

trol 2 died in sixty-six hours. Fed animals: 1 died between the fiftieth and sixtieth hours, 1 died in sixty-five hours and a-half, 1 died in sixty-seven hours and three-quarters, 3 died between the seventieth and seventy-eighth hours.

September 3rd. Fed 4 guinea-pigs with calcium chloride ($2\frac{1}{2}$ grammes daily). Inoculated fourteen days after with anthrax (fatal for mice in three days), and at the same time 1 control. At the end of forty-eight hours all went well. At the ninetieth hour 3 protected animals were found dead. The control animal was still living. At the hundred and fourteenth hour the fourth protected animal was found dead, as was also the control. Result: No protection.

Magnesium Chloride Feeding.—On September 9th, 1891, 2 guinea-pigs, which had received daily 1 gramme each in their food for ten days, were inoculated with subculture of anthrax (Dr. Martin) which had been passed through a mouse. In forty hours both were dead.

On November 4th we began to feed 4 guinea-pigs daily with 0.75 grammes of magnesium chloride. On November 21st they were inoculated with anthrax (broth culture, Dr. Martin's), as was also a control animal. On November 23rd (fifty-two hours) one was dead; and on November 24th, before the sixty-fourth hour, the others were found dead. Result: No protection.

Strontium Chloride Feeding.—Two guinea-pigs were fed daily with 1 gramme each of strontium chloride in solution for ten days. On September 9th both were inoculated with subcultures of anthrax (Dr. Martin, through a mouse). One died in twenty hours, the other in twenty-four hours.

On November 4th 4 guinea-pigs began to receive daily doses of 0.75 gramme. On November 21st they were inoculated with anthrax (broth culture, Dr. Martin), as were also 2 control animals. On November 23rd (fifty-second hour) 1 control and 2 of the other animals were found dead. On November 24th the second control animal was dead (before the sixty-fourth hour). On November 25th the 2 remaining animals died (before the eighty-fourth hour).

Aluminium Chloride Feeding.—On November 7th, 1891, we began feeding 4 guinea-pigs daily with 0.375 grammes of aluminium chloride. On November 21st they were inoculated with a broth culture of anthrax (Dr. Martin). On November 23rd (fifty-second hour) 2 were dead; at the fifty-eighth hour another was dead. On November 24th the fourth was dead. Result: No protection.

It is interesting to note, in conclusion, that in no case were any ill effects produced by the drugs themselves, even in the enormous doses in which we administered them. The animals were all in excellent health at the time of their inoculation, and seemed to thrive on their alkaline food.

MEMORANDA:

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

SCARLET FEVER, MEASLES, AND DIPHThERIA.

I NOTICE in the BRITISH MEDICAL JOURNAL of Saturday, December 31st, two interesting communications, one from Dr. Hunter, of Linlithgow, on a "Case of Recrudescence in Scarlet Fever," and one from Dr. Nash, of Beckenham, on "Three Infective Diseases at the Same Time." In corroboration of these communications, I may say that I have had, in the Derby Borough Infectious Hospital, within the thirty-one months of its occupation, as many as five or six cases of recrudescence of scarlet fever; the last one being admitted on November 28th, 1892, and the recrudescence occurring on December 18th.

With regard to Dr. Nash's case, not only have I had a similar case, namely, of scarlet fever, measles, and diphtheria together, but Dr. Taylor, of the Derbyshire Infirmary, has also recorded one.

W. ILIFFE,

Medical Officer of Health, Derby.

RENAL CASES.

CASE I. *Sarcoma of the Kidney.*—M. H., aged 17, was three years ago crushed between a rally and a hand-cart. No hæmaturia followed, but he had pain in the right loin. I found a freely movable tumour, the size of a cocoanut, in the right lumbar region. There was some resonance anteriorly, and an area of resonance between it and the liver. On inflation, the colon was found to pass in front of the swelling. The needle of an exploring syringe drew nothing. Urine, specific gravity, 1015; no blood; no albumen; quantity, 31 ounces. I opened the abdomen by Langenbuch's incision in the right linea semilunaris. The enlarged kidney projected forward, covered by the posterior layer of the peritoneum. A few adhesions were separated, the peritoneum incised over the front of the tumour, and peeled off laterally. The ureter was doubly ligatured and divided, the mass raised up, and a ligature passed through the pedicle with a blunt needle, and secured by the

Staffordshire knot. I divided the pedicle on the distal side of the ligature, a gush of blood from the pent-up renal vein following, and then closed the external incision. A good recovery took place. Quantity of urine on the first day, 19 ounces, gradually mounting to 50 at the end of a fortnight. A large sarcomatous mass occupied the lower end of the kidney, with an apoplexy in the centre, the size of a small apple. The upper half of the kidney was apparently healthy.

CASE II. *Floating Kidney: Nephrorrhaphy.*—I was asked last August by Mr. A. Leggie Roe to see Mrs. P., who had suffered for two years with dragging pains in the right loin, aggravated by standing or walking, attacks of renal colic, and hæmaturia. I found the kidney in the right iliac fossa, its upper end just peeping over the iliac crest. I made an incision from the outer side of the erector spinæ downwards and forwards, and, dividing the muscular layers and lumbar aponeurosis, reached the renal fat. The kidney was now pushed up, and I incised the capsule along its whole length, and peeled it off laterally so as to form two flaps at the back of the kidney. I next raised the periosteum for a short distance from the twelfth rib, drilled the bone, and, passing a ligature through this and the two capsular flaps, slung the kidney up to the rib, stitched the flaps also to the muscle on each side of the incision, inserted a drainage tube against the denuded surface, and united the edges of the skin incision. She made an easy recovery, and on making inquiries recently, I find the result is entirely satisfactory.

CASE III. *Uretero-Lithotomy.*—Early in January, 1892, Mrs. S. was admitted complaining of pain in the right renal region, where was a tumour the size of a small cocoanut, very movable and rather tender. Pus had been found in the urine, but on admission there was but a trace of albumen. On examining the pelvis a long hard body was detected to the right of the cervix uteri. On sounding the bladder no stone was felt, but the site and hard feeling of the body, together with its mobility and the renal symptoms, left no doubt that it was a calculus impacted in the lower end of the ureter. The patient was placed in the lithotomy position, the perineum drawn back, and the lateral walls of the vagina retracted. I pinched up and snipped the vaginal mucous membrane on a level with the middle of the cervix uteri, pushed my finger into the pelvic connective tissue, hooked up the ureter, and cutting on the hard mass opened the ureter and drew out a calculus about the size and length of the little finger. The uterine artery was divided and could not be tied, so I plugged the vagina. The patient did well. A fistula resulted, but closed of itself in a fortnight. She was much improved for a couple of months, but the kidney proved to be a genuine "floater," and gave a great deal of trouble, so I removed it three months later. She is now in perfect health.

D. LOWSON, C.M.,

Assistant-Surgeon Hull Royal Infirmary, and
Surgeon Hull Hospital for Women.

A CASE OF SUPERFETATION.

THE following case seems to me to support the theory of the possibility of impregnation of a second ovum whilst the woman is already pregnant of an ovum which has arrived at a considerable degree of development.

The patient, a healthy multipara, aged 28, had been married seven years, during which time she had borne four children, with an interval of a year or more between the confinements. I attended her in her fifth confinement. After a normal labour, a fully-developed child was born, and was almost immediately followed by an immature fœtus of apparently five or six months development, each having its own distinct placenta or membranes. The patient had menstruated regularly up to within nearly five months of her confinement, showing that ovulation had in all probability been going on during the early months of pregnancy. The uterus was apparently normal, there being no evidence of its being bicornate. This case would therefore appear to be one of true superfetation.

No doubt the majority of cases of this abnormal variety of pregnancy are due to deficient development of one fœtus of a twin pregnancy, as ovulation does undoubtedly usually cease during pregnancy.

Brecon, S. Wales.

W. MASKELYNE PASHAM, M.D. Edin.

HYDATID OF SPLEEN.

