

deposit or a child dying of tuberculous disease elsewhere may be found *post mortem* to have a cirrhotic liver without the deposition of tubercle, as in a case recorded by Legg.⁹ (6) Extension of the inflammation to the liver from the peritoneum or capsule of the liver. (7) Exposure to bad living. Dr. Cazalis has recorded two cases due, he thinks, to this cause. (8) Following the exanthemata. Botkin advanced this hypothesis in 1872, and since then French observers have studied the liver changes in scarlet fever, variola, diphtheria, typhoid, and especially in measles. From a large number of *post-mortem* examinations they were able to study all stages from simple lymphatic infiltration to confirmed cirrhosis. Klein has examined eight cases of acute interstitial hepatitis in scarlet fever patients. The only case in which symptoms referable to the liver came on during the infectious illness is one recorded by Pepper,¹⁰ and is that of a child who developed jaundice during an attack of measles, subsequently symptoms of hepatic cirrhosis, and death by coma ensued in less than a year; at the *post-mortem* examination a typical hob-nailed liver was found. Whether alcohol was administered during this child's illness is not mentioned.

The early symptoms in hepatic cirrhosis of children are often very obscure, there being nothing more definite than occasional "bilious attacks," epistaxis, or general debility for a year or more, and no more definite symptoms occur until one or both of the canal systems of the liver become implicated; if the parenchyma of the organ is the seat of the chief pathological change, the disease may run its course with symptoms very indefinite and anything but alarming until quite the close of the case. Several cases with very obscure nervous symptoms as the only ones have been recorded.

Frerichs narrates the case of a boy who suffered from general muscular weakness, difficulty of speech, and facial paralysis, but without mental symptoms until shortly before death. Dr. Ormerod¹¹ has described the case of a boy who gradually developed hemiplegia, with contractions of the side followed by similar symptoms on the other side, and later on by cystitis and bedsores, and a temperature of 105°. On *post-mortem* examination the liver weighed 10 ounces, and there were patches of softening in the outer layer of the lenticular nuclei, as well as in the pons. During life there were no symptoms pointing to the liver as the seat of cirrhosis. Dr. Buzzard has had one, and Dr. Gowers three cases in the same family, with symptoms very similar to the case of Dr. Ormerod, and Dr. Gowers¹² classifies his cases as tetanoid chorea. Dr. W. Legg recorded a case in which the early symptoms resembled typhoid fever or tuberculosis, and it was not until the case had been under observation for fourteen days that enlargement of the liver was detected and purpuric spots developed on the skin.

From the above short sketch of some of the early symptoms, it will be seen how very obscure some of the early, and even the late ones, may be, and how easily cases of this kind may perplex us, unless we have had the good fortune to come across a similar one.

The following conclusions may be drawn from the analysis of the above cases:

1. That alcohol, syphilis, tuberculosis, and malaria account for 50 per cent. of them, the other most frequent causes being probably the exanthemata and errors in diet.
2. That acute interstitial hepatitis is frequently found microscopically after the infectious fevers, especially after measles and scarlet fever, but the part played by the disease, alcohol, and diet respectively in those cases which afterwards become examples of cirrhosis, is an open question, as is also the reason why some livers are affected with the hypertrophic and others with the simple form.
3. That the symptoms may be wholly referable to the nervous system, the relation of the pathological changes in the liver to those in the brain being undetermined.
4. That severe pyrexia, quick pulse, and increased frequency of the respirations, are frequent symptoms, and may make the diagnosis difficult from tuberculosis, typhoid, and other fevers.
5. That the symptoms of failing health in children, with no

marked adequate cause, especially if associated with epistaxis or other hæmorrhages, the development of nœvoid growths, or the occasional presence of jaundice, should lead us to examine the liver for signs of cirrhosis.

6. That the later symptoms depend upon the canal system of the liver chiefly involved, or whether the parenchyma chiefly suffers.

7. That nearly half the cases occur between the 7th and 13th years, and that males are nearly twice as frequently attacked as females.

8. That if all severe symptoms disappear under treatment, they will certainly reappear and end fatally within, at the outside, as far as we know at present, a period of three years.

9. That the best treatment appears to be a tonic one, combined with special treatment for special symptoms.

10. That some cases are part of a general disease due to some poison getting admission to the general circulation and especially attacking the liver, owing to the slow circulation in the hepatic capillaries, just as, no doubt, acute yellow atrophy is a general disease, the chief pathological change found *post mortem* having caused it to be classified amongst the diseases of the liver.

MEMORANDA:

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

PROLAPSE OF PREGNANT UTERUS: "EXTRA-ABDOMINAL DELIVERY" AT TERM.

IN THE EPILOGUE of the BRITISH MEDICAL JOURNAL of February 13th, p. 27, I read an extract of a report by F. Stein of a case of prolapse of the pregnant uterus and extra-abdominal delivery at term. I should like to record a case, similar in nearly all the details given, which occurred in my practice last year.

In February, 1891, I was called to a young woman, aged about 22, who had been in labour several hours, during which a tumour about the size of a child's head formed between the thighs. The condition was at once recognised as a threatened delivery of both uterus and fœtus. The uterus was now in a state of inertia, and any straining seemed to aggravate the condition. I found the external os rather rigid. It could not be easily dilated by the fingers, so I applied forceps to the head, and, with slight laceration of the cervix, I succeeded in delivering the child, which was to term, living, and fully developed.

The mother was in a very weak state, and was subsequently threatened with septicæmia, but eventually made a good recovery under rigid antiseptic treatment. I advised the use of a pessary, but, although I saw her afterwards, so slight must have been the inconvenience, if any, that the patient never returned for it.

STEPHEN M. LAURENCE, M.B., C.M.Ed.

Trinidad, Port of Spain.

GUNSHOT INJURY OF THE LEG.

IN VIEW of a recent article in the BRITISH MEDICAL JOURNAL entitled "Weapons and Wounds in Future Wars," a description of the injuries inflicted by a Snider bullet, in a case I had lately charge of, may have some interest.

The projectile entered the leg about 3 inches below the upper extremity of the shaft of the tibia on its outer aspect, and passing upwards and inwards effected its exit by three openings in the thigh, one being on the inner and two on the anterior aspect of the limb. From one of the latter the bullet was removed, having just broken the skin. The projectile thus travelled from below upwards, the shot having been fired from a deep ravine, on the side of which the wounded man was.

On examination of the limb the upper extremity of the tibia was found to be comminuted. The condyles of the femur were widely separated, and the bullet passing upwards had splintered the shaft of that bone into numerous fragments for more than half its length. In its path the bullet, or more probably that splinter of it which made the wound of exit on

⁹ St. Bart. Hosp. Rep., vol. xiii.

