

now frequently complained of pain in the chest, especially on the left side, which he attributed to indigestion and rheumatism.

About the commencement of 1881 he began to suffer from paroxysms of distressing cough, which his friends said were most painful to hear. He thought that he had caught cold, and hoped to be better when warm weather set in. The cough, however, persisted, and was accompanied by dyspnoea on exertion, and was not benefited by a fortnight's holiday. No alarming symptom showed itself, however, till July 17th. On the afternoon of that day, while walking quietly to his work, he was suddenly seized with a sense of choking, and was so breathless that he could only answer the questions of his companion by putting his hand up to his neck. Eight days afterwards he had a similar attack, and a few days thereafter a third.

When I saw him I suspected an aneurysm, partly from the history, partly as the result of my examination, an opinion which was also shared by Dr. Sloan. The breathing was noisy and the cough severe and laryngeal in character, while alarming attacks of dyspnoea occurred on exertion or excitement. The laryngoscopic examination yielded negative results; the pulses—radial and carotid—and the pupils were equal, and there was no dysphagia; but the breath sounds were feebler over the left than over the right lung, especially in the infraclavicular region, in which position there was less resonance on percussion than on the opposite side. There was a systolic—and perhaps also a diastolic—murmur, whose maximum intensity was about mid-sternum. The heart was displaced downwards and to the left, the apex beat being in the sixth intercostal space, and a little to the left of the nipple line.

On September 1st, in a severe and prolonged attack of breathlessness, he died.

The *post-mortem* examination was made by the late Dr. Foulis on the following day. "On opening the body and removing the heart, larynx, and lungs together, there is found a greatly dilated condition of the arch of the aorta, the lining of which is studded over with raised, thickened, yellow patches. This dilatation admits four fingers. At the level of the bifurcation of the trachea there is a small false aneurysm, less than the size of a hen's egg, and with an opening in the aorta of a circular shape as large as a shilling. This false aneurysm impinges on the trachea at the bifurcation, and also on the left bronchus for about an inch. The external wall of the bronchus forms part of the wall of the aneurysm, but there is no rupture of the aneurysm into the air passage. The size and appearance of the dilated arch of the aorta do not render it probable that the recurrent laryngeal nerve can have been interfered with. The larynx and air tubes, although somewhat injected, present nothing remarkable otherwise. The aortic valve segments are slightly thickened and contracted, the mitral valve is normal, and the heart appears slightly enlarged."

4. On November 16th, 1889, a man, aged 36, a driller by trade, was admitted into the Western Infirmary complaining of hoarseness, cough, and expectoration. He stated that he caught a chill in the end of June, and two days afterwards he became hoarse; but, as his medical adviser could not detect anything wrong with the throat, he neglected it. Two months before admission cough set in, and shortly afterwards it became so severe that he had to give up work: expectoration of a clear thick sputum soon accompanied it. Since the onset of his illness he had been troubled with night sweats, but he never complained of pain. He suffered, however, from palpitation and shortness of breath, aggravated by exertion but relieved on sitting or lying down.

On examination of the chest the usual signs of consolidation at the right apex were discovered, and at the left there was prolongation of expiration and sibilant *râles*. The expectoration was frothy and muco-purulent, but contained no tubercle bacilli. The respiratory murmur was much weaker over the left than over the right lung. The heart sounds were normal, the heart was of normal size, and the pulses on the two sides of the body were equal. The left pupil was dilated and fixed, the fundus was normal, but the right optic nerve was pale and cupped at its margin. The voice was reduced to a whisper, and the cough was "incomplete," and laryngeal in character. On examination of the larynx the left vocal cord

was found to be paralysed in the cadaveric position. The scars of old strumous ulceration were numerous on the right side of the neck.

The case was evidently one of intrathoracic pressure, the cause of pressure being seated at the root of the left lung. An aneurysm springing from the back of the left side of the aorta was suspected, but, as there was evidence of old strumous mischief, the presence of enlarged and strumous glands was possible.

On the morning of February 4th he was awakened by cough shortly after midnight, and sat up in bed. Very soon he spat up a mouthful of blood, and immediately thereafter blood gushed in torrents from his mouth, and he was dead in a few minutes.

On *post-mortem* examination a small aneurysm was found springing from the back part of the thoracic aorta just beyond the arch; it communicated by an oval aperture with the left bronchus. The aneurysm pressed upon the trachea and left bronchus, and stretched the left recurrent nerve.

This case was the most remarkable of all, in so far as there was a total absence of distinct physical signs, and it, as well as the other illustrations cited, shows the importance of an accurate knowledge and appreciation of the pressure symptoms of intrathoracic aneurysm.

MEMORANDA:

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

ACUTE CANCER OF BOWEL AND LIVER WITH PYREXIA, BUT WITHOUT JAUNDICE OR ASCITES.

L. G., aged 53, a married woman, who had borne nine children, was sent to me on April 20th by Dr. Roosmale-Cocq, of Woolwich. For seven weeks she had complained of severe pain—labour-like in character—in the lower and central portion of the abdomen. This pain spread through both hips to the back. For five weeks she had passed blood several times each day from the rectum, and for four weeks she had suffered occasionally from violent attacks of retching. She stated that her mother died of "cancer of stomach."

The abdomen was so tender that nothing definite was elicited by palpation. On vaginal examination a small swelling, with a mulberry-like surface, was detected to the left of, and somewhat behind, the cervix. This swelling appeared to be in, or closely related to, the sigmoid. By rectal examination, nothing definite was noted.

She was admitted into hospital, and died on May 14th without any special alteration occurring in the symptoms or physical signs. The following is the record of temperature during the first five days of her stay in hospital and during the eight days preceding death.

		Morning.		Evening.
April 20th	...	100.2°	...	101.2°
" 21st	...	99.4°	...	101.4°
" 22nd	...	99.4°	...	102.4°
" 23rd	...	100.8°	...	102.2°
" 24th	...	100.8°	...	101.4°
May 8th	...	101.0°	...	102.4°
" 9th	...	100.2°	...	102.2°
" 10th	...	100.2°	...	101.4°
" 11th	...	99.4°	...	100.8°
" 12th	...	99.2°	...	99.4°
" 13th	...	98.0°	...	98.6°
" 14th	...	98.0°	...	98.0°

Necropsy.—All the organs of the body were healthy, with the exception of the lower portion of the sigmoid flexure and the liver. The lower portion of the sigmoid flexure, to the extent of 2 inches, was the seat of an epithelial growth. The liver, which was enlarged, was almost completely transformed into a malignant tumour. There was no ascites.

