

ventricles can be best reached. Dr. Alex. Fraser, in his *Atlas of Brain Anatomy*, has worked out the relations of the ventricle, but has not shown where it is best to tap the ventricle. When assisting at the operation of trephining for supposed cerebral abscess in the temporo-sphenoidal lobe, according to Birmingham's directions—that is, $1\frac{1}{4}$ inch behind and 2 inches above the meatus, but rather less in this case, as the patient was only 12 years of age—I noticed that, on passing a director through the brain towards the base, clear watery fluid escaped. This induced me to try on the dead body a point 2 inches behind the meatus and 2 inches above. In the body of a child, aged 8, a point was taken in Reid's base line $1\frac{1}{2}$ inch behind the meatus and $1\frac{1}{2}$ inch above this ($1\frac{1}{2}$ inch rather than 2 inches to allow for age), and a tube passed in 2 to 3 inches, very slightly upwards and forwards, until it seemed in a cavity, when fluid began to flow. On removing the brain, it was found to have entered in the lower part of the occipital lobe, and gone along the descending horn into the ventricle.

The second experiment was on the body of a baby, 2 years old. As the head was so small, a point only $1\frac{1}{4}$ inch behind the centre of the meatus in Reid's line and $1\frac{1}{4}$ inch above this was taken; a tube, pushed in very slightly upwards and forwards, passed through the descending horn into the lateral ventricle, and freely drained fluid, which was in great excess, as the case was one of tuberculous meningitis. As this disease is most common in children, it was thought wise to experiment on the child's head.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

RADICAL CURE OF HYDROCELE.

I SEND herewith a list of 19 cases of hydrocele cured absolutely in one operation. The operation consisted of slitting up the scrotum and tunica vaginalis to the extent of one inch, letting out the fluid, and then sewing the tunica vaginalis to the outer skin and applying a dressing of carbolic oil. I did not stuff the cavity nor interfere with it in any way, as I find that this is unnecessary. The operation is as simple as possible, causes no great amount of inflammation, and is perfectly effectual. Age does not seem to be any obstacle to success, as may be seen by the list, nor does the fact of other operations having been performed. All these cases had been tapped before, some had had iodine injected, but all did equally well and all are now completely cured.

List of Cases of Hydrocele admitted into the Allahabad Central Gaol Hospital. (Prepared by Karim Baksh, Hospital Assistant.)

Date of Admission.	Name of Prisoner or Patient.	Date of Discharge.	Age.
November 22nd, 1892	Soor Joo	January 29th, 1893	22
December 7th, 1892	Khaan Khaan	January 29th, 1893	38
December 17th, 1892	Shw Naudan	February 2nd, 1893	35
December 28th, 1892	Lall Jee	February 5th, 1893	40
December 28th, 1892	Kulloo	January 29th, 1893	60
"	Akber Hasine	January 29th, 1893	35
December 29th, 1892	Lalla Singh	February 6th, 1893	45
January 3rd, 1893	Galam Ally	February 16th, 1893	55
"	Ellahu Khan	January 29th, 1893	25
"	Jipall	January 29th, 1893	50
January 10th, 1893	Khowaji Ahmed	February 7th, 1893	25
"	Foh Koor Singh	February 17th, 1893	39
February 7th, 1893	Sabai	February 6th, 1893	45
February 16th, 1893	Maheosh	February 2nd, 1893	40
"	Goodir Singh	February 11th, 1893	25
"	Gokool	February 10th, 1893	55
"	Nunnih	In hospital	35
"	Dul Thummun	"	35
"	Jokhoo	"	50

GEOFFREY C. HALL, Surgeon-Lieutenant-Colonel,
Superintendent, Central Prison, Allahabad, India.

PLACENTA MARGINATA.

I HAVE recently come across in my practice a very complete form of the above, deserving, as I think, from its extreme rarity to be reported.

