

present. After the patient was put on potassium iodide the urine was similarly collected for two periods of three and four days, amounting respectively to 1,580 c.c. and 2,300 c.c. In the 1,580 c.c. 0.0075 gramme of lead, and in the 2,300 c.c. 0.0143 gramme were obtained. Pouchet⁵ found that potassium iodide eliminates lead, but not continuously; after six to ten days the effect of the drug is exhausted, even when given in increased doses. If again administered, after an interval of two or three weeks, it acts as before. It was to test this that I allowed intervals of from a fortnight to three weeks to elapse between the periods of treatment by potassium iodide. The tables show no increase in lead on resumption of the iodide after an interval of negative treatment.

Baths and massage have long been favourably regarded as promoters of lead elimination, and quite recently a case was recorded in which, after treatment with potassium iodide, without a trace of lead being found in the urine, the iodide was stopped and general massage commenced. The result was extraordinary, inasmuch as 50 milligrammes of lead per week were obtained from the urine.⁶ Trial of this method, in conjunction with hot baths, was made in my first case. The result seemed to be favourable in producing an increase in the daily excretion of the lead by the fæces, but it was insignificant as compared with the enormous increase in the above mentioned case; the urine also showed a slight increase in lead.

CONCLUSIONS.

The conclusions to be drawn from the two cases of chronic poisoning are: That lead is slowly and more or less continuously eliminated by the bowels, and, to a very much lesser extent, by the kidneys. That once deposited in the tissues it exists as a stable compound over which drugs have little if any power. That the best aids to elimination are baths and general massage, together with fresh air, good food, and all other measures by means of which the general health may be improved and healthy metabolism promoted. Whilst denying that potassium iodide promotes elimination of lead, the possibility of its being beneficial in some other way in cases of chronic lead poisoning is not disputed.

MEMORANDA:

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

TORTICOLLIS AND CONGENITAL HÆMATOMA OF THE STERNO-MASTOID.

THERE is one subject mentioned incidentally in the recent discussion upon wry-neck and congenital hæmatoma of the sterno-mastoid at the Royal Medical and Chirurgical Society upon which I wish to offer a few comments. With the main contention of the author of the paper—Mr. D'Arcy Power—I am thoroughly in agreement; the point to which I allude is the relationship that exists between torticollis and the impaired growth of the affected side of the face.

Some years since I was called to operate upon a very severe case of this affection in an otherwise well-grown girl, 15 years of age. The mastoid was dragged down to within an inch of the sternum, and lay vertically over the sterno-clavicular articulation. The upper side of the face and neck was well developed; the under was much smaller, and was obliquely twisted in the usual manner; and even the breast on that side was decidedly smaller than its fellow. Tenotomy was performed upon two occasions, every resisting structure that could be sufficiently isolated being divided; and the patient was given a looking glass, and taught a few simple gymnastic exercises, with the view of getting the neck as straight as possible—an object which she thoroughly appreciated. Two years later I saw her again; the cervical spine, of course, was distorted still; the bones had not been able to alter their shape to any material extent; the head was erect; there was no recontraction, and the disproportion between the two sides of the face was even more striking than it was before;

but the breasts, which had grown very considerably in the interval, were almost the same size; and the next year, when I saw her for the third time, there was scarcely any difference to be detected between them. The conclusion I formed was that the symmetry of the body having been restored as far as possible before their period of physiological development, the breasts had grown equally; had the position of the head not been restored, I believe the want of symmetry would have been as well marked in them as it was in those parts of the body that had already attained nearly their full size. A sole when it escapes from the egg is formed symmetrically, and swims, like the majority of fish, in the vertical position, with an eye on each side of its head, and its mouth in the normal situation. As it falls over on to its side, and because of this change, the head is so twisted that the two eyes are brought to the surface that is uppermost, while the mouth is left beneath. So it is with the deformity in severe cases of torticollis; the infant at birth is symmetrical; the head becomes tied down to one side; and the surface that is uppermost, and the organs that are most used, grow faster and larger than their fellows. I regret very much not having tested the eyesight of my patient: I should not have been surprised to find that there was a material difference between the acuteness of vision on the two sides.

There is no analogy between the defective growth of torticollis and the defective development in congenital talipes equino-varus. In the one the various structures implicated are fully developed, but do not grow to their natural size; in the other they grow to their natural size, but do not develop: as in the case of cleft palate and other malformations, they retain the character that is normal at an earlier period of life, although they increase in bulk in proportion to the rest of the body.

Wimpole Street, W.

C. MANSELL MOULLIN.

KOUMISS IN OBSTINATE VOMITING.

NUMEROUS cases have been recorded of severe vomiting yielding to koumiss when every other thing has failed, but the beverage is not so much used as it might be.

CASE I.—A married woman, aged 56, suffered from mitral incompetence with temporary failure of compensation and consequent congestion of the venous systems. She had albuminuria, anasarca of the lower limbs, and evidently congestion of the vessels of the stomach, producing extreme retching and vomiting when anything was swallowed. To check this very known remedy was tried without effect. I scarcely exaggerate when I say everything ever suggested was given, from bismuth in its various forms to mineral naphtha, and, in the list of dietaries, from brandy and the light wines to soda water. It appeared as if the patient was going to die, apart from other causes, from mere inability to take nourishment, and from exhaustion due to the severe retching when anything was given. At last two tablespoonfuls of koumiss were given and retained, and this dose was repeated every two hours for two days, at which time milk and soda water was tolerated and the koumiss was left off. The patient ultimately recovered.

CASE II.—A woman, aged 38, in her eighth confinement (under the care of a midwife), on the second day showed distinct signs of that rare disease called by the older writers "proper puerperal fever." The discharge was very fetid; the belly distended, and so tender she would allow nothing to touch it; a rash appeared above the pubes; sores appeared on the lips, tongue, and in the mouth. The temperature was 103.5° F. and the pulse 130. There were signs of pneumonia. There was fitful diarrhoea and severe vomiting. Everything save the opium mixture she was then having was returned. Koumiss was given, as in Case I, and retained, and left off as soon as other food could be taken. After a protracted illness, complicated by abscesses, she got well.

CASE III.—(For notes of this case and permission to publish it I am indebted to Dr. Bisset Smith.) A married lady of 24, suffering from typhoid fever, had hæmorrhage from the bowel on the seventeenth day, but got over this and did well till 4.30 on the morning of the thirty-seventh day, when she again passed blood to the extent of 15 ounces, with oozing going on all day. She became deadly pale, and at 6 p.m. the same day the temperature fell to 97°, and at 10 p.m. when she was seen by a consultant, the pulse could not be counted at the wrist, and the heart was very feeble and beat 150 a minute. Vomiting now became a prominent symptom. Champagne was tried and likewise brandy and soda-water without good results. Black coffee without sugar and bismuth mixture were also given, but unsuccessfully. Ether hypodermically was administered for the collapse, but had no effect on the vomiting. Vomiting continued all night at intervals, and she looked as if sinking. Next morning koumiss was administered in two-tablespoonful doses at frequent intervals, with the happiest results. Every two hours she was also given a mixture of $\frac{1}{4}$ gr. cocaine hydrochlorate and m2½ prussic acid. The vomiting ceased entirely and the koumiss was stopped. Strangely enough the patient had a great aversion to the koumiss, and yet it was the only thing retained. Contrary to the expectation of everyone, she made a rapid recovery.

