

one of strangulation of the ovary. She was suffering from no general disturbance; her bowels were open; there was no tendency to vomiting; her only objective symptoms were the local pain associated with the tense, somewhat red, swelling in the groin, and a certain amount of anxiety which she felt regarding her condition. The swelling was tender, and felt more like a solid tumour than any fluid collection. There was no impulse on coughing. In size it might be likened to half a small chicken's egg; and was situated immediately below Poupart's ligament, and in the region of a femoral hernia.

On March 21st I again saw her with Dr. Henderson. The tumour was slightly larger and the skin somewhat redder. Her temperature had risen to 100° F., but otherwise she had no further symptoms. We no longer hesitated in our opinion that something operative should be undertaken. Accordingly, under chloroform, I cut down as for a femoral hernia, exposed an egg-shaped tumour, from which I peeled off what must have been the adherent sac. On examination with my finger I discovered the constricting neck and divided it. My finger then passed into the abdomen, but not into the peritoneal cavity. I felt the external iliac artery in immediate contact with my finger. I freed the neck of the tumour as well as I could; placed a ligature around it, and then removed the tumour. The wound healed somewhat sluggishly, but otherwise the patient did well.

On section of the tumour, and on microscopical examination of its structure, it was shown to be unmistakably an ovary. In one part there was a cyst large enough to hold a hazel nut; within it was a mass of soft fat-like material mixed with blood.

Taking the age of the patient into consideration with the particular nature of her complaint, I have been unable to find any similar case on record. The exhaustive paper on *Hernia of the Ovary*, by Dr. Robert Barnes, in the *American Journal of Obstetrics* (vol. xvi, No. 1), contains some cases of strangulated ovaries. These, however, were nearly always cases of inguinal strangulation, and more frequently than not the ovary was not alone the part strangulated, but with it was associated bowel or omentum. The most prominent symptom in this case was the difficulty of micturition always associated with the descent of the ovary. This does not seem to have been a feature in any of the cases recorded by Dr. Barnes. He mentions a fact which existed in the present case: the adhesion of the ovary to its sac. Thus he states: "The herniated ovary is liable to become inflamed and to contract adhesion with the sac so as to shut off communication with the abdominal cavity."

A case of strangulated hernia of the right ovary in the femoral region is recorded by Mr. E. Owen in the *BRITISH MEDICAL JOURNAL* for 1873, vol. ii, p. 690. In this case the ovary was returned after division of the constricting band.

## MEMORANDA:

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

#### STRYCHNINE IN THE PNEUMONIC CRISIS.

HAD been attending for ten days a little girl, aged 2 years and 8 months, who had pneumonia of the whole of the left lung, and some bronchitis about the upper part of the right. The temperature ranged between 102° and 103.5° F., and the whole aspect of the child pointed to a rapidly fatal termination. At my evening visit on the tenth day of the disease the temperature was 101.8°; there had been a little diarrhoea and sweating, and the child had taken its egg-flip badly during the day. I left, expecting to be called out that night, and I was at 1.30 A.M. I found the child cyanotic, cold, pulseless, and drawing every now and then a shallow breath. I opened the doors, quickly filled my syringe with liq. strych., and injected 1½ min., with the result that the breathing became deeper and more frequent, the pulse returned, and the cyanosis became less. I rolled the limbs and head up in cotton-wool, and applied hot-water bottles, and asked for some brandy and milk. A fresh bottle having to be opened there was some delay, and I bent over the cot to listen for the breathing; it had quite ceased, though the pulse was beating. I immediately injected 2 minims more of strychnine; the child drew a deep breath, opened its mouth wide, showing a livid tongue, and remained for some two or three seconds in this position; then the mouth closed, and she breathed regularly and deeply, and took some brandy (3ij) and milk (3iv).

The next day her temperature was normal; she had 4 minims of liq. strych. t.d.s. in place of an ammonia and bark mixture, and alternately with mixture containing perchloride

of iron. That night I left 12 minims with the mother, diluted with three teaspoonsful of water, with directions to give one or two teaspoonsful if the child became livid. At 11 P.M., the child looking blue about the eyelids and sides of the nose, the mother gave one teaspoonful and opened the doors; the lividity passed off, and now, a week later, the child's temperature has been daily normal; both lungs are practically clear, and it is sitting up in bed playing with its toys, but exceedingly feverish.

Bengal. JOHN S. EBYR,  
Surgeon-Captain M.S.

#### NOTE ON PERFORATION OF THE MASTOID FOR MIDDLE EAR DISEASE.

Of the methods employed in opening the mastoid, antrum, and middle ear for disease of these cavities, the most usual are those by means of the hammer and small chisel and gouge, and of the trephine. The objections to the first of these methods seem to be chiefly in the amount of concussion upon the interior structures of the cranium beneath the seat of operation, and in the danger of wounding the lateral sinus in the event of too much force being used, or of a splinter of bone being detached and penetrating it. The other usual method, that of the trephine, seems to have the usual objections of the ordinary difficulties of trephining operations; namely, constant adjustment of the cutting edge and the removal of the disc of bone.

To obviate these difficulties, it was suggested in several recent cases by Dr. Hunter Mackenzie to use the instruments designed by Mr. Watson, dental surgeon, for the purpose of boring into the antrum of Highmore through the alveolus of the superior maxilla. I acted on this suggestion, and as the results proved eminently satisfactory in all the cases, both as regards the ease and safety with which the operation was performed, and the good after-results from the free drainage established between the mastoid, antrum, and middle ear and external auditory meatus, it occurred to me that the instruments might prove useful to others.

They consist in a gimlet with a small point, and the diameter for children of about one-sixth of an inch. This is cautiously inserted into the bare bone and slowly turned by the hand till the cavity is reached. When this occurs use is made of a cone-shaped burr, in order to enlarge the opening. These instruments can be made of any size, so that any dimension of opening may be made. After an opening of sufficient size has been made, and a free drainage established through the internal auditory meatus, a metal wire twisted into a spiral is inserted into the bone, and kept till the discharge has almost disappeared. During and after the operation the parts are constantly irrigated with an antiseptic solution.

In none of the patients was there any rise of temperature or untoward result after the operation. All the cases were instances of chronic suppurative inflammation of the middle ear with mastoid abscess, and of some months' duration. The ease and safety with which the operation is performed, and the good afterward resulting seem to me to widen the indications for its performance.

The instruments are made by Mr. Young, Forest Road, Edinburgh.

ALEX. BLACK, M.B., F.R.C.P. Edin.,  
Surgeon to the Eye, Ear, and Throat Infirmary of Edinburgh.

#### AN UNUSUAL CASE OF TWINS.

MY attention was drawn by an article under the above heading, which appeared in the *BRITISH MEDICAL JOURNAL* of February 20th; and I think the following notes of a somewhat similar case may be of interest.

