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## MEMORANDA:

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

#### PERFORATING ULCER OF THE DUODENUM.

In November, 1891, a Mohammedan soldier of a native regiment, aged 24, well made, but slightly anæmic, was admitted into hospital complaining of pain in the abdomen and general *malaise*. When first seen his face wore an anxious expression; pulse 135, rapid, thready, compressible; and temperature subnormal—96°. The abdomen was found much distended, very hard, and painful on palpation. There was no hernia; he passed water freely, but his bowels were confined. There was no vomiting. Next day his condition was worse; both legs were drawn up, and the abdomen board-like, tender, and tympanitic. The pulse was 130 and the temperature 96.4°. He vomited once, but there was persistent constipation. He became collapsed, and died at 10.30 p.m., thirty-six hours after admission into hospital. The case was considered to be one of acute peritonitis, probably due to perforation, and was treated as such, but laparotomy was not performed.

The *post-mortem* examination revealed all the usual signs of acute septic peritonitis. No intestinal obstruction of any sort was seen, but on the lower surface of the duodenum a small circular perforation was discovered, and there was slight ecchymosis of the mucous membrane in the neighbourhood of the ulcer.

**REMARKS.**—There was in this case no sufficient history of injury to be got, and the diagnosis from the outset hardly seemed to include obstruction, the state of the abdomen, almost entire absence of vomiting, the rapid thready pulse and the continuous subnormal temperature pointing rather to perforation. Later on the collapse, and eventually the early fatal termination, made this seem more probable. Had circumstances and surroundings permitted, laparotomy would have been performed and the intestines incised to relieve distension; still, in this instance, I am bound to admit there would have been considerable difficulty in discovering the site of perforation.

Cases of the sort are no doubt very rare, but since the occurrence of the above I find, on inquiry, natives of India do suffer frequently from duodenal ulceration from some unaccountable cause. In one instance quoted, in which the duodenum was found inhabited by the *dochmius duodenalis*, the mucous membrane was ecchymosed, there were numerous hæmorrhages, and perforating ulcer had caused death. This may have been merely a coincidence, but the local and general anæmia induced by this parasite is worth considering, and I suggest it as a possible cause of the condition in India and hot countries.

In conclusion, I would call attention to the subnormal temperatures and rapid pulse which obtained throughout the above case. At a meeting of the Medical Society of London, November 16th, 1891, Mr. Lockwood read notes of two cases of perforating ulcer of the duodenum, in both of which laparotomy had failed to discover the site of perforation, and in the discussion that followed Dr. Douglas Powell, the president, pointed out the fact that rapid pulse and subnormal temperature were often useful features in distinguishing perforation from intestinal obstruction.

J. CHAYTOR WHITE, M.B.,

Sialkot, Punjab.

Surgeon-Captain I.M.S.

**FOREIGN BODY IN THE TRACHEA: TRACHEOTOMY.**  
On May 3rd a boy, aged 10 years, was brought to my house. He had been playing at school with a prune stone held in his mouth, when he had a sudden fit of coughing and "swallowed" the stone.

I examined the throat with my finger, and also passed a small probang into the œsophagus, but found nothing. The examination brought on a fit of coughing of a croupy character, accompanied by frothy expectoration tinged with blood. The boy said that now he could feel something "go up and down his throat" when he coughed. These paroxysms were brought on if he moved about or talked much, but during the

interval he felt nothing at all. I now made a laryngoscopic examination with a negative result.

On auscultation over the upper part of the trachea, a croupy sound was heard, more marked during expiration. On palpation he complained of pain on the left side of the larynx, just opposite the cricoid cartilage, but nothing could be detected. Occasional rhonchus was heard in the chest.

I sent the patient home, where he was also seen by Drs. Falla and George Thomson, who agreed with me that a foreign body was lodged in the trachea, and that tracheotomy ought to be performed without delay; but before doing so, having all the necessary instruments ready, we suddenly inverted the patient, striking him on the back smartly, but with no result, except causing a good deal of dyspnoea.

Chloroform was now administered by Dr. George Thomson, and I divided the crico-thyroid membrane, cricoid cartilage, and the first two rings of the trachea. Nothing could be seen, although we examined the interior of the trachea and larynx with a mirror, but the patient having a sudden fit of coughing, we could distinctly see the stone passing up and down. The opening in the trachea not being large enough, I divided another ring, passed a probe into the trachea, which set up a paroxysm of coughing, resulting in the expulsion of the stone through the wound. A tube was inserted and taken out in twenty-four hours, and the patient made an uninterrupted recovery.

This fortunate result shows the advisability of performing tracheotomy without delay, and if the foreign body cannot be extracted by forceps, the expediency of exciting coughing by passing a feather or probe through the wound into the air passage.

Jersey.

P. B. BENTLEY, M.R.C.S.

#### RAPIDLY FATAL CASE OF DIABETES.

THE publication of Mr. W. Watkins-Pitchford's case of rapidly fatal diabetes in the *BRITISH MEDICAL JOURNAL* of May 28th recalls to mind one that came under notice towards the close of 1890, and which formed the subject of a communication to a local medical society under the title "Death from Diabetic Coma; Rapid Course." The main points in the history are as follow:—

M. K. O., aged 18 years and 10 months; height 6 feet (having grown 4 inches within the last year); spare of flesh, but generally healthy and active; a teetotaler and a non-smoker. On December 3rd, when at a dance, he struck the back of his head against the floor when about to sit down on a chair which someone suddenly removed. The injury caused but little inconvenience, but within a day or two he complained of thirst, and this was the first symptom of any derangement of health.

On December 8th he went from home and joined a shooting party, but, apart from being very tired, complained only of thirst. The following day, though feeling very unwell, he kept about as usual, but on December 10th he vomited once, and was then seen by a medical man, who thought lightly of his complaint. He returned home by rail on December 11th, and had a cold drive of five miles in an open carriage; he arrived in a state of exhaustion, but partook of a late meal and drank a large quantity of water. His mother remarked, on his return, that he appeared to have lost flesh rapidly in the three days' absence. He went to bed drowsy, but was restless. He was seen by another medical man on the morning of December 12th, who first discovered the glycosuria and died him.