The happy results which I have had with the beverage in question led me to make a detailed examination of it to see if I could find present any form of alcohol or ether or other

⁵ Arch. de Phys. norm. et natl., 1879.

⁶ Tedeschi, *Giornale internazionale delle scienze mediche*, 1889.

substance to which it owes its efficacy. The analysis and notes have been published in the *Pharmaceutical Journal* of December 24th, 1892. My observations lead me to believe that it owes its efficacy to the fact that the casein (true) acts as a soft, soothing agent to the irritated gastric mucous membrane, and is not digested till it reaches the duodenum, while the small amount of serum albumin originally present in the milk is in great part changed into acid albumin and proteoses (albumose), and so easily digested by the stomach. The alcohols (aromatic and others), the aromatic bodies, the carbonic acid gas locked up in the proteids hence given off in small amount at a time, have all also, no doubt, an anæsthetic and at the same time an agreeable stimulating effect.

Mode of Preparation.—Having had difficulty in getting koumiss in the country when wanted, I took to making it myself, and then taught the housemaid, who now makes it for me from the following simple receipt. (It does not seem to be of much importance whether the beverage be one day old or six months. Case I was treated by one-day old and Case III by six-months old koumiss.) Into a soda or half-pint beer bottle (strong) put a bit of German yeast the size of a pea (10 grs.) or half a teaspoonful of brewer's yeast; a 2-drachm boxful of powdered sugar (65 grs.); a 2-drachm cut-down boxful of milk sugar (110 grs.); cold water, 4 table-spoonfuls (2 oz.); and well-skimmed milk to come up to the beginning of the neck of the bottle. Cork tightly, shake well, and tie the cork down. Leave in the kitchen for six hours and then transfer to a cool place, and it is ready for use in forty-eight hours; or, if desired earlier, it can be matured in about eighteen hours in the kitchen. The bottles are to be kept on their sides. It must be removed from the bottles by means of a tap, the bottle to be shaken up before each portion is drawn off.

Ashton-under-Lyne.

GORDON SHARP, M.B. Edin.

A RHINOLITH DISCOVERED BY ACCIDENT.

Miss G. consulted me in July, 1890. She had had a thick offensive discharge from the right nostril some months, and a mucous polypus could be seen at the outlet, which she could snuff up and down. I proposed to remove it in the usual way—cocaine, mirror, forceps, etc. To this she objected; said she would not have it done without chloroform.

On July 12th, 1890, my friend, the late Dr. Phibbs, gave her chloroform. I introduced the little finger of my right hand to ascertain the number and position of the polypi, and it impinged on a hard rough substance situated far back in the nostril. I exerted my utmost strength upon the lower part of it (it formed a hard rough ring, through which I could just pass my finger tip), and succeeded in breaking a piece off, which I dragged along the floor of the nose and brought away. I failed to crush it; it was too hard. I then set to work to break away the remainder, which I did bit by bit. This took me half an hour. The end of my finger was by this time as rough as a file and painfully sore. I then disposed of three polypi quickly, and the patient was let out of the chloroform.

A most perfect recovery resulted. I pushed the bits of rhinolith into the pharynx, I suppose; anyhow, I saw no more of them, neither did the patient come across any of them.

Now, if she had not been too nervous, but had allowed me to remove the polypi in the usual way, I should certainly not have discovered the rhinolith, which, to the best of my belief, was situated around the opening of the posterior nares, or, at least, very little anterior to this.

Elgin Avenue, W.

WILLIAM FEARNLEY.

A NEW METHOD OF INFLATING THE TYMPANUM.

A METHOD of inflating the tympanum which I have devised and used for some years is so simple and effective that it may be confidently suggested to my professional brethren as an alternative, not only to Politzerisation and to Valsalva's method, but also to catheterisation, except under special circumstances.

The patient is directed to hold the breath at the end of a deep inspiration—a very simple feat, which even children readily learn to accomplish after a few minutes' instruction. Whilst the breath is thus held, the mouth should be closed with the lips firmly pressed together whilst air is forced into the nostrils in the usual way. Personally I prefer a 4-ounce ball syringe attached by a piece of india-rubber tubing of 2 feet in length to a large conical vulcanite nose-piece. The nose-piece is retained in one nostril by the forefinger of the left hand whilst the thumb compresses the other nostril to prevent the escape of air. The 2 feet of india-rubber tubing permits of free play during the operation—a matter of some

importance with nervous patients. Furthermore, this apparatus can be used by the patients themselves when Valsalva's method fails.

Bath.

T. PAGAN LOWE.

IDIOPATHIC TETANUS.

On January 22nd, 1893, E. J., aged 49, a shoemaker, after having been out for a short walk, complained of feeling unusually tired, with stiffness in his muscles, more especially between the shoulders and in the back between the scapulae. He retired early, and on the following day, although not feeling any better, was able to do his usual work. During the night the pains and stiffness became much worse. On January 24th I found him in bed, lying on his back, an expression of great pain and anxiety on his face, and quite unable to move his body from the bed. He described the pains as starting from below the ribs in front of the chest, shooting up to the neck and down the back between the shoulders. The sterno-mastoids stood out rather rigidly, and were tender. He could not open his mouth fully, and swallowed with some difficulty. He was totally unable to raise himself in the bed, and when lifted up bodily to enable me to examine his throat cried out with pain. His description was "that he was in pain all over every now and then, but worst in the chest and back." Temperature 100.2°; pulse 108, full, soft, and regular. Skin moist and clammy. The bowels had acted on January 22nd. On January 25th the symptoms were worse. He had had no sleep; temperature 101.4°; pulse 112; skin very moist; bowels constipated. Bronchial *râles* were heard all over the chest, but no other signs. He cried out with pain every few minutes, and looked greatly distressed. There was slight but distinct retraction of the head and some rigidity of the limbs. I ordered 15-grain doses of pot. bromid. and an aperient. On January 26th the condition was aggravated. The pains were more frequent and severe, the head was markedly retracted, the legs extended, and the ankles flexed with each spasm. There was considerable rigidity of the arms and legs, and any forcible movement caused great pain. *Risus sardonicus* was distinct. Intelligence was perfectly clear. The jaws could only be opened sufficient to protrude the tip of the tongue, and he complained of them snapping. There was considerable difficulty in swallowing liquids, which caused an accumulation of phlegm and mucus in the mouth. Temperature 103.4°; pulse 120. He had had no sleep for two nights; the bowels had not been opened. I inquired most carefully as to any history of a wound, injury, or chill, but could elicit none whatever. I gave him a hypodermic injection of morphine, added chloral to his mixture, and ordered an enema for the bowels. Two hours later the nurse commenced to give the enema, and had injected about half a pint of warm water when the patient suddenly and quietly expired.

The interest of the case seems to be in the entire absence of any exciting cause and the painfully sudden termination of the case, due possibly to the enema producing fatal spasm of the muscles of respiration.

Bristol.

JAMES WILDING, M.D.

A CASE OF MULTIPLE ALCOHOLIC NEURITIS.