I was called to Mrs. F., on March 26th, 1891, in her eleventh confinement. I found her on the floor with the breech of a decomposed fetus already born; the stench was abominable. After separating the child—which was extensively macerated, with the cuticle freely peeling—and placing the patient on a bed, I found the bag of membranes of a second child presenting; these I ruptured, and finding the face towards the pubes, I immediately turned and delivered a full term healthy female child. The placenta followed in due course, and presented nothing unusual in its construction. Vaginal douches were ordered daily for the first few days; there was no pyrexia, and the patient made an excellent recovery.

I should add that six weeks previous to her labour she had a fall, which was unaccompanied by any hæmorrhage, but intense abdominal pain; and two weeks before she was delivered she had a very fetid vaginal discharge. I think the fall in this case no doubt accounted for the premature death of the foetus.

The child thrived; but when 8 months old it was attacked by broncho-pneumonia, and died.

Tipton, Staffordshire. A. J. HORTON, M.R.C.S.Eng., L.S.A.

#### FRACTURE OF SCAPULA SEPARATING ITS UPPER AND INTERNAL ANGLE.

MR. M. KNOX SOUTTER gives notes, with a sketch, of a case of fracture of the upper internal angle of the scapula, and remarks that he is "unable to find a report of any quite similar case in recent literature." I find in my notebook that on December 8th, 1880, a navy came to my surgery at Pendlebury with an identical injury. My rough sketch—made at the time, and which I enclose—shows the line of fracture to have been a shade further from the vertebral border than in Mr. Soutter's case. My patient was working on the Lancashire and Yorkshire Railway. He received a late warning of the approach of an express, commenced to run out of the way, was caught by the buffer of the engine (travelling, as I was told by the station master of Clifton Junction, at the rate of fifty miles an hour), and thrown on to the embankment. The skin was slightly scarred over the seat of fracture, but there was no other injury. I have no notes of treatment, but I remember that the fracture healed without trouble.

Edgware Road, W. STANFORD HARRIS, M.R.C.S., L.S.A.

#### THE RELATION OF RHEUMATISM TO THE NEUROSES.

1. It seems probable that those agencies which are prone to produce neuroses are also capable of causing arthropathies. Such agents as lead, sepsin, alcohol, arsenic, quinine, carbon disulphide, marsh miasm, traumatism, mental shock, senility, and starvation, which can induce rheumatism or gout, may, instead of arthritis, induce a neural or a cerebral change.

2. There are substantial grounds for suspecting the existence of an inhibitory centre for the uterus above the spinal cord. There are reasons for locating this centre near the vagal nucleus.

(a). The influence of this centre may be impaired by some of the agencies which cause arthropathy in man setting up a corresponding change in women, represented by dysmenorrhœa.

(b). The inhibitory influence, instead of being merely impaired, may be completely suspended during pregnancy. Thus abortion may come to pass.

(c). The presence of such a centre with an inhibitory rather than a mere trophic function would explain why anaesthesia may not alone be unable to arrest the progress of labour but may actually facilitate expulsion.

Seymour Street, W.

EDWARD BLAKE, M.D.

#### RUPTURE OF THE STERNO-MASTOID MUSCLE OF THE CHILD DURING PARTURITION.

THE following case may be of interest owing to its cause being generally overlooked. I can find no mention of the subject except in Whitley's *Dictionary of Treatment*, where the author says he has "seen a considerable number of cases of torticollis occurring soon after birth, where a hard tumour is felt along the course of the sterno-mastoid muscle, the deviation of the neck is clearly owing to the rupture of the muscle during labour."

The other day a child was brought to me, the mother of which I delivered a month ago. The nurse told me that the child's head was twisted to one side, and they could not keep it straight. The chin pointed to the right side, and the head was drawn towards the left shoulder. On examining the neck I felt a hard lump in the centre of the sternal border of the left sterno-mastoid, the muscle feeling like a hard-stretched cord, with a lump in the centre, which was very painful, and it had been noticed in that condition about a

The sketch is practically identical with that published in the *BRITISH MEDICAL JOURNAL* on March 19th, p. 801.

fortnight. The muscle was evidently partially ruptured, and in a state of tonic contraction.

The only way I can account for it is that, during the labour, after the head had been delivered with the forceps, the shoulders, after waiting a reasonable time, did not come out, I applied gentle traction on the head. The shoulders protruded, and without further difficulty the child was born. The force used one would hardly think was sufficient to rupture a muscle, but it is very evident it did; and most likely this is of very frequent occurrence, but not thought much of, as it will get perfectly well with very little treatment.

Dartmouth. JOHN H. HARRIS, M.R.C.S., L.S.A.Lond.

#### EPITHELIOMA OF THE UPPER LIP.

IN the *BRITISH MEDICAL JOURNAL* of March 26th Mr. De Butts records a case of epithelioma of the upper lip in a woman. Although so extremely rare as to be scarcely mentioned in works on surgery, we have had two cases in this hospital during the last six months.

CASE I.—E. C., aged 70, admitted November 17th, 1891. Two years ago she was in the hospital and had an epithelioma of the upper lip on the right side removed. There was slight recurrence in the scar and also a growth about the size of a shilling, just below and to the inner side of the right malar bone. This had been noticed for about nine months, and was gradually increasing in size. It was removed on November 19th, and a microscopic examination proved it to be an epithelioma.

CASE II.—S. H., aged 67, was admitted March 19th, 1892, with a small growth on the left side of the lower lip. It was first noticed about Christmas time. This was removed on March 24th, and, on examining it under the microscope, it was found to be epitheliomatous. The father and uncle of this patient both had epithelioma of the lip.

Neither of these patients were smokers.

M. C. MOXHAM,  
House-Surgeon, Suffolk General Hospital,  
Bury St. Edmunds.

## REPORTS

ON

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

#### EYE, EAR, AND THROAT INFIRMARY, EDINBURGH.

##### CASE OF EMPYEMA OF THE ANTRUM OF HIGHMORE, WITH OZENA.

(Under the care of Dr. HUNTER MACKENZIE.)

C. O'C., aged 23, was remitted on 26th May, 1891, by Dr. Miller, Newhaven. She had been suffering for over a year from an offensive purulent discharge from the right nostril. Dry crusts came in the morning, and recent pus at other times. She had no complaint beyond bad teeth.

On examination of the interior of the nose, accumulations of recent pus were seen lying externally and internally to the middle turbinate area, and a dry purulent crust occupied the adjacent portion of the septum. When the patient was placed on a couch, with the affected nostril and antrum uppermost, and the head bent slightly downwards over the edge, pus dropped freely from the affected nostril. This also took place in the sitting position, with the head bent slightly forwards. There was neither pain, tenderness, nor swelling over the right cheek; but frontal headache, usually confined to the right side, but occasionally extending over the whole forehead, was almost constantly present. Electric illumination showed the right antrum to be slightly less translucent than the left, but control electric observations in other cases without antral affections showed somewhat similar inequalities. An offensive odour was present. On subsequent examinations recent pus was seen in the left nostril, between the middle turbinate area and the outer wall, but it never could be induced to flow freely, as in the case of the other nostril. The upper teeth were much decayed on both sides. There was no difference in the gums of the two sides.