In this case the disease apparently ran its course in seventy-five days. It was accompanied with fever. "It is," says Wunderlich, "a peculiarity of cancer cases that elevated temperatures are comparatively rare, and that the temperature generally maintains itself on a normal or even subnormal plane, which, however, by no means precludes the occurrence of high

temperatures through intercurrent complications or at the close of the disease. But fever temperatures of long duration are at least rare in cancer patients."¹ In the case which I have just recorded, the disease was uncomplicated, and yet the temperature, with the exception of the three last days of life, ranged from 99° F. in the morning to 102° and even 103° in the evening. The temperature chart increased the difficulty of diagnosis, although from the first I expressed the opinion that the case was one of malignant disease. Some authorities are, however, of opinion that in any given case of obscure internal disease a continuous elevation of temperature is opposed to the diagnosis of cancer.

Gordon Square, W.C. JAMES OLIVER, M.D., F.R.S.Edin.

A CASE OF ANTIPYRIN POISONING.

A PROFESSIONAL man who on three occasions during the last twelve months took 5 grains of antipyrin for the relief of headache due to fatigue, on each occasion suffered from a precisely similar train of symptoms, differing from each other only in degree, so that the account of one attack will suffice. On March 5th, 5 grains of antipyrin crystals were mixed with a little water and swallowed; two hours after, there was marked flushing of the face, and four hours after an unpleasant choking sensation was felt in the throat, which passed off in about half an hour, and was followed by redness and swelling of the nose and lips. Within twelve hours a crop of herpes-like vesicles had appeared on the nose, lips, and inside of the cheeks; the hands and feet were swollen, red, and itching, and the skin of the penis and scrotum and the anal margin were in a similar condition. There was a feeling of stiffness, with pain on movement, in the muscles of the neck, shoulders, and back, but no rise in temperature, vomiting, or collapse. The vesicles on the nose and lips discharged profusely, and those in the mouth gave place to small painful ulcers, which entirely prevented any but the very blandest food being taken. Defaecation was also accompanied by very great pain. The symptoms gradually subsided under treatment, but only disappeared by the end of the week, being followed by desquamation in the portions of skin affected. In reviewing the history of the case, it was found that the three occasions on which these attacks occurred were the only occasions on which antipyrin had been taken that year, although previously the drug had been used without any bad result. Fish was thought at first to have been the cause, but this and other articles of diet were satisfactorily excluded.

One point is worthy of mention: each of these attacks followed the exhibition of the drug in the solid form not completely dissolved, whereas on previous occasions it had always been taken in solution, so that it is possible that the irritating effect had been prevented then by sufficient dilution.

Birmingham.

T. SYDNEY SHORT, M.D.

PUERPERAL PULMONARY OBSTRUCTION FOLLOWED BY PHLEGMASIA DOLENS: RECOVERY.

Mrs. L., aged 20, of feeble constitution and highly neurotic family, was pregnant for the second time, her first pregnancy having terminated prematurely a year before.

On January 24th, 1892, she was suddenly seized with præcordial pain, palpitation, and great breathlessness. The face was deadly pale and wore an anxious expression; the pulse was about 160, thread-like, and intermittent. No cardiac murmur was detected, but the feeble heart sounds were masked by the gasping respiration. Air could be heard entering the lungs freely. Rest and stimulants were prescribed, and the application of a hot poultice over the seat of pain. A certain amount of relief was soon obtained, the pulse falling to 120 and improving in volume. The respirations were about 40.

On the next day the patient felt better, and was dressed reclining on a sofa when I saw her. The pulse was 120; the respirations 40 when perfectly at rest.

On January 26th she was not feeling so well, and had feeble labour pains all day, which greatly embarrassed the breathing. About 8 p.m. the os was found to be about the size of half-a-crown. The presentation was normal; feeble but in-

effectual pains continued at 11 p.m. I was called at 4 a.m., and found the patient almost pulseless, and the dyspnoea more urgent than ever. Death seemed imminent, but consciousness was unimpaired. Brandy and milk were given freely, and an improvement was soon noticed. As soon as the state of the patient permitted, mechanical dilatation of the cervix was commenced and I was able to deliver with forceps about 6 a.m. There was no sign of life in the child, which appeared healthy and well formed. The placenta was expressed in a few minutes, and there was no *post-partum* hæmorrhage.

Delivery was followed by a fearful paroxysm of dyspnoea, from which it seemed impossible for the patient to rally. Brandy was given by the rectum; after a short rest liquid food and stimulants were again taken by the mouth. The heart's action being extremely feeble and irregular, 5 drops of tinct. digitalis with 5 of tinct. cacti grandiflor. were now given, and repeated at frequent intervals with gratifying results. After a few hours the pulse had again fallen to 120 and respirations to 40, and the patient felt comparatively comfortable.

A fairly good night was passed, and the general condition next day was satisfactory. Indeed, as far as the chest symptoms were concerned, there was from this time a gradual and uninterrupted recovery. About thirty hours after delivery, however—or four days after the commencement of the attack—the right leg became swollen and painful, and three or four days later the left became similarly affected. We had now to deal with an ordinary tedious case of phlegmasia dolens.

Various theories have been brought forward to explain the plugging of the pulmonary artery before the occurrence of the peripheral thrombosis, but the condition seems very imperfectly understood as yet.

Bristol.

W. N. NEVILL, B.A., M.D., Ch.B.Univ. Dub.

A CASE OF INVERSION OF THE UTERUS.

