone cut easily with knife.

10. Case: "Martha S." Scirrhus deposit in seventh cervical vertebra, secondary to disease of left breast; not insidious; paraplegia and local tenderness, but no tumour.

11. Case: "Mildred W." Also not insidious, but important as showing wide diffusion; primary encephaloid carcinoma of left breast; two bony growths on sternum; large tumours on left parietal bone, left scapula, and right femur; the femur fractured shortly before death.

12. Case: "Foot." Scirrhus of both breasts, primarily of the left, in a woman aged 33; duration about three years; the left breast excised eighteen months previously at the London Hospital; typical scirrhus acini in the left humerus and in a lumbar vertebra.

13. Case: "Daw." Two large cancerous masses in left cerebral hemisphere, consecutive to scirrhus of the right breast, in a woman aged 41; profound coma for seven weeks before death; disorganisation of articular cartilage at head of right humerus; sternal prominence noted during life; sternum found filled with scirrhus deposit; no direct infiltration in the humeri, some fatty degeneration of the marrow, but no malignant deposit found—the only instance among the nine positive cases in which these bones were examined with a negative result.

**NOTE.**—Since the above was written I have become able to give what appears to me a satisfactory explanation of the mechanism whereby the two physical signs referred to take origin; in both the lymphatic system is the agency concerned. In a case with well-marked sternal prominence and healthy thoracic parietes, I found the degenerate thymus full of scirrhus acini, adherent to the bone, and thus producing direct infiltration; the greater part of the sternum was decalcified. The thymus, it is to be remembered, is practically a lymph gland, intimately associated with the glands and vessels in its vicinity. There can be little doubt, again, that the humerus becomes implicated by the regurgitation of lymph currents, secondary to the block following carcinoma deposit in the subclavian and deep axillary lymph glands. For a typical instance of this lymph regurgitation, see *St. Bartholomew's Hospital Reports*, viii, art. 5.

A PUBLIC meeting in support of the Royal British Nurses Association will be held at the Mansion House on March 18th, at 4 P.M. H.R.H. Princess Christian will be present, and Sir William Savory, Sir J. Crichton Browne, Sir Dyce Duckworth, and others, have promised to speak.

A SOCIETY for the Care of Children suffering from incurable disease, without regard to social position, sex, or religious denomination, has been formed at St. Petersburg. One anonymous benefactor has given 40,000 roubles (£4,000) to the Society, and another has presented a site for building purposes.

**MEMORANDA:**  
MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

**OXYGEN IN PNEUMONIA.**

ON January 22nd I was asked to see a lady, 45 years of age, who was just recovering from an attack of influenza. The medical man under whose care she was had succeeded very satisfactorily in his treatment of her case. On the morning of the 22nd, however, she was seized with great difficulty of breathing. When I saw her there was marked orthopnoea, her face was livid, bloated, and covered with cold perspiration. All the extraordinary muscles of inspiration were called into play, and yet the lips remained cyanosed and the pulse very small and frequent. She begged to be left alone to die. Her history was that for thirty years she had suffered from winter coughs and wheezing on lying down. There was marked dulness over the right base, and on auscultation tubular breathing. On the left side subcrepitant *râles* abounded. Her temperature was 103°, pulse 130, respirations 65. She was given concentrated nutriment at short intervals, her stimulants were increased, but towards midnight she got rapidly worse. Through the kindness of Mr. Henri Weiss I secured a bottle of oxygen, and administered the gas direct into the nostril by means of a piece of india-rubber tubing. The hope was a forlorn one, the patient being apparently moribund. Within two minutes the aspect changed from a dusky purple to a rosy hue. The pulse, which was previously imperceptible at the wrist, reappeared and was of fairly good volume and strength. The inhalation was continued for about four minutes, and then she awoke, and said: "Where have I been to? I feel quite well now." The next morning the cyanosis had returned and the dyspnoea as severe as before. Again the oxygen was administered, and again with the happiest results. From that moment she began to improve, the urgent symptoms did not return, resolution took place in the lung, and to-day she suffers only from slight swelling of the feet when she is about on them too long.

Albany Street, N.W.

JAMES T. MAUGHAN.

**OXYGEN IN DIPHTHERIA.**

THE value of the inhalation of oxygen in restoring life seriously endangered by pulmonary trouble was strikingly shown in the following case.

A. W., aged 43 years, was admitted into St. George's Hospital on June 29th, 1888, suffering from marked pharyngeal and laryngeal diphtheria, with much dyspnoea and cyanosis. It was necessary to at once perform tracheotomy, and the operation greatly relieved the urgency of the symptoms. The child did well for some time, but the dyspnoea gradually increased again owing to the extension of the membrane downwards and the development of broncho-pneumonia.

On July 1st and 2nd oxygen was several times administered through the tracheotomy tube by means of a neck piece connected with an india-rubber bag (similar to those employed in the use of nitrous oxide) in communication with the reservoir of gas. The inhalations were consistently attended with good results as far as the dyspnoea and cyanosis were concerned, the improvement on each occasion lasting for about an hour and a-half.

About 5 P.M. on July 2nd, she had a sudden attack of dyspnoea, and fell back in bed. When seen about five minutes afterwards the respiration had entirely ceased, no pulse could be felt at the wrist, nor could the heart be heard to beat; the face was of an ashen stone colour, and the child apparently dead. Artificial respiration was vigorously employed, and oxygen administered under pressure, that is, during the inspiratory movements; the bag was firmly compressed between the hands of an assistant, thus forcing the gas into the lungs. In from two to three minutes the child began to show faint signs of life, and finally completely came round, and the same evening sat up in bed and played with her doll. The improvement was maintained throughout the night, but in the morning prostration set in, and the child died gradually from asthenia twenty-seven hours after the last adminis-

tion of oxygen, and without having had any further suffering from dyspnoea.

Though the case ultimately had a fatal termination, nevertheless the oxygen undoubtedly relieved the child's sufferings, and prevented a painful death from asphyxia; and the manner in which recovery occurred when it seemed obvious that death had already taken place was, to those who witnessed it, little less than marvellous. In somewhat similar cases—where, however, it may be possible to avert fatal asthenia, I think that oxygen should be tried whenever the diphtheritic process causes any serious pulmonary embarrassment.

E. LE CRONIER LANCASTER, M.B.Oxon.

St. George's Hospital, S.W.

