

a small amount of cholesterine. No bile. Does not emulsify fats well or convert starch into sugar. Microscopic examination of the cyst wall showed no glandular tissue; the portion examined, however, was small and much crushed by forceps.

REMARKS.—At first this was thought to be a pancreatic cyst; but after examination of the fluid and the cyst wall it seems most probable that in June, when the patient had his first attack of colic and constipation, a block occurred in the pancreatic duct, and a retention cyst formed, which subsequently was ruptured into the lesser peritoneal sac at the time of the strain while running, the case then becoming to all intents and purposes identical with those published, and so well described, by Mr. Jordan Lloyd, of hæmorrhage into this sac.

MEMORANDA:

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

TERPENE HYDRATE IN BRONCHIAL CATARRH.

I AM desirous once more of calling attention to the value of terpene hydrate in the treatment of affections of the bronchial and nasal mucous membranes. Its properties have been well known for many years, but in this country it has never been a popular remedy, and its claims seem to have been overlooked in favour of pure terebene and other similar compounds. It is a hydrate of turpentine, and is made by treating oil of turpentine with nitric acid and alcohol. It is a solid, and has somewhat the appearance of chloral hydrate. Its odour, which is slight, resembles that of pure terebene. The great difficulty in the way of its administration is that it is practically insoluble in water. It is usually said to dissolve in alcohol in the proportion of 1 in 10, but many specimens are far less soluble. On the Continent, where it enjoys a high reputation in the treatment of bronchial affections, it is used as a popular remedy in the form of an elixir. For some months past I have prescribed it in a solution containing 5 grains to the half ounce, made up with simple elixir and flavoured either with tincture of Virginian prune and syrup of tar, or with the aqua laurocerasi. For patients who cannot take sugar the elixir may be made with saccharine. Terpene not only relieves cough and lessens bronchial secretion, but is a diuretic, and has been used with advantage in neuralgia.

Welbeck Street, W.

WILLIAM MURRELL, M.D.

OPERATIVE MIDWIFERY UNDER DIFFICULTIES.

I WAS called in on December 28th, 1892, to relieve M. K., a Burmese woman, aged 23, married five years, a primipara, who had been in labour two and a-half days. On arrival I found an arm (right) presentation, and two old Burmese women, with their feet planted against the patient's buttocks, putting severe traction on the presented arm. The result was jamming of the shoulders and buttocks in the pelvic outlet, with the uterus firmly contracted on the rest of the body, and without a drop of amniotic fluid left. The child had been dead about twelve hours.

I at first tried to return the arm and perform version, but to no use; my only resort was to operate, and remove the child in parts. Being on field service against these Chins, there were naturally no arrangements made for treating the female sex; but out of the "capital case" in the field panniers I selected a pair of small sharp-pointed scissors (no large blunt ones were procurable), a pair of small bone pliers, and a small scalpel. The woman refusing to take chloroform, I tied the cord, which had prolapsed, and began by amputating the arm through the shoulder joint, then, with the bone pliers, opened up the cavity of the chest through the apex of the right shoulder, and by dilating this opening with my fingers I managed to do complete evisceration; next with the bone pliers in my right hand and my left in the cavity of the chest and stomach as a guide, I cut through the seventh cervical vertebra first; then, changing the pliers for the scissors, I worked through the muscles, tissue, and pelvic bone from within the body of the child, till I cut through the

right hip-joint, then catching the right femur, I managed to deliver the right leg, partly turning it inside out like the inverted finger of a glove. After this the body of the child was easily delivered, with the head coming last, followed in half an hour's time by the placenta. I had no means for washing out the uterus, but a good antiseptic douche for the vagina was given by means of Reid's stomach pump. No serious hæmorrhage followed, and there was no laceration of the vagina or perineum whatever, as I preserved the skin of the child as much as possible. The child was a full-term male. The puerperium was very satisfactory, the temperature only rising to 104° F., once on the first day after delivery, when a smart purge and quinine, with belladonna to the breasts, reduced it to 99.6°, above which it has never been since.

The patient is a "pwai" dancer, and the peculiar antics this occupation calls for easily accounts for the displacement of the child, I think.

This case shows what rough and ready treatment Burmese women can stand with apparent impunity, especially considering the insanitary state of their surroundings. This patient was confined in a bamboo hut, 14 feet by 6 feet, built over a marsh, in which three women and her husband lived.

CHAS. A. JOHNSTON,
Surgeon-Captain, I.M.S.

Kaléwar, Upper Burmah.

MAMMARY DIPHThERIA FROM SUCKLING AN INFECTED INFANT.

ON January 23rd, 1893, I was called to see an infant, A. P., aged 6 weeks. The glands at the angle of the jaw were somewhat enlarged, pulse 140 (feeble), temperature 103° F. The tonsils were very red, and a large white patch of membrane nearly covered the left tonsil, and extended to the uvula along the soft palate. The child appeared very ill, and could scarcely take the breast, upon which it had hitherto been fed exclusively.

I ordered m v of tinct. ferri perchl. in a teaspoonful of lemonade every four hours, and painted the patch with equal parts of sulphurous acid and glycerine. I directed that m 20 of brandy should be given in a teaspoonful of lemonade every four hours, so that every two hours the infant had alternately iron and brandy. I warned the mother that she was exposing herself to great risk in continuing to suckle, and advised her to wean the infant at once. This, however, she could not be persuaded to do, feeling convinced that such a course would lead to the death of her child, it being in such a low condition.

On January 24th, 25th, 26th, and 27th the infant remained in much the same state, saving that on the latter two days it was quite unable to take the breast, so that milk was drawn therefrom, and by constant care and attention a sufficient quantity of nourishment was administered to sustain life.

On January 28th the infant seemed better, and from this time forward made an uninterrupted recovery; but on this day the mother, aged 31 years, complained to me of feeling languid and ill, and of having cold shivers. She moreover stated that she had pain in the left breast and armpit, and that each of these regions was exquisitely tender to the touch, but these symptoms she attributed to her breast being over-distended with milk, due to the fact of her infant having taken so little recently. The breast was swollen, hard, tense, and very tender; the nipple projected straight out, was hard, and moreover covered by a tough greyish-white membrane, which extended in one direction as far as the outer edge of the areola towards the left axilla. There were also three other small patches situated around the areola on its outer edge, and one line of membrane running along a fissure radiating from the nipple outwards. The membrane was tough and firm, and upon removal of one of the smaller patches a raw surface was exposed, from which blood slowly exuded. For a distance of about an inch around and external to the areola the breast was very red and hot. The temperature was 103.2° F., pulse 90, respirations 20; the urine contained a good trace of albumen. I prescribed tinct. ferri perchl. m x , quinine sulph., gr. ij; with potass. chlor., gr. v, in solution every four hours; painted the membrane on the breast with a solution of sulphurous acid 2 parts and glycerine 1 part; put the patient on a liberal diet, with an allowance of 12

ounces of brandy in twenty-four hours. The child was, of course, not allowed to be put to the breasts.

