

been confined to the one first affected, and if any others have subsequently taken it, the attack has been singularly mild. The following is a good illustration:

On November 4th a child, aged 10, took a severe attack of scarlet fever, when all the other children—one older, four younger—except the baby, 18 months old, took 2 grains of carbolic acid twice daily. In four days another child was taken ill, but the attack was much milder. The mother mixed promiscuously amongst them. The baby was unavoidably in the sick room much of the day and during the whole of the night. At the end of three weeks, whilst desquamation was active, the baby took scarlet fever, but in such a modified form that it could be scarcely said to be ill; the rash was transient and she was well in a week. There was no desquamation in her case. None of the other three children have taken it. They took the acid until the house was disinfected.

I could multiply such instances did space permit. In conclusion, I may say that, after twelve years' experience, I know of no therapeutic agent to equal it in efficiency, and have never seen any untoward result arise from its careful use.

If I might venture into the domain of theory, I would suggest that the spores of the pathogenic microbe which produce scarlet fever have either a feeble investing membrane or are peculiarly subject to the influence of carbolic acid; hence they are rendered incapable of vigorous multiplication, each succeeding generation becoming more attenuated. Therefore, when transferred even to fresh pastures they are too feeble for active development, and a mild attack is the result.

## MEMORANDA:

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

#### PROLAPSE OF THE UMBILICAL CORD.

THAT cases complicated with prolapse of the umbilical cord occur now and again is the experience of most men in large midwifery practice, and the treatment pursued is pretty much the same by all, and I have always adopted the recommended treatment in my cases during the past twelve years with varying success. In former cases I found that the replacing of the cord was frequently attended with difficulty, and after being replaced well beyond reach invariably descended with the advent of each successive labour pain. Under these circumstances it was my habit to turn immediately, or apply the forceps, and so hasten delivery, believing that if left alone the child would certainly be asphyxiated. Two cases I have had within the past month and the treatment adopted I have thought worthy of mention.

CASE I.—C. B., aged 34, single, multipara. Her former labours had been normal. I was called to her in the Poorhouse at 9 P.M. on December 19th, 1892. The patient had been in labour for twelve hours, the liquor amnii having escaped about 9 A.M. with a rush and without warning. On examination I found the os well dilated, the head presenting in the second obstetrical position with a loop of cord, which was thick and distended, lying posterior to the head and well down in the vagina. Having several times put back the cord and finding it always came down again, I applied the forceps and so completed delivery. The child was well-nourished, at full time, and was born alive. During delivery the cord ruptured, and there was troublesome hæmorrhage from the placental end, which was left high up in the vagina. This was arrested by the removal of the placenta from the uterus, the hand being introduced into its interior, and external pressure.

CASE II occurred in private practice. Mrs. L., aged 29, multipara. I had attended her in former confinements (four), all of which were normal. I was called at 7 A.M. on January 12th. The patient had been in labour for three hours, pains every fifteen minutes and fairly strong. I found a large bag of "waters" distending the vagina, the os about the size of a crown, piece and quite flaccid, the head could just be reached with the examining finger, and I could feel the umbilical cord between my finger and the presenting head. In this case turning could have been accomplished rather easily but I determined not to, but ruptured the membranes and await Nature's process of accomplishing the labour in the event of the cord coming down, which it did. I was prepared to interfere if there was any symptom of danger to the life of the child. The os in time became fully dilated, and the head entered the pelvis. The labour progressed normally, the pains becoming stronger, and I observed (examining during every pain) that, as expected, the pulsation in the cord stopped, the cord becoming tense and coiled up, when the head compressed it against the bony pelvis, but after the pain was over and the head had receded the pulsation returned. This was the case all through—alternate advance of head no pulsation in the cord, recession of head pulsation. When the head came down on the perineum I pulled out the loop of cord, and the next pain expelled the head, the body following with another pain, that is, the whole child by a "double" pain, at

9 A.M., two hours after my arrival. The child was alive, healthy, and of large size.

In the two cases mentioned the dimensions of the pelvis were normal. After the above experiences there seems to me to be no necessity for immediate active interference in every case of prolapse of the cord, either by version or applying the forceps, other things being equal, when one has replaced the cord and failed to keep it *in situ*, but allow Nature to use her own means of delivery, the accoucheur meanwhile paying close attention to the pulsation or non-pulsation of the cord during the progress of the labour.

Aberdeen.

JOHN G. SCROGGIE, M.B., C.M.,  
Medical Officer to the City Poorhouse.

#### TREATMENT OF SYPHILIS BY MERCURY AND HOT BATHS.

I READ Dr. Alexander's letter on the above with interest. I agree with all he states. Many years ago I visited Aachen in order to see for myself the method which had proved so successful in curing the syphilised at that spa. The town and surroundings I found most depressing; the waters are very weak sulphurous springs, identical with the mildest sulphur springs of this place; they vary in temperature from 114° to 170°, and resemble Bath in being thermal, but in nothing else. The main thing at Aachen is the thoroughness of the inunction. This is done by highly-trained men and women, and it only can be done effectually by such.

I saw patients who had undergone thirty, forty, and sixty inunctions going about as usual. Some had been sent away after thirty rubbings to Carlsbad, Homburg, etc., and had returned—100 inunctions being occasionally enforced without any marked or unpleasant physiological mercurial symptom arising except in the steady diminution of eruptions, nodes, ulcerations, and nocturnal pains. I saw several non-specific cases of chronic eczema, lichen, and psoriasis undergoing this treatment. Since my visit to Aachen I have treated a very great number of cases by inunction, both in combination with our sulphur waters and baths and without either. The result has been most satisfactory, but I have found more rapid improvement when the waters supplemented the rubbings than when mercury alone was employed. This has been especially the case where the mucous membrane was affected. I have had four severe cases undergoing treatment during the past frosty weather; they have been out every day. Two I have had to treat entirely by mercurial rubbings, and to allow them to rub themselves; the other two have been rubbed by a medical rubber, and taken the mild sulphur water daily internally, and a sulphur bath every other day. The progress made by those on the sulphur water has been very much greater than the others, although their symptoms were more marked and of longer duration.

Harrogate.

A. S. MYRTLE, M.D.

#### SCARLATINA AND ROSEOLA.

THE diagnosis of scarlatina has always been a difficulty. This fact was emphasised a few weeks since in a letter in the BRITISH MEDICAL JOURNAL, by the medical officer of a small scarlet fever hospital containing thirty beds, in which he stated that out of thirty patients sent to him and certified by medical men as being cases of scarlatina, no fewer than ten cases proved not to be scarlatina at all.

I have had a singular experience in a large institution to which I am attached as medical officer, wherein at the end of December, 1891, a solitary case of roseola occurred, the child was carefully isolated, and it appeared that the disease was stamped out.

Three months afterwards, that is in March, 1892, no fewer than 31 cases of roseola presented themselves with all the characteristic symptoms, namely, a flush over the chest, no sore throat, no elevation of temperate, and no complaint of illness. The same care was adopted as before, and another period of three months or so passed without a case appearing.

The drains having been found defective, the children were sent away from the institution, while the whole system of drainage was rendered as complete as science and good workmanship could produce. One hundred children were sent home to their friends, and one hundred who were friendless were taken to Clevedon for two months. While the home was

empty and the drains being made, most careful ventilation and disinfection was insisted upon.

At the end of two months all the children returned, those from Clevedon wearing the aspect of rude health, while those who came from their friends were found more or less healthy, but underwent careful inspection and disinfecting baths before they joined the general circle. No case of roseola was reported from amongst those who visited their friends, but three cases occurred at Clevedon, where the greatest precaution was observed, not only by isolation but also by disinfecting baths, fresh air, etc.

On the return of the children to the home several other cases of roseola occurred, which were treated as before.

September 7th was the usual monthly visiting day, and friends were admitted to see the inmates, scarlatina in London being very prevalent at the time. Four days after the visiting day one girl was stricken down with undoubted scarlet fever, and in all fourteen cases presented themselves. They were all of a mild type, and all recovered without any after consequences. The desquamation was in some cases profuse, in others more partial. There has been no case of albuminuria.

The question naturally arises whether there can be any relation between the two diseases, whether scarlatina can be developed from roseola, or whether it was a mere coincidence that they both existed at the same time in the same institution? I may add that some cases of roseola existed concurrently with scarlatina.

In the cases of roseola the rash only lasted for a few hours or a couple of days, and if any desquamation appeared at all it was only in a few cases, and these resembling the trifling roughness of the skin which often follows measles or any other vascular disease of the skin. In the cases of roseola the small superficial glands were affected in some of the patients; in the cases of scarlet fever there was a high temperature, 103° to 105°, the deeper glands were enlarged, the rash existing from five to seven days, and the desquamation characteristic and summarily complete.

The occurrence of such a combination of diseases I think worthy of record; it may throw some light upon the etiology of both.

Hampstead.

H. COOPER ROSE, M.D.

#### ANOMALOUS CASES IN AN EPIDEMIC OF SCARLET FEVER.

AN exceptional geographical position has afforded me exceptional opportunities for clinical observation. Situated on what is usually termed the "Island of Cambois," although, strictly speaking, it forms a peninsula, I have under my care the entire population, numbering some 2,500 men, women, and children. Bounded on the one side by the river Blyth, and on the other by the Wansbeck, hanging, so to speak, to the mainland by a single highway, bathed in its whole extent by the fresh breezes of the North Sea, and still further isolated by the refusal of the local authorities to build a bridge across either river, the inhabitants would seem justified in assuming a truly philosophical attitude towards the various epidemic diseases which may waste and devastate the adjoining island of Great Britain.

Towards the latter part of September a woman brought a child recovering from scarlet fever into the village, and within a very short time the whole place was dotted with cases; sometimes only one child in a house suffered, sometimes all. Owing partly to the construction of the houses, but more so to their chronic overcrowded condition, complete isolation of the sufferer could seldom be effected.

