

lowest rib. The inoculation of the first vaccine is made from three to five days before the inoculation of the second vaccine. When the first vaccine is inoculated into the right flank, the left flank is to be chosen for the inoculation of the second vaccine.

## MEMORANDA:

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

#### CHOREA IN A BOY: NECROPSY.

A. M., aged 9 years, a tall, fair, anæmic boy, had well-marked bilateral choreic movements since the end of October. He had had no serious illness except whooping-cough, but had not looked well for the previous month. The immediate cause of the attack was thought to be a fall into a pond, after which he lay in a wood, wet, being afraid to go home. His father had had rheumatic fever three times. The boy remained in the same condition until December 21st, when he was unable to come up to the surgery, and for the last few days had been unable to walk. The lad was considerably weaker; the knee-jerks were not obtained, but the epigastric reflexes were present.

Examination of the chest revealed nothing definite. On December 24th slight cough and *râles* were present. On December 28th the jactitation had ceased, but the lad was much worse. Loud rubbing was heard over the præcordium, and moist *râles* over both lungs. He died on December 29th.

A *post-mortem* examination was made in the afternoon. Rigor mortis had commenced in the lower extremity; no subcutaneous nodules were found. The pericardium was rough and thickened, covered with fibrinous exudation, and contained a considerable quantity of turbid effusion. The heart was slightly hypertrophied, the muscle paler than normal but not friable. There were some very small vegetations on two of the aortic valves and less on the mitral; the right side was normal. There was evidence of broncho-pneumonia in both lungs; the brain and abdominal viscera were normal. The rarity of fatal cases makes this one of interest, although there is no fresh light thrown on the pathology of chorea.

WM. GOSSE, M.R.C.S., L.R.C.P., D.P.H.Camb.

Sittingbourne.

#### A CASE OF CHRONIC ANTERIOR POLIOMYELITIS WITH WELL-MARKED CUTANEOUS ANÆSTHESIA AND ANALGESIA.

THE association of cutaneous insensibility with analgesia in progressive muscular atrophy is sufficiently uncommon to warrant record. From the limited works of reference at my command I cannot find any mention of analgesia, a very prominent symptom in the case now to be described.

M. S., a Mahommedan, consulted me a few days ago, and after questioning and examination the following facts were elicited: About nine or ten years ago (present age 38) he noticed tingling sensations in the right thumb, and very soon after complained of weakness of the hand. Coexistent with this there was wasting of the muscles corresponding to the area over which the tingling was felt. This condition, with no other added symptom, gradually extended to the muscles ordinarily affected in this complaint, namely, those of the thenar and hypothenar eminences.

Both hands at present are typical instances of Duchenne's *main en griffe*. The muscles of the forearms are similarly and symmetrically affected, but notably the extensor and flexor carpi ulnares. The lower limbs are now a good deal involved, but not to the same degree as the upper. The solei and gastrocnemii have suffered mostly in the legs, and the condition of both feet is similar to the hands, with hammer-toes and flattened arches.

At the finger tips there is almost complete anæsthesia, lessening as the forearm is approached, until at the elbow sensation deviates but little from the normal. Coupled with the anæsthesia, and fading similarly towards the elbow, there is marked analgesia, so much so that on the dorsum of the hands, although well aware of the contact, a severe blow may

be dealt without pain; indeed, I think a fracture of the metacarpal bones might be effected without inconvenience to the patient. In both upper limbs the condition is identical. In the lower extremities the plantar reflexes are completely abolished, and analgesia with anæsthesia present, though to a less extent than in the upper. The cremasteric, epigastric, and abdominal reflexes are normal: the knee-jerk is unaffected, and there is no ankle-clonus. Though the disease is of nearly ten years' duration, there is no evidence of the muscles of the trunk being involved. Sexual desire is almost unabated and procreative capability unimpaired; two or three children have been begotten since the disease declared itself.

As to the diagnosis, the insidious onset and progressive character, with such unmistakable symptoms, indicates poliomyelitis of a chronic type. The points of interest about it are the analgesia, the apparent quiescence of the lesion, and the not inconsiderable severity of the disease in both upper and lower extremities without implication of the trunk. The patient states that all the symptoms are now as they were three or four years ago, and that he only consulted me on account of dyspeptic trouble, as he does not expect any amelioration of his present state. It is worthy of note that he has applied the faradic current to the atrophied muscles in an intermittent manner for several years, and undergone a prolonged course of treatment by Easton's syrup. Has the pathological change been arrested by the combined influence of the electricity and strychnine or is it a coincidence?

There is little doubt that in this case the posterior cornua are affected in some way in addition to the degeneration known to occur in the anterior, though it would be rash to venture a hypothesis as to the precise nature of the lesion. I examined for carefully, but failed to detect any evidence whatever of sclerosis in any form. Multiple peripheral neuritis may exist to complicate the chief disease, but it is so very unlikely that it may practically be eliminated; moreover, there is no history of anything to suggest any constitutional dyscrasia—syphilitic, alcoholic, gouty, rheumatic, or the like.

GEO. H. BAKER.

Surgeon-Captain I.M.S., Civil Surgeon.

Banda, N.W.P.

#### FRACTURE OF FEMUR DUE TO MUSCULAR ACTION. THE case in the BRITISH MEDICAL JOURNAL of January 14th, 1893, reported by Mr. E. H. Jones, recalls a very interesting case I saw at the South Devon Hospital, Plymouth, which may be worth recording, owing to the supposed rarity of fractures due to muscular action, and to the way in which it proved fatal.

G. T., aged 42, a labourer of spare build, on March 24th, 1891, was wheeling a loaded barrow when he became conscious of a sprain in the region of the right knee. He went on with his work that day, but for the next few days stopped away from work, but did not lie up. On March 28th, whilst walking along a smooth pavement, he heard a sudden loud crack in his right hip, and would have fallen had he not been close to a lamp post. He was taken home on a barrow. On April 1st he was admitted to hospital under Mr. William Square. There was two inches shortening of the right leg, and the femur was broken across just below the great trochanter. There was some effusion into the right knee-joint. The bladder reached as high as the umbilicus, and a catheter drew off four pints of urine. He had had retention of urine for twenty-four hours after the accident, and after that dribbling. Before the sprain he had not suffered any pain in the legs, and was not conscious of anything wrong with the thigh until the sudden crack occurred. For three years he had not been able to hold his water properly, but had had no advice for it. There were no signs of scurvy, cancer, syphilis, scrofula, general paralysis, locomotor ataxy, or any other disease which might have predisposed to fracture.