A. B., a little Indian woman, aged 18, anæmic and thin, seen about six months ago, stated that for a half a year she had suffered from a tumour of the abdomen, extending from the epigastrium to the left iliac region, in fact, it filled the whole of the left side of the abdomen, and spread three inches to the right of the umbilicus; it was enlarging ever since she noticed it. The tumour was movable, and fluctuated. There was no fever or constitutional disturbance, but the bowels were confined, and the appetite was nearly lost. I put in a long hypodermic needle, and drew off some light straw-coloured fluid.

I then put the patient under chloroform, and made an oblique incision, about one and a-half inch in length, in the axillary line below the ribs, and came upon the peritoneum, which was adherent to the outer side of the spleen. I then made an incision into the organ, and there was a great gush of hydatid fluid, quarts coming away, but it was not measured. I next removed as much of the sac as it was practicable to get at, put in a large drainage tube, and washed out the cavity with warm boracic acid lotion; shreds of the lining membrane came away daily. The operation gave her immediate relief; but she returned to the bush with a small sinus remaining, and could not be persuaded to remain under treatment until it healed up.

The spleen, which was completely hollowed out, and resembled very much the uterus after parturition, contracted very rapidly. To my knowledge this is the only case of hydatid recorded in the colony for many years.

CHARLES J. LYONS, F.R.C.S.I.,
Colonial Medical Service, British Honduras.

ACUTE INTESTINAL OBSTRUCTION: ENEMATA:
INVERSION: RECOVERY.

N. B., male, aged 30, ate a heavy meal on the morning of August 17th, 1892. This was followed by great pain and flatulent distension, which increased rapidly. When seen on August 18th he could not walk; pulse feeble, face pinched, collapse, pain great, abdomen tense, but tenderness not marked. No motion since August 16th. Treatment: (1) Enema given, 40 ounces of water; returned without result; (2) at 3 p.m. 70 ounces of water and 1 ounce of turpentine injected; body inverted, no relief; (3) in the evening 80 ounces of water 1 ounce of turpentine given, similarly no relief; (4) 3j. tr. opii., 30 m. tr. belladonnæ given in two doses; temporary relief from pain; hot fomentations with ext. bellad., put on over the abdomen; vomited for the first time. On August 19th he vomited again and as the fluid had a fæcal odour, everything was prepared for abdominal section. At noon I gave an enema of 80 ounces of water and 1 ounce of turpentine, and again inversion was practised; no relief. As a final attempt a similar amount was given at 2.30 p.m., and two assistants stood on a bed and held the patient, feet up, while I manipulated the abdomen, and gently kneaded it, especially in the right iliac region. Every now and again I had the patient shaken. Suddenly I felt a slight gurgling in the right iliac region. The patient was put down. In about a quarter of an hour I inquired whether the enema had been returned and was told that evacuation had occurred, but without fæcal matter. I sent for the patient with a view to operating, but when he appeared found the abdomen so much softer and the patient looking so much better that I at once went off to look at the last enema, and found it in consistence like thin pea soup and with a distinct fæcal odour. The patient was sent back to his ward and made an uninterrupted recovery.

This case illustrates the value of perseverance with enemata in the earlier stages of obstruction. If more advanced, it appears to me that the danger to weakened bowel from large enemata would probably be as great as the risk of laparotomy; and that, therefore, this latter operation should not be unduly delayed.

Kashmir.

ERNEST F. NEVE, M.D., F.R.C.S. Ed.

PROPOSED TREATMENT OF ASIATIC CHOLERA BY
SULPHUR DIOXIDE.

PROFESSOR CASH has shown (sixteenth Annual Report of the Local Government Board, p. 433) that a $\frac{n}{20}$ to $\frac{n}{30}$ solution

of sulphur dioxide (where $n=64$ grains per litre) is almost instantaneously fatal to anthrax bacilli, a dilute solution is neither poisonous nor irritant.

The vibrio, or spirillum, of Asiatic cholera forms no spores, and does not appear to be a very resistant organism. I venture, therefore, to suggest the employment of a $\frac{n}{50}$ to $\frac{n}{100}$ so-

lution of sulphur dioxide (as a precautionary measure to commence with the weaker solution) by rectal injection similar to Professor Cantani's method of injecting his tannin solution in cholera.¹

The mode of preparing the solution of sulphur dioxide both speedily and easily, and one that requires no chemical skill, is by acting on crystalline sodium sulphite (Na_2SO_3 , 7 H_2O), with either hydrochloric or sulphuric acid. I append the quantities of sodium sulphite and hydrochloric acid required, say, for a centinormal ($\frac{n}{100}$) solution:—

Crystalline sodium sulphite 2.52 grammes=about 39 grains.
Strong hydrochloric acid (specific gravity 1.200) 1.42 c.c. or, say, from 1.5 c.c. to 2 c.c. The sulphite should be coarsely powdered, and the acid diluted slightly before use. All the apparatus required are (1) a pipette to lift the acid, and (2) a stoppered bottle of about 250 c.c. capacity ($\frac{1}{4}$ litre). The vessel, or bottle, should be almost full of "air-free" water—that is, water that has been boiled and allowed to cool without agitation. To this water in the bottle add the sulphite and next the acid with the aid of the pipette, a brisk effervescence will be set up, which will soon subside, and then the vessel may be gently shaken to bring about further chemical reaction. The sodium chloride formed and which remains in solution will not interfere with the antiseptic action of the sulphur dioxide also produced; indeed, it will be of benefit to the sufferer. Before injection, however, the solution must be made up to a litre (1.76 of a pint) with warm water, care being taken to prevent any escape of the gas during the process.

GEO. CARRINGTON PURVIS, M.D., B.Sc.
(Pub. Health), Edin.

Edinburgh.

INTERVAL OF A WEEK BETWEEN THE BIRTH
OF TWINS.

Mrs. M., aged 38, had had six children and one miscarriage since at about two months. On December 9th, about 1.30 p.m., a fine full-grown boy was born, and the placenta had come away. On placing my hand over the uterus I found another foetus was there. On examination by the vagina I could not feel any presenting part. There was no pain, and, after waiting some time, I left, leaving word that I was to be sent for if the pain returned. I saw her the next day, and once or twice during the week. She had had no pain, and was comfortable, though rather worried at the delay. I was called again on December 15th about 2 p.m. The head was presenting, os flaccid, but no pain. After waiting awhile, I gave a drachm of ergot, which caused some contractions in about half an hour. They were still very weak, and she seemed unable to make any effort on her own part. The head was then in the vagina, but the contraction of the uterus seemed to cause no progress, so I delivered with forceps, and found the cord tight round the neck of the child. It was a fully developed child (male), but not quite so large as the first. The placenta came away very soon, and everything has gone on well since. Between the birth of the two there was no lochial discharge, but the second labour commenced with the usual show on the morning of the 15th. There was no milk in the breast till after the second child was born.

My reason for non-interference at an earlier stage was that there was no indication for doing anything, and therefore it was not a case for "meddlesome midwifery."

Chelmsford.

THEO. H. WALLER.

THE Commission in Lunacy of the State of New York, of which Dr. C. F. MacDonald is President, has issued a circular letter to the managers of the State Hospitals for the Insane, inviting them to give facilities to medical colleges situated in their vicinity, as well as to practitioners, for the clinical study of mental diseases. The importance in the interests of the general public of giving such facilities is very properly insisted on, and it appears to be intended in time to make a course of clinical instruction in lunacy compulsory on medical students.

¹ BRITISH MEDICAL JOURNAL, October 1st, 1892.

able to pay for ordinary medical attendance. Under the circumstances I refused to meet him in consultation, but at the same time expressed my willingness to take on the case myself. Was I right in so doing? A consulting physician, a leading one, comes over, we hear, from a neighbouring city to meet the medical officer of the association for a third his usual fee. We are told leading consultants in other large cities and towns do likewise. Is this upholding the dignity and honour of the profession? Is it to be left to the struggling general practitioner—who, of course, it concerns most nearly—to fight these combinations single handed?

The General Medical Council, we hear, are soon to be asked to move in the matter. They do their utmost, apparently, to protect the public from "infamous conduct" on the part of medical men; will they bestir themselves equally on behalf of the medical men themselves, and do something to protect them from "infamous conduct" on the part of the public, who start and support these (in every sense) degrading combinations commonly called friendly medical aid associations?

