

mean annual curve of rainfall attains its maximum (not minimum) at the same time as the scarlet fever curve.

Attempts are constantly made to measure the effects of preventive measures by comparison of periods before and after their adoption. For want of a better basis, death-rates are often used as a measure of prevalence, on the tacit assumption that the case mortality and type remain constant—an assumption which is far from being sound. And in taking the mean of a number of years as representing the average mortality from a given disease some regard must be paid to its cycles of increasing and lessening energy. It would be unsafe to draw conclusions as to the effect of preventive measures upon scarlet fever, for example, from the comparison of periods shorter than fifteen years, seeing that, until lately, the tendency was to a cycle five or six years in duration; and as each successive wave after 1870 was lower than its predecessor, and the rhythm has now ceased to be evident, other elements of uncertainty come in. For the real question at issue is, Has the course of the disease been different to that which it would have followed had the supposed preventive measures not been adopted? It is scarcely possible to answer this question by crude statistics of deaths, for quality as well as quantity have changed, and social as well as climatic influences are far from constant.

As regards small-pox and vaccination, we can measure results far more accurately, for although the intensity changes and climatic conditions are inconstant, the course of events under the old and new order of things can be observed concurrently, year by year and day by day; and it is this fact which makes the protective influence of vaccination perhaps the most clearly-established of all points in preventive medicine. In every epidemic the two classes—the unprotected and the artificially protected—can be observed side by side under like conditions. But even in regard to small-pox the change of type has led to fallacy. At Leicester it has been alleged that with speedy isolation of persons attacked, and quarantine of those exposed to infection, small-pox may be held in check, and that vaccination is unnecessary even if beneficial. The proof advanced is that small-pox has not succeeded until lately in spreading among the imperfectly-vaccinated population of Leicester.

Many fallacies in this line of reasoning have long ago been pointed out. It ignores the assistance rendered by vaccination, even in Leicester. It presupposes early knowledge of all cases, however slight; compulsory isolation and quarantine; and the observance of a like thorough policy in all other localities, rural as well as urban. And further, if Leicester escaped because it had and used means of isolation and quarantine, how are we to account for the temporary escape of Keighley?

A more probable explanation seems to be that the Leicester experiment with isolation and the Keighley experiment without it have only been tried during years of low intensity, when small-pox has scarcely been able to hold its ground in any part of England. Epidemic centres have been few, the chances of repeated importation comparatively small, and the power of diffusion slight. The real test has still to come, when the conditions are altered—as they seem likely to be within the next few years. It is not enough to introduce small-pox among a population imperfectly protected by vaccination. That the recently vaccinated will not take small-pox is certain, but it is not equally certain that the unprotected will at once be attacked. Something depends upon the quality of the small-pox itself, and it cannot safely be assumed that its power of epidemic spread is always the same even if equal facilities be afforded.

Underlying all that mere death-rates or even mere attack-rates can teach us there is a variable type of disease only imperfectly shown by such records.

SUMMARY.

1. Epidemic prevalence may be brought about either by increased potency of the disease itself or by increased mechanical facilities for diffusion.

2. Epidemics of the latter class, including water epidemics, milk epidemics, and, as a rule, seasonal prevalence, are attended with lowered case mortality, because the conditions under which they occur imply a lessened average susceptibility, and therefore a less severe average attack.

3. Underlying all great epidemics there is a change of epidemic type, a change in the quality of the disease itself.

4. There is evidence of a like change on a smaller scale in most if not all epidemic diseases, the intensity rising and falling at intervals which are not necessarily uniform for the same disease, and are very different in different diseases.

5. Whether on the larger or smaller scale, the intensification is marked by greater severity of attack, greater power of overcoming comparative insusceptibility, and greater power of epidemic diffusion.

6. While some diseases are capable of rapid or even abrupt changes in intensity, others are not; and this distinction serves to mark off broadly two principal groups: those which are mobile and those which are comparatively constant in type.

7. The first group—that of diseases which are capable of most rapid change in type—includes those which are most nearly allied to saprophytic life, most dependent upon filthy conditions; most able to infect soil, water, milk, and lower animals; most liable to relapses, and least protective.

8. Diseases of this class may be highly modified, and some of them may assume and maintain a form so slight that their true character is unrecognised.

9. Under favourable conditions, their intensity may slowly or suddenly increase, giving rise to epidemics of severer type.

10. Among diseases of this class, an epidemic normally begins and ends with the milder forms, the more severe attacks occurring at the time of greatest prevalence. The severity and prevalence rise and fall together.

11. In the second group, among diseases of more fixed character, extreme modification of epidemic type does not occur; but individual attacks may be extremely mild, owing to high resistance.

12. Among such diseases there is evidence of a rise and fall of intensity if the epidemic course be traced for a term of years, perhaps covering several minor epidemics.

13. In these brief outbursts of diseases of more constant type there is little, if any, change of intensity comparable to that of the mobile class; the prevalence being determined and controlled mainly by external conditions, but the type being that of the prevailing phase of a broad cycle.

MEMORANDA:

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

ON THE TREATMENT OF DIABETES MELLITUS BY FEEDING ON RAW PANCREAS.

A. H., aged 39, a policeman. There was nothing of note in his family history. He had always enjoyed excellent health, until about three years ago, when he passed a large quantity of urine and lost flesh. He continued at his post till March, 1892, when he was admitted into St. Thomas's Hospital, where, according to his statement, he was carefully dieted, etc., and was discharged at the end of six weeks, incurable, and having lost weight during this treatment. He gradually got weaker and thinner, and suffered from shortness of breath. He came to the out-patient department of the North-West London Hospital on January 10th, 1893.

He then presented an extremely emaciated condition, appeared very feeble and prostrate, and complained of pains in his chest and a troublesome cough. His tongue was thickly coated with a dirty brown fur, and dryish, and was, as he expressed it, sticking to the roof of his mouth. There were some moist râles at the right apex, the abdomen was full, the liver dulness extended to nearly 2 inches below the costal arch, and there was a marked stomach splash to be elicited. The specific gravity of the urine was 1038; it had a marked trace of albumen, and was loaded with sugar.

On January 20th I recommended him to try the pancreas treatment, and gave him the following directions: To purchase daily a fresh sweetbread, to squeeze all the juice out through a sieve, to drink all this juice raw, and to very slightly cook the sweetbread and eat it.