June 22nd. Three stumps of teeth were extracted, and the

was below that recorded in any year since the establishment of civil registration in 1837, and that the mortality from each of these diseases, except diphtheria, was below the average of the preceding ten years. Only 8 deaths were referred to small-pox during the year, this being the sixth successive year in which London has been comparatively free from this disease. During these six years only 55 fatal cases of small-pox have occurred in London, of which 12 were of unvaccinated persons, 18 of vaccinated persons, while there was no information relating to the remaining 25 cases. Diphtheria continued fatally prevalent in London during 1891, although the death-rate from this disease was slightly below that recorded in either of the preceding two years.

The death-rates from all causes in different parts of London showed during 1891 the usual wide variations; for while the rate (after distribution of deaths in institutions) did not exceed 20 per 1,000 in the west, north, and south groups of districts, it was equal to 24 in the east and to 28 in the central groups of districts. In some of the central districts excessively high rates were recorded during the year under notice; in Strand sanitary district the rate was 29.6, in St. Luke, 30.3, and in Holborn 30.8 per 1,000.

The Registrar-General's Annual Summary deals in a more general way with the mortality in the large provincial towns, among which the death-rates showed wide variations. The lowest rates were 18.2 in Brighton, 19.0 in Portsmouth, 19.1 in Derby, and 19.3 in Norwich; in the other towns they ranged upwards to 26.0 in Salford, 26.5 in Manchester, 27.0 in Liverpool, and 27.3 in Preston. It is noteworthy that six of the seven Lancashire towns stand at the bottom of the list of the twenty-seven provincial towns in which they are included, both as regards their rates of mortality in 1891, and in their mean annual rates during the preceding ten years, 1881-90.

#### HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,131 births and 4,346 deaths were registered during the week ending Saturday, April 2nd. The annual rate of mortality in these towns, which had been 24.8 and 22.3 per 1,000 in the preceding two weeks, further declined to 22.2 during the week under notice. The rates in the several towns ranged from 14.7 in Croydon, 16.1 in West Ham, 17.1 in Gateshead, and 18.3 in Bradford to 26.5 in Swansea and in Burnley, 26.7 in Halifax, 26.8 in Preston, and 28.1 in Manchester. In the thirty-two provincial towns the mean death-rate was 22.8 per 1,000, and exceeded by 1.4 the rate recorded in London, which was 21.4 per 1,000. The 4,346 deaths registered during the week under notice in the thirty-three towns included 427 which were referred to the principal zymotic diseases, against 477 and 435 in the preceding two weeks; of these, 170 resulted from whooping-cough, 134 from measles, 42 from diarrhoea, 33 from scarlet fever, 30 from diphtheria, 16 from "fever" (principally enteric), and 2 from small-pox. These 427 deaths were equal to an annual rate of 2.2 per 1,000; in London the zymotic death-rate was 2.6, while it averaged 1.9 per 1,000 in the thirty-two provincial towns. No death from any of these diseases occurred last week in Norwich; in the other towns the lowest zymotic death-rates were recorded in Bolton, Gateshead, and Halifax, and the highest rates in Salford, Liverpool, Sheffield, and Wolverhampton. Measles showed the highest proportional fatality in Birkenhead, Birmingham, Sheffield, Liverpool, and Wolverhampton; scarlet fever in Birkenhead and Cardiff; whooping-cough in Brighton, Bristol, Salford, Huddersfield, Sheffield, Swansea, and Wolverhampton; and diarrhoea in Preston and Blackburn. The mortality from "fever" showed no marked excess in any of the large towns. The 30 deaths from diphtheria recorded during the week under notice included 15 in London, 3 in Manchester, 2 in Birmingham, 2 in Bradford, and 2 in Newcastle-upon-Tyne. Two fatal cases of small-pox were recorded in London, but not one in any of the thirty-two provincial towns; 43 small-pox patients were under treatment in the Metropolitan Asylums Hospitals, and 7 in the Highgate Small-pox Hospital on Saturday last, April 2nd. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital on the same date was 1,227, against 1,230 and 1,226 on the preceding two Saturdays; 139 new cases were admitted during the week, against 146 and 126 in the previous two weeks. The death-rate from diseases of the respiratory organs in London was equal to 5.3 per 1,000, and was below the average.

#### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, April 2nd, 937 births and 589 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 24.2 and 23.4 per 1,000 in the preceding two weeks, further declined to 21.2 during the week under notice, and was 1.0 per 1,000 below the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the lowest death-rates were 15.6 in Leith and 17.1 in Aberdeen, and the highest rates, 23.5 in Glasgow and 27.5 in Perth. The 589 deaths in these towns included 65 which were referred to the principal zymotic diseases, equal to an annual rate of 2.3 per 1,000, which slightly exceeded the mean zymotic death-rate during the same period in the large English towns. The 302 deaths registered in Glasgow included 13 from measles, 11 from whooping-cough, 5 from scarlet fever, 3 from diphtheria, and 3 from "fever." Two fatal cases of diphtheria were re-

corded in Edinburgh, and 2 of "fever" in Dundee. The death-rate from diseases of the respiratory organs in these towns was equal to 6.2 per 1,000, against 5.3 in London.

#### HEALTH OF IRISH TOWNS.

In sixteen of the principal town districts of Ireland the deaths registered during the week ending Saturday, March 26th, were equal to an annual rate of 33.3 per 1,000. The lowest rates were recorded in Sligo and Waterford, and the highest in Wexford and Galway. The 269 deaths registered in Dublin were equal to an annual rate of 40.1 per 1,000 (against 35.5 and 36.8 in the preceding two weeks), the rate during the same period being 21.3 in London and 19.7 in Edinburgh. The 269 deaths in Dublin included 31 which were referred to the principal zymotic diseases (equal to an annual rate of 4.6 per 1,000), of which 22 resulted from measles, 5 from whooping-cough, 3 from diarrhoea, and 1 from "fever."

#### THE CHICAGO WATER SUPPLY.

In a letter to the *Times*, dated March 26th, the official representative of the "World's Columbian Exposition, Chicago, 1893," takes exception to one of the statements respecting the Chicago water supply contained in a leading article in the *BRITISH MEDICAL JOURNAL* of March 12th. He attempts no denial of the existence of enteric fever in epidemic form or of its probable causation by water, no explanation or defence of the strange course followed by the city authorities in the matter. Upon these points he is silent, and he frankly admits that "recently" recourse has been had to an intake at a point where the lake water is polluted by sewage. His contention is simply this, that as "steps are being taken to remedy" this last mentioned condition at once, and as the main supply comes from an intake 2½ miles from the shore, and as "it is hoped" that the four mile tunnel will be completed within the present year, therefore "visitors to the Exposition in 1893 need have no fear of diseases of any kind growing out of a polluted water supply." These are scanty premises upon which to base such a general conclusion, and they have the further weakness of including many "ifs" and only few of the ascertained facts bearing upon the present grave condition of matters. The reply leaves the question precisely where it was. But Chicago is not the only American city in trouble about its water supply. Providence (Rhode Island) is promoting a Bill to prevent the pollution of the Pawtuxet River, from which it has taken water since 1871. The Bill is being stoutly opposed by the communities higher up the valley, who claim a vested right to pour their sewage and trade effluents into the river, and plead the impossibility of any other course without endangering the public health and ruining their commerce. It was stated in evidence that in 1888 a brief but severe typhoid epidemic broke out in the city within a fortnight after heavy rains on November 9th and 10th, and that out of 250 attacks, 40 ended fatally. Cases of typhoid had occurred shortly before in houses near the river above the intake, and on making a bacteriological examination of filters used in Providence, Dr. Ernst, of Harvard, and Dr. Pruden, of New York, found specific typhoid organisms. In this country we have learned by bitter and repeated experience that the use of water supplies from rivers or reservoirs receiving sewage contamination is a constant source of danger. The Lower Tees Valley epidemic being one of the most recent examples of this. The claim that the waterways are the natural and proper sewers of the country is so monstrous that it is not usually put forward at the present day, although tacitly assumed in only too many cases still.