The chorion, instead of lining the whole foetal surface of the placenta, passing over from the cord to the margin, rose almost entire from the root of the cord, constituting the so-called chorion frondosum, and leaving the margin entirely bare of membranes. At one point it did pass across in a straight line till within about half an inch of the margin, but upon the whole it had very much the appearance of a flattened turnip with the leaves left attached. The manner of its expulsion was also peculiar. The patient, who was anaemic, but otherwise enjoying good health, had a very easy and natural labour, but no sooner was the child born than vomiting set in, and almost immediately, without any pain and before the cord was well tied, the placenta, membranes and all, was expelled during an act of vomiting. The vomiting and fainting still continued, and as this could not be accounted for by any undue haemorrhage, and as the membranes were ragged and it was difficult to make a complete bag of them, and although it was pretty clear that it was not a case of the membranes being shorn off the margin of the placenta, there not being the slightest trace of a torn edge perceptible all round, I explored for membranes and inversion, but found neither. A bichloride douche was given immediately after, and one of Condy's fluid on the second and third days. She had no rise of temperature, but with the help of a little bismuth, etc., the slight retching which continued for two or three days was by-and-bye completely arrested, and she made an excellent recovery.

The precipitateness of the expulsion of the placenta would, apart from the act of vomiting, be accounted for mainly by the lack of membranes round the margin, thus making the surface of adhesion to the uterus much less extensive.

Several years ago I had a somewhat similar case in a patient who was confined at seven months. In this case the placenta presented the appearance of a truncated cone, with the cord and membranes growing from the top.

Sunderland. B. STRACHAN, M.B., C.M.

ACUTE TORSION OF SPERMATIC CORD: REDUCTION: IMMEDIATE RELIEF.

SINCE I first reported in the BRITISH MEDICAL JOURNAL of June 6th, 1891, a case of strangulation of the epididymis due to torsion of the spermatic cord, operated on at the South Devon Hospital, Plymouth, by Mr. Whipple, there have been three cases reported—one by Mr. Bryant, in a paper read at the Royal Medical and Chirurgical Society on Feb. 23rd, 1892; the second by Mr. Davies-Colley in the BRITISH MEDICAL JOURNAL of April 16th, 1892; and the third by Mr. Herbert Page in the *Lancet* of July 30th, 1892. I have now to record a fifth case, which in onset of symptoms resembles the others but in treatment differs, as it was relieved without operation.

On March 17th, 1893, a schoolboy, aged 19, in perfect health, at 3 P.M. jumped a form, from 3 P.M. till 5.30 P.M. was boxing at intervals, at 6 P.M. had tea, and at 6.30 began to feel seedy. At 6.45 P.M. he went to bed, and then first felt a pain in his right testicle. At 7.30 P.M. he vomited, and at 7.45 I saw him. He was then pale and faint, and complained of pain in his right testicle, extending along the spermatic cord.

The testicle and epididymis were very tender and somewhat swollen, especially the latter. On tracing up the swollen cord from the epididymis, about one inch above the top of the testis I found a very tender lump about the size of a cobnut. Above this the cord was not altered in any way. The external abdominal ring was not unduly patent. The epididymis lay in front of the body of the testis; there was no urethral discharge. The fact that the epididymis was in front of the body of the testis, that the testis and epididymis were swollen and tender, that there was a distinct lump or knot involving the cord, above which the cord was normal, and below which there was swelling, made me believe that the cord was twisted. I therefore decided to attempt to untwist it. I rotated the epididymis in front of the testis to the patient's left, but it caused more pain and would not stay in that position. I next rotated it to the patient's right, so that it resumed its normal position behind the body of the testis. It remained so, and the lad at once said that all pain had gone. In two

minutes the swelling of the testis and epididymis had gone, and in half an hour nothing remained of the trouble except some hardness and swelling of the cord at the point of twisting. All faintness and pallor had passed off. Next morning there was no trace of anything unusual.