#### BULLET WOUND THROUGH THE BASE OF THE SKULL AND THE BRAIN: RECOVERY.<sup>1</sup>

A. B., aged 24, was found on January 2nd, 1891, lying unconscious, with blood pouring from his mouth and nose, and a discharged pistol by his side. When seen by me, in consultation with Mr. Benson and Dr. Newman, three hours later, he was semi-conscious, bleeding from the mouth, nose, and left ear, his left eye closed by the swollen ecchymosed eyelids, a ragged bullet wound at the back of the hard palate immediately to the left of the middle line, and on the top of the head a puffy swelling through which fractured bone could be felt.

Under chloroform the scalp was freely incised, and without the use of the trephine, portions of the outer table and diploë of the frontal bone, forming three quadrants of a circle 1½ inch in diameter, together with a considerably smaller piece of the internal table were removed. Blood and brain substance escaped through the opening thus made in the skull, and from the brain below this opening was extracted a bullet weighing 135 grains. A drainage tube was inserted and the wound dressed with iodoform and Hartmann's wool. For three days the patient remained semi-conscious, quiet and drowsy, the temperature not rising above 100° F. On the fourth day suppuration at the back of the orbit commenced, displacing the eye forwards and downward, the temperature rising to 101° F.; the patient became delirious, obstinate, and troublesome. On the eighth day the abscess discharged itself upwards through the wound in the head, the eye gradually returned to its normal position, the delirium abated, and the patient made uninterrupted progress towards recovery. The present state is as follows: There is a deep indentation in the skull to the left of the middle line and just in front of the coronal suture; there is slight exaggeration of the mental peculiarity which existed prior to the infliction of the bullet wound, impaired action of the external rectus and of the superior rectus and levator palpebrae muscles, causing slight strabismus and double vision when the eye is turned in certain directions; there is also partial deafness of the left ear.

Comparing the points of entrance and exit of the bullet, and the angle which the pistol would form with the hard palate, it is evident that the bullet, which was split and distorted, must have been deflected from the line of fire as it entered the skull, have passed up through the nasal cavity and the body of the sphenoid, splintering the wall of the orbit and permanently injuring the sixth and the upper division of the third nerve in its course, then entering the base of the brain just anterior to the optic commissure and internal to the left optic nerve, it must have traversed the whole depth of the first frontal convolution, from the upper part of which it was extracted. The bleeding from the left ear and the permanent deafness indicate fissuring of the base of the skull, and recovery from such an injury must be, if not unique, sufficiently rare to make the case worthy of record.

T. J. WALKER.

#### INTER-PARTUM HOUR-GLASS CONTRACTION IN A CASE OF TWINS.

On January 31st I was called to Mrs. E., and found her in labour with twins. Having used forceps in her last confinement, eleven months previously, without any unnecessary

delay I delivered the first foetus in the same way, and within a quarter of an hour one of the placentæ was expelled naturally. Upon examination to ascertain the position of the second foetus, I found an arm presenting; and on introducing a hand for the purpose of turning, I found the upper arm so firmly and tenaciously gripped at the internal os uteri, as to render it impossible to pass a finger-tip beyond the contraction into the upper segment of the uterus. In the interests of the foetus, which was then alive, I administered two 20-grain doses of hydrate of chloral with only very partial success in relaxing the obstruction—just enough to allow the funis to descend partially and become compressed. I was able to return the cord in a pulsating condition, and then tried the effect of steady continuous pressure with the two fingers which I managed to pass through the constriction. This being of no avail, I placed my patient deeply under the influence of chloroform, with no better effect; and as I found the funis had again prolapsed through the constriction, and was now non-pulsatile, and there being no urgent reason on the part of the mother for further interference, I left matters to nature. In about an hour or so, uterine action having recommenced, and the spasm having given way, I rechloroformed the patient, and easily turned and delivered.

The chief points of interest in this case are (1) the rarity, according to the best authorities, of hour-glass contraction; (2) the presumable extreme rarity of *inter-partum* hour-glass contraction; (3) the fact that a well-marked sulcus presented itself on the upper arm at the point of constriction, whilst the inferior part of the arm was swollen and cyanosed, thus leaving outward and visible signs of the tenacity and persistency of this rare form of hour-glass contraction.

Goole, Yorks. H. MARTYN EAMES, L.R.C.P., L.R.C.S.

## REPORTS

ON

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

##### GENERAL HOSPITAL, BIRMINGHAM.

##### FOREIGN BODY IN LARYNX: LARYNGO-TRACHEOTOMY: REMOVAL: RECOVERY.

(By G. H. R. HOLDEN, M.A., M.B., B.C.Cantab., formerly Resident Surgical Officer.)

A boy, aged 14 months, was admitted with the following history: Twenty-four hours previously he was being fed with bread and milk, when a hook fell off his mother's dress and was introduced into his mouth with the food. The mother tried to remove the hook with her finger, but only pushed it out of reach and made the child cough. No symptom was noticed for twenty-two hours—that is, until two hours before admission to the hospital—when the child's breathing became bad.

On admission there was some stridor, and at intervals a short, catchy, aphonic cough, but the symptoms were not urgent. No evidence of disease was found in the pharynx, and nothing abnormal could be felt in the region of the glottis. As the diagnosis was uncertain the patient was put to bed, and preparations were made for immediate action in case of emergency.

One hour after admission, as the dyspnoea was increasing, chloroform was administered and tracheotomy was performed, the upper three rings of the trachea being divided. A probe was then passed upwards, through the wound, into the larynx, and, a metallic body being felt, the cricoid cartilage was divided in the middle line. On separating the edges of the cricoid cartilage, part of the dress hook could be seen, and from its position it was evident that the loops by which the hook is sewn on to the dress were lying transversely across the larynx and separating the true vocal cords from each other, the hook thus lying between the cords with the bend in it lowermost. The presenting part of the hook was then seized with sinus forceps and with slight force the hook was extracted. A silver tube (Parker's) was introduced and retained for six hours.