#### SALARY OF MEDICAL OFFICER.

MR. F. C. BRYAN, upon application for increase of salary as medical officer to the East Preston Workhouse and Infirmary, was granted a rise of £10, making the present salary £50 a year. The workhouse, which is for Worthing, Arundel, and Littlehampton, is situated nearly four miles from the medical officer's residence, and contains 171 inmates, 88 under attendance and 67 actually in the infirmary. The medical officer supplies all drugs except cod-liver oil and quinine. Mr. Bryan is also medical officer for Littlehampton and District, for which he receives £90 per annum, and the guardians considered this when taking his application into consideration.

#### NOTIFICATION OF INFECTIOUS DISEASES.

D. S.—The address given should be that at which the patient is to be found at the time of sending the certificate.

## UNIVERSITIES AND COLLEGES.

#### VICTORIA UNIVERSITY.

EXAMINATION LISTS.—(Candidates' names are in alphabetical order throughout.) Faculty of Medicine.

Second M.B. Examination.—The following have satisfied the examiners: C. S. Ashe, Owens College; W. J. Bowden, Owens College; S. W. Brook, Owens College; W. M. Brown, University College; A. Brushfield, Owens College; W. W. Clemesha, Owens College; P. H. Collin, Owens College; N. F. Edwards, Owens College; J. W. Earnsides, Yorkshire College; F. W. Fish, Owens College; J. Hainsworth, Yorkshire College; J. P. Hall, Owens College; J. Howe, Owens College; R. T. Hughes, Owens College; A. W. Lilley, Owens College; T. U. Mercer, University College; E. Monks, Owens College; F. Radcliffe, Owens College; J. H. Ray, Owens College; J. F. Rimmer, Owens College; H. S. Smith, Owens College; W. L. Spink, Yorkshire College; O. B. Trumper, Yorkshire College; J. D. Whitaker, Owens College; P. Wilkinson, Owens College.

Final M.B. Examination (Part I).—The following have satisfied the examiners: R. Alcock, Owens College; J. C. Bawden, University College; H. C. Cadman, Owens College; J. B. Carter, Owens College; J. H. Crocker, Owens College; W. E. Davies, University College; A. Greenhaigh, Owens College; J. Healey, Owens College; C. E. Jones,

University College; W. McClelland, University College; J. B. Mawdsley, University College; A. J. Partridge, Owens College; F. C. Scotson, Owens College; F. J. Woods, University College.

**Final M.B. Examination (Part II).**—The following have satisfied the examiners: A. E. Ash, Owens College; A. Bicknell, University College; J. W. Crawshaw, Owens College; A. J. Edwards, Owens College; H. J. Lightbody, University College; C. E. M. Lowe, Owens College; E. C. McCarthy, Owens College; R. W. Marsden, Owens College; C. B. Taylor, Owens College; J. H. Taylor, Owens College; R. T. Turner, Owens College.

The following have been awarded honours: *First Class*.—J. W. Crawshaw, Owens College; J. H. Taylor, Owens College. *Second Class*.—A. E. Ash, Owens College; E. C. McCarthy, Owens College; R. W. Marsden, Owens College; R. T. Turner, Owens College.

#### UNIVERSITY OF ABERDEEN.

**GRADUATION IN MEDICINE**, April 4th, 1892.—The following candidates have received degrees in Medicine and Surgery:

*Degree of M.D.*—C. G. Bennett, M.B., C.M., Buckie; E. Chambers, M.B., C.M., London; \*A. R. Cushny, M.A., M.B., C.M., Fochabers; J. S. Dickie, M.B., C.M., Bournemouth; R. Eatough, M.B., C.M., Brindley; C. T. Ewart, M.B., C.M., London; \*J. Galloway, M.A., M.B., C.M., London; A. C. Hutchings, M.B., C.M., Salisbury; W. Macbain, M.B., C.M., Blackburn; A. D. Mackinnon, M.B., C.M., Skye; L. M. Scott, M.A., M.B., C.M., Aberdeen; \*E. Stevenson, M.B., C.M., Birkenhead.

\*Theses worthy of "Highest honours;" †thesis worthy of "Commendation."

*Degrees of M.B. and C.M.*—W. M. Anderson, Aberdeen; A. Baxter, Aberdeen; T. Brander, Garmouth; W. J. Carmichael, Aberdeen; A. B. Dalgetty, Auchinblae; N. B. Darabseth, Bombay; A. Davidson, Forres; W. R. Duguid, M.A., Buckie; W. J. S. Ewan, Fyvie; D. Finlayson, Tain; A. Forbes, Leochel-Cushnie; A. Fraser, Inverness; T. H. Galbraith, London; A. G. Gall, Melbourne; A. Grant, Dufftown; J. W. Grant, Watten; E. M. Griffiths, Ruthin, North Wales; P. R. Ingram, Kildrumny; J. R. Keith, M.A., Bridge of Allan; R. E. Kerr, M.A., Bunchrew; A. Lamont, Ellon; J. Leach, M.A., Ardersier; D. D. Mackintosh, Aberdeen; W. Moir, Forgue; H. Mowat, Banff; J. Mowat, Auchnagat; T. W. Ogilvie, Aberdeen; J. G. Pardoe, Littlehampton, Sussex; W. R. Pirie, M.A., Aberdeen; W. Ross, Fearn, Ross-shire; W. A. G. Russell, M.A., Orkney; J. Rust, M.A., Aberdeen; G. Savage, Montrose; C. R. Selbie, Pitcairle; R. R. Sutter, Timaru, New Zealand; A. W. Thomson, Jamaica; W. Trethowan, Victoria, Australia; H. L. de Vos, Ceylon; J. Wallace, M.A., Fearn, Ross-shire; A. Wilsden, Wooler, Northumberland; R. Young, South Australia.

G. K. Gifford, Shetland, has passed the examinations for the degrees of M.B. and C.M., but will not graduate until he attains the necessary age.

**GRADUATION HONOURS.**—The following gentlemen graduated with honours:

*Highest Honours.*—W. Trethowan.  
*Honourable Distinction.*—A. Davidson, D. D. Mackintosh, T. W. Ogilvie, W. R. Pirie, J. Rust.

The diploma in Public Health has been conferred on J. T. Wilson, M.B., C.M. Glasgow (with credit).