. The question raised by our correspondent is a many-sided one, and one which it will be found impossible to settle except by the exercise of the greatest patience and forbearance. Almost every instance will have to be judged upon its own merits. In the specific case quoted we are of opinion that the consultant who was requested to see the case was right in the course he adopted in declining to meet the medical officer of the association, and that is the course which, for the present at any rate, it would seem proper for the profession generally to adopt. It might perhaps have been better if our correspondent had not offered to take the case into his own hands; but, declining to meet the medical officer of such an association, had simply left him to seek aid elsewhere.

The real difficulty is the fact that the profession is not true to itself. As in the instance quoted, so it is generally found that what one man will not do, and declines to do on honourable grounds, another will step forward and do readily enough on the ground that it is for his own personal advantage.

We suspect that it will turn out that this is one of those questions which the profession must solve for itself. Such associations are either legitimate or they are illegitimate; some may be legitimate, while others are far from being so; and it is for the profession to draw the line. We gave last week some particulars showing that the subject is under the very serious consideration of the General Medical Council. Brought to its notice at its meeting in November last by the direct representatives, it has granted a Committee for the consideration of the whole subject, and we published last week a series of questions it has issued to the medical officer of every medical aid association, as far as it can ascertain their existence. The replies to these questions, it is hoped, will enable it to come to a definite conclusion as to the legitimacy or otherwise of this form of so-called co-operation. The Committee is empowered to examine witnesses on both sides of the question, and, having done this, is to report, if possible, at its next session, to the Council. Dr. Glover, as Chairman of this Committee will, we feel sure, be pleased to send to the writer of this letter, or to anyone who, like him, is seeking guidance and information on the subject, a copy of the papers above alluded to; and the Committee itself will doubtless gladly examine personally anyone ready to attend and give evidence before it. We would strongly advise those who have personal experience of the working of these associations to place all the evidence in their possession before this Committee. The occasion is one such as does not often occur, on which the profession may aid the General Medical Council by giving substantial support and information to its direct representatives in the effort to arrive at the true course to take in a matter of great difficulty, nearly affecting the welfare of the profession, and, as we believe, of the public. The question is one which can only be properly dealt with in a thoroughly judicial spirit.

ASSISTANT'S RAILWAY FARES.

X., who is a practitioner in the Midlands, engages a graduate from Glasgow as his assistant. Ought he to pay assistant's railway fare?

. There is, we believe, no custom in the profession which governs this, and unless a special agreement to pay railway fare is made the assistant would not be entitled to it. It is the custom to pay railway fare in the case of *locum tenens*.

THE TITLE OF "DR." AND THE DEGREE OF M.D.

STRAIGHTFORWARD.—In reply to our correspondent's questions 1 and 2, we think that, strictly speaking, according to the recent decisions, no medical practitioner is entitled to prefix the title "Dr." to his name unless he holds a registrable qualification of M.D. There are doubtless, however, many persons not holding the degree of M.D. who adopt the prefix "Dr." probably without any notion of acting otherwise than in conformity with the law. Some authoritative definition on the subject of medical titles generally is urgently called for. 3. We do not think it would be contrary to medical etiquette for our correspondent (holding a registrable qualification as such) to have a new plate with the letters "M.D." after his name.

MEDICAL ADVERTISING.

We have received from a correspondent a handbill emanating from a Dr. Sargent, M.D., M.R.C.S., L.M., L.S.A. We may congratulate that gentle-

man on having left the ordinary advertising tout far behind, and can only regret that a genius, which must have achieved success in any ordinary retail commercial enterprise, has been wasted on the profession. Dr. Sargent appears to unite to his medical business the trade of a drug seller, and offers patent medicines, perfumery, etc., at store prices. He also claims to be a dentist. Few practitioners, we think, will be inclined to deny that the issue of such advertising handbills drags the profession through the dirt.

THE LONDON AND COUNTIES MEDICAL PROTECTION SOCIETY. ON December 21st, before the Plymouth Medical Society, Mr. G. Jackson, F.R.C.S. Eng., read a paper on "Medical Defence Unions." After pointing out the dangers to which medical men were exposed by false accusations, blackmailing, and the like, he showed the necessity of everyone in active practice joining such a society, which would protect him, and if necessary defend him in the law courts from such accusations, this necessity being amply proved by such cases as that of Drs. Carpenter and Duves, and the like. The following resolutions were carried: "1. That, in the opinion of this meeting, it is very desirable that a branch of a medical defence union be formed. 2. That a branch of the London and Counties Medical Protection Society, Limited, be formed for this district." A small committee was appointed to carry out the details, and shortly to call a general meeting of the practitioners of the neighbourhood to inaugurate a branch of the London and Counties Medical Protection Society.

THE LUNACY ACT (1891) AND MEDICAL EXAMINATIONS.

"*Nemo tenetur seipsum prodere*" is a principle generally and even jealously observed in our law, but an exception is made respecting lunatics. The Lunacy Act, 1891, (54 and 55 Vic., c. 65), contains the following enactment: "The Masters may make orders for the attendance of an alleged lunatic at such time and place as the order directs for examination by the Masters or medical practitioner, and such order may be enforced in the same way as an order of a judge of the High Court." Exigency is no doubt a sufficient ground for the exceptional treatment of an alleged lunatic, but it seems strange or even anomalous to render a lunatic liable to imprisonment for contempt of Court. Yet that is the effect of the section, for it makes obedience to the order for examination enforceable in the same way as an order of a judge of the High Court, that is to say, by committal or attachment. The consequence is that the alleged lunatic is first regarded as a lunatic for the purpose of being examined and then regarded as sane for the purpose of being punished. The whole section is novel, and in a somewhat recent case the Lords Justices have had occasion to consider it with reference to the examination of an alleged lunatic by a medical practitioner. The case is reported in the *Law Reports* (1892) 3 Ch., 194, under the title of "In re B— (an alleged lunatic)." It appears from the report that an inquisition as to the state of mind of a lady was directed upon the petition of her husband, who lived apart from her. During the pending of the inquisition the lady was required by the Master to attend at a certain time and place to be examined by a medical practitioner. She refused to attend, and a further order was made that if she persisted in her refusal and did not attend she should be committed. On the matter coming before the Lords Justices they relaxed the further order of the Master by suspending its operation for a short period and inviting the lady to appear before one of their lordships and show him any reasonable grounds she might have for refusing to attend and be examined. The lady accepted such invitation and afterwards decided to attend for the examination. It was made in due course by the medical practitioner. No solicitor on either side was present, but the medical practitioner stated the result of the examination in the form of a letter which he sent to the petitioner's solicitors, without making any communication upon the subject to the alleged lunatic. The question was then raised whether the lady was entitled to be furnished with a copy of that report. The Lords Justices decided that she was not entitled to see or have a copy of it before the trial of the inquiry, and they also decided another point of some practical importance to medical practitioners, namely, that under the section above set out there is no obligation on a medical practitioner to make any report whatever. To quote Lord Justice Bowen: "There is nothing in the section to compel him to make any report at all..... He might keep his opinion to himself." This knowledge might be useful to a medical practitioner in a case, perhaps not impossible, where he suspects the *bona fides* of the petitioner. In most cases, however, it must obviously be more convenient that the report should be in writing. That being so it would be better in future, if a report is desired, that the order for examination should contain an express direction for the medical practitioner to report the result in writing. Otherwise some captious party may contend that the report was a work of supererogation and object to the costs of the report coming out of the lunatic's estate.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

B.S. EXAMINATION: PASS LIST. *First Division*.—H. A. Ballance, University College; W. Bligh, Guy's Hospital; J. L. Firth, M.D., University College; E. T. E. Hamilton, B.Sc., Guy's Hospital; J. W. F. Jewell, Guy's Hospital; W. B. Jones, St. Bartholomew's Hospital; T. D. Lister, Guy's Hospital; C. S. Pantin, Guy's Hospital; E. P. Paton, M.D., St. Bartholomew's Hospital; C. H. Preston, Owens, Manchester Royal Infirmary, and London Hospital; L. Rogers, St. Mary's Hospital; H. S. Sandifer, King's College; G. A. Stephens, B.Sc., University College; T. R. Taylor, B.Sc., Guy's Hospital; F. W. Wesley, University College.