<sup>1</sup> The notes of this case were read with additional details at a meeting of the South Midland Branch of the British Medical Association, held at Northampton.

grounds are or were did not transpire at the time, nor are they to be gathered from the letter which he subsequently wrote to the local papers. In it, however, he charges the infirmary authorities with having made an imperfect and inefficient examination of the body. Seeing that this was his opinion, it seems strange that he allowed the jury to return a verdict on what he calls an inefficient examination, though what more he could require in a case of cerebral haemorrhage than an examination of the brain, the thoracic and abdominal viscera, we do not pretend to know. In some ways this inquest was even more unjustifiable than the former one, because then the patient was at an age when cerebral haemorrhage is unusual, but in the present instance the case presented no feature in any way peculiar, and the cause of death could be determined with high probability, if not with certainty, even before the *post-mortem* examination was made.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF OXFORD.

A FORM of statute passed its first state in Congregation on March 8th by the narrow majority of one vote, amending the statute respecting the holding the examination in Preventive Medicine by inserting the following clause:—

"Any person whose name is on the *Medical Register* of the United Kingdom may be admitted (to the examination in Preventive Medicine), provided he has fulfilled all the conditions previous to examination required by the General Council of Medical Education and Registration of the United Kingdom as conditions for the recognition in the *Medical Register* of diplomas of proficiency in sanitary science."

This new clause was opposed by the Regius Professor of Medicine (Sir Henry Acland), and was so nearly rejected at its initial stage that it is not likely to be finally passed.

A statute was passed by Convocation, on March 1st, diminishing the number of preliminary examinations required by candidates for honours in natural science, and permitting those presenting themselves for physiology, animal morphology, or botany, to omit physics as a preliminary examination.

The title of the Professor of Human and Comparative Anatomy is now undergoing change into that of Comparative Anatomy only. Human anatomy is taught by the University Reader in that subject, and eventually a Professorship of Human Anatomy will be established.

The portrait of Sir Henry Acland, Regius Professor of Medicine, painted by Professor Herkomer, has been presented to the University.

### UNIVERSITY OF CAMBRIDGE.

EXAMINATIONS.—The Registry publishes the following table with reference to the medical examinations in the Easter Term:

	Names sent in.	Certificates received.	Examination begins.
First M.B.			
Part I	May 21st	June 2nd	June 7th
Part II	" "	" 3rd	" 9th
Second M.B.			
Part I	" "	" 8th	" 13th
Part II	" "	" 2nd	" 7th
Third M.B.			
Parts I and II	April 9th	April 20th	April 26th
M.C.	" "	" 25th	" 29th

ACTS.—Herbert E. Durham, M.A., King's, and J. B. Gillam, B.A., Downing, have kept the Acts as required for the degree of Bachelor of Medicine.

STATE MEDICINE.—Dr. W. H. Corfield, University College, London; Dr. A. Ransome, Owens College, Manchester; Dr. J. Lane Notter, Netley; and Dr. R. Thorne Thorne, of the Local Government Board, have been appointed Examiners in State Medicine for the diploma in Public Health.

ELECTORS TO PROFESSORSHIPS.—Professor Macalister has been appointed an Elector to the Chair of Physiology; Dr. Latham and Dr. Bradbury, Electors to the Chair of Pathology; Dr. L. Humphry and Mr. T. Holmes, Electors to the Chair of Surgery; Dr. Lauder Brunton an Elector to the Downing Professorship of Medicine; Dr. D. Macalister an Elector to the Chair of Anatomy.

TEACHER OF CHEMISTRY.—Mr. S. Skinner, M.A., of Christ's College, Assistant Lecturer at Clare College, has been recognised as a Teacher of Chemistry with reference to the medical regulations.

### UNIVERSITY OF EDINBURGH.

#### THE STATUS OF ASSISTANTS AND LECTURERS IN THE UNIVERSITY.

THE Scottish Universities Commissioners have just issued in its final form their ordinance (No. 17) giving regulations as to assistants and lecturers. The draft was issued on November 16th, 1891.

1. *Assistants.*—The ordinance directs that the University Court of each university shall, after consultation with the Senatus, determine the number and grade of the assistants, fix and pay their salaries, and fix their remuneration. Their duties will be defined by the professor with the approval of the Senatus. Each assistant will be appointed by the University Court, on the recommendation of the professor, for one year, but may be reappointed. "An assistant shall not be dismissed during the

period of his appointment except by the University Court." All assistants will be styled university assistants or demonstrators, and will be recognised as officers of the university. It is provided that the ordinance shall not affect the right of each professor to employ at his own expense such private assistants as he may think necessary, but such private assistants shall not take part in the public work of the class without the permission of the University Court, and the foregoing provisions shall not apply to such private assistants, nor to others not directly assisting the professor in the work of the class.

*Lecturers.*—The University Court of each university, after consultation with the Senatus, will be given power to appoint lecturers in any subject not already taught within the University. With respect to subjects already taught within the University, it shall be in the power of each University Court, after consultation with the Senatus, to appoint lecturers. (1) When, with a view to preparing candidates for graduation in honours or otherwise, it is desired to provide instruction in special branches of the said subjects not usually or fully covered by the professors' lectures. (2) When, from the number of students or any other cause, it appears to be necessary that provision should be made for increasing the teaching power. The teaching of lecturers appointed under the ordinance will (unless otherwise determined by the University Court) qualify for graduation. The remuneration of the lecturers will be settled by the University Court, and may be made to depend in whole or in part on the amount of fees drawn from their classes. Lecturers will be appointed for a period not exceeding five years, but will be eligible for reappointment. They shall be recognised as officers of the University, and will be bound to conform to all regulations with respect to their teaching arrangements which may be made from time to time by the Senatus after consultation with the Board of Studies or the Faculty concerned, and any questions between them and the professors shall be determined by the Senatus, with appeal to the University Court. All laboratories, rooms for practical instruction, apparatus, and material pertaining to any particular Chair will remain under the exclusive control of the professor. Assistants appointed under this ordinance will be eligible as lecturers and *vice versa*; and both offices may be held at the same time by the same person.

This ordinance differs in very few particulars from the draft. Such changes as have been made (for example, where it is ordained that an assistant who has been appointed to a lectureship may continue to hold his assistantship) are distinctly retrogressive in character.

The ordinance, we are informed, has given rise to great and widespread dissatisfaction in Edinburgh, and a strong feeling is said to be growing that the General Council of the University must take up the matter, and leave no stone unturned to have the ordinance amended. Looking to the future of the Scottish Universities, it is felt that this is the poorest piece of work the Commissioners have yet issued.

### VICTORIA UNIVERSITY.

EARL SPENCER has been elected Chancellor of the University, in succession to the late Duke of Devonshire.