The following candidates have passed the First Division of the First Professional Examination for the degrees of M.B. and C.M.:

O. Bohrsman, G. Brown, R. J. Brown, W. J. Byres, R. A. Coles, J. Dawson, J. Easton, J. S. Fraser, J. A. Gibb, J. Hadfield, J. Halley, P. J. Henderson, J. Laing, J. A. Mearns, J. G. Milne, T. A. W. Ogg, W. M. Ogilvie, J. H. Patterson, A. C. Profeit, T. M. Ross, T. B. Trotter, J. M. Urquhart, A. Wood.

The following candidates have completed the First Professional Examination:

A. Archibald, E. Barnes, †J. A. Black, O. Bohrsman, \*T. I. Bonner, \*G. Bruce, R. F. Campbell, A. L. Cobban, †R. Cruden, †A. Don, J. Easton, G. A. Gibb, J. A. Gordon, G. Grant, G. C. Grant, \*W. C. Hosack, J. G. Jones, W. M. Keith, J. S. Laing, V. van Langenberg, †A. H. Lister, A. Low, \*J. M. H. Macleod, J. MacPherson, J. S. Marr, P. Mitchell, \*E. Oliphant, C. E. F. Owen-Snow, E. M. Payne, A. C. Profeit, A. Reid, G. Reid, \*D. Ross, J. H. Rowe, A. P. Rust, †R. Smith, \*G. Thomson, \*W. Thomson, G. A. Troup, W. S. O. Waring.

The following candidates have passed the Second Professional Examination:

F. S. Ainley, A. Alexander, \*J. A. Allwood, W. Astin, R. Burgess, J. Cran, A. L. P. Cruickshank, W. Cruickshank, H. T. Dawson, W. R. Duguid, D. G. Falconer, J. S. Findlay, H. Fraser, J. Fraser, F. A. Gill, J. H. Goodliffe, A. Gregor, W. Hector, J. Ingram, D. F. Justice, J. R. Kennedy, P. M. Lyon, R. G. MacGowan, G. Marr, C. R. Marrett, R. H. Marshall, T. Massie, †J. Matheson, \*A. A. Moore, C. K. Morgan, P. M. Muttukumaru, A. Ogston, J. H. Patterson, E. Philip, J. P. Philip, A. Rajasingham, M. W. Sharples, W. Shirreffs, A. M. R. Sinclair, A. Stables, W. Thomson, \*G. J. A. Watson, T. D. Wingate, J. Wood, T. M. Youngson.

\*Indicates that the candidate has passed "with credit;" † indicates that the candidate has passed "with much credit;" ‡ indicates that the candidate has passed "with highest credit."

The University Gold Medals have been awarded as follows:

Fife Jamieson Memorial Gold Medal in Anatomy, A. W. Mackintosh, M.A.; Keith Gold Medal for Systematic and Clinical Surgery, P. Howie; Shepherd Memorial Gold Medal for Systematic and Practical Surgery, A. Stables; Matthews Duncan Gold Medal in Obstetrics, W. Trethowan.

**EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.**—The following gentlemen passed the Second Examination of the Board in Anatomy and Physiology at a meeting of the Examiners on Monday, April 4th:

E. J. Lumb and J. S. A. Murphy, students of Yorkshire College, Leeds; J. O. Rigby and W. E. Tarbet, of University College, Liverpool; T. Salt, E. A. B. Poole, A. W. Nuthall, and W. P. Nicol, of Queen's

College, Birmingham; W. M. Willis, E. A. Dorrell, and A. E. H. Pinch, of Bristol School of Medicine; H. J. Peel, J. H. Bellamy, and Frank S. Hardy, of Sheffield School of Medicine; A. I. E. Orme, of Trinity College, Dublin; H. Roscoe, F. J. Smith, and F. S. Jackson, of Owens College, Manchester; W. J. Woodman, of St. Mary's Hospital; and W. Davies, of St. Bartholomew's Hospital and Mr. Cooke's School of Anatomy and Physiology.

Passed in Anatomy only: W. G. Parkinson, W. Archer, and W. S. Dibbs, of Yorkshire College, Leeds; H. J. Heginbotham, of Owens College, Manchester; T. W. W. Bovey, of Bristol School of Medicine; and J. R. Webb, of Melbourne University.

Passed in Physiology only: J. B. Chadwick, A. B. Steward, and R. Marshall, of Owens College, Manchester; and W. M. Jackson, of University College, Liverpool.

Six candidates were referred in both subjects, four in Anatomy only, and six in Physiology only.

Passed in Anatomy and Physiology on Tuesday, April 5th: C. W. Eames and A. P. Cummings, students of Yorkshire College, Leeds; C. Lamplough, J. W. C. Barrett, F. G. Messiter, J. C. Griffiths, J. Ganner, and W. McE. Clendinnen, of Queen's College, Birmingham; T. Gregory and A. Whitfield, of Owens College, Manchester; A. H. Copeman, of St. Thomas's Hospital; D. S. Gerrish, of Bristol School of Medicine; J. Wallace, of Queen's College, Belfast; M. Walthard, of Berne University; E. R. Rost, of St. Mary's Hospital; and F. G. Crookshank, of University College.

Passed in Anatomy only: A. P. Little, E. E. Crowther, and P. Kitchin, of Yorkshire College, Leeds; W. H. Tomlinson, J. Worthington, J. Broadbent, S. Crossley, and A. Hodge, of Owens College, Manchester; J. W. Farndale and E. J. E. Coop, of Queen's College, Birmingham; C. E. Walker, of St. George's Hospital; J. H. R. Pigeon, of Bristol School of Medicine; W. C. Gent, of Bristol School of Medicine and Mr. Cooke's School of Anatomy and Physiology; M. Bailey, of University College, Liverpool; P. L. Moore, of Cambridge University and Mr. Cooke's School of Anatomy and Physiology; and B. Watts, of Sheffield School of Medicine and Mr. Cooke's School of Anatomy and Physiology.

Passed in Physiology only: R. G. Worger, of Bristol School of Medicine; and J. H. Busted, of Guy's Hospital.

Four candidates were referred in both subjects, and fourteen in Physiology only.

Passed in Anatomy and Physiology on Wednesday, April 6th: G. J. R. Lowe, E. J. Tove, E. P. Turner, and H. E. Thompson, students of St. Bartholomew's Hospital; H. F. Turner, E. H. Van Someren, A. Balser, H. J. F. Bourne, S. Copley, T. H. Green, M. P. Jones, and J. H. Horton, of Guy's Hospital; A. W. Jenkins, A. L. A. Webb, J. Richards, A. Dimsey, C. Banting, and C. C. Weeks, of University College; E. H. T. Nash, M. H. Laslett, M. J. H. Sayers, and A. L. Home, of St. Thomas Hospital; M. H. Raper and E. J. Dobbin, of Middlesex Hospital; H. W. Mills, of St. Thomas Hospital and Edinburgh University; and S. T. Reid, of Charing Cross Hospital.