On January 29th and 30th the mother remained about the same, and on the 31st was very weak and prostrate. The temperature began to fall on the evening of this day, and on February 1st was 100.5°, pulse 80, respirations 18.

On February 2nd I peeled off the large piece of membrane, which left beneath a surface in parts raw and oozing with blood, but in others merely dark pink. From this time forward nothing worthy of comment occurred, and the patient slowly recovered her health and strength.

Earl's Court Gardens, S.W.

DUNCAN J. CADDY, M.B.

PNEUMONIA WITHOUT COUGH.

A YOUNG man, aged 22, contracted the above-mentioned disease, which, when I was first sent for, was in the acute inflammatory stage, with high temperature (104° F.) and delirium. The pneumonia ran its usual course of hepatisation and resolution, and all the symptoms—fine crepitation at the base of the lung, tubular breathing, and dulness—were well marked. But one symptom was absent—cough. Each morning when I asked the nurse whether the cough had been troublesome, the answer was that “he had not coughed at all,” and as far as I could learn the patient was never troubled in that way all through his illness, except during the primary stage of delirium, when he kicked about somewhat, and then it was very slight. I could never ascertain that he expectorated more than once or twice after the first stage had passed, and the amount would scarcely fill a thimble. Now, he was a man of a particularly phlegmatic disposition, and during his illness he would lie perfectly still and quiet, never speaking to anyone, and never moving voluntarily, and this I take to be the cause of the lack of a prominent symptom, and it suggests to me that a pneumonic case may be saved a considerable amount of pain and distress by insisting upon absolute prohibition from talking, and the minimum amount of movement.

Beccles.

ROBERT ALDOUS.

VESICULAR DEGENERATION OF THE CHORION.

ON October 20th, 1892, I was called to see Mrs. A., aged 29. She had been married four years, and had three living children and no previous miscarriage. Her condition of health previous to marriage was good, and she had never any serious illness. The menstrual habit had always been regular, without pain; the period lasted three or four days. She said she was pregnant, and thought she had been so about three months, but certainly not more.

She was anæmic; lay on her back, with knees drawn up and her feet resting on the bed. She looked as though dying; was panting apparently for air, and in much pain, which, from her description, seemed to be uterine. The chamber utensil was full of blood. The nurse said the blood had poured from her when she got up to urinate, and that there had been more than ordinary oozing before and subsequent to this exertion. The nurse, who has been in regular daily work for many years under the supervision of the local ladies' lying-in charity, said she had never previously seen so much oozing in miscarriage. The pulse was quick, fluttering, and erratic. The expression was wild, as though she feared some impending calamity.

The abdomen at first sight looked as though she were pregnant, full time. On palpation I felt a large and hard substance in the place which would be occupied by the uterus at full term. The percussion note was dull all over. I cooled my right hand in very cold water and, placing it over the enlargement, I felt uterine contractions. From the vagina the blood was discharging as from a bad miscarriage. The patient was laid on her back, my left hand steadied the apparent uterus, and a careful examination was made with my right. I found the os was hard, as though it contained a fibroid. On using firm steady pressure the os yielded, and then the feeling was as though my finger had got into a fragile placenta. I detached some of this substance, and, after washing, it resembled sultana raisins, but the colour was white.

I gave chloroform and a hypodermic injection of Symes's ergotine (about 15 m.) into the buttock. My right hand was introduced conewise, while the left hand steadied the uterus externally. I extracted several handfuls of the raisin-like material from the uterus before I felt its walls flush and clean. The parts were then syringed with hot Condry's fluid, and an iodoform bougie (10 gr.) was put into the uterus. My hands and instruments were first washed with a solution of perchloride of mercury (1 in 1,000), and perchloride ointment (1 in 2,000) was used.

During the whole process, and until recovery, her position was horizontal, and no raising of the head allowed under any pretext. Nourishing food was given every two hours, and not more than 4 ounces of spirits was allowed during every twenty-four hours. Whiffs of ammonia were given if she felt faint. A hot douche of Condry's fluid was given daily, and followed by an iodoform bougie. No sign of a fœtus could be discovered. She recovered, and is doing well.

Waterloo, Liverpool.

A. HOULGRAVE.

REPORTS

ON

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

NORFOLK COUNTY ASYLUM.

A CASE OF A REVOLVER BULLET IN THE OCCIPITAL LOBE OF
THE BRAIN FOR AT LEAST TWO YEARS WITHOUT
SYMPTOMS.

(By RICHARD P. RYAN, Second Assistant Medical Officer.)

T. S., a criminal patient, aged 74, was sent from Norwich Prison on July 15th, 1892. He had been convicted for attempting to hang himself, and was stated to be actively suicidal.

No clear history could be obtained from the prison authorities of his life prior to arrest, but he stated that about two years previous to admission he had shot himself with a six-chambered revolver, held 3 feet from his forehead. As he was a demented patient and his memory defective, the length of time since the occurrence is uncertain, but he had a circular depression in the centre of the frontal bone, covered by a bluish cicatrix.

He died on February 6th, 1893, from gangrene of the leg—amputation being considered inadvisable—and at the *post-mortem* examination I found the following changes: The frontal bone presented in its centre a circular depression about the size of a shilling, the base of which was formed of splinters. The inner table was splintered for about an inch, and a mass of bone fragments about as large as a walnut was protruding through the dura. Pressing on, and adherent to the brain substance in the mass, were numerous black granules, which subsequently proved to be lead.

The dura mater on the upper surface of the brain was thickened and adherent in patches to the bone; old-standing hæmorrhages into its substance were visible. The surface of the brain was normal in appearance, except some general atrophy of the convolutions, and an excess of cerebro-spinal fluid.

No lesion of the cerebral substance was apparent, except a small cavity lined by a smooth membrane, on the surface of the occipital lobe, in the neighbourhood of the middle convolutions, and close to the median fissure. This contained a partially flattened revolver bullet, about 0.380 in size, one surface smooth, the other jagged, and adherent to the dura mater.

The bullet must have penetrated the frontal depression; then, being deflected upwards, probably by some fragments from the inner table, passed over the cerebral surface, until, finally arrested by the tentorium cerebelli, it lodged in the above position, and remained there for at least two years without causing symptoms.