As is usual when an epidemic is widespread, the cases as a general rule ran a rapid and regular course. But there was the sore throat, lasting, perhaps, a couple of days in the adult, who stoutly denied that he could possibly have the fever; there was the child who suffered from sore throat, adenitis, and high temperature, characteristic tongue, but upon whom no rash ever appeared; then there was the case where the rash was plentiful, and the child never seemed to fail in its general health.

One remarkable symptom which rarely was absent was excessive vomiting, accompanied in many cases by purging, the vomiting lasting usually about thirty or forty hours.

Another curious feature was that a child who seemed to have passed through an attack of the fever without showing any rash would, in the course of a period varying from a week to ten days, develop a very profuse rash of the usual scarlet fever character, its presence, however, in no way seeming to interfere with the child's appetite either for food or play.

Another symptom which usually caused great distress, and which in many cases lasted well through the desquamative stage, was a profuse discharge of an acrid, alkaline, clear fluid from the nose. This discharge was, in my belief, one of the most active agents in the propagation of the disease, and in some cases a very intractable form of ophthalmia resulted from the child rubbing some of the nasal discharge into its eye.

It is generally accepted that severe nervous symptoms accompany—to use an Irishism—the want of a rash, and that a profuse rash lessens the tendency to convulsions. Without in any way denying this deduction from general experience, still I noticed many exceptions. In three of the worst cases which suffered from well-marked convulsions, the rash was profuse, and in no case where nervous symptoms presented themselves was the rash wanting or scanty. Although some 850 children suffered from the disease, there was only one case of acute Bright's disease, which yielded rapidly to the ordinary treatment. The mortality was very slight, for among all these cases there was only one death, and that took place from convulsions. Just when the epidemic seemed to have visited all presenting a suitable field for attack, a very curious thing took place which at first caused not a little surprise. A child which had passed through an attack presenting all the typical symptoms—rash, sore throat, desquamation, etc.—by the time the last one in the house to contract the fever was laid in bed, again seemed to be attacked, and again was there a rash, high temperature, etc., and it was only after the third case of this seeming recurrence of scarlet fever that I discovered that it was not scarlet fever but measles.

Cambois, Blyth.

JAMES MASON, M.D.Brux., D.P.H.Camb.

#### ALCOHOLIC PERIPHERAL NEURITIS: CRAMPS: EXAGGERATED KNEE-JERKS.

J. P., aged 47, a butler, consulted me in November, 1892, complaining of continual numbness of the right arm and leg; feebleness of the right arm so extreme that he could hardly hold things sometimes, and marked tremor of the hand, sleeplessness, and general debility. He had also frequent severe cramp in both legs. He dated his symptoms from an attack of influenza in 1891; and though I knew his habits I gave him the benefit of the doubt and diagnosed chronic peripheral neuritis. The knee-jerks were excessive on both sides. No anaesthesia.

Some months after he had a typical attack of delirium tremens. It began early in the morning with sudden severe pain in the dorsum of the right foot, spreading up the distribution of the anterior tibial nerve and extending to the abdominal branches of the right side of the lumbar plexus.

The patellar reflexes were very exalted on both sides. Total abstinence produced a rapid recovery.

The case illustrates two points, which I noted as peculiar, but which Drs. Ross and Bury accentuate in their new book on *Peripheral Neuritis*, and which your reviewer justly endorses: that in the early stages of the disease the knee-jerks may be exaggerated; and that cramp is common. Babinski has lately pointed out<sup>1</sup> that spontaneous cramp in alcoholism and peripheral neuritis is common, but the symptom has not attracted much attention.

Westerham.

ARTHUR MAUDE.

<sup>1</sup> Soc. Méd. des Hôp., December 2nd, 1892.

FRENCH CONGRESS OF SURGERY.—The French Congress of Surgery will hold its seventh annual meeting at Paris on April 3rd and following days, under the presidency of Professor Lannelongue. The following are the subjects proposed for discussion:—(1.) Fibrous Tumours of the Uterus. (2.) The Surgical Treatment of Tuberculous Affections of the Foot. Communications relative to the Congress should be addressed to M. Félix Alcan, 108, Boulevard Saint Germain, Paris.

**Death Certificates.**—Mr. MADEN asked the Secretary of State for the Home Department whether his attention had been called to a report of an inquest on the body of Richard Killick, aged 60, who died at Hatch Row, Lambeth, of January 31st, 1893, and whose death was certified by Dr. Freeman, of 203, Blackfriars Road, although he had not seen him for a week previous to his death, but who signed the death certificate as having seen him on January 29th, and seeing there had been several cases of doctors giving illegal certificates lately, whether he would call the Registrar-General's attention to this, and see that the existing law was carried into effect. Mr. ASQUITH said he had found on inquiry that the coroner had already called the attention of the Registrar-General to the circumstances of the case, and he, no doubt, would take any proceedings which might be necessary. Other irregularities appeared to have been disclosed in connection with the case, which the coroner intended to report to the Director of Public Prosecutions, and the hon. member might feel assured that every effort would be made to carry the existing law into effect in this and all other similar cases.

**Royal University of Ireland.**—Mr. J. MORLEY, in answer to Dr. KENNY, said: The President of the Queen's College, Galway, reports that the regulations of the Royal University were correctly stated by the hon. gentleman's question. Students of medicine, before presenting themselves for examination for medical degrees, must produce a certificate of attendance during twenty-four months at a general hospital containing at least sixty beds in constant occupation, and a certificate of attendance during three consecutive months in a fever hospital of repute or in fever wards of a general hospital. He understood that the rules of the College of Surgeons required the same number of beds as those of the Royal University, namely, sixty. He was not aware of any combination of hospitals in Galway made in consequence of any commission. In response to an application from the medical staff of the Galway Hospital, not of the Queen's College authorities, the Senate of the Royal University, by minute dated October 27th, 1892, recognised that institution as a general hospital sufficient by itself to give clinical instruction. No limitation to thirty-five beds had been made: on the contrary, the Local Government Board had fixed the number of beds to be maintained at sixty. There were no fever wards, but accident cases were at all times admitted. As already stated, the Senate of the Royal University recognised the Galway Hospital, on the application of its medical staff, and the President of the Queen's College stated that the medical faculty of the College had reported to him that that hospital fulfilled in every particular the requirements set forth in the regulations of the Royal University. From the foregoing explanation it would appear that the students of the Galway Medical School were under no disability as regards compliance with the regulations of the Royal University, and the matter did not appear to call for a reference to the General Medical Council.

Tuesday, February 14th.

**The Tuberculosis Commission.**—Mr. YERBURY asked the President of the Board of Agriculture whether, in view of the recent Agricultural Conference having unanimously passed a resolution to the effect that tuberculosis should be included in the Contagious Diseases (Animals) Acts, he had taken any steps to secure an early report from the Royal Commission upon Tuberculosis. Mr. GARDNER said that they had frequently been in communication with the Royal Commission with regard to the matter, and every endeavour was being made by them to expedite the completion of their work, so far as was compatible with complete scientific investigation of the questions committed to them. The Commission were well aware of the interest and importance which attached to the subject.

**Professors of the Queen's Colleges in Ireland.**—Mr. M. J. KENNY asked the Secretary to the Treasury whether the "65 rule" applied to the President and Professors of the Queen's Colleges in Ireland, and if so, how many had been retired under its operation, how many had been specially exempted until 70; and whether any other than those specially exempted continued to hold office. Sir J. HIBBERT said the question whether any particular office was within the operation of the clause of the Order in Council to which the question referred could only be decided by a competent court of law. Pending such a decision, the Treasury was of opinion that the President and professors of the Queen's Colleges were within the order, and no payment from a vote of Parliament would be made to any professor who was over 65 years of age, unless his service had been continued by the Treasury under the special power given to them by Clause X of the Order. The services of two professors had been thus continued. He was not aware how many others were over 65 years of age.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE.

At St. John's College Dr. Donald MacAlister has been appointed by the Council of the College one of the Tutors, in the place of Mr. Heitland, who, after ten years of office, has resigned. Dr. MacAlister was senior wrangler and first Smith's prizeman in 1877. He is University Lecturer in Medicine, a representative of the University on the General Medical Council, and Secretary of the Council of the Senate. He is also one of the Physicians at Addenbrooke's Hospital, a Fellow of his College, and a member of its Council. He will enter upon his duties as Tutor at Midsummer.

**ACTS.**—A. G. Harvey, B.A., St. John's, and G. W. Thompson, B.A., Christ's, have kept the Act as required for the degree of M.B.

**ELECTORS TO PROFESSORSHIPS.**—The following have been appointed electors to professorships: *Chemistry*, Dr. A. MacAlister, St. John's; *Anatomy*, Professor A. Newton, Magdalene; *Botany*, Dr. Phear, Master of Emmanuel; *Jacksonian* (Chemistry, etc.), Mr. F. T. Main, St. John's; *Zoology and Comparative Anatomy*, F. Darwin, M.B. Christ's; *Physics*, Mr. W. D. Niven, Trinity; *Surgery*, Dr. D. MacAlister, St. John's; *Downing of Medicine*, Professor Liveing, St. John's; *Physiology*, Dr. P. H. Pye-Smith; *Pathology*, Sir G. M. Humphry.

**MEDICAL BOARD.**—Dr. L. E. Shore, St. John's, late Examiner in Physiology, has been appointed a member of the Special Board for Medicine, in the room of Dr. A. S. Lea.