Passed in Anatomy only: R. D. Stacy, of St. Bartholomew's Hospital; L. G. Reynolds, S. Rivers, and T. S. Biggs, of Guy's Hospital.

Passed in Physiology only: R. L. Grosvenor, of St. Mary's Hospital; and E. A. Pitter, of Middlesex Hospital.

Six candidates were referred in both subjects—2 in Anatomy only, and 8 in Physiology only.

## MEDICAL NEWS.

**THE SOCIETY FOR THE STUDY OF INEBRIETY.**—This Society held its eighth annual meeting on April 5th, in the rooms of the Medical Society of London. The President, Dr. Norman Kerr, gave some particulars of an appeal he had made to the various temperance and allied societies on behalf of compulsory legislation for the habitual drunkard. Hitherto the temperance and general philanthropic bodies had opposed all such legislation, but the reception of this appeal revealed, he said, a marked change. The Church of England Temperance Society had thoroughly adopted the compulsory platform, recognising a large number of inebriates, not as willing offenders, but as impelled by a physically diseased condition. This influential association had, he stated, formally endorsed the platform of the Society, and had taken active steps to obtain a change in the law. Other societies, which had not made any official pronouncement on legislation, had also approved the proposed actions. The various female associations had been specially emphatic and unanimous in approval of the Society's legislative proposals. A number of large towns had also resolved to petition Parliament on the subject. Dr. Usher, F.R.G.S., of Melbourne, in a paper on the treatment of alcoholism, said that legislation on the subject of drinking was receiving much attention at the present time. He distinguished three forms of alcoholism—hereditary, acquired, and infantile brought about by the negligence and carelessness of parents in giving malt and spirituous liquors to children. At the present time there were, he stated, nearly 100 asylums and retreats in the world for the treatment of this disease.

**THE GENERAL PRACTITIONERS' ALLIANCE.**—At a meeting at Exeter Hall on Tuesday, Mr. G. Brown in the chair, a

resolution was passed declaring that the registration of trained nurses is a measure calculated to protect the sick against untrustworthy nurses, that it would be of much advantage to medical men by affording them ready information as to the training and experience nurses have received, and that the proposed incorporation would be for the public welfare. The President, said that the Council, had come to the conclusion that the information in the register of nurses would be most valuable to medical men. Within three years 3,000 nurses had put their names to the register. Medical men, however, would like another column in the register showing whether a nurse had special knowledge of surgical, medical, obstetric, or other cases. Dr. G. J. Eady, of West End Lane, Hampstead, who proposed the resolution already spoken of, showed how necessary it was that medical men should be able to feel that a nurse was carrying out his instructions, and that when she left a case the best that could be done by a nurse had been done for it. The idea of the British Nurses' Association was to benefit the public by ensuring the services of competent nurses, and to benefit the nurses themselves by establishing homes of rest and pensions after long and honourable service. To know the qualification of nurses, as they could by consulting the register, was most important to medical men and to the public. Dr. F. H. Alderson, Dr. Corbyn, Dr. Mead of Newmarket, Dr. Hugh Woods, and Dr. Fenwick took part in the proceedings.

### MEDICAL VACANCIES.

The following vacancies are announced:

- BIRMINGHAM CITY ASYLUM**, Ruberry Hill, Bromsgrove. Clinical Assistant. Board, lodging, and washing provided. Applications to the Medical Superintendent.
- BOURNEMOUTH FRIENDLY SOCIETIES' MEDICAL ASSOCIATION**.—Junior Medical Officer. Applications to the Secretary, 59, Old Christchurch Road, Bournemouth.
- CHESHIRE COUNTY ASYLUM**, Macclesfield.—Senior Assistant Medical Officer: unmarried, and not under 26 years of age. Salary, £150 per annum, with board, apartments, etc. Applications to the Medical Superintendent.
- COLLEGE OF STATE MEDICINE**.—Research Scholarship, tenable for one year. Salary, £100. Applications to Surgeon-General Cornish College of State Medicine, 101, Great Russell Street, W.C., by April 15th.
- CROYDON UNION**.—Medical Officer for No. 4A District. Salary, £120 per annum, with the usual extra medical fees. Applications, on printed form to be obtained at the Clerk's Office, to Harry List, Clerk to the Guardians, Union Offices, Queen's Road, Croydon, by April 15th.
- CUMBERLAND INFIRMARY**, Carlisle.—House-Surgeon. Salary, £70 per annum, with board, lodging, and washing. Applications to the Secretary by April 14th.
- DERBYSHIRE ROYAL INFIRMARY**.—Resident Assistant House-Surgeon. Appointment for six months, but eligible for an additional six months. Salary, £10 for first six months, £25 for second six months, with separate apartments, board, and washing provided. Applications to the House-Surgeon by April 9th.
- HASTINGS, ST. LEONARD'S, AND EAST SUSSEX HOSPITAL**, Hastings.—House-Surgeon: unmarried, doubly qualified. Salary, £75 per annum, with board and residence. Applications to W. J. Gant, Secretary, by April 9th.
- HAVERSTOCK HILL AND MALDEN ROAD PROVIDENT DISPENSARY**, 132, Malden Road, N.W. Medical Officer. Applications to the Honorary Secretary, G. G. Browne, Esq., by April 26th.
- LEWES DISPENSARY AND INFIRMARY AND VICTORIA HOSPITAL**.—Resident Medical Officer: doubly qualified. Salary, £100 per annum, furnished apartments, coal, gas, and attendance. Applications to the Honorary Secretary, Mr. Reginald Blaker, Lewes, Sussex, by April 22nd.
- LONDON LOCK HOSPITAL AND ASYLUM**, Harrow Road, and 91, Dean Street, Soho, W.—Surgeon to Outpatients: must be F.R.C.S.Eng. Applications to the Secretary, at 91, Dean Street, Soho, by April 12th.
- LONDONDERRY LUNATIC ASYLUM**.—Assistant Medical Officer. Salary, £100 per annum, with furnished apartments, rations, fuel, light, washing, and attendance. Applicants must be unmarried, and not more than 30 years of age. Apply with copies of testimonials to Dr. Hetherington. Election on April 14th.
- MANCHESTER ROYAL INFIRMARY, DISPENSARY, AND LUNATIC HOSPITAL OR ASYLUM**.—Honorary Assistant-Physician. Application to the Chairman of the Board by April 20th.
- METROPOLITAN HOSPITAL**, Kingsland Road, N.E.—House-Physician: must be M.R.C.S.Eng. Appointment for six months. Salary, at the rate of £80 per annum, and board and laundry expenses. Applications to Charles H. Byers, Secretary, by April 11th.
- METROPOLITAN HOSPITAL**, Kingsland Road, N.E.—House-Surgeon: must be M.R.C.S.Eng. Appointment for six months. Salary, at the rate of £80 per annum, with board and laundry expenses. Applications to Charles H. Byers, Secretary, by April 11th.
- METROPOLITAN HOSPITAL**, Kingsland Road, N.E.—Assistant House-Surgeon: must be M.R.C.S.Eng. Board and laundry expenses provided. Applications to Charles H. Byers, Secretary, by April 11th.