On April 9th I was called to attend Mrs. F. in labour with her first child. After a tedious labour, I applied forceps at the outlet, and delivered her of a large living male child. Having seen that the uterus was contracted, I asked the nurse to place her hand over the uterus, and, having ligatured the cord, I separated the child, and carried it to the fireplace. On my return immediately to the bedside, I found my patient blanched and in a state of profound collapse from hæmorrhage. I rapidly explored the surface of the abdomen for the dilated uterus, but was unable to discover it. I then tried to introduce my hand into the vagina, and discovered that the uterus was completely inverted, with the placenta attached, save at the lower margin, for about two-thirds of its extent. Placing my left hand like a cup over the pubes, I formed my right into a cone, and pressed steadily upwards on the centre of the placenta, which was attached to the fundus of the uterus. After some little trouble I succeeded in replacing the organ, and then peeled off the placenta, after which I gave a warm intrauterine douche. The collapse was treated with hypodermic injections of ether, black coffee, and brandy by the rectum, and afterwards by the mouth. The patient ultimately recovered, although she had a high temperature for some time, reaching 105.5° on the fifth day.

This case is one which I consider of some interest, having never seen a similar case. As to causation, there was absolutely no traction made on the cord at any time, and there was no effort made to express the placenta from above, also the uterus was firmly contracted when I allowed the nurse to take charge of it. The only explanation I can offer is that the uterus suddenly dilated and became flexed under the hand of the nurse. The placenta, being situated at the fundus, would naturally tend to drag it downwards, being aided, perhaps, with irregular uterine contraction.

H. ST. CLAIR GRAY, M.D., F.F.P. & S.Glas.,

L.M. Rot. Hosp., Dub.,

Assistant Physician Glasgow Maternity Hospital, Lecturer on Midwifery Western Medical School.

LORD SANDHURST will preside at the eighth annual meeting of the Hospitals Association, to be held at Charing Cross Hospital on Saturday, June 18th, at 5 p.m.

¹ On the Temperature in Diseases. By C. A. Wunderlich. Syd. Soc. Transl., 1871, pp. 429, 430.

OBITUARY.

PROFESSOR MEYNERT,
Vienna.

It is with great regret that we announce the death of Dr. Theodore Meynert, the distinguished head of the Psychiatric Clinic in the University of Vienna, which took place unexpectedly at his country house at Klosterneuburg on May 31st, at the age of 59. He had been in bad health for a long time, and during the last months of his life had been unable to discharge the duties of his chair. The immediate cause of his death was pneumonia. Professor Meynert's researches on the anatomy of the brain and his writings on medico-psychological subjects had made his name familiar to alienists and neurologists throughout the world. He was born at Dresden in 1833, and educated at Vienna, where he took the degree of Doctor of Medicine in 1861. He was for several years demonstrator of anatomy under Hyrtl. He was appointed *Privat-docent* in 1865, and turning his attention to the clinical study of insanity soon won for himself a leading position in that department of medicine. Professor Meynert was President of the Psychiatric Association, Vice-President of the Vienna Medical Society, and a member of the Superior Sanitary Council of Austria. Only a few days before his death he had been elected a member of the Imperial Academy of Science of Vienna, and it was expected that he would have been chosen as Rector Magnificus of his university next year. In him the Vienna School loses one of its most conspicuous figures, and medical science one of its most zealous and most independent cultivators.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

DEGREES.—At the Congregation on June 2nd, the following medical degrees were conferred:

M.D.—E. H. Colbeck, B.A., Caius; G. H. R. Holden, M.A., B.C., Caius.

M.B. and B.C.—A. Muir, B.A., Trinity; H. Simpson, B.A., St. John's;

W. B. Mercer, B.A., Caius; F. J. Gillibrand, M.A., Queen's; W. P.

Fooks, B.A., Jesus.

RECOGNISED TEACHERS.—Mr. A. Scott, of Trinity, has been recognised as a teacher of Chemistry in the Medical School; Mr. A. Harker, of St. John's, a Teacher of Physics; and Mr. J. G. Adami, of Jesus, as a Teacher of Pathology.

COURSE ON BACTERIOLOGY.—The Professor of Pathology gives notice that a course on bacteriology, with special reference to the requirements of candidates for the diploma in Public Health, will be given in the Pathological Laboratory during the Long Vacation by Mr. J. G. Adami, Fellow of Jesus College; Mr. E. H. Hankin, Fellow of St. John's College; and Dr. E. Lloyd Jones, Downing College; commencing on July 8th, and extending over a period of six weeks from that date. The course will consist of lectures thrice weekly, each lecture being followed by practical laboratory work and demonstrations. Those attending the course will be permitted to continue their laboratory work at other times. The following will serve to show the scope of the course: (1) The morphology and general biology of microbes; (2) artificial cultivation of microbes—culture media, liquid and solid, mode of preparation and methods of sterilisation by heat, filtration, antiseptics, etc.; (3) staining of microbes in fluids and in the tissues; (4) modes of inoculation of pathogenic microbes; (5) special characteristics of practical work upon all the more important bacteria pathogenic in man and domestic animals, upon the pathogenic hyphomycetes, and upon various non-pathogenic micro-organisms; (6) aerobic and anaerobic bacteria—methods of cultivating latter; (7) nature of immunity from infective disease and modes of producing it; phagocytosis, chemiotaxis, alexins, ptomaines, toxalbumins, etc.; (8) antiseptics and disinfectants. The fee for the course, including apparatus, material, and use of immersion lens, will be £8 6s., payable to Mr. A. E. Shipley, at the New Museums.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

MEDICAL OFFICERS OF HEALTH AND THE
NOTIFICATION ACT.

In an interesting article in the *Practitioner*, Dr. E. T. Wilson discusses at some length the relations between medical officers of health and general practitioners, with especial reference to the delicate questions which must constantly arise out of the system of compulsory notification now rapidly becoming general. Occasional excess of zeal on the part of the health officer, and occasional carelessness or worse

on the part of the medical attendant are not the only sources of possible friction. The period and manner of isolation, removal to hospital, quarantine, and disinfection are all matters which the two parties approach from different points of view, and with different responsibilities; and—though last not least—the diagnosis itself may become a fruitful source of misunderstanding. It is unnecessary to say that Dr. Wilson handles this intricate question ably, and with an evident desire to do justice to both sides. We are glad to see that in the main his views and conclusions are in accord with those which we have frequently expressed in the *BRITISH MEDICAL JOURNAL*. His keynote is that friction can be avoided by right professional feeling and mutual forbearance, and in no other way; that the duties of the health officer and the practitioner are inseparably interwoven, and the more they are carried out in unison the better for all concerned. This general proposition is manifestly correct, and will be accepted on all its sides without hesitation as conducing to the highest interests of the public and of both branches of the profession. Coming next to the means whereby this most desirable and indispensable concord may be secured, Dr. Wilson makes the important suggestion that the medical officer of health should act as an expert in the diagnosis of infectious diseases, to whom his brethren could apply with confidence in all cases of doubt. This has long been customary in most of the older notification towns, and has undoubtedly done much to make smooth the progress of notification. Where the health officer gives the whole of his time to public duties, and is properly paid for his services, there is no difficulty in making this a part of his official work, but it implies a far wider experience of infectious diseases than the present regulations make compulsory.