On February 2nd I made the following note: Feels much better, appetite improved, cough less, passes less water (does not have to get up so frequently at night), sleeps much better, physical signs over lung drier, tongue cleaner and moister. He gave the following account of his daily diet: breakfast, bacon and eggs, toast and tea; dinner at 1, sweetbread, with tea or water; at 4.30, tea, toast, and butter; supper, cold meat, or the remainder of the sweetbread and a glass of beer.

On February 24th he had still further improved; cough and expectoration were less; the tongue was dirty at the extreme base, otherwise clean and moist. On March 10th he had gained two pounds in weight (since January 20th), and continued to feel much better in himself; he quite enjoyed the sweetbread, and now took it almost raw. He stated that the quantity of urine passed was much less, especially at night, and caused him to get up only three times, formerly it was five or six; also he only required one utensil, formerly a second one was always used. There was a slight cough at times, with very viscid expectoration, but no *rôles* were to be heard over the lungs. The tongue was clean at the tip and edges and quite moist, but continued furred at the extreme base. While under my treatment he has taken an alkaline gentian mixture, and some acid linctus, but no other drug.

Unfortunately the circumstances have prevented a minute study of the case, as in the two recently published by Dr. Hale White. The patient has only been seen in an overcrowded out-patient department, and but once a week. Nevertheless, the progress which has obviously taken place may be worth recording, especially as the treatment has been so simple, and has never been met with any but the most encouraging results.

From the analyses of the urine, kindly made for me by the house-surgeon, Mr. Hamper, there does not appear to have been any marked change in the percentage of sugar, but the albumen has disappeared; the improvement appears to have been in the diminished quantity of urine passed. The average percentage of sugar has been just over 12 grains to the ounce.

W. KNOWSLEY SIBLEY, M.A., M.D., B.C., M.R.C.P.,
Assistant Physician to the North West London Hospital; Clinical Assistant to the Skin Department, Middlesex Hospital.

SQUAMOUS EPITHELIOMA OF EXTERNAL EAR.

THE following case appears worth recording on account of the comparative rarity of the affection. H. B., a man, aged 64, first noticed fourteen months ago a small wart in the upper part of the fossa of the helix. This increased very gradually in size until about seven months since, when he received a blow on the side of his head from a cow's tail, which caused the warty growth to bleed. After this time it grew more rapidly and spread over to the back part of the ear; it often bled, and discharged matter continuously, which, decomposing, gave rise to extreme fœtor. When he came under my notice on February 14th the whole of the external ear except the concha and lobule appeared composed of an irregular soft warty growth smeared over with fœtid pus and a few small blood clots. The mass averaged an inch in thickness. There was very little deep ulceration, the tumour being particularly soft and papillomatous in character. The growth was removed by simply slicing the ear off, leaving only the deeper part of the concha, the antitragus, and the lobule. No lymphatic glands could be felt enlarged. A microscopical examination of the specimen was made by my friend, Mr. Thelwall Thomas; the sections showed well-marked squamous epithelioma.

W. S. CRAWFORD, B.A. Cantab., F.R.C.S. Ed.
Liverpool. Assistant Surgeon Liverpool Cancer and Skin Hospital.

ACCIDENTAL REVACCINATION ON UPPER LIP SIMULATING CHANCRE.

THE woman in whom this lesion occurred had her baby vaccinated. Unfortunately the arm inflamed, the vesicles ulcerated, and this condition required the application of dressings. It was by the contact of some of the dressing with her mouth that the mother became inoculated.

The inoculation had taken effect on the skin of the upper lip to the right of the middle line. The lip was much swollen, and the sore was of the size of a threepenny piece, without the appearance of a vaccine vesicle. The surrounding

skin was red and painful. Three glands under the lower jaw were enlarged and painful.

It was evidently not a syphilitic sore, as pain was too marked, more infiltration of cellular tissue existed than would be found in chancre, and the glands, though knotty, were painful. The scab, when formed, was thicker than that seen on a chancre.

Edinburgh.

FRANCIS CADELL, M.B., F.R.C.S. Ed.

A CASE OF MICROCEPHALY, TREATED BY CRANIECTOMY.

History.—B. T., aged 3 years and 3 months (a seven months' child), did well until 2 years of age, when she was weaned, and lost flesh. When 1 year old she had what the mother describes as a "fit," for a quarter of an hour before which the left half of her face was noticed to be bright scarlet in colour, and the right side quite pallid; the division was extremely well marked straight down the middle line of the face. The fit occurred at 11.30 P.M.; her eyes were fixed, the right side of her face commenced to twitch, then the right hand and arm and left leg. She was insensible for two hours, the right arm and hand continued twitching for seven hours, and she has not used this limb voluntarily since. The mouth was drawn to the right side, and continued so for one week. The next day she had another seizure, and these attacks continued to the present time. The longest interval between two fits was a fortnight, and the greatest number of fits in any one day was thirty. Before the onset of a fit she is restless, then retches, the head rests on her knees, the right hand is forcibly flexed, mouth drawn to the right, face becomes blue, she clutches the left side of her head with the left hand, pulling her hair.

Family History.—The parents are healthy, with good family histories. The mother has had one miscarriage.

Condition before Operation.—A well-nourished child, unable to walk or speak, appears to hear and see well, but has a vacant and troubled look, never plays with toys. The right upper limb is never used voluntarily, right hand flexed and pronated. Head carried to the left, eyes directed to the right. She stands very feebly with support, but has no idea of walking; feet turned outwards and widely separated. The left leg she lifts up as if taking a step, but the right is dragged on the ground. Patellar reflexes exaggerated. Superficial reflexes less marked on the right side than on the left. Pupils unequal, do not react to light. Margins of optic disc hazy.

Measurements of Head.—From ear to ear over top of head = 23.5 cm., circumference = 38.8 cm. No trace of fontanelles; these were never seen by the mother; she noticed them in her other children. She says the cranium has always been completely bony.

Operation.—On December 4th, 1892, assisted by Drs. Keyt and Duke, under A.C.E. mixture, I removed a strip of bone from the whole width of the left parietal bone, measuring 7 cm. by 2.2 cm., a finger's breadth from the sagittal suture. The stitches and catgut drain were removed on December 8th, when the wound was healed.

Condition after Operation.—Since the operation (now over two months), the patient has immensely improved. She still has occasional fits, but they are very mild and at longer intervals. She has a very good idea of walking and stands alone. She takes a lively interest in everything about her, and has a happy and contented expression. She grasps objects with her right hand and carries her head straight. The parents think she has spoken a few words.

Kandy, Ceylon, Feb. 12th.

ALLAN PERRY,
Surgeon-Captain A.M.S.