- NORTH RIDING ASYLUM**, Clifton, York.—Second Assistant Medical Officer. Salary, £100 per annum, with board, apartments, washing, and attendance. Applications to the Medical Superintendent, by April 13th.
- NOTTINGHAM BOROUGH ASYLUM**, Mapperley Hill, Nottingham.—Assistant Medical Officer, unmarried. Salary, £125 per annum, with apartments, board, and washing. Applications to the Medical Superintendent by April 18th.
- PADDINGTON GREEN CHILDREN'S HOSPITAL**, W.—House-Surgeon. Appointment for six months. Salary, at the rate of £55 5s. per annum, with board and residence. Applications to the Secretary by April 23rd.
- PARISH OF BIRMINGHAM**.—Three Visiting Physicians for the Workhouse Infirmary. Salary, £100 per annum. Applications, on printed forms to be obtained at the Clerk's Office, to Walter Bowen, Clerk to the Guardians, Parish Offices, Birmingham, by April 14th.
- PARISH OF GLENELG**, Inverness-shire, N.B.—Medical Officer for the Southern Division. Salary, from Parochial Board, £50 a year, free house and garden, and additional fixed salary of £100 from other sources. Applications to Chairman of the Parochial Board, Inverie, Isle Ornsay, N.B.
- PAROCHIAL BOARD OF UIG, LEWIS**.—Medical Officer. Salary, £180. Gaelic indispensable. Applications to the Chairman, Parochial Board of Uig, by Stornoway, before April 15th.
- ROYAL FREE HOSPITAL**, Gray's Inn Road.—Senior Resident Medical Officer, doubly qualified. Salary, £100 per annum, with board and residence. Applications to the Secretary by April 11th.
- ROYAL FREE HOSPITAL**, Gray's Inn Road.—Junior Resident Medical Officer. Board, residence, and washing. Applications to the Secretary by April 11th.
- SALOP INFIRMARY**, Shrewsbury.—Dispenser. Salary, £100 per annum, without residence or any extras. Applications to the Secretary by April 23rd.
- SEAMEN'S HOSPITAL SOCIETY**, Greenwich, S.E.—Visiting Physician for Branch Hospital in the Royal Victoria and Albert Docks. Applications to P. Michelli, Secretary, by April 25th.
- SEAMEN'S HOSPITAL SOCIETY**, Greenwich, S.E.—Visiting Ophthalmic Surgeon. Applications to P. Michelli, Secretary by April 25th.
- SOUTHALL-NORWOOD LOCAL BOARD**.—Analyst. Applications marked "Applications for Analyst" to the Board Officer, High Street, Southall, Middlesex, by April 12th.
- VICTORIA HOSPITAL FOR CHILDREN**, Queen's Road, Chelsea.—Honorary Medical Officer to New Convalescent Branch at Broadstairs to be opened in May. Applications to the Secretary, Captain Blount, R.N., by April 18th.

### MEDICAL APPOINTMENTS.

- BARNES**, Mr., appointed Medical Officer of the Malvern District of the Upton-upon-Severn Union, *vice* A. M. Weir, L.R.C.P., L.R.C.S. Edin.
- BESLEY**, A. J., L.R.C.P. Lond., M.R.C.S., appointed Medical Officer of the West Derby Union Infirmary.
- BEHRENDT**, M. R. J., L.R.C.P., L.R.C.S. Edin., reappointed Medical Officer of Health for the Scunthorpe Urban Sanitary District.
- BENNETT**, Vivian B., M.B., appointed Assistant Medical Officer to the Walton Workhouse Hospital.
- BOYD**, Campbell, L.R.C.P., L.R.C.S. Irel., appointed Medical Officer to the Camberwell Provident Dispensary.
- BULLMORE**, W. K., M.D. St. And., M.R.C.S. Eng., appointed Medical Officer of Health for the Falmouth and Truro Ports.
- BURNER**, R. W., M.D., appointed Honorary Consulting Physician to the Royal Caledonian Asylum, Holloway, *vice* David W. Finlay, M.D., resigned.
- CHALLENGER**, H. S., M.R.C.S., appointed Medical Officer for the Second and Fourth Sanitary Districts of the Abingdon Union, *vice* H. E. Dixon, L.R.C.P. Lond., M.R.C.S. Eng., resigned.
- CHEYNE**, W. Watson, M.B., appointed Honorary Consulting Surgeon to the Royal Caledonian Asylum, Holloway, *vice* John Wood, F.R.C.S., deceased.
- COTTERELL**, Edward, F.R.C.S. Eng., appointed Surgeon to the Cancer Hospital, and Surgeon to the West End Hospital for Diseases of the Nervous System.
- CRUISE**, J. E. W., M.B., B.Ch. Irel., appointed Resident Medical Officer of the Grafton Street Hospital, Liverpool.
- DAVIES**, Edward, M.D. St. And., M.R.C.S. Eng., appointed Deputy Coroner for the Eastern Division of Denbighshire.
- ELLIOT**, E. A. S., L.R.C.P. Edin., M.R.C.S. Eng., appointed Medical Officer of the Workhouse of the Kingsbridge Union, *vice* John Elliot, M.R.C.S. Eng., resigned.
- ELLIOTT**, R. H., M.B., B.Ch. Irel., appointed Resident Medical Officer of the Netherfield Road Hospital, Liverpool.
- FORBES**, Armitage, L.R.C.P. Edin., L.R.C.S. Irel., appointed Government Medical Officer and Public Vaccinator for the District of Wardell, New South Wales.
- FORSTH**, Robert, M.D. Glas., reappointed Medical Officer of Health to the Drightlington Local Board.
- GLOYER**, L. G., M.B., B.C. Cantab., appointed House-Physician to the Royal Hospital for Diseases of the Chest, City Road.
- GOODALL**, J. K., L.R.C.P., L.R.C.S. Edin., reappointed Medical Officer of Health for the Whittington Urban Sanitary District.
- HARRIS**, Spencer Clabon, L.F.P.S., L.M. Glas., reappointed Medical Officer of Health for the Ely Urban Sanitary District.
- HOLT**, H. M., L.S.A., appointed Medical Officer for the Leavening Sanitary District of the Malton Union.



JAMES, W. E., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer of Health to the Newport Union Sanitary Authority.

JOHNSON, Hy. Sandford, M.R.C.P.L., L.F.P.S.Glas., reappointed Medical Officer of Health for the Totnes Rural District.

MCCARTHY, Mr., appointed Medical Officer of the Powick District of the Upton-upon-Severn Union.

MULVANY, John, M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to the Cottage Hospital, Walsall.

RICHARDS, J. S., M.D., B.S., appointed Resident Medical Officer to the Royal Hospital for Children and Women, Waterloo Bridge Road, vice J. M. Thorne, M.R.C.S.Eng., resigned.

ROBERTS, John S. H., L.R.C.P.Lond., M.R.C.S.Eng., appointed Outdoor Surgeon to the Swansea Hospital.

ROBINSON, James, M.D.Brux., L.R.C.P.Edin., reappointed Medical Officer of Health for the Turton Urban Sanitary District.