### UNIVERSITY OF LONDON.

#### PRELIMINARY SCIENTIFIC (M.B.) EXAMINATION:

**Entire Examination.**—First Division: T. W. Edmondson, B.A., Pembroke College, Cambridge, and private study; T. H. Gardner, University Tutorial College; S. C. Goodman, B.A., private study and Birkbeck Institute; T. Knowles, B.A., private study and Yorkshire College; E. H. Stevens, B.A., private study and University Tutorial College; H. F. A. Wigley, B.A., University Tutorial College and private study. Second Division: S. Andrade, B.A., private study; C. T. Bishop, Brighton Grammar School and Charing Cross Hospital; Nalina Heloise Bonnerjee, Bedford College, London, and private study; A. H. Boyden, B.A., Owens College and private study; H. N. Coltart, Epsom College and St. George's Hospital; S. J. Coysh, B.A., University Tutorial College; C. V. Crook, B.A., private study; G. C. Owsley, Guy's Hospital; H. Peet, Kingswood School; B. A. Percival, Southampton Boys' Collegiate and High School; P. D. Pywell, private study; Kathleen Olga Vaughan, University College, Bangor, and Bedford College; F. W. Westaway, B.A., private study; H. E. White, Mason College; E. Witham, B.A., Firth College and private study; S. Worthington, B.A., private study.

**Chemistry and Experimental Physics.**—\*B. Amsden, LL.B., B.A., private tuition; \*F. J. Ayre, St. Mary's Hospital; \*J. S. Barnes, St. Thomas's Hospital and Birkbeck Institute; \*H. C. P. Bennett, St. Bartholomew's Hospital; \*A. H. Carter, Guy's Hospital; \*E. Chatterton, private study; \*A. J. Cleveland, Guy's Hospital; \*E. H. Coleman, St. John's College, Cambridge; \*W. J. E. Davies, private study; \*W. N. East, Guy's Hospital; \*A. L. Edwards, St. Mary's Hospital; \*Mabel Foley, University Tutorial College; \*J. A. Glover, Guy's Hospital; \*W. A. Golby, St. John's College, Cambridge; A. D. Goodliffe, private study; \*H. A. Günther, University College and private tuition; \*Lucy Elizabeth Harris, University College and University Tutorial College; \*F. J. Hasslacher, King's College; \*H. E. Hewitt, St. Thomas's Hospital; \*C. R. Hodgson, Guy's Hospital and private study; F. A. Johns, Hartley Institution and private study; A. Jones, University College, Cardiff; \*G. W. G. Jones, St. Mary's Hospital; \*J. L. Jones, University College, Aberystwith; \*W. M. Jones, private study; \*Elizabeth Knight, private study; \*Beatrice Knowles, Newnham College, Cambridge, and University Tutorial Colleges; R. C. Leaning, Kent College, Canterbury, and private study; \*Marion S. Linton, B.A., University College, Bristol, and private study; O. Marriott, Guy's Hospital; \*R. Maxwell, private study; \*R. W. Mayston, Guy's Hospital and private study; H. L. Norris, St. Thomas's Hospital; \*A. W. Oxley, University College; \*A. W. Penrose, St. Bartholomew's Hospital and private study; A. G. G. Plumley, Clifton Laboratory; J. H. Rhodes, Hilderthorpe School, Scarborough, and private tuition; \*A. M. Ross, King's College; \*H. A. Scholberg, St. Bartholomew's Hospital; H. D. Singer, Merchant Taylors' School; \*A. B. Smallman, Owens College; \*J. E. Smith, University College, Liverpool; \*F. E. Taylor, Yorkshire College; \*J. W. Turner, private study; \*Elinor Adeline N. Twigg, Mason College and private study; \*W. F. Tyndale, St. George's Hospital and Birkbeck Institute; \*W. F. Walker, Owens College; G. B. Webb, Guy's Hospital; \*Charlotte E. Westman, University Tutorial College; \*H. C. White, King William's College, Birkbeck Institute, and Middlesex Hospital; W. D. Wiggins, St. Mary's Hospital; \*W. B. H. Wood, Mason College; \*H. B. Woodcock, Owens College and private tuition; \*W. Wright, Owens College; B. M. Young, St. Thomas's Hospital.

**Ecology.**—\*W. Anderson, London Hospital; A. J. Appleton, B.A., private study; \*J. H. Arthur, London Hospital; \*A. E. Baker, Middlesex Hospital and private study; \*E. Balderston, Guy's Hospital; T. P. Berry, Guy's Hospital; A. de V. Blathway, University College and private study; S. Blofeld, B.A., University Tutorial College and private study; Janet W. Carr, University College and private study; A. G. Colville, University Tutorial College; \*H. E. Corbin, private study; \*A. B. Cridland, University College, Bristol; E. J. Distin, King's College; \*H. L. Eason, University College; R. S. Elvins, Mason College and private study; \*E. Evans, Guy's Hospital and University College, Aberystwith; H. B. Gibbins, Leighton Park School and private study; L. E. C. Handson, Guy's Hospital and University Tutorial College; H. H. Higgs, B.A., Wyggeston School and private study; H. J. Hutchens, St. Bartholomew's Hospital; \*W. A. L. Jackson, Mason College and private study; F. C. Lewis, St. Mary's Hospital; L. Lindop, St. Mary's Hospital; \*F. S. Lloyd, St. Mary's Hospital; P. C. Lloyd, St. Bartholomew's Hospital; J. M. A. Manning, St. George's Hospital and Birkbeck Institute; \*T. Marles-Thomas, University College, Aberystwith; \*H. J. Marriage, St. Thomas's Hospital and Birkbeck Institute; \*W. G. Mortimer, private study; \*F. M. Newton, Epsom College and St. Bartholomew's Hospital; \*A. C. Parsons, Epsom College; \*J. A. Perdrau, University College; Louise Rickwood, Bedford College, London; S. A. Ruzzak, Guy's Hospital; G. B. Thwaites, private study; \*J. V. Watson, Owens College; J. H. Williams, London Hospital.

\*These candidates have now completed the examination.

#### INTERMEDIATE EXAMINATION IN MEDICINE:

**Entire Examination.**—First Division: G. J. Branson, B.A., Mason College; A. W. R. Cochrane, St. Bartholomew's Hospital; R. Hopton, Yorkshire College. Second Division: P. E. Adams, St. Bartholomew's Hospital; J. A. Atkinson, St. Mary's Hospital; C. Banting, University College; P. C. Barford, St. Bartholomew's Hospital; F. M. Burnett, St. Bartholomew's Hospital; J. E. G. Calverley, St. Bartholomew's Hospital; F. Chown, St. Mary's Hospital; J. Cohen, London Hospital; E. Coleman, Guy's Hospital; F. J. Coutts, University College; A. P. Cummings, Yorkshire College; C. S.

De Segundo, St. Bartholomew's Hospital; W. E. N. Dunn, St. Bartholomew's Hospital; A. H. Gerrard, University College; T. Hampton, St. Bartholomew's Hospital; W. E. L. Horner, University College; R. Hughes, St. Thomas's Hospital; T. H. Hunt, Owens and Yorkshire Colleges; F. H. Jacob, King's College; A. Marriott, University College; W. P. Nicol, Mason College; F. S. Penny, King's College; G. B. Price, Bristol Medical School and Clifton Laboratory; M. H. Raper, Middlesex Hospital; H. M. Rigby, London Hospital; S. G. Tippet, Westminster Hospital; R. H. Townsend, London Hospital; T. H. Wells, Middlesex Hospital and Birkbeck Institute; F. K. Wilson, Westminster Hospital.

*Excluding Physiology.*—First Division: E. B. Bostock, Mason College; A. W. Jenkins, University College. Second Division: W. Allport, Mason College; C. H. Caldicott, Mason College; M. Dick, University College; A. D. Ducat, St. Bartholomew's Hospital; W. H. Holliday, Yorkshire College; D. Horwitch, Mason College; A. E. Hutton, Yorkshire College; R. M. Johnston, University College; E. T. Jones, University College; C. H. Mott, London Hospital; M. Wilks, University College.

*Physiology Only.*—First Division: A. Hunnard, University College. Second Division: J. N. Brown, University College; J. S. Chater, St. Bartholomew's Hospital; G. W. Gostling, University College; M. L. G. Hallwright, Mason College; G. R. Harcourt, St. Thomas's Hospital; F. D. Harris, St. Mary's Hospital; S. P. James, St. Mary's Hospital; Amelia Maitland Le Pelley, London School of Medicine for Women; J. Mace, Yorkshire College; W. M. Price, Guy's Hospital; A. E. Reynolds, University College; S. E. Shoppee, University College; A. Tait, Yorkshire College; R. H. Tompsett, St. Thomas's Hospital; A. Young, Sheffield Medical School and University College.

#### UNIVERSITY OF DUBLIN.

At the Spring Commencements, held according to custom in Hilary Term on Shrove Tuesday, February 14th, 1893, in the Examination Hall of Trinity College, the following degrees in the Faculty of Medicine were conferred by the University Caput, in the presence of the Senate:

*Baccalaurei in Medicina, in Chirurgia, et in Arte Obsteriatrica.*—A. F. Dixon, W. G. Dunwoody, H. A. Gray, J. G. F. Hearn, H. Irwin, H. T. Knaggs, F. H. Maberly, E. H. Montgomery, D. F. Rambaut, E. A. Shekleton, *Doctors in Medicina.*—A. A. Auld, C. K. Browne, D. F. Rambaut, W. R. Spowart, C. E. Stokes, P. C. Walker, D. C. White.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following gentlemen having passed the necessary examinations, and having conformed to the by-laws and regulations, were at the last meeting of the Council admitted Members of the College:

Abbott, J. A., L.R.C.P.Lond.  
Abel, H. M., L.R.C.P.Lond.  
Allen, C. W., L.R.C.P.Lond.  
Aliworth, A. L., L.R.C.P.Lond.  
Bacque, W. J., L.R.C.P.Lond.  
Baird, J. J. W., L.R.C.P.Lond.  
Banks-Price, H., L.R.C.P.Lond.  
Barker, G. L., L.R.C.P.Lond.  
Bashall, C. E., L.R.C.P.Lond.  
Bathurst, L. W., L.R.C.P.Lond.  
Bentley, E. E., L.R.C.P.Lond.  
Berlyn, J. A., L.R.C.P.Lond.  
Bird, G. W. H., L.R.C.P.Lond.  
Birt, S. H., L.R.C.P.Lond.  
Blomfield, A. B., L.R.C.P.Lond.  
Brewer, W. K., L.R.C.P.Lond.  
Broadhurst, C. H., L.R.C.P.Lond.  
Bryson, L. H., L.R.C.P.Lond.  
Burniston, H. S., L.R.C.P.Lond.  
Carré, L. J. G., L.R.C.P.Lond.  
Carter, J. B., L.R.C.P.Lond.  
Carter, J. G., L.R.C.P.Lond.  
Cass, A. M., L.R.C.P.Lond.  
Chamberlain, E. B., L.S.A.  
Chance, R. F., L.R.C.P.Lond.  
Christie, W. L., M.D. New Zealand  
Clarke, E. H., L.R.C.P.Lond.  
Coaker, F. W. J., L.R.C.P.Lond.  
Cockburn, R. P., L.R.C.P.Lond.  
Coghill, H., L.R.C.P.Lond.  
Cook, H. F., L.R.C.P.Lond.  
Cooke, E. W., L.R.C.P.Lond.  
Costa, I., L.R.C.P.Lond.  
Curtis, M. W. W., L.R.C.P.Lond.  
Dain, H. G., L.R.C.P.Lond.  
Darabseth, N. B., M.B. Aberd.  
Davson, J. B. H., L.R.C.P.Lond.  
D'Esterre, W. H. D. P., L.R.C.P.Lond.  
Donnelly, W. T. B., L.R.C.P.Lond.  
Durston, J. C., L.R.C.P.Lond.  
Earle, J. R., L.R.C.P.Lond.  
Edge, A. J., L.R.C.P.Lond.  
Edgcombe, W., L.R.C.P.Lond.  
Edwards, P. H., L.R.C.P.Lond.  
Edwards, R., L.R.C.P.Lond.  
Fadelle, A., L.R.C.P.Lond.  
Farncomb, T. S., L.R.C.P.Lond.  
Feklin, H. G., L.R.C.P.Lond.  
Ferne, F. E., L.R.C.P.Lond.  
Fletcher, L., L.R.C.P.Lond.  
Frederick, H. J., L.R.C.P.Lond.  
Fry, W. E., L.R.C.P.Lond.  
Fullerton, F. W., L.R.C.P.Lond.  
Godwin, A. H., L.R.C.P.Lond.  
Goodson, W. H., L.R.C.P.Lond.  
Greenyer, V. T., L.R.C.P.Lond.  
Grievies, J. P., L.R.C.P.Lond.  
Griffiths, J. H., L.R.C.P.Lond.  
Grinling, F. N., L.R.C.P.Lond.  
Gwynn, N. C., L.R.C.P.Lond.  
Hallett, H. G. D., L.R.C.P.Lond.  
Harper, T. E., L.R.C.P.Lond.  
Harrison, C. J., L.R.C.P.Lond.  
Heather, B. G., L.R.C.P.Lond.  
Heather, L. D., L.R.C.P.Lond.  
Hemstead, R. H., L.R.C.P.Lond.  
Henry, G. G. W., L.R.C.P.Lond.  
Hickinbotham, J. R., L.R.C.P.Lond.  
Hickman, J. E., L.R.C.P.Lond.  
Hoffmeister, H. E. W., L.R.C.P.Lond.  
Hogg, J. A., L.R.C.P.Lond.  
Hooton, A., L.R.C.P.Lond.  
Houghton, L. F., L.R.C.P.Lond.  
Howard, A. D., L.R.C.P.Lond.  
Howat, R. K., L.R.C.P.Lond.  
Howse, A. O., L.R.C.P.Lond.  
Hughes, T. C., L.R.C.P.Lond.  
Hulke, S. B., L.R.C.P.Lond.  
Huthwaite, W. H. J., L.R.C.P.Lond.  
Ingram, A., L.R.C.P.Lond.  
Jones, C. H., L.R.C.P.Lond.  
Keighley, H., L.R.C.P.Lond.  
Kennedy, J. B. M., L.R.C.P.Lond.  
Knox, C. A. N., L.R.C.P.Lond.  
Lesur, M. P. A., L.R.C.P.Lond.  
Lloyd, W. F., L.R.C.P.Lond.  
Long, H. B., L.R.C.P.Lond.  
Longton, G. H., Exams. for L.R.C.P. Lond.  
McDougall, A. H., L.R.C.P.Lond.  
Maldbre, H. F., L.R.C.P.Lond.  
Martin, A. J., L.R.C.P.Lond.  
Martin, J. N., L.R.C.P.Lond.  
Mercer, W. S., L.R.C.P.Lond.  
Minter, L. J., L.R.C.P.Lond.  
Morgan, C. A., L.S.A.  
Northcote, P., L.R.C.P.Lond.  
Orton, J., L.R.C.P.Lond.  
Pace, H. E., L.R.C.P.Lond.  
Page, W. T., L.R.C.P.Lond.  
Pantin, C. S., L.R.C.P.Lond.  
Parker, H. T., L.R.C.P.Lond.  
Payne, E. Le F., L.R.C.P.Lond.  
Peake, A. W., L.R.C.P.Lond.  
Perram, C. H., L.R.C.P.Lond.  
Phillips, C. M., L.R.C.P.Lond.  
Phillips, H. H., L.R.C.P.Lond.  
Platt, J. N., L.R.C.P.Lond.  
Plumbe, A., L.R.C.P.Lond.  
Porter, H. E. B., L.R.C.P.Lond.

Potts, H., L.R.C.P.Lond.  
Prince, H. T., L.R.C.P.Lond.  
Read, C., L.R.C.P.Lond.  
Rendle, A. R., L.R.C.P.Lond.  
Rolleston, L. W., L.R.C.P.Lond.  
Roth, F. N., L.R.C.P.Lond.  
Rowley, O. F., L.R.C.P.Lond.  
St. Stephens, W. T., L.R.C.P.Lond.  
Scorer, F., L.R.C.P.Lond.  
Sevestre, R., L.R.C.P.Lond.  
Shaw, A. H. P., L.R.C.P.Lond.  
Shutte, T., L.R.C.P.Lond.  
Smith, P. H., L.R.C.P.Lond.  
Smyth, J. C., L.R.C.P.Lond.  
Spence, D. B., L.R.C.P.Lond.  
Stallard, H., L.R.C.P.Lond.  
Stanford, W. B., L.R.C.P.Lond.  
Still, G. F., L.R.C.P.Lond.  
Stott, F. W., L.S.A.  
Taylor, H., L.R.C.P.Lond.  
Thomas, A. I., L.R.C.P.Lond.  
Thomas, D. L., L.R.C.P.Lond.

Thompson, G. W., L.R.C.P.Lond.  
Thomson, G. D., L.R.C.P.Lond.  
Thorne, L. C. T., L.R.C.P.Lond.  
Tickell, H. M., L.R.C.P.Lond.  
Turnor, P. W., L.R.C.P.Lond.  
Vallance, H., L.R.C.P.Lond.  
Van Geysel, C. T., L.R.C.P.Lond.  
Wadd, H. R., L.R.C.P.Lond.  
Walch, C. N. C., L.R.C.P.Lond.  
Ward, W. A., L.R.C.P.Lond.  
Way, R. H., L.R.C.P.Lond.  
Webster, E., L.R.C.P.Lond.  
Wells, S. R., L.R.C.P.Lond.  
White, J. A. T., L.R.C.P.Lond.  
Whitehead, J. H., L.R.C.P.Lond.  
Whitehouse, E. St. J., L.R.C.P.Lond.  
Whitmore, J., L.R.C.P.Lond.  
Wightman, C. F., L.R.C.P.Lond.  
Winckworth, W. B., L.R.C.P.Lond.  
Woakes, C. E., L.R.C.P.Lond.  
Wyche, E. M., L.R.C.P.Lond.

UNIVERSITY COLLEGE, LONDON, AND THE GRESHAM SCHEME. The report of the Council of University College, London, which will be presented to the annual meeting on February 22nd, reveals a somewhat unsatisfactory state of things. The number of students had declined, and there was a deficit of nearly £3,000 on the year's budget. This falling off is, no doubt, to be attributed largely to the uncertainty which at present exists as to the future of university education in London, an uncertainty which has now continued for many years. The report expresses great regret that the Gresham University scheme of last year had not been approved by Parliament. The Council, however, is "confident that the objections which were raised to the charter can either be proved untenable, or else easily met by amendments in detail, neither inconsistent with the interests of the College nor detrimental to the efficiency of the University."

#### ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the usual monthly meeting of the Fellows, held on February 3rd, the President admitted to the Licences in Medicine and Midwifery the following candidates who had been successful at the Final Professional Examination under the Conjoint Scheme with the Royal College of Surgeons in Ireland, held in January, 1893:—

A. Banks, E. C. Brabazon, J. J. Callanan, J. F. Elliott, C. A. Hayman, T. E. B. Meyler, C. E. Murphy, F. I. Rogers, R. B. Smith, R. Waterfield.

At a stated business meeting of the Fellows, held on February 10th, the President admitted to the Licence in Medicine the under-mentioned registered medical practitioners who had passed the examination for the same:—

W. Handcock, L.S.A., 1892; C. M. O'Brien, L.R.C.S.I., 1892.

At the same meeting the President admitted to the Licence to Practise Midwifery the following registered medical practitioner:—

C. J. Hugo, M.B., Univ. Edin., 1892.

The undermentioned candidates, having been successful at the February Examination for the Diploma in State Medicine, granted conjointly with the Royal College of Surgeons in Ireland, signed the roll:—

W. M. Hamilton, M.D., R.U.I.; E. H. Lemon, L.R.C.P.Lond.; W. H. B. Robinson, L.R.C.P.I.; C. H. Wheeler, M.D.Q.U.I.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

QUEEN'S BENCH DIVISION (February 10th).  
(Before Mr. Justice Lawrence and Mr. Justice Collins.)  
PHARMACEUTICAL SOCIETY v. PIPER AND CO.