Remarks.—In all the five cases mentioned the patients were young, their ages being 14, 15, 16, 17, and 19. In my two cases the immediate cause appears to have been a strain, but in the other three no cause is mentioned. In the first three cases the testicle was imperfectly descended, and in Mr. Page's case there was an inguinal hernia. In the present case the testicle was in its proper place, and there was no undue patency of the external abdominal ring. In all of the cases the symptoms were much the same, namely, the appearance of a painful swelling in the groin and vomiting. In the first four cases the nature of the swelling was only discovered on performing an exploratory operation. In all the cases the epididymis had been more swollen than the testis, and in my first case the testis, to the naked eye, appeared normal. I have no doubt that, if the nature of the present case had not been recognised, the testis and epididymis would have continued to swell and necessitated an operation.

Bedford.

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

TREATMENT OF DIABETES BY PANCREATIC EXTRACT.

In reference to the treatment of diabetes mellitus by injection of liq. pancreaticus and pancreatic feeding, the following case may be of some value as bearing out the observations of Dr. Hale White, although the patient would not restrict himself to diabetic diet; going to the city daily, he occasionally drank bitter Burton, would not eat diabetic bread, but took toast and rusk, and did not limit the quantity of fluids imbibed. He was a man aged 56. Diabetes mellitus came on in September, 1892. He came under observation at the end of October. He had wasted considerably; the knee-jerks were absent, and there was slight accommodation trouble. The bowels were obstinately constipated; the urine, specific gravity 1030, had no sediment, and contained no albumen; he passed six pints, containing 3,600 grains of sugar, in twenty-four hours. Codeia gr. $\frac{1}{2}$ was given three times a day, and diabetic treatment commenced. After three weeks the patient was feeling better. The quantity of urine was $5\frac{1}{2}$ pints, containing 2,600 grains of sugar; specific gravity 1030. He was now ordered to take codeia gr. $\frac{1}{2}$ every four hours, which he did regularly.

On December 25th, urine specific gravity 1030, quantity $5\frac{1}{2}$ pints, sugar 1,760 grains. The codeia was now stopped, and pancreaticin (Savory and Moore's) given, one cupola (gr. v) three times a day, one hour after meals. The patient was at this time increasing in weight, able to walk and do his business with less fatigue; his accommodation trouble had gone, and thirst was much less, but his bowels were still very constipated. After a fortnight's treatment by pancreaticin, the quantity of urine had risen to 6 pints, the specific gravity 1030; sugar, 2,858 grs. in twenty-four hours. Thirst slightly increased; pulse was 72 (under codeia 56). The bowels were comfortable and regular, and the general strength maintained. The pancreaticin was increased to gr. x three times a day. The sugar gradually increased till the middle of February, when the urine passed was 6 pints, specific gravity 1040; some mucus; sugar 3,600 gr. (the original quantity), but the patient's general health remained good. Thirst was increased, the pulse was good, the tongue more dry, but the bowels, to the patient's great relief, regular and comfortable.

Under pancreaticin the general health was maintained, but the thirst increased; the urine slightly increased, as also the quantity of sugar, but the intestines were apparently slightly stimulated.

The glycolytic action of the pancreaticin was very slight, as tested on the patient's urine, so whether the non-reduction of sugar was due to the defective glycolytic action of the substance used, or to the fact that the diabetes was hepatic and not pancreatic, is at present open to question. Perhaps Dr. Mansel Sympson in his further researches may succeed in ob-

taining a ferment from the pancreas, or possibly a more powerful one from the liver.

Stoke Newington. ARTHUR L. MARSHALL, M.B.Cantab., etc.

REPORTS

ON

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

THE BIRMINGHAM CITY INFIRMARY.

PREGNANCY IN THE FOURTEENTH YEAR, PREVIOUS TO MENSTRUATION.

(Reported by J. EDWARD GODSON, M.R.C.S., L.R.C.P., Resident Surgical and Obstetric Officer.)