I was summoned on the morning of December 13th, and found him lying in bed semi-conscious, and with extremities cold; complexion dusky and leaden; eyes glassy and pupils contracted (he had not taken any opiate); pulse small, 140, but regular; respirations 21, uneven, every eighth or tenth inspiration being sighing. By auscultation and percussion, nothing abnormal was discovered further than a feebly-acting heart. The tongue was dry, furred, and black, and there were sordes on the teeth. The temperature was 98.4°. The urine, of which he had passed half a gallon during the night, was of specific gravity 1027, and contained a considerable quantity of sugar, but no albumen. He had been sick twice on the previous day. He was ordered beef-tea, meat juice, yolk of eggs, brandy, and champagne. Hot bottles to feet and sides. In

the evening of the same day, he appeared a little less unconscious; the surface was warmer, and the breathing 28 per minute, and more even, but with noisy expiration. The pulse ranged from 150 to 160; the temperature was 98.6°; he had been sick once since the morning. He gradually sank, however, and died in the early morning of December 14th, within eleven days of the injury, and less than ten days from the first symptom of diabetes.

Whether the injury, though apparently only trivial, was the prime cause of the diabetes I am unable to give an opinion, but it is more than probable that the exertion of a long day's shooting and the subsequent travelling home in the cold predisposed to the rapid termination of the case.

Newbury.

W. T. PARKER DOUGLAS, B.A., M.B.Cantab.

## REPORTS

ON

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

### NOTTINGHAM BOROUGH ASYLUM.

A CASE OF FRACTURE OF THE SPINE.

(By DAVID LIVINGSTONE DAVIES, M.R.C.S.Eng., L.R.C.P.Lond.,  
Assistant Medical Officer.)

E. S. H., a well built healthy male, aged 29, was admitted on July 15th, 1889, suffering from mania with some dementia. There was a family history of insanity, intemperance, and phthisis, and the patient was addicted to drink. Until January 19th, 1892, he was quiet and free from excitement, being childish and weakminded. He was employed almost daily in the kitchen, and amongst other work used to clean the knives. He had never shown any signs of suicidal tendency.

On the morning of January 21st, whilst going into the dining hall to breakfast, he suddenly rushed head foremost against the window, shattering a pane of plate glass  $\frac{1}{4}$ -inch thick. He then withdrew his head, and before he could be prevented repeated the same with an adjoining pane. In consequence of this he was placed under special supervision. Strange to say the only injury he sustained was a slight scalp wound and a scratch on the wrist; he did not lose consciousness. The same night (January 21st), though he was under the continuous supervision of an attendant, he suddenly jumped out of bed and rushed head foremost at the wall; he did this a second time, and then fell helplessly on the floor. The attendant ran to him immediately, and found him in a state of partial unconsciousness. When seen by the medical superintendent and myself we found him in bed, and evidently suffering from an injury to the spine high up. He complained of pain on moving his head, and also on pressure over the cervical region behind. No deformity could be detected. He had paraplegia, both motor power and sensation being lost up to a line 3 inches above the nipples. Respiration was almost entirely diaphragmatic; the pulse was 75, and regular; the temperature was normal. There was retention of urine, and the knee-jerks were absent. The following table shows the course of the temperature during the next two days.

January 22nd.	6 P.M., 102.4°	pulse 104, respirations 30.
" 23rd.	11 A.M., 103.2°	" 90, " 30.
" "	1 P.M., 104°	" 92, " 38.
" "	5 P.M., 104.6°	" 92, " 52.
" "	7 P.M., 104.6° (in right axilla),	103° (in left).
" "	9 P.M., 104.6°	103.2°
" "	11 P.M., 104.6°	pulse 96, respirations 88.
" 24th.	1 A.M., 105.2°	
" "	3 A.M., 105.8°	

During this time the extent of anæsthesia was the same; he could move the left arm slightly, but the right was quite powerless. The paralysed parts were very warm and dry to the feel, whereas all other parts of body were bathed in excessive perspiration. He complained of intense thirst; he had erections at times; and the knee-jerks were still completely lost. The temperature in the left axilla was a degree (or more) lower than that in the right. He became delirious about 3.30 A.M. on January 24th, and died at 4.25 A.M. During the early hours of the morning he vomited several times, the vomit being of a dark brown colour; his face gradually be-

came more and more livid, and the eyeballs stood out prominently, the pupils being widely dilated. His temperature after death was as follows:—106.6° in 10 minutes, 106.6° in 30 minutes, 106.2° in 60 minutes, and 105.8° in 90 minutes.

Treatment consisted simply in fixing the head between sand bags, giving fluid nourishment, and drawing off the urine when necessary. The *post-mortem* result evidently showed that no good would have resulted from trephining, the performance of which had been under consideration.

The *post-mortem* examination was made twenty-nine hours after death. The scalp was very thick, and there was an abrasion the size of a shilling on the vertex. The skull was very thick and dense; there was no fracture or other mark anywhere. The dura mater was much congested, and dark in colour; the arachnoid and pia mater were congested, and stripped off easily; the grey matter was hyperæmic, the white matter healthy; the choroid plexuses were enlarged and swollen; the basic ganglia, pons, medulla, and cerebellum were normal. All the other organs of the body were healthy except the spinal cord. A fracture of a T shape, splitting the body of the fifth cervical vertebra into three parts, with a V-shaped fracture of the posterior laminae at their junction with the transverse processes on either side, was found. There was absolutely no displacement of the bone. When the spinal canal was opened the spinal meninges bulged out, and on opening these a large quantity of dark blood gushed out being sufficient in amount to cause some compression of the cord. The spinal cord at the seat of fracture was not examined, as this could not be done without destroying the bony specimen, which it was desired to keep intact.

REMARKS.—The following facts appear to me to be of much interest: 1. The sudden onset of suicidal tendency; the unusual manner in which the injury was produced, namely, running head foremost against the wall in a room 10 feet by 6. 2. The absence of any injury to the skull or brain. 3. The short period of unconsciousness, the patient being conscious about an hour before death. 4. The complete loss of knee-jerks, which are said to be increased. 5. The limitation of perspiration to sensible parts of the body. 6. The difference in temperature in both axillæ, that in the left being always a degree, or more, lower than that in the right. 7. The marked increase in the rapidity of the breathing.

I have to thank Mr. Powell for kindly allowing me to report the case.