This was a case raising a point of great importance, especially to chemists—namely, whether the statute 31 and 32 Vic., c. 121, the Pharmacy Act, 1868, applies to "chlorodyne" by reason of the fact that it contains a certain proportion of opium. Mr. Bonsey appeared for the defendants on appeal from the decision of a county court judge in an action for penalties under the Pharmacy Act, 1868, section 15. The defendants are grocers, not chemists, and have sold chlorodyne. The statute makes it illegal for a person not a chemist to sell any of the poisons in the schedule mentioned. Opium is named in the schedule, and is a component part of chlorodyne. It is said to contain two grains of morphia, which is the active principle of opium, to the fluid ounce. The question was whether it could be called a poison. In the 16th section of the Act there is an exemption of "patent medicines" from the provisions as to poisons. If chlorodyne was a patent medicine it would be exempt. Mr. Bonsey urged that chlorodyne was not a poison in the ordinary sense of the word, and if it was it came within the exemption of section 16 as a "patent medicine." Mr. Poland, Q.C. (Mr. T. R. Gray with him) said the words of the Act were express, and the county court judge right. The Legislature had divided the poisons into two classes. The first was those of the more active and deadly poisons, which the chemist must not sell to anyone unless he is known to him or introduced by someone who is known; the second class were also poisons, but not so dangerous, and persons might buy them from chemists if the vessels containing them were labelled "poison." In this class was "opium and all preparations of opium or of poppies." Therefore "chlorodyne" was to be treated as a poison. He denied that it was a "patent medicine." The Court upheld the decision of the county court judge that the appellant not being a chemist and selling chlorodyne was liable to penalties. Mr. Justice Lawrence said the question to be decided was whether a person not a chemist could sell a proprietary medicine containing a poison. He had come to the conclusion, after some doubt, that such a person could not do so. 31 and 32 Vic., c. 121, section 1, made it unlawful for a person

shire towns and villages of their necessary supply and produced sanitary inconvenience, then a case would have been made out on which the Local Government Board might take action. Mr. H. H. Fowler expressed a similar view.

#### PAYMENT OF VACCINATORS.

At the meeting of the Nuneaton Board of Guardians held on February 8th the application of Dr. Tomlinson, Mr. Cookson, and Mr. B. Lester to be paid by salary instead of by fees in respect of their services as vaccination officers was acceded to. It was decided to pay the medical men a salary amounting to the average they received during the past five years.

#### THE ARREST OF AN EPIDEMIC OF SMALL-POX.

The history of the arrest of small-pox at Stalybridge, as given by Dr. Roberts-Dudley, medical officer of health, is a good example of the value of vaccination. The disease broke out in two lodging houses, 5 persons being attacked between August 27th and 30th. With some difficulty 43 inmates of these lodging houses were persuaded to be revaccinated, and in 40 the revaccination was successful. The houses, bedding, furniture, etc., were thoroughly disinfected, and no fresh lodgers were admitted for three weeks; further, no lodging house in the town was permitted to take in fresh lodgers for a fortnight. The cost of all these police measures was very considerable, and they would have been unnecessary if vaccination and revaccination were universally followed. As it is, a few pig-headed enthusiasts, coupled with the proverbial carelessness of man when he is not ill or threatened with illness, can at any time bring down on a community this dire and loathsome disease.

#### THE PUDSEY HEALTH OFFICERSHIP.

The action of the Pudsey Local Board (or rather a section of the board) in having refused to re-elect Dr. Hunter to the post of medical officer of health is a step reflecting but little credit upon that body. There would seem to be nothing to be said against Dr. Hunter save that he has discharged the duties of his office in a manner which, because of its thoroughness and conscientious regard for the sanitary well-being of the district, has not found favour with the do nothing policy of certain of the local body. It is, however, we are glad to see, just these qualities in Dr. Hunter which have gained for him the approval of a large number of the ratepayers and the majority of the sanitary authority; and now the ministers of religion in the district have issued a protest against the step taken by the board in shelving such a valuable officer. We learn, too, that had not three members of the local board been unavoidably absent on public health business when the motion to re-elect Dr. Hunter was lost the tables would have been turned and the motion carried. Under all the circumstances, and especially the considerations which are locally held to strengthen the case in Dr. Hunter's favour, we trust that the Local Government Board will not give their approval to the action of the Pudsey sanitary authority, but will urge the desirability of a fresh ballot at a full meeting of the local board. It will be a matter much to be regretted if an officer of health is allowed to suffer for the straightforward discharge of his duties and the plain-speaking which the sanitary defects of a district require.

#### LEITH LOCAL AUTHORITY AND THE SECRETARY FOR SCOTLAND.

The letter of the Secretary for Scotland to the Leith Local Authority, in which he stated that they "are taking upon themselves a very serious responsibility in not adopting the Infectious Diseases (Notification) Act," was under consideration the other day. Again it was proposed that the Act should at once be adopted, but this was defeated by a majority of 10 to 5. The following reply to the Secretary for Scotland was, instead, decided upon: "The Magistrates and Council regret that the Secretary for Scotland, in stating that he considers the Local Authority are taking upon themselves a very serious responsibility in not adopting the Infectious Diseases (Notification) Act, 1889, has deemed it expedient to express such an opinion upon a question which was not submitted to him, especially without having first answered their memorial for the introduction of a Bill for the amendment of the Public Health Law, containing provisions for the notification of infectious diseases suitable to Leith; and respectfully request that the Secretary will be pleased to answer that memorial; at the same time, in reply to the said expression of opinion by the Secretary for Scotland, the Town Council beg to state that they do not appreciate wherein such responsibility devolves upon them; but with deference submit that, if such a responsibility accrues at all, it rests with Parliament and the Government authorities who, after intimating (as was done in connection with a Bill the Council were promoting in the year 1882) that any attempt by this Town Council to have special local legislation in matters to be dealt with by the then contemplated general measure, would be hopeless, have year after year delayed to pass such a general measure until last year, when the Bill was passed, but in so mutilated a form as to be practically inoperative in several respects, especially with regard to dealing with infectious diseases as set forth in the definition clause of the Act."

#### PUBLIC HEALTH COMMITTEES OF COUNTY COUNCILS.

C. W. B. (Framlingham).—Among the county councils which have appointed public health and sanitary committees may be named those of London, the West Riding, Lancashire, Derbyshire, Staffordshire, Surrey, and Cornwall, the latter being an instance of such a committee in a county possessing no health officer.

#### REDUCTION OF SALARY OF DISTRICT MEDICAL OFFICER.

A POOR-LAW medical officer, who has held a district for 25 years, writes to say that owing to decrease of pauper population his work has been diminishing yearly, and asks whether, under such circumstances, the guardians have power to reduce his salary.

"\*We are not aware of any precedent for the reduction of salary under such circumstances, and if our correspondent holds a life appointment we think it very improbable that the Local Government Board would sanction any reduction, even if recommended by the guardians.

## MEDICAL NEWS.

Dr. J. EDWIN COONEY has sent in his resignation as medical officer of health for Fulham.

Dr. N. SENN, of Chicago, has been appointed Surgeon-General of the State of Illinois.

THE German Emperor has conferred on his private physician, Professor Leuthold, the Order of the Red Eagle (second class).

THE annual general meeting of the Sanitary Institute, for the election of officers and council, will be held on March 8th.

THE Lord Chancellor, on the recommendation of the Duke of Westminster, Lord Lieutenant of the County of London, has appointed Mr. Theophilus Hoskin of Amhurst Road, London, to be a Justice of the Peace for that county.

THE German Balneological Society will hold its fifteenth general meeting in Berlin on March 10th, 11th, 12th, 13th, and 14th. A large number of communications have already been promised by Professor O. Liebreich, Professor Leyden, Dr. Fürbringer, Dr. Dührssen, and others.

THE lunatic asylum of the Strafford County Workhouse, situated about three miles from Dover, New Hampshire, was destroyed by fire on February 9th. It is estimated that fifty of the inmates were burnt to death. The building, which was of wood and slightly built, was two storeys high, and covered an area of 130 feet by 35 feet.

THE annual public meeting of the University College Chemical and Physical Society will be held on February 24th. Professor Watson-Smith, F.I.C., F.C.S., will deliver an address on "Diseases Incident to Workpeople in Chemical and other Industries." The chair will be taken at 8 o'clock by Professor F. T. Roberts, M.D. Medical men are particularly invited.

STAINS AND STAINING.—Mr. P. Wyatt Squire, the writer of an extremely useful work, *Methods and Formulae*, lectured to the Pharmaceutical Society recently upon improved methods of staining animal and vegetable tissues. The oxyhydrogen projection microscope was employed to illustrate the lecture, and many beautifully prepared specimens were exhibited by Mr. Curtis.

DR. A. M. SUTTON, who is leaving Pontesbury for California, was, on February 2nd, presented by the inhabitants of Pontesbury and district with an illuminated address and a purse containing over 40 sovereigns, together with a walking-stick with a suitable inscription, the gift of the members of Court "Good Intent."

THE Distress Committee which was formed at the outbreak of the cholera epidemic at Hamburg has published its first report. It appears that the sum subscribed amounted to 3,319,000 marks. Of this amount Hamburg itself contributed 1,196,000 marks, and 1,415,000 marks came from other places in the German Empire. America sent 324,159 marks, and 161,569 marks came from Great Britain. Besides this hard cash there were extraordinary supplies, such as potatoes, and an abundance of linen and articles of wearing apparel. There still remain in the hands of the Committee a million marks for distribution.

RETURN CASES OF SCARLET FEVER.—In a report made by Mr. George Turner some time ago to the Local Government Board it was shown very clearly that the persistence of an epidemic of scarlet fever was due to infection derived from persons dismissed from hospital after a detention for periods varying from thirty-eight to fifty-six days. The opinion was expressed in this case that six weeks (forty-two days) was "a short time for a patient to become fit to associate with others after scarlet fever. The time varies greatly, and occasionally is very long." Mr. Turner added that he had "met with a case in which the infection of scarlet fever was carried by the convalescent—not by his clothes—and gave rise to fresh cases eleven weeks after the commencement of the illness."