Second Division.—C. Addison, St. Bartholomew's Hospital; H. S. Ballance, King's College; A. S. Blackwell, B.Sc., St. Bartholomew's Hospital; C. R. Box, B.Sc., St. Thomas's Hospital; C. C. Chiddell, University College; F. J. Coleman, Guy's Hospital; A. M. Daldy, Guy's Hospital; C. C. Elliott, Guy's Hospital; S. G. Floyd, Guy's

Hospital; C. J. Harrison, University College; M. L. Hepburn, St. Bartholomew's Hospital; J. Jones, University College; H. T. Parker, St. Bartholomew's Hospital; W. J. Procter, London Hospital; A. J. Sharp, Guy's Hospital; A. W. Sheen, Guy's Hospital; C. E. Wheeler, B.Sc., St. Bartholomew's Hospital; S. L. B. Wilks, The Yorkshire College.

M.B. EXAMINATION FOR HONOURS:

Medicine.—First Class.—S. G. Toller (Scholarship and Gold Medal), St. Thomas's Hospital; A. M. Daldy (Gold Medal), Guy's Hospital; *H. A. Ballance, University College; Louisa B. Aldrich-Blake, London School of Medicine and Royal Free Hospital; C. C. Elliott, Guy's Hospital, and H. R. Smith, University College, equal; C. R. Box, B.Sc., St. Thomas's Hospital, and E. T. E. Hamilton, B.Sc., Guy's Hospital, equal; M. Randall, B.A., University College.

Second Class.—Jessie F. Hatch, London School of Medicine for Women, and L. Rogers, St. Mary's Hospital, equal; W. Bligh, Guy's Hospital, W. P. Purvis, B.Sc., St. Thomas's Hospital, and H. S. Sandifer, King's College, equal; A. J. Sharp, Guy's Hospital; T. G. Brodie, King's College; C. M. Rogers, Yorkshire College and General Infirmary, Leeds, and G. C. Spencer, University College, equal; F. J. Coleman, Guy's Hospital; J. Evans, University College of Liverpool and London, and C. S. Pantin, Guy's Hospital, equal.

Third Class.—C. B. T. Musgrave, University College, and F. A. Roberts, The Yorkshire College, equal; A. S. Blackwell, B.Sc., St. Bartholomew's Hospital, and G. A. Stephens, B.Sc., University College, equal; A. D. Heath, University College, and H. Ramsden, Owens College, equal.

Obstetric Medicine.—First Class.—S. G. Toller (Scholarship and Gold Medal), St. Thomas's Hospital; Jessie F. Hatch (Gold Medal), London School of Medicine for Women; Louisa B. Aldrich-Blake, London School of Medicine and Royal Free Hospital; H. A. Ballance, University College; A. M. Daldy, Guy's Hospital.

Second Class.—T. M. Tibbetts, Queen's College, Birmingham; T. G. Brodie, King's College; C. S. Pantin, Guy's Hospital; H. Ramsden, Owens College; T. R. Taylor, B.Sc., Guy's Hospital; A. S. Blackwell, St. Bartholomew's Hospital; R. Hamilton, Owens College and Manchester Royal Infirmary, and W. B. Jones, St. Bartholomew's Hospital, equal; W. P. Purvis, St. Thomas's Hospital.

Third Class.—L. Rogers, St. Mary's Hospital; V. W. Low, St. Mary's Hospital; C. R. Box, St. Thomas's Hospital, and W. L. Pennybridge, B.Sc., St. Bartholomew's Hospital, equal; C. G. Spencer, University College; H. S. Sandifer, King's College.

Forensic Medicine.—First Class.—C. E. Wheeler, B.Sc. (Gold Medal), St. Bartholomew's Hospital; J. Jones, University College; A. J. Sharp, Guy's Hospital.

Second Class.—E. T. E. Hamilton, Guy's Hospital; C. Addison, St. Bartholomew's Hospital; T. R. Taylor, Guy's Hospital.

Third Class.—A. S. Blackwell, St. Bartholomew's Hospital; T. G. Brodie, King's College; W. P. Purvis, St. Thomas's Hospital; C. G. Spencer, University College.

* Obtained the number of marks qualifying for a gold medal.

M.D. EXAMINATION: PASS LIST:

Medicine.—H. G. Adamson, St. Bartholomew's Hospital; W. H. Allchin, Westminster Hospital; L. W. Andrews, St. Bartholomew's Hospital; H. W. C. Austen, B.Sc., St. Bartholomew's Hospital; Sir H. R. Beevor, Bart., King's College; Letitia Caroline Bernard, London School of Medicine and Royal Free Hospital; Frances May D. Berry, London School of Medicine and Royal Free Hospital; R. O. Bowman, Manchester Royal Infirmary; D. Brown, B.Sc., London Hospital; L. T. F. Bryett, King's College; G. S. Buchanan, B.Sc., B.Sc., St. Bartholomew's Hospital; A. W. Burrell, London Hospital; F. G. Bushnell, University College; *H. A. Caley, St. Mary's Hospital; J. St. T. Clarke, Guy's Hospital; C. Coles (Gold Medal), St. Bartholomew's Hospital; W. S. Colman, University of Edinburgh and University College, London; S. B. Cook, St. Thomas's Hospital; G. H. Cooke, Owens College and Manchester Royal Infirmary; H. Corner, London Hospital; H. J. Curtis, B.Sc., University College; *P. R. Dodwell, University College; D. Drew, B.Sc., University College; H. H. Fisher, St. Bartholomew's Hospital; *A. E. Giles, B.Sc., Owens College; D. R. Green, B.Sc., University College; A. Griffith, University College; R. T. Hewlett, King's College; T. W. Hinds, University College; A. D. P. Hodges, London Hospital; H. Horrocks, B.Sc., Owens College and Manchester Royal Infirmary; E. V. Hugo, B.Sc., St. Bartholomew's Hospital; W. R. Jordan, Queen's and Mason Colleges, Birmingham; A. A. Kanthack, B.Sc., B.A., B.Sc., Liverpool Royal Infirmary, St. Bartholomew's Hospital, and University of Cambridge; H. B. Kitchin, University College; R. E. S. Krohn, University College; A. W. W. Lea, B.Sc., Owens College and Manchester Royal Infirmary; P. Leech, B.Sc., Owens College and Manchester Royal Infirmary; J. S. McGowan, B.Sc., B.Sc., Owens College and Manchester Royal Infirmary; J. J. Macgregor, St. Bartholomew's Hospital; C. P. Oliver, Charing Cross Hospital; J. E. Paul, University College; H. J. M. Playfair, King's College; *H. M. Richards, B.Sc., University College; R. W. Richards, St. Bartholomew's Hospital; L. Roberts, St. Bartholomew's Hospital; R. G. Rows, University College; E. A. Sadler, Birmingham Medical School; H. Sharman, University College; G. A. Simmons, B.Sc., St. Mary's Hospital; E. N. Smith, University College; C. R. Stevens, B.Sc., St. Bartholomew's Hospital; T. G. Stevens, B.Sc., Guy's Hospital; *W. M. Stevens, University College; W. F. Umney, St. Thomas's Hospital; J. Wilkie, B.Sc., St. Bartholomew's Hospital; J. P. Williams, Owens College and Manchester Royal Infirmary; A. S. Wohlmann, B.Sc., Guy's Hospital; Emily Elizabeth Wood, London School of Medicine and Royal Free Hospital; T. J. Wood, University College.

State Medicine.—A. E. Pernewan, M.D., University College; R. Sisley, M.D., St. George's Hospital, Guy's Hospital University College, and Vienna; T. Thomson, Universities of Aberdeen and Edinburgh; F. Tratman, Bristol, and London Hospital.

* Obtained the number of marks qualifying for the gold medal.

B.S. EXAMINATION FOR HONOURS:

Surgery.—First Class: E. P. Paton, M.D. (Scholarship and Gold Medal), St. Bartholomew's Hospital; H. A. Ballance (Gold Medal), Uni-

versity College; *H. S. Sandifer, King's College; C. S. Pantin, Guy's Hospital; E. T. E. Hamilton, B.Sc., Guy's Hospital; T. R. Taylor, B.Sc., Guy's Hospital.