The Indian Medical Service, it is said, now gets men on its past reputation: but intending candidates note its present advantages:

1. Exile in an unhealthy country.
2. The sterling value of one's never extravagant salary rapidly getting smaller through depreciation.
3. Prices of necessities as well as luxuries rising.
4. Fares home increased.
5. An establishment so small that leave and furlough are obtained with difficulty.
6. Salaries reduced in various appointments with no compensating reduction in work.
7. Uncertain social position rather accentuated than improved by recent alterations in title.
8. Subscriptions to regimental funds duly according to nominal rank, but privileges merely those enjoyed by an honorary member of mess.

From the *Pioneer*.

A class of commissioned officers has been formed, called "Inspectors of Machinery," whose duty it is to exercise supervision of big guns and their mounting. These officers will have the rank and pay of Lieutenants and Captains of Artillery; and in addition an armament pay, and extra pay of 100 rupees per month for a Lieutenant, and 70 rupees per month for a Captain, while the tour of Indian service will be five years, being the period laid down for the service of a similar class in the Colonies. This is nothing more than just to these officers, but contrast the treatment with that afforded medical officers. Surgeon-Captain for three years in the rank is denied the pay and allowances attached to the rank of Captain in the line. The medical officer gets no charge or extra pay whatever his charge. Medical officers have practically no rank outside their own corps. They must serve six years in India against four in the Colonies. It is quite clear that the charge of inanimate machinery is reckoned by the Government of India of more importance and value than the health and lives of their European soldiers.

* * * Everything points to the conclusion that the parties who at present have the ear of the Indian Government are markedly hostile to the medical officers, if not the medical profession.

THE LAST LEVÉE.

A CORRESPONDENT states that, although he knows several naval and military medical officers attended the last Royal levée, their names are conspicuous by their absence in the published list of those presented. Indeed, he says not a single name of any member of the profession, civil, naval, or military, is given. How is this?

* * * If any were present, we cannot say why their names were omitted in the lists.

ANOTHER RETIRED CORRESPONDENT states he lately attended a levée at Dublin Castle, dressed in the uniform of a lieutenant-colonel, but with the curious anomaly of surgeon-major on his card. Beside him were also officers in the uniform of surgeon-lieutenant-colonel and surgeon-colonels, but having on their cards the titles of surgeon-general and deputy-surgeon-general. He considers these gentlemen were not properly dressed, and should not have had admittance.

* * * The old titles and the uniform of the relative rank did not certainly correspond.

VOLUNTEER AMBULANCE SCHOOL OF INSTRUCTION.

THE following volunteer medical officers, who have recently been under instruction from the staff of the school, have passed the official proficiency examination conducted by the Army Medical Staff at the headquarters of regimental and other districts, thus earning the extra proficiency grant for their corps, and becoming entitled to promotion after completing the necessary period of service:—Surgeon-Major E. B. Reckitt, Army Medical Reserve of Officers and 1st Lincoln Volunteer Artillery; Surgeon-Captain T. E. F. McGeah, M.D., Honourable Artillery Company; Surgeon-Captain J. P. Atkinson, 2nd Cheshire Volunteer Royal Engineers; Surgeon-Captain J. W. Hinings, 1st Herefordshire Rifle Volunteers; Surgeon-Captain J. Adam, M.D., 1st Volunteer Battalion Seaforth Highlanders; Surgeon-Captain T. Fort, 6th Volunteer Battalion Manchester Regiment; Surgeon-Captain M. MacKenzie, the Highland Volunteer Artillery; Surgeon-Captain W. Young, M.B., M.Ch., 8th Volunteer Battalion Royal Scots (Lothian) Regiment; Surgeon-Captain T. Milne, M.D., 7th Volunteer Battalion Argyll Sutherland Highlanders; Surgeon-Lieutenant C. Marsh, 2nd Volunteer Battalion (Prince Albert's) Somersetshire Light Infantry; Surgeon-Lieutenant R. Cowan-Lees, M.B., 1st Lanark Rifle Volunteers; Surgeon-Lieutenant W. Atkinson, M.D., M.Ch., 1st Surrey Rifle Volunteers; Surgeon-Lieutenant J. Griffiths, M.A., M.D., Cambridge University Rifles; Surgeon-Lieutenant W. Pringle Morgan, M.B., 1st Sussex Volunteer Royal Engineers; Surgeon-Lieutenant C. Chepmell, M.D., 1st Volunteer Battalion the Royal Sussex Regiment; Surgeon-Lieutenant J. Lloyd Williams, West London Rifles; Surgeon-Lieutenant W. E. Crozier, 1st Volunteer Battalion The King's Liverpool Regiment; Surgeon-Lieutenant R. Langford-Jones, 1st Cheshire and Carnarvonshire Volunteer Artillery; Surgeon-Lieutenant R. Oswald, M.B., 7th Volunteer Battalion Argyll and Sutherland Highlanders; Surgeon-Lieutenant J. Machlachlan, M.B., 3rd Volunteer Battalion King's Own Scottish Borderers.

Applications to join the next class will be sent to Surgeon-Captain R. R. Sleman, "Artists" Rifle Volunteers, 7, St. Bene't Place, Gracechurch Street, E.C.

SWEARING WITH UPLIFTED HAND.—The Hon. Dr. Grieve, Surgeon-General of British Guiana, has called the attention of the Government of that colony to the advisability of legalising the method of taking the oath with uplifted hand. The Attorney-General expressed his readiness to introduce a clause dealing with the matter in a Bill which he would shortly introduce.

UNIVERSITIES AND COLLEGES.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

FELLOWSHIP EXAMINATION.—Mr. Richard Thomas Hearn having passed the necessary examination has been admitted a Fellow of the College. The following gentlemen have passed the primary part of the examination for the Fellowship of the College: Mr. Ernest George Fenton, Mr. Herbert Charles Mooney, and Mr. Alexander Ogilvy.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, February, 1893. The following candidates passed in
Surgery.—A. K. A. Cesar, London Hospital; K. Herd, Cambridge and Manchester; W. E. S. Jones, Guy's Hospital; A. E. Kennedy, London Hospital; J. Mostertz, University College; E. S. Perkins, Yorkshire College, Leeds; J. W. Roberts, Liverpool; A. W. Taylor, London Hospital; W. Turner, King's College.
Medicine, Forensic Medicine, and Midwifery.—J. Garrett, St. Mary's Hospital; J. Mostertz, University College.
Medicine and Forensic Medicine.—L. J. G. Carré, St. George's Hospital.
Medicine and Midwifery.—F. L. Underwood, University College.
Medicine.—S. B. Hopewell, London Hospital; P. T. Naden, Queen's College, Birmingham; J. W. Roberts, Liverpool; A. W. Taylor, London Hospital; J. Wood, St. Thomas's Hospital.
Forensic Medicine and Midwifery.—R. L. Chapple, Yorkshire College, Leeds.
Forensic Medicine.—G. A. Peake, Bristol.
Midwifery.—B. E. Church, St. Bartholomew's Hospital; A. B. Franey, St. Mary's Hospital; F. W. Kerbey, London Hospital; E. H. Worth, St. Thomas's Hospital.
To Messrs. Cesar, Garrett, Herd, Hopewell, W. E. S. Jones, Mostertz, Naden, Peake, and Roberts, was granted the diploma of the Society entitling them to practise Medicine, Surgery, and Midwifery.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Friday, February 24th.