THE DENTAL HOSPITAL FOR LONDON.—The report presented to the thirty-fifth annual meeting of this hospital, on March 9th, stated that towards the sum of £40,000 required for the rebuilding of the hospital on a new site, the staff, past and present students of the hospital, and some members of the dental profession, had contributed £6,000. The sanitary and other defects in the present building, which called for this new scheme, were set out, and it was stated that the number of patients had risen in 1892 to 55,803. Of this number 16,486 were treated by conservative methods (stopping, etc.).

organisms are introduced into the body of the work. This is a mistake; it interrupts the regular flow of the vocabulary—it is curious how often one opens a table—and has further inconveniences, among others that the table of bacilli is at the beginning of the book, that of micrococci at the middle, and that of spirilla towards the end. These tables would be placed more conveniently at the end, where is a very convenient dose table showing the apothecaries' and metric quantities in parallel columns.

NOTES ON BOOKS.

Manual of Health and Temperance. By T. BRODRIBB, M.A. (London: Longmans, Green, and Co. 1893. 8vo, pp. 168, 1s. 6d.)—The main part of this book was prepared by the Secretary to the Education Department, Victoria, additions having been made by Mr. W. Ruthven Pym. It is a plainly yet pleasantly written exposition of the principles and practical application of hygiene. The relations of hygiene to health are well discussed in a series of chapters on air, food, drink, dwellings, clothing, cleanliness, exercise, rest, recreation, and water. The production of infectious diseases is lucidly described, and the various methods of arresting their progress are explained. Chapters are added on accidents and emergencies, and on temperance. The value of a temperate habit of life is shown, alongside of a delineation of the moral and physical evils of intemperance. The copious extracts from the orations of the late eloquent John B. Gough seem, however, somewhat out of place in such an excellent and practical manual of health and temperance, designed for the education of young people in the science and art of healthful living.

Anatomische, physiologische, und physikalische Daten und Tabellen [Anatomical, Physiological, and Physical Data and Tables]. By Dr. HERMANN VIERORDT. Second Edition. (Jena: G. Fischer. 1893. Large 8vo, pp. 400; 11 marks.)—That this truly wonderful book has reached a second edition testifies to its enormous utility to scientific workers. Wherever measurement or numerical data in connection with the body are possible full statistics will be found, and every number given is accompanied by references to original memoirs. The book is, of course, not interesting to the general reader any more than tables of logarithms are. As a monument of industry and of careful work it is, however, most striking, and will no doubt continue to be in the future as in the past an invaluable work of reference, which should be in the library of all anatomists, physiologists, and medical men.

REPORTS AND ANALYSES

AND

DESCRIPTIONS OF NEW INVENTIONS

IN MEDICINE, SURGERY, DIETETICS, AND THE
ALLIED SCIENCES.

"AMINOL."

A LIQUID under this name has been brought out as a disinfectant, an antiseptic, and also for internal use. With regard to the possible therapeutic value of "aminol" we pass no opinion; such an opinion can only be given after repeated and prolonged and comparative trial made with scientific exactness in hospital wards. But some idea of its value, or the reverse, as a disinfectant may be obtained by a few simple experiments. Solution D "aminol" is a clear fluid with a strong fishy smell. It is alkaline, the alkalinity in 100 cubic centimetres being equal to 0.12 gramme of ammonia; it is, indeed, a solution of ammonia and amines. Pfuhl has shown that if any liquid is sufficiently alkaline, it matters not whether the alkalinity is due to potash, soda, ammonia, lime, or magnesia; all these have disinfectant actions if a sufficient and equal degree of alkalinity is attained. In this case the alkalinity *per se* is insufficient to act as a disinfectant, therefore any properties which it possesses must be ascribed to its chemical composition.

The writer finds that if a paste is made with "aminol" and

flour, and the paste infected with stale urine, the paste in a few days smells most offensively, and abounds with organisms. A paste made with "aminol," diluted with four or five times its volume of water similarly infected, was still more offensive than the paste made with pure "aminol," showing that when used undiluted better effects were obtained than when diluted. "Aminol" added in small quantities to urine did not prevent mould and growth of ferments, but added in large quantities samples of urine did not decompose so much as control samples.

It is, therefore, the writer's opinion that "aminol" possesses feeble antiseptic powers, but that in no true sense it is disinfectant.

NEW BULLET EXTRACTING FORCEPS.

MESSRS. EVANS AND WORMULL (Stamford Street, Blackfriars, S.E.) write with reference to the notice of their new pattern bullet forceps which appeared in the *BRITISH MEDICAL JOURNAL* of March 4th: The last occasion on which the magazine rifles were employed on a large scale was in the French expedition against the King of Dahomey under Colonel Dodds, and from the reports then sent home it seems that these bullets make appalling wounds at close quarters; not only do they scoop out a hole many sizes larger than themselves, but more often than not remain in the body, whilst it is at long ranges that they have a tendency to perforation. They state that beyond the existence of bows their forceps have no similarity to Tieman's, which have a couple of sharp points, and were intended for the extraction of soft-lead balls. They were vastly improved upon in the Franco-Prussian war by having the teeth crossed and rack added to cope with the chassepot and needle-gun bullets. These were again discarded a few years after for much better forceps having three teeth, suggested by Mr. G. D. Pollock, which not only served as a probe, but also held the soft lead bullets firmly. The old fashioned midwifery-hinge bullet forceps they assert to be out of date, and to have been discarded by Her Majesty's army for the last fourteen or fifteen years. They were made for the Snider bullet, the mouths being scooped out accurately to fit this missile.

Messrs. Evans and Wormull claim that their forceps serves the purpose (1) of a bullet seeker as well as (2) a bullet extractor, and, when the mouths are closed, present a blunt and even surface for passing along the sinus; the jaws, being armed with four teeth, give a firm and secure grasp of any foreign substance, and the shanks are so arranged that when the mouths are opened they occupy no more space than the largest portion of the forceps, a most important point when compared with all other bullet forceps, which render it necessary for the entrance to be considerably enlarged before the shanks can be fully opened.