The examinations for the degrees of M.B. and Ch.B. in Victoria University will commence on Tuesday, March 15th. The written examinations will be held simultaneously at the three Colleges of the University, that is, at Leeds, Liverpool, and Manchester.

The Duke of Devonshire has been elected President of the Owens College. Considerable progress has now been made with the new medical school buildings at Owens College, and already about £18,000 have been subscribed towards the sum required for their completion.

Mr. F. E. Weiss, Assistant Professor of Botany in University College, London, has been appointed Professor of Botany in Owens College, *vice* Professor Williamson, who resigned the chair a short time ago.

### ROYAL COLLEGE OF PHYSICIANS.

AN extraordinary Comitia of the College was held on Thursday, March 3rd, 1892, Sir Andrew Clark, Bart., President, in the chair.

The licence of the College was granted to Andrew Robertson Mackinnon, Aberdeen; Mathew Alexander Reid, Edinburgh; Reginald Mander Smyth, St. Mary's; Edward Hugh Edwards Stack, St. Bartholomew's.

A communication was received from General Sir Dighton Probyn, on behalf of the Prince and Princess of Wales, thanking the President and Fellows of the College for the sympathy shown them in their recent bereavement.

The Registrar reported to the College the steps which had been taken in respect of the refusal of the General Medical Council to place on the Register any persons holding the licence of the College but no other diploma.

A letter was read from the Secretary to the Royal College of Surgeons on matters of joint interest to the two Colleges.

A report was received from the delegates appointed by the Royal College to consider a letter from the Secretary of State for War in reference to the examinations for admission to the Medical Department of the Army, and adopted.

A report from the Committee of Management on the financial arrangements for the five years' curriculum was received and adopted.

Synopses of the examinations in Chemistry, Practical Pharmacy, and Elementary Biology were submitted by the Committee of Management, and were approved.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following gentlemen, having passed the necessary examinations and having conformed to the by-laws and regulations, were, at an ordinary meeting of the Council on March 10th, admitted Members of the College:

G. B. Howe, L.S.A., Owens College and Royal Infirmary, Manchester; J. Prosser-Evans, L.R.C.P.Lond., University College.

rate of 33.3 per 1,000. The lowest rates were recorded in Londonderry and Newry, and the highest in Cork and Galway. The death-rate from the principal zymotic diseases averaged 2.5 per 1,000. The 265 deaths registered in Dublin were equal to an annual rate of 39.5 per 1,000 (against 31.8 and 37.4 in the preceding two weeks), the rate during the same period being 22.4 in London and 18.7 in Edinburgh. The 265 deaths in Dublin included 22 which were referred to the principal zymotic diseases (equal to an annual rate of 3.3 per 1,000), of which 8 resulted from whooping-cough, 7 from different forms of "fever," 2 from scarlet fever, and 2 from diarrhoea.

#### VACCINATION.

A. W.—In Scotland a child has to be vaccinated within six months after birth (26 and 27 Vict., cap. 108, sec. 8), and in Ireland within three months after birth, or as soon after as may be practicable (42 and 43 Vict., cap. 70, sec. 3).

#### SANITARY BURIAL.

It was stated at the monthly meeting of the Funeral Reform Association, presided over by the Bishop of Marlborough, that Lord Salisbury had replied to the memorial of the Association that attention to improved burial legislation was impossible this session. It was thereupon resolved to present a petition to Parliament setting forth the evils of prevalent modes of burial, and asking for remedial sanitary enactments.

#### COMPULSORY NOTIFICATION AND ISOLATION.

DR. JOHN W. WALKER, Medical Officer of Health for Wakefield Union Sanitary Authority, makes out a strong case in favour of compulsory notification and isolation in hospital in his annual report of the health of his district. Taking the nine accepted infectious diseases, he shows that the totals for the five consecutive years, 1887-1891, have been 126, 80, 160, 59, and 47, showing a very decided decrease in the two latter years. Of these deaths, one only occurred from small-pox, and that in 1888.

#### COMMON LODGING HOUSES.

AN effort is about to be made to place the common lodging houses of London under the supervision of the sanitary inspectors instead of, as at present, under the police. When the Public Health Act of 1875 came into force the Common Lodging Houses Acts were repealed, except as regards London. Under this Common Lodging Houses Act the Police Commissioners of London are made the local authority. For the whole of England, except the metropolis, the local authorities and not the police were made the administrators of the Public Health Act of 1875, which includes the enforcing of the provisions relating to common lodging houses. Twenty-one out of twenty-seven large towns in England have these lodging houses under the supervision of the sanitary inspectors of the local authority, the remaining six having still kept to the police supervision. It was pointed out when the Public Health (London) Law Consolidation and Amendment Bills were being considered in 1890 and 1891 that these houses were left by the Bills in an anomalous position, but nothing was done. It is maintained that (1) the registration of common lodging houses should be annual; (2) that the London County Council should be the authority for making regulations; (3) that the sanitary authority should enforce the regulations, and that the Council should have the right of supersession of the sanitary authority if in default, with co-equal rights of inspection; and (4) that the police should have rights of entry. A deputation will wait on the President of the Local Government Board asking for the amendment of the law.

#### MAIN DRAINAGE OF LONDON.

A CHANGE of some importance has been brought about at the Abbey Mills pumping station in regard to the keeping down of the sewage at the low level outfall. One-fourth of the sewage which used to go into the river is now pumped. This keeping down of the sewage has a very marked effect on the storm overflows, and causes a diminution in the quantity of sewage turned into the river at those places. The quantity of sewage passing through these overflows into the river is less than 5 per cent. of the total annual discharge of sewage, and this percentage is at all times largely diluted with storm water.

#### THE EFFICIENCY OF DRAIN VENTILATORS.

MR. MACMAHON, the sanitary inspector of Torquay, in his last annual report to the Local Board, recommends owners and occupiers of houses to see that their drain ventilators are working properly, as he has found that these pipes become blocked with rust at the foot after about seven years' use. He recommends that the bottom length should be removed, when the deposit can easily be abstracted, and the pipes rendered again efficient. This is a practical and useful hint, as people are apt to imagine that if a drain ventilator be once put up, it will last to all eternity.