Proposed Cholera Ship on the Thames.—In answer to Colonel HOWARD VINCENT, Mr. H. FOWLER said: The Commissioners of Sewers of the City of London have under consideration the provision of hospital accommodation for cholera patients, and are in communication with the Thames Conservancy as to mooring a floating hospital in the river. The conservators have not yet arrived at a decision on the question, and I am informed by them that they will give due attention to the question of any possible danger to public health which might arise from such a hospital.

Tuesday, February 28th.

The Proposed University for Wales.—Mr. ACLAND, in answer to Mr. KENYON, said there had been no petition presented to the Queen in Council for the grant of a charter to constitute the University of Wales, so that no assurance on this subject could be given at present.

The Health Office of Scotland.—In answer to Mr. WEIR, Sir G. TREVELYAN said: The question of the reorganisation of the Board of Supervision, which is the Health Office of Scotland, is seriously occupying the attention of Government. I may say that the Board of Supervision showed both energy and foresight in taking precautions last year against the cholera. Mr. WEIR asked whether the Board was not composed of persons without any technical knowledge. Sir G. TREVELYAN: The constitution of the Board is occupying the attention of the Government.

Gibraltar Sanitary Board.—Mr. S. BUXTON, in reply to Captain NORTON, said: My hon. friend is aware that in dealing with this question Her Majesty's Government cannot put out of consideration the fact of the peculiar position of Gibraltar as an important military fortress and coaling station. But they have anxiously considered how far they could meet the views of the ratepayers in the matter of the sanitary board, and have now decided as follows: To restore to the grand jury the privilege of nominating the panel from which the unofficial commissioners are to be chosen; to allow the board the right of nominating their own chairman; to separate the offices of colonial engineer and engineer to the sanitary board, and to allow the commissioners to appoint their own engineer. To abolish the power of the Governor in vetoing the construction of a work by the board, and of requiring the board to defray from the rates the cost of public works not executed by the commissioners. Further, in future the Colonial Secretary will cease to be a member of the board. A draft ordinance embodying these concessions has been published in Gibraltar in the usual course, preparatory to its becoming law on March 10th. In view of these substantial concessions, Her Majesty's Government feel justified in expecting that the representatives of the ratepayers will cordially co-operate in carrying out the important duties entrusted to the sanitary board.

Wednesday, March 1st.

Mr. HERBERT GLADSTONE moved that the Committee of Selection should appoint a committee to consider all private Bills promoted by municipal and other local authorities by which it was proposed to create powers relating to police and sanitary regulations that deviated from the general law. The motion also contained an instruction directing the committee, in cases where powers in excess of the general law were sought for, to state to the House the reasons why, in their opinion, such powers should be granted. After a short discussion the motion was agreed to.

A Bill for the Sanitary Registration of Dwelling Houses, Schools, Colleges, Hospitals, Asylums, Workhouses, Hotels, Lodging Houses, and other Buildings within the United Kingdom, introduced by Mr. MARTIN, was read a first time.

over the erection of new buildings. The water supply is mostly by wells, merely dry stined, and frequently admitting water from the superficial layers of the soil. "Proximity to the foidyard is an extremely common defect in the position of farm wells in this district: in some cases wells were found actually within foidyards." We read of a village well having "an old dilapidated privy, which discharged simply into a hole in the ground.....within four yards of the well, and upon higher ground." And yet the health officer has repeatedly drawn attention to the unsatisfactory nature of the water supplies of the district. Most of the villages have sewers "of some sort." These are in places socketed "sanitary" pipes, are largely of old "tile" pipes, and sometimes merely "tile drains without bottoms." Objectionable catchpits abound, favouring the accumulation of putrefying sewage, and the consequent promotion of decomposition throughout the sewerage system. In all cases except one the village sewage is discharged in a crude state into water courses. Compulsory notification is in force in the district, but no hospital exists, nor are there any means of public disinfection.

Mr. Thompson regards the sanitary condition of the district as being very unsatisfactory, and points out the very grave responsibility which will be incurred by the authority if they omit to avail themselves of the powers entrusted to them, and he has set out fully the various needs of the district and the means that should be taken to meet them.

THE MEDICAL OFFICER FOR BIRKENHEAD.

THE Health Committee of the Birkenhead Town Council have decided to recommend that the salary of Dr. Marsden, medical officer of health, should be increased from £420 to £520 per annum. Dr. Marsden has occupied his present office for fourteen months.

OPHTHALMIA AMONG CHILDREN IN LONDON.

THE Board of the Central London School District possesses at the large ophthalmic school establishment at Hanwell accommodation for more than 300 children. Thanks to the efforts of the medical officers, ophthalmia has been practically stamped out among the children there, and the number of inmates is now only 76. At the suggestion of the Local Government Board the managers have decided to receive within these partially-occupied buildings children suffering from ophthalmia from any parish within the metropolitan Poor-law area for a period of two years, at the expiration of which time it is probable that another body will be elected to control the management of the establishment. A scale of charges will be shortly drawn up showing the sum for which each child will be received, and it is expected that all the parishes will avail themselves of this long-sought concession.

INELIGIBILITY OF MEMBERS OF SANITARY BOARDS FOR PAID OFFICES.

D. P. H. writes: A few days since I accepted an invitation to volunteer my services in the event of medical assistance becoming necessary in consequence of an outbreak of cholera in London during the present year. I am now informed that as a member of the sanitary committee of the district authority I am precluded from accepting any paid position under the Board. May I ask if the rule applies to such a case? The solicitor to the board opines that it does.

"*It would not be safe for a member of the sanitary authority to accept payment for services rendered to that authority. The query does not state whether the practitioner is a member of a vestry or district board, or merely of some consultative committee formed of persons outside the sanitary authority; nor does it state by whom or in what manner payment is to be made if his services are required. The facts must be stated more definitely, in order that the question may be answered properly.