## REPORTS OF SOCIETIES.

### STAFFORDSHIRE BRANCH OF THE BRITISH MEDICAL ASSOCIATION.

THURSDAY, MAY 26TH, 1892.

JOHN ALCOCK, M.R.C.S., in the Chair.

*Excision of Ovaries for Abscess following Influenza.*—Mr. SPAN-  
TON related the following case, and showed the specimen. A lady's maid, aged 30, single, had influenza severely in June, 1891. She had previously suffered from dysmenorrhœa, but the periods were fairly regular; and she had been able to do her work. After her illness she began to have metrorrhagia, lasting about a fortnight, with severe pelvic pain and great disturbance of her general health and loss of flesh. There was tenderness over the right ovarian region, and intense pain before and during the periods. The uterus appeared healthy; the left ovary was felt low down and tender, and there was much tenderness in the region of the right ovary. Treatment of various kinds was carried out for nearly three months without benefit, and at the end of December, 1891, after full consultation, both appendages were removed. The right contained an irregular cavity filled with broken-down blood clot and pus, and explained why a physical examination failed to reveal the mischief. The patient made a good recovery, and had since rapidly gained flesh, lost all pain, and was now at her usual occupation. The case was recorded as an illustration of an unusual sequelæ of influenza, as well as the difficulty sometimes experienced in deciding on the propriety of an operation when definite physical signs were wanting.

*Excision of Hip for Acetabular Disease.*—Dr. E. DEANESLY



which referred to an opinion stated to have been given by the law officers in 1872.

**Sanitation in Factories and Workshops.**—Mr. S. BUXTON asked the Secretary of State for the Home Department whether he had as yet in any case enforced Sections 1 and 2 of the Factory and Workshops Act, 1891, which provided that, where the Secretary of State was satisfied that the sanitary provisions in regard to workshops had not been duly carried out by the local authority, he might intervene; whether the inspectors had, under Section 26, received due notice of the opening of workshops since the passing of the Act; whether they had further duly forwarded the notification to the sanitary authority of the district; and whether he had, under Section 27, made any order requiring the occupier of any workshop, or any contractor employed by any occupier, to keep lists of those employed by him; and, if so, whether any penalty had been inflicted for non-compliance with the order.—Mr. MATTHEWS said he had hitherto received no complaints requiring the intervention of the Home Office under Sections 1 and 2 of the Factory Act of last session, but he might point out to the hon. member that such intervention should only take place where there had been clear neglect or default on the part of the local authority. The inspectors of factories had received full instructions to require occupiers of workshops to send them notices as prescribed by the 26th section of the Act, and to forward such notices to the sanitary authority. Further instructions to the like effect were issued to the inspectors on June 8th requesting them to see to the strict observance of the 26th section, and to forward prosecution reports where they found any occupier who had failed to send the required notice. To what extent the inspectors had received these notices he was unable to say without further time for inquiry; and he was about to issue a circular calling for information on the subject. With regard to the fourth paragraph of the question, he had had the provisions of the 27th section of the Act under his consideration, and had been collecting information as to the trades and localities in which it would be expedient to issue orders.—In reply to a further question by Mr. S. Buxton, Mr. RITCHIE said that the Factory and Workshops Act, 1891, and the Public Health (London) Act came into operation on January 1st last, and he caused a circular letter to be addressed on November 30th last to the several sanitary authorities in London drawing their attention to the new duties imposed on them in respect of workshops. The duties of the factory inspector as regards notification to the medical officer and of the medical officer with respect to notification to the factory inspector were specifically prescribed by the statute, and these duties were referred to in the circular of the Local Government Board. He had had no complaint that the requirements of the statute as regards these matters had not been duly complied with. The annual reports of the medical officers of health in London were usually made for the year ending December 31st, and he had not received any communication either from the sanitary authorities or the medical officers of health which would enable him to express any opinion on the question as to the improvement in the sanitary condition of London workshops since January 1st in the present year.

Tuesday, June 21st.

**The Alkali, etc., Works Bill.**—This Bill was read a third time.

**Medical Officers of Prisons.**—Dr. FARQUHARSON asked the Home Secretary whether he had received a communication from the Chairman of the Parliamentary Bills Committee of the British Medical Association, submitting to him a statement on behalf of the Committee concerning certain hardships and disadvantages in the present duties, pay, and prospects of the medical officers of prisons; and whether he was able to say that he would take measures to give effect to the suggestions set out in the memorial so submitted.—Mr. MATTHEWS said that a communication of the nature described from the Chairman of the Parliamentary Bills Committee of the British Medical Association had been received. He was well aware of the important and useful services rendered by this branch of prison officers, and any representations coming from them would meet with his most attentive consideration. It must be borne in mind, however, that the pay of the medical officers and assistants was revised and increased so lately as 1883. He did not feel able to say that he could make any recommendation to the Treasury upon the memorial referred to.

## OBITUARY.

WILLIAM COLLES, M.D., F.R.C.S.,

Surgeon to the Queen in Ireland.

WE have to announce the death of Mr. William Colles, Surgeon to the Queen in Ireland. He died at his residence, 21, St. Stephen's Green North, on Saturday morning, June 18th, in the 83rd year of his age. Mr. Colles had been in feeble health for some time, and had lately resigned all his public appointments. He was able to go out on June 14th, but on June 18th urgent symptoms of weakness of the heart came on, and he died rather suddenly in the presence of Dr. Gordon, who, with his old colleague, Mr. Edward Hamilton, was in attendance upon him.

Mr. Colles, who was the son of the celebrated Abraham Colles, was born at 13, Stephen's Green in 1809. He entered Dublin University, where he graduated in Arts in 1831, and in 1841 he took the degree of M.B., and in 1865 of M.D. He became a Licentiate of the College of Surgeons in 1831, a Member in 1837, and a Fellow in 1844. Having studied in Vienna, Berlin, and Göttingen, he became house-surgeon to Steevens's Hospital (1834), and in 1841 he was appointed visiting surgeon, an office which he held for nearly fifty

years. He was Surgeon to the Queen at the time of his death, and it was only last year that he resigned the Regius Professorship of Surgery in the University of Dublin.

Mr. Colles did not write much, nor had he ever a very large practice, but he enjoyed the respect of everyone who knew him, and as age came on the respect grew into a reverence for the old man. He was one of the kindest of men in disposition, modest and retiring.