E. S., an anaemic girl, aged 14 years and 7 months, was admitted in a pregnant condition into the lying-in department of the infirmary in April, 1892. She was small but well developed, weighing $7\frac{1}{2}$ stone, and measuring in height 4 feet 7 inches. She had never menstruated, but dated the commencement of her condition from the middle of August, eight months and a-half previously. She appeared sufficiently well developed for 18 or 19 years of age. The abdomen was very prominent, the skin much cracked, the breasts full and voluminous, and the external dimensions of the pelvis as follows: External conjugate, 7 inches; circumference midway between crest and trochanter, $30\frac{1}{2}$ inches; between the ant. sup. spines, $8\frac{1}{2}$ inches; from either ant. sup. spine to vertebral spinous process, $10\frac{1}{2}$ inches. The foetal heart beat at the rate of 126. The patient had a soft mitral systolic murmur, but otherwise evinced no sign of disease, except marked pallor.

Labour commenced on June 6th. The pains at first were very lingering and ineffectual. The head presented in the second vertex position, but did not readily engage. Altogether the first stage lasted over forty-eight hours, and was attended by considerable exhaustion. The second stage was terminated by forceps within three hours of its commencement. The child was a female and well developed, weighing $7\frac{1}{2}$ lbs. The mother made an excellent recovery, and was discharged in three weeks. The patient reported herself in three months' time in good health, though still anaemic, but the menstrual function had not been established. The baby had been weaned five weeks after birth, and appeared in perfect health.

REMARKS.—This case presents two or three interesting features. In the first place, the very early age (the close of the 13th year) at which impregnation took place; secondly, the fact that pregnancy preceded menstruation, which bears on the debatable connection between ovulation and the catamenia. Moreover, one might have expected the establishment of the menses at the conclusion of lactation, yet this had not occurred two months after the secretion of milk had ceased.

I am indebted to Mr. Jordan Lloyd for kind permission to publish the notes of this case.

ROYAL INFIRMARY, BRISTOL.

FOREIGN BODY IN THE LARYNX.

(By P. WATSON WILLIAMS, M.D.Lond., Physician for Diseases of the Throat, Royal Infirmary, Bristol.)

The following case is of interest, showing as it does how firmly a coin may be held by the larynx, and a method by which its expulsion may be obtained.

J. W., aged 30, a working man, came to the infirmary late at night, stating that he had put half a sovereign in his mouth, and that it had slipped into his "throat," and was causing some difficulty in breathing. He thought he had swallowed it, and that it had "stuck in the gullet." Respiration did not appear to be embarrassed, and the resident medical officer, not seeing anything in the larynx, passed an oesophageal probang, but without affording relief. When I saw the patient on the following morning he was aphonic, but so

executive rank; in question, yet deal levelling at the same time is much to be deprecated, as hurtful both to individuals and to rank status. It is a rule prevailing in, at any rate, all the higher walks of life, and one consonant with justice and reason, that where drudgery has to be done it falls first on the juniors, and last and least on those who had previously borne the burden and heat of the day. The fate of juniors would be hard and heartless enough were it not for the prospects of a "good time coming."

MEDICO-LEGAL AND MEDICO-ETHICAL.

ACTION FOR LIBEL BY A MEDICAL MAN.

IT appears from the report in the *Birmingham Daily Gazette* that the action Evans *v. Jaffray*, heard at the last assizes, was an action to recover damages for an alleged libel published in the *Birmingham Daily Post* in January, 1890, in commenting on an action which had been brought by the Treasury against Mr. F. R. A. Evans, L.R.C.P. & S.I., for negligence. The jury stopped the case, and the judge observed that the prosecution had been harsh, and that the charge ought to have been dropped. The case was reported in the *BRITISH MEDICAL JOURNAL* of September 21st, 1890, p. 681, and January 4th, 1890, p. 49. In commenting on the trial the *Daily Post* made some observations which the defendant considered libellous, and he in consequence brought this action, though after a considerable interval. The case was heard before Lord Justice Bowen, who, in addressing the jury, said that they must not make the *Post* pay for the mistake of the Treasury, which had taken up an ill-advised prosecution. The jury found for the plaintiff, Dr. Evans, for £75, and the judge refused to stay execution.

MALPRACTICE.