**DEATHS IN THE PROFESSION ABROAD.**—Among the members of the medical profession in foreign countries who have recently died are Dr. Linus P. Brockett, of Brooklyn, N.Y., author of *Woman's Work in the Civil War* and other works, aged 72; Dr. Carlo Gallia, one of the oldest practitioners in Turin, for many years Professor of Medicine in the University of that city, and Physician to the Ospedale di San Lazzaro; Dr. Valentinier, of Salzbrunn, one of the best known of German balneologists and a former assistant of Professor Frerichs; and Dr. Francisque Garnier, a leading practitioner of Lyons, aged 63.

**A BATCH OF JUBILEES.**—In addition to Professor Emil du Bois-Reymond's celebration of the golden jubilee of his graduation as Doctor in Medicine, mentioned elsewhere by our Berlin correspondent, a banquet is to be given on February 17th, by the Berlin Medical Society, in honour of the fiftieth anniversary of the graduation of Professors A. Hirsch and Henoch; of Dr. Langerhans, Chairman of the Municipal Council; and of Dr. Neumann; and of the 60th anniversary of Dr. Reich's taking his degree.

**DR. H. J. JOHNSTON-LAVIS** has been appointed Professor of Vulcanology in the University of Naples. Dr. Johnston-Lavis, who was a student at University College, London, and took the M.D. degree in the University of Naples in 1884, is an authority on volcanoes, having contributed papers on the subject to the Royal Society, the Geological Society, and other scientific bodies. Dr. Johnston-Lavis is not the first Professor of his formidable-sounding speciality: a Chair of Vulcanology existed for some time in the University of Catania, but was abolished on the death of Professor Silvestri.

**FRENCH HOSPITAL AND DISPENSARY.**—M. Waddington, the French Ambassador, presided for the tenth consecutive year at the annual dinner in aid of the funds of this institution, which took place at the Hôtel Métropole on February 11th. His Excellency was supported by the Lord Mayor and numerous members of the Diplomatic Body. In view of M. Waddington's approaching departure from England, the company was unusually large, and much regret was expressed at his resignation of a post which he had for so many years filled to the general satisfaction. Mr. Ernest Ruffer, the honorary secretary, in a brilliant speech, reviewed the history of the hospital, and showed that its sphere of usefulness among the sick poor of every nationality was steadily increasing. The musical arrangements were, as usual, superintended by M. Tito Mattel, and although the list of toasts was judiciously curtailed, the proceedings did not come to an end until a very late hour.

**HUNTERIAN SOCIETY.**—The annual general meeting of this Society was held at the London Institution on February 8th, when the following officers were elected for the ensuing year:—*President*: Frederick Gordon Brown. *Vice-Presidents*: Thos. E. Bowkett, Sir Andrew Clark; *Bart.*, M.D. *Trustees*: H. J. Fotherby, M.D.; F. M. Corner. *Librarian*: Arthur T. Davies, M.D. *Orator for 1894*: J. Dundas Grant, M.D. *Secretaries*: R. Hingston Fox, M.D.; T. Horrocks Openshaw, M.S. *Other Members of Council*: Alexander Burger, M.D., M.Ch.; W. Percy Reynolds, H. W. Denton Cardew, F. J. Smith, M.D.; T. Mark Hovell, Henry J. Thorp, Francis R. Humphreys, Alfred H. Tubby, B.S.; E. C. Perry, M.D.; Percy Warner, G. Newton Pitt, M.D.; Geo. E. Yarrow, M.D. The annual oration was afterwards delivered by J. S. E. Cotman, M.R.C.P.Ed., who had chosen for his subject "Physical Education." Diagrams and apparatus were exhibited in illustration of the theme, and excited much interest. The Fellows and friends of the Society dined together at Wood's Hotel on February 10th.

**BRADFORD MEDICO-CHIRURGICAL SOCIETY.**—A meeting of this Society was held on February 7th, Dr. J. H. Bell President, in the chair. Dr. Moorhead showed a boy, aged 6, the subject of disseminated sclerosis. Dr. Firth read notes and showed specimens of two cases of fractured spine between the fifth and sixth, and the sixth and seventh cervical vertebrae respectively. Mr. Pettitt read notes and showed specimens of a case of tumour of the optic thalami. The patient was a girl, aged 5, and the symptoms developed ten weeks after a mild attack of scarlatina. Mr. Horrocks discussed the operative treatment of mammary cancer, advocating wide and exten-

sive removal of the breast and of the axillary glands, whether hard or not, and of all intervening connective tissue and lymphatics. Dr. Rabagliati said his personal experience led him to take a gloomy view of surgical measures, and in future he thought he would revert to the old plan of attempting a complete constitutional alteration. Drs. Goyder, Firth, H. Bronner, and Johnstone, and the President, continued the discussion.

Among the International Congresses to be held at Chicago during the Columbian Exposition this year is that of "Charities, Correction, and Philanthropy." One of its sections will be concerned with the hospital care of the sick, the training of nurses, dispensary work, and first-aid; its chairman will be Dr. John S. Billings, and its secretary Dr. H. M. Hurd, Superintendent of the Johns Hopkins Hospital, Baltimore. Another section will deal with the commitment, detention, care, and treatment of the insane; it will be presided over by Dr. G. Alder Blumer, of Utica, and its secretary is Dr. A. B. Richardson, of Columbus. The Congress will meet during the week beginning June 12th, and one of the general sessions will be devoted to the subjects dealt with by each of the two sections above mentioned.

**INSTRUCTION OF INFANTS.**—The Education Department has issued a circular to Her Majesty's inspectors of schools with regard to the teaching given in infant schools. The circular says that, as regards elementary subjects, the conditions of the Code are fully satisfied if the children over 7 can pass as a rule in the first standard. Nothing more should be attempted in those subjects in infant schools, except in the few cases in which the children are allowed to be retained for the work of the second standard. The children in the lower classes may, therefore, be relieved from any premature preparation for those subjects on methods ill suited to their age. The circular then says that the leading principles to be regarded as a sound basis for the education of early childhood should be: (1) the recognition of the child's spontaneous activity and the stimulation of that activity in certain directions; (2) the harmonious and complete development of the child's faculties. Teachers should be warned against the mere repetition of the same exercise lessons. Elementary subjects, when taught on right methods, can be treated with great variety. Appended to the circular is a list of varied occupations suitable for children at different ages.

**FREE MEALS FOR SCHOOL CHILDREN.**—Messrs. Hyndman, Thorne, and Shallard were the spokesmen of a deputation which waited on Mr. Acland recently to urge the provision of free meals and clothing for necessitous children. It was said that fully 25 per cent. of the children now started work with little or no food. In reply, Mr. Acland said that the subject they had brought before him was one of very great importance. He always thought that the outfit of the children with reference to both mind and body would have the greatest possible weight in determining the position of the nation. He felt that it was useless to make heavy mental demands on children who were insufficiently fed. The department had lately issued a circular with regard to the sanitary condition of the elementary schools. Some objection had been raised in this matter, but he thought most people would agree with him that it was the absolute duty of the State to see that the conditions under which the children were receiving instruction were as healthy as they could possibly be. How the food was to be got was a difficult question. The right place whence the food should come was the home. He should deprecate anything that tended to prevent fairly well-off people sending their children to board schools under fear of the stigma attached, most unjustly, to the recipients of charity. He thought London might well copy Paris in this matter of feeding school children, but he must point out that there were obvious difficulties in the case. He did not see his way to introducing a Bill, but if the London County Council sought powers to make grants for the purpose, he personally would strongly support their claims. He was of opinion that every school in a board district, whether voluntary or board, should have some arrangement for providing meals in necessitous cases. He should be glad to use any influence which non-officially he might possess to help the work indicated by the deputation in any district where he could see proof of the need.

**BRITISH GYNÆCOLOGICAL SOCIETY.**—A meeting of this Society was held on February 9th; Mr. F. Bowreman Jessett, President, in the chair. In his presidential address Mr. Jessett, after alluding to certain changes in the internal economy of the Society, compared the results of vaginal hysterectomy and supravaginal amputation of the cervix for cancer of the portio vaginalis. He concluded that in all cases in which the disease was limited to the cervix and uterine tissues, and the uterus could be readily drawn into the vagina, either operation might be practised. In view, however, of the extra risks which might follow vaginal hysterectomy, the greater immediate mortality attending it, and the fact that exemption from recurrence was not greater than after supravaginal amputation, the latter procedure was to be preferred when the disease was limited to the portio vaginalis, vaginal hysterectomy being done only when the body of the uterus was the seat of disease. Specimens were shown by Drs. Heywood Smith and Macnaughton Jones, and Mr. Hugh Hodgson.