At his funeral on June 21st, the President and Fellows of the College of Surgeons, and large numbers of the general public, paid the last tribute to his memory.

FRANCIS JOSEPH POWER, L.R.C.P., L.R.C.S. EDIN.

THE death of Dr. Francis Power (Mardyke) says the *Cork Daily Herald*, adds one more to the list of medical men who have been stricken down in the discharge of their duty, and deprives the medical profession of a useful and popular member. Dr. Power had been actively engaged pursuing his practice in Cork when he became the victim of an attack of fever, contracted from one of his patients. During his brief illness, Dr. Power had the advantage of all that medical skill or efficient nursing could provide. But the progress of the disease was irresistible. His experience in the city extended over twelve years, and during that time Dr. Power's practice was principally of a private character, as he had not filled any hospital appointments. He had only reached his fortieth year, and this comparatively early age furnishes another lamentable feature in the death of this promising physician.

## UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

SECOND EXAMINATION FOR MEDICAL AND SURGICAL DEGREES. Easter Term, 1892. Part I.—The following were examined and approved:

**Pharmaceutical Chemistry.**—Ds. P. E. Barber, Cai.; Ds. P. F. Barton, Joh.; Ds. Blandford, Pemb.; G. F. Briggs, Joh.; Edmondson, Clare; Ds. A. E. Elliott, Joh.; Gilmore, Christ's; J. C. W. Graham, Trin.; A. E. Harrison, Magd.; Holmes, Joh.; Lees, Cai.; Lord, Joh.; McAllum, Christ's; Muir, King's; Orton, Joh.; Rae, Joh.; Ds. Roberts, Down; R. J. Rowland, Corpus; Sandilands, Trin.; Scapling, Clare; Senior, Down; W. C. P. Smith, Down; Tuckett, Trin.; F. F. Ward, H. Selw.; Watson, Pet.; Wilkinson, Emman.; Ds. Worthington, Pemb.; Ds. Wrangham, Emman.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

At a meeting of the President, Vice-presidents, and Council, held on June 20th, the following examiners were elected for the ensuing year.—**Anatomy and Surgery:** J. Barton, W. Stoker, Sir W. Stokes, W. Thomson. **Physiology, Histology, and Pathology:** R. G. Patteson, J. A. Scott. **Chemistry and Physics:** R. J. Montgomery. **Midwifery and Gynaecology:** S. E. Mason. **Ophthalmology:** F. W. Maxwell, F. Odevaire. **Diploma in State Medicine:** D. E. Flinn, J. D. Pratt, C. P. Smyly, W. Stoker. **Midwifery Diploma:** J. J. Cranny, S. E. Mason, J. O'Donovan. **General Education:** F. J. Davys, R. Morton.

SOCIETY OF APOTHECARIES OF LONDON.

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

**Surgery.**—A. Baldwin, Edinburgh; W. R. Floyd, Cambridge and Liverpool; A. D. Howard, London Hospital; E. Howgate, Yorkshire College, Leeds; C. T. Parsons, St. Mary's Hospital; A. J. Russell, London Hospital; J. S. Tabb, Charing Cross Hospital; P. M. Thomas, Cleveland, U.S.A.; W. H. Waddington, Owens College, Manchester; R. B. Williams, St. Thomas's Hospital; J. D. Willis, Owens College, Manchester.

**Medicine, Forensic Medicine, and Midwifery.**—C. R. Batchellor, Queen's College, Birmingham; J. N. Dobie, Cambridge and St. Mary's Hospital; W. R. Floyd, Cambridge and Liverpool; S. D. Gill, Queen's College, Birmingham; C. T. Parsons, St. Mary's Hospital; W. F. Peacock, St. Mary's Hospital; J. A. T. White, St. Bartholomew's Hospital.

**Medicine and Midwifery.**—J. Edwards, London Hospital; A. Greenwood, London Hospital; W. Loades, Middlesex Hospital; T. E. Pallett, Westminster Hospital; S. J. Roberts, Guy's Hospital.

**Forensic Medicine.**—E. E. Frazer, Guy's Hospital; J. H. Hobling, St. Mary's Hospital; J. Kyffin, London Hospital; W. K. Steele, Guy's Hospital.

**Midwifery.**—J. C. Netherton, Dublin.

To Messrs. Floyd, Frazer, Gill, Kyffin, Parsons, Steele, and Tabb was granted the diploma of the Society entitling them to practise medicine, surgery, and midwifery.

WE regret to learn that Dr. R. Demme, the well-known Professor of children's diseases in the University of Berne, died on June 16th of diphtheria contracted from a child on whom he recently performed tracheotomy.

## INDIA AND THE COLONIES.

## INDIA.

**HEALTH OF INDIAN GAOLS.**—The mortuary statistics for 1890 show a marked improvement in the health of the inmates of Indian gaols. The death-rate has fallen from 35.63 to 30.68 per 1,000 of average population. Even the latter rate, however, is high as compared with the standards recognised in English prisons.

**BENGAL.**—During the last year the average daily number of inmates 23 Calcutta Leper Asylum was over 90. The cost of maintenance was 11,41n rupees.

## CANADA.

**MILITARY MEDICAL ASSOCIATION.**—An association of medical officers of the militia of Canada has recently been formed. The following are the objects of the association: (1) The bringing of medical officers into closer personal relation, and the development of a departmental *esprit de corps*; (2) the discussion of matters relating to the medical department of the militia; (3) the discussion of military matters from a medical point of view; and (4) the reading of papers on military medicine and surgery, hygiene, and equipment.

## MEDICAL NEWS.

**THE French Botanical Society** will hold its annual meeting at Montpellier in 1893 in honour of the tercentenary of the Botanical Garden of that famous old medical school.

IN consideration of the extra duties imposed by the Public Health (London) Act, 1891, the Vestry of Shoreditch have increased the salary of Dr. F. J. Allan, Medical Officer of Health, by £150.

ON the proposal of Professor Koenig at the recent meeting of the German Surgical Congress, it was decided that a marble bust of Gustav Simon should be placed in the Langenbeckhaus. Simon, it appears, is to be regarded as the real founder of the German Surgical Society, inasmuch as it was at his instigation that the matter was first taken in hand by Von Langenbeck.