Mrs. A., aged 63, married, no children, stout, and of ruddy complexion, was seen on July 13th, 1892, suffering from alcoholic excess and with premonitory symptoms of delirium tremens. She had drunk 15 gallons of port in one month, and 1 gallon on each of the two days before I saw her. Under the use of bromides the attack of delirium tremens was averted, but the symptoms of alcoholic excess still persisted for some days: vomiting, dry red tongue, complete loss of appetite, with hepatic enlargement and tenderness. About seven weeks after this she complained of numbness and pain in the fingers, hands, and feet, especially in the great toe. There was a slight degree of drop-wrist. The fingers were flexed at the metacarpo-phalangeal joints, and the little fingers were inverted beneath the others and had to be forcibly separated. The skin over the knuckles and back of hands was thin and glossy, and on the palmar aspect it was mottled with pinkish red coloured spots or patches, and was damp and clammy. The arms and forearms, legs, and thighs were greatly wasted. There was great tenderness on pressure

along the flexor and extensor aspects of the forearm and the front of the leg. She was confined to bed, as she was completely powerless. There was complete loss of the patellar reflex. The examination for ankle clonus caused such pain that the attempt to obtain it had to be discontinued. There was incontinence of urine. She had completely lost all memory of events occurring in the last four years in her family. No anæsthesia anywhere to touch or pricking with a pin. She was exceedingly sensitive to cold, refusing to shake hands during August and September on the plea that my hands were too cold. Her grasp was considerably diminished.

The first sign of improvement in her mental condition was that early in November she gradually remembered the death of her husband, which had occurred seven months before her illness. On December 1st she regained control over the bladder, and retained it subsequently. On December 11th she had a relapse, attributed to her having obtained drink. Hysterical symptoms, with great restlessness, set in. There was considerable oedema of both feet and ankles, with intense itchiness. These symptoms disappeared under the use of digitalis, squills, and diuretics. On December 28th she was able to get up unaided, and could walk fairly well with a little help. On January 10th, 1893, she was completely free from all pain; the muscles were no longer tender and felt firm on pressure, and were beginning to fill out. Patellar reflex still absent. She improved gradually, and on February 6th her grasp was nearly normal; the muscles of both legs and arms were regaining their usual size; she had no anæsthesia or disordered sensation. Her mental condition was greatly improved. She had lost most of her delusions, and had become conscious that at times she was subject to delusions.

The treatment was complete abstinence from all kinds of stimulants and the use of strychnine and massage.

The diagnosis of these cases is important, as the prognosis is almost always favourable if the cause can be withdrawn. One symptom in this case was unusual, namely, incontinence of urine; its absence has been considered a feature distinguishing peripheral from central paralysis. The same symptom existed in one of five cases read by Dr. J. Magee Finny (Dublin) before the Academy of Medicine, Ireland, to whom I am indebted for a report of those cases.

Southsea.

LYSTER COLE-BAKER, M.D.

A CASE OF STRYCHNINE POISONING: RECOVERY.
M. T., aged 57, at present under treatment for cardiac and other complications, is the subject of attacks of embarrassed breathing, for which a mixture containing strophanthus, am. spir. chlorof., and liq. strychniæ hydrochl. is taken, the dose of the latter ingredient being 8 minims. At 12.35 p.m. the patient took her usual dose, "the last of the bottle," which she thought unusually bitter. At 12.45 a feeling of constriction in the throat was felt, followed suddenly by universal tonic spasms of all the muscles of the body. These first affected the neck and face, then the back and other parts, producing "risus sardonicus" and arching forwards of the body. There was much flushing of the face, the mouth was partly open, and great dryness in the throat was complained of. The slightest effort or noise excited the contractions, which were very marked on efforts to swallow. The attacks lasted about half a minute to one minute at first. The respiration at times was rapid and laboured apart from the paroxysms. The intellect was perfectly clear in the intervals. Pain was marked in the back of the neck, and persisted for some hours afterwards. All signs had disappeared in five hours.

The treatment adopted, which was begun early, consisted in keeping complete quietness around, and applying warmth to the feet. A strong infusion of tea was given, which induced vomiting, so no emetic was necessary. This was followed by mikozone (Richardson's), which contains chloral, bromide of potassium, cannabis indica and hyocyamus. At first a dose of 3j then 3ss every fifteen minutes for two hours, then hourly till signs abated. Diffusible stimulants were alternated with the above.

I think the explanation of the attack is to be found in the fact that probably some of the strychnine crystallised out owing to the intense cold, and settled at the foot of the bottle (the total quantity in the bottle was equal about 2 grains),

and also that the instructions "shake the bottle" as a rule means less in the patient's than it does in the physician's mind.

W. TWEEDALE THOMSON, M.B., C.M. Edin., L.R.C.P. Lond.
St. Andrews, N.B.

REPORTS

ON

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

BRISTOL GENERAL HOSPITAL.

A CASE OF FRACTURE OF THE FIRST RIB ALONE, FOLLOWED BY SUPPURATION IN THE CHEST WALL AND NECK, AND EMPYEMA.

(Under the care of CHARLES F. PICKERING, F.R.C.S., Surgeon
to the Hospital)

[Reported by CHARLES A. MORTON, F.R.C.S., Registrar.]

S. W. L., aged 60, was admitted on November 2nd. A fortnight before admission he had fallen on his right side and injured his right wrist. The limb was bandaged by a medical man. There were no symptoms pointing to any injury of the chest. A week later swelling in the neck and chest came on, preceded by pain in the axilla. Dyspnoea ensued, and the medical man who then saw him discovered it to be due to a large inflammatory swelling in the neck pressing on the trachea, of which the patient did not complain.

On admission, a red, brawny swelling was observed at the root of the neck on the right side, and over the pectoral region of the chest and the sternum. Over the neighbourhood of the sterno-clavicular joint there was fluctuation. The swelling also extended over the front of the trachea, where there was fluctuation, and caused some dyspnoea and dysphagia, but not urgent dyspnoea. The abscess over the sterno-clavicular joint was opened, but with the pressure on his trachea he took the chloroform so badly it could not be given long enough to make an incision over the trachea also. No injury in the right upper limb or about the clavicle could be detected.

The temperature the evening after admission was 102°. There were no rigors; his urine was normal; he was in a drowsy, feeble condition. Pus continued to discharge in considerable quantity from the incision over the sterno-clavicular joint. The pus over the trachea was evacuated on November 4th. The evening temperature varied between 102° and 104°; and he continued in a drowsy, delirious condition.

By November 8th he was better; the swelling was diminishing and the suppuration lessening; he could swallow and talk more easily, and the temperature had come down to normal.

However, on November 12th and 15th his temperature rose to 105° in the evening but without rigors. On November 16th it was 104°, and on November 17th great pain in the right side of the chest, and much distress in breathing came on. There were signs of fluid in the chest. In the night he was aspirated, and 26 ounces of semi-purulent serum removed. The temperature was below 100° all day.

On November 18th he was very prostrate, with rapid feeble pulse, and was delirious. Breathing was much distressed, the chest was again aspirated, and a pint of pus withdrawn. He died on November 19th.

Post-mortem Examination.—There was much suppuration in the cellular tissue over the pectoral region on the right side, extending up into the neck, but not deeply. This was connected with destructive arthritis in the sterno-clavicular joint on that side. The first rib was fractured just at the junction of its ossified cartilage with the sternum, and again an inch further out, the intervening inch lying loosely between the two fractures; neither fracture was quite at the chondro-costal junction, which was situated between them. There had been no attempt at union, and no callus was found, only a slight ridge of bone at the end of the rib, where the sternal fragment had been broken off. The fractured part was sur-

Monday, February 20th.