### MEDICAL VACANCIES.

The following vacancies are announced:

- BUCKINGHAMSHIRE GENERAL INFIRMARY, Aylesbury.**—Resident Surgeon and Apothecary; unmarried, doubly qualified. Salary, £80 for the first year, rising £10 annually to £100, with board, washing, coals, and candles, unfurnished apartments. Applications to Mr. George Fell, Solicitor, Aylesbury, by February 27th.
- CHILDREN'S HOSPITAL, Steelhouse Lane, Birmingham.**—Assistant Resident Medical Officer. Salary, £40 per annum, with board, washing, and attendance in the institution. Applications to the Secretary by February 22nd.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.**—House-Physician. Board, residence, and allowance for washing provided. Applications to the Secretary, at the office, 24, Finsbury Circus, E.C., by March 9th.
- COUNTY ASYLUM, Prestwich, Manchester.**—Junior Assistant Medical Officer, unmarried. Salary, £100 per annum, with prospect of increase of £25 at the end of the first year, and a similar increase at the end of the second year, with further increase according to promotion, with furnished apartments, board, washing, and attendance. Applications to the Superintendent.
- GUY'S HOSPITAL, S.E.**—Assistant Dental Surgeon. Applications to the Dean, by March 4th.
- HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Bloomsbury, W.C.**—Surgeon; must be F.R.C.S. Eng. Applications to the Secretary by February 21st.
- HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Bloomsbury, W.C.**—Assistant Surgeon; must be F.R.C.S. Eng. Applications to the Secretary by February 21st.
- LONDON LOCK HOSPITAL, Harrow Road, W.**—House-Surgeon to the Female Hospital; doubly qualified. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary by February 20th.
- LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.**—House-Surgeon; doubly qualified. Appointment for six months. Salary at the rate of 50 guineas per annum, with residence in the hospital, board, and washing. Applications to E. Wilson Taylor, Secretary, by March 3rd.
- LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.**—Junior House-Surgeon. Appointment for six months. Residence in the hospital, board and washing provided, and an honorarium of 5 guineas at satisfactory completion of term of appointment. Applications to E. Wilson Taylor, Secretary, by March 3rd.
- LUNESDALE UNION.**—Medical Officer of the Workhouse and the Hornby District. Salary of Medical Officer of the Workhouse, £20 per annum, and fees for midwifery cases and certain surgical operations; the salary of District Medical Officer will be £45, with usual extra fees. The District Medical Officer will also be appointed Public Vaccinator. Applications to R. Stephenson, Clerk, The Board Room, Hornby, Lancaster, by February 20th.
- LUNESDALE UNION.**—Medical Officer of Health for the Rural Sanitary District. Salary, £20 per annum. Applications to R. Stephenson, Clerk, The Board Room, Hornby, Lancaster, by February 20th.
- MASON COLLEGE, Birmingham.**—Demonstrator in Physiological Department. Applications to G. H. Morley, Secretary, by February 24th.
- MASON COLLEGE, Birmingham.**—Professor of Gynæcology. Applications to G. H. Morley, Secretary, by February 24th.
- NEWCASTLE-ON-TYNE DISPENSARY.**—Visiting Medical Assistant; doubly qualified. Salary, £120 per annum. Applications to R. W. Sisson, Hon. Secretary, by February 18th.
- NOTTINGHAM GENERAL DISPENSARY, Broad Street, Nottingham.**—Assistant Resident Surgeon, doubly qualified. Salary, £150 per annum, with rooms and attendance. Applications to Charles H. Preston, Secretary, by March 6th.
- OLDHAM INFIRMARY.**—Senior House-Surgeon; doubly qualified. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary by February 20th.
- 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.
- PORT SANITARY AUTHORITY, Liverpool.**—Assistant to the Medical Officer of Health, qualified. Salary £250 per annum. Applications

endorsed "Assistant to the Medical Officer of Health," to be addressed to "The Chairman of the Health Committee," under cover at the Town Clerk's Office, Municipal Buildings, Liverpool, by February 18th.

- ROYAL ALBERT EDWARD INFIRMARY, Wigan.**—Junior House-Surgeon, doubly qualified. Salary, £30 per annum, with board and apartments. Applications to Will. Taberner, Secretary, by February 22nd.
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—Examiner in Elementary Biology. Applications to the Secretary by February 23rd.
- ROYAL SOUTH LONDON DISPENSARY, St. George's Cross, S.E.**—Honorary Surgeon. Applications to the Committee of Management, by February 28th.
- ST. ANDREW'S HOSPITAL FOR MENTAL DISEASES, Northampton.**—Assistant Medical Officer; doubly qualified, unmarried. Salary to commence at £200 per annum, rising £25 a year to £250, with board, lodging, and washing. Applications to the Medical Superintendent by February 20th.
- ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN, Leicester Square, W.C.**—Assistant Physician. Applications to St. Vincent Mercier, Secretary.
- ST. JOHN'S WOOD AND PORTLAND TOWN PROVIDENT DISPENSARY, 1, Hensbridge Villas, St. John's Wood, N.W.**—Third Medical Officer, doubly qualified. Applications to the Secretary by February 27th.
- 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.
- ST. PANCRAS AND NORTHERN DISPENSARY, 126, Euston Road, N.W.**—Physician. Applications to H. Peter Bodkin, Honorary Secretary, 23, Gordon Street, Gordon Square, W.C., by February 24th.
- SALFORD ROYAL HOSPITAL, Salford.**—House-Surgeon. Salary, £100 per annum, with board and residence. Applications to the Secretary, by February 25th.
- TRAINING SHIP "EXMOUTH," off Grays, Essex.**—Dental Surgeon. Salary, £100 per annum. Applications endorsed "Dental Surgeon, 'Exmouth,'" to the Clerk, Metropolitan Asylums Board, Norfolk House, Norfolk Street, Strand, W.C., by February 20th.
- UNIVERSITY OF GLASGOW.**—Four Examinerships for Degrees in Medicine. Annual fee, £30. Applications to Alan E. Clapperton, Secretary to the Court, 91, West Regent Street, Glasgow, by March 11th.
- YORK DISPENSARY.**—Resident Medical Officer, unmarried. Salary, £150 per annum, with furnished apartments, coals, and gas. Applications to S. W. North, Esq., 84, Micklegate, York, by February 28th.

### MEDICAL APPOINTMENTS.

- ADAM, T. M.B., C.M.Glasg.**, appointed Medical Officer of Health for the Shelf Urban Sanitary District of the Halifax Union, *vice* Thomas Britton, M.D., deceased.
- ALLEN, Mr. W.**, reappointed Medical Officer for the Third Eastern District of the Hexham Union.
- ANNINGSON, Bushell, M.D.Cantab.**, M.R.C.S., reappointed Medical Officer of Health for Cambridge.
- BARROW, V. E., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg.**, appointed Medical Officer and Public Vaccinator for the Districts of Uffculme and Willand of the Tiverton Union; also Certifying Factory Surgeon for Uffculme District, *vice* B. G. Neale, M.R.C.S., L.R.C.P. Lond., resigned.
- BASSETT, Walter, L.R.C.P. Lond., M.R.C.S. Eng.**, appointed Medical Officer to the Workhouse of the Newport Union.
- BELL, Charles Wm. J., L.R.C.P. Edin., M.R.C.S. Eng.**, reappointed Medical Officer for the Yarrowburgh District of the Louth Union.
- BEST, Palemon, M.B. Lond., M.R.C.S. Eng.**, reappointed Medical Officer for the Grimoldby District of the Louth Union.
- BRIERLEY, Jas. Brassey, M.D., C.M. Edin., M.R.C.S. Eng.**, appointed Certifying Factory Surgeon to the districts of Stretford, Urmston, and Flixton, *vice* Dr. Stevenson, retired.
- CARSE, David B., M.B.**, appointed Medical Officer for the Shotland District of the Rochdale Union.
- CHADWICK, C. M., M.D., M.R.C.P. Lond., M.R.C.S.**, reappointed Honorary Medical Officer to the Victoria Hospital for Invalid Ladies, Headingly.
- DATE, Mr. Horton**, appointed Medical Officer and Public Vaccinator for the No. 3 District of the Wellington Union.
- DAVIES, Howard, M.R.C.S. Eng., L.S.A.**, reappointed Medical Officer of the Cottage Homes of the Pontypridd Union.
- ESLER, Alfred William, M.D.**, appointed a Public Vaccinator, Heathcote, Victoria, Australia.
- EVATT, Edward Pratt, L.R.C.P., L.R.C.S. Edin.**, reappointed Medical Officer for the Tenth District of the Hexham Union.
- FENN, Edward I., M.D. Edin., M.R.C.P. Lond.**, appointed Honorary Physician to the Essex and Colchester General Hospital.
- FERNIE, Francis E., M.R.C.S., L.R.C.P. Lond.**, appointed Junior House-Surgeon to the Stockport Infirmary.
- FRANCIS, Lloyd, M.A., M.D. Oxon.**, appointed Medical Superintendent to the Earlswood Asylum, *vice* Robert Jones, M.D., B.S. Lond., F.R.C.S. Eng.
- FROSSARD, E. E., L.R.C.P. Lond., M.R.C.S. Eng.**, appointed Medical Officer for the Bishop Lydeard Sanitary District of the Taunton Union, *vice* F. H. Mead, M.D. Durh., resigned.
- GARDNER, William T., M.B., L.R.C.P. Lond.**, appointed Medical Officer of Health to the Acton Local Board.
- GRIFFITHS, A., M.B., C.M. Edin.**, appointed *pro tem.* Parochial Medical Officer and Public Vaccinator for the Burgh of Falkirk, *vice* Joseph Peake, F.F.P.S. Glasg., resigned.

**HARTLEY, R. N., M.B., B.S.** Lond., M.R.C.S. Eng., reappointed Honorary Medical Officer to the Victoria Hospital for Invalid Ladies, Headingly.

**HAYDON, W. Rudall, M.D.** Glasg., appointed an Honorary Consulting Medical Officer of the Tiverton Infirmary.

**HEANEY, James H., M.B., B.Ch.** Irel., Medical Officer for the Second Sanitary District of the Parish of St. George-in-the-East.

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

**HIGGINS, Thomas Jas., M.D.** Q.U.I., L.R.C.S. Edin., reappointed Medical Officer for the Welton District of the Louth Union.

**HISLOP, Patrick W., M.B., C.M.** Edin., appointed *pro tem.* Medical Officer for the North Tawton District of the Okehampton Union, *vice* George R. Banbury, L.R.C.P. Lond., deceased.

**KARKEEK, Paul Q., M.R.C.S. Eng., L.S.A.,** reappointed Medical Officer of Health for St. Marychurch.

**KEMPE, Charles Marshall, M.R.C.S. Eng.,** appointed Medical Officer of Health to the Shoreham Port Sanitary Authority.

**LAING, Dr.,** appointed Medical Officer for the Horsmonden District of the Tonbridge Union.

**McCOY, J., L.R.C.P., L.R.C.S.I.,** appointed Medical Officer for the Third Sanitary District of the Parish of St. George-in-the-East.