THE last stage of the Final Professional Examination for the Degrees of M.B. and C.M. of the University of Edinburgh has been entered on this week, when the written examinations on systematic medicine, surgery, midwifery, gynecology, medical jurisprudence and public health were held. These are now being followed by the *vivâ voce* examinations. There are some 350 candidates.

ON June 13th, Professor von Helmholtz was, by 28 votes out of 50, elected a Foreign Associate of the French Académie des Sciences, in the room of the late Emperor of Brazil. Among the other men of light and leading in the scientific world put in nomination for this honour, were Sir Joseph Lister, Professor Van Beneden of Louvain, and Mr. Nordenskjöld, of Stockholm.

**A QUARANTINE STATION AT TUNIS.**—It has been decided to build a lazaretto at Tunis for the reception of Europeans subjected to quarantine. The new lazaretto is to be constructed in accordance with the most advanced principles of sanitation, and when it is completed the old one at Carthage which from its situation on an increasingly frequented part of the coast is dangerous to the public health, will be closed.

**GUY'S HOSPITAL.**—At the Inter-Hospital Athletic Sports which took place on Saturday last at the Stamford Bridge Ground, the Challenge Shield was won by Guy's, who secured six out of the eleven events. The Borough Hospital is now the holder of Four Inter-Hospital Cups and the Challenge Shield, having during the past year defeated the other metropolitan hospitals at tennis, Association football, hare and hounds, and cricket, as well as in the above athletic sports. The same hospital is also the permanent possessor of a cricket cup.

**BRADFORD MEDICO-CHIRURGICAL SOCIETY.**—The report for the past session shows a steadily-maintained increase in the scope of the work of the Society. The discussion and papers read have been excellent, and so numerous that a change in procedure has had to be adopted owing to pressure on the time of the Society. The following gentlemen were elected

office-holders for the ensuing session at the annual general meeting:—*President*: Dr. Bell. *Vice-President*: Dr. Sutherland. *Treasurer*: Dr. Goyder. *Council*: Drs. Major, March, Farrow, Berry, and Messrs. Mercer and Wilmot. *Secretaries*: Drs. Hermann Bronner and J. J. Johnston. *Librarians*: Messrs. Althorpe and Pettitt. *Pathologists*: Dr. Major and Mr. Pettitt. *Auditors*: Drs. Foster and Whalley.

**HOSPITAL SHIP FOR NEWFOUNDLAND FISHERMEN.**—On June 14th the fine hospital ship *Albert*, belonging to the Mission to Deep Sea Fishermen, left London on her way to Labrador. Mr. Wilfred T. Grenfell, M.R.C.S., superintendent, accompanies the vessel, and being a scientist will, with the aid of the Governor of Newfoundland and other authorities, investigate fully the nature of the fishery on the Labrador coast, and the possibility of remedying the deplorable conditions under which it is now carried on by some 20,000 migratory Newfoundlanders, while he will also give what medical aid to the people is in his power.

**THE EDUCATION OF BACKWARD CHILDREN.**—The State Council of the Canton of Bâle-Ville, in Switzerland, has decided to establish special classes in the public schools for children, who owing to physical or mental defect are unable to profit by the instruction which is given to normally constituted children. All the children will first be tried in the ordinary classes for one or two years, and then if it is clear that they are physically or mentally defective to a degree insufficient to warrant their exclusion from the school, they will be placed in special classes. If the parents do not consent to this arrangement the children will not be allowed to continue attendance at the school.

**MEDICAL COLLEGES OF THE UNITED STATES.**—According to the report of the Commissioners of Education for the year 1888-89, there were at the beginning of 1889 in the United States 92 regular schools of medicine, with a teaching staff of 1,907 persons, and a total of 12,338 students; 9 "eclectic" schools, with 116 teachers and 669 students; 14 homœopathic schools, with 249 teachers and 1,159 students; and 1 "physio-medical" school, with 11 teachers and 15 students. Whatever else the instruction in the last-named seat of learning may be, it can hardly fail to be individual. In addition to these various nurseries where the young medical idea is taught to shoot, there are 7 post-graduate schools, with 261 teachers, whose courses were attended by 909 practitioners. To bring this list up to date, several colleges, both regular and irregular, which have been founded within the last two or three years, would have to be added.

**THE REPUBLIC OF CHILI.**—The *Revista Medica de Chile* estimates the loss of life in the recent civil war at 10,000. The sanitary condition of the Republic, alike in town and country, is described as deplorable. "Small-pox," says our contemporary, "that perpetual sore of our country, goes about everywhere as in its best days," working havoc both in north and south; such are its ravages in some places that the situation is beginning to alarm even the authorities, which it is insignificantly added, is saying a great deal. Yellow fever the Chilenos ever have at their gates, and though they appear to have escaped influenza so far, the *Revista* expresses a fear that it may visit them next. Altogether, with the political air full of treason, stratagems and broils, with the Angel of Death paying visits neither few nor far between to its hearths, and with Uncle Sam sending diplomatic messages which read like extracts from the Commination Service, the lot of poor little Chili is not a happy one.

**BEQUESTS.**—Mrs. Caroline Stewart Copland, late of Overcliffe, Gravesend, who died on July 7th, 1891, has by her will bequeathed £500 to the National Hospital for the Paralysed and Epileptic (Queen Square), the Cancer Hospital (Fulham Road), the Hospital for Consumption and Diseases of the Chest (Fulham Road), the Gravesend Hospital, for the endowment of a cot to be called "Caroline Stewart;" The Nurses' Institution in connection with the Gravesend Hospital, to be applied for the nursing of the sick poor in their own homes; and the Longmore Hospital for Incurables (Edinburgh); £250 each to the Royal Ophthalmic Hospital (London), the Asylum for Idiots (Earlswood); the

Hospital for Sick Children (Great Ormond Street), the National Hospital for Diseases of the Heart and Paralysis (Soho Square), the British Home for Incurables, the Free Hospital (Gray's Inn Road), the Royal Hospital for Incurables (Putney Heath), the Alexandra Hospital for Hip Diseases in Childhood (Queen Square), the Central London Throat and Ear Hospital (Gray's Inn Road), and the British Hospital for Diseases of the Skin (Great Marlborough Street).