. The teeth in the mouse-toothed forceps manufactured by Tieman during the United States war, and generally known as Tieman's bullet forceps, though originally made by Luer, of Paris, overlapped each other when closed, and then presented a smooth terminal surface to prevent tissues from being caught by them during the passage into a wound. They were not forceps that English surgeons generally approved of. The rack arrangement for fixing a bullet when grasped is common to all French instruments, for which fixation of the kind is suitable. It was not designed for the French chassepot or the German needle gun, nor for any other particular bullets. The forceps which used to be known as the midwifery-hinge forceps were designed for the removal of missiles of irregular shapes and sizes, such as fragments of shells, and were of great practical utility for such purposes. But it was not a particular forceps that was in view in the article which appeared in the *BRITISH MEDICAL JOURNAL*, but the principle of the midwifery hinge, and this is still retained in the forceps in capital cases of instruments, though the name given to it is different. The "forceps, Sairny's, with separate blades" is the same with slight modification, as the old midwifery-hinge forceps, while the special "bullet extractor, Coxeter's," still accompanies it as of old in the same instrument cases. The observations on the necessity for caution in the employment of a sharp-toothed forceps were not merely theoretical, they were the result of repeated observations of the mischief done by such an instrument, and might have been enforced in much stronger terms. The statement that in the fighting by the French against the all but naked savages in Dahomey the bullets fired (the Lebel magazine rifle bullets) at close quarters more often than not remained in their bodies is opposed to the results of the experimental trials made on animal substances, and indeed on all penetrable substances, by the Lebel rifle in France, and by small bore magazine rifles everywhere in Europe. We do not know upon what surgical authority it rests.

UNIVERSITIES AND COLLEGES.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following gentleman, having previously passed the necessary examinations, and having now conformed to the by-laws and regulations, was, at the ordinary meeting of the Council on Thursday, March 9th, admitted a Member of the College:

Hill, Charles Alexander, Exams. for L.R.C.P. Lond., student of Cambridge University and St. George's Hospital.

Bristol, and 150 in Huddersfield to 185 in Bolton and in Salford, 192 in Burnley, 196 in Leicester, 198 in Blackburn, and 216 in Preston.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,838 births and 3,875 deaths were registered during the week ending Saturday, March 11th. The annual rate of mortality in these towns, which had increased from 19.2 to 20.8 per 1,000 in the preceding three weeks, declined again to 19.6 during the week under notice. The rates in the several towns ranged from 11.7 in Burnley, 13.9 in Swansea, 14.7 in Blackburn, and 15.0 in Derby to 22.8 in Manchester, 24.1 in Preston, 24.5 in Norwich, 25.3 in Bolton, and 27.6 in Plymouth. In the thirty-two provincial towns the mean death-rate was 19.9 per 1,000, and exceeded by 0.8 the rate recorded in London, which was 19.1 per 1,000. The 3,875 deaths registered during the week under notice in the thirty-three towns included 350 which were referred to the principal zymotic diseases, against numbers increasing from 351 to 398 in the preceding five weeks; of these, 96 resulted from measles, 81 from whooping-cough, 57 from diphtheria, 41 from scarlet fever, 40 from diarrhoea, 24 from "fever" (principally enteric), and 11 from small-pox. These 350 deaths were equal to an annual rate of 1.8 per 1,000; in London the zymotic death-rate was equal to 1.7, while it averaged 1.8 per 1,000 in the thirty-two provincial towns. No fatal case of any of these diseases was recorded last week in Burnley; in the other towns they caused the lowest death-rates in Birkhead, Wolverhampton, West Ham, and Birmingham, and the highest rates in Leicester, Plymouth, Leeds, Salford, Bolton. Measles caused the highest proportional fatality in Plymouth, Bolton, Salford, Leeds, Huddersfield, Hull, Gateshead, and Newcastle-upon-Tyne; scarlet fever in Swansea; and whooping-cough in Norwich, Leicester, Bolton, and Salford. The mortality from "fever" showed no marked excess during last week in any of the large towns. The 57 deaths from diphtheria registered in the thirty-three towns included 38 in London, 5 in Cardiff, and 4 in Manchester. Six fatal cases of small-pox were recorded in London, and 1 each in Croydon, Nottingham, Leeds, Sheffield, and Sunderland; 203 cases of this disease were under treatment in the Metropolitan Asylums Hospitals, and 8 in the Highgate Small-pox Hospital, on Saturday last, March 11th. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital on the same date was 2,147, against 2,402, 2,293, and 2,210 on the preceding three Saturdays; 195 new cases were admitted during the week, against 217, 178, and 208 in the previous three weeks. The 351 deaths from diseases of the respiratory organs in London were 172 below the average, and were equal to an annual rate of 4.2 per 1,000.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, March 11th, 915 births and 627 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 20.4 and 23.2 per 1,000 in the preceding two weeks, declined again to 22.3 during the week under notice, but exceeded by 2.7 per 1,000 the mean rate during the same period in the large English towns. Among these Scotch towns the lowest death-rates were 11.6 in Greenock and 13.8 in Edinburgh, and the highest rates 25.5 in Glasgow and 28.5 in Dundee. The 627 deaths in these towns included 95 which were referred to the principal zymotic diseases, equal to an annual rate of 3.4 per 1,000, which was 1.6 above the mean zymotic death-rate during the same period in the large English towns. The highest zymotic death-rates were recorded in Paisley, Leith, and Dundee. The 332 deaths registered in Glasgow included 19 from measles, 15 from whooping-cough, 5 from diphtheria, and 1 from small-pox. Nineteen fatal cases of measles were recorded in Dundee. The death-rate from diseases of the respiratory organs in these towns was equal to 5.1 per 1,000, against 4.2 in London.

HEALTH OF IRISH TOWNS.

IN sixteen of the principal town districts of Ireland the deaths registered during the week ending Saturday, March 4th, were equal to an annual rate of 25.7 per 1,000. The lowest rates were recorded in Dundalk and Lisburn, and the highest rates in Belfast and Waterford. The death-rate from the principal zymotic diseases averaged 1.9 per 1,000. The 186 deaths registered in Dublin were equal to an annual rate of 27.7 per 1,000 (against 29.7 and 27.4 in the preceding two weeks), the rate during the same period being 20.8 in London and 14.2 in Edinburgh. The 186 deaths in Dublin included 13 which were referred to the principal zymotic diseases (equal to an annual rate of 1.9 per 1,000), of which 5 resulted from whooping-cough, 6 from different forms of "fever," and 2 from diarrhoea.

REVACCINATION.

I REMEMBER, writes Mr. J. B. Mason, a remarkable fact in connection with the last severe epidemic of small-pox in Dundee, well worth recalling. A great number of deaths were recorded, but it was stated by the Registrar of this district that not a single death from small-pox had occurred after successful revaccination. Such a striking and valuable testimony, coming from such a source, ought to be known.