Second Class: J. L. Firth, M.D., University College; L. Rogers, St. Mary's Hospital; W. B. Jones, St. Bartholomew's Hospital; C. H. Preston, Owens College, Manchester Royal Infirmary, and London Hospital; T. D. Lister, Guy's Hospital.

Third Class: F. J. Coleman, Guy's Hospital, A. W. Sheen, Guy's Hospital, and C. E. Wheeler, St. Bartholomew's Hospital, equal; J. W. F. Jewell, Guy's Hospital.

* Worthy of medal.

UNIVERSITY OF ST. ANDREWS.

DRAFT MEDICAL ORDINANCES.—The University Commissioners have issued ordinances relating to the allocation of chairs between St. Andrews and Dundee, the formation of faculties and fee funds, and the establishment of the chairs necessary to complete the conjoint University School of Medicine. The main provisions of the medical ordinances are similar to those of the other Scottish universities. The previous ordinance is repealed, and the degree of M.D. conferred on practitioners over 40 years of age is therefore to be abolished. The new chairs to be established are those of pathology and materia medica, medicine, surgery, and midwifery. The Dundee Royal Infirmary is recognised as the official hospital. The arrangements for the constitution of the conjoint medical school are not yet complete, no provision having yet been made for the formation of a fee fund in the Medical Faculty, as in the case of the Faculties of Arts and Science. In these Faculties the Commissioners ordain the establishment of a common "fee fund" for the chairs in both St. Andrews and Dundee, as well as a "salaries fund," out of which latter a specified minimum salary (£400 to £500) is to be paid. Hereafter the common fee fund (into which the whole of the fees are to be paid) is to be divided proportionally among the occupants of the constitution chairs, to bring the gross salary as far as possible up to a specified "annual" figure, which varies from £500 to £700 in different cases. The matter of pensions is also dealt with. The total sum to be allocated to St. Andrews University is £10,800 per annum, or about one seventh of the whole amount disbursed to the Scottish Universities. The objects upon which this sum is to be expended are clearly specified, and include the endowments of the new medical chairs, and the equipment of the conjoint medical school. With regard to the medical curriculum, the first year of study (chemistry, physics, zoology, botany) is duplicated, and may be taken either at St. Andrews or Dundee. The courses for the remaining four years are to be provided exclusively in Dundee, and comprise the chairs of anatomy and physiology in University College, along with the new chairs to be instituted, and clinical instruction in the Dundee Royal Infirmary, etc. The endowment for the chair of medicine in St. Andrews is, on the death or resignation of the present occupant, to be diverted to the foundation of a chair in the Arts Faculty in St. Andrews.

SOCIETY OF APOTHECARIES OF LONDON.

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

Surgery.—R. H. Calvert, Leeds Yorkshire College; H. S. Chavasse, St. Mary's Hospital; H. W. Clarke, St. Mary's Hospital; B. S. Foulds, Charing Cross Hospital; F. J. Godwin, Charing Cross Hospital; E. Henry, St. Bartholomew's Hospital; G. M. Hetherington, King's College; G. Higginson, Cambridge University and London Hospital; J. Joule, London Hospital; J. Kennedy, London Hospital; E. G. G. Little, St. George's Hospital; G. Martyn, King's College; F. S. Park, Edinburgh; E. Le F. Payne, St. Mary's Hospital; W. F. Peacock, St. Mary's Hospital; A. L. Roper, Cambridge University and Guy's Hospital; S. Smith, Middlesex Hospital; T. E. Smurthwaite, St. Mary's Hospital; A. B. Sturges, Leeds Yorkshire College; J. M. Swanson, Charing Cross Hospital; S. W. Thompson, Charing Cross Hospital; J. A. T. White, St. Bartholomew's Hospital; F. D. Woolley, Manchester Owens College.

Medicine, Forensic Medicine, and Midwifery.—R. S. Berry, St. George's Hospital; H. H. P. Cotton, Westminster Hospital; F. C. B. Harvey, Sheffield; A. N. V. Johnson, Royal Free Hospital; A. G. Jones, Middlesex Hospital; A. L. Knapman, Manchester Owens College; L. P. Tomlinson, St. George's Hospital; R. B. Williams, St. Thomas's Hospital.

Medicine and Forensic Medicine.—H. F. Ealand, St. Mary's Hospital; T. M. Nair, Madras and St. Mary's Hospital; F. S. Park, Liverpool and Edinburgh.

Medicine and Midwifery.—R. Evans, University College.

Forensic Medicine.—R. S. Fairbank, King's College; J. H. Roberts, Guy's Hospital; A. Robinson, Leeds Yorkshire College; H. A. Walker, Manchester Owens College; W. R. Willey, St. Mary's Hospital.

Midwifery.—G. L. Godwin, Edinburgh.

To Messrs. Berry, Calvert, Foulds, Henry, Joule, Little, Martyn, Payne, Peacock, Roper, Roberts, S. Smith, Swanson, Thompson, Tomlinson, White, Willey, and Williams, was granted the diploma of the Society.

MEDICAL AID FOR LABRADOR FISHERMEN.—The hospital ship *Albert*, of the Mission to Deep-Sea Fishermen, has returned from the cruise of inquiry along the coast of Labrador. Dr. Grenfell, who was the medical officer, reports that the fishermen and their families live in the most deplorable condition of poverty and filth, and are without judicial administration or medical assistance. A committee has been formed in Newfoundland, which has offered to provide two suitable buildings to be used as hospitals, if the Mission finds itself able to undertake the work of administering the hospitals. The need for such institutions is shown by the fact that 900 cases were treated during the stay of the *Albert*.

MEDICAL NEWS.

FORTY-EIGHT cases of typhus fever were reported in New York during the past month, and five more on January 3rd.

DR. VON COLER, Surgeon-General of the Prussian Army and Chief of the Medical Department of the Ministry of War, has had the Star of the Order of the Red Eagle (Second Class) conferred on him.

THE *West Sussex Gazette* states the Committee of the West Sussex County Council have selected Grayling Wells Farm, close to Chichester, as the site for the new County Asylum, which will contain accommodation for 750 patients.

THE election of Professor Brouardel, Dean of the Paris Faculty of Medicine, to the membership of the French Institute, was made the occasion of a banquet in his honour on December 27th. Among those present were nearly all the leading luminaries of the medical and scientific worlds in Paris.

THE Associated Press informs us that the *New York Recorder*, which has for some time given prominence in its columns to discussion of the origin and treatment of phthisis, has now offered £1,000 for what a committee of specialists shall decide to be the best treatise on the subject. Physicians both in America and Europe are invited to give the results of their inquiries and experience.

DISTRICT NURSES AND THE JUBILEE INSTITUTE.—The Queen has recently approved of the names of 5 superintendents and 37 nurses, which have accordingly been entered on the roll of Queen's nurses for nursing the sick poor in their own homes. One of the superintendents and 14 of the nurses are at work in Scotland, 4 nurses in Dublin, 3 in Wales, and the rest in England.

PROFESSOR GIUSEPPE RUGGI, Surgeon to the Ospedale Maggiore of Bologna, recently completed his third "century" of laparotomies, the last fifty of the series having been unbroken by a death. A banquet took place in honour of the occasion, at which a large number of the operator's friends, assistants, and pupils were present.

DR. YERSIN, formerly one of M. Pasteur's assistants in the Paris Pasteur Institute, has been commissioned by the French Government to explore from the geographical, ethnographic, and economic points of view the region in the Malay Peninsula comprised between the Don-Nai and the Me-Kong, and the plains of Siam between the Me-Kong and Bangkok.

THE Bressa prize will be awarded by the Royal Academy of Sciences of Turin to the scientific author or inventor, whatever his nationality, who between January 1st, 1891, and December 31st, 1894, shall have made the most important and useful discovery, or published the most valuable work on physical and experimental science, natural history, mathematics, chemistry, physiology, pathology, geology, history, geography, or statistics. The prize is of the value of 10,416 francs.

RETIREMENT OF PROFESSOR PÉAN.—M. Péan has resigned his chair, having reached the limit of age fixed for the tenure of professorships in the Paris Medical Faculty. On December 24th he delivered a farewell address to a crowded audience in the surgical theatre of the St. Louis Hospital. He traced the history of his professional career, laying special stress on the influence of Nélaton's teaching on him. The secret of his success was, he said, hard work, and he concluded by urging on his hearers to take as their motto that which had been his own rule of life, *Travaillez*.