From the date of admission the bladder condition was very serious, and, until the end, required the use of the catheter and washing out three times a day. The urine from the first was alkaline, and contained pus and mucus.

On April 13th, vomiting and delirium appeared. There was rapid emaciation, and the temperature fluctuated widely, indicating pyelonephritis. During May there was some im-

provement, which proved to be temporary, as on July 3rd diarrhoea came on, on July 19th hiccup, and on July 27th vomiting; and on July 28th he died.

**Post-mortem Examination.**—There was a united transverse fracture just below the trochanter of the right femur, with a considerable amount of callus. There was no sign of any pre-existing disease of the bone. The bladder was much thickened and sacculated, and the mucous membrane discoloured. The ureters were dilated. Both kidneys were enlarged, their pelves and calyces dilated and filled with thick stinking pus. Their cortical portions were pale and thinned. It was interesting to note that the fracture had firmly united, although from the date of admission the man was gradually dying.

Bedford.

W. GIFFORD NASH, F.R.C.S.Eng.

#### TERMINATION OF A CASE OF CHIMNEY-SWEEP'S CANCER.

IN the BRITISH MEDICAL JOURNAL of September 10th, 1892, I reported a rare case of chimney-sweep's cancer originating primarily in the glands of the groin. The man died on December 8th, 1892, from hæmorrhage, the cancer having been discharging since March last. It spread internally as far as the median line of the pubes, and externally over the crest of the ilium, the scrotum never becoming involved. I forwarded a portion of the cancerous growth to Mr. Butlin, who reports that, on examination of sections of the specimen, he found the typical structure of epithelioma or squamous-celled carcinoma, with numerous cell nests, etc.

Norwich.

JOHN H. STACY.

## REPORTS

ON

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

#### COUNTY LUNATIC ASYLUM, LANCASTER.

##### A CASE OF ULCERATION AND PERFORATION OF THE BOWEL: FOREIGN BODY.

(Reported by S. ALLAN SHIACH, M.B., Pathologist.)

P. B., aged 73, had been admitted on January 17th, 1863. He had been very silly and demented for the preceding few years. On the morning of January 29th, 1892, he looked pale and ill, though he expressed himself as feeling all right. He was sent from his ward to the hospital, January 30th. During the night he had complained of pain referred to the right inguinal region, and vomited frequently. The vomited material was dark green and bilious in appearance, but had no faecal odour. A swelling about the size of a Tangerine orange was found at the outer side of and below the right pubic spine. The skin over the tumour was reddened; it gave no impulse on coughing, was hard in consistence, slightly tympanitic, and quite irreducible. The man was falling into a state of collapse.

Operative treatment was at once resorted to. Ether was administered and, when he was under its influence, very gentle taxis was tried but failed. An incision was made over the tumour, the sac was opened into and found to contain omentum in its anterior, and a small knuckle of bowel about the size of a pigeon's egg in its posterior, part. The intestine was deeply congested, but had not altogether lost its glistening appearance. The constrictions were divided, and the bowel was placed just within the opening into the abdominal cavity. The patient was much collapsed after the operation, and died ten hours later.

**Necropsy.**—Heart slightly fatty. Lungs emphysematous, bullæ along the anterior margins, and some congestion of the lung tissue. A knuckle of bowel lying at the inner opening of the crural canal was seen to be perforated on its upper surface, and a small mass of solid faeces appeared at the point of perforation. On opening this small piece of intestine a triangular piece of bone, a quarter of an inch long at the sides and half an inch broad at the base was found. Purulent peritonitis was present. In the right and left iliac and

lumbar regions there was a large deposit of purulent lymph on the parietal peritoneum. At the point of perforation ulceration had evidently begun in the interior of the gut, and mucous membrane, muscle, and peritoneum had been gradually eaten through.

**REMARKS.**—This case presented many of the symptoms of strangulated hernia, which rendered the diagnosis difficult. There had been an old irreducible femoral hernia present, and the piece of bone had evidently been caught in the *cul-de-sac*, and produced the above unforeseen results. In a sane patient of course the liability to fall into error as regards diagnosis would have been greatly lessened.

#### KONAPARA HOSPITAL, CACHAR.

##### ENCEPHALOCYCLE MISTAKEN FOR SEBACEOUS CYST.

(Under the care of ARTHUR POWELL, M.Ch.)

A **BENGALI** male, aged about 22, came to Konapara Hospital with a tumour about the size of a tennis ball, situated above the left ear and temple. He stated it had been there only three years; and as, though freely handled, it caused no brain symptoms, I diagnosed a sebaceous cyst. On November 7th, 1892, I proceeded to remove it, and was at once struck with the firm, dura-like appearance of the capsule, on incising which a quantity of watery fluid escaped. On pulling the cyst with forceps, the right arm and leg of the patient were thrown into violent spasms. I now discovered a hole in the skull, large enough to admit the index finger.

I freely incised the "capsule," and disclosed a portion of brain substance as large as a hazel nut. I raised the membrane carefully from the skull, and then with a sweep of the knife shaved off the whole mass close to the bone.

All through the operation the patient's right side was thrown into spasms when the tumour was pulled, but after its removal there was no paralysis whatever. The wound was sutured, and healed by first intention.

He was discharged on November 13th in perfect health, with no paralysis or defect of speech. He now admits that the tumour was congenital.

## REPORTS OF SOCIETIES.

### PATHOLOGICAL SOCIETY OF LONDON.

SIR GEORGE M. HUMPHRY, F.R.S., in the Chair.

Tuesday, January 31st, 1893.

#### MICROSCOPICAL PREPARATIONS OF ORGANS IN WEST AFRICAN "BLACKWATER" FEVER.

DR. S. W. WHEATON said that the preparations were made from organs sent over from West Africa by Mr. Rendall. For a clinical description of the disease he was indebted to Mr. Crosse, principal medical officer to the Niger Company, and to Dr. Battersby, formerly a medical missionary in West Africa. The disease occurred in those who had previously suffered from malarial fever. It was excited mainly by exposure to chill or extreme heat. The patient, after a preliminary stage of shivering, numbness of the extremities, pain in the loins, and general *malaise*, developed general jaundice, fever (the temperature rising to 103°), and passed porter-coloured urine. The attacks recurred again and again after fresh exposure to the exciting cause, and were often followed by nephritis and hæmaturia. In bad cases bilious vomiting occurred, and death with symptoms of uræmia. The urine was acid, and contained hæmoglobin, and blood corpuscles were absent; enlargement of liver and spleen were not common. From this it would be seen that with the exception of the development of bilious vomiting and its high mortality, the disease had a close resemblance clinically to paroxysmal hæmoglobinuria as seen in this country. The preparations showed that the tubules in the pyramids of the kidneys were full of masses of hæmoglobin, the lumen of the secreting tubules being also packed with granules of this pigment. The cells of the secreting tubules were also swollen and granular. There were no extravasations of blood corpuscles. In the spleen were collections of hæmoglobin in an amorphous form, and the hepatic cells were full of granules of pigment. Dr. Wheaton remarked upon the rarity of specimens of the organs in cases

Continent. The result of this correspondence and of his own indefatigable study was the accumulation of a large number of type and other specimens, which formed a collection of great value, now in the Museum of Owens College, Manchester. In addition to the large cryptogamic herbarium of the late Dr. Carrington, there is a collection of specimens of grasses which he made while in Edinburgh, and which formed the basis of a valuable monograph of the order published some years ago.