IN a paper read before the Medico-Legal Society in March last, and published in the current number of the *Medico-Legal Journal*, Mr. Clark Bell divides malpractice into two kinds—namely, negligent, where there is gross negligence in bestowing that care and attention which the case requires; and ignorant, where the treatment is so undertaken as actually to do harm, whereas a properly skilled medical man would not have adopted such treatment. Physicians and surgeons are bound to exercise reasonable and ordinary skill, care, and diligence, but that is the extent of their liability; the burden of proof in such charges is upon the plaintiff to show that the injury was due to a lack of reasonable care, skill, and diligence. The locality in which the physician or surgeon practises must be taken into account; one in a small town or sparsely settled country district is not expected to exercise the care and skill of one who resides and has opportunities in a large city; he is bound to exercise the average degree of skill possessed by the profession generally in the locality where he resides and practises. Physicians and surgeons should, however, keep up with the latest advances in medical science, and use the most improved methods and appliances; if a physician or surgeon departs from generally approved methods of practice, and the patient suffers an injury thereby, the practitioner will be held liable, no matter how honest his intentions or expectations were of benefit to the patient. Physicians and surgeons are bound to give their patients their best judgment, but they are not liable for mere error of judgment; if the error of judgment is so great as to be incompatible with reasonable care, skill, and diligence, the physician or surgeon would be liable. If the patient in any way contributes to the injury by his fault or neglect, he cannot recover for malpractice. Damages may be recovered for pain and suffering produced by negligence or want of skill of the practitioner, and also for loss of time and expense incurred on account of the improper treatment.

BATLEY COTTAGE HOSPITAL.

OUR attention has been solicited to the question of "medical etiquette" (raised at the annual meeting of the subscribers to the Batley Cottage Hospital) in its relation to the medical staff and the non-attached members of the faculty in the town and district. Owing, however, to the confused and professionally unintelligible newspaper report of the proceedings, we fail to grasp the true nature of the point submitted by the Messrs. C. on behalf of a practitioner who was said to have declined to accompany an accident patient to the hospital "as the doors were closed against him" (or, in other words, as the chairman opportunely remarked, "If I cannot see the patient there, I will not go with him there"), from which it was inferred that he intended to intimate that, inasmuch as he was debarred as an unattached member from attending his patient while in the hospital (an essential rule common to all hospitals, be it noted), he should at once withdraw from the case. With reference, moreover, to the allegation made by one of the speakers, who, while disclaiming any such wish on the part of the doctor attached to the collieries in which he (the speaker) was personally interested, nevertheless inconsiderately asserted that "the difficulty lay in the medical etiquette," an assertion which we fail to comprehend, and to which we emphatically take exception as fallacious; and if any member of the staff had been present, it would no doubt have at once been refuted; the apparent impression that the unattached members of the profession were more or less unwelcome at the hospital, is an idea which, in the interests of the institution, it would be well to dispel.

FEES FOR CONSULTATIONS.

MR. J. MCP.—We believe it is customary for the ordinary medical attendant to charge double his usual fee for consultations: in this case 5s. each consultation. If the consultation took an exceptionally long time, or was of a special character, a larger sum than 5s. might be recovered as a reasonable charge. In the absence, however, of any information on this point, we do not think that a practitioner who charges only 2s. 6d. per visit in ordinary cases could sustain a charge of 3s. 6d. for (each case of) a visit in consultation. Evidence as to what is customary in the profession would have to be given in the event of litigation.

FEES FOR INSURANCE CERTIFICATES.
FREDERICK writes: I recently gave a certificate of death to solicitors to recover policy on the life of a deceased patient from an assurance company. Some days later the same solicitors came for another similar certificate, saying that they had put wrong policy number on first certificate, which rendered it null. The second blank form had two policy numbers on it. I signed it as on the first occasion. They paid me for the first certificate. 1. Could the second certificate be used to recover two different policies? 2. Should I have got back the first certificate before signing the second? 3. Am I entitled to a separate fee for each certificate?