Dr. Wilson proposes that a term of residence in a hospital for infectious diseases should form an essential part of the training of every medical officer of health. It is contended, and with apparent justice, that the health officer, acting on behalf of the public, ought to be prepared when required to share with the medical attendant the responsibility of a diagnosis in cases of such diseases, since any error may involve serious consequences affecting either the patient himself or the public safety. Owing to the efforts of Dr. Seaton and others, the next generation of practitioners will have had better opportunities of studying this important section of medical science than most of their predecessors enjoyed during student life, but nevertheless obscure cases will constantly be met with, in which a friendly consultation with a colleague specially skilled in the diagnosis of zymotic diseases will be most valuable. As Dr. Wilson points out, delay in diagnosis may involve danger, and is an evasion of the Act, while a hasty and possibly erroneous diagnosis may entail not less formidable responsibilities in other ways. There is the further advantage arising out of consultation at this stage, that it will do more than anything else to avoid divergence of opinion as to the preventive measures to be adopted.

Dr. Wilson insists that the medical officer of health ought to accept the notifications as given, the circumstances justifying any other course being happily rare. It is, of course, open to him, as to the practitioner, to suggest a conference if the case seems to demand it.

The Notification Act seems likely to accelerate a change which has long been ripening, namely, the limitation of official public health work to men debarred from general practice, who, moreover, will be required to undergo special training and possess special qualifications. Along with this must come reasonable minimum salaries, if the right class of men are to be tempted from the more lucrative branches of the profession, and some better security for permanence of employment than the caprice of a changing local body, who may be neither intelligent nor just in their dealings. Dr. Wilson's arguments tend to this result, to the better organisation of the public health service. All will agree with him that, while organised, it must at all cost be retained as an integral part of the medical profession. The officer of health must above everything be a medical officer of health.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,522 births and 3,506 deaths were registered during the week ending Saturday, June 4th. The annual rate of mortality in these towns, which had

gone away to Battersea with her mother, without leaving her address. I inquired at the Metropolitan Asylums Board office, but no one of that name, a peculiar one, had been received into any of their hospitals, and I warned the medical officer of health for Battersea, who was unable to trace her. After the lapse of another week I obtained her address. I went over to Battersea, but owing to some error in the name of the street I was unable to find her, and I do not know whether the medical officer of health was more successful. Just four weeks from the date of her first attack I saw her, as she had come up to her place in the hope of being re-engaged, bringing with her two children who lived with her, but neither of whom had been ill. I have since heard that two members of her family had suffered from a similar rash and sore throat. The young woman presented no signs of desquamation except over some corns on the feet, but her legs were puffy and her tonsils enlarged. This condition was said to be due to amenorrhoea of some standing. Twelve days had now elapsed since the little boy was last at school and no further cases had been reported, when being cognisant of a case infected, I believe, from another source, I looked through the school lists for absent pupils. I found that one child, in school with the desquamating boy, was reported absent with a cold. I called at the house but was not admitted, so communicated with the medical officer of health who on visiting the child found it was recovering from scarlet fever. I have not heard of any other cases.

If cases of this kind can occur in the West End, well patrolled by sanitary officials and district visitors, how many cases must there be in the poorer neighbourhoods, where the doctor is only fetched when the child appears to be dangerously ill? The committee of this institution, on my suggestion, some time ago issued a notice informing all poor persons in our district that the resident medical officer would always call and pay one visit to any case of rash or sore throat, without the production of a letter, and free of charge. If a similar rule were in force in the other public dispensaries of the metropolis and the resident medical officer of each institution placed in direct co-operation with the medical officer of health for his district, great strides might be made in the stamping out of infectious disease. I would also suggest that a printed card, setting forth the leading characteristics of each infectious disease, should be hung in a prominent place in every schoolroom, with the name and address of the medical man appended, to whom reference could be made in cases of difficulty or doubt.

FEEES FOR WORKHOUSE LUNACY CERTIFICATES.

C. C.—If our correspondent makes himself better acquainted with the requirements of the Lunacy Act, he will find that he cannot transfer pauper lunatics from the workhouse to an asylum, but if called to the assistance of the magistrate who acts in the case, and who really orders the transfer, he can then give the medical certificate which is required, before any such transfer can take place. If "C. C." has done this for the past ten years, he should have claimed a fee of the guardians of not less than one guinea for each case, as great responsibility is undertaken when any such certificate is given. If the guardians declined to pay, he should have applied to the magistrate, who has the power to order the payment by them of a proper fee.

The article in the *BRITISH MEDICAL JOURNAL* which our correspondent quotes does not, however, refer to such cases as these, but to those of a different class which may, on proper certification, be retained in the workhouse, and for which two medical certificates are now required. One of these is to be given by the surgeon of the workhouse, for which he is not entitled to any fee; the other by a medical practitioner, not being the surgeon of the workhouse, who is to be paid a fee such as the guardians think fit. If these two medical certificates for retaining patients in the workhouse cannot be procured, their detention therein by the Master will be clearly illegal, and it was in reference to as many as eight of this class then under detention at Devonport that our remarks were made.

MEDICAL NEWS.

DR. VON COLER, Director-General of the Medical Department of the Prussian Army, has had the title of Honorary Professor in the University of Berlin conferred upon him.

THE Duke of Westminster, in writing to the *Times*, states that out of thirteen hundred houses in the wealthy streets and squares in which St. George's Hospital would be considered the centre, the residents of only four hundred give any support to the hospital.