¹⁰ Lancet, 1887, vol. ii, p. 226.

¹¹ St. Bart. Hosp. Rep., vol. xxvi.

¹² Quoted by Ormerod, loc. cit.

the inner aspect of the thigh, had torn across the popliteal vessels; the surrounding soft tissues were totally disorganised by infiltrated blood. The main part of the projectile was flattened out, and was about the size of a florin, with ragged edges. Two fragments of lead were found embedded in the tissues.

In this case the severity of the injury was greatly due to the direction of the bullet, which was more or less in the long axis of the limb; but there is no doubt that the new magazine rifle bullet, with its hard covering, small diameter, and great velocity would not have effected such a total destruction of all the tissues, and will prove to be the more humane weapon in warfare.

Mandalay.

W. MCN. WILSON,
Surgeon-Captain I.M.S.

HYMEN OBSTRUCTING LABOUR.

I RECENTLY attended Mrs. F., a healthy primipara, aged about 22. The head was distending the perineum, but on examination I found I could not, as usual, sweep the examining finger round the head, and there was evidently something obstructing it. Puzzled to know the meaning of this I exposed the patient, and found the hymen tightly stretched over the head, like the skin of a drum. I at once proceeded to divide it, but while I was doing so the child was shot suddenly into the world, unfortunately rupturing the perineum. Playfair states that such cases are rare. For this reason, and to warn others against the accident which befell me, the case seems worth recording.

J. CUTHBERTSON WALKER, L.R.C.P. & S.Edin.
Maddiston, Linlithgow.

OVARIOTOMY IN A PATIENT IN HER 82ND YEAR.

At the meeting of the British Gynæcological Society on March 24th, I recorded the particulars of an operation for ovarian tumour in a patient over 81 years of age, who recovered perfectly, of which some details may be interesting. The peritoneal cavity was filled with a clear yellowish-coloured jelly-like fluid. The cyst, which was multilocular, extended up above the umbilicus. The main cyst contained thick colloid material, which had to be scooped out with the hand. The peritoneal cavity was irrigated with warm water, and a drainage tube inserted. Convalescence was somewhat tedious, but satisfactory. The patient is now (April) quite well, and able to walk round her garden, Dr. Joyce, of Cranbrook, informs me. In Mr. Bland Sutton's table of twenty-two cases of ovariectomy in patients over 70, the oldest was only 80. This case, therefore, is the oldest yet recorded.

Wimpole Street, W.

ARTHUR W. EDIS, M.D.

VARICOSE VEINS IN THE FAUCES.

THE case communicated to the BRITISH MEDICAL JOURNAL of March 26th, by Dr. Croker, of varicose veins in the throat is very interesting and of some importance. Such veins are of common occurrence, especially on the pillars of the soft palate and the back of the pharynx, less frequent on the tonsils. They may be found on the back of the tongue behind the papillæ circumvallatæ and in the glosso-epiglottidean pouches. In this situation they are generally large, swollen vessels such as Dr. Croker describes. The varicose veins on the fauces and pharynx are usually superficial, dilated venules, and are liable to bleed just as do the small, black cutaneous veins on the leg below the knee. The bulky vascular masses which Dr. Croker mentions are probably less liable to hæmorrhage, being composed of large, comparatively thick-walled vessels, and in this respect they may be compared to the tortuous and enlarged subcutaneous veins often found in the leg and thigh, which are seldom the source of bleeding. The small superficial dilated venules in the throat sometimes occur in the form of stigmata or stars, and I have met with two little girls (sisters) each of whom had such a stigma on the front of the right anterior pillar of the soft palate. These children used to have an escape of blood from the mouth almost every night during sleep, leaving a red stain on their pillows in the morning.

A fine galvanic cautery thrust into the centre of the stigma at once stopped the loss of blood in each case, and I invariably treat all such dilated venules in the throat in that way.

In Dr. Croker's case it seems to me that the chronic catarrh and consequent "hawking" afford enough argument for

interference, which might take the form of electrolysis or the repeated use of the galvanic cautery, doing a limited operation only on each occasion. The possibility of hæmorrhage in the throat should be guarded against, as blood may trickle down the larynx and trachea and into the bronchial tubes, and, coagulating there, form a favourable nidus for tubercle bacilli. In two instances I have known a deep tonsillar follicle to cause perforation of a vein, or possibly a small arterial twig, with the result that blood passed down into one of the lungs; inflammatory consolidation soon took place around the clot, and phthisis rapidly ensued, in one instance terminating fatally in about six months, whilst in the other a two years' residence in India with sea voyages restored the patient to complete health. In the latter case the clot formed in the lung was undoubtedly small.

Gloucester Place, W.

R. SHALDERS MILLER, F.R.C.S.

REPORTS

ON

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

RIPON COTTAGE HOSPITAL.

A CASE OF DRY GANGRENE.

(By HENRY INGLEDEW DAGGETT, M.A., M.B.Camb., M.R.C.S.,
late House-Surgeon.)

A. W., aged 35, an unmarried woman, was admitted on December 20th, 1890, for commencing gangrene of the right foot. She had been confined to bed for five weeks previous to admission, suffering from severe "pains in the head" accompanied by slight pyrexia. Shortly afterwards she began to suffer from acute pain in the left mammary region and left shoulder-joint, no other joint being affected at the same time or after. Ten days before admission she drew the attention of her medical man to a slight discoloration of the dorsum of the toes of the right foot. She stated that she had always enjoyed fairly good health, and had lived in the country all her life. She had, however, always been very anæmic, and suffered a good deal from shortness of breath, palpitation, headache, and occasional attacks of sickness. She had never at any time had any uterine disturbance. She could give no history of traumatism. She had never suffered from "cold hands and feet;" there was no history of rheumatic fever or syphilis, and she had had no recent acute illness.

On admission, she was in a state of great nervous prostration—restless, pale, and very anxious-looking; temperature, 102° F.; pulse, 100. The tips of all the toes of the right foot were found to be black, cold, and devoid of sensation. The blackness shaded off to a purplish colour at the middle of the dorsum of the foot; here sensation was not altogether lost. The common femoral could not be felt pulsating in the groin. On examining the chest, a functional *bruit* was heard over the pulmonary area, and the so-called "*bruit de diable*" was heard, loud and distinct, in the neck. There was no sign or symptom of organic heart disease. The arteries were apparently healthy, as judged by the radials; the lungs were normal, and there was no albuminuria.

During the first week in hospital her general condition improved. The gangrene, however, slowly spread, and she complained of a good deal of pain in the foot. On February 6th a line of demarcation began to form, following almost exactly the incisions for a Syme's amputation.