AS TO THE NOTIFICATION OF PUERPERAL FEVER.

KNOWLEDGE asks whether "puerperal fever" (autogenetic in origin) presenting on the fourth day symptoms of septic absorption, namely, evening temperature 104°, profuse perspiration, uterine and lateral tenderness, etc., and relieved by intrauterine injections of sal alembroth, is notifiable.

"*The answer is that the law does not take cognisance of degree in severity nor make any distinction as to the origin of puerperal fever, and that the practitioner is bound to notify every case. "Knowledge" is somewhat contradictory when he speaks of a kind of puerperal fever "autogenetic in origin" with symptoms of "septic absorption." We usually associate all species of septic absorption with external influences; these external influences may act through unclean instruments or appliances, or they may be carried by the hands of midwife or nurse, or their action may be favoured by some insanitary condition in the premises or by circumstances for which in no way the medical attendant is to blame. From this point of view it is, to say the least, doubtful if an "autogenetic origin" of puerperal fever exists.

A FEMALE SANITARY INSPECTOR.

THE Brighton Town Council have taken a new departure in their sanitary work by appointing a woman as an inspector of nuisances for the borough. For the present the appointment is for three months, at £1 per week. Her duties will be to visit the houses of the poor in which cases of children's ailments occur. The candidate appointed is Mrs. Alice Ramsden, of 174, Eastern Road, who has been a district nurse in Brighton, and has also been at St. Bartholomew's Hospital as a nurse for two years, in addition to having been a nurse at the County Hospital and the Brighton Workhouse. She is 35 years old.

MEDICAL NEWS.

DR. EDWARD PRICE HOUGHTON, who was for eighteen years principal physician to the Rajah and Government of Sarawak, Borneo, died at Ventnor, Isle of Wight, on February 13th, aged 58. He was a son of the late Mr. J. R. Houghton, surgeon, of Blackfriars and Canonbury Square.

HOSPITAL SATURDAY FUND.—The annual meeting in connection with this Fund was held at the Mansion House on February 25th, the Lord Mayor presiding. The report showed that the receipts for the past year had been £20,309, against £18,909 in 1891, and the amount distributed had been £17,009, or £725 more than in the previous year.

DEATHS IN THE MEDICAL PROFESSION ABROAD.—Among the members of the medical profession in foreign countries and the colonies who have recently died are Dr. A. B. La Rocque de Rochbrune, who was the first medical health officer of the city of Montreal, and author of works on hygienic subjects, aged 65; Dr. Peter Uspenski, Privat-Dozent in the St. Petersburg Medico-Military Academy, and a specialist in nerve diseases; Dr. Agostinho Vicente Lourenço, professor of chemistry in the Polytechnic School of Lisbon, and a prominent member of the medical profession in Portugal; Professor Ball, the well-known Paris specialist in mental and nervous disease, and an Englishman by birth; Dr. Alphonse Davaine, son of the celebrated pathologist of that name; M. Eugène Marriotte, a medical student, who died of diphtheria contracted in hospital from a child whom he was attending; Dr. George H. Bennett, one of the best-known and oldest physicians of Western New York, aged 72; Dr. Francisco Pirovano, physician to the Ospedale Maggiore, of Milan, aged 43; Dr. J. H. Wheeler, of Dover, New Hampshire (U. S.), President of the New Hampshire Medical Society, aged 61; Dr. Nikolai, extraordinary professor of pharmacy in the University of Warsaw, and author of a treatise (in Russian) on pharmacognosy, aged 45; and Dr. Giovanni Longhi, of Milan, a well-known otologist, founder of the Istituto Ototerapico for diseases of the ear and for the training of deaf mutes, and editor of the *Sordomuto*, a journal devoted to the same subject, aged 50. Dr. Longhi was awarded a gold medal by the Accademia Fisio-medico-statistico of Milan, for his researches on pellagra.

AMERICAN PUBLIC HEALTH ASSOCIATION IN MEXICO.—The American Public Health Association held its twentieth annual meeting in the City of Mexico, from November 29th, to December 2nd. There was a very large attendance, which included most of the leading authorities in public health in the United States and Canada, delegates from the various States of Mexico, and from the Superior Board of Health of that Republic, and many Mexican physicians interested in public hygiene. The Mexican Government took pains to show its practical interest in the gathering, and treated the visitors with the greatest courtesy and hospitality. President Diaz was present at the opening ceremony and entertained the members of the Association. Dr. Ramirez de Avellano read a paper on "Croup in the City of Mexico," in which he stated that diphtheria in its serious forms is not a common disease in that city. Among the discussions which excited the greatest interest were those on typhus and tuberculosis. Typhus was stated to be so prevalent at Zacatecas and several other towns in the northern parts of Mexico that the members were officially advised to refrain from visiting these places. The debate on tuberculosis was introduced by Dr. Antonio Carbajal of Mexico. As regards the prophylaxis of the disease, it was stated that the Mexican sanitary authorities take their stand firmly on the recent teaching of bacteriology as to its communicability. The Association formally adopted the recommendation of its Committee on National Legislation, that it is desirable that a national public health service should be organised under a responsible head, and the formation of a large advisory council of sanitarians, who should represent as nearly as possible the health boards of the several States, and meet at least once a year in Washington, and at other towns when called together by the President for the purposes of co-operation or conference. The Association also declared itself in favour of a national quarantine service. Dr. S. H. Durgin was elected President for the ensuing year.

PRESENTATIONS.—Mr. R. H. Parry, surgeon to the Victoria Infirmary and lecturer on surgery in the Western Medical School, Glasgow, has been presented by his pupils, on the occasion of his marriage, by a handsome revolving book-case and a study chair.—Dr. J. Alexander, the medical officer of health for the County of Caithness, has been presented with an address and a purse of sovereigns by his friends and patients in the parish of Bower and districts of Howe and Mireland.—Mr. Arnold Thomson has been presented by the mayor of Maidenhead, on behalf of the ladies of an ambulance class instructed by him, with a handsome silver butter dish and knife.

MEDICAL VACANCIES.