The Kensington Vestry.—Mr. H. FOWLER, in reply to Mr. WILSON, said he was informed that the Vestry of Kensington, on the representation of the Medical Officer of Health that twenty-four houses in James Street were unfit for human habitation, decided to take proceedings to secure the closing of these houses, and that they had under consideration the preparation of a scheme for the improvement of the area. When the scheme was submitted to the Local Government Board, the Board, before arriving at any decision, would direct a local inquiry.

Cholera at Murree.—Mr. G. BALFOUR asked the Under-Secretary for India whether it was the fact that the outbreak of cholera, so fatal to Europeans, which occurred at Murree last autumn, was due to culpable negligence on the part of the Indian Government in ordering native troops, known to be infected with cholera, to proceed, without proper organisation or any sanitary precautions, to Cashmere, *via* Murree, in disregard of the protests of the local authorities; and whether he would lay upon the table of the House copies of the telegrams, letters, and reports from the civil and military authorities at Murree and Rawul Pindi commencing in April, 1892, in reference to the passage of troops *via* Murree, together with copies of the reports of the General commanding and of the Civil Commissioner upon the outbreak of cholera, and copies of the subsequent correspondence relating thereto.—Sir E. GRAY, in the absence of Mr. G. RUSSELL, said the Government of India were inquiring into the subject. They had not completed their inquiry, but had promised to supply the required information as soon as possible. When their report was received the Secretary of State would be glad to reply to the hon. member's question as to papers to be laid on the table.

The General Medical Council.—Mr. LABOUCHERE asked the Vice-President of the Council whether the General Medical Council had any legal power conferred upon it by Parliament to declare those medical men who hold office under a Friendly Societies Medical Aid Association guilty of infamous professional conduct; and whether, if this be so, and the General Medical Council did make this declaration, he would take steps to amend the law.—Mr. ACLAND said the General Medical Council had power under the Medical Acts of 1858 and 1886 to strike off the *Register* the name of any registered medical practitioner whom they judged, after due inquiry, to have been guilty of infamous conduct in any professional respect. The Council had informed him that they had appointed a committee of their own body to inquire into various allegations made on the subject of what were called medical aid associations, and expected to receive the committee's report in May. Until this report had been received and considered the Council declined to express any opinion as to the conduct of medical men in relation to these associations. It would, therefore, be premature to enter into the question whether any amending legislation would or would not, under certain circumstances, be required.

Tuesday, February 21st.

Medical Assistance for Paupers.—Sir G. TREVELLYAN, in answer to Mr. WEBB, said it was the duty of parochial boards to provide medical attendance for the pauper class. There was a Government grant of £20,000 in aid of this pauper medical attendance, and in order to participate in this grant the Board of Supervision required each parish to appoint a salaried medical officer, whose duties were clearly laid down. The parishes of the Lewis were thus supplied. No complaint had been received for some years from the Lewis of insufficient medical attendance on paupers. Of course, if it was found necessary to increase the number of medical officers in the Lewis, the cost would fall on the parishes concerned, which were already, as the hon. member must be aware, very heavily burdened.

Seamen's Rations.—There has just been issued a "Bill to amend the Laws as to Provisions supplied to Seamen." It bears the names of Mr. C. H. Wilson, Mr. J. H. Wilson, Colonel Howard Vincent, Mr. Diamond, Mr. J. Burns, and Dr. Clark. It lays down that every seaman and apprentice on any British ship shall be supplied with provisions and water according to the scale contained in the schedule; this scale is identical with the one drawn up by the Shipowners' Committee, and already published in the *BRITISH MEDICAL JOURNAL*. It is further laid down that every agreement shall contain a statement of the scale; that deficiency in quality or quantity, when due to the neglect or default of the master or owner, shall render such person liable to a penalty not exceeding £50; and that a like penalty is to be incurred if in such case other proper provisions, or the requisite quantity thereof, be not provided. Should the officer inspecting the food find that there is no reasonable ground for complaint, each of the parties so complaining is to be liable to forfeit to the owner a sum not exceeding one week's wages. Power is given by a further clause to any officer in command of any of Her Majesty's ships, or any consular officer, or any superintendent of a mercantile marine office, or any chief officer of Customs to inspect provisions or water on the complaint of any three or more of the crew of any British ship or fishing boat, and report to the Board of Trade.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

DEGREES.—At the Congregation on February 16th, the following medical and surgical degrees were conferred:

M.D.—Edmund Cantley, B.A., M.B., B.C., of King's College; Arthur Sneyd Taylor, B.A., M.B., B.C., of Pembroke College; Robert Boxall, M.B., B.C., of Downing College.
M.B. and B.C.—A. G. Harvey, M.A., St. John's; G. W. Thompson, B.A., Christ's; E. C. Palmer, B.A., Downing; G. P. Shuter, B.A., Downing.

UNIVERSITY OF ABERDEEN.

'THE REARRANGEMENT OF PROFESSORS' SALARIES.

THE University Court has received a memorandum from the Universities Commission relative to the proposed arrangements as to the professors'

salaries, and showing the average amount of fees and emoluments for the five years preceding the passing of the Universities Act, as well as suggested minimum and normal salaries assigned under the new draft ordinances. The information regarding the various professorships is as follows.

Chemistry.—Endowment amounts to £236 18s. 2d. The average fees in five years amounted to £631 7s. 2d., and the net emoluments to £868 5s. 4d. The proposed normal salary is £900, an increase of £261 14s. 8d.

Anatomy.—The endowment is £145 13s. 1d. The average fees for five years amounted to £1,491 4s. 2d., and emoluments to £1,876 17s. 3d. The proposed normal salary is now £900, a reduction on the previous emoluments of £736 17s. 3d.

Physiology.—The endowment is £200. The average five years fees £459 18s., and net emoluments £654 10s. The proposed normal salary £900, an increase of £245 10s.

Pathology.—Endowment is £354 8s. 1d. The average five years' fees amounted to £300 18s. 7d., the net emoluments to £655 6s. 8d. Under the new scheme the normal salary is proposed to be fixed at £900, an increase of £244 13s. 4d.

Natural History.—The endowment is £326 19s. 10d. The five years' average fees amounted to £710 17s., and net emoluments to £1,037 16s. 10d.; now proposed to fix the normal salary at £700, a reduction of £337 16s. 10d.

Botany.—The endowment is £300. The five years' average fees amounted to £426 5s. 2d and the net emoluments to £726 5s. 2d. The proposed normal salary is £700, a reduction of £26 5s. 2d.

The salaries attaching to the above chairs are fixed on the understanding that the professors do not engage in private practice.

Medicine.—The endowment is £145 13s. The five years' average fees amounted to £230 15s. 10d.; net emoluments to £376 8s. 10d. The proposed normal salary is £500, an increase of £123 11s. 2d.

Surgery.—The endowment is £150. The average five years' fees amounted to £543 4s. 8d.; net emoluments to £863 12s. The proposed normal salary is £500, a reduction of £163 12s.

Medical Jurisprudence.—The endowment amounts to £173 10s. The average five years' fees amounted to £305 8s.; the net emoluments amounted to £477 18s. The proposed normal salary is £500, an increase of £22 2s.

Materia Medica.—The endowment amounts to £145 13s. The five years' average fees amounted to £363 10s. 2d., and net emoluments to £509 3s. 2d. The proposed normal salary is £500, a reduction of £9 3s. 2d.