**NICHOLLS, John M., L.R.C.P. Lond., M.R.C.S. Eng.,** reappointed Medical Officer of Health for St. Ives.

**ORD, G. W., L.R.C.P. Lond., M.R.C.S. Eng.,** appointed Medical Officer for Mildenhall Sanitary District of the Mildenhall Union.

**PEACOCK, William E., M.B., B.S.** Durh., appointed House-Surgeon to the Ripon Dispensary and Cottage Hospital.

**PRATT, John Wyatt, L.R.C.P. Edin., M.R.C.S. Eng.,** reappointed Medical Officer of Health for the Wiveliscombe Urban Sanitary District.

**ROBERTS, Charles Gordon, M.A., M.B. Camb.,** reappointed Medical Officer of Health for the Halstead Urban Sanitary District.

**SAUNDERS, William Sedgwick, M.D., L.R.C.P. Lond., M.R.C.S.,** reappointed Medical Officer of Health and Public Analyst for the City of London.

**SAWYER, J. A. F., L.R.C.P., L.R.C.S.I.,** reappointed Medical Officer of Health for Clevedon.

**TEMPLETON, Percy, L.R.C.P. Lond., M.R.C.S. Eng.,** appointed Resident Surgeon to the Guest Hospital, Dudley.

**THOMSON, Dr. Arthur,** appointed Medical Officer of Health for the Stratford-on-Avon Rural Sanitary Authority, *vice* Frank Gilpin, M.R.C.S. Eng.

**URQUHART, C. Thiselton, M.B., C.M.** Aberd., appointed Medical Officer to the Free Church Training College, Aberdeen.

**VACHER, Francis, F.R.C.S., M.R.C.P. Edin.,** appointed County Medical Officer of Health for Cheshire.

**VINRACE, J. H., M.B. Lond., M.R.C.P.,** appointed a Physician to St. John's Hospital for Diseases of the Skin.

**WELSFORD, Dr.,** appointed an Honorary Medical Officer of the Tiverton Infirmary.

**YOUNG, Edward Herbert, M.D.** Durh., M.B., L.R.C.P. Lond., M.R.C.S., D.P.H. Eng., reappointed Medical Officer of Health to the Okehampton Town Council.

## DIARY FOR NEXT WEEK.

## MONDAY.

**LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Lang:** Diseases of Cornea. Parkes Museum, 74 A, Margaret Street, W., 3.30 P.M.—Dr. L. C. Parkes: Dwelling Houses. 101, Great Russell Street, W.C., 8 P.M.—Dr. Galloway: Lesions of the Genito-urinary Tract.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor H. J. Campbell:** Intestinal Parasites belonging to the Class Nematoda. Lecture I.

**MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. Ralfe:** Some Clinical Features of Chronic Albuminuria.

## TUESDAY.

**LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Theo. Hyslop:** General Paralysis of the Insane. Hospital for Diseases of the Skin, Blackfriars, 4 P.M.—Dr. Payne: Alopecia: its Varieties. 101, Great Russell Street, W.C., 8 P.M.—Dr. Handfield Jones: Polypi.

**EXAMINATION HALL, Victoria Embankment, 5 P.M.—Dr. B. A. Whitelegge:** The Milroy Lectures on Changes of Type in Epidemic Diseases. Lecture I.

## WEDNESDAY.

**LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 2 P.M.—Dr. Robert Maguire:** Sputum. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Stanford Morton: Ocular Paralysis.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor H. J. Campbell:** Intestinal Parasites belonging to the Class Nematoda. Lecture II.

**HUNTERIAN SOCIETY, 8.30 P.M.—Mr. Walter Rivington** on Certain Branches of Operative Surgery—Second "Hunterian Society Lecture."

## THURSDAY.

**LONDON POST-GRADUATE COURSE, National Hospital for the Paralysed and Epileptic, Queen Square, 2 P.M.—Dr. Tooth:** Paraplegia. Hospital for Sick Children, Great Ormond Street, 4 P.M.—

Mr. W. Arbuthnot Lane: Acquired Deformities. Central London Sick Asylum, Great Cleveland Street, 5.30 P.M.—Dr. Bristowe, F.R.S.: Cases in the Wards. London Throat Hospital, Great Portland Street, 8 P.M.—Dr. Whistler: Syphilis of the Throat and Nose.

**EXAMINATION HALL, Victoria Embankment, 5 P.M.—Dr. B. A. Whitelegge:** The Milroy Lectures on Changes of Type in Epidemic Diseases. Lecture II.

**CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL, Gray's Inn Road, W.C., 5 P.M.—Dr. Dundas Grant:** Diseases of the Labyrinth.

## FRIDAY.

**LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 11 A.M. to 1 P.M.—Professor Crookshank:** Lecture, Leprosy and Glanders; Practical Work, Sections. Hospital for Consumption, Brompton, 4 P.M.—Dr. Robert Maguire: Sputum.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor H. J. Campbell:** Intestinal Parasites belonging to the Class Nematoda. Lecture III.

**CLINICAL SOCIETY OF LONDON.—Living specimens at 8 P.M. Dr. Hector Mackenzie:** A Case of Myxedema cured by Thyroid Gland Feeding. Mr. Betham Robinson: Two Cases of Congenital Luxation of the Head of the Humerus. Dr. Newton Pitt: A Case of Peripheral Asphyxia, Rheumatic Arthritis, and Extensive Deposit of Fibroid Nodules; and others. Papers at 9 P.M.—Mr. W. Arbuthnot Lane: Cases illustrating a New Operation for Dorsal Dislocation of the Head of the Femur and some Points in the Surgery of the Hip-joint. Mr. C. B. Lockwood: Sequel to a Case of Excision of the Head of the Femur and Erosion of the Hip joint through the Anterior Incision and with Immediate and Permanent Closure of the Wound. Mr. G. H. Makins: A Note on the Prognosis of Sacro-iliac Diseases, with three illustrative cases. Mr. Raymond Johnson: A Case of Lymphosarcoma of Tonsil removed by External Incision with Preliminary Ligation of External Carotid Artery.

## SATURDAY.

**LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 11 A.M.—Dr. H. Corner:** Alcoholic 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.*

## MARRIAGES.

**BAMFORD—FAULKNER.**—On February 8th, at St. James's Church, Spanish Place, Manchester Square, London, W., by the Very Rev. Canon Barry, assisted by the Right Rev. Monsignor Souter and the Rev. C. Keatinge, Charles Robert Bamford, M.R.C.S., L.R.C.P. Lond., of Woodleigh House, Uttoxeter, Staffordshire, son of Henry Bamford, of Uttoxeter, to Ellen Mary Faulkner, of Leamington, only daughter of the late Charles Faulkner, of Manchester.

**O'BRIEN—JUDGE.**—On February 1st, at the Roman Catholic Church, Westport, by the Rev. T. Macken, C.C., assisted by the Rev. B. McDermott, Adm. and the Rev. Father Canning, P.P., Ballyhaunis, Thomas Mitchell O'Brien, M.D., Catchgate, Durham, to Lizzie, youngest daughter of the late Wm. Judge, Augherville, co. Mayo.

**MACGREGOR—KAYE.**—On February 8th, at All Saints', Cawthorne, by the Rev. C. T. Pratt, M.A., vicar (assisted by the Rev. John Kaye, M.A., of Westbury, Wilts, brother of the bride) Alastair Macgregor, M.B. Edin., and C.M., of Shepley, Yorks., youngest son of the late Rev. Alexander Macgregor, M.A., West Church, Inverness, to Annie, only daughter of Joshua Kaye, Esq., of Dean Hill, Barnsley (Yorks.).

**NASH—WILSON.**—On February 9th, at St. Andrew's Church, Plymouth, by the Rev. W. Gray, Rector of Meavy, Walter Gifford Nash, F.R.C.S. Eng., of Bedford, son of the Rev. F. Gifford Nash, Vicar of Clavering, Essex, to Catharine Mabel Moore Wilson, daughter of J. Walter Wilson, Esq., 10, Leigham Villas, Plymouth.

**RICHARDSON—EAGLAND.**—On February 1st, at St. Stephen's Church, Kirtall, Leeds, by Rev. Canon Talbot, vicar of Leeds, assisted by Rev. N. Egerton Leigh, vicar of Kirtall, Rev. Cecil Sykes, vicar of Conich, and Rev. J. Cockerill, Burley, Martin James Richardson, M.B. Edin., youngest son of Martin Richardson, Esq., solicitor, Bridlington, to Elizabeth Maud, youngest daughter of W. H. Eagland, M.D., St. Ann's Lodge, Burley, Leeds.

**RUNDLE—MUIR.**—On December 28th, 1892, at the Garrison Church, Dilkusha, Lucknow, by the Rev. W. F. Thompson, assisted by the Rev. T. Phillips, George Richard Tyrell Rundle, Staff Captain, Royal Artillery, to Ethel Phoebe, only child of Brigade-Surgeon-Lieutenant-Colonel H. Skeg Muir, Army Medical Staff.

**VASSIE—SPEARS.**—At Abbotshall Parish Church, Kirkcaldy, on 8th inst., by the Rev. Bruce B. Begg, M.A., minister of the parish, assisted by the Rev. Wm. Vassie, B.D., minister of Castleton, Roxburghshire (brother of the bridegroom), Alexander Henry Vassie, M.B., to Mary Janet, only child of Wm. Roy Spears, town clerk, Kirkcaldy. (At home 13th to 22nd March. No cards.)

## DEATHS.

**DALE.**—On February 8th, lost with the Anchor Line s.s. "Trinacria," off the Spanish coast, Saxon Staveley Dale, M.B., C.M. (Glasg.). Aged 27.

**NEWTON-CLARE.**—On February 10th, 1893, at Bristol, Edward Shackfield Newton-Clare, M.R.C.S.E. and L.S.A.L. Aged 41 years, late of Elm Grove, Calne, Wilts.

**WAGHORN.**—On February 10th, at Newport, Surgeon-Lieutenant-Colonel Henry Waghorn, late Army Medical Staff. Aged 55 years.