* * 1. We think the second certificate could have been used if there were two policies on the same life in the same office. 2. It would perhaps have been well to have required the return of the first certificate before giving the second, but the assurance given that the first had been rendered void through a clerical error was doubtless sufficient. 3. If a separate fee had been stipulated for as a condition of giving the second certificate, no doubt it would have been paid; but this course would, we think (under the circumstances stated), have been unusual.

"CHANGING THE DOCTOR."

A CORRESPONDENT writes: A., B., and C. are medical practitioners in the same town. In July, 1892, A. calls B. in consultation, and they meet in the case. Shortly afterwards A.'s services are discontinued, and C. is called in as medical attendant. C. attends for a time, and afterwards the patient leaves the town for change of air. On returning home the patient is still suffering from the same disease, but no doctor is called in to attend, till in March, 1893, the patient becoming much worse, B. is sent for to attend. 1. What is B.'s duty in the matter? 2. What would B.'s duty be if he were called in consultation in the case by C. or by another doctor?

* * Assuming that A.'s services had in the first instance been dispensed with in strict accord with the ethics of the profession, and that C. had succeeded him as the ordinary medical attendant, the question of B.'s duty in the case would depend upon the position he held in relation to C. at the time of the patient's departure from the town. If he (B.) acted in the capacity of consultant, it would be his duty to decline attendance on the patient except in consultation with C. The duty of B., hypothetically referred to in the second query, is too obvious to need explanation.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF GLASGOW.

The following have passed the First Professional Examination for the degrees of Bachelor of Medicine (M.B.) and Master in Surgery (C.M.):
J. Adam, J. F. Agnew, W. Allen, J. Anderson, M.A.; F. J. Barker, M.A.; W. S. Blair, H. Broom, J. R. Brown, C. H. Cairns, D. M'G. Campbell, F. B. Cormick, P. L. Craig, M.A.; J. Crawford, J. A. C. Doonan, C. E. Fleming, J. Green, W. Hansen, G. Hanson, A. Holt, G. D. Hunter, E. B. Jago, F. J. Jayne, J. W. Johnstone, A. Livingston, J. Lunn, J. M'E. Manford, M.A.; J. A. D. Mulholland, D. Munro, N. M'Callum, J. A. C. Macewen, E. Mackay, W. J. Mackinnon, A. M'D. Nevin, W. J. Orr, J. M. Robertson, J. J. Robertson, J. N. Robertson, W. K. Russell, J. Smith, H. H. Thomson, J. M. Thornley, C. K. Toland, H. M. Watson, H. Yearnshaw.

Women Candidates.—K. I. Clutterbuck, E. E. Goodrick, M. P. Graham, N. Kemp, E. D. Lyness, M. S. Maclean, M. R. Riddall, R. H. M. Stewart.

The following have passed the unnoted portions of the First Professional Examination for the new degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.):

The following have passed in Botany and Physics: G. MacL. Blair, W. A. Burns, J. L. Simpson, M. L. Taylor.

The following has passed in Botany and Chemistry: A. J. Smith.

The following have passed in Zoology and Physics: R. Carswell, M.A.; W. S. Findlay, M.A.; D. M'Kinlay, J. M'Queen, M.A.; J. M'Whir, R. Wylie.

The following have passed in Zoology and Chemistry: D. L. Cairns, F. J. Charteris, J. D. Cochran, S. M. Sloan.

The following has passed in Physics and Chemistry: D. Swan.

The following have passed in Botany: A. S. Allan, M. Macdonald, W. Wyper.

The following has passed in Zoology: J. Strang.