SMALL-POX AND TRAMPS.

DR. C. E. ABBOTT (M.O.H. Braintree) writes: Another tramp has this week been admitted into the Braintree workhouse suffering from small-pox. This man came from the workhouse at Sudbury, Suffolk, where, he states, he was detained for some days owing to doubts as to whether he had the disease. I am hoping to test the accuracy of this statement.

PAYMENT FOR NOTIFICATION CERTIFICATES.

J.M.S.—It is generally held that the words "medical officer of any public body or institution" in the Notification Act of 1889 do not include medical clubs and the like. We should certainly regard attendance on coal miners, who pay to a general fund for medical aid and medicine, as in the nature of private practice.

MEDICAL NEWS.

LORD SANDHURST, Under-Secretary for War, opened a new infirmary at Woolwich Arsenal on March 7th.

THE German Emperor has conferred the Order of the Red Eagle, Second Class, on Professor August Hirsch of Berlin.

A LABORATORY for the study of infectious diseases was recently established at Tokyo under the auspices of the Japanese Sanitary Association. Professor S. Kitasato has been appointed Director of the Laboratory.

MEDICAL MAGISTRATE.—The Lord Chancellor has added the name of Mr. John Jackson, M.R.C.S., L.R.C.P. Edin., of Somerby, near Oakham, to the roll of Justices of the Peace for the county of Leicester.

THE LATE MR. WILLIAM LIDDON.—At a meeting of the governors of the Taunton and Somerset Hospital it was resolved to add to and improve the hospital as a memorial to the late Mr. William Liddon, surgeon. It is proposed to expend £2,300 on additions, £1,000 on furnishing, and it is hoped to raise £2,000 to compensate for the loss of revenue caused by building on ground which is now occupied by cottages bringing rent to the hospital. A subscription has been opened, and about £40 has been received, including one gift of £100.

LORD RANDOLPH CHURCHILL has consented, conditionally upon the absence of more pressing demands, to preside at the May monthly meeting of the Church of England Sanitary Association, in the Church House, Westminster, when Sir Spencer Wells will read a paper upon "A Sanitary View of the Parochial System of the Church of England." Lord Brassey has placed his house, 24, Park Lane, London, at the disposal of the Church of England Sanitary Association for the annual meeting to be held in June. Cards of admission can be had from the Honorary Secretary, Rev. F. Lawrence, Westow Vicarage, York.

BRITISH GYNÆCOLOGICAL SOCIETY.—A meeting of this Society was held on March 9th, Mr. Bowreman Jessett, President, in the chair. Dr. Bantock showed (1) a specimen of Soft Fibroid of Uterus, weighing 3 lbs.; (2) an Ovoid Fibroid with Appendages, weighing 4½ lbs.; (3) a Fibroid of Uterus which had undergone cystic degeneration, giving details of the operations in the first two cases, and discussed the best method of procedure. Dr. Savage read a paper on Hæmorrhage from the Uterus, which was discussed by Dr. Napier, Dr. Routh, Dr. Edis, Dr. Macnaughton Jones, and Dr. Bantock; and Dr. Savage replied.

DEATH UNDER CHLOROFORM.—On March 11th an inquest is reported before Coroner Graham, at South Shields, concerning the death of Frederick Wiehl, who died on March 10th while undergoing an operation. On the night of December 14th the deceased sustained an injury by a blow from a grating. Dr. Gibbon said he examined the deceased subsequent to the accident, and found him suffering from injuries of a very serious and dangerous character. As he was affected internally, he was satisfied that an operation was necessary, and he recommended the administration of chloroform, which Dr. Page, of Newcastle, agreed to. On Monday, March 6th, Dr. Gibbon obtained the assistance of Drs. Sutherland and Crisp, and the first named administered the chloroform. The deceased took it without difficulty, and recovered from its effects easily and without apparent harm. On March 10th, Dr. Gibbon administered the chloroform in the presence of other medical men. The first stage was passed safely, but shortly after entering the excitable stage the patient's breath suddenly ceased. The giving of the drug was immediately stopped, and every effort was made to restore breathing, artificial respiration being resorted to, but ineffectually. Death was due to sudden failure of the heart's action. The verdict was death from chloroform, which was necessarily administered to perform the operation. The coroner said that, although it was a very painful case, they could not condemn the use of chloroform, as it was most beneficent in its action where it was successful. The percentage of deaths from its use was very small indeed.

UNIVERSITY OF MONTPELIER.—There are at present 193 foreign students in the various faculties of the University of Montpelier, as against 131 in 1890-91, and 152 in 1891-92. Of these 116 belong to the faculty of medicine. As regards the nationalities, Greece heads the list with 62, Bulgaria comes next with 52, Russia sends 19, Egypt 13, Armenia 7, Switzerland 6, Turkey 6, Spain 5, England 3, not including 2 from Ireland and 1 from Scotland (is this statistical dismemberment a shadow cast before by coming events?), Italy 3, Sweden 3, Roumania 3, Servia 2. Denmark, Belgium, Austria, the United States, the Argentine Republic, the Republic of Costa Rica and Australia are each represented by 1 student.

MEDICAL VACANCIES.

The following vacancies are announced :

BEDFORD GENERAL DISPENSARY.—Dispenser, under 45 years of age. Salary, £70 per annum. Applications to the Secretary by March 22nd.

BLACKBURN AND EAST LANCASHIRE INFIRMARY.—Junior House-Surgeon. Salary, £50 per annum, with board, washing, lodging, etc. Applications to Joseph Eastwood, Secretary, 15, Richmond Terrace, Blackburn, by March 23rd.

BOLTON INFIRMARY AND DISPENSARY.—Senior House-Surgeon; doubly qualified; age not to exceed 30. Salary, £120 per annum, with furnished apartments, board, and attendance. Applications to Peter Kevan, Esq., Honorary Secretary, 12, Acresfield, Bolton, by March 28th.

BRIGHTON THROAT AND EAR HOSPITAL, 23, Queen's Road, Brighton. —Non-resident House-Surgeon. Salary at the rate of £50 per annum. Applications to the Secretary by March 29th.

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.

CHESHIRE COUNTY ASYLUM, Macclesfield.—Junior Assistant Medical Officer; doubly qualified and unmarried. Salary, £105 per annum, rising to £125 by two yearly advances of £10, with board, washing, and lodging. Applications to the Medical Superintendent.

DENTAL HOSPITAL OF LONDON, Leicester Square, W.—Assistant Anaesthetist. Applications to J. Francis Pink, Secretary, by March 20th.