On February 13th Mr. Green, the honorary surgeon to the hospital, removed the foot by amputation just above the ankle. On removing the tourniquet there was absolutely no bleeding for the first minute or two. The ether inhaler was removed and the patient allowed to recover partially from the anæsthetic. Even then only one very small artery was seen to be spouting, and was at once tied; there was very little oozing. The stump was dressed with carbolic gauze and wool. There was no recurrent hæmorrhage, as might perhaps have been expected. The following day the stump was dressed again. There had been no bleeding, and everything looked quite healthy. The patient, however, was very weak, the pulse intermittent, the temperature 99.2°. She was

MEDICO-LEGAL AND MEDICO-ETHICAL.

CANCER CURERS.

MARIA OWEN, locally known as the "lady doctor," has found herself committed by the Birmingham stipendiary for obtaining money under false pretences. According to the evidence of the prosecutor, Mr. George Ralph, the accused called on him, and stated she had been sent by the Ladies' Medical Association to see witness's wife, who was then suffering from incurable cancer. On seeing the invalided woman, she said, "I can cure you. If you will only put your trust in me and the Lord, take a few drops from this bottle, and pay me 10s. 6d. down and undertake to pay 10s. 6d. in six weeks' time, then you will soon be a different woman. If I don't cure you in six weeks I'll return your money." The accused then proceeded to administer some drops from a small phial, and left another dose to be taken during the night. Witness handed her 10s. 6d., and she never came again. What medicine was taken did no good whatever. Maria Owen, according to the evidence, seems to have been indiscreet. She went a little beyond the limit which the law allows; otherwise her formula is common enough among the tribe of cancer curers of her class. But it is unusual to promise to return the money, and indiscreet not to reappear.

UNQUALIFIED ASSISTANTS.

DR. T. JACKSON, the borough coroner, held an inquiry last week at Croydon on the death of a boy aged 9, who, according to the abstract report of the evidence before us, had been taken to "Dr. Robertson's dispensary in High Street," and seen by two other gentlemen subsequently in succession, the third and last of whom was an unqualified assistant. We do not quote the evidence given, as neither Dr. Robertson nor his assistants appear to have attended the inquiry, and were therefore unable to rebut the evidence given. But the jury added to their verdict "a rider condemning the system of doctors sending out unqualified assistants, and calling the attention of the General Medical Council to the conduct of Dr. Robertson in this respect." Inquests under these circumstances are becoming very common, and the action of the coroners and their juries is reinforcing the professional condemnation of the system of "covering" unqualified practice at dispensaries and branch establishments.

C. E. H., who is a solicitor, is obviously not a person who is entitled to get from us the free information which he seeks; he should submit a case to counsel.

ETIQUETTE should observe a purely passive attitude of unaltered and untruffled courtesy; should occasion for meeting occur, the little omission will no doubt rectify itself.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF EDINBURGH.

Meeting of General Council.—The Proposed New Regulations for Degrees in Medicine.

THE statutory half-yearly meeting of the General Council of the University of Edinburgh was held on April 16th. There was a comparatively small attendance, many members being out of town for the Easter recess. The most important business was the Report by the Committee on Communications to the Scottish Universities Commissioners. This report extends over twenty-six pages, and deals with six ordinances which have now been issued as final by the Commission.

With reference to Ordinance No. 16 (Regulations for Degrees in Medicine at Edinburgh), the report states that the principal differences between the final ordinance and the draft are these:

1. The apparent intention of somewhat lengthening the sessions has been departed from.
2. The alterations in the proposed Second Professional Examination in pharmacognosy, etc., remove the unnecessary prominence given to pharmacy in the draft ordinance.
3. The recommendation of the Council that the courses of Botany and Zoology and Botany should deal with general principles has been given effect to, but it does not appear that provision is made for the proper treatment of the medical aspects of these subjects in view of the special needs of medical students.
4. The Senatus, instead of determining on its own responsibility the number of meetings of which each course is to consist, is to report its determination to the University Court for its approval. It is held that the initiative rests with the University Court.
5. The Committee think that the provisions relating to the supervision of courses of instruction by the University Court is still incomplete and unsatisfactory.
6. The University Court ought to have the power of initiative in future modifications of the curriculum, instead of "the Senatus with the approval of the University Court."
7. The provision that it shall be the duty of the professors so to conduct the courses that students may receive sufficient instruction in any one subject by attendance on one course has been modified to a provision that it shall be the professors' duty to do so, save where the Senatus,

with the approval of the Court, may determine. This, again, appears to leave the University Court with a bare right of veto.

8. Courses given at other institutions are to depend for their being regarded as equivalent or not equivalent to university courses on "the judgment of the Senatus." This is a retrogressive change.

9. A Science or an Arts degree, covering the First Professional subjects, exempts a student from the First Professional Examination, but not from the first of his five years attendance. This also is a backward step to which the Committee take objection.

10. The provision that passes in Botany, Zoology, Chemistry, or Physics, in the examinations of the University for degrees in Science or in Arts, should exempt the student from re-examination in the same subject or subjects for degrees in Medicine, has been dropped in the final ordinance. This, in the opinion of the Committee, is objectionable.

11. There is an interval of two years between the First and Second Professional Examinations, while there is scarcely a clear year between the Third and Final. Measures ought to have been taken to prevent congestion in the latter part of the curriculum, which ought to be devoted to Final subjects only.

12. The question of examiners is still inadequately dealt with, the staff is quite insufficient. It is important that no student should at any time be before a single examiner.

The Commissioners have not given effect to any of the recommendations of the Council with reference to extramuralism; to the provision of instruction in the medical aspects of Botany, Chemistry, and Natural History, or to the duration of the course of Physics. The question of the proportion between lectures and practical teaching, and the necessity of increasing the latter, should be the subject of an authoritative direction by the Commission to the University Court.

The University Court is unduly restricted in its functions as the governing body. In regard to requiring attendance on additional courses and special departments, determining in what subjects there shall be more than one course, framing regulations for all medical examinations, determining and making regulations as to what shall be the subjects of examination for the M.D. and Ch.M. degrees, determining the duration and apportionment of study in Mental Diseases, and determining the amount of practical work to be required in Midwifery. The Senatus "requires" or "determines," with the approval of the University Court, which may approve or not approve, but cannot amend. It is similarly limited with regard to the apportionment of the courses of instruction between lectures and practical work; and it may, after specially recognising institutions and teachers for scientific instruction, be practically overridden by an adverse judgment of the Senatus (Section X). All this is, in the opinion of the Committee, wholly inappropriate.