The following vacancies are announced:

- Bristol Dispensary**, Castle Green, Bristol.—Vacancy in the Medical Staff, double qualification. Applications to Edward Stock, Secretary, by March 10th.
- BEDFORD GENERAL DISPENSARY**.—Dispenser, under 45 years of age. Salary, £70 per annum. Applications to the Secretary by March 22nd.
- BOARD OF WORKS FOR THE POPLAR DISTRICT**.—Medical Officer of Health for the Poplar and Bromley Parishes. Salary, £400 per annum. Applications, endorsed "Appointment of Medical Officer," to be sent to the Offices of the Board, 117, High Street, Poplar, by March 15th.
- 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 4th.
- CLAYTON HOSPITAL AND WAKEFIELD DISPENSARY**, Wakefield.—Junior House-Surgeon, unmarried. Honorarium, £40 per annum, with board, lodging, and washing. Applications to the Honorary Secretary by March 9th.
- COUNTY LUNATIC ASYLUM**, Whittingham, Lancashire.—Junior Assistant Medical Officer. Salary, £200 per annum, with apartments, board, and washing. Applications to the Superintendent.
- DUNFANAGHY UNION**.—Dunfanaghy Dispensary. Medical Officer. Salary, £100 per annum, with £10 as Medical Officer of Health, and registration and vaccination fees. Applications to Thos. A. Ingram, Honorary Secretary, by March 11th. Election on March 18th.
- DUNFANAGHY UNION**.—Medical Officer for Workhouse and Fever Hospital. Salary, £30 per annum.
- FARRINGTON GENERAL DISPENSARY**, Bartlett's Buildings, Holborn Circus, E.C.—Surgeon. Applications to W. K. Taunton, Honorary Secretary, by March 11th.
- GENERAL HOSPITAL**, Birmingham.—House-Physician. Salary, £70 per annum, with residence, board, and washing. Applications to Howard J. Collins, House Governor, by March 25th.
- GUY'S HOSPITAL**, S.E.—Assistant Dental Surgeon. Applications to the Dean, by March 4th.
- HUDDERSFIELD INFIRMARY**.—Junior House-Surgeon. Salary, £40 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.
- LIVERPOOL INFIRMARY FOR CHILDREN**, Myrtle Street, Liverpool.—House-Surgeon. Salary, £35 per annum, with board and lodging. Applications to C. W. Carver, Honorary Secretary, by March 18th.
- MANCHESTER ROYAL INFIRMARY**.—Assistant Medical Officer at the Monsall Fever Hospital, unmarried. Appointment for twelve months. Salary, £100 per annum, with board and residence. Applications to the Chairman of the Board, Royal Infirmary, Manchester, by March 21st.
- 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.
- PARISH OF GLENELG**.—Medical Officer for the Northern Division. Salary, £95 per annum, with free house and gardens. Applications to D. McLure, Inspector of the Poor, Glenelg, by March 15th.
- PUBLIC DISPENSARY**, 59, Stanhope Street, Clare Market.—Physician. Applications to John Phillips, Secretary, 14 and 15, Portugal Street, Lincoln's Inn, by March 6th.
- ST. MARYLEBONE GENERAL DISPENSARY**, 77, Welbeck Street, Cavendish Square, W.—Obstetric Physician. Applications to Secretary by March 8th.
- ST. PETER'S HOSPITAL FOR STONE AND URINARY DISEASES**, Henrietta Street, Covent Garden, W.C.—House Surgeon. Appointment for six months. Honorarium, 25 guineas, board, lodging, and washing. Applications to Walter E. Scott, Secretary, by March 21st.
- 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 COUNTY HOSPITAL, York.—Senior House-Surgeon, doubly qualified. Salary, £100 per annum, with board, apartments, and washing. Applications to C. E. Pinfold, Secretary, by March 10th.

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

MEDICAL APPOINTMENTS.

- ASHBY**, Richard D., L.D.S., appointed Consulting Dental Surgeon to the Royal Northern Sea-Bathing Infirmary, Scarborough.
- BARCLAY**, Wilfred M., F.R.C.S. Eng., appointed Surgeon to the Bristol General Hospital.
- BARROW**, Valentine E., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg., appointed Medical Officer for the Uffculme District of the Tiverton Union.
- BEHRENDT**, Maximilian R. J., L.R.C.P., L.R.C.S. Edin., reappointed Medical Officer of Health for the Scunthorpe Urban Sanitary District.
- BENTHAM**, Andrew O., L.R.C.P. Lond., M.R.C.S. Eng., appointed Medical Officer for the Abram District of the Wigan Union.
- BERRY**, A. E., M.B. Lond., M.R.C.S., L.R.C.P., appointed Resident Medical Officer to the Monsall Fever Hospital, Manchester, *vice* Alexander Johnston, M.D. Glasg., resigned.
- BIRD**, G. W. H., B.A. Cantab, L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Skin, St. Thomas's Hospital.
- BOWRING**, W. A., L.R.C.P., M.R.C.S., appointed Junior Obstetric House-Physician to St. Thomas's Hospital.
- BRAYTON**, Thomas, L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Hindley District of the Wigan Union.
- CLARK**, William F., L.R.C.P., L.R.C.S.I., reappointed Medical Officer of Health for Cheshunt.
- CONSTANT**, Thomas Edward, L.R.C.P. Lond., M.R.C.S., L.D.S., appointed Honorary Consulting Dental Surgeon to the Royal Northern Sea-Bathing Infirmary, Scarborough.
- COOKE**, Robert T. E. B., F.R.C.S., L.R.C.P. Edin., M.R.C.S., appointed Consulting Medical Officer to the Royal Northern Sea-Bathing Infirmary, Scarborough.
- CUFF**, Robert, M.B. Lond., M.R.C.S., appointed Medical Officer to the Royal Northern Sea-Bathing Infirmary, Scarborough.
- DAY**, Francis, W. H. L., L.R.C.P. Lond., M.R.C.S. Eng., [appointed Medical Officer for the Fifth District of the Hitchin Union.
- DORMAN**, M. R. P., M.A., M.B., B.C. Cantab, L.R.C.P., M.R.C.S., appointed Non-Resident House-Physician to St. Thomas's Hospital.
- DREW**, Douglas, M.D., B.S. Lond., F.R.C.S. Eng., appointed House-Surgeon to the North Staffordshire Infirmary, Stoke-on-Trent, *vice* A. S. Barling, resigned.
- EASTON**, George Frederick, M.D., L.R.C.S. Edin., appointed Medical Officer of Health to the Alnwick Local Board.
- EATOUGH**, Robert, M.D. Aberd., appointed District Medical Officer of the Township of Saddleworth.
- EDMOND**, Wm. Richardson, M.B., C.M., L.R.C.P. Edin., M.R.C.S. Eng., appointed Medical Officer for the Chew Magna District of the Clutton Union.
- ELLIS**, R. K., M.B., B.Ch. Oxon., appointed Senior Obstetric House-Physician to St. Thomas's Hospital.
- FORBES**, Norman Hay, L.R.C.P. Lond., M.R.C.S. Eng., appointed Honorary Surgeon to the Tunbridge Wells Fire Brigade.
- FREDERICK**, H. J., L.R.C.P., M.R.C.S., L.S.A., appointed Clinical Assistant in the Special Department for Diseases of the Throat, St. Thomas's Hospital.
- FUSSELL**, Edward Francis, M.B. Aberd., M.R.C.P. Lond., reappointed Medical Officer of Health to the Newhaven Local Board.
- GIBSON**, G. J., M.D. Q.U.I., appointed Court Surgeon to the Totnes Branch of the Rational Sick and Burial Society.
- GORDON**, William, M.B., B.C. Cantab, M.R.C.P. Lond., Physician to the Devon and Exeter Hospital, appointed Physician to the Exeter Dispensary.
- GOVER**, L. D., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Ear, St. Thomas's Hospital.
- GOWERS**, William Richard, M.D. Lond., F.R.C.P., M.R.C.S., appointed Extra Physician to the National Hospital for the Paralyzed and Epileptic, Queen Square, Bloomsbury.
- GRIFFITHS**, George B., L.R.C.P. Lond., M.R.C.S., appointed Medical Officer for the Stoke-upon-Trent District of the Southwell Union.
- HAINWORTH**, E. M., L.R.C.P., M.R.C.S., reappointed Non-Resident House-Physician to St. Thomas's Hospital.
- HAILETT**, Charles Hy., M.B., C.M. Glasg., appointed Medical Officer for the Bradninch District of the Tiverton Union.
- HERON**, James M., M.B., B.Ch., appointed Assistant House-Surgeon to the East Suffolk Hospital, Ipswich.
- HICKS**, J. W., L.R.C.P., M.R.C.S., reappointed Clinical Assistant in the Special Department for Diseases of the Throat, St. Thomas's Hospital.
- HODGES**, James, M.R.C.S. Eng., L.S.A., appointed Assistant Medical Officer to the Suffolk General Hospital.
- HUTCHINSON**, Frank H. G., M.B., C.M., appointed Junior House Surgeon to the Cheltenham General Hospital, *vice* G. H. Prance, M.B., C.M., resigned.
- JAFFE**, C. S., L.R.C.P., M.R.C.S., reappointed Resident House-Physician to St. Thomas's Hospital.
- KERR**, Daniel Oliver, M.B., C.M. Edin., reappointed Medical Officer for the Keelby District of the Grimsby Union.
- KILNER**, John, F.R.C.S. Eng., appointed Consulting Medical Officer to the Suffolk General Hospital.
- LAW**, R. R., B.A., M.B., B.C. Cantab, appointed House-Surgeon to St. Thomas's Hospital.