EVELINA HOSPITAL FOR SICK CHILDREN, Southwark Bridge Road, S.E.—Surgeon to the out-patients. Applications to the Committee of Management by March 20th.

FLINTSHIRE DISPENSARY, Bagills Street, Holywell.—Resident House-Surgeon. Salary, £120 per annum, with furnished house, rent, and taxes free, also coal, light, water, and cleaning, or in lieu thereof £20 per annum. Applications to William Thos. Cole, Secretary, by April 11th.

GENERAL HOSPITAL, Birmingham.—Assistant House-Surgeon. Board, residence, and washing provided. Applications to Howard J. Collins, House Governor, by April 1st.

GENERAL HOSPITAL, Birmingham.—Assistant Surgeon. Honorarium, £100 per annum. Applications to Howard J. Collins, House Governor, by April 1st.

GENERAL HOSPITAL, Birmingham.—Pathologist. Salary, £120 per annum. Applications to Howard J. Collins, House Governor, by April 1st.

GLAMORGANSHIRE AND MONMOUTHSHIRE INFIRMARY, Cardiff.—Assistant House Surgeon. Appointment for six months. Board, lodging, and washing provided. Applications to George T. Colman, Secretary and General Superintendent, by March 31st.

HARTLEPOOLS HOSPITAL.—House-Surgeon. Salary, £60 per annum, with board, lodging, and washing. Applications to Robert Edger, Honorary Secretary, by March 20th.

KINGSTON UNION.—Medical Officer for the Workhouse, age between 30 and 45 years. Salary, £150 per annum, office of Public Vaccinator for Workhouse added. Applications to Jas. Edgell, Clerk, 10, St. James's Road Kingston-on-Thames, by March 21st.

LEITH HOSPITAL.—House-Physician, House-Surgeon, and Surgeon for the Outdoor Department. Appointments for six months, and the salary attached to each office is at the rate of £50 per annum, with board. Applications to Mr. George V. Mann, Secretary, 33, Bernard Street, Leith, by March 31st.

LIVERPOOL ROYAL INFIRMARY.—Honorary Laryngologist and Honorary Dermatologist. Applications to the Chairman of the General Committee by March 20th.

LONDON COUNTY ASYLUM, Claybury, Woodford, Essex.—Second Assistant Medical Officer; unmarried; not more than 35 years of age; doubly qualified. Salary, £180 per annum, rising by £10 a year to £230, with board, lodging, and washing. Applications, on forms to be obtained of the Clerk, to R. W. Partridge, Clerk to the Asylums Committee, 21, Whitehall Place, S.W., by March 20th.

LONDON HOSPITAL, Whitechapel, E.—Assistant Physician. Applications to the House Governor by March 25th.

LONDON HOSPITAL, Whitechapel Road, E.—Surgical Registrar. Salary, £100 per annum. Applications to the House Governor by March 23rd.

MANCHESTER ROYAL INFIRMARY.—Assistant Medical Officer at the Mosaic 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.

MASON COLLEGE, Birmingham.—Co-Professor of Surgery. Applications to G. H. Morley by April 15th.

METROPOLITAN HOSPITAL, Kingsland Road, N.E.—House-Physician; doubly qualified. Appointment for six months. Salary at the rate of £80 per annum. Applications to Charles H. Byers, Secretary, by March 25th.

METROPOLITAN HOSPITAL, Kingsland Road, N.E.—House-Surgeon; doubly qualified. Appointment for six months. Salary at the rate of £80 per annum. Applications to Charles H. Byers, Secretary, by March 25th.

METROPOLITAN HOSPITAL, Kingsland Road, N.E.—Assistant House-Surgeon; doubly qualified. Appointment for six months. Applications to Charles H. Byers, Secretary, by March 25th.

METROPOLITAN HOSPITAL, Kingsland Road, N.E.—Dental Surgeon. Applications to Charles H. Byers, Secretary, by March 23rd.

NEW HOSPITAL FOR WOMEN, 144, Euston Road, N.W.—Qualified medical woman as Clinical Assistant. Appointment for six months. Applications to Margaret M. Bogster, Secretary, by March 27th.

PONTEFRACT GENERAL DISPENSARY AND ACCIDENT WARD, Pontefract.—Medical Officer; doubly qualified. Salary, £130 per annum, with furnished rooms, fire, lights, and attendance. Applications to Percy P. Wood, Secretary, by April 7th.

ROYAL COLLEGE OF PHYSICIANS, Pall Mall, East, S.W.—Milroy Lecturer. Applications to the Registrar by April 5th.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—House-Physician. Appointment for six months. Salary at the rate of £40 per annum, and board and lodging. Applications to the Secretary by March 23rd.

ST. MARYLEBONE GENERAL DISPENSARY, 77, Welbeck Street, Cavendish Square, W.—Honorary Surgeon. Applications to the Secretary by March 22nd.

ST. MARYLEBONE GENERAL DISPENSARY, 77, Welbeck Street, Cavendish Square, W.—Honorary Physician. Applications to the Secretary by March 22nd.

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.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN, Marylebone Road, N.W.—Two Physicians to the Out-patient Department. Applications to George Scudamore, Secretary, by March 21st.

SEAMEN'S HOSPITAL SOCIETY.—Senior House-Surgeon for Branch Hospital, Royal Victoria and Albert Docks, E.; doubly qualified. Salary, £75 per annum, with board and residence. Applications to P. Michelli, Secretary Seamen's Hospital Society, Greenwich, by March 21st.

SEAMEN'S HOSPITAL SOCIETY.—Junior House-Surgeon for Branch Hospital, Royal Victoria and Albert Docks, E.; doubly qualified. Salary, £50 per annum, with board and residence. Applications to P. Michelli, Secretary Seamen's Hospital Society, Greenwich, by March 21st.

SHEFFIELD CHILDREN'S HOSPITAL (East End Branch), Sheffield.—House-Surgeon; doubly qualified. Salary, £70 per annum, with board, lodging, and washing. Applications to the Honorary Secretary by March 30th.

SOUTH DEVON AND EAST CORNWALL HOSPITAL, Plymouth.—Assistant Secretary; not under 35 years of age. Salary, £150 per annum. Applications to J. Walter Wilson, Honorary Secretary, by March 25th.

STOCKPORT INFIRMARY.—Assistant Medical Officer; doubly qualified. Salary, £70 per annum, with board and residence. Applications to Lieutenant-Colonel S. W. Wilkinson, Secretary, by March 21st.