The thesis for the degree of M.D. or for that of Ch.M. must be submitted for the approval of the Faculty of Medicine; it ought to receive the approval of the Faculty and of the independent examiners. Further, the Council has resolved in favour of degrees in Medicine being conferred with honours, either in special subjects professed by the candidates, or in recognition of distinction in the ordinary examinations. The present ordinance makes no reference to graduation with honours or with distinction. The Committee feel that either they have not the Commissioners' whole scheme before them, or, if they have, that the scheme of medical study and graduation laid down in this ordinance is inadequate to meet modern requirements.

In their report on Ordinance No. 17 (Regulations as to Assistants and Lecturers), the Committee say that slight changes in form and arrangement are made, but that in substance the final form is the same as the draft. The ambiguities have been removed in a very unsatisfactory way. The Committee consider that the Commissioners have failed to interpret the proper spirit of the Act which gave it its powers, in so far as they have not given any fit place to extramural teaching.

The Committee are dissatisfied that the element of competitive teaching has not been further developed. They object also to the perfectly unsatisfactory status of the new lecturers which the ordinance calls into existence, and also to the provision that assistants (who are appointed from year to year) should be eligible as lecturers (who hold office for five years) and *vice versa*. Such a provision in effect reduces lecturers to the rank and status of assistants. If a lecturer-assistant were to be dismissed from his assistantship by a professor at the end of a year, it would be almost impossible for him to retain his lectureship thereafter.

It is a very serious objection to the method of legislation adopted by the Commissioners that the ordinances relating to different parts of the same subject or faculty are issued piecemeal, so that it is impossible to obtain a complete view of their proposals on any subject until all their ordinances relating to that subject have been issued. One ordinance relating to a particular faculty may have matured and have become law before another ordinance relating to the same faculty has been issued even in draft. The Committee, for example, feel that it is impossible for them to judge adequately of all the effects of the ordinance on assistants and lecturers until the financial arrangements relating to both of these classes of teachers have been made known.

The Committee think Section VII very objectionable in its present form, inasmuch as it seems to sanction the employment within the University not only of University assistants and private assistants, but also of "others not directly assisting the professor in the work of his class." That seems to the Committee an extraordinary proposal—the more so, because such persons are to be exempt from the provisions of this ordinance, and are apparently to be under no kind of University control.

Looking to the very strong objections stated by the Council to the ordinance dealing with assistants and lecturers in draft, and finding these objections apply still more strongly to its final form, the Committee have no hesitation in recommending that measures be taken with a view to the Royal assent to it being withheld. They suggest that the same course should be followed with regard to the ordinance on graduation in Medicine at Edinburgh.

Finally, the Committee report that in their view the ordinances as a whole should be reconsidered, and in order to be reconsidered should be opposed. And they recommend the promotion of an immediate address by the House of Commons, praying Her Majesty to withhold her assent to Ordinances 11, 12, 13, 16, and 17 as issued, and to certain words in 18. They further recommend that, while notice of motion for such an address should at once be put upon the paper, the Council

should instruct the Committee to join in pressing the matter upon the Government through an influential deputation, and to take any other steps proper to secure the end in view.

The report of the Committee was carried almost unanimously, there being only two dissentients—a young Scotch barrister, who moved the previous question, and was only supported by his unknown seconder.

The following motion, proposed by Dr. Daniel, was also passed by the almost unanimous voice of the Council, there being again only two dissentients:

"The Council instructs the Committee on Ordinances to oppose the Ordinances Nos. 11, 12, 13, 16, 17, and 18, to the respective effects proposed in their report, by promoting an address in the House of Commons as provided by Section 20 (1) of the Scottish Universities Act of 1889, to appoint a deputation, not exceeding seven in number, to represent to Her Majesty's Government and the members of the House of Commons the grounds for promoting such an address, and to take any other steps proper to secure the end in view; and authorises them to co-operate with the General Councils of any other Scottish Universities, and with any other parties who may have an interest, to move for reconsideration of Ordinances Nos. 11, 12, 13, 16, and 17, or any of them wholly or in part thereof, or for the deletion of the words objected to by this Council in Ordinance No. 18."

The report of the Finance Committee was unanimously adopted.

The Standing Committees were re-elected.

A letter was read from Dr. Patrick Heron Watson expressing his thanks for his appointment as Assessor for the Council at the University Court.

UNIVERSITY OF DURHAM.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE. April, 1892.—The following candidates have satisfied the Examiners:

Elementary Anatomy and Physiology, Chemistry with Chemical Physics, and Botany with Medical Botany.—First-Class Honours: E. R. Kendall, College of Medicine, Newcastle-upon-Tyne. Pass List: B. Addenbrooke, Queen's College, Birmingham; S. Barker, Owens College, Manchester; W. L. T. Goodridge, Guy's Hospital; A. H. Hobbs, College of Medicine, Newcastle-upon-Tyne; W. R. Kingdon, College of Medicine, Newcastle-upon-Tyne; H. H. Lawrence, College of Medicine, Newcastle-upon-Tyne; W. H. Rowell, College of Medicine, Newcastle-upon-Tyne.

Elementary Anatomy and Physiology.—P. L. Armstrong, College of Medicine, Newcastle-upon-Tyne; H. R. Battiscombe, College of Medicine, Newcastle-upon-Tyne; A. B. R. Body, College of Medicine, Newcastle-upon-Tyne; W. G. Cook, College of Medicine, Newcastle-upon-Tyne; W. G. Feil, College of Medicine, Newcastle-upon-Tyne; G. W. Harbottle, College of Medicine, Newcastle-upon-Tyne; J. E. Harper, Queen's College, Birmingham; T. H. Urwin, College of Medicine, Newcastle-upon-Tyne; W. H. Whitehouse, Queen's College, Birmingham.

Chemistry with Chemical Physics, and Botany with Medical Botany.—A. Bryans, College of Medicine, Newcastle-upon-Tyne; F. A. Cooke St. Mary's Hospital; H. H. Gourley, University, Edinburgh; V. Graham, St. Thomas's Hospital; L. Harman, St. Thomas's Hospital; J. S. Manford, College of Medicine, Newcastle-upon-Tyne; R. A. Mills-Roberts, College of Medicine, Newcastle-upon-Tyne; W. A. H. Waite, Yorkshire College, Leeds; P. Withers, Owens College, Manchester; H. T. M. Whitting, St. Bartholomew's Hospital.