#### SIDNEY HAMILTON TAYLOR, B.A., CH.M., M.D.

THERE are many who will have read with deep regret the announcement of the death of Dr. Sidney Hamilton Taylor, of Willesden Green, which occurred in December at his residence, "Berwyn," after a lingering illness. Dr. Taylor was educated at Trinity College, Dublin, and had a most distinguished university career, obtaining the Senior Moderatorship and the Gold Medal in Natural Science, and also several mathematical honours. After getting his degree, Dr. Taylor went for a short time to Canada to practise, but soon returned and settled in Willesden Green. By his kindness of manner and medical ability he soon acquired an extensive connection, and was well known for his attention and extreme generosity to his poorer patients, and in him they have lost a true friend and trusted adviser. He was an active member of the Willesden Local Board and Chairman of the Sanitary Committee, where his experience and advice were found especially valuable. He was also closely associated with the New Willesden Cottage Hospital, he being, in fact, one of the original proposers of the scheme, the success of which owes much to his influence and support. The funeral, which was a military one, took place at Old Willesden Parish Church, and was attended by a detachment of the 5th Middlesex Volunteers, deceased being Surgeon-Captain of the corps.

#### OTTO KAHLER, M.D.,

Professor of Clinical Medicine in the University of Vienna.

It was only the other day that we chronicled the elevation of Professor Kahler to the dignity of an Aulic Councillor of the Austrian Empire; now we regret to have to announce his death, which occurred on January 24th.

Otto Kahler was born in 1849 at Prague, where his father was a medical practitioner. He studied medicine in the university of his native city, taking his doctor's degree in 1871. After working for a time under Duchenne and Charcot he returned to Prague, where he was appointed assistant under Professor Halla. In 1875 he qualified as Docent; in 1882 he was appointed extraordinary, and in 1886 ordinary, professor of special pathology and therapeutics. In 1889 he was called to succeed the late Professor Bamberger, at Vienna.

Kahler's intellectual bent was strongly in the direction of neurology, and in that province of medicine most of his work was done. Among his contributions to literature may be mentioned the chapter on the Central Nervous System in Toldt's *Textbook of Histology* (1884); the Pathology and Pathological Anatomy of the Central Nervous System; Neuritis Multiplex (1890), etc. He is understood to have left an unfinished work on rheumatism. In 1889 Professor Kahler was operated on by Gussenbauer for cancer of the tongue; two further operations were performed by Gussenbauer and Billroth, but he finally succumbed to the disease. He bore his sufferings with unshaken fortitude, and leaves behind him the reputation of a sound physician, an excellent teacher, and a thoroughly upright and amiable man.

## UNIVERSITIES AND COLLEGES.

#### UNIVERSITY OF CAMBRIDGE.

EXAMINERS FOR THE PUBLIC HEALTH DIPLOMA.—Dr. A. Ransome, F.R.S., Dr. W. H. Corfield, Dr. J. L. Notter, and Dr. Thorne Thorne, C.B., F.R.S., have been appointed Examiners in State Medicine for the current year.

RECOGNISED TEACHERS.—Mr. E. H. Acton, of St. John's, and Mr. T. H. Easterfield, of Clare, have been approved as teachers of chemistry under the Regulations for Medical Degrees.

#### ROYAL COLLEGE OF PHYSICIANS OF LONDON.

THE following gentlemen, having conformed to the by-laws and regulations, and passed the required examinations, were at the last meeting of the College on January 26th admitted Licentiates:

Abbott, J. A., Leeds	Howard, A. D., London
Abel, H. M., St. Thomas's	Howat, R. K., Glasgow
Allen, C. W., St. Mary's	Howse, A. O., London
Allworth, A. L., Guy's	Hughes, T. C., Westminster
Bacque, W. J., Bristol	Hulke, S. B., Middlesex
Baird, J. J. W., Bombay, King's College, and Guy's	Huthwaite, W. H. J., University Col.
Bankes-Price, H., Middlesex	Ingram, A., Edinburgh
Barker, G. L., Sheffield, St. Thomas's, and St. Bartholomew's	Jones, C. H., Bristol and St. Mary's
*Bashall, C. E., St. Thomas's	Keighley, H., Leeds
Bathurst, L. W., St. Bartholomew's	Kennedy, J. B. M., King's College
Bensley, E. E., Guy's	Knox, C. A. N., Dublin and St. Thomas's
Berlyn, J. A., Birmingham	Lesur, M. P. A., St. Bartholomew's
Bird, G. W. H., St. Thomas's	Lloyd, W. F., St. Bartholomew's
Birt, S. H., London	Long, H. B., Middlesex
Blomfield, A. B., London	McDougall, A. H., Manchester
Brewer, W. K., Charing Cross	Malabre, H. F., Edinburgh and Middlesex
*Broadhurst, C. H., Charing Cross and St. Mary's	Martin, A. J., Birmingham
Bryson, L. H., Edin., Lond., & West.	Martin, J. N., St. Bartholomew's
Burniston, H. S., Durh. & St. Mary's	Mercer, W. S., Charing Cross
Carré, L. J. G., St. George's	Minter, L. J., King's College
Carter, J. B., Manchester	*Mortis, H. E., Charing Cross
*Carter, J. G., Charing Cross	Northcote, P., St. Thomas's
Cass, A. M., Manchester	Orton, J., Birmingham
Chance, R. F., St. Thomas's	Pace, H. E., London
Clarke, E. H., Bristol	Page, W. T., University College
Coaker, F. W. J., London	Pantin, C. S., Guy's
Cockburn, R. P., St. Bartholomew's	Parker, H. T., St. Bartholomew's
Coghill, H., St. Thomas's	Payne, E. L. F., St. Mary's
Cook, H. F., Liverpool	Peake, A. W., Bristol
Cooke, E. W., London	Perram, C. H., St. Bartholomew's
Costa, I., University College	Phillips, C. M., Bristol and Guy's
Curtis, M. W. W., Middlesex	Phillips, H. H., Charing Cross
Dain, H. G., Birmingham	Platt, J. N., Manchester
Davson, J. B. H., St. Mary's and Birmingham	*Plumbe, A., London
D'Esterre, W. H. D. P., St. Mary's	Porter, H. E. B., London
Donnelly, W. T. B., Guy's and Newcastle	Potts, H., University College
Durston, J. C., St. Thomas's	Prince, H. T., Middlesex
Earle, J. R., Oxford and St. Barth's	Read, C., University College
*Edge, A. J., St. Bartholomew's	Rendle, A. R., St. George's
Edgcombe, W., Liverpool	Rolleston, L. W., St. Bartholomew's
Edwards, P. H., Birmingham	Roth, F. N., St. Mary's
Edwards, R., Bristol	Rowley, O. F., Leeds
Fadelle, A., King's College	St. Stephens, W. T., St. Barth.
Farncombe, T. S., Toronto	Scorer, F., St. Bartholomew's
Felkin, H. G., London	Sevestre, R., Camb. and St. Barth.
Fernie, F. E., St. Bartholomew's	Shaw, A. H. P., University College
*Ferguson, M., Bellevue, N. Y.	Shutte, T., St. Bartholomew's
Fletcher, L., Charing Cross	Smith, P. H., St. Bartholomew's
Frederick, H. J., St. Thomas's	Smyth, J. C., Bristol
Fry, W. E., London	Spence, D. B., London
Fullerton, F. W., St. Thomas's	Stallard, H., Camb. and St. Thomas's
Godwin, A. H., Liverpool	Stanford, W. B., Middlesex
Goodson, W. H., London	Still, G. F., Cambridge and Guy's
Greenyer, V. T., St. Bartholomew's	Taylor, H., Leeds
Grieves, J. P., St. Mary's	Thomas, A. I., Liverpool
Griffiths, J. H., St. Bartholomew's	Thomas, D. L., London
Grinling, F. N., University College	Thompson, G. W., St. Thomas's
Gwynn, N. C., Bristol	Thomson, G. D., St. George's
Hallett, H. G. D., St. Bartholomew's	Thorne, L. C. T., Durham and St. Bartholomew's
Harper, T. E., Westminster	Tickell, H. M., St. Bartholomew's
Harrison, C. J., University College	Vallance, H., London
*Haydon, H. W., King's College	Van Geyzel, C. T., University College
Heather, B. G., St. Thomas's	Wadd, H. R., St. Thomas's
Heather, L. D., King's College	Walch, C. N. C., St. Bartholomew's
Hemsted, R. H., St. Mary's	Ward, W. A., Middlesex
Henry, G. G. W., Bristol and Guy's	Way, R. H., University College
Hickinbotham, J. R., Birmingham	Webster, E., St. Thomas's
Hickman, J. E., Birmingham	Wells, S. R., St. George's
Hoffmeister, H. E. W., Cambridge and St. Bartholomew's	White, J. A. T., St. Bartholomew's
Hogg, J. A., Birmingham	Whitehead, J. H., Charing Cross
Hooton, A., Manchester	Whitehouse, E. St. J., Birmingham
Houghton, L. F., Sheffield and St. Mary's	Whitmore, J., Manchester
	Wightman, C. F., St. Bartholomew's
	Winckworth, W. B., Westminster
	Woakes, C. E., London
	Wyche, E. M., London

\* Candidates who have not presented themselves under the regulations of the Examining Board.

## PUBLIC HEALTH

AND

### POOR-LAW MEDICAL SERVICES.

#### HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,652 births and 4,392 deaths were registered during the week ending Saturday, January 28th. The annual rate of mortality in these towns, which had declined from 22.2 to 24.9 per 1,000 in the preceding three weeks, further fell to 22.2 during the week under notice. The rates in the several towns

towns. The mortality-rates per 100,000 were, during 1890, 562 in Madrid, 335 in Venice, 213 in Verviers. On the other hand, the rate in Berlin was 0.2, in Breslau 0.3, in Dresden 0.4, and the highest of all (Bremen) was only 2.4; and the average yearly deaths from small-pox per 1,000,000 during 1886-89 were only 3.5 in Germany, compared with 963 in Spain, 536 in Italy, 471 in Austria, and 231 in Russia.

Besides the above statistics, the German report contains minute details of 140 cases of small pox that were officially notified from different parts during 1890, mostly from Bavaria and Alsace-Lorraine. From particulars of these cases it is seen that the majority of them were introduced, as into Bavaria from Bohemia, and Alsace from France; and that the fatal and severe cases were, as a rule, in people who were either unvaccinated or had not been revaccinated, whereas the course of the disease in the few revaccinated who were attacked was always mild, terminating in recovery.

These facts may be commended to the attention of our own Royal Commission and to those of our statesmen who may be thinking of turning a favourable ear to the opponents of compulsory vaccination. With such evidence before them, and with the history of Dewsbury early this year, and of the present ominous occurrences at Leicester—where already some score cases of small-pox have appeared, and where the administrative alternatives to vaccination appear to be breaking down under the pressure of the epidemic—it would be sheer folly to abrogate or lessen our chief safeguard against this terrible disease.

#### REPORTS OF HEALTH OFFICERS.

STAFFORDSHIRE, 1891: INFANTILE MORTALITY.—The infantile mortality was again excessive, reaching 157 per 1,000 births for the whole county, whilst eight towns had rates of 200 and upwards, headed by Heath Town with 252 per 1,000 births. Seventeen towns, with nearly a quarter of a million people, still lack the benefits of compulsory notification, and some towns having hospital accommodation have failed to make use of their means of isolation in the presence of infectious disease.

DERBYSHIRE, 1891: COMPULSORY NOTIFICATION.—Dr. Barwise points to the fact that the death-rate of districts having compulsory notification is lower for certain diseases than in the rest of the county, the respective rates being 14.4 and 22.5 per 100,000 from scarlet fever, 17.8 and 21.9 from diphtheria, and 9.8 and 13.0 from typhoid fever. Only one district in the county (Buxton) is "thoroughly equipped for preventing the spread of infectious disease." We think it a great pity that Dr. Barwise has not summarised the facts as to the sanitary condition of the county. To form a judgment as to the progress made in the county in such matters as water supply, sewerage, and the like one has now to peruse the individual summaries of nearly fifty districts.