Midwifery.—The endowment is £150. The average five years' fees amounted to £219 4s. 10d.; the net emoluments to £369 4s. 10d. The proposed normal salary is £500, an increase of £130 15s. 2d.

The University Court has resolved to recommend to the Commission that the proposed normal salaries of the Professors of Chemistry and Pathology (£900) and that of the Anatomy Professor be increased by at least £150 to £200, and that of the Professor of Natural History by £200. The Court has also resolved to recommend that the salaries attaching to the chairs of Medicine, Surgery, and Midwifery be increased to £800, the same as the salaries of the corresponding chairs in Glasgow and Edinburgh.

EDINBURGH UNIVERSITY.

THE Faculty of Medicine of the University of Edinburgh have awarded the Leckie-Mactier Fellowship to Dr. Carstairs Douglas, Skelmorlie, Wemyss Bay. The Fellowship is open to graduates of medicine of not more than three years' standing, it is tenable for three years, and is of the annual value of £70. Dr. Douglas was Ettles Scholar in 1890.

CONJOINT EXAMINATIONS IN IRELAND.

CONDUCTED BY THE ROYAL COLLEGE OF PHYSICIANS AND THE ROYAL COLLEGE OF SURGEONS.

Examinations for the Diploma in State Medicine, February, 1893.—The following candidates passed:

E. H. Lemon, M.R.C.S. Eng., L.R.C.P. Lond.; W. M. Hamilton, M.D. R.U.I.; Surgeon-Captain W. H. B. Robinson, L.R.C.P. and S.I.; Charles H. Wheeler, M.D. Q.U.I.

UNIVERSITY COLLEGE, CARDIFF.—THE PROPOSED MEDICAL SCHOOL.

At the annual meeting of the Court of Governors of the University College of South Wales and Monmouthshire, Principal Jones stated that steps were being taken with a view to opening the medical school in October. He hoped to see the Council in a position to proceed with this work immediately. He was glad to say, also, that there were many distinguished applicants for the chairs of anatomy and physiology, and no doubt when the Council had come to a decision South Wales would find these chairs filled by men of great ability and distinction. He pointed out that the medical school was a department very much in want of funds, and he hoped that the members of the Court of Governors would use their influence throughout South Wales in order to place them in a better financial position. Dr. Edwards expressed his conviction that when the medical school was started it would prove one of the most successful departments connected with the College. He believed it would meet a great want in the Principality. The applicants for the two chairs were men of undoubted eminence in their profession, and those selected would, he was sure, redound to the credit of the College equally.

OBITUARY.

HENRY BURDEN, M.A., M.D., M.R.C.S., M.R.I.A.,
Belfast.

THE death is announced of Dr. Henry Burden, of Belfast, which took place at Abingdon Villas, Kensington, on February 18th, from malignant disease of the throat, from which he had been suffering for some time. The deceased gentleman was a

MEDICAL NEWS.

SIR WILLIAM MAC CORMAC has been elected a Foreign Corresponding Member of the French Academy of Medicine.

THE anniversary dinner of the Medical Society of London will take place at the Whitehall Rooms, Hôtel Métropole, on Wednesday, March 8th, at 7 o'clock.

SIR EDWIN SAUNDERS has resigned the office of Treasurer and also that of Trustee of the Dental Hospital of London, Leicester Square.

A LADY physician, Dr. Margaret A. Cleaves, has been elected Secretary of the American Electro-Therapeutic Association.

A MEETING of the Council and officers of the London and Counties Medical Protection Society will be held on Tuesday next, when reports on various subjects and certain cases of unqualified practice will be considered.

HARVARD MEDICAL SCHOOL.—The Annual Catalogue of the Harvard Medical School shows that it numbers 442 students at present. The first year's class is the first one which will have the compulsory four years' curriculum. Of the 174 students who compose it, 20 are Bachelors of Arts of the University of Harvard, 27 have a B.A. degree from some other recognised college, and 5 are the holders of some other degree.

BABY FARMING.—At an inquest held at Kensal Road on February 16th on the death of an infant of unknown parentage which had been "adopted" by a woman named Barnard, who received £2 with it, medical evidence was given to the effect that the cause of death was starvation. Some remarkable evidence was given as to the conduct of a Mrs. Baker, who was alleged to be carrying on an extensive baby-farming establishment. The jury returned a verdict of "Manslaughter" against the woman Barnard, and expressed the opinion that Mrs. Baker was morally more guilty than Barnard.

THE twelfth German Medical Congress will be held at Wiesbaden on April 12th, 13th, 14th, and 15th, under the presidency of Professor Immermann, of Basle. On the first day a discussion on Cholera will be opened by Dr. Rumpf, of Hamburg, and Professor Gaffky, of Giessen. The other special subject for discussion is the Traumatic Neuroses, which will be introduced by Professors Strümpf, of Erlangen, and Wernicke, of Breslau. Among those who intend to contribute papers are v. Ziemssen, Emmerich, Adamkiewicz, v. Jaksch, v. Mering, and Rosenfeld.

UNIVERSITY OF DORPAT.—The total number of students in the University of Dorpat on December 1st, 1892, was 1,620, of whom 854 belonged to the medical faculty. The number of patients treated in the University clinics from December 1st, 1891, to December 1st, 1892, was 15,425. During the same period 93 *post-mortem* examinations were made in the pathological and 157 in the medico-legal institute. During the year 1892 the degree of Doctor of Medicine was conferred on 56 persons, the title of "district practitioner" on 10, and that of "medical practitioner" on 32. Licences were also granted to 24 dentists and 27 midwives.

SHEFFIELD MEDICO-CHIRURGICAL SOCIETY.—A meeting of this Society was held on February 9th, Mr. Simeon Snell, the President, in the chair. Mr. J. Lewis Owen read notes of a case of retroversion of a gravid uterus septus, and showed the specimen. Dr. George Wilkinson read a paper entitled "Two Cases of Tetanus, with Remarks on Recent Methods of Treatment." Both the cases were acute, the incubation period in each having been six days, and death occurring on the third and fourth days respectively after the onset of symptoms. With reference to treatment, a summary of Behring's work was given. Ten cases had been treated by Tizzoni and Cattani's antitoxin, but none of these were acute. The results of inoculation so far were encouraging, though not conclusive.

PROPRIETARY MEDICINES CONTAINING POISON.—A Bill has been introduced in the Massachusetts Legislature, and debated in Committee, providing that all secret proprietary medicines containing certain poisonous substances shall be

labelled with the name, quantity, and antidote of such poisons. The *Boston Medical and Surgical Journal* says: "There are unfortunately too many opponents of such a Bill to make its passage probable."