Chemistry with Chemical Physics.—M. F. Cahill, L.R.C.P. L.R.C.S.I., Medical School, Catholic University, Dublin; L. C. E. Calthrop, M.R.C.S.Eng., L.R.C.P.Lond., London Hospital; F. W. Clark, M.R.C.S.Eng., L.R.C.P.Lond., D.P.H.Camb., Middlesex Hospital; R. A. D. Daniel, L.R.C.S., L.R.C.P.Ed., L.S.A., St. Mary's Hospital; H. Francis, M.R.C.S.Eng., L.R.C.P.Lond., St. Mary's Hospital; F. J. Worth, M.R.C.S.Eng., L.R.C.P.Lond., St. Mary's Hospital.

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 Tuesday, April 12th:

G. Phillips, A. Hunnard, J. C. Hilbert, W. Roberts, and R. M. Johnston, students of University College; C. A. Ensor, E. T. Scowby, and B. A. Richmond, of Guy's Hospital; C. R. Watson, F. Morley, R. M. Ellis, and B. B. Tahmisian, of St. George's Hospital; F. S. Tidcombe, of St. George's Hospital and Mr. Cooke's School of Anatomy and Physiology; G. F. S. Genge and H. Morris, of Westminster Hospital; J. E. G. Calverley, A. W. R. Cochrane, F. M. Burnett, J. F. Bill, and A. H. Morris, of St. Bartholomew's Hospital; W. D. Frazer and R. G. Strange, of St. Thomas's Hospital; A. P. Gibbons and C. B. Howse, of London Hospital.

Passed in Anatomy only: E. G. Moon, student of St. Mary's Hospital; W. A. Carden, of Guy's Hospital, M. H. C. Palmer, of London Hospital; and A. A. Rogers, of St. Bartholomew's Hospital.

Eight candidates were referred in both subjects, and four in Physiology only.

The following gentlemen passed the Second Examination of the Board in Anatomy and Physiology at a meeting of the Examiners on Wednesday, April 13th:

E. Coleman, student of Guy's Hospital; W. Hardcastle and E. H. Fricke, of Charing Cross Hospital; F. J. Coutts, A. H. Gerrard, T. A. Starkey, and J. N. Brown, of University College; N. E. Thomas, of Middlesex Hospital; G. G. Genge and A. C. Swinhoe, of St. Thomas's Hospital; T. B. Bokenham and J. S. Chater, of St. Bartholomew's Hospital; H. S. Basden, of London Hospital; and O. Shields, of St. Mary's Hospital.

Passed in Anatomy only: L. H. Y. Stephens and E. Fisk, students of Guy's Hospital; A. C. Bean, of University College; W. F. Adams, W. P. Thomas, and J. J. Spears, of London Hospital; M. A. Cooke and A. H. Beades, of St. Bartholomew's Hospital; C. J. Barnes, of King's College and Mr. Cooke's School of Anatomy and Physiology; and J. W. Stokes, of University College.

Passed in Physiology only: W. N. Barron, student of St. Bartholomew's Hospital; and F. A. Phillips, of St. George's Hospital.

Ten candidates were referred in both subjects, two in Anatomy only, and ten in Physiology only.

Passed in Anatomy and Physiology on Thursday, April 14th: V. J. Blake, student of University College; D. W. Wiseman, C. W. Young, W. E. Wyborn, and E. C. Montgomery, of Charing Cross Hospital; G. Soilleux, of Melbourne University; J. Currie, G. A. Craze-Calvert, and M. D. Eder, of St. Bartholomew's Hospital; B. J. Mayne, of Middlesex Hospital; E. O. Thurston, of St. Thomas's Hospital; G. U. Smith, H. E. A. Horsford, and P. C. E. Tribe, of King's College; R. L. Norman, of St. George's Hospital; E. H. Read, J. A. Stainsby, and W. Wilson, of London Hospital.

Passed in Anatomy only: J. H. Wigham, student of Yorkshire College, Leeds, and St. Mary's Hospital; M. Wilks, of University College; W. Gilbertson and M. A. Teale, of St. Thomas's Hospital.

Passed in Physiology only: S. A. Francisco, student of King's College; A. R. S. Freeland and G. A. T. Hayden, of London Hospital; W. C. F. Hayward, of Charing Cross Hospital; and A. A. Lewins, of McGill College, Montreal, and Mr. Cooke's School of Anatomy and Physiology.

Six candidates were referred in both subjects, two in Anatomy only and seven in Physiology only.

HOSPITAL AND DISPENSARY MANAGEMENT.

GOVAN PAROCHIAL ASYLUM.

With a death-rate of 16.2 per cent. on the daily average numbers resident, we look for the cause of this high mortality with some misgiving. We find, however, that there has been no outbreak of epidemic disease, and that the high death-rate is owing to the fact that the asylum is capable of receiving only a portion of the insane poor of the district, and thus the more enfeebled cases are naturally sent to it, whilst the stronger cases are sent to asylums more or less distant. Two of the Commissioners in Lunacy have inspected the institution, and their reports are published. Both speak of the overcrowded state of the wards, which the new District Asylum, in the course of erection, is intended to relieve. Notwithstanding the overcrowding alluded to, the condition of the wards is stated to be very satisfactory, and the patients carefully and properly nursed. Overcrowding is one of the most fruitful causes of accidents and excitement among insane patients, and Dr. Watson is to be congratulated upon the success which has attended his efforts to obviate them. The recovery rate is stated to be 38 per cent.

CITY OF DUBLIN HOSPITAL.

The annual meeting of the supporters of this hospital was recently held under the presidency of the Master of the Rolls. The report showed that the Earl of Pembroke had promised a donation of £6,000 towards making needful additions to the hospital, provided a further sum be contributed by the public for a like purpose. The hospital received over £2,000 in legacies during the year, and treated 1,055 indoor and 14,919 outdoor patients. Among the speakers were Mr. Croly, President R.C.S., Sir John Banks, Mr. Wheeler, and the Chairman.

ADELAIDE HOSPITAL, DUBLIN.

According to the Archbishop of Dublin, who presided at the last annual meeting of the Adelaide Hospital, the managers have found it as difficult to please everyone as it was in the time of Esop. They have been assailed alternately for proselytism, and then when limiting admission to Protestant patients, for sectarianism; but now these difficulties had subsided. Ten additional beds have been kept full, and a convalescent home is in progress.

A third asylum for North Staffordshire is to be provided; and, after much discussion and inspection of various sites, the Asylums Committee have decided to recommend to the County Council the acquisition of land at Cheddleton as the site of the new asylum.

The plans of a new floating hospital for contagious diseases have been approved by the Port Sanitary Authority of Dartmouth.