THE MEDICAL OFFICERS OF SCHOOLS' ASSOCIATION.—A general meeting of this Association, under the presidency of Dr. W. Howship Dickinson, will be held on Friday next, January 13th, at 3.30 P.M., at the Rooms of the Medical Society, 11, Chandos Street, Cavendish Square, when Mr. J. Brendon Curgenvin will read a paper on The Disinfection and Treatment of Scarlet Fever by Antiseptic Inunction. Although possessing a special interest for those charged with attending to the health of school children, the subject is one which appeals to every medical practitioner, and the members of the

Association will be glad to welcome at this meeting all who are interested in the subject of the paper, and who may desire to take part in the discussion which it is likely to evoke.

PRESENTATION.—On the occasion of his recent marriage, Mr. Charles Fleming, of Freshford, was presented by the villagers of that place with a silver teapot and cream jug, by the children of the day school with a silver sugar basin, by the members of the United Patriots' Society with a silver hot water jug, by the villagers of Hinton with a lamp and glass epergne, by the villagers of Norton-S-Philip with a china tea set, by the members of the Limpley Stoke Hand and Heart Society with a specially designed gold scarf pin, and by the members of the Freshford Hand in Hand Society with a marble clock.

FEMALE MEDICAL STUDENTS IN THE UNITED STATES.—The medical education of women has received a check in a very unexpected quarter. "The Faculty of the Colombian University in Washington" has determined to close the doors of their medical department against female students. The reasons given for this step are that the presence of women kept students of the sterner sex away, and the authorities of the Colombian University say that they have no desire to transform it into a female seminary. They somewhat inconsequently add that the teaching of men and women together is demoralising to both.

THE PRACTITIONER.—Our ably-conducted contemporary, *The Practitioner*, founded in 1868 by the late Dr. Francis E. Anstie, commences with the current number its fiftieth volume. Messrs. Macmillan, by whom it is published, announce that they have in preparation an index to the first fifty volumes, which will be issued shortly after the completion of the present volume. The series contains so many important original articles and abstracts of current literature during the last 25 years, that the publication of this ready means of reference is sure to be highly valuable, not only for purposes of literary research, but also in the emergencies of daily practice.

RABIES IN FRANCE.—The French Association for the Advancement of Science has received from an anonymous donor the sum of 600 francs (to be given in two prizes of 400 francs and 200 francs respectively) to the authors of the best memoirs containing an investigation, based on local evidence, of the frequency of rabies and the prophylactic measures in operation in a department of France (excluding the Seine department) or in a region (two or three departments) of France or Algeria. The statistics must relate to ten years at least, and must comprise the figures for 1892. The following points are suggested for investigation: The number of rabid animals, of dogs, of persons bitten, and who have died of hydrophobia; the number of those treated at the Pasteur Institute, the cases of rabies in large towns to be separated from those in the rest of the department; measures of sanitary police, their effect, and the difficulty of applying them; causes of greater or less frequency of rabies and of protective inoculation; measures taken in frontier departments, etc.

DOG FLESH AS AN ARTICLE OF DIET.—An official document recently published by the municipal authorities of Munich gives some startling information as to the increased consumption in that city of dog flesh, an article of diet which has hitherto found most favour in the eyes of inhabitants of the Celestial Empire. So great an appetite do the denizens of the Bavarian capital seem to have developed for that "strange food" that the authorities have thought it time to interfere for the protection of dog owners, whose pets are stolen to grace the table of the intrepid *gourmets* who lust after these canine flesh pots. This new form of poaching has, it appears, grown into a regular industry in Munich, the demand creating the supply in accordance with economic laws. Dog flesh is largely consumed as such by Italian workmen, many thousands of whom are employed in Munich, but there is also too much reason to believe that the same substance is as freely used in the concoction of sausages in that city as the flesh of the harmless necessary cat is supposed to be nearer home.

A MEDICAL CENTENARIAN.—If he live till the 8th inst., Severin Wielobyski, M.D.Ed. and L.R.C.S.Ed., will have lived one hundred years. He is the son of a judge, and was born in 1793. He endured great hardships from the severe weather during the winter and spring campaign of the last war for the independence of Poland. At 38 he had to take a hurried flight from the country for whose freedom he had fought and came to Edinburgh, where, after a severe struggle for existence, he graduated in 1841, having received great kindness from his teachers. He then went to Nova Scotia, where he followed his profession for many years, afterwards practising in this country till his final withdrawal from active professional work, rather more than a quarter of a century ago. Till broken down by influenza two years ago he regularly walked twelve miles a day, dividing this into three pedestrian performances, the first beginning between 4 and 5 o'clock in the morning. He still walks a little, though feebler. Although he is very deaf, his eyesight is excellent, and he is able to read without spectacles the smallest type. He has been an abstainer for more than sixty years, and has never smoked nor used tobacco in any other form. He is a member of the British Medical Temperance Association and a Vice-President of the Society for the Study of Inebriety, the President and Council of the latter Society looking forward to celebrating the veteran's hundredth birthday in the rooms of the Medical Society of London on Tuesday afternoon, the 10th inst., on which occasion, when several addresses are to be presented, some well-known members of the profession, with members of the Legislature and prominent social reformers, are expected to take part in the proceedings.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. L. Soubeiran, of Montpellier, a corresponding member of the Académie de Médecine and author of a work on the mineral waters of Europe; Dr. David, formerly member of the French Chamber of Deputies for the Indre Department; Dr. W. H. Geddings, Chief Medical Purveyor of the Army of Northern Virginia during the American civil war, and afterwards very successful in civil practice at Aiken, author of "A Contribution to the History of Leprosy on the Eastern Coast of the United States," and of the article "Bronchial Asthma," in the *System of Practical Medicine by American Authors*, edited by Dr. William Pepper; Dr. Crozat, an explorer, who died in the territory of King Tieba, near Dakar; Dr. Garreau, Professor of Medical Chemistry and Toxicology in the Medical Faculty of Lille; His Excellency Dr. Adriano Alves de Lima Gordilho, Baron de Itapoa, Emeritus Professor of Obstetrics and Gynaecology in the Faculty of Medicine of Bahia, a Councillor of State, and the most prominent personality in the profession of that province of Brazil; and Dr. Graham N. Fitch, of Logansport, Indiana, U.S.A., some time Professor in the Rush Medical College, Chicago, and subsequently Professor of the Principles and Practice of Surgery in the Medical College of Indiana, a member of the Medical Convention for the Revision of the United States *Pharmacopœia*, a member of the Indiana Legislature during several sessions, afterwards successively Member of Congress and a Senator, aged 84. During the civil war, Dr. Fitch threw aside the scalpel and girded on the sword, taking command of a brigade and doing much good service as a "combatant," till he was disabled by his horse falling with him while on a reconnoitring expedition.

LITERARY INTELLIGENCE.—A new edition of M. Alphonse Bertillon's *Identification Anthropométrique* will be published in January. The book has been recast and enlarged. It is the result of ten years of observation, and has been prepared not merely for the anthropometric service directed by the author, but for the use of all who desire to have a proper comprehension of man's physical qualities.—The thirteenth volume of the *Index-Catalogue of the Library of the Surgeon-General's Office, United States Army*, which has recently been published, brings the work down to *Sutugin*. Dr. Billings and his collaborators may, therefore, be congratulated on having so nearly brought their gigantic undertaking to a successful termination.—A new monthly medical journal, *La Revista Medico-Quirúrgica*, has lately appeared in New York. It is written wholly in Spanish, and is the authorised Spanish organ of the Pan-American Congress. It is edited by Drs.

S. E. Milliken and Pedro J. Salicrup, with the assistance of several collaborators. The first number, which is now before us, presents a very creditable appearance.—The *Transactions* of the twenty-first Congress of German Surgeons, which was held at Berlin in June, have just been published in the form of a solid volume of nearly 600 pages, with 12 lithographic plates.

MEDICAL VACANCIES.

The following vacancies are announced:

ALNWICK INFIRMARY.—House-Surgeon; unmarried. Salary, £120 per annum, with furnished apartments, attendance, coals, and gas. Applications to William T. Hindmarsh, 28, Bondgate Without, Alnwick by January 14th.