SUNDERLAND INFIRMARY.—Honorary Surgeon. Applications to the Chairman of the Medical Board by April 6th.

WEST LONDON HOSPITAL, Hammersmith Road, W.—House-Surgeon, appointment for six months. Board and lodging provided. Applications to R. J. Gilbert, Secretary Superintendent, by March 22nd. Election on March 27th.

VICTORIA HOSPITAL FOR SICK CHILDREN, Hull.—Resident Medical Officer. Salary, £50 per annum, with board, rooms, and washing. Applications to J. Travis Cook, Honorary Secretary, 14, Parliament Street, Hull, by April 3rd.

WORCESTER GENERAL INFIRMARY.—House-Surgeon; doubly qualified. Salary, £100 per annum, with board and residence. Appointment for three years. Applications to William Stallard, Secretary Worcester Chambers, Pierpoint Street, Worcester, by March 25th.

MEDICAL APPOINTMENTS.

ALEXANDER, James, M.B., C.M., appointed Medical Officer for the Galston Parochial Board, *vice* Dr. Marshall.

BARNES, George, L.R.C.P. Edin., M.R.C.S. Eng., appointed Medical Officer of Health for Chard Urban Sanitary District.

BELFIELD, Charles Wooliscroft, M.D. Vienna, L.R.C.P. Edin., M.R.C.S. Eng., appointed Medical Officer to the No. 2 District of the Bristol Union.

BLAKISTON, A. A., M.R.C.S. Eng., L.S.A., reappointed Medical Officer of Health for the Borough of Glastonbury.

BROADHURST, H., M.R.C.S., L.R.C.P. Lond., appointed Resident Clinical Assistant to the St. Marylebone Infirmary, Notting Hill, *vice* G. Thornton, M.D., resigned.

CALLAGHAN, Thomas, L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg., appointed an Extern-Physician to the Cork Fever Hospital.

CARSE, Mr. A. D., appointed Medical Officer of the Spotland District of the Rochdale Union.

COLMER, P. A., M.R.C.S., L.R.C.P.Lond., L.S.A., appointed Honorary Medical Officer to the Yeovil District Hospital, *vice* E. C. Garland, L.R.C.P.Edin., M.R.C.S.Eng., resigned.

DONELAN, James, M.B., M.Ch.Univ.Irel., appointed Honorary Physician to the Italian Hospital, Queen Square, W.C.

DUNCAN, Robert Bruce, M.B., B.S.Durh., appointed Visiting Medical Assistant to the Newcastle-on-Tyne Dispensary.

GIBSON, Chas. Gordon, M.B., C.M.Edin., reappointed Medical Officer of Health for the Launceston Rural Sanitary District.

GILES, Arthur E., M.D., B.Sc.Lond., M.R.C.P., etc., appointed Physician-Accoucheur to the St. Marylebone Dispensary, Welbeck Street, W., *vice* H. T. Rutherford, B.A., M.B., resigned.

GOODALL, John Kenaz, L.R.C.P., L.R.C.S.Edin., reappointed Medical Officer of Health for Whittington Urban Sanitary District.

GRIFFITH, John, M.R.C.S.Eng., L.R.C.P.Lond., appointed Pathologist and Curator to the Royal Westminster Ophthalmic Hospital, King William Street, Strand, W.C.

HALTON, Matthew Corri, L.R.C.P.I., L.M., appointed Surgeon to the Barnsley Post Office, *vice* William Jas. Lancaster, M.R.C.S., deceased.

HANNAH, Nathan, L.R.C.P.Edin., L.F.P.S.Glasg., reappointed Medical Officer of Health for the Abram Urban Sanitary District.

HOOLEY, Arthur, L.R.C.P.Edin., M.R.C.S., appointed District Medical Officer of the Epsom Union.

HOW, A. B., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer of the Stradbroke District of the Hoxne Union.

JONES, Wm. Rees, M.D.Glasg., M.B., C.M., reappointed District Medical Officer of the Brecon Union.

KARKEEK, P. C., M.R.C.S., reappointed Medical Officer of Health for St. Marychurch, Torquay.

KEMPE, Chas. Marshall, M.R.C.S.Eng., reappointed Medical Officer of Health for Shoreham.

LAING, Alfred Wm., L.R.C.P.Lond., M.R.C.S., appointed Medical Officer of the No. 7 District of the Tonbridge Union.

LITTLEJOHN, Mr. J. H., appointed Medical Officer for the Munslow District of the Ludlow Union, *vice* E. B. Ormerod, M.R.C.S.Eng.

LLOYD, James H., M.R.C.S.Eng., L.R.C.P.Edin., appointed Certifying Surgeon for the Collumpton District, Devon, under the Factory and Workshops Act.

LOWE, C. E. M., M.B., Ch.B.Vict.Univ., appointed Junior House-Surgeon to the Wigan Infirmary, *vice* J. D. Munro, M.B., C.M.Edin., promoted.

MCDUGALL, W. Stewart, M.B., C.M.Edin., appointed Medical Officer of the parish of Tongue, Sutherlandshire, *vice* Dr. Parkinson, resigned.

MENZIES, J., L.R.C.P., L.M., L.R.C.S.Edin., L.F.P.&S.Glasg., appointed Medical Officer of Health to the Shireoaks Sick Club, Workshop.

MURPHY, J., M.A., M.D., appointed Lecturer in Medical Jurisprudence in the University of Durham College of Medicine at Newcastle-on-Tyne.

MYLES, T., M.B., appointed Medical Officer of the Ivey District of the Wigtown Union.

NEWBY, Gervase Edward, M.R.C.S., L.R.C.P.Lond., appointed House-Surgeon to the Salford Royal Hospital, *vice* C. C. Heywood, M.A., M.B.Cantab., resigned.

PARSONS, J., Frederick, M.R.C.S.Eng., reappointed Medical Officer of Health for the Frome Urban Sanitary District.

PENNEY, J. Wm. Watkin, M.B., C.M.Glasg., appointed District Medical Officer for County Bute, *vice* L. W. Felldin, L.F.P.&S.Glasg., resigned.

PERRY, Sidney Herbert, M.B.Lond., M.R.C.S., L.R.C.P., appointed House-Physician to the General Hospital, Birmingham.

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

REES, David Valentine, L.R.C.P.Lond., M.R.C.S.Eng., reappointed District Medical Officer of the Brecon Union.

REICHARDT, E. N., M.B.Lond., appointed District Medical Officer of the Epsom Union.