#### CLUB CERTIFICATES FOR PAUPERS.

A CORRESPONDENT writes to say that our reply to a question on this subject, given in the BRITISH MEDICAL JOURNAL of February 20th, p. 420, is not in accordance with Glen's construction of the consolidated order of the Local Government Board, July 24th, 1847. We are still of opinion that it is no part of the duty of a Poor-law medical officer to give club certificates, and it is evident that Glen has grave doubts on this point, as he uses the term "apparently" in reference to the opinion he expresses. The question, however, is one of very little importance, as we believe that all right-minded Poor-law medical officers would, when required, sign club certificates for paupers without any charge.

#### NURSES AND INFECTION.

A FINE of £5 has been imposed on a nurse at Cardiff for neglecting to change her clothing after attending a scarlet fever patient, although she had been warned by the medical officer of health.

## MEDICAL NEWS.

DR. MACPHERSON LAWRIE, J.P., Dorset, has been elected a member of the Dorset County Council.

MR. ARTHUR E. BARKER has been appointed professor of clinical surgery at University College, in the room of Mr. Berkeley Hill.

MR. JONATHAN HUTCHINSON, F.R.S., has been elected President of the Medical Society of London, and Mr. Marmaduke Sheild and Dr. William Pasteur Secretaries for the ensuing year.

THE Emperor of Austria has conferred the cross of Knighthood of the Order of Leopold, with remission of the customary fees, on Professors Otto Kahler, Moriz, Kaposi, and Gustav Braun, of the University of Vienna.

PRESENTATION.—Mr. Edward Thew Turnbull has been presented, by the members of the Druids Club of Burton Picton, with a handsome silver tea service, in recognition of services rendered during the influenza epidemic last year.

DR. JOHN GRIME, J.P., a surgeon in large practice and a borough magistrate in Blackburn, has, we regret to learn, committed suicide. The deceased gentleman was found by Dr. Irving, his partner, lying on the floor of the dining room with a bottle of prussic acid by his side. He suffered severely from influenza three months ago. Since that time he had been very much depressed.

THE SANITARY INSTITUTE.—The fifth course of Lent Lectures to ladies on Domestic Hygiene will be given in the Parkes Museum on Tuesdays and Fridays in March and April, commencing on March 22nd, at 3 p.m. Dr. Schofield will give four lectures; and a fifth, on the Effects of Posture on the Health of School Children, will be delivered by the Rev. J. Rice Byrne, H.M. Inspector of Schools. The annual meeting of the institute will be held on March 15th, at 4 p.m.

RUSH MEDICAL COLLEGE (Chicago) may be congratulated on the cosmopolitan spirit shown by those who guide its destinies, if it be true, as stated in an American contemporary, that the election of a Professor of Pathology is to be left entirely in the hands of a committee consisting of three "outsiders" of such unquestioned eminence as Professors Rudolf Virchow, Robert Koch, and Elias Metschnikoff. The salary attached to the chair is 5,000 dollars a-year, and nothing is said as to any restrictions in the matter of private practice.

At a meeting of the Royal Meteorological Society on Wednesday next, March 16th, the President, Dr. Theodore Williams, will deliver an address, at 7 p.m., on the Value of Meteorological Instruments in the Selection of Health Resorts, which will be illustrated by lantern slides; afterwards the exhibition of instruments, charts, maps, and photographs will be inspected. The exhibition, which will be open from the evening of March 15th to March 18th, promises to be both interesting and instructive. It will be specially devoted to instruments relating to climatology, and will include a large collection of various forms of hygrometers, sunshine recorders, etc., several new instruments, and a number of interesting photographs of meteorological phenomena, charts, and diagrams. The meeting and exhibition will be held at 25, Great George Street, Westminster.

LITERARY INTELLIGENCE.—A book to which the late distinguished physiologist, Professor Brücke, of Vienna, devoted the last months of his life has been published by Braumüller, of Vienna. The work is entitled *How a Man may Safeguard the Life and Health of his Children*, and is, as the author states in his preface, intended "for the lay public, not for medical men." It is, he adds, founded on experience, not on theoretical speculations.—A new medical journal entitled *La Region Medica Vasco-Navarra* has recently appeared in Spain. Our new contemporary, which is to be the official organ of the Medico-Pharmaceutical College of Navarre, intends (according to its prospectus) to devote itself to the reform of medical grievances generally, which seem to be pretty much the same as those complained of in this country.

**NORTH OF ENGLAND OBSTETRICAL AND GYNAECOLOGICAL SOCIETY.**—The nineteenth ordinary meeting was held at Sheffield on February 19th, Dr. Lloyd Roberts (Manchester) in the chair. The legal registration of midwives was shortly discussed. Dr. Braithwaite, of Leeds, said he had, during his presidential year, received a letter from Mr. Fell Pease and Mr. Rathbone, asking for the opinion of the society on the desirability of petitioning the Government to appoint a select committee to investigate the question. It was decided that the whole matter should be reserved for future consideration by the members of the society. The President related a case of malignant growths in both ovaries of a nulliparous woman, aged 39; and Dr. Helme (Manchester) exhibited drawings or sections of the tumours which he believed to be carcinomata. Dr. Walter (Manchester) showed a dermoid cyst removed from a pluriparous patient, aged 57. Mr. R. Favell (Sheffield) showed two ovarian cysts from a woman aged 22 (recently in labour at the full term, a year after marriage); and a specimen of a true haematosalpinx of large size. Dr. Braithwaite read a short paper on palpation of normal and diseased ovaries and tubes; and Dr. Hellier (Leeds) opened a discussion on pelvic haematocele.

#### MEDICAL VACANCIES.

The following vacancies are announced:

**BEDFORD GENERAL INFIRMARY.**—Resident Surgeon, doubly qualified. Salary, £100 per annum, with apartments, board, and washing. Applications to the Secretary by March 26th.

**CARDIFF INFIRMARY.**—Assistant House-Surgeon. Residence, board and washing provided. Applications, endorsed "Assistant House-Surgeon," to G. T. Coleman, Secretary.

**CHORLEY GENERAL DISPENSARY.**—House-Surgeon and Apothecary, doubly qualified. Salary, £120 per annum, with house, rates and taxes, coals and gas. Applications to Bernard Stanton, Secretary, by March 12th.

**CITY OF LIVERPOOL INFECTIOUS DISEASES HOSPITALS.**—Resident Medical Officers for the City Hospital North, Netherfield Road, and City Hospital South, Grafton Street, doubly qualified, and not more than 30 years of age. Salary, £100 per annum, increasing £10 annually to £120, with board, washing, and lodging. Applications, endorsed "Resident Medical Officer," to be addressed to the Chairman of the Hospitals Committee, under cover to the Town Clerk, Municipal Offices, Liverpool, by March 23rd.

**CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.** Victoria Park, E.—House-Physician. Board, residence, and allowance for washing provided. Applications to the Secretary at the Office, 24, Finsbury Circus, E.C., by March 12th.

**COUNTY ASYLUM.** Whittingham, Preston.—Assistant Medical Officer.—Salary, £150 per annum, with board, lodging, washing, and attendance. Applications to the Medical Superintendent by March 15th.

**DENTAL HOSPITAL OF LONDON.** Leicester Square.—Two Assistant Dental Surgeons; must be Licentiates in Dental Surgery. Applications to the Secretary, F. J. Fink, by March 14th.

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

**EAST SUFFOLK AND IPSWICH HOSPITAL.** Thoroughfare, Ipswich.—House-Surgeon, unmarried, doubly qualified. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary by March 15th.

**EXETER CITY ASYLUM.** Digbys, near Exeter.—Assistant Medical Officer; unmarried. Salary, £100 per annum, rising £10 annually to £150, with board, lodging, and washing. Applications to the Medical Superintendent by March 19th.

**LEEDS PUBLIC DISPENSARY.**—Junior Resident Medical Officer. Salary, £35 per annum. Applications to the Secretary of the Faculty by March 12th.

**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.

**LIVERPOOL INFIRMARY FOR CHILDREN.** Myrtle Street.—House-Surgeon. Salary, £85 per annum, with board and lodging. Applications to C. W. Carver, Honorary Secretary, by March 16th.

**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.—Assistant Physician, doubly qualified. Application to E. Wilson Taylor, Secretary, by March 12th.

**MONKWEARMOUTH AND SOUTHWICK HOSPITAL.**—House-Surgeon; doubly qualified; unmarried. Salary, £30 per annum, with board, lodging, and washing. Applications to Scott Gunn, Honorary Secretary, 21, Azalea Terrace, Sunderland, by March 21st.

**NATIONAL DENTAL HOSPITAL.** 149, Great Portland Street, W.—Anaesthetist. Applications to the Secretary by March 12th.

**NATIONAL ORTHOPAEDIC HOSPITAL.** 234, Great Portland Street, W.—Registrar. Honorarium, £20 per annum. Applications to the Secretary.

**NORTH-EASTERN HOSPITAL FOR CHILDREN.** Hackney Road, N.E.—Junior House-Surgeon for nine months; doubly qualified. Salary at the rate of £30 per annum. Applications to A. Nixon, Secretary, 27, Clement's Lane, E.C., by March 12th.

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

**ROYAL BERKS HOSPITAL.** Reading.—Assistant House-Surgeon. Salary, £20 per annum, with board and lodging. Appointment for six months. Applications to the Secretary by March 15th.

**ROYAL SOUTH HANTS INFIRMARY.** Southampton.—Physician. Applications to T. A. Fisher Hall, Secretary, by March 12th.

**ST. MARK'S HOSPITAL FOR FISTULA, ETC.** City Road, E.C.—House-Surgeon. Salary, £30 per annum, with board and residence. Appointment for twelve months. Applications to the Secretary by March 12th.

**SALFORD ROYAL HOSPITAL.**—House-Surgeon; doubly qualified. Salary, £100 per annum, with board and residence. Applications to the Secretary by March 15th.

**SEAMEN'S HOSPITAL SOCIETY, S.E.**—Junior House-Surgeon for Branch Hospital, Royal Victoria and Albert Docks, E.; doubly qualified. Salary, £30 per annum, with board and residence. Applications to P. Michelli, Secretary, Seamen's Hospital, Greenwich, S.E., by March 21st.

**SHEFFIELD UNION.**—Resident Assistant Medical Officer for the Workhouse at Fir Vale, Fitsmoor. Salary, £100 per annum, with rations and other usual allowances. Applications to Joseph Spencer, Clerk to the Guardians, Union Offices, Sheffield, by March 16th.

**TONBRIDGE UNION.**—Medical Officer for the Third District of the Union. Salary, £50 per annum, with usual extra fees. Applications, endorsed "Medical Officer," to Frank Wm. Stone, Clerk, 23, Church Road, Tunbridge Wells, by March 15th.

**WEST END HOSPITAL FOR DISEASES OF THE NERVOUS SYSTEM, PARALYSIS, AND EPILEPSY.** 73, Welbeck Street, W.—Three Physicians, one Surgeon, one Surgeon for Throat and Ear, one Ophthalmic Surgeon, and one Dental Surgeon. Sealed applications to the Chairman by March 21st.

**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.

#### MEDICAL APPOINTMENTS.

**BARRETT, W. H., M.B.** appointed Lecturer on Pathology at Queen's College, Belfast.

**BENCRAFT, Hy. Wm. Russell, L.R.C.P. Edin., M.R.C.S. Eng.** appointed Public Vaccinator for No. 2 Station, Southampton, vice G. Cheesman, L.R.C.P. Edin., resigned.

**BENNETT, W. E., M.R.C.S., L.R.C.P. Lond.** appointed Senior Medical Officer Cornwall Works Dispensary, Smethwick, Birmingham, vice T. H. Underhill, M.B., resigned.

**BERRY, Frances May Dickinson, M.B. Lond.** appointed Assistant Physician for Out-patients to the New Hospital for Women.

**BLAKISTON, Arthur Alex., M.R.C.S. Eng., L.S.A.** reappointed Medical Officer of Health for Glastonbury Borough.

**BRISCOE, William Thomas, M.D., M.Ch. Dub.** reappointed Medical Officer of Health to the Chippenham Town Council.

**CLAYTON, J. Hazelwood, M.B., M.R.C.S.** appointed Casualty Surgeon to the Queen's Hospital, Birmingham, vice Augustus Clay, resigned.

**CLEGG, J. G., L.R.C.P. Lond., M.R.C.S.** appointed House-Surgeon to the Manchester Royal Infirmary.

**COLBECK, Edmund Henry, M.B. Cantab., M.R.C.P. Lond.** appointed an Assistant Physician to the City of London Hospital for Diseases of the Chest, Victoria Park, vice Dr. Wethered, resigned.