The West End Hospital for Diseases of the Nervous System, Paralysis, and Epilepsy was reopened on April 11th, with the following staff:—Physicians: Drs. A. Hughes Bennett, T. Outterson Wood, W. Wallis Ord, S. H. Armstrong, Edward Squire, and Armand de Watteville. Surgeon: Mr. Edward Cotterell. Ophthalmic Surgeon: Mr. H. Frank Dodd. Throat and Ear Surgeon: Dr. Dundas Grant. Dental Surgeon: Mr. C. Vincent Cotterell.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

COUNTY COUNCILS AND LOCAL HEALTH REPORTS.

A CONSIDERABLE number of sanitary authorities, while perforce contributing their quota to the county funds out of which half the salaries of medical officers of health for other districts are paid, still prefer to pay the whole salary of their own officers instead of claiming the usual repayment from the county council. For the most part this is done under the

MEDICAL NEWS.

DR. GEORGE HENRY BROWNE, Brynmawr, has been appointed a justice of the peace for the county of Brecon.

AMBULANCE STATIONS.—The Hospitals Ambulance Association have arranged to provide an additional ambulance station in Blackfriars Road at the intersection of Stamford Street.

DONATIONS TO HOSPITALS.—Colonel Williams of Budehead, has presented to the Dorset County Hospital £1,000 in memory of his father.

The late Dr. Hayes Agnew has left an estate of a quarter of a million dollars. He has bequeathed 50,000 dollars to the Hospital of the University of Philadelphia.

INFLUENZA, of which hardly a single case has been reported in Milan for several weeks past, is now again, according to the *Gazetta Medica Lombarda*, showing distinct signs of recrudescence.

The Prefect of the Seine, in accordance with the advice given by the Health Council, has decreed that all dogs are to be led by a string or muzzled. All stray dogs will be seized and shot.

The coroners have received instructions to hold inquests in all cases where death is alleged to have been due to vaccination; and also to report the matter to the Home Office. The Vaccination Commission desire to have the opportunity of investigating all such cases.

SIR JOSEPH FAYRER, M.D., K.C.S.I., Physician to the Secretary of State for India in Council, has been elected a foreign corresponding member of the Royal Academy of Sciences of Lisbon in the Section of Mathematical, Physical, and Natural Sciences.

FIFTY YEARS OF OBSTETRIC WORK.—Much interest attaches to the paper which will be read at the Bath and Bristol Branch on April 27th, by Dr. J. G. Swayne, on his experience of a half a century on the use of the forceps, and of some of the changes and improvements in midwifery during that period. Dr. Swayne has so long held a leading position in the West of England, that the record of his half century of work will draw a large and sympathetic audience.

INDIAN PATIENTS FOR PASTEUR.—A Reuter's telegram, dated Bombay, April 15th, says: "Four men belonging to the Royal Artillery, stationed at Ferozepore, who were recently bitten by a mad dog, will start for Paris immediately to be treated at the Pasteur Institute." But they will arrive only after a sadly delayed interval. Can India do nothing for herself in this direction?

SICK ASSURANCE IN BERLIN.—The report of the Berlin Trades Sickness Association shows that in 1891 the Society had to deal with 271,300 cases of sickness. The number of medical prescriptions amounted to 733,926, the cost of medicines being 547,372 marks (about £24,368), and of surgical dressings 24,439 marks (about £1,222). The average price of each prescription was 74½ pfennige (about 9d.), the average number of prescriptions in each case being 2.7.

MEDICAL PRACTITIONERS IN GERMANY.—Official statistics show that the number of medical practitioners in Germany in 1891 was 20,223, against 18,840 in 1890. Of these, 11,129 belong to Prussia, Berlin alone having 1,615. In Bavaria there are 2,219 doctors and 2,346 lower grade practitioners, and in Württemberg 690 of the former and 305 of the latter class. In Saxony with its 2,616 full-blown practitioners, Baden with 608, Hesse with 496, Mecklenburg-Schwerin with 225, Hamburg with 376, and Alsace-Lorraine with 577, there is apparently no room for the "wound doctor."

DR. O. W. HOLMES.—The Alumni Association—recently formed by the medical graduates of the University of Harvard—solemnised that event by a banquet. Dr. Oliver Wendell Holmes, who was invited to be present, sent a letter of apology, of which the following is an extract: "I know that the members regard me as a relic of the past—not without a certain value as a fragment of antiquity. In that point of view I am not merely a rarity, I am a unique specimen, and have

an adventitious market price, like one of those rare cents for which collectors pay a premium. Half-worn-out old copper as it is, its scarcity makes it worth a dime or perhaps a dollar."

LITERARY INTELLIGENCE.—*La Abeja Medica* (The Medical Bee) is the title of a new medical journal which has begun to appear in Havana under the editorship of Dr. Vidal Sotolongo y Lynch.—Mr. H. K. Lewis announces the "immediate" publication of a *Textbook of Morbid Histology*, by Dr. R. Boyce, Assistant Professor of Pathology, University College, London. The work contains an introductory preface by Professor Horsley, and is illustrated by upwards of 130 original coloured microphotographs.—A new monthly journal, entitled *The Iowa Medical and Surgical Reporter*, has begun to appear at Des Moines, Iowa, U.S.A., under the editorship of Dr. John W. Oberton.

DEATHS IN THE MEDICAL PROFESSION ABROAD.—Among the members of the medical profession in foreign countries and the Colonies who have recently passed away are Dr. Max Schrader, First Assistant in the Medical Clinic of the University of Strassburg, and author of researches on the physiology and pathology of the brain, etc., aged 31; Dr. Hugh Robertson, Teacher of Anatomy in Trinity Medical College, and representative of the College on the Senate of the University in Toronto; Dr. E. S. Barrows, of Davenport, Iowa, the first "regular" doctor who practised in that State, aged 93; and Dr. Porteret, formerly *chef de clinique* in the Ophthalmological Department at Lyons.

MEDICAL VACANCIES.

The following vacancies are announced:

BOROUGH OF LEICESTER.—Medical Officer of Health to act as Medical Superintendent of the Fever Hospital and Public Analyst. Salary, £500 per annum. Applications, endorsed "Medical Officer of Health," to John Storey, Town Clerk, Town Hall, Leicester, by April 27th.

BRIGHTON THROAT AND EAR HOSPITAL, 23, Queen's Road, Brighton.—Non-Resident House-Surgeon. Salary at the rate of £50 per annum. Applications to the Secretary, by May 4th.

CHARING CROSS HOSPITAL.—Surgical Registrar. Salary, £40 per annum. Applications to "The Chairman, Medical Committee," by April 25th.

CHARING CROSS MEDICAL SCHOOL.—Lecturer on Biology. Applications to Mr. Stanley Boyd, Dean, by May 9th.