LANCASHIRE, 1891: RIVERS POLLUTION COMMITTEE.—The important matter of the prevention of river pollution has during the past year made great advances, joint committees having been formed, under order from the Local Government Board, to deal with the Mersey, Irwell, and Ribble. These committees have large powers, and it is believed that they will exert an influence more powerful than any that has been exercised since the passing of the Act of 1876. Dr. Sergeant seems sanguine of success attending this joint action.

## INDIA AND THE COLONIES.

### INDIA.

THE SNAKE LABORATORY AT CALCUTTA.—It is expected that the snake laboratory which is now in course of construction, under the auspices of the Committee of the Calcutta Zoological Gardens, will soon be in working order. An enlightened Bengali, Babu Govind Chandra Laha, has contributed 15,000 rupees towards the expenses. Two principal lines of research will be pursued in the laboratory. Alleged cures for snake bites will be tested under strictly scientific conditions, and the properties of the snake venom will be thoroughly investigated. The laboratory will be the only institution of its kind in the world.

### SIERRA LEONE.

It is proposed to appoint a resident medical officer at Kissy, Sierra Leone. The duties have up to the present time been carried out by the colonial surgeon, in conjunction with his other duties.

### THE GOLD COAST.

THE question of medical attendance in the Gold Coast Colony requires attention, according to the *Gold Coast Chronicle*. In many of the towns which line the sea coast, as well as in others situated inland, but which are equally entitled to the benefits of the Government, there are no hospitals or dispensaries. "We have known," says the paper in question, "of cases in which losses of life have resulted in consequence of the long distance to be travelled to get medical aid, from certain centres, as a rule, several miles apart from each other. These are Axim, Elmina (about eighty miles or more from Axim), Cape Coast Castle, Saltpond, Winneba, Accra, Adda, and Kwitta. But each of these hospitals, properly so called, cannot be said to exist at Saltpond and Winneba, medical attendance being given in comparatively small private houses hired for the purpose. Now, for a population of a million and a-half a better medical provision than that is required. What we have is meagre in the extreme, and its insignificance becomes more palpable when we remember that the hospitals are not so commodious as to allow a great number of patients to be present in them at one and the same time. We think no one of them could contain forty patients."

Dr. J. Desmond McCarthy, C.M.G., Chief Medical Officer of the Gold Coast, has come to England on six months' leave of absence. His health is far from good, and it is expected that he will retire on pension at the expiration of his leave.

Dr. P. Gardner arrived in the Gold Coast Colony last month, and assumed duty as an Assistant Colonial Surgeon. Dr. Gardner held for some time Government appointments in the Leeward Islands.

## MEDICAL NEWS.

BARON HIRSCH has sent a donation of £300 to the London and Brighton Female Convalescent Home, Marine Parade, Brighton.

BERLIN MEDICAL SOCIETY.—The Berlin Medical Society has again elected Professor Virchow President. The Vice-Presidents are Professors Siegmund, Hensch, and von Bergmann.

DR. KARL THÁN, Professor of Chemistry in the Medical Faculty of the University of Buda-Pesth, has been created a member of the Hungarian House of Magnates.

THIS year, between June 10th and 18th, the University of Montpellier will celebrate the third centenary of the foundation of its botanical garden. It is intended to invite a general congress of the botanists of all nations to do honour to the occasion.

BEQUESTS.—The late Mr. Peter Allen, of Overbrook, Kersal, Manchester, has by his will bequeathed £100 each to the Ardwick and Ancoats Dispensary and the Clinical Hospital for Women and Children, and £200 to the Northern Hospital for Incurables, Manchester.

ACCORDING to the *New York Medical Record*, Dr. Domingos Freire, of Rio de Janeiro, has presented a report to the Brazilian Ministry of the Interior concerning the value of Koch's remedy for tuberculosis. He sums up adversely to the claims put forward on behalf of tuberculin.

MR. H. TERRY, having acted as Honorary Local Secretary to the British Medical Benevolent Fund for Northampton for upwards of forty years, has been made a Vice-President of the Fund; and Mr. R. A. Milligan, of Northampton, succeeds Mr. Terry as Hon. Local Secretary.

PRESENTATION.—Dr. G. Evans, of Blaengarw, medical officer for the Garw Pit, Ocean Colliery, has been presented by representatives of the officials and workmen of the Ocean Colliery and the tradespeople and friends of the Garw Valley with a case of surgical instruments and a purse of gold as a token of esteem and appreciation of past services.

NEW YORK POST-GRADUATE SCHOOL.—The new building of the New York Post-graduate Medical School and Hospital is constructed of Indiana limestone and white brick. It is to be five storeys high, and will contain two clinical lecture rooms, with anterooms for patients, etc., an operating theatre, and numerous small rooms for special study. The building will accommodate 1,000 students and 180 patients.

CHURCH AND HOSPITAL IN MASHONALAND.—The *Guardian* states that the illness of the Bishop of Mashonaland (Dr. Knight-Bruce) has been a serious one, but he hopes to be sufficiently recovered to sail for Africa on February 11th. The Revs. C. Jickling and F. W. Ritchie leave for Mashonaland by the previous steamer, while the bishop takes with him two ladies as trained nurses who have been working with the All Saints' Sisterhood, for the hospital at Umtal, and Dr. Hallen has joined the staff of the diocese for missionary work.

GERMAN SURGICAL CONGRESS.—The German Surgical Society will hold its 22nd annual congress in Berlin from April 12th to the 15th, under the presidency of Professor König. One of the most important communications will be the report embodying the results of the collective investigation as to the effects of chloroform anæsthesia, which will be presented by Professor Gurlt, to whom all communications relating to the Congress should be addressed at his residence, Keithstrasse No. 6, Berlin, W.

ANOTHER VICTIM OF CHLORODYNE.—Again we have to record a fatal case of poisoning by chlorodyne, which was the subject of an inquest held by Mr. Drew at Hammersmith last week. As a proof of the temerity with which people will dose themselves with narcotics, we may refer to the statement made by a relative of the deceased that he had been in the habit of taking chlorodyne in large quantities, and would sometimes lie senseless for hours after having taken a tablespoonful. For such people the "poison" label is not a sufficient deterrent, and nothing short of keeping narcotics out

of their reach would be of any avail in preventing mischief. The stereotyped verdict of "death from misadventure" returned by the jury in this as in so many other analogous cases, falls far short of touching the vast evil of which they are continually affording evidence. Such cases are no doubt frequently neither suicidal nor the result of accident, but belong to another category, in which ignorance, hardihood, and the enslaving influence of habitual indulgence in opiates are the dominating factors, which are proof against any amount of rational warning.