**CONNOLY, Charles Hamilton, M.R.C.S. Eng., L.S.A.** reappointed Medical Officer of Health for Wood Green.

**COSHAM, W. R., M.D., C.M. Aberd.** M.R.C.S., reappointed Surgeon to the Cirencester Cottage Hospital.

**CRIPPES, E. C., L.R.C.P. Lond., M.R.C.S.** reappointed Medical Officer to the Cirencester Cottage Hospital.

**DEAN, H. P., M.B., B.S. Lond., F.R.C.S., L.S.A.** appointed Assistant Surgeon to the London Hospital, vice H. A. Reeves, F.R.C.S., resigned.

**EDMOND, George M., M.A., M.D. Aberd.** reappointed Physician to the Aberdeen General Dispensary.

**FAULKNER, Wm. Cooke, M.B., C.M. Edin.** appointed Resident Surgeon to the Port Curtis and Leichardt Districts Hospital, Rockhampton, Queensland.

**FISHER, John Albert, L.R.C.P. Edin., L.F.P.S. Glas.** reappointed Medical Officer of Health for Garston.

**FLETCHER, Frederick Jas., L.S.A.** appointed Medical Officer for the Burton Coggles District of the Grantham Union, vice J. E. Collingwood, L.R.C.P. Edin., M.R.C.S. Eng.

**FOTTRELL, William, L.R.C.S.I., L.R.C.P.** appointed Visiting Medical Officer North Dublin Union Hospital, vice Dr. J. L. Keuny, M.P., elected Coroner of Dublin City.

**FOWLER, O. H., M.R.C.S.** reappointed Senior Surgeon to the Cirencester Cottage Hospital.

**GORDON, John, M.D., M.B., C.M. Aberd.** reappointed Physician to the Aberdeen General Dispensary.

GREENWOOD, E. Climson, L.R.C.P., M.R.C.S., appointed Surgeon to the Portland Town Subdivision of the Metropolitan Police, *vice* Horace Smith, resigned.

HAYDON, Arthur George, L.R.C.P.Lond., M.R.C.S.Eng., L.S.A.Lond., appointed Junior House-Surgeon to the London Temperance Hospital.

HENRY, George F., L.R.C.P., L.R.C.S.Eng., appointed Medical Officer for the St. James's Parish of the Bury St. Edmund's Union.

HISLOP, John Thomson, L.R.C.P., L.R.C.S.Eng., reappointed Medical Officer for the Milton Abbott District of the Tavistock Union.

HODGES, James, M.R.C.S.Eng., L.S.A., appointed Medical Officer for the St. Mary's Parish of the Bury St. Edmunds Union.

HOOKER, C. P., L.R.C.P., L.R.C.S.Eng., appointed Medical Officer to the Cirencester Cottage Hospital.

HORROCKS, Herbert, M.B., B.Sc.Lond., L.R.C.P., M.R.C.S., appointed House-Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

JOHNSTON, Dudley C., L.R.C.P., M.R.C.S., appointed House-Physician to Charing Cross Hospital.

LANGWORTHY, Geo. Vincent, M.R.C.S.Eng., L.S.A., reappointed Medical Officer for the 13th District of the Kingsbridge Union.

LUNN, C. R., M.R.C.S., L.R.C.P.Lond., appointed Junior Medical Officer to the Cornwall Walls Dispensary, Smethwick, Birmingham.

MCDONNELL, M. S., M.R.C.S.Eng., appointed Medical Officer for the No. 1 District of the Southampton Union, *vice* G. Cheesman, L.R.C.P.Eng., resigned.

MACKINNON, C., M.B., C.M.Glas., reappointed Medical Officer to the Cirencester Cottage Hospital.

MORRISON, Alexander Thomson, M.B., B.Ch., appointed Medical Officer for the Waddesdon District of the Aylesbury Union, *vice* C. E. Walker, L.R.C.P.Eng., M.R.C.S.Eng., deceased.

MUIR, Robert D., M.R.C.S., L.R.C.P., appointed House-Surgeon to Charing Cross Hospital.

PECK, Herbert, L.R.C.P., L.R.C.S.Eng., appointed Medical Officer of Health for the Ormskirk Rural Sanitary Authority, *vice* Dr. Fletcher.

PLATT, J. E., M.D.Lond., L.R.C.P., M.R.C.S., appointed Resident Medical Officer to the Barnes Convalescent Hospital, Cheadle, Manchester.

PRITCHARD, W. B., L.R.C.P.Lond., M.R.C.S., appointed House-Surgeon to the Manchester Royal Infirmary.

REDWOOD, Thomas H., M.D.Durh., L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer of Health for Rhymney.

ROBINSON, Alfred, M.D., M.R.C.S.Eng., L.S.A., Lic. San. Science, appointed Medical Officer of Health to the Rotherham Urban Sanitary Authority, Certifying Factory Surgeon to Rotherham and district, and Medical Officer to the Rotherham Post Office.

RUDD, Charles Fredk., M.R.C.S.Eng., L.S.A., appointed Medical Officer for the Teignmouth District of the Newton Union, *vice* Dr. W. Thomas, resigned.

RUXTON, Jas. Ferguson, M.B., C.M.Aberd., reappointed Physician to the Aberdeen General Dispensary.

SCOTT, C. C., M.B., C.M.Eng., reappointed Medical Officer for the Sixth Sanitary District of the Brentford Union.

SHAW, Hugh Grosvenor, M.R.C.S., L.R.C.P., late Assistant Medical Officer Colney Hatch Asylum, appointed Medical Officer to the Buntingford Union, *vice* H. S. Challenor, resigned.

SHEE, W. J., L.R.C.P.I., L.R.C.S.I., Medical Officer of Fethard No. 1 Dispensary District, New Ross Union, appointed Civil Surgeon in charge of Troops, Duncannon Fort, *vice* T. De Renzy, M.R.C.P.; Admiralty Surgeon and Agent, Fethard Coastguard Station; Medical Attendant Hook Tower Lighthouse; and Medical Attendant Royal Irish Constabulary, Fethard and Tintern, *vice* Henry T. Biggs, L.R.C.S.I., deceased.

SIMITH, Frederick John, B.A.Oxon., M.D., M.B., M.R.C.P.Lond., F.R.C.S.Eng., appointed Physician to the City of London and East London Dispensary.