CENTRAL LONDON OPHTHALMIC HOSPITAL, Gray's Inn Road, W.C.—House-Surgeon. Rooms, coal, and light provided. Applications to the Secretary by January 10th.

CHICHESTER INFIRMARY, Chichester.—House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to E. E. Street, Secretary, by March 1st.

CORPORATION OF NORWICH.—Medical Officer of Health. Salary, £400 per annum. Applications, endorsed "Medical Officer of Health," to Geo. B. Kennett, Town Clerk, Guildhall, Norwich, by January 28th.

DERBYSHIRE ROYAL INFIRMARY.—Assistant House-Surgeon. Appointment for six months, but eligible for re-election for additional six months. Salary, £10 for first six months, and £25 for second six months, with separate apartments, board, and washing. Applications to the Secretary by January 19th.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—House-Physicians. Applications to the Secretary by January 12th.

HOSTEL OF ST. LUKE, Devonshire Street, W.—Honorary Visiting Medical Officer. Applications to the Secretary, Hostel of St. Luke, Church House, Westminster, by January 7th.

KILLARNEY DISTRICT LUNATIC ASYLUM.—Assistant Medical Officer. Salary, £100 per annum, with allowances valued at £100 yearly. Candidates must be unmarried, and not over 30. Applications to Dr. L. T. Griffin, Resident Medical Superintendent. Election on January 19th.

METROPOLITAN ASYLUMS BOARD, Norfolk House, Norfolk Street, Strand, W.C.—Medical Superintendent at the Darenth School for Imbeciles, near Dartford, Kent, doubly qualified, not more than 45 years of age. Salary, £450 per annum, with furnished residence, coals, gas, milk, garden produce, and washing. Applications, on forms to be obtained at the Office of the Board, to be sent in by January 23rd.

MILLER HOSPITAL AND ROYAL KENT DISPENSARY, Greenwich, S.E.—Junior Resident Medical Officer. Salary, £30 per annum, with board, attendance, and washing. Applications to the Honorary Secretary by January 14th.

NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL, Harts-hill, Stoke-on-Trent.—House-Surgeon; doubly qualified. Salary, £120 per annum, increasing £10 yearly, with furnished apartments, board, and washing. Applications to the Secretary by January 21st.

ST. GEORGE'S HOSPITAL, S.W.—Visiting Apothecary. Applications to the Secretary by January 18th.

STRATFORD-ON-AVON RURAL SANITARY AUTHORITY.—Medical Officer of Health. Salary, £110 per annum. Applications to John Charles Warden, 9, Guild Street, Stratford-on-Avon, by January 21st.

TAUNTON AND SOMERSET HOSPITAL, Taunton.—Assistant House-Surgeon; appointment for six months. Board, washing, and lodging provided. Applications, endorsed "Assistant House-Surgeon," to the House-Surgeon by January 18th.

TULLAROAN DISPENSARY, Kilkenny.—Medical Officer for the Tullaroan Dispensary District. Salary, £100 per annum, and £20 as Medical Officer of Health, with usual vaccination and registrations fees. Applications to Mr. Edmond Walsh, Honorary Secretary, Committee Room, Tullaroan, before January 16th.

UNIVERSITY COLLEGE OF SOUTH WALES AND MONMOUTHSHIRE, Cardiff.—A Professor of Anatomy, and a Professor of Physiology. Stipend in each case, £350 per annum. Applications to Ivor James, Registrar, by February 10th.

UNIVERSITY OF EDINBURGH.—Examiner in each of the following subjects: (1) Anatomy, (2) Chemistry and Laboratory Work for the First B.Sc. Examination in Public Health, (3) Midwifery, (4) Practice of Physic, and (5) Botany. The salary in each of the departments Nos. 1, 3, 4, and 5 is £75 a year, and in No. 2 £20 a year, with an allowance of £10 per annum for travelling and other expenses in the case of Examiners not resident in Edinburgh or the immediate neighbourhood. Applications to M. C. Taylor, Secretary, by January 9th.

UNIVERSITY OF GLASGOW.—Assistant Examiner in Zoology. Salary, £30 per annum. Applications to the Secretary of the Court, Mr. Alan E. Clapperton, West Regent Street, Glasgow, by January 10th.

VICTORIA HOSPITAL, Folkestone.—House-Surgeon, unmarried. Salary, £80 the first year, with an increase of £10 each year for the two following years. Applications to the Secretary by January 21st.

VICTORIA HOSPITAL FOR SICK CHILDREN, Queen's Road, Chelsea, S.W.—House-Physician to the In-patients; doubly qualified. Honorarium, £50 per annum, with board and lodging. Applications to the Secretary by January 14th.

VICTORIA HOSPITAL FOR SICK CHILDREN, Queen's Road, Chelsea, S.W.—House-Surgeon to the In-patients; doubly qualified. Honorarium, £50 per annum, with board and lodging. Applications to the Secretary by January 14th.

WEST HERTS INFIRMARY, Hemel Hempstead.—House-Surgeon and Dispenser; doubly qualified, unmarried. Salary, £100 per annum, with board, furnished rooms, light, fire, attendance, and washing. Applications to the Secretary by January 31st.

WEST RIDING ASYLUM, Wakefield.—Fourth Assistant Medical Officer. Salary, £100 per annum, rising £10 yearly to £150, with furnished apartments, board, washing, and attendance. Applications to the Medical Director by January 12th.

MEDICAL APPOINTMENTS.

BAILEY, Thomas William, L.R.C.P.Lond., M.R.C.S.Eng., appointed Junior House-Physician to the Westminster Hospital, *vice* H. H. Mills, L.R.C.P., resigned.

BELL, C. W. J., L.R.C.P.Edin., M.R.C.S., reappointed Medical Officer for the Yarborough Sanitary District of the Louth Union.

BOWKER, C. S., M.R.C.S.Eng., L.R.C.P.Lond., appointed Government Medical Officer and Vaccinator for the district of Murrumburrah.

BRANNIGAN, H. C., M.D., M.Ch.Irel., L.R.C.P.Edin., appointed Medical Officer at Mount Morgan, Queensland, *vice* Dr. Hunter, resigned.

BYLES, John, L.R.C.P.Lond., M.R.C.S.Eng., appointed Resident Obstetric Assistant to the Westminster Hospital, *vice* G. D. Browning, L.R.C.P., resigned.

CARNALL, S., M.R.C.S.Eng., L.R.C.P., L.S.A., reappointed Visiting and Resident Medical Officer to the Westminster Dispensary, Gerrard Street, W.

CORBETT, Rea, M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health for the Orsett Rural Sanitary District.

COSTINE, Wm. Courter, M.R.C.S.Eng., L.S.A., appointed Surgeon at Athol Street Bridewell, Liverpool, *vice* D. Dunlop Costine, M.D.St.And., deceased.

DE RENZI, Henry Castrior, M.R.C.S.Eng., L.R.C.P.Lond., appointed Senior House-Surgeon to the Westminster Hospital, *vice* H. Wolsley Lewis, resigned.

DOBIE, John Nicholson, B.A.Cantab., L.S.A., appointed Resident Clinical Assistant for the Workhouse and Infirmary of the Paddington Union.

FRASER, A. R., M.B., C.M.Edin., appointed House-Surgeon to the Northern Infirmary, Inverness.

GOODWIN, Edward Knox, M.R.C.S.Eng., L.R.C.P.Lond., appointed Assistant House-Surgeon to the Royal Albert Hospital and Eye Infirmary, Devonport, *vice* Mr. A. A. McKinnon, resigned.

GRANT, Norman McKay, M.D., Kingston, Ontario, Canada, appointed a Public Vaccinator for the District of Waiapu, New Zealand.

HARDY, Leonard Ernest, M.B., C.M.Edin., appointed Assistant House-Surgeon at the Preston and County of Lancaster Royal Infirmary.

HARE, F. W. E., M.D.Durh., M.R.C.S., appointed Senior Resident Medical Officer to the Charters Towers Hospital, Queensland.

HAYES, Thomas Edward Darley, M.D.Durh., L.R.C.P.I., appointed Medical Officer and Public Vaccinator for the No. 2 District, and Medical Officer for the No. 4 District of the Reigate Union.