**AMERICAN JOTTINGS.**—An action was recently brought against the New York Hospital on the ground that a boy had lost his leg owing to the incompetence and negligence of the surgeons and nurses. Damages were laid at 50,000 dollars. The judge dismissed the case on the ground that the hospital being a charitable institution, the laws of the State did not admit of a suit being brought against it. The law, however, as interpreted by its official exponents in the United States, appears to speak with a very uncertain sound on this subject, the Supreme Court of Rhode Island having decided that the funds of a hospital are as applicable to the payment of damages for tort as to the payment of counsel for defending an action for such damages, and the Supreme Court of Massachusetts having in a similar case given an exactly opposite decision.—Rush Medical College, Chicago, has appropriated the sum of 50,000 dollars to build a biological and pathological laboratory.—Dr. George C. Mosher states that in 1882, while practising at Findlay, Ohio, a case of quintuple birth came to his knowledge. Three of the children breathed only a short time, but the other two survived some months. The case occurred at the County Poor Farm, and the woman's husband was at the time classed on the Government rolls as "totally disabled," being bent nearly double with rheumatism.—Senator McCarren, of Brooklyn, has introduced into the New York State Legislature a Bill to prevent any corporation organised under the laws of the State, and having the care, maintenance, or custody of children or invalids, from making use of the services of any medical man who is not a citizen of the United States. The Bill is said to be aimed at a practice prevailing in certain foreign hospitals in New York of importing house physicians and house surgeons from abroad. It is hinted, however, that such a measure may possibly be passed by way of retaliation against France if the new *projet de loi* regulating the practice of medicine in that country becomes law.—"Sundowners" is a term used in Washington to denote certain medical men who, being employed during the day in some of the Government offices, devote their evenings to the practice of their profession. These gentlemen are accusing of "cutting rates," and on that and other grounds appear to be unpopular with their "whole time" brethren.—Some charitable ladies have made arrangements for the supply of sterilised milk to the poor in the neighbourhood of the Good Samaritan Dispensary in New York. The sterilising apparatus has been set up in a room in the dispensary, and milk free from germs will be sold at less than the cost of production during the coming hot season.—The Illinois State Board of Health has decided not to recognise foreign medical diplomas which do not entitle the holders to practise in the countries in which such diplomas are granted. The new ordinance is supposed to be aimed at the numerous German M.D.'s who find Illinois and other states of the Union a happy hunting ground, to the detriment of native industry.

**DEATHS IN THE PROFESSION ABROAD.**—Among the members of the medical profession in foreign countries who have recently died are Dr. W. A. Roth, Surgeon-General in the Saxon Army and author of a *Handbook of Military Hygiene*, and other works, aged 69; Dr. Jacob Fischel, some time Professor of Psychiatry in the University of Prague, aged 79; Dr. Theodore Stamm, of Wiesbaden, well known as a writer on medical and socio-economical subjects, aged 70; Dr. Ludwig Snell, a distinguished alienist, Director of the Hildesheim Lunatic Asylum, author of numerous writings on his special department of medicine, and the founder of agricultural colonies for the insane in Germany, aged 75; Dr. L. A. Krohn, Lecturer on Surgery in the University of Helsingfors, and a surgeon of great repute in Finland, aged 55; and Dr. Nicolai Dobrjakkoff, Medical Inspector of the Moscow Military District,

founder of a hospital for army doctors in Moscow, and author of works on diabetes, hydrophobia, etc., aged 61.

**LITERARY INTELLIGENCE.**—Mr. Greig Smith has retired from the editorship of the *Bristol Medico-Chirurgical Journal*, and is succeeded by Dr. R. Shingleton Smith.—We have received the first volume of the *Archives de Sciences Biologiques*, published by the St. Petersburg Imperial Institute of Experimental Medicine. The volume, which is excellently printed in Russian and French on opposite pages, contains, among other papers of interest, a detailed description of the Institute with plans by M. Al. Salomon; a Chemical Research on the Microbes causing Inflammation of the Mammary Glands of Milch Cows and Goats, by Professor Nencki; one on the Properties of Tuberculin obtained from Tubercle Bacilli cultivated on Potatoes, by M. Helman; one on Tuberculin: its Preparation and its Effect on Persons suffering from Tuberculosis, by M. Bujwid; one on the Biology of the Typhoid Bacillus, by M. Blachstein; and a research on the Transformation of Nutrient Media by the Diphtheria Bacilli, and on the Chemical Composition of these Microbes, by MM. Dzierzgowski and de Rekowski. The periodical, which is to appear every two or three months, is published by Ch. Ricker, of St. Petersburg and Leipzig.—*Die Polyglotte*, which is published at Hamburg (Alsterdamm III), under the editorship of G. Villa and W. D. Rowland, appeals specially to students of the principal European languages who wish to perfect their knowledge of the idioms and forms of speech used in commercial correspondence and in literature. The plan is to give an extract from some classic—as in the number before us, "The Stroller's Tale" from *Pickwick*—in the original; this is followed by a series of questions arising out of the text to which answers are to be written in the same language by subscribers. The same extract is given in Italian, French, and Spanish, with questions, etc., to correspond. A course of commercial correspondence in German, French, Italian, and Spanish is also given. The distinctive feature of the new venture is that the editors undertake to correct all work sent in by subscribers on the subjects set.

#### MEDICAL VACANCIES.

The following vacancies are announced:

- BELGRAVE HOSPITAL FOR CHILDREN, 79, Gloucester Street, S.W.—House-Surgeon. Board, lodging, and washing provided. Applications to the Honorary Secretary by June 29th.
- BELGRAVE HOSPITAL FOR CHILDREN, 79, Gloucester Street, S.W.—Dental Surgeon. Applications to the Honorary Secretary by June 29th.
- BOROUGH OF SCARBOROUGH.—Medical Officer of Health, not less than 25 or more than 40 years of age. Salary, £325 per annum. Will have to act also as Surgeon to the Borough Police Force, and Public Analyst, at a further salary of £25 per annum. Applications to John E. T. Graham, Town Clerk, Town Hall, Scarborough, by July 4th.
- BRIDGNORTH AND SOUTH SHROPSHIRE INFIRMARY.—House-Surgeon. Salary, £80 per annum, rising £10 annually to £100, with board and lodging. Applications to the Honorary Secretary, Oldbury Rectory, Bridgnorth, by June 27th.
- BRISTOL HOSPITAL FOR SICK CHILDREN AND WOMEN, St. Michael's Hill.—House-Surgeon, doubly qualified. Applications to H. Lawford Jones, Secretary, by July 2nd.
- CHILDREN'S HOSPITAL, Steelhouse Lane, Birmingham.—Resident Medical Officer. Salary £80 per annum, with board, washing, and attendance. Applications to the Secretary by July 6th.
- CHILDREN'S HOSPITAL, Steelhouse Lane, Birmingham.—Assistant Resident Medical Officer. Salary, £40 per annum, with board, washing, and attendance. Applications to the Secretary, by July 6th.
- DENTAL HOSPITAL OF LONDON, Leicester Square, W.C.—Assistant Dental Surgeon; must be L.D.S. Applications to J. Francis Pink, Secretary, by July 11th.
- 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.
- DUNDEE ROYAL LUNATIC ASYLUM.—Assistant Medical Officer. Salary, £100 per annum, with board, lodging, and washing.
- EAST LONDON HOSPITAL FOR CHILDREN, Glamis Road, Shadwell, E.—House-Surgeon. Board and lodging provided. Applications to the Secretary by July 14th.
- EAST LONDON HOSPITAL FOR CHILDREN, Glamis Road, Shadwell, E.—House-Physician. Board and lodging provided. Applications to the Secretary by July 14th.
- GENERAL HOSPITAL, Birmingham.—Assistant House-Surgeon. Board, residence, and washing provided. Applications to the House-Governor by July 2nd.
- GENERAL HOSPITAL, Birmingham.—Resident Surgical Officer; doubly qualified. Salary, £130 per annum, with residence, board, and washing. Applications to Howard J. Collins, House-Governor, by July 4th.

**HEREFORD COUNTY AND CITY ASYLUM.**—Locum Tenens. Assistant Medical Officers. Salary, £2 2s. a week, board, etc. Applications to the Medical Superintendent.

**HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST,** Brompton.—Resident House-Physicians. Applications to the Secretary by July 2nd.

**HOSPITAL FOR DISEASES OF THE THROAT,** Golden Square, W.—Registrar and Pathologist. Honorarium, £25 per annum. Applications to W. Thornton Sharp, Secretary, by July 4th.

**LEICESTER UNITED FRIENDLY SOCIETIES' MEDICAL ASSOCIATION,** 114, High Cross Street, Leicester.—Second Medical Officer, doubly qualified. Salary, £200 per annum, with midwifery fees. Applications endorsed "Medical Officer," to the Secretary by June 27th.

**PARISH OF APPLECROSS.**—Medical Officer and Public Vaccinator for the Applecross Division. Salary, £85 per annum, with free house and garden. Applications to Mr. Bain, Applecross, Ross-shire, by July 15th.

**PAROCHIAL BOARD OF PENNYGOWN AND TOROSAY.**—Medical Officer. Salary, £100 per annum. Applications to Alex. Macdougall, Inspector of Poor of Torosay, Auchnacraig, by Oban, N.B., by July 20th.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—Election of Professors and Lecturers. Applications to the Secretary by June 30th.

**ROYAL LONDON OPHTHALMIC HOSPITAL,** Moorfields, E.C.—Senior House-Surgeon. Salary, £75 per annum, with board and residence. Applications to the Secretary by July 5th.

**ROYAL SOUTH HANTS INFIRMARY,** Southampton.—Assistant House-Surgeon. Board and rooms provided. Applications to T. A. Fisher Hall, Secretary, by July 15th.

**ST. MARYLEBONE GENERAL DISPENSARY,** 77, Welbeck Street, Cavendish Square.—Honorary Physician. Applications to the Secretary by June 29th.

**ST. THOMAS'S HOSPITAL MEDICAL SCHOOL.**—Obstetric Tutor. Salary, £50 per annum. Applications to the Medical Secretary by July 12th.

**VICTORIA HOSPITAL FOR CHILDREN,** Hull.—Resident Medical Officer. Salary, £50 per annum, with board, rooms, and washing. Applications to Travis Cook, Honorary Secretary, 14, Parliament Street, Hull, by June 27th.

**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 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.

**YORK DISPENSARY.**—Resident Medical Officer; unmarried. Salary, £150 per annum, with furnished apartments, coals, and gas. Applications to S. W. North, Esq., 84, Micklegate, York, by June 28th.

### MEDICAL APPOINTMENTS.

**ABRAM,** George Stewart, M.R.C.S., L.R.C.P., appointed Assistant House-Surgeon to the Devon and Exeter Hospital, *vice* Dr. Andrews, appointed House-Surgeon.

**ALLARDICE,** William C., M.B., C.M.Glas., appointed Junior House-Surgeon to the Macclesfield General Infirmary, *vice* A. L. Macleod, M.A., M.B., C.M.Glas., resigned.

**BOOTH,** Daniel, L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer for the 6th District of the Ashton-under-Lyne Union.

**BOWLAN,** Marcus Marwood, M.B., B.S.Durh., L.R.C.S. Edin., appointed Assistant Medical Officer to the Parish of St. George-in-the-East Infirmary.

**BURKE,** J., M.D., appointed Certifying Surgeon under the Factories Act, for the Douglas District, County Cork.

**CAMPBELL,** J. Munro, M.B.C.M.Glas., appointed Medical Officer of the Newtown and Llanidloes Union Workhouse.

**CANN,** T. M., M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health for the Rodmell District of the Newhaven Union.

**CRAIG,** Wm. Wallace, L.R.C.P.Lond., M.R.C.S.Eng., appointed House-Surgeon to the Salop Infirmary, Shrewsbury.

**CURTIS,** J. G., F.R.C.S.I., L.R.C.P. Edin., appointed Medical Inspector of Factories for Cork, *vice* Sir George Wycherley, M.D., deceased.

**ENSOR,** Charles W., L.R.C.P.Lond., appointed Senior Assistant Medical Officer to the Cheshire Asylum, Macclesfield.

**EVERED,** F., L.R.C.P., L.R.C.S., appointed Medical Officer for the 3rd District of the Westbourne Union.

**GARDINER,** P., M.B.Glas., appointed Certifying Factory Surgeon for New Southgate, N., *vice* C. E. Brunton, M.B.Cantab., resigned.