PROFESSOR STELLWAG VON CARION.—Professor Stellwag von Carion, the distinguished ophthalmologist of Vienna, celebrated his 71st birthday on January 28th, amidst a tempest of congratulations from his brother professors, present and former pupils, and the whole medical profession of Vienna. He responded to an address from the students in his clinic with a short homily on the text, "Senectus ipsa est morbus," concluding, however, by hoping that they might all live to be seventy. Not only the professor's house, but his clinic, was so inundated with bouquets that they resembled a flower garden or the boudoir of a prima donna.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Cazeneuve, some time Professor in the Medical Faculty of Lille; Dr. Ceccarelli, Physician in Ordinary to the present Pope and to his predecessor; Dr. Heinrich Balmer, of Leipzig, well known by his work on the pathology and treatment of tuberculosis, aged 42; Dr. G. J. Fisher, a former President of the New York Medical Society, and author of works on teratology, the history of medicine, etc., of septicæmia following a cut on the thumb received whilst performing an amputation, aged 68; and Dr. Louis Thomas, Assistant Librarian to the Paris Faculty of Medicine, Professor in the Dental School of Paris, and a man of great erudition—medical, historical, and linguistic. He was followed to the grave by more than 400 friends and pupils.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—The annual general meeting of this Society will be held on Wednesday next, at 5 P.M., when the President, Sir Andrew Clark, will deliver the annual address. The balance sheet shows the financial position of the Society to be satisfactory, the amount received in rents now showing a very important annual income. The following is the list of officers and Council proposed:—*President*: Sir Andrew Clark, Bart., M.D., LL.D., F.R.S. *Vice-Presidents*: William Selby Church, M.D.; *Frederick William Pavy, M.D., LL.D., F.R.S.; *Thomas Pickering Pick; Henry Power. *Treasurers*: Charles (John) Hare, M.D.; John Ashton Bostock, C.B. *Honorary Secretaries*: *John Mitchell Bruce, M.D.; Rickman J. Godlee, M.B. *Honorary Librarians*: Samuel Jones Gee, M.D.; John Whitaker Hulke, F.R.S. *Members of Council*: *George Thin, M.D.; *Sidney Coupland, M.D.; *Alfred Baynard Duffin, M.D.; Thomas Tillyer Whiphham, M.B.; *Philip Henry Pye-Smith, M.D., F.R.S.; *William Henry Sennett; J. Neville C. Davies-Colley, M.C.; *Alban Henry Griffiths Doran; Alfred Pearce Gould, M.S.; George Eastes, M.B. Those gentlemen against whose names an asterisk is placed were not on the Council, or did not fill the same office last year.

THE following is a list of the office-bearers of the North of England Obstetrical and Gynaecological Society for 1893:—*President*: William Japp Sinclair, M.D., 250, Oxford Road, Manchester. *Vice-Presidents*: D. Lloyd Roberts, M.D., Manchester; John Scott, M.D., Manchester; James Armstrong, M.B., Liverpool; James Taylor, F.R.C.S.Eng., Chester; James Braithwaite, M.D., Leeds; Charles J. Wright, M.R.C.S., Leeds; Arthur H. Laver, M.R.C.S., Sheffield; John W. Martin, M.D., Sheffield; E. Peirce Hardey, L.R.C.P., Hull. *Honorary Treasurer*: J. Nelson Cregeen, M.R.C.S., 2A, Prince's Road, Liverpool. *Council*: William Alexander, M.D., Liverpool; William Anderton, M.R.C.P., Ormskirk; William Bain, L.R.C.P., Stockport; William Berry, F.R.C.S.I., Wigan; Samuel Buckley, M.D., Manchester; T. Kilner Clarke, M.D., Huddersfield; R. Martin Craven, F.R.C.S.Eng., Hull; Archibald Donald, M.D., Manchester; C. Nelson Gwynne, M.D., Sheffield; Thomas A. Helme, M.D., Manchester; Edmund H. Howlett, F.R.C.S.Eng., Hull; Arthur Jackson, M.R.C.S., Sheffield; Herbert W. Knowles, M.R.C.S., St. Helens; James Lambert, M.D., Birkenhead; Stephen Nesfield, M.D., Manchester; John T. Nisbet, M.B., Liverpool; Andrea C. F. Rabagliati, M.D., Bradford; Edward Robinson, M.R.C.S., Leeds; Sydney Rumbold, F.R.C.S.Eng., Leeds; John E. Scowcroft, M.D., Bolton; Samuel Telford, M.D., Liverpool; Alfred T. Townley, L.R.C.P., Oswaldtwistle; John Wallace, M.D.

Liverpool; William Walter, M.D., Manchester. *Honorary General Secretary*: Henry Briggs, F.R.C.S.Eng., 3, Rodney Street, Liverpool. *Local Secretaries*: William Lauder, M.D., 260, Oxford Road, Manchester; Thomas B. Grimsdale, M.B., 50, Rodney Street, Liverpool; John B. Hellier, M.D., 1, De Grey Terrace, Leeds; Richard Favell, M.R.C.S., 283, Glossop Road, Sheffield; David Lowson, M.D., 15, Albion Street, Hull.

AMERICAN JOTTINGS.—The Missouri Legislature has before it a Bill providing for the carrying out of the death penalty by "electrocution" instead of by hanging.—A Massachusetts judge not long ago decided that soap is a "medicine," and the sale of it is therefore not restricted by the law for the observance of Sunday. This decision was based on the fact that under certain circumstances a cake of soap may be regarded strictly as medicinal, and on the general principle that cleanliness is next to godliness. Therefore, to fine a man for selling soap on a Sunday would be to make him pay a penalty for performing an act of godliness. By parity of reasoning it might be shown that it is an "act of godliness" to sell not only alcoholic drinks, but food, wearing apparel, sanitary appliances, musical instruments, books, pictures, billiard-tables, packs of cards, horses, with the necessary saddlery, cycles, fishing tackle, and all the complicated *armamentarium* of the golfer, for all these things may "under certain circumstances be regarded strictly as medicinal." Such elasticity of interpretation is nothing to what the legal mind is capable of when it is "put to it." It is not long since the courts of Vermont decided that tobacco is a drink within the meaning of the law forbidding the "treating" of juries.—Several cases of scarlet fever which recently occurred in New Haven are said to be traceable to kindling wood made from the *débris* of an old house in which six cases of the disease had occurred, and which was torn down and sold for firewood.—The crinoline scare has crossed the Atlantic, and an "Anti-Hoop-Skirt Bill" has been presented to the Minnesota Legislature containing the following clause: "It will be unlawful for any person to manufacture or sell, or to offer for sale or use, or to permit the manufacture, sale, or use of any hoop-skirt, or anything like thereunto, within the limits of Minnesota." As the scare has somewhat subsided, the Bill will remain with the Committee on Public Health in the meantime, not exactly "hung up," but rather hung over the heads of any votaries of fashion who may be meditating an artificial enlargement of their skirts. With every respect for the motives of the public-spirited persons who are promoting this Bill, we cannot help wondering at the elasticity of the United States Constitution which allows such an interference with the liberty of the subject as is contemplated by the Bill; certainly the ladies of Minnesota must be a good deal more "subject" than their sisters in our own despotically-governed and generally effete old country if they allow a Legislature composed, we presume, of men, or of persons who "in the catalogue" pass for such, to dictate to them as to how they must, or must not, dress.

MEDICAL VACANCIES.

The following vacancies are announced:

- BRISTOL INFIRMARY**, Castle Green, Bristol.—Vacancy in the Medical Staff; double qualification. Applications to Edward Stock, Secretary, by March 10th.
- 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.
- CANCER HOSPITAL (FREE)**, Fulham Road, S.W.—House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with board and residence. Applications to the Secretary by March 18th.
- 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.
- GENERAL HOSPITAL**, Birmingham.—House-Physician. Salary, £70 per annum, with residence, board, and washing. Applications to Howard J. Collins, House Governor, by March 25th.
- GOREY UNION: CAMOLIN DISPENSARY**.—Medical Officer. Salary, £120 per annum, with registration and vaccination fees, and £15 yearly as Medical Officer of Health. Applications to Mr. Richard Greene, Honorary Secretary, Knockrobbin, not later than February 28th. Election on March 1st.