HIGGINS, T. J., M.D.Irel., L.R.C.S., L.M.Edin., reappointed Medical Officer for the Welton Sanitary District of the Louth Union.

HENDERSON, J. L., M.B.Melb., appointed Assistant Resident Medical Officer to the Children's Hospital, Carlton, Melbourne, Australia.

HOWLIN, A. J., L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., appointed Medical Officer to the London County Council Industrial School, Mayford, Surrey.

JOHNSTON, Alex., M.D., appointed Physician Superintendent to the City of Glasgow Fever Hospital, Belvidere, *vice* Dr. Allan, resigned.

LEWIS, H. Wolsley, M.R.C.S.Eng., L.R.C.P.Lond., appointed Junior House-Surgeon to the Westminster Hospital, *vice* H. Castrior De Renzi, M.R.C.S., resigned.

LLOYD, Frederick George, M.R.C.S.Eng., L.R.C.P.Lond., appointed Assistant House-Physician to the West London Hospital.

LORY, Arthur George Bateman, L.S.A., appointed Medical Officer of the Gringley District of the East Retford Union.

LOXTON, Arthur, M.R.C.S., appointed Honorary Assistant Surgeon to the Birmingham and Midland Skin and Lock Hospital.

MACARTHUR, R. F., M.A., M.B., C.M., appointed Resident House-Surgeon to the Glasgow Eye Infirmary, *vice* Leslie Buchanan, M.B., C.M.

MASON, S. R., M.D., F.R.C.S.I., appointed Consulting Surgeon to the Coombe Lying-in Hospital and Guinea Dispensary, Dublin.

MILLER, W. R., M.D.Dub., appointed House-Surgeon to the Royal Cornwall Infirmary, Truro, *vice* Edmund Rundle, L.R.C.P.I., resigned.

MINSHALL, Arthur G., M.R.C.S., L.R.C.P.Lond., appointed Senior Assistant Medical Superintendent to the St. Pancras Infirmary Highgate, N.

MOIR, William, M.B., Ch.M.Aberd., appointed Health Officer for Morwell Shire, Victoria, Australia.

NEISH, William Alexander, M.B., C.M.Glasg., appointed Assistant House-Surgeon to the Glasgow Eye Infirmary.

NELLEN, George Marshall Frederick, L.R.C.P.Lond., M.R.C.S., appointed House-Surgeon to the Western Branch of the Brighton, Hove, and Preston Dispensary, Queen's Road, Brighton.

NORMAN, George, L.R.C.P.Lond., M.R.C.S.Eng., appointed Senior House-Physician to the Westminster Hospital, *vice* J. B. Byles, L.R.C.P., resigned.

PETHWICK, Charles Stuart, M.A., M.B., B.C.Camb., appointed Medical Officer of the Woolton District of the Prescott Union.

PRIOR, Charles Edward, M.D.Aberd., F.R.C.S.Eng., reappointed Medical Officer of Health for the Woburn Union.

ROBERTS, Richard Pritchard, M.R.C.S.Eng., L.S.A., appointed Medical Officer for the Carnarvonshire No. 2 District of the Bangor and Beaumaris Union.

DIARY FOR NEXT WEEK.

MONDAY.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. J. S. Bristowe: Syphilitic Affections of the Nervous System. (I. Lettsomian Lecture).

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN, 8 P.M.—The annual general meeting. Communications by Mr. Ackery and Mr. D. Hepburn. Dr. E. W. Roughton: Micro-organisms of the Mouth; with lantern demonstration. The President will deliver his valedictory address, and the officers for the year will be balloted for and elected.

TUESDAY.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Dr. A. Haig: The Effects of the Iodides on Arterial Tension and the Excretion of Urates. Mr. D'Arcy Power: Cases to illustrate the Relationship which exists between Wryneck and Congenital Hematoma of the Sterno-Mastoid Muscle.

WEDNESDAY.

HUNTERIAN SOCIETY, 8.30 P.M.—Mr. H. W. Denton-Cardew: Electricity in Every-Day Practice.

THURSDAY.

NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY, Great Northern Central Hospital, 8.30 P.M.—Dr. E. Clifford Beale: Two Cases of Myxodema treated by Thyroid Extract. Dr. G. J. O'Reilly: (1) A Case of Lumbar Abscess Opened, when Seventy Ounces of Pus were Evacuated; Cure. (2) Case of "Perityphlitis," with Peritonitis; Absorption; Cure. Dr. Glover: The proposed International Memorial to Semmelweis.

FRIDAY.

CLINICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. de Havilland Hall: A Case of Rhinolith. Sir Dyce Duckworth: A Case of Inherited Gout, with Production of Tophi at an Early Age. Mr. Davies Pryce (introduced by the President): On Uratic Deposits in the Conjunctival Membrane. Dr. Penrose and Dr. Lee Dickinson: Cases of Abscess beneath the Diaphragm in connection with Perforating Gastric Ulcer.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY, West London Hospital, 8.30 P.M.—Dr. A. Clemow: Dermoid Cysts. Mr. R. Laig: New form of Mastoid Gouge. Mr. Bruce Clarke: Some Varieties of Cystitis, with Remarks on their Diagnosis and Treatment. Mr. Hurry Fenwick: The Effects of Epidemic Influenza upon the Urinary Organs. Mr. L. A. Bidwell: Modified Operation for the Relief of Undescended Testis.

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 ensure insertion in the current issue.

BIRTH.

COVENTON.—On January 1st, at Indore, Pevensey Road, St. Leonard's on Sea, the wife of Chas. A. Coventon, L.R.C.P.Lond., M.R.C.S.Eng., of a daughter, Ruby Helen.

MARRIAGES.

HOUSEMAN-WARD.—On Wednesday, December 28th, 1892, at Holy Trinity Church, Twickenham, by the Rev. David Anderson, rector of St. George's, Hanover Square, assisted by the Rev. P. B. Drabble, vicar of Holy Trinity, Twickenham, Dr. James Gilpin Houseman, of the Manor House, Houghton-le-Spring, Durham, to Jane Isabel, eldest daughter of Martindale Conslade Ward, M.D., of Saltburn, Twickenham Common, and granddaughter of the late Matthew Imeson of Thirsk, Yorkshire.

ROGERS-GRAVES.—On December 26th, 1892, at Sutton-on-the-Forest, Yorkshire, by the Rev. H. M. Sanders, M.A., Vicar, Elizabeth (Lillie), eldest daughter of John Henry Graves, Esq., of Sutton-on-the-Forest, to Walter Temple Rogers, L.R.C.P., L.R.C.S., etc., of New Malden, Surrey, youngest son of the Rev. George Rogers, M.A., Vicar of Gedney, Lincolnshire. No cards.

TOPPING-WHITLOCK.—On December 29th, 1892, at Great Yeldham Church, by the Rev. E. G. Earle, John Phillip Topping, M.B., C.M., of Forest Gate, Essex, to Emmy, second daughter of Walter Whitlock, Esq., of Poole House, Great Yeldham, Essex.

DEATHS.

BRITTON.—On December 27th, 1892, at Lightcliffe, near Halifax, Thomas Britton, M.D., late of Harrogate. No cards.

LIVESAY.—On December 27th, 1892, at Penmaenmawr, Elizabeth, wife of William Livesay, M.D., Sudbury, Derby, and daughter of Thomas Shapter, M.D., LL.D., aged 49.

STANIS.—On December 29th, 1892, at the Royal Infirmary, Liverpool, in the 53rd year of her age, Miss Emmeline Stanis, for over eleven years Lady Superintendent of the Royal Infirmary and of the Liverpool Training School and Home for Nurses, after twenty-five years of invaluable nursing work.

CRANE.—On December 10th, 1892, at "The Wilderness," Port of Spain, Trinidad, Lillie, the wife of S. Leonard Crane, C.M.G., M.D., aged 47.

ANDREW.—At Trimulgherry, Deccan, on December 8th, 1892, Amelia, the dearly-loved wife of Brigade-Surgeon-Lieutenant-Colonel George Andrew, Army Medical Staff.

HUTCHESON.—John Davis Hutcheson, M.B., on the morning of January 2nd at Glanynys, Aberdare, aged 12.