- LAWTON, William, M.B., C.M., L.R.C.S. Edin., appointed Medical Officer for the Bugbrooke District of the Northampton Union, *vice* Dr. Fuller, resigned.
- LOVETT, S. R., L.R.C.P. Ed., L.R.C.S. I., L.S.A. Lond., Medical Officer of Health St. Giles District, appointed Medical Officer of Health for Lincoln's Inn.
- MARTIN, William, M.A., M.B., B.S. Dunedin, appointed House-Surgeon to the West Herts Infirmary, *vice* R. H. Shaw, M.S., M.B., resigned.
- MILTON, A. R. O., L.R.C.P., M.R.C.S., appointed Resident House-Physician to St. Thomas's Hospital.
- NICHOLLS, John Michael, L.R.C.P. Lond., M.R.C.S. Eng., reappointed Honorary Medical Officer of Health for the St. Ives (Cornwall) Urban Sanitary District.
- PARKER, Charles, M.B., C.M. Edin., appointed Assistant House-Surgeon to Infirmary for Sick Children, Liverpool, *vice* Dr. Brierley, resigned.
- PATTIN, H. Cooper, M.A., D.P.H., M.B. Cantab, appointed Medical Officer of Health for the City of York.
- PIERSE, Gerard James, M.D. R.U.I., B.Ch., appointed Medical Officer to the Ballyduff Dispensary District, co. Kerry.
- PLANCK, C. M. A. Cantab, L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Ear, St. Thomas's Hospital.
- PURVIS, W. P., M.B., B.Sc. Lond., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital.
- RAMSDEN, Henry K., M.B. Vict., B.Ch., appointed District Medical Officer of the Township of Saddleworth.
- REYNOLDS, Francis M., M.B., C.M. Edin., appointed Medical Officer for the Fourth District of the Hoxton Union.
- RHODES, George Francis, M.B., C.M. Edin., appointed Medical Officer for the Huddersfield North District of the Huddersfield Union.
- RUSSELL, Mr. J. L., appointed Medical Officer for the Stansfield District of the Tadmorden Union.
- SMITH, E., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital.
- SUTCLIFFE, W. G., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital.
- TAYLOR, James, M.A., M.D. Edin., M.R.C.P. Lond., appointed Assistant Physician to the National Hospital for the Paralysed and Epileptic, Queen Square, Bloomsbury.
- TAYLOR, Wm. Chas. Everley, F.R.C.P. Edin., M.R.C.S. Eng., appointed Consulting Medical Officer to the Royal Northern Sea-Bathing Infirmary, Scarborough, *vice* John Wm. Taylor, M.A. Oxon, F.R.C.S. Eng.
- TETLEY, Frederick Harrison, L.R.C.P., L.R.C.S. Edin., appointed Medical Officer of Health for the Wangford Rural Sanitary District, *vice* Thomas Garneys, M.R.C.S.
- WAINWRIGHT, W. L., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital.
- WALLACE, C. S., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital.
- WOODCOCK, A. H., L.R.C.P., M.R.C.S., reappointed Clinical Assistant in the Special Department for Diseases of the Skin, St. Thomas's Hospital.
- WORSLEY, Reginald C., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer and Public Vaccinator for the Iwer Sanitary District of the Eton Union.

DIARY FOR NEXT WEEK.

MONDAY.

- LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. A. Stanford Morton: Ocular Injuries. Parkes Museum, 74A, Margaret Street, W., 3.30 P.M.—Dr. L. C. Parkes: Communicable Diseases: Disinfection. 101, Great Russell Street, W.C., 8 P.M.—Dr. Galloway: The Nervous System.
- ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor Charles Stewart: The Physiological Series of Comparative Anatomy in the Museum of the College. Lecture I.
- ODONTOLOGICAL SOCIETY OF GREAT BRITAIN 40, Leicester Square, W.C., 8 P.M.—Paper by Mr. G. W. Watson, of Edinburgh. Casual communications by Mr. W. Hern, Mr. J. Trude Ripp, and Mr. H. Baldwin.
- MEDICAL SOCIETY OF LONDON, 8 P.M.—General meeting for the election of officers and Council. 8.30 P.M.—Ordinary meeting. Mr. Buckston Browne: Suprapubic Prostatectomy.