**AMERICAN JOTTINGS.**—The San Francisco County Medical Society has adopted the following resolution: "That any member of this Society whose name shall appear in the daily press describing his professional powers in an unprofessional manner, and who cannot give a satisfactory explanation of the same, shall at the next meeting be expelled from the Society." By way of showing that the resolution is not to be interpreted in a Pickwickian sense, the Society has purged itself of four members who were considered to have offended in the way indicated.—The Board of Regents of the New York State University have recently granted, under certain specified conditions, a charter providing for the organisation of a Missionary Medical College in the city of New York. The institution is to be under the auspices of the International Medical Missionary Society. The charter provides that the course of study is to cover four years of nine months each, and the graduates of the school must pass the same examinations under the State board as the graduates of the other regular schools.—One of the newest things in unprofessional advertising seems to be the invention of a Louisville practitioner, who sent a communication to a medical journal type-written on a postcard. As the communication in question was a list of cases in which the operator had been fortunate enough to save life by intubation, it is evident that—from the advertising point of view, at least—the paper was a magnificent example of *multum in parvo*. It is to be hoped that statistical operators elsewhere will not follow suit.—The Philadelphia *Medical and Surgical Reporter* states that a large percentage of the candidates for admission to the military schools of the United States are rejected for "tobacco heart."—The Massachusetts Supreme Court has decided that the final judgment as to whether a child is too feeble-minded to be allowed to attend a public school rests with the School Committee of the city or town.—A medical practitioner of Hartford, Conn., having contracted to give his professional services to the sick members of a society for an annual payment of 37½ cents per head, the Hartford Medical Society has resolved to prohibit the contract system of furnishing medical services to societies of any kind at less than the usual fees. But what will the consequences be if a needy practitioner chooses to defy the lightning of the Society? The situation would be something like that when the Speaker of the House of Commons, was asked what would follow his naming of a refractory member, and could only answer: "The Lord only knows!" Resolutions passed by a county medical society—as the *Medical Record* says in speaking of another matter—"will have about as much effect upon the average Congressman as one rhubarb pill on a very constipated elephant." Still, in the case of resolutions as well as of pills, there may be virtue in numbers, and the collective force of the opinion of a united profession would no doubt be able effectually to suppress cheap doctoring on the contract system, as well as many other evils which at present weigh heavily on the medical profession in nearly all countries.

#### MEDICAL VACANCIES.

The following vacancies are announced:

- AYMESBURY UNION.**—District Medical Officer and Public Vaccinator. Salary, £100 per annum, with usual medical and vaccination fees. Applications to R. A. Wilson, Clerk, 12, Bridge Street, Salisbury, by February 6th.
- AYMESBURY UNION.**—Medical Officer for the Workhouse. Salary, £20 per annum. Applications to R. A. Wilson, Clerk, 12, Bridge Street, Salisbury, by February 6th.
- BOROUGH OF ROYAL LEAMINGTON SPA.**—Medical Officer for Police Force. Average emoluments £35 per annum. Applications, marked "Applications for the Police Surgeon," to Mr. H. Consett Passman, Town Clerk, Town Hall, Leamington, by February 13th.

- BOSCOMBE HOSPITAL, Bournemouth.**—House-Surgeon. Salary, £260 per annum, with board and residence, unmarried. Applications to Honorary Secretary by February 11th.
- CHELTENHAM GENERAL HOSPITAL.**—Junior House-Surgeon, unmarried, doubly qualified. Salary, £40 per annum, board and apartments. Applications to Lieutenant-Colonel Croker-King, Honorary Secretary, by February 4th.
- CHICHESTER INFIRMARY, Chichester.**—House-Surgeon. Salary, £20 per annum, with board, lodging, and washing. Applications to E. E. Street, Secretary, by March 1st.
- DUNDEE ROYAL INFIRMARY.**—Medical Superintendent. Applications to the Secretary, D. Gordon Stewart, Solicitor, Dundee, by February 8th.
- EPSOM UNION.**—District Medical Officer and Public Vaccinator. Salary, £70 per annum, exclusive of usual fees. Applications to William Oliver Reader, Clerk to the Guardians, by February 6th.
- GUY'S HOSPITAL, S.E.**—Assistant Dental Surgeon; must possess L.D.S. Eng. qualification. Applications to the Dean by February 4th.
- LIVERPOOL INFIRMARY FOR CHILDREN.**—Assistant House-Surgeon. Appointment for six months. Board and lodging provided. Applications to C. W. Carver, Honorary Secretary, by February 6th.
- NATIONAL HOSPITAL FOR DISEASES OF THE HEART, etc., 32, Soho Square, W.**—Physician to Out-patients; must be a Fellow or Member of the College of Physicians of London and a graduate in Medicine of a University. Applications to the Secretary, by February 9th.
- PARISH OF GLENELG.**—Medical Officer for the Northern Division. Salary, £95 per annum, with free house and garden. Applications to D. M. Lure, Inspector of the Poor, Glenelg, by February 21st.
- ROCHDALE UNION.**—District Medical Officer. Salary, £40 per annum, exclusive of extra medical fees. Applications to Mr. R. A. Leach, Union Clerk, Union Offices, Townhead, Rochdale, by February 6th.
- ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM, City Road, E.C.**—Anæsthetist. Honorarium, £50 per annum. Applications to the Secretary, by February 25th.
- STOCKPORT INFIRMARY.**—Junior Assistant House-Surgeon. Appointment for six months with board and residence and honorarium of £10 at end of six months' satisfactory service. Applications to the Secretary by February 6th.
- 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.**—Additional Examiner in Chemistry. Salary, £75 per annum, and £10 allowed for travelling and other expenses if not resident in Edinburgh or neighbourhood. Applications to M. C. Taylor, Secretary, by February 6th.
- UNIVERSITY OF EDINBURGH.**—Additional Examiner in Public Health. Salary, £40 per annum, and £10 allowed for travelling and other expenses if not resident in Edinburgh or neighbourhood. Applications to M. C. Taylor, Secretary, by February 6th.
- UNIVERSITY OF EDINBURGH.**—Additional Examiner in Botany. Salary, £75 per annum, and £10 allowed for travelling and other expenses if not resident in Edinburgh or neighbourhood. Applications to M. C. Taylor, Secretary, by February 6th.
- WEST END HOSPITAL FOR DISEASES OF THE NERVOUS SYSTEM, PARALYSIS, AND EPILEPSY, 73, Welbeck Street, W.**—Anæsthetist. Applications to A. Bedborough, Secretary, by February 7th.