CRANIECTOMY.—Dr. Clayton Parkhill, Professor of Clinical Surgery in Gross Medical College, Denver, performed linear craniectomy on October 9th, 1891, on a microcephalic child, aged 4 years. There has been a considerable improvement in the little patient's mental condition since the operation.

THE fourteenth annual meeting of the Church of England Burial, Funeral, and Mourning Reform Association will be held under the presidency of the Bishop of Wakefield on June 23rd, at 2 P.M., at the Church House. A drawing-room meeting will be held at Lady Frederick Cavendish's house, 21, Carlton House Terrace, on June 21st, at 4.30 P.M.

LEPROSY IN BOGOTÁ.—During the month of December, 1891, no fewer than 36 persons were discharged from the Lazareto de Contratación in Bogotá on the ground that the disease from which they were suffering was not leprosy. Fourteen lepers died in the establishment referred to in the same month.

GLASGOW PATHOLOGICAL AND CLINICAL SOCIETY.—The office-bearers of this society for the session of 1891-92 are as follows: *President*, Dr. Samson Gemmell; *Vice-President*, Dr. D. N. Knox; *Treasurer*, Dr. J. B. Russell; *Secretary*, Mr. A. Ernest Maylard; *Editorial Secretary*, Dr. John H. Carslaw; *Other Members of Council*, Drs. J. L. Steven, T. K. Dalziel, Hector C. Cameron, and Henry Rutherford.

AN UNHEALTHY CAPITAL.—Recent statistics show that during the last ten years 182,037 deaths have occurred in Madrid. Of these, 48,523, or nearly one-fourth, were due to infectious diseases. This heavy mortality is partly attributable to the epidemics of cholera, influenza, and diphtheria which have prevailed during the period referred to; but bad sanitation and disregard of the most elementary laws of hygiene are also largely responsible for the result.

THE Subcommittee of Nursing and Hygiene in Connection with Woman's Work at the Chicago Exposition will meet at the offices of the National Health Society, 53, Berners Street, W., on June 13th, from 5 to 6.30 P.M., to consider the most suitable ward furniture for a general hospital ward. They will welcome any suggestions concerning the construction of hospital beds, bedding, and cots.

A COMMITTEE has been formed for the erection of a memorial to the distinguished physiologist, Ernst von Brücke, who died at the beginning of the present year. Among the members of the Committee are Professors Chrobak, Exner, Stricker, von Lang, Lobmeyr, Frish, Obersteiner, and Hochstetter. The memorial will probably take the form of a bust or statue, which will be placed in the precincts of the Vienna University.

A MICROBE OF BERI-BERI.—The *Revue Scientifique* of May 28th states that Dr. Leopold, of Monte Video, in cultivations of the blood of animals suffering from beri-beri, has discovered a micrococcus which, after culture and injection into the blood of healthy animals, seemed to reproduce the two chief forms of the disease—namely, generalised oedema due to dilatation of the heart and paralysis. Beri-beri is common in the northern districts of Brazil.

TREATMENT OF INEBRIETY IN GERMANY.—The third annual report (1891) of the asylum for inebriates at Ellikon states that there were 151 applicants, 48 of whom (41 men and 7 women) were admitted. Of these 41 were discharged, 23 of whom have remained abstainers up to the date of the report, while 11 drink moderately, and 6 have relapsed. These figures are more encouraging than those for 1889 and 1890, which show 35.2 per cent. of total abstainers, 29.6 of moderate drinkers, and 35.2 of relapses.

GERMAN ANATOMICAL SOCIETY.—The German Anatomical Society held its sixth general meeting at Vienna from June 6th to 9th under the presidency of Professor His, of Leipzig. Among the papers read were the following:—Histogenesis of the Thymus, by Dr. Schaffer; Topography of the Female Pelvic Organs, by Professor Waldeyer; Intimate Structure of the Sympathetic, by Professor von Kölliker; Spermatogenesis in Mammalia, especially in Man, by Professor von Bardeleben; and the Yolk Cells and Yolk Furrow in Vertebrate Animals, by Professor Virchow.

LITERARY INTELLIGENCE.—The remaining volumes of the *Transactions of the Tenth International Medical Congress* (Berlin, 1890), together with the Index in three languages, are now at last out of the printer's hands, and the despatch of copies to foreign members has been "begun."—An illustrated journal of preventive medicine, entitled *The National Popular Review*, will make its appearance on July 1st, 1892. It will be published simultaneously in New York, Boston, Philadelphia, Chicago, St. Louis, Atlanta, Kansas City, Denver, San Francisco, Los Angeles, and San Diego.—Professor Halliburton's work on *Chemical Physiology and Pathology* is at present being translated into German. The translation is being made by Dr. K. Kaiser, under the superintendence of Professor Kühne, of Heidelberg. The work, which really forms a second edition of the book, as it is being kept up to date, is to appear in five parts, two of which have already been published. Considering the numerous excellent books in German on this subject, this is a notable compliment to English science.

HUNGARIAN MEDICAL ASSOCIATION.—The annual meeting of Hungarian Medical Men and Scientists will be held at Kronstadt (Siebenbürgen) from August 22nd to 25th. During

the meeting the members will be the guests of the city, which is making great preparations for their hospitable reception. Already nearly 100 communications have been promised, 65 of which are on medical subjects. Among these are papers on the Testing of the Hearing in Malingerers, by Professor Böke; Hypnotism and Treatment by Suggestion, by Dr. J. A. Donath; Some New Operations on the Nerves, by Dr. Herczel; Experimental Researches on the Action of Certain Medicinal Substances on the Pharynx and Larynx, by Dr. J. Neumann; Puerperal Fever from a Medico-Legal Point of View, by Dr. Szabó; Pathology and Treatment of Eczema, by Professor Schwimmer; The Connection between Diseases of the Eyes and Teeth, by Dr. Feuer, etc.

A WHOLE UNIVERSITY "SENT DOWN."—By order of the Portuguese Government, the University of Coimbra was closed on May 7th, the students receiving notice to quit within twenty-four hours. This act of "resolute government" was prompted by riots, extending over three or four days, which originated in the sympathy of the general body of the students with one of their number who had, in their opinion, been too severely punished for a trivial offence. In a protest which they have addressed to the Minister of the Interior, the students practically admit that their sympathy was too emphatically expressed, but deny that the disturbances were of a gravity sufficient to warrant the bringing out of strong bodies of police and military to quell them, and the strong measure of wholesale rustication.