**GIBB,** Dr., appointed Medical Officer for the Western District of the Oldmachar Parochial Board.

**GILLIES,** P. H., M.B., C.M. Edin., appointed Surgeon to the Easdale Quarries, Oban, N.B.

**GRUGGEN,** William, L.R.C.P.I., L.F.P.S.Glas., reappointed Medical Officer of Health to the Barnett Local Board.

**HIND,** Albert, L.R.C.S. Edin., L.S.A., reappointed Medical Officer of Health for South Molton.

**HUBERT,** C. Bristowe, M.D.Lond., appointed Junior Assistant Medical Officer at the Somerset and Bath Asylum, Wells, *vice* Chas. W. Ensor, L.R.C.P.Lond.

**HUMPHRY,** A. D., M.R.C.S., L.R.C.P., appointed House-Surgeon to the West London Hospital.

**IRONSIDE,** J., M.P., C.M.Aber., reappointed Parochial Medical Officer for Garrock.

**LAWSON,** Thomas Cornelius, M.R.C.S., appointed Medical Officer for the Wigganham District of the Downham Union.

**LEAH,** Thomas, M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health to the Stonehouse Local Board.

**MCKEITH,** John, M.B., C.M.Glas., appointed Medical Officer for the No. 3 District of the Exeter Union, *vice* C. E. Bell, M.R.C.S., resigned.

**MACLEOD,** A. L., M.A., M.B., C.M.Glas., appointed Senior House-Surgeon to the Macclesfield General Infirmary, *vice* Oswald Rees, M.B., C.M.Glas., resigned.

**NAPIER,** A. D., Leith, M.D.Aber., M.R.C.P.Lond., F.R.S. Ed., appointed Assistant Physician to the Royal Maternity Charity.

**PARK,** J. R., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer of Health for Dunkinfield, *vice* J. Schofield, M.R.C.S.Eng., deceased.

**PATON,** Robert John, M.B.C.M. Edin., appointed District Medical Officer of the Newport Union.

**PURSLOW,** C. E., M.D.Lond., appointed Ingleby Examiner, Queen's College Birmingham, for the current year.

**RIDDELL,** J. S., M.B., C.M.Aberd., appointed, *pro tem.*, Medical Officer to the Oldmachar Parochial Board, *vice* R. J. Garden, M.D., resigned.

**RUSSELL,** Jas. W., M.B., B.C.Cantab., appointed Assistant Physician to the General Hospital, Birmingham.

**SCANLON,** Alfred Ernest, L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Linthorpe District of the Middlesborough Union.

**SMITH,** J. G., M.B., C.M., appointed Clinical Assistant, Dundee Royal Lunatic Asylum.

**SMITH,** James S., L.R.C.P., L.M. Edin., appointed Medical Officer for the Tavistock Sanitary District of the Tavistock Union.

**SNOW,** Raymond, L.R.C.P., L.R.C.S. Ire., appointed Medical Officer for the Llanwnnog District of the Newtown and Llanidloes Union.

**WEST,** Charles J., M.R.C.S., L.R.C.P., appointed Medical Officer for the Leadenham District of the Leicestershire Union.

**WILLEY,** C. H., M.D., D.Sc. (Pub. Health) Edin., M.R.C.S., appointed Honorary Medical Officer to the Sheffield Children'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 III.

#### THURSDAY.

**ASSOCIATION OF FELLOWS OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND,** 5 P.M.—Annual General Meeting at 3, Hanover Square. Annual Dinner at 7.30 P.M.

#### FRIDAY.

**BRITISH LARYNGOLOGICAL AND RHINOLOGICAL ASSOCIATION,** 11, Chandos Street, W.

### 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.

**ATKINSON.**—On the 16th inst., at 216, Camberwell New Road, S.E., the wife of Walter A. Atkinson, M.B., B.S.Durh., of a daughter.

**LAMBERT.**—On June 18th, at "Balgowan," Newland, Lincoln, the wife of Frederick Samuel Lambert, M.R.C.S.Eng., L.R.C.P.Lond., of a daughter.

**LUSH.**—On Sunday, June 19th, at 4, Maresfield Gardens, Hampstead, the wife of Percy J. F. Lush, M.A., M.B.Oxon., M.R.C.S., of a son.

**ROBERTS.**—On June 17th, at the Beeches, Lowestoft, the wife of Reginald J. Roberts, B.A., M.B., B.C. (Cantab.), of a son.

**THORNTON.**—Margate, June 9th, at 14, Cecil Square, the wife of Mr. Bertram Thornton, of a daughter.

**WILLOUGHBY.**—On June 15th, at 1, Queen Anne Terrace, Plymouth, the wife of W. G. Willoughby, M.D.Lond., of a daughter.

#### MARRIAGES.

**COBBOLD—ADDISON.**—On the 14th inst., at St. Marks, Hamilton Terrace, Charles Spencer Cobbold, M.D., of Ballbrook House, Bath, son of the late T. Spencer Cobbold, M.D., F.R.S., to Lily, widow of the late Captain J. C. Addison, R.E. and daughter of F. Peterson Ward, 46, Hamilton Terrace, N.W.

**COCKS—FOX.**—On the 2nd inst., at St. Jude's Church, South Kensington, by the Rev. E. Eardley Wilmot, vicar, assisted by the Rev. C. M. Cocks, M.A., brother of the bridegroom, and the Rev. A. W. Gough, Vicar of Holy Trinity, Wakefield, brother-in-law of the bridegroom, Surgeon-Captain Horace Cocks, M.B., Army Medical Staff, eldest son of J. Cocks, Esq., Kirkley Cliff, Lowestoft, to Kathleen Mary, only daughter of Captain and Mrs. Fox, of Kilcoursey, Cromwell Road, S.W., and granddaughter of the late Sir James and Lady Murray, of Dublin.

**SPILSBURY—BENCRAFT.**—On the 15th inst., at the Parish Church, Bideford, by the Rev. Roger Granville, M.A., rector of the parish, Francis James Spilsbury, L.R.C.P., etc., of Warbleton, Sussex, third son of Major-General E. J. Spilsbury, H.M. Bengal Staff Corps, to Clara Louisa, third daughter of William Bencraft, late of Instow, N. Devon.

#### DEATH.

**PARSONS.**—On June 20th, suddenly. Joshua Parsons, M.R.C.S., of North End, Frome, aged 77.