Women Candidates.—The following have passed in Physics and Chemistry: M. Gardner, J. H. Smith.
The following have passed the Second Professional Examination for the degrees of Bachelor of Medicine (M.B.) and Master in Surgery (C.M.):

R. Aitkenhead, A. R. Anderson, J. J. Anderson, T. Angus, A. Blair, J. Boyd, W. Burns, J. S. Christie, A. A. Clark, J. Donaldson, J. S. Douglas, J. Drummond, R. J. Edwards, W. B. Edwards, S. English, Daniel Ferguson, A. A. Finkelstein, J. Forrester, A. F. Galloway, J. Guy, J. Henry, F. R. Hill, J. A. Hope, A. B. Hughes, J. Hunter, D. Kerr, W. J. Kerr, W. H. Lang, A. Lawton, D. Lewis, J. D. Love, J. W. Otto van Milligen, J. Morton, G. B. Murdoch, J. Murray, D. M'Coll, W. M'Cormick, D. MacDonald, J. M'Laws, M. N. MacLay, S. M'Lean, F. Macrae, A. R. Oliver, W. A. Pride, D. Richmond, A. Shearer, H. Stevenson, E. F. D. Walker, J. Wells.

Women Candidates.—A. L. L. Cumming, M. C. Dewar, M. Gilchrist.

VICTORIA UNIVERSITY.

FACULTY OF MEDICINE.—The following have passed the Second Examination:

W. S. Badger, University College; H. S. Callum, Yorkshire College; H. Coates, Owens College; A. V. Davies, Owens College; U. L. Desai, Owens College; J. Hartley, Owens College; J. J. H. Holt, Owens College; H. F. Jeffery, Owens College; C. E. Ligertwood, Yorkshire College; J. P. Lowe, Owens College; J. E. McDougall, University College; H. MacKenna, Owens College; D. W. Main, University College; T. H. Miller, Owens College; F. C. Moore, Owens College; G. S. Nickerson, Owens College; S. Pickering, Owens College; J. H. Renshaw, Owens College; J. V. Shaw, Yorkshire College; W. C. G. Simpson, Owens College; E. A. Smith, University College; B. Stahlknecht, University College; S. Thorpe, Owens College; R. H. Trotter, Yorkshire College; B. Y. Watkins, Owens College; H. de C. Woodcock, Yorkshire College.

The following have passed the Final Examination (Part I):

H. Ainsworth, Owens College; W. G. Bowden, Owens College; E. L. Compston, Owens College; P. R. Cooper, Owens College; D. E. Darbyshire, University College; F. H. Day, University College; H. B. Dickinson, University College; N. F. Edwards, Owens College; W. D. Hayward, University College; S. H. House, University College; J. Howe, Owens College; A. McDougall, Owens College; E. D. Minshall, University College; R. W. Nesfield, Owens College; H. T. Nixon, University College; J. P. Nixon, University College; J. J. O'Hagan, University College; M. R. Rhodes, Owens College; H. A. Robinson, University College; H. S. Smith, Owens College; E. Spencer, University College; J. Stephenson, Owens College; W. W. Stoney, Yorkshire College; P. Thompson, Owens College; S. W. Thomson, Owens College; P. Wilkinson, Owens College.

The following have passed the Final Examination (Part II):

W. E. Barker, Owens College; A. Byers, Owens College; P. R. Cooper, Owens College; H. B. Dickinson, University College; J. L. B. Dixon, Owens College; C. C. Garfit, Owens College; J. Healey, Owens College; C. R. Jones, University College; F. J. Woods, University College.

The following has been awarded Honours (Second Class):

F. J. Woods, University College.

EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.

THE following gentlemen passed the second examination of the Board at the meeting of Examiners on Saturday, April 1st, in the subjects indicated, namely:

Passed in Anatomy and Physiology.—A. C. B. Pierson, T. Spencer, H. Bailey, and E. J. A. Dodd, students of Yorkshire College, Leeds; E. V. R. Woodford and G. E. F. Stammers, Bristol Medical School; C. R. Dykes, Bristol Medical School and Mr. Cooke's School of Anatomy and Physiology; D. Pettigrew and W. H. F. Oxley, Sheffield Medical School; R. D. Cran, W. T. Burns, and A. C. Oldham, Owens College, Manchester; J. H. Clements, Mason College, Birmingham; E. H. Roberts, St. Mungo's College, Glasgow; J. T. G. McKay, Melbourne University; F. J. I. Willey, Melbourne University and Bristol Medical School; G. E. Dodson, St. Bartholomew's Hospital; J. Gorman, Queen's College, Belfast; J. R. Johnson, University College, Liverpool.