THE BRITISH INSTITUTE OF PUBLIC HEALTH.—The first general meeting of the British Institute of Public Health was held on June 3rd at King's College, London, Sir Charles A. Cameron in the chair. The Provisional Council presented a report in which they detailed the work undertaken since the incorporation of the Public Health Medical Society. The Institute is being well supported by the holders of qualifications or appointments in public health, a large number of whom have become Fellows. After payment of all expenses, the Institute has a balance of £140. The scheme for the examination of candidates for certificates of their efficiency to become sanitary inspectors is now complete, and the first examination will take place in October. The first number of the journal of the Institute will appear in July. The following officers and Council were elected for the ensuing year: *President*: Sir Charles A. Cameron. *President-elect*: Dr. Henry Duncan Littlejohn, Edinburgh. *Treasurer*: Dr. Francis J. Allan. *Hon. Secretary*: Mr. Charles A. James. The annual meeting will be held in Dublin at the end of August, under the auspices of the Irish Branch, when an address will be delivered by the President; the following subjects have been chosen for special discussion: 1. The Etiology of Typhoid Fever. 2. The Notification of Infectious Diseases. Papers on other subjects have been promised. Gentlemen intending to be present should send in their names at an early date to the Secretary, with the titles of any papers they desire to read.

JUBILEE OF THE ROYAL IRISH MEDICAL BENEVOLENT FUND.—The fiftieth annual report of this Society was presented to the meeting held in Dublin on June 6th. Dr. Finny, President of the College of Physicians, in the chair. The report, which was read by Dr. J. W. Moore, expressed regret that the number of subscribers had not increased in a proper proportion. "Even a small contribution from each of the medical practitioners in Ireland would suffice," it was added, "to make the grants to each deserving applicant more in consonance with the duty which we owe to our common humanity and the dignity of the profession to which we belong. Last year five important counties sent in not one shilling to the fund. Such negligence contrasts badly when compared with the returns those same counties made in former years." Subscribers to the fund may feel assured that the utmost vigilance and care are exercised in the distribution of the money. Since the first annual distribution of the fund took place in 1848 £37,871 has been expended in grants to those for whose advantage the Society is maintained. Altogether during the year 87 applications for assistance had been considered by the Central Committee, of which 13 were new. They consisted of 4 from medical men, 75 from the widows, and 7 from the orphans of medical men. The grants recommended amounted to £995. The Committee had issued a circular calling the attention of the dispensary medical officers to the advantages offered by the Medical Sick-

ness Annuity and Life Assurance Society, which was founded in March, 1884, by the exertions of Mr. Ernest Hart; with the circular they had enclosed copy of the prospectus of the Medical Sickness Society in the hope of inducing Irish dispensary medical officers to make provision against sickness, accident, and death.

MEDICAL VACANCIES.

The following vacancies are announced:

- ANCOATS HOSPITAL, Manchester.—Honorary Physician. Applications to the Honorary Secretary by June 13th.
- BOROUGH OF CHELTENHAM.—Medical Officer of Health for the Urban Sanitary District; must reside within the district. Salary, £500 per annum. Applications to E. T. Brydges, Town Clerk, Municipal Offices, Cheltenham, by June 13th.
- BRADFORD EYE AND EAR HOSPITAL, Hallfield Road, Bradford.—Special Assistant-Surgeon. Honorarium, 100 guineas per annum. Must reside near the hospital. Applications, endorsed "Special Assistant-Surgeon," to the Secretary by June 24th.
- BRIGHTON AND HOVE LYING-IN INSTITUTION AND HOSPITAL FOR Women, 76, West Street, Brighton.—House-Surgeon. Applications to the Secretary by June 25th.
- BRISTOL ROYAL INFIRMARY.—House-Surgeon; doubly qualified. Salary, £100 per annum, with apartments, board, and washing. Applications to J. F. Shekleton, Secretary and House-Governor, by June 11th.
- CHORLTON-UPON-MEDLOCK DISPENSARY, Manchester.—Resident House-Surgeon; doubly qualified. Salary, £100 per annum, with furnished room and attendance. Applications to the Secretary by June 20th.
- COUNTY BOROUGH OF SOUTH SHIELDS.—Medical Officer of Health. Salary, £300 per annum. Appointment for one year. Applications, endorsed "Application for Appointment of Medical Officer of Health," to Joseph M. Moore, Town Clerk, 35, Market Place, South Shields, by June 22nd.
- DENTAL HOSPITAL OF LONDON, Leicester Square, W.C.—Dental Surgeon. Applications to J. Francis Pink, Secretary, by June 13th.
- DENTAL HOSPITAL OF LONDON AND LONDON SCHOOL OF DENTAL SURGERY, Leicester Square.—Demonstrator. Honorarium, £50 per annum. Applications to Morton Smale, Dean, by July 4th.
- DERBY BOROUGH ASYLUM, Rowditch, Derby.—Assistant Medical Officer. Salary, £100 per annum, with board and washing. Applications to Dr. Macphail, Medical Superintendent, by June 22nd.
- DUNDEE ROYAL LUNATIC ASYLUM.—Clinical Assistant. Applications to Dr. Rorie, Westgreen House by Dundee.
- EVELINA HOSPITAL FOR SICK CHILDREN, Southwark Bridge Road, S.E.—Physician to Out-patients. Applications to the Committee of Management by June 21st.
- GAINSBOROUGH FRIENDLY SOCIETIES' MEDICAL ASSOCIATION.—Resident Medical Officer, not under 28 years of age. Salary, £200 per annum, together with midwifery fees, house rent, and rates. Applications to Henry Cuckson, 33, Cross Street, Gainsborough.
- GENERAL HOSPITAL, Birmingham.—Assistant House-Surgeon. Board, residence, and washing provided. Applications to the House-Governor by July 2nd.
- GENERAL HOSPITAL, Birmingham.—Resident Medical Officer; doubly qualified. Salary, £130 per annum, with residence, board, and washing. Applications to Howard J. Collins, House-Governor, by July 4th.
- MANCHESTER AND SALFORD PROVIDENT DISPENSARIES' ASSOCIATION.—Vacancy on the Medical Staff of the Ancotts Branch. Applications to Mr. W. M. Armitage, jun., Rodney Street Mills, Manchester.
- MANCHESTER HOSPITAL FOR CONSUMPTION AND DISEASES OF THE THROAT AND CHEST, Hardman Road, Deansgate, Manchester.—Honorary Assistant-Physician. Applications to C. W. Hunt, Secretary, by June 20th.
- MASON COLLEGE, BIRMINGHAM, WITH QUEEN'S FACULTY OF MEDICINE.—Professorship of Medicine; Lectureship on Ophthalmology; Lectureship on Dental Surgery and Dental Pathology. Applications to G. H. Morley, Secretary, by June 24th.
- NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL, Harts-hill, Stoke-on-Trent.—Assistant Ophthalmic Surgeon. Applications to the Secretary by June 13th.
- PARISH OF ST. MARY, ISLINGTON.—Medical Officer of Health. Salary, £600 per annum, with an annual increase of £25 to £800 per annum. Applications to W. F. Dewey, Vestry Clerk, Vestry Hall, Upper Street, Islington, N., by June 25th.
- ROYAL FREE HOSPITAL, Gray's Inn Road.—Junior Resident Medical Officer, doubly qualified. Board and residence provided. Applications to the Secretary by June 13th.
- ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, King William Street, West Strand.—Clinical Assistants. Appointment for six months. Applications to the Secretary by June 25th.
- SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY.—Assistant House-Surgeon. Salary, £50 per annum, with board, lodging, and washing. Applications to Dr. Arthur Hall, 263, Glossop Road, Sheffield, by June 20th.
- WARNEFORD HOSPITAL, Leamington Spa.—House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications to J. Warren, Secretary, by June 25th.
- WEST LONDON HOSPITAL, Hammersmith Road, W.—House-Physician. Board and lodging provided. Applications to R. J. Gilbert, Secretary-Superintendent, by June 17th.