GUY'S HOSPITAL, S.E.—Assistant Dental Surgeon. Applications to the Dean, by March 4th.

HUDDERSFIELD INFIRMARY.—Junior House-Surgeon. Salary, £10 per annum, with board, lodging, and washing. Applications to Mr. Joseph Bate, Secretary, by March 4th.

ITALIAN HOSPITAL, Queen Square, Bloomsbury, W.C.—Honorary Physician. Applications to the Honorary Secretary, Arthur Serena, 8, Austin Friars, E.C.

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.

METROPOLITAN ASYLUMS BOARD.—First Assistant Medical Officer for the Levesden Asylum for Imbeciles, near Watford, Herts; doubly qualified. Salary, £160 per annum, rising £20 annually to £200, with board, furnished apartments, and washing. Applications on forms to be obtained at the offices of the Board, to T. Duncombe Mann, Clerk to the Board, Norfolk House, Norfolk street, Strand, W.C., by 11 A.M. on February 25th.

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.

PUBLIC DISPENSARY, 59, Stanhope Street, Clare Market.—Physician. Applications to John Phillips, Secretary, 14 and 15, Portugal Street, Lincoln's Inn, by March 6th.

RICHMOND DISTRICT LUNATIC ASYLUM, Dublin.—Second Assistant Medical Officer. Salary, £130 per annum, with furnished apartments and other allowances, valued collectively at £99 15s. 5d. Candidates must not be more than 30, be doubly qualified, and hold a midwifery diploma. Applications to Resident Medical Superintendent not later than February 25th. Election on February 28th.

ROYAL SOUTH LONDON DISPENSARY, St. George's Cross, S.E.—Honorary Surgeon. Applications to the Committee of Management by February 28th.

ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN, Leicester Square, W.C.—Assistant Physician. Applications to St. Vincent Mercier, Secretary, by February 28th.

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.—Anaesthetist. Honorarium, £50 per annum. Applications to the Secretary, by February 25th.

ST. MARY'S HOSPITAL MEDICAL SCHOOL.—Demonstrator in Chemistry and Physics. Salary, £100 per annum. Applications to George P. Field, Dean, before March 1st.

SAMARITAN FREE HOSPITAL FOR WOMAN AND CHILDREN, Marylebone Road, N.W.—Physician to Out-Patient Department. Applications to George Scudamore, Secretary, by March 1st.

SALFORD ROYAL HOSPITAL, Salford.—House-Surgeon. Salary, £100 per annum, with board and residence. Applications to the Secretary, by February 25th.

STAMFORD, RUTLAND, AND GENERAL INFIRMARY.—House-Surgeon and Secretary; unmarried; doubly qualified. Appointment for two years. Salary, £100 per annum, with board, lodging, and washing. Applications to "The Chairman of the Special Committee," by March 7th.

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.

YORKSHIRE COLLEGE, Leeds.—Demonstrator in Anatomy. Applications to the Registrar.

MEDICAL APPOINTMENTS.

- BEAUMONT, E.**, L.R.C.P.Lond., M.R.C.S., appointed Assistant Medical Officer *pro tem.* to the Lewisham Board of Guardians.
- BRISTOWE, John Syer**, M.D., F.R.C.P.Lond., F.R.S., M.R.C.S.Eng., appointed Consulting Physician to the Victoria Hospital for Children, Queen's Road, Chelsea, *vice* Dr. Walshe, deceased.
- BROWNING, G.**, M.R.C.S., reappointed Medical Officer of Health for the Stocksbridge Urban Sanitary District of the Wortley Union.
- COLLIER, M. P. M.**, M.S.Lond., F.R.C.S.Eng., appointed Surgeon to the National Hospital for Diseases of the Heart, etc., Soho Square.
- COLLINGS, Edward Beresford**, M.R.C.S., L.R.C.P.Lond., appointed Medical Officer of the Workhouse of the Barnsley Union.
- COOK, John William**, M.D.Aberd., M.R.C.S.Eng., reappointed Medical Officer of Health for the Tendring Rural Sanitary District.
- COOPER, James**, M.R.C.S.Eng., L.R.C.P.Lond., appointed House Surgeon to the Great Northern Central Hospital.
- CROSSFIELD, Arthur Kyffin**, L.R.C.P., L.R.C.S.Edin., reappointed Medical Officer for the Dittisham District of the Totnes Union.
- DODSWORTH, Frank Charles**, L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer of Health to the Chiswick Local Board.

GRIFFITH, Alfred, M.B., C.M.Edin., appointed Medical Officer of Health for the Burgh, Falkirk, *vice* Joseph Peake, F.F.P.S.Glasg.

HILLMAN, George Brown, L.S.A., appointed Medical Officer of Health for Whitwood, *vice* James MacMaster, M.B., C.M.Edin.

HITCHINS, C. V., M.R.C.S., appointed Medical Officer of Health for Weston-super-Mare.

HOBGEN, Edgar, B.A., M.D., M.R.C.P., appointed Medical Officer for the Parish of Strathmigh, *vice* Dr. Galletly, resigned.

HOGG, R. B., M.R.C.S., appointed Senior House-Surgeon to the Dunedin Hospital, New Zealand.

HOPE, George J. Brown, M.A.St.And., M.B., C.M.Edin., appointed Medical Officer of the Hutton Bushen District of the Scarborough Union.

KEMMIS, H. M., L.R.C.P.L., M.R.C.S., appointed Medical Officer for the No. 1 Sanitary District of the Bridgwater Union.

LAKEMAN, Thomas, L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer for the Ugborough District of the Totnes Union.

MANLEY, J. Herbert H., M.B., B.C.Camb., M.R.C.S., D.P.H.Camb., reappointed Medical Officer of Health for the County Borough of West Bromwich.

PITCAIRN, G. K., M.B., C.M., reappointed Medical Officer of Health for Littleborough.

REICHARDT, E. N., M.B.Lond., appointed Medical Officer for the Ewell, Chessington, and Cuddington Sanitary Districts of the Epsom Union.

REYNOLDS, Howard David, L.R.C.P.Edin., M.R.C.S.Eng., reappointed Medical Officer of Health for Pembroke Dock.

ROCHE, Antony, M.R.C.P., L.R.C.S.I., appointed Examiner in Medical Jurisprudence in the Royal University of Ireland.

ROWLAND, John T., M.D.St.And., M.R.C.S., reappointed Medical Officer of Health for Richmond Urban Sanitary District.

SHIVES, John, M.D.Aberd., L.R.C.S.Eng., reappointed Medical Officer of Health to the Urban Sanitary Authority of Liversedge.

SMITH, Kenneth Rawlings, M.D.Lond., M.R.C.S.Eng., reappointed Medical Officer for the Halwell District of the Totnes Union.

THOMAS, A. Harrison, M.B., C.M., B.Sc.Edin., appointed Medical Officer of Health for Vancouver, British Columbia.

THOMSON, Arthur, M.B., D.P.H.Camb., appointed Medical Officer of Health for Stratford-on-Avon Urban and Rural Sanitary Districts.

TREWBY, Lillian, L.R.C.P., L.R.C.S.Eng., L.F.P.S.Glasg., appointed Senior House-Surgeon to the Lady Dufferin's Hospital at Agra, India.