ROPER, William R., M.A.Cantab., M.D.Dub., L.R.C.P.Edin., reappointed Medical Officer for the Fifth Sanitary District of the Chesterton Union.

ROWLANDS, James David, M.R.C.S.Eng., L.S.A., appointed Coroner for Liberty of Kidwelly, vice James Rowlands, F.R.C.S., resigned.

SAWYER, Robert Hy., M.R.C.S.Eng., reappointed Medical Officer of Health to the Shaftesbury Town Council.

SHEPPARD, H. A., M.R.C.S.Eng., L.S.A., reappointed Medical Officer to the Workhouse of the New Forest Union.

SINCLAIR, Walter W., M.B., C.M.Aberd., appointed Junior House-Surgeon to the Birmingham and Midland Eye Hospital.

SOMERVILLE, Archibald, M.D., F.R.C.S.Edin., appointed Medical Officer for the Endon District of the Leek Union.

STRATON, Charles Robert, L.R.C.P., F.R.C.S.Edin., reappointed Medical Officer of Health for the Wilton Urban Sanitary District.

TREND, T. Wm., M.D.St.And., M.R.C.P.Edin., M.R.C.S.Eng., appointed Physician to the Royal South Hants Infirmary.

WALLACE, William, M.A., L.D.S., appointed Lecturer on Dental Anatomy and Physiology at the Glasgow Dental Hospital, vice J. C. Woodburn, M.D.Glas., resigned.

WALLIS, F. C., M.B., B.S.Cantab., M.R.C.S., appointed Assistant Surgeon to the Metropolitan Hospital.

WILLETT, Edgar, M.B., F.R.C.S., appointed Assistant Surgeon to the Metropolitan Hospital, Kingsland Road.

## DIARY FOR NEXT WEEK.

## MONDAY.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Clinical evening: Mr. Watson Cheyne: A case of Removal of the Breast treated by Thiersch's method of skin grafting. Mr. Harrison Cripps: (1) Case of Chancre of Face; (2) Case illustrating Amputation of the Penis by a Perineal Method. Mr. Hugh Smith: A preparation of the parts from a case of Unreduced Dislocation of the Shoulder, with clinical history. Dr. T. Colcott Fox: Two cases illustrating the Development of Lupus Vulgaris from Scrofulous Glands and Scrofulous Gummata. Dr. W. Pasteur: Pigmentation of Mucous Membrane of Mouth and Gums. Cases will be shown by Dr. Mitchell Bruce, Mr. A. M. Shield, etc. The following exhibits will also be on view: By the President: (1) A specimen of Plugging of the Duodenum from a Lamb; (2) Infective or Melanotic Freckles in Senility (portrait). By Mr. Brudenell Carter: An instrument for Facilitating the Performance of Mules's Operation.

## TUESDAY.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Mr. R. J. Godlee: A case of Ligation of the Second Part of the Left Subclavian Artery for the Cure of an Axillary Aneurysm. Dr. George Thin: On the Symptoms and Pathology of Psilosis (Linguae et Intestini).

## WEDNESDAY.

HUNTERIAN SOCIETY, 8.30 P.M.—Clinical evening: The President: A case of Acromegaly. Dr. T. Marshall: A case of Local Sweating of Face. Dr. James Galloway: A case of Morphea undergoing Resolution. Mr. J. Poland: A Large Adeno-fibroma of the Breast. Dr. A. T. Davies: (1) A case of Myxoedema; (2) A case of Transposition of the Viscera.

## 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 orders or stamps with the notice not later than Wednesday morning, in order to insure insertion in the current issue.

## MARRIAGE.

MOON—BRADSHAW.—On March 1st, at Christ Church, Rawal Pindi, Punjab, by the Rev. A. N. W. Spens, Senior Chaplain, Wilfred Graham, Captain Seaforth Highlanders, third son of the Rev. Sir Edward Graham Moon, Bart., Rector of Fetcham, Leatherhead, Surrey, to Mary Frances, second daughter of Surgeon-Colonel A. F. Bradshaw, C.B., Army Medical Staff, Honorary Surgeon to His Excellency the Viceroy of India.

## DEATH.

GREATHEAD.—On March 10th, 1892, at Grahamstown, South Africa, Esther Louisa, wife of John Baldwin Greathead, M.B. Edin., aged 34 years.

LETTERS, NOTES, AND ANSWERS TO  
CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY POST ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 429, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

IN order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not to his private house.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate beforehand with the Manager, 429, Strand, W.C.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with duplicate copies.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted, will be found under their respective headings.

## QUERIES.

DR. FRED. B. HALLOWES (Redhill, Surrey) asks to be recommended a home or institution where an old gentleman, partly hemiplegic, aphasic, with cancer of rectum, can be taken in and cared for; his friends can pay from £1 to £1 10s. a week.

DR. F. W. BENNETT (Leicester) asks for information respecting the climate and healthiness of Lagos, West Africa. What is the best time of the year to arrive there, and what precautions can be adopted to guard against fever?

## HOME FOR INEBRIATE.

W. S. asks whether there is any licensed inebriate institution in which a poor clergyman could be boarded for about thirty shillings a week.

\*\* We do not know of any such institution for males at the rate mentioned. Probably the best plan would be to insert a public advertisement.

## ANSWERS.

BOOK CLUB.—Such evidence would, of course, be open to criticism, but it would be going very far to say that he is not entitled to give it.

## PATENTING OF SURGICAL INVENTIONS.

L.F.P. & S. (Swansea): The practice of patenting surgical appliances by their professional inventors is one of which the propriety is not generally admitted, and we cannot undertake to give the advice requested.

## ACARUS SCABIEI.

M.B.LOND. writes: I would like to know if there is any reason to suppose that the acarus scabiei invests any other part than the skin and the underclothing? In a case occurring here, the medical officer of health has pronounced the whole house, walls and furniture and clothes, infected by the itch insect, and ordered the whole house to be fumigated with sulphur, and every article of clothing and bedding to be baked. Also that two months must elapse before the family can be free from infection.

\*\* The acarus scabiei—sarcoptes scabiei—can live a very considerable period in clothing, woodwork, etc. The sarcopt of one animal can live on another species.

## CALIFORNIA.

DR. F. C. GRESHAM (Sierra Madre, Los Angeles Co., California) writes in reply to "Ex-Colonial," in the BRITISH MEDICAL JOURNAL of February 27th: 1. As to prospects of medical practice in California—speaking about Southern California—there are numbers of practitioners here, consequently most men make only a living. So many come, like myself, in the first stage of phthisis; others who have a little money, but do a little professional work when they can, that is, their means are not quite sufficient to keep themselves and families. Even men who have enough to live upon practise, so that there is less for those who are dependent upon their profession. British qualifications are sufficient, but, as the universal qualification here is the M.D. degree, Englishmen should have that if possible. You forward your parchments to the Secretary of the State Medical Society, San Francisco, Dr. Chas. C. Wadsworth, 806, Sutter Street, San Francisco, California, with \$5 dollars fee. You will receive a licence to practise, which must be registered with the county clerk of the county in which you propose to practise.