#### MEDICAL APPOINTMENTS.

- AICKIN, Wm., M.D. Q.U.I.,** appointed Medical Officer for the South Division of the Belfast Constabulary.
- ANDERSON, John, M.D., Ch.M. Aberd.,** appointed Public Vaccinator at Braxholme, and Health Officer for Portland Shire, E. R., Victoria, Australia.
- ARCHER, A. M., M.D., B.Ch. Dub.,** reappointed Medical Officer for the North West Sanitary District of the Chester Union.
- BENTHAM, Andrew O., L.R.C.P. Lond., M.R.C.S. Eng.,** appointed Medical Officer for the Abram District of the Wigan Union.
- BLACKMAN, J. G., M.D. Brux., M.R.C.S.,** reappointed Medical Officer of Health for the Portsea Island Rural Sanitary District.
- BODY, Henry Martin, M.R.C.S. Eng.,** reappointed Medical Officer of Health for the South Molton Rural Sanitary Authority.
- BRAYTON, Thomas, L.R.C.P., L.R.C.S. Edin.,** appointed Medical Officer for the Hindley District of the Wigan Union.
- CARNALL, E., M.R.C.S., L.R.C.P.,** appointed Visiting Medical Officer to the Westminster Dispensary, Gerrard Street, W.
- CLARKE, Ernest, M.D. Lond., B.S.,** appointed Ophthalmic Surgeon to the National Hospital for Diseases of the Heart, etc., 32, Soho Square, W.
- CORBET, Rea, M.R.C.S. Eng.,** appointed Medical Officer of Health to the Rural Sanitary Authority of the Orsett Union.
- DAVIES, Hy. Havelock, M.B., C.M. Edin.,** appointed Medical Officer for the Brompton District of the Scarborough Union.
- ELLIS, Sidney, M.R.C.S. Eng., L.S.A.,** appointed Medical Officer for the Third and Sixth Districts of the Alderbury Union, *vice* Dr. Gordon, deceased.
- FAUSSET, Andrew, B.A., M.B., B.Ch. Dub.,** appointed Anæsthetist to the National Hospital for Diseases of the Heart, etc., 32, Soho Square, W.
- FOX, Edward J., M.B., C.M. Edin.,** appointed Junior House-Surgeon at Stanley Hospital, Liverpool, *vice* Jno. Guest Gornall, M.A., M.B., M.R.C.S., L.R.C.P., resigned.
- GARTH, H. C., M.B., C.M.,** reappointed Senior Resident Medical Officer to the Miller Hospital and Royal Kent Dispensary.



GOTLA, F. S., L.R.C.P., L.R.C.S., appointed *pro tem.* Medical Officer for the Parish of Brakadale, Skye.

HAYES, Thomas E. D., M.D. Durh., L.R.C.P.I., M.R.C.S. Eng., appointed Medical Officer for the Second and Fourth Districts of the Reigate Union.

HENRY, Louis, M.D. Melb., I.R.C.P. Lond., appointed Honorary Physician to the Melbourne Dental Hospital.

HENRY, Robert W. W., M.B., B.Ch. T.C.D., appointed Junior House-Surgeon to the Birmingham and Midland Eye Hospital.

HOOLEY, Arthur, L.R.C.P. Edin., M.R.C.S. Eng., appointed Medical Officer for the Cobham District of the Epsom Union, *vice* Rowland Smith, M.R.C.S. Eng., deceased.

HOPE, Mr. George, appointed Medical Officer for Hutton Bushell District of the Scarborough Union.

JOSHUA, Francis Wm., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer to the Great Malvern Samaritan Charity.

KENNEDY, Denis, L.R.C.P., L.R.C.S.I., appointed Medical Officer for the Steppeny Union, *vice* J. C. H. Dickinson, M.B.

KIDDLE, F., M.B., B.Ch., B.A.O. Univ. Dub., appointed House-Surgeon to the Sir Patrick Dun's Hospital, Dublin.

KILLEN, Wm. Marcus, B.A., M.D., M.Ch., appointed Medical Officer for the North-West Division of the Belfast Constabulary.

LATTER, Cecil, M.B., B.C. Cantab., appointed Assistant Medical Officer to the Western Fever Hospital.

MACDONALD, Greville, M.D. Lond., appointed Assistant Physician for Diseases of the Throat, King's College Hospital.

MCDONNELL, Daniel, M.A., B.A., M.B., M.Ch., appointed Medical Officer for the North Division of the Belfast Constabulary.

MACKAY, Wm., M.B., Ch.M. Edin., appointed Health Officer for Portland Shire, W. R., Victoria, South Australia.

MCQUITT, Wm., Baird, M.D. R.U.I., appointed Medical Officer for the East Division of the Belfast Constabulary.

MARTIN, Charles Lister, M.R.C.S., L.R.C.P. Lond., appointed Medical Officer for the Third District of the Chelmsford Union.

OAKMAN, Joseph John, M.R.C.S. Eng., L.S.A., appointed Medical Officer and Public Vaccinator for the No. 3 District of the Parish of Battersea.

O'CONNELL, Peter, M.D. R.U.I., M.Ch., appointed Medical Officer for the West Division of the Belfast Constabulary.

PITCAIRN, George Kincaid, M.B., C.M. Edin., reappointed Medical Officer of Health for Littleborough.

PORTS, Walter A. B., M.R.C.S., appointed Health Officer for Harrow, Victoria, Australia.

POWER, John Byrne, M.R.C.P.I., reappointed Medical Officer of Health for Kingstown.

ROCK, Cecil, M.R.C.S., L.R.C.P., appointed Junior Resident Medical Officer to the Miller Hospital and Royal Kent Dispensary, *vice* Frank Stanley Noble, M.R.C.S., L.R.C.P. Lond., resigned.

STRUTHERS, James, M.D., Ch.M. Aberd., appointed Government Medical Officer and Vaccinator for the District of Rylstone, New South Wales.

SUTTON, Charles S., M.B., Ch.B. Melb., appointed Public Vaccinator at Terang, Victoria, Australia.

WHITING, J. Whiting, M.D. Edin., appointed Junior House-Physician to the National Hospital for the Paralyzed and Epileptic, Queen Square, Bloomsbury, *vice* Guy M. Wood, M.B., promoted.

WOOD, Guy M., M.B. Durh., M.R.C.S., L.R.C.P., appointed Senior House-Physician to the National Hospital for the Paralyzed and Epileptic, Queen Square, Bloomsbury, *vice* H. M. Bowman, M.D., resigned.