UNDELL, Henry, M.R.C.S.Eng., L.S.A., reappointed Medical Officer for the Staverton and Rattery District of the Totnes Union.

VINRACE, J. H., M.B.Lond., M.R.C.P., appointed Physician to the National Hospital for Diseases of the Heart, etc., Soho Square.

WATSON, J. K., M.B., C.M.Edin., appointed House-Surgeon to the Morpeth Dispensary.

WOODFORDE, W. T. G., M.D.Lond., appointed Medical Officer of Health for the Berkshire Combined Sanitary Districts.

YOUNG, Meredith, M.B., C.M.Edin., Medical Superintendent of Brighouse and District Joint Hospital, appointed Medical Officer of Health for Brighouse, Yorks.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Lang: Corneal and Sclerotic Affections. Parkes Museum, 74A, Margaret Street, W., 3.30 P.M.—Dr. L. C. Parkes: Hospitals. 101, Great Russell Street, W.C., 8 P.M.—Dr. Galloway: Certain considerations concerning Tumours.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor B. T. Lowne: The Physiology of the Respiration, Circulation and Nervous System of some Invertebrata. Lecture I.

ANATOMICAL SOCIETY OF GREAT BRITAIN AND IRELAND, Charing Cross Hospital Medical School, 4.30 P.M.—Papers by Mr. Eichholz, Professor Windle, and Mr. J. Jackson Clarke; and numerous exhibits.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Clinical Evening. The President: A Leprosy Patient in Course of Recovery. Dr. de Havilland Hall and Mr. Goodsall: Case of Stricture of the Rectum with Pleuritic Effusion: Thirteen Tappings: Subsequent Left Iliac Colotomy. Mr. Edmund Owen: An Infant after Resection of Both Shoulder Joints for Acute Epiphysitis. Dr. E. Cantley: Chronic Enlargement of the Spleen in a Young Woman. Mr. Stephen Paget: A Case of Cured Meningocele. Dr. P. Abraham: A Probable Syphilitic Refractory to Treatment. Mr. Marmaduke Shield: (1) Congenital Warty Growths of the Hand and Foot; (2) A Case for Diagnosis. Cases will also be shown by Dr. Sidney Coupland, Mr. J. H. Morgan, and Mr. Pearce Gould.

TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Percy Smith: Moral Insanity. Hospital for Diseases of the Skin, Blackfriars, 4 P.M.—Dr. Payne: Vegetable Parasitic Diseases. 101, Great Russell Street, W.C., 8 P.M.—Dr. Herman: Treatment of Placenta Prævia.

ZOOLOGICAL SOCIETY OF LONDON, 3, Hanover Square, 8.30 P.M.

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

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Mr. Walter Rivington: Some Cases of Fracture of Long Bones from Slight

Causes in connection with Tabes Dorsalis, Syphilis, and Paraplegia. Mr. T. Bryant: Case of Fibrous Polypus of the Prostatic Portion of the Urethra, associated with Profuse Hæmaturia and Prostatic Enlargement; removal of the growth and recovery.

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 2 P.M.—Dr. R. Maguire: Lesions of Pulmonary Phthisis; Lantern Demonstrations. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Quarry Sloccock: Myopia, with Illustrative Cases.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor B. T. Lowne: The Physiology of the Respiration, Circulation, and Nervous System of some Invertebrata. Lecture II.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 5 P.M.—Annual meeting. The President, Sir Andrew Clark, Bart., F.R.S., will deliver the Annual Address. Election of Officers and Council for the ensuing year.

OBSTETRICAL SOCIETY OF LONDON, 8 P.M.—Specimens will be shown by Dr. MacLean, Dr. Herbert Spencer, and others. The President (Dr. Herman) will deliver the Inaugural Address. Mr. Alban Doran: On Ligature of the Pedicle in Ovariectomy.

THURSDAY.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralyzed and Epileptic, Queen Square, 2 P.M.—Professor Victor Horsley: Surgical Treatment of Nervous Diseases. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Dr. Colman: Tuberculosis; Pathological Demonstration. Central London Sick Asylum, Great Cleveland Street, 5.30 P.M.—Mr. John Hopkins: Cases in the Wards. London Throat Hospital, Great Portland Street, 8 P.M.—Dr. Woakes: Tinnitus and Vertigo.

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

HARVEIAN SOCIETY OF LONDON, 8.30 P.M.—Dr. William Hunter: Pernicious Anæmia with Special Reference to Diagnosis and Treatment.

CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL, Gray's Inn Road, 5 P.M.—Dr. Dundas Grant: Diseases of Auditory Nerve Centre. Deaf-mutism.

FRIDAY.

LONDON POST GRADUATE COURSE, Bacteriological Laboratory, King's College, 11 A.M. to 1 P.M.—Professor Crookshank: Lecture, Erysipelas and Suppuration; Practical Work, Streptococci. Hospital for Consumption, Brompton, 4 P.M.—Dr. R. Maguire: Congenital Heart Disease.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor B. T. Lowne: The Physiology of the Respiration, Circulation, and Nervous System of some Invertebrata. Lecture III.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY, West London Hospital, 8.30 P.M.—Clinical meeting. The President, Mr. Swinford Edwards: (1) Case of a Peculiar Affection of Mucous Membrane of Palate; (2) Two Cases of Successful Wiring of Patella. Dr. Abraham: Case of Nodular Leprosy. Mr. L. A. Bidwell: (1) Case of Compound comminuted Fracture of Humerus; (2) Case of Epithelial Crypts of the Palm. Dr. Clippingdale: Case of Epithelial Hypertrophies of Skin. Mr. Percy Dunn: Case of Symmetrical Coloboma of Iris and Choroid. Mr. C. B. Keetley: Case of Tumour of Muscles of Forearm. Mr. R. Lake: Case of Tuberculous Pharyngitis; and others.

SATURDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 11 A.M.—Dr. Theo. Hyslop: Insanity with Syphilis.

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.

BREW.—On Sunday, February 19th, the wife of R. H. Brew, Surgeon, of Birmingham, of a son.

GRAY.—On February 20th, at Prescott Road, St. Helens, the wife of Andrew Gray, M.D., of a son.

MARRIAGES.

ALDRIDGE-BECKTON.—On January 18th, at St. Martin's Church, West Coker, Somerset, by the Rev. W. S. Cotter, stepfather of the bride, assisted by the Rev. Prebendary Wheeler Aldridge, cousin of the bridegroom, Norman Elliott Aldridge, M.B., D.P.H., Hamilton House, Southampton, to Margaret Anna Beckton, daughter of the late Joseph Beckton, Esq., Didsbury, Lancashire.

COOPER-JACKSON.—February 14th, at Valparaiso, Chile, George Frederic Cooper (junior), M.B., B.S.Lond., of Pisagua, Chile, eldest son of the late Henry Cooper, of Valparaiso, to Juanita, fourth daughter of the late John Stewart and Doña Juana Pividal de Jackson, of Valparaiso.

DEATHS.

BOYD.—February 17th, at 273, Lavender Hill, London, Joseph Thomas Boyd, aged 36.

RODWELL.—On February 21st, at Loddon, Norfolk, very suddenly, Thomas Harry Bate Rodwell, M.R.C.S.Eng., L.S.A.Lond., aged 44 years, eldest son of the late George Rodwell, Esq., surgeon, of that place.