WEST LONDON HOSPITAL, Hammersmith Road, W.—House-Surgeon. Board and lodging provided. Applications to E. J. Gilbert, Secretary-Superintendent, by June 17th.

WESTMINSTER GENERAL DISPENSARY, 9, Gerrard Street, Soho, W.—Honorary Physician. Applications to J. J. Johnson, Secretary, by June 21st.

WESTMINSTER HOSPITAL, Broad Sanctuary, S.W.—Assistant Ophthalmic Surgeon; must be F.R.C.S.Eng. Applications to the House Committee by June 28th.

WOLVERHAMPTON AND DISTRICT HOSPITAL FOR WOMEN.—Two Honorary Acting Gynaecological Surgeons. Applications to the Secretary, 1, St. Mark's Place, Chapel Ash, Wolverhampton, by June 20th.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL, Wolverhampton.—House-Physician. Salary, £100 per annum, with board, lodging, and washing. Applications, inscribed "Application for House-Physician," to the Chairman of the Medical Committee, by June 30th.

WORCESTER GENERAL INFIRMARY.—Assistant to House-Surgeon; qualified, unmarried; to act also as Dispenser. Salary, £70 per annum, with board, residence, and washing. Applications to the Secretary, Worcester Chambers, Pierpoint Street, Worcester, by June 11th.

MEDICAL APPOINTMENTS.

ANDERSON, A. W., M.B., C.M.Édin., appointed Assistant Medical Officer to the Pife and Kinross District Asylum, Cupar.

ARNISON, W. C., M.D.Durh., M.R.C.S., appointed Professor of Surgery in the University of Durham, *vice* G. Y. Heath, M.D.Durh., F.R.C.S., deceased.

BIERNACKI, J., M.B., C.M., L.R.C.S., L.R.C.P.Édin., appointed Assistant House-Surgeon to Bootle Borough Hospital.

BRADBURY, John Augustus, M.R.C.S., L.S.A., appointed Medical Officer for the Wigan Union.

BUTLIN, Henry Trenham, F.R.C.S., appointed Surgeon to St. Bartholomew's Hospital, *vice* W. Morrant Baker, F.R.C.S., resigned.

CLEMMY, W. N., M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to Bootle Borough Hospital, *vice* T. Gilchrist, resigned.

COOPER, David, M.D.Glas., appointed Surgeon for Diseases of the Skin to the Dispensary of the Victoria Infirmary, Glasgow.

DUTT, U. K., B.Sc.Lond., M.R.C.S., D.P.H.Camb., appointed Medical Officer for the Fourth Sanitary District of the Cambridge Union.

FLETCHER, James L., M.B., C.M.Édin., appointed Resident Medical Officer to the Manchester Hospital for Consumption and Diseases of the Throat.

GOODALL, E. W., M.D.Lond., appointed Medical Superintendent of the Eastern Fever Hospital, *vice* A. Collie, M.D.

GRANT, Frederick, L.R.C.P.Édin., M.R.C.S.Eng., reappointed Medical Officer of Health to the Market Harbour Local Board.

GREGSON, T. W., M.B., C.M.Glas., appointed Medical Officer for the No. 1 Blackburn Sanitary District of the Blackburn Union.

HIRST, Walter, L.R.C.P., L.R.C.S.Édin., appointed Resident Assistant Medical Officer at the Leeds Union Infirmary.

HOLT, H. M., L.S.A., appointed Medical Officer for the Leavening Sanitary District of the Malton Union.

HUNTER, George, L.F.P.S.Glas., appointed Surgeon for Diseases of the Eye to the Dispensary of the Victoria Infirmary, Glasgow.

JENKINS, Thomas W., M.A., M.D.Glas., appointed Physician to the Victoria Infirmary Dispensary, Glasgow.

KELLY, A. Brown, B.Sc., M.B., C.M.Glas., appointed Surgeon for Diseases of the Throat, Ear, and Nose to the Dispensary of the Victoria Infirmary, Glasgow.

LONGBOTTOM, William, L.R.C.P., L.R.C.S.Irel., appointed Medical Officer and Public Vaccinator for the West Division of Brightside of the Sheffield Union, *vice* Dr. Barker, deceased.