CHELSEA HOSPITAL FOR WOMEN, Fulham Road, S.W.—Clinical Assistant. Applications to the House Committee.

CLAYTON HOSPITAL AND WAKEFIELD DISPENSARY, Wakefield.—Junior House-Surgeon; unmarried. Honorarium, £25 per annum with board, lodging, and washing. Applications to the Honorary Secretary by April 26th.

GENERAL HOSPITAL, Birmingham.—Honorary Physician. Applications to H. J. Collins, House Governor, by May 3rd.

GENERAL HOSPITAL, Nottingham.—Assistant House-Physician. Board, lodging, and washing provided. Applications to E. M. Keely, Secretary.

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.

HOLLOWAY AND NORTH ISLINGTON DISPENSARY.—Resident Medical Officer. Salary commencing £120 per annum, with unfurnished house, gas, and coals, and £20 allowed for servant. Applications to the Honorary Secretary, Charles Walton Sawbridge, 68, Aldermanbury, E.C., by May 5th.

KING'S COLLEGE, London.—Curator of the Museum. Applications to J. W. Cunningham, Secretary.

LIVERPOOL DISPENSARIES.—Assistant Surgeon, unmarried. Salary, £80 per annum, with apartments, board, and attendance. Applications to R. R. Greene, Secretary, Leith Offices, 34, Moorfields, Liverpool, by April 25th.

LONDON SOCIETY FOR PROMOTING CHRISTIANITY AMONGST THE JEWS.—Fully qualified Medical Man as Medical Missionary, under 30 years of age. Salary, £250 per annum, with unfurnished lodgings. Applications to the Secretary, 16, Lincoln's Inn Fields, W.C.

MANCHESTER HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST AND THROAT.—Resident Medical Officer. Salary, £80 per annum, with board, apartments, and washing. Application to C. W. Hunt, Secretary, by May 9th.

NORTH-WEST LONDON HOSPITAL, Kentish Town Road.—Resident Medical Officer. Appointment for six months. Salary, £50. Applications to Alfred Craske, Secretary, by April 29th.

NORTH-WEST LONDON HOSPITAL, Kentish Town Road.—Assistant Resident Medical Officer. Appointment for six months. Applications to Alfred Craske, Secretary, by April 29th.

PADDINGTON GREEN CHILDREN'S HOSPITAL, W.—House-Surgeon. Appointment for six months. Salary, at the rate of £55 ss. per annum, with board and residence. Applications to the Secretary by April 23rd.

PLYMOUTH BOROUGH ASYLUM, Blackadon, Ivybridge, Devon.—Assistant Medical Officer, unmarried. Salary, £125 per annum, with quarters, board, and washing. Applications to the Medical Superintendent by April 25th.

ROTHERHAM HOSPITAL, Rotherham.—Assistant House-Surgeon. Rooms, commons, and washing provided. Appointment for six months. Applications to the Resident House-Surgeon.

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN, Leicester Square.—Honorary Assistant Medical Officer to the Convalescent Branch, Bellgarth, Temple Fortune, Finchley Road, N.W. Applications to St. Vincent Mercier, Secretary.

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.

SUSSEX COUNTY HOSPITAL, Brighton.—Assistant House-Surgeon; doubly qualified; unmarried, and under 30 years of age. Salary, £50 annum, with board, residence, and washing. Applications to the Secretary, by May 4th.

UNIVERSITY COLLEGE HOSPITAL, London.—Resident Medical Officer. Applications to the Secretary by May 9th.

VICTORIA HOSPITAL FOR CHILDREN, Queen's Road, Chelsea, S.W.—Anaesthetist; doubly qualified. Honorarium, £50 per annum. Applications to the Secretary, Captain Blount, R.N., by April 23rd.

WEST NORFOLK AND LYNN HOSPITAL, King's Lynn.—House-Surgeon and Secretary. Salary, £80, rising to £100 per annum, with board, lodging, and washing. Applications to the Chairman of the Weekly Board, by May 3rd.

WOLVERHAMPTON HOSPITAL FOR WOMEN.—Lady Dispenser, thoroughly qualified. Salary, £25 per annum. Applications to the Secretary, before May 2nd.

MEDICAL APPOINTMENTS.

BARRS, A. G., M.D. Edin., M.R.C.P. Lond., formerly Assistant Physician, has been appointed Physician to the General Infirmary at Leeds.

BONE, John W., M.B., C.M. Edin., appointed Senior House-Surgeon to the Clayton Hospital and General Dispensary, Wakefield.

BOWDEN, Reginald T., M.B. Durh., M.R.C.S., appointed Medical Officer for the Ramsgate Sanitary District of the Isle of Thanet Union.

BROWN, John L., M.B., C.M. Edin., appointed Medical Officer for the Ashburton Sanitary of the Newton Abbot Union.

BURDWOOD, James Watson, L.F.P.S.G., L.M., L.S.A. Lond., Mem. San. Inst., reappointed Medical Officer of Health for Bourne Rural Sanitary District.

CALVERT, W. Hall, M.D. Edin., appointed Medical Officer to the Parochial Board of the Parish of Melrose, Roxburghshire.

CANT, William John, L.R.C.P., M.R.C.S., L.S.A., appointed Honorary Consulting Surgeon to the Lincoln General Dispensary.

CLEMON, George E., M.B., C.M. Edin., appointed House-Surgeon to the Infirmary for Children, Myrtle Street, Liverpool.

CONNELLAN, Thomas Augustus, L.R.C.P., L.R.C.S. Irel., appointed Medical Officer for the Carrick-on-Shannon and Jamestown Dispensary Districts, *vice* A. C. Swayne, M.D. St. And.

DUFFUS, George, M.B., C.M. Aber., appointed Medical Superintendent of the Brook Villa Asylum, West Derby, Liverpool.

EAGER, T. C., L.R.C.P., M.R.C.S., L.M., L.S.A., appointed Medical Officer to the Woking Post Office.

FIELD, F. A., L.R.C.P. Lond., M.R.C.S., appointed Resident Surgeon to the Bedford General Infirmary and Fever Hospital.

GARLAND, E. C., L.R.C.P. Edin., M.R.C.S. Eng., reappointed Medical Officer of Health for Yeovil.

GIBBON, John George, B.A., M.B., B.Ch. Univ. Dub., appointed Resident Medical Officer to Grey's Hospital, Maritzburg, Natal, S.A.

GIBSON, James, M.B., C.M., L.F.P.S.G., L.M., appointed Medical Officer of Health for the Burgh of Doune.

GOWING, B. C., M.R.C.S., reappointed Medical Officer of Health for the Penistone Urban Sanitary Districts.