TUESDAY.

- LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. H. Corner: Insanity with Organic Brain Disease. Hospital for Diseases of the Skin, Blackfriars, 4 P.M.—Dr. Payne: Lupus and Scrofuloderma. 101, Great Russell Street, W.C. 8 P.M.—Dr. Herman: Leucorrhoea.
- ROYAL COLLEGE OF PHYSICIANS OF LONDON, 5 P.M.—Dr. W. D. Halliburton: The Goulstonian Lectures on the Chemical Physiology of the Animal Cell. Lecture I.
- PATHOLOGICAL SOCIETY OF LONDON, 8.30 P.M.—Continued discussion on Mr. J. Jackson Clarke's communication on the Pathology of Cancer and Sarcoma. Observations on "Psorosperms" in Cancerous Growths, by Dr. Woodhead, Mr. Boyce, and Dr. Ruffer. Card Specimens—Dr. R. G. Hebb: Specimens of the "Cancer Body." Dr. Lee Dickinson: (1) Stenosis of Left Bronchus, caused by Dilatation of the Left Auricle; (2) Aortic Aneurysm Bursting into the Left Bronchus; (3) A Simple Gastric Ulcer Unusually Situated.

WEDNESDAY.

- LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 2 P.M.—Dr. J. K. Fowler: Cases of Mitral Disease. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. W. Lang: Diseases of Iris.
- ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor Charles Stewart: The Physiological Series of Comparative Anatomy in the Museum of the College. Lecture II.
- HUNTERIAN SOCIETY, 8.30 P.M.—Pathological evening. Dr. Fred. J. Smith: Tuberculosis of Kidney, Ureter, and Bladder. Mr. T. H. Openshaw: Sarcoma of Head of Humerus involving Scapula; removed by Amputation of Entire Upper Extremity. Dr. F. Charlewood Turner: Hydronephrotic Atrophy of Kidneys (two cases). Mr. C. J. Symonds will also exhibit specimens.

THURSDAY.

- LONDON POST-GRADUATE COURSE, National Hospital for the Paralysed and Epileptic, Queen Square, 2 P.M.—Dr. Beever: Cases of Cerebral Disease. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Mr. F. W. Wagstaffe: Diseases of Bone; Pathological Demonstration. Central London Sick Asylum, Great Cleveland Street, 8.30 P.M.—Sir William Roberts, F.R.S.: Demonstration on Urinary Deposits. London Throat Hospital, Great Portland Street, 8 P.M.—Dr. Woakes: Tinnitus and Vertigo.
- ROYAL COLLEGE OF PHYSICIANS OF LONDON, 5 P.M.—Dr. W. D. Halliburton: The Goulstonian Lectures on the Chemical Physiology of the Animal Cell. Lecture II.
- BRITISH GYNÆCOLOGICAL SOCIETY, 8.30 P.M.—Specimens—Dr. Granville Bantock: (1) Three Uterine Fibroids; (2) Diseased Uterine Appendages. Dr. Edis: Twisted Ovarian Pedicle. Dr. Shaw Mackenzie: (1) Uterine Polypus; (2) Papillomatous Ovarian Cyst; (3) Hypertrophied Fallopian Tubes. Paper—Dr. Savage: Hemorrhage from the Uterus.
- OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, 8.30 P.M.—Patients and Card Specimens at 8 P.M.—Mr. Silcock: A Case of Conical Cornea. Mr. E. Treacher Collins: Microphthalmos. Mr. J. Tatham Thompson: Lodgment of a Fragment of Steel in the Vitreous; Peculiar Track. Dr. Abercrombie: Sequel to a Case of Proptosis with Intracranial Bruil, with specimen, and other papers.

FRIDAY.

- LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 11 A.M. to 1 P.M.—Professor Crookshank: Lecture, Typhoid Fever, Diphtheria, Rabies, and Tetanus; Practical Work, Sections and Cultivations. Hospital for Consumption, Brompton, 4 P.M.—Dr. J. K. Fowler: Cases of Aortic Disease.
- CLINICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. Makins: A Note on the Prognosis of Sacro-Iliac Disease, with three illustrative cases. Mr. Raymond Johnson: A Case of Lymphosarcoma of Tonsil: Removal by External Incision, with Preliminary Ligation of External Carotid Artery. Mr. H. Allingham: A Case of Intestinal Obstruction of Six Weeks' Duration; Inguinal Colotomy; Removal of the Malignant Growth from the Inguinal Incision. Dr. Hale White: Two Exceptional Cases of Peripheral Neuritis, one Septicæmia, the other due to Lead Poisoning, and presenting Unilateral Facial Paralysis and other rare symptoms.
- ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor Charles Stewart: The Physiological Series of Comparative Anatomy in the Museum of the College. Lecture III.
- BRITISH LARYNGOLOGICAL AND RHINOLOGICAL ASSOCIATION, 11, Chandos Street, W.—Papers by Dr. W. McNeill Whistler, Dr. Sandford, Dr. W. Macintyre, Dr. W. Robertson, Mr. Lennox Browne, and Mr. Wyatt Wingrave.

SATURDAY.

- LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 11 A.M.—Dr. Percy Smith: Lunacy Law.

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.

- WADE.—On February 24th, at Antony, near Devonport, the wife of Surgeon-Captain G. A. Wade, Army Medical Staff, of a son.
- ANDERSON.—On February 28th, at Barrow-in-Furness, the wife of J. W. Anderson, M.A., M.D., of a daughter.

MARRIAGE.

- FOOTE-JESSETT.—On February 22nd, at St. Peter's, Eaton Square, by the Rev. T. W. Hardy, M.A., vicar of Erith, Kent, assisted by the Rev. R. Armitage, M.A., chaplain to the Military Chapel, Wellington Barracks, Captain Henry Bruce Foote, son of R. Bruce Foote, of Yercand, Madras, to E. Jeanie Jessett, daughter of F. Bowreman Jessett, F.R.C.S., of Buckingham Palace Mansions.

DEATHS.

- ANDERSON.—On February 28th, at 41, Wimpole Street, W., of pleuropneumonia, after a very short illness, James Anderson, M.D., F.R.C.P., aged 40 years.
- PEARSE.—At St. Tudy, Bodmin, Cornwall, on February 25th, William Pearse, M.R.C.S., aged 75.