MORRIS, H. C. L., L.R.C.P.Lond., M.R.C.S., appointed Medical Officer for the Hambleton Sanitary District of the Henley Union.

ORR, W. R., M.D., appointed Medical Officer for the No. 3 District of the Hollingbourne Union, *vice* St. John T. Foott, L.R.C.P., L.R.C.S., resigned.

SHANNON, Robert Alexander, L.R.C.P., L.R.C.S.Édin., appointed Medical Officer for the Second District of the Bromley Union.

TAYLOR, Shepherd Thomas, M.B., L.R.C.P.Lond., M.R.C.S., reappointed Medical Officer of Health to the Cromer Local Board.

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

DIARY FOR NEXT WEEK.

MONDAY.

NATIONAL ORTHOPÆDIC HOSPITAL, Great Portland Street, 5 P.M.—Mr. F. R. Fisher: On Deformities of the Limbs Dependent on Contraction of the Muscles, Ligaments, and Fasciæ. Lecture I.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 4 P.M.—Professor W. Watson Cheyne: The Treatment of Surgical Tuberculous Diseases. Lecture I.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. A. Stanford Morton: Ocular Injuries. Parkes Museum, 74A, Margaret Street, W., 1 P.M.—Dr. A. Wynter Blyth: Isolation Hospitals. Great Northern Central Hospital, 8 P.M.—Dr. Galloway: Cardio-Vascular System.

TUESDAY.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 5 P.M.—Sir W. Roberts: The Croonian Lectures on the Chemistry and Therapeutics of Uric Acid, Gravel, and Gout. Lecture I.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Percy Smith: Insanity with Syphilis. Hospital for Diseases of the Skin, Blackfriars, 4 P.M.—Dr. Payne: Varieties of Alopecia.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Mr. A. W. Mayo Robson: Two Cases of Pyelorectomy and one of Jejunostomy. Mr. Lawson Tait: On the alleged occurrence of Ovarian Pregnancy, being an explanation of some cases which have been published as belonging to this variety of ectopic gestation. Mr. W. G. Spencer: Upon Amputation in Diabetes Mellitus.

WEDNESDAY.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 4 P.M.—Professor W. Watson Cheyne: The Treatment of Surgical Tuberculous Diseases. Lecture II.

LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 2 P.M.—Dr. Hector Mackenzie: Pulmonary Phthisis in Children. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. J. B. Lawford: Intraocular Tumours.

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

ROYAL METEOROLOGICAL SOCIETY, 25, Great George Street, Westminster, 7 P.M.—Communications by Messrs. F. C. Bayard and William Ellis.

THURSDAY.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 5 P.M.—Sir W. Roberts: The Croonian Lectures on the Chemistry and Therapeutics of Uric Acid, Gravel, and Gout. Lecture II.

LONDON HOSPITAL MEDICAL COLLEGE, 4 P.M.—Mr. Jonathan Hutchinson: On Arsenic, Mercury, and Opium.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralyzed and Epileptic, Queen Square, 2 P.M.—Dr. Tooth: Muscular Atrophies. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Mr. Bernard Pitts: Hernia in Children. London Throat Hospital, Great Portland Street, 8 P.M.—Dr. Woakes: Vertigo.

NEUROLOGICAL SOCIETY OF LONDON, National Hospital, Queen Square, 8.30 P.M.—Clinical meeting. Dr. Savill: Hysterical Rachialgia and Vasomotor Disturbance in a man, aged 60. Cured by Massage and Isolation. Dr. Bastian: Case of Unilateral Disseminated Sclerosis. Dr. Buzzard: Multiple Neuritis following Influenza. Dr. Hale White: Case of Lead Poisoning with a peculiar form of Unilateral Paralysis of the Palate. Other cases.

FRIDAY.

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 11 A.M. to 1 P.M.—Professor Crookshank: Lecture, Erysipelas and Suppuration. Practical Work, Streptococci. Hospital for Consumption, Brompton, 4 P.M.—Dr. Hector Mackenzie: Pulmonary Phthisis in Late Adult Life. Lecture Theatre, Charing Cross Medical School, 8 P.M.—Dr. Amand Routh: Uterine Hemorrhage.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 4 P.M.—Professor W. Watson Cheyne: The Treatment of Surgical Tuberculous Diseases. Lecture III.

SATURDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 11 A.M.—Dr. Percy Smith: Insanity with Organic Brain Disease.

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.

ROBERTSON.—At Mayfield, 5, Western Parade, Southsea, the wife of J. R. S. Robertson, M.B., of a son.

THORESBY-JONES.—On June 1st, at 103, Sutherland Avenue, W., the wife of Dr. J. Thoresby-Jones, of a daughter.

MARRIAGES.

FISHER-JONES.—On June 2nd, at St. Paul's Wesleyan Church, Bangor, by the Rev. Robert Jones, of Isfryn, Bangor, the father of the bride, assisted by the Rev. Ishmael Evans, Henry Wycliffe Fisher, L.R.C.P., etc., son of the late H. F. Fisher, M.D., of Liverpool, to Gwladys Benedict Jones.

MCNEAL-VIVIAN.—On June 1st, at the Wesleyan Church, South Norwood, by the Rev. Edward Martin, of Leek, assisted by the Rev. William Waters, James McNeal, L.R.C.P.Lond., M.R.C.S.Eng., of South Norwood Hill, to Ada Louisa, daughter of the late Charles Truscott Vivian, of South Norwood.

MORGAN-BLACK.—On June 1st, at the Free South Church, Aberdeen, by the Rev. W. M. Clow, B.D., George Blacker Morgan, A.B., M.B. Dublin University, eldest son of Dr. G. B. Morgan, J.P., Sunderland, to Alice Elizabeth, second daughter of J. F. Black, Esq., of Aberdeen.

DEATH.

KERSHAW.—On June 2nd, at Eastfield, Farnworth, Bolton-le-Moors, aged 10 years, Margaret Alice (Daisy), youngest child of Alfred Kershaw, L.R.C.P.I. and M.R.C.S., and the late Mary Alice Kershaw. Friends will kindly accept this intimation.