GREENWOOD, William, M.R.C.S., M.R.C.P., appointed Medical Officer for the Ossett Sanitary District of the Dewsbury Union.

GREGGON, Thomas W., M.B., C.M. Glas., appointed Medical Officer for the Park Ward (No. 1) District of the Blackburn Union.

GRIFFITH-WILLIAMS, William H., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glas., appointed Medical Officer for the Mattishall Sanitary District of the Milford and Launditch Union.

HAIGH, T. A., M.R.C.S., appointed Medical Officer of Health for Meltham.

HALL, William, L.R.C.P., L.R.C.S. Glas., appointed Medical Officer of Health for the Ince-in-Makerfield Urban Sanitary District of the Wigan Union, *vice* R. S. Hall, M.R.C.S. Eng., deceased.

HAMILTON-WHITEFORD, C., M.R.C.S. Eng., L.R.C.P. Lond., appointed Assistant House-Surgeon to the South Devon and East Cornwall Hospital, Plymouth.

HAMILTON, William Cope, L.R.C.S., L.R.C.P. Irel., appointed House-Surgeon to the Stevens's Hospital, Dublin.

HEMSTEAD, Arthur, M.R.C.S., L.R.C.P. Lond., appointed Medical Officer for the Walton-on-Thames and Oatlands District of the Chertsey Union, *vice* R. Reece, M.R.C.S., resigned.

JACOB, Ernest H., M.A., M.D. Oxon., formerly Assistant Physician, has been appointed Physician to the General Infirmary at Leeds.

JOHNSTON, Edward Cocks, M.R.C.S. Eng., L.S.A., reappointed Medical Officer of Health for Leckhampton.

MARSH, Frank, M.R.C.S., L.R.C.P. Lond., D.P.H. Camb., appointed Assistant Surgeon to the Birmingham and Midland Ear and Throat Hospital.

MASON, George A., M.A., M.B., B.C. Cantab., appointed House-Physician to the City of London Hospital for Diseases of the Chest, Victoria Park, E.

MORGAN, Rees, L.R.C.P. Edin., L.F.P.S. Glas., appointed Deputy Coroner for the East Division of Carmarthenshire.

NAYLOR, R. G., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glas., appointed Medical Officer for the Audlem Sanitary District of the Nantwich Union.

PERCIVAL, Thomas, M.R.C.S., appointed Medical Officer of Health for Knottingley and District.

REID, A. G., M.B., C.M. Edin., appointed House-Surgeon to the Rotherham Hospital and Dispensary *vice* L. J. Weatherbe, M.B., resigned.

RHODES, James, M.R.C.S., appointed Medical Officer of the Workhouse of the Glossop Union.

ROBINSON, W. V., L.R.C.P. Lond., M.R.C.S., appointed District Medical Officer of the Chertsey Union.

ROUTH, Randolph H. F., L.R.C.P. Lond., M.R.C.S., appointed Medical Officer for the No. 2 Sanitary District of the Bridgwater Union.

ROWLANDS, F. Mortimer, B.A., M.B., B.C. Cantab., M.R.C.S., L.R.C.P. Lond., appointed Resident Assistant Medical Officer to the Workhouse Infirmary, Birmingham.

SCATLIFE, Arthur W., L.R.C.P., L.R.C.S. Edin., D.P.H. Lond., appointed Medical Officer of Health for the Margate Urban Sanitary District of the Isle of Thanet Union.

SCOTT, Arthur W., M.D. Brux., M.R.C.S., reappointed Medical Officer of Health for the Handsworth Urban Sanitary District.

SHAW, J. Hepworth, M.R.C.S., L.R.C.P. Lond., M.B., Ch.B. (Vict.), appointed Assistant Surgeon to the Liverpool South Dispensary, *vice* Dr. Molyneux, resigned.

SMITH, Mr. J. S., appointed Medical Officer for the Parish of Tavistock and the Union Workhouse.

WATKINS, D. J. G., B.A. Cantab., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Lincoln County Hospital.

WELLBURN, Edgar D., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glas., reappointed Medical Officer of Health for Sowerby Bridge.

WILLS, Charles, M.R.C.S. Eng., L.S.A., reappointed Medical Officer of Health for Mansfield.

WOLVERSON, Thomas, L.R.C.P. Edin., M.R.C.S., appointed Surgeon to the Wolverhampton Police force.

DIARY FOR NEXT WEEK.

MONDAY.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. J. Kent Spender (Bath): The Rarer Complications of Rheumatoid Arthritis. Sir Dyce Duckworth: Infective Endocarditis of the Right Side of the Heart.

TUESDAY.

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

WEDNESDAY.

HUNTERIAN SOCIETY, 8.30 P.M.—Mr. Hope Grant (with Dr. Snell): A case of Hydatid Membranes passed by Urethra and Rectum from Spleen after Fifteen Years. Mr. H. W. Denton Cardew: On the Electrical Treatment of Graves's Disease. Mr. W. Lang: On the Treatment of some of the External Diseases of the Eye.

THURSDAY.

BRITISH GYNÆCOLOGICAL SOCIETY, 20, Hanover Square, 8.30 P.M.—Mr. John W. Taylor (Birmingham): Some Cases of Ectopic Gestation. Specimen: Mr. Bowreman Jessett: Nephrotomy in a Woman with One Kidney.

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.

BIRTHS.

MORTIMER.—On April 18th, at Horley, Surrey, the wife of J. D. Mortimer, M.B., F.R.C.S., of a daughter.

POGSON.—On April 6th, at Bank House, Hockley Hill, Birmingham, the wife of Buckley Pogson, M.D., of a daughter.

MARRIAGES.

BRIGGS-HALL.—At Prescot Parish Church, on April 20th, by the Rev. Harry Mitchell, Vicar, Henry Briggs, M.B., F.R.C.S. Eng., of 3, Rodney Street, Liverpool, to Annie Rosie, eldest daughter of Egerton Francis Hall, M.D., The Ash Trees, Prescot.

PARSONS-ALLAN.—On April 19th, at St. James's, Weybridge, Surrey, by the Rev. Edward W. Moore, M.A., incumbent of Emmanuel Church, Wimbledon, assisted by the Rev. Walter B. Money, M.A., Vicar of the parish, Frederic William Parsons, L.R.C.P. Lond., of Wimbledon, to Mary, fourth daughter of the late J. B. Allan and Mrs. Allan, of Eddlewood, Weybridge. At home June 1st, 2nd, and 3rd. No cards.

DEATH.

REDMOND.—At Genoa, April 13th, John Redmond, L.R.C.S., formerly of Stockton-on-Tees.