RICE, Bernard, M.D.Lond., M.R.C.S., appointed Police Surgeon for the Borough of Leamington.

RICE, W. Richardson, B.A., B.Ch., M.D.Univ.Dublin, appointed Examiner to the St. John Ambulance Association.

SELBY, Mr. William, appointed Medical Officer of the Workhouse of the Parish of Birmingham.

SHAW, W. Wright, M.R.C.S.Eng., appointed Medical Officer of the Workhouse of the Fylde District.

SMITH, T. F. Hugh, F.R.C.S., L.S.A., appointed Medical Officer to the Hospital Convalescent Home, Parkwood, Swanley.

SWINHOE, George M., L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer of Health to the New Swindon Local Board.

TALBOT, Russell Main, L.R.C.P.Edin., M.R.C.S.Eng., reappointed Medical Officer of Health for Poplar North District.

THOMAS, Dr. D. E., appointed Medical Officer for the Magor District of the Newport Union, *vice* J. T. Thomas, L.R.C.P.I., L.R.C.S.Edin., resigned.

THOMAS, Jabez, F.R.C.S.Eng., L.R.C.P.Edin., reappointed Medical Officer at the Swansea Tinplate Works.

TRONARD, Mr. E. E., appointed Medical Officer of the Bishop's Lydiard District of the Taunton Union.

TWING, Alfred Hughes, M.D.Durh., M.R.C.S., reappointed Medical Officer of Health for the Kingsbridge Rural Sanitary District.

WEBB, C. F., M.D.Durh., F.R.C.S., F.R.C.P.Edin., M.R.C.S., reappointed Medical Officer of Health for the First Sanitary District of the Basingstoke Union.

WHITE, Dr., appointed Medical Officer for the No. 7 District of the St. Saviour's Union, *vice* Joseph Farrott, L.R.C.P.Edin., resigned.

WHYTE, Andrew, M.D.Aberd., M.B., C.M., reappointed District Medical Officer of the Brecon Union.

WORSLEY, R. Carmichael, M.R.C.S., L.R.C.P.Lond., appointed Medical Officer of the Iwer District of the Eton Union.

YEARSLEY, P. Macleod, M.R.C.S.Eng., L.R.C.P.Lond., appointed Honorary Surgeon to the Farringdon General Dispensary.

YOUNG, Edward Herbert, M.D.Durh., L.R.C.P.Lond., M.R.C.S., D.P.H., reappointed Medical Officer of Health for the Okehampton Rural and Urban Sanitary Districts.

DIARY FOR NEXT WEEK.

MONDAY.

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 VII.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. G. H. Savage: Symptoms of Mental Dissolution. Dr. F. Warner: Constitutional Differences between Boys and Girls, and their Relation to Educational Requirements.

TUESDAY.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 5 P.M.—Dr. C. Theodore Williams: The Lumleian Lectures on Aero-therapeutics in Lung Diseases. Lecture III.

PATHOLOGICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. G. Stoker: A Nasal Growth. Dr. E. Klein: The Anti-Choleraic Vaccination, an Experimental Critique. Card Specimens:—Mr. C. Slater (for Dr. Beaven Rake): The Organs of a Guinea-pig inoculated from the Lungs of Lepers. Dr. Lee Dickinson: (1) Stenosis of Left Bronchus caused by Dilatation of Left Auricle; (2) Aortic Aneurysm bursting into Left Bronchus; (3) Simple Gastric Ulcer unusually situated.

WEDNESDAY.

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 VIII.

HUNTERIAN SOCIETY, 8.30 P.M.—Dr. G. Newton Pitt: The Value of Venesection in the Treatment of Thoracic Aneurysm. Mr. F. R. Humphreys: Two Cases of Cheyne-Stokes Respiration with Recovery. Dr. F. Charlewood Turner: A Case of Intestinal Obstruction.

THURSDAY.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 5 P.M.—Dr. C. Theodore Williams: The Lumleian Lectures on Aero-therapeutics in Lung Diseases. Lecture III.

HARVEIAN SOCIETY OF LONDON, 8.30 P.M.—Dr. H. A. Caley: A Case of Simple Ulcerative Colitis. Mr. F. Treves: A Series of Cases of Relapsing Typhitis.

FRIDAY.

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 IX.

CLINICAL SOCIETY OF LONDON, 8.30 P.M.—Living Specimens, 8 P.M. Papers 9 P.M.:—Dr. Hale White: Two Exceptional Cases of Peripheral Neuritis, one Septicæmic, the other due to Lead Poisoning, and presenting unilateral facial paralysis and other rare symptoms. Mr. A. W. Mayo Robson: Infusion (or Transfusion) of Normal Saline Solution in Severe Shock. Mr. H. Allingham: A Case of Gastro-enterostomy for Cancer of the Pyloric End of the Stomach.

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.

COBBOLD.—On March 4th, at The Elms, Batheaston, Bath, the wife of C. Spencer Cobbold, M.D., F.R.C.P.Edin., M.R.C.S.Eng., prematurely, of a son.

FREELAND.—On February 10th, at Porham, Antigua, West Indies, the wife of F. J. Freeland, M.D.Bru., of a daughter.

JONES.—On March 12th, at Brynmarran, Blaenau Festiniog, the wife of Richard Jones, M.D., D.P.H., of a daughter.

SANDERS.—At Edinburgh, on March 13th, the wife of Gordon Sanders, M.B., M.R.C.P.E., of a daughter.

MARRIAGE.

WILLIAMS—VAN VORST.—On January 12th, 1893, at Saint Mark's Church, Jersey City, N. J., U.S.A., by the Rev. J. W. Williams, M.A.Oxon., Rector of St. Paul's Church, East Orange, N. J., brother of the bridegroom, assisted by the Rev. F. E. Mortimer, Rector of the parish, George Herbert Williams, M.D., M.R.C.S.Eng., L.R.C.P.Edin., of New York City, youngest son of the late Rev. W. H. Williams, M.A., Vicar of Badgate, Warrington, England, to Sarah Vacher, second daughter of John Van Vorst, Esq., of Jersey City.

DEATHS.

HOOD.—On March 12th, at his residence, Wear View House, Towlaw, Durham, George Hood, M.D., aged 56.

MILLS.—On March 11th, at Galeed House, Piershill, N.B., the infant son of Surgeon-Captain Langley Mills, aged 3 days.

THOMAS.—On January 30th, at Blackwood, Adelaide, South Australia John Davies Thomas, M.D.Lond., F.R.C.S.Eng., aged 48 years.