SOPER, Robert W., M.R.C.S., L.S.A., reappointed Medical Officer for the 1st and 2nd Districts of the Kingsbridge Union.

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

STEEL, W. D., M.D.Aberd., reappointed Medical Inspector to the Abergavenny Improvement Commissioners.

STEVENSON, Edgar, M.B., C.M.Aberd., appointed House-Surgeon to the Liverpool Eye and Ear Infirmary.

STUBBS, John Dixon, M.B., B.C.Camb. (Trin. Coll.), appointed House-Surgeon to the London Temperance Hospital.

TYNDALL, Francis, L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer of Health for Westhoughton.

WATSON, Thomas, M.D., M.B., C.M.Glas., reappointed Medical Officer of Health to the South Stockton Urban District.

WATT, George, M.D.Aberd., reappointed Medical Officer for the Aberdeen General Dispensary.

WEBB, William Hy., L.R.C.P.Lond., M.R.C.S.Eng., Medical Officer for the 3rd, 5th, and 10th Districts of the Kingsbridge Union.

WEIR, Archibald Munday, L.R.C.P., L.R.C.S.Eng., appointed Medical Officer to the Malvern Link Local Board.

WIESS, Mr. F. E., Assistant Professor of Botany at University College, London, appointed Professor of Botany at Owens College, Manchester.

WILLIAMSON, J. Henry, M.R.C.S., L.R.C.P.Lond., appointed Junior House-Surgeon to the Ancoats Hospital.

WOOLDRIDGE, Arthur T., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer for the Harberton District of the Totnes Union.

WITHERS, J. S., L.R.C.P.Lond., M.R.C.S., reappointed Medical Officer of Health for the Sale Urban Sanitary District of the Altringham Union.

WARDON, A. D., L.R.C.P., L.R.C.S.Eng., L.F.P.S.Glas., appointed Parochial Medical Officer for the Parish of Glenelg, *vice* F. MacRae, M.B., C.M.Aberd., resigned.

## DIARY FOR NEXT WEEK.

### MONDAY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 4 P.M.—Professor C. Stewart: The Physiological Series of Comparative Anatomy in the Museum of the College. Lecture I.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. C. H. Ralfe; Some Questions regarding the Treatment of Diabetes. Mr. Stillingfleet Johnson: Reducing Agents in the Urine.

### TUESDAY.

ROYAL COLLEGE OF PHYSICIANS, Examination Hall, Victoria Embankment, 5 P.M.—Dr. Francis Warner: The Milroy Lectures: An Inquiry as to the Physical and Mental Condition of School Children. Lecture III. Results of Inspection of 50,000 Children seen in 106 Schools.

PATHOLOGICAL SOCIETY OF LONDON, 8.30 P.M.—Adjourned discussion on Phagocytosis and Immunity. Card Specimens.—Mr. J. Clarke: (1) Cystic Mamma, (2) Colloid Carcinoma of the Mamma. Dr. H. D. Rolleston: (1) Large Sebaceous Cyst in Brain, (2) Vermiform Appendix and Enterolith.

### WEDNESDAY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 4 P.M.—Professor C. Stewart: The Physiological Series of Comparative Anatomy in the Museum of the College. Lecture II.

ROYAL MICROSCOPICAL SOCIETY, 20, Hanover Square, W., 8 P.M.

EPIDEMIOLOGICAL SOCIETY OF LONDON, 8 P.M.—Dr. S. M. Copeman: The Bacteriology of Vaccine Lymph.

ROYAL METEOROLOGICAL SOCIETY, 25, Great George Street, S.W., 7 P.M.—The President (Dr. C. Theodore Williams) on the Value of Meteorological Instruments in the Selection of Health Resorts. Exhibition of Instruments, Charts, etc.

### THURSDAY.

ROYAL COLLEGE OF PHYSICIANS, Examination Hall, Victoria Embankment, 5 P.M.—Dr. Francis Warner: The Milroy Lectures: An Inquiry as to the Physical and Mental Condition of School Children. Lecture IV. The Bearing of this Inquiry on State Medicine and on the Education and Care of Children.

NEUROLOGICAL SOCIETY OF LONDON, Physiological Laboratory, University College, 8 P.M.—Dr. Sherrington: Experimental Note on the Knee-jerk. Professor Schäfer: Descending Degeneration following Lesion of the Cortex Cerebri. Professor Schäfer and Dr. Mott: On Ascending Degeneration following Lesion of the Spinal Cord. Dr. J. K. Russell: On the Arrangement of Nerve Fibres in Nerve Trunks and Roots in Relation to Function. Dr. W. H. Thompson (Introduced by Professor Schäfer): Degeneration following Lesions of the Superior Temporal Gyrus. Dr. Tooth: On the Ascending Antero-lateral Tract in the Medulla.

HARVEIAN SOCIETY OF LONDON, 8.30 P.M.—Clinical evening. Cases will be shown by Dr. Cheadle, Dr. Luff, Mr. C. B. Lockwood, and others.

### FRIDAY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 4 P.M.—Professor C. Stewart: The Physiological Series of Comparative Anatomy in the Museum of the College. Lecture III.

## 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.

GOOD.—On March 1st, at St. Neots, Hunts, the wife of F. T. Good, M.R.C.S.Eng., L.S.A., of a daughter.

MACDONALD.—At Nagpore, Central Provinces, India, on February 9th, the wife of Surgeon T. R. Macdonald, M.B., of a daughter.

### MARRIAGE.

SANDERS—DARNELL.—At St. Paul's, York Place, Edinburgh, on the 1st instant, by the Rev. D. Darnell, Vicar of Welton, Northamptonshire, grandfather of the bride, assisted by the Rev. Rowland Ellis, Rector of St. Paul's, Gordon Sanders, M.B., elder son of the late W. R. Sanders, Professor of Pathology in the University of Edinburgh, to Georgina Frances, eldest daughter of the Rev. Charles Darnell, of Garfield, Trinity, Edinburgh.

### DEATHS.

HEATH.—On the 4th instant, at his residence, Cocken Hall, in the county of Durham, George Yeoman Heath (also of Newcastle-upon-Tyne), M.D., D.C.L., F.R.C.S., President of the College of Medicine, Newcastle-upon-Tyne, Member of the Medical Council of the United Kingdom, etc., in his 73rd year.

SOUTAR.—At Golspie, Sutherland, on March 2nd, Robert Ker Soutar, M.D., aged 59.