## DIARY FOR NEXT WEEK.

## MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Lang: Diseases of Conjunctiva. Parkes Museum, 74A, Margaret Street, W., 3.30 P.M.—Dr. L. C. Parkes: Sanitary Appliances. 101, Great Russell Street, W.C., 8 P.M.—Dr. Galloway: Lesions of the Liver and Spleen.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN, 8 P.M.—Dr. J. Maughan: Remote Pain in Dental Disease. Casual communications by Mr. J. Mansbridge and Mr. W. E. Harding. The President will deliver his inaugural address.

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

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor C. B. Plowright: The Action of Fungi on the Human Body. Lecture I.

## TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Percy Smith: Delusional Insanity. Hospital for Diseases of the Skin, Blackfriars, 4 P.M.—Mr. Jonathan Hutchinson: On Various Cases. 101, Great Russell Street, W.C., 8 P.M.—Dr. Potter: Methods of Investigation in Diseases of Women.

PATHOLOGICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. J. Hutchinson, jun.: (1) Melanotic Carcinoma of the Skin; (2) Foreign Body in Hernial Sac. Dr. Voelcker: (1) Intra-auricular Cardiac Polypus; (2) Heart with Congenital Malformations. Dr. H. D. Rolleston: Sarcomatous Growth in the Oesophagus associated in the Growths in Bone. Dr. Norman Moore: (1) New Growth in Descending Colon; (2) Carcinoma of Lung in a Cow. Card Specimen: Dr. N. Moore: Rupture of Heart.

## WEDNESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 2 P.M.—Dr. Hector Mackenzie: Physical Diagnosis of Phthisis. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Stanford Morton: Optic Neuritis.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor C. B. Plowright: The Action of Fungi on the Human Body. Lecture II.

HUNTERIAN SOCIETY.—8 P.M., Annual meeting. 8.30 P.M., Hunterian Oration by Mr. J. S. E. Cotman, On Physical Education.

EXAMINATION HALL, Victoria Embankment, 5.15 P.M.—M. Haffkine: Protective inoculation against Cholera.

## THURSDAY.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralyzed and Epileptic, Queen Square, 2 P.M.—Dr. Ormerod: Electrical Testing of Muscles. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Dr. Hadden: Selected Cases from the Out-patient Department. Central London Sick Asylum, Great Cleveland Street, 5.30 P.M.—Sir George Johnson, F.R.S.: Influence of the Arterioles in Health and Disease. London Throat Hospital, Great Portland Street, 8 P.M.—Dr. Whistler: Syphilis of the Throat and Nose.

NEUROLOGICAL SOCIETY OF LONDON, 20, Hanover Square, 8.30 P.M.—Dr. Sherrington: The Skin Fields of some Sensory Spinal Nerve Roots.

NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY, Great Northern Central Hospital, 8.30 P.M.—Mr. W. H. Day: (1) A Case of Retention of Urine in a Young Girl from Distended Rectum; (2) A Case of Induction of Premature Labour in Cardiac Asthma. Dr. C. F. Bailey: A Case of Acute Pemphigus. Mr. L. G. Guthrie: A Case of Multiple New Growths upon the Peritoneum. Mr. W. R. Stewart: A Case of Suppuration in the Ethmoidal Cells. Dr. H. W. Syers: A Case of Aneurysm of the Arch of the Aorta in a Female. Mr. H. W. Allingham: A Case of Intestinal Obstruction, Exploration, Cæcum opened. Mr. P. T. B. Beale: (1) A Case of Persistent Branchial Cleft; (2) A Case of Polydactylism.

BRITISH GYNECOLOGICAL SOCIETY, 8 P.M.—Specimens will be shown by Dr. Granville Bantock and Mr. R. H. Hodgson. The President (Mr. Bowreman Jessett) will deliver the annual address.

CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL, Gray's Inn Road, W.C., 5 P.M.—Dr. Dundas Grant: Chronic Suppurative Inflammation of the Middle Ear.

## FRIDAY.

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 11 A.M. to 1 P.M.—Professor Crookshank: Lecture, Tuberculosis; Practical Work, Examination of Sputum. Hospital for Consumption, Brompton, 4 P.M.—Dr. Hector Mackenzie: Physical Diagnosis of Phthisis.

CLINICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. A. E. Barker: Subserous Uterine Hematocoele in a Girl, aged 11, simulating Acute Appendicitis: Laparotomy; Recovery. Mr. F. Treves: A Case of Lipoma of the Broad Ligament. Dr. C. D. B. Hale and Dr. Goodhart: A Case of Diaphragmatic Hernia in which Death was caused by Vomiting. Dr. Colcott Fox: Two Cases of Generalised Vaccinia.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor C. B. Plowright: The Action of Fungi on the Human Body. Lecture III.

## SATURDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 11 A.M.—Dr. Theo. Hyslop: Puerperal and Lactational Insanity.

## 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.*

## BIRTHS.

PHILLIPS.—On January 30th, at 20, Much Park Street, Coventry, the wife of Edward Phillips, M.B., of a son.

PRICE.—On January 26th, at 286, High Street, Bangor, North Wales, the wife of Emyr Owen Price, M.D., of a daughter.

SHEPHERD.—On January 28th, at Cowbridge, Glamorgan, Wales, the wife of Albert Wilberforce Shepherd, L.R.C.S.I., L.&L.M.R.C.P.I., L.M. Bot. Dub., etc., of a son.

SPURRELL.—On January 19th, at Church Crookham, Hants, the wife of Wm. D. Spurrell, M.R.C.S. Eng., L.R.C.P. Lond., of a son.

## MARRIAGE.

CADEL—ANDERSON.—On January 24th, at St. Peter's Church, Tiverton, by the Rev. Canon Eyre, M.A., Nevil Pottow Cadel, L.R.C.P., etc., to Gertrude Louisa, widow of the late G. C. Anderson, Esq., and younger daughter of the late Francis Wesleyley Marsh Biddulph, Esq., Rathrobbin, King's Co., Ireland.

## DEATHS.

CHALLACOMBE.—At his residence, 56, Kingsdown Parade, Bristol, on January 26th, John Pince Challacombe, M.D.

DANIEL.—On January 25th, at Wareham, Dorsetshire, Woodruffe Daniel, M.R.C.S. Eng.

NOBLE.—On January 28th, at the Royal Infirmary, Edinburgh (Students' Ward), Nelson George Noble, aged 28, second son of Frederick Noble, Chipping Ongar, Essex.