Passed in Anatomy only.—A. A. P. Moffatt, Owens College, Manchester; W. E. Maw, Edinburgh University and Yorkshire College, Leeds; F. R. M. Heggs, J. C. Kreale and W. E. Bracey, Mason College, Birmingham; F. Anthony, Bristol Medical School; R. E. W. Jennings, Bristol Medical School and Mr. Cooke's School of Anatomy and Physiology; E. K. Herring, Middlesex Hospital; E. G. L. Goffe, University College; and O. Sapara, St. Thomas's Hospital.

Passed in Physiology only.—H. England and H. Hallam, Sheffield Medical School; T. MacDowell, Queen's College, Belfast; S. W. Williams, University College, Liverpool; J. L. Elliott, Yorkshire College, Leeds; T. Jones, Owens College, Manchester; W. L. Freer, Mason College, Birmingham; E. Fielden, Durham University and Owens College, Manchester.

Nine candidates were referred in both subjects, 3 in Anatomy only, and 9 in Physiology only.

Passed in Anatomy and Physiology on Monday, April 3rd.—P. G. Lodge, Yorkshire College, Leeds; H. R. W. Ware, Oxford University; J. Tempest, Owens College, Manchester; S. Stephens, St. Mary's Hospital; G. V. Worthington, Cambridge University; J. H. Fenouillet, Cambridge University and St. Mary's Hospital; J. A. O. Briggs and W. R. Stowe, St. Bartholomew's Hospital; R. O. Moon and W. A. Horton, Guy's Hospital; J. H. Crowley, Melbourne University and King's College; A. D. Ketchen, University College; W. B. Woodhouse and R. Wheatley, Middlesex Hospital; C. R. Keyser, St. George's Hospital; F. H. Atkinson and A. C. Rozelaar, Charing Cross Hospital.

Passed in Anatomy only.—E. E. Lloyd, St. Mary's Hospital; J. F. Fernie, St. Bartholomew's Hospital; E. G. Ede, University College.

Passed in Physiology only.—E. R. Grazebrook, King's College; A. V. Moreton, Owens College, Manchester; C. C. Grummitt, F. H. Maturin, and R. A. Draper, Cambridge University; J. S. Stansfield, Oxford University; J. C. R. Braine-Hartnell, Middlesex Hospital; A. Baker, St. Thomas's Hospital; H. Hilliard, Charing Cross Hospital; S. Compton, Mason College, Birmingham.

Seven candidates were referred in both subjects, 9 in Anatomy only, and 5 in Physiology only.

Passed in Anatomy and Physiology on Tuesday, April 4th.—W. Ryan, A. W. Henly, W. M. Jones, and H. Green, Charing Cross Hospital; W. P. Jones and S. F. Smith, St. George's Hospital; N. Daly, V. E. Collins, A. J. Dolman, H. T. Hicks, H. L. Williams, and G. K. Levick, Guy's Hospital; M. Takayasu, R. W. Western, A. Warner, and E. H. Sutcliffe, St. Thomas's Hospital; J. M. Schauba, R. M. Cowie, and W. B. Bell, King's College; A. J. H. Boyton, A. B. Tucker, and A. Heath, St. Bartholomew's Hospital; W. G. Savage, University College.

Passed in Anatomy only.—E. S. Hall and E. N. Scott, Guy's Hospital; T. B. Marshall, St. Thomas's Hospital; Q. H. Miller, Charing Cross Hospital; E. B. Eames, St. George's Hospital.

Passed in Physiology only.—T. A. Barron and B. Rowlands, St. Bartholomew's Hospital; F. W. Page, St. Thomas's Hospital; R. T. Brown, Guy's Hospital; D. B. Beecroft, Charing Cross Hospital.

Three candidates were referred in both subjects, 5 in Anatomy only, and 5 in Physiology only.

OBITUARY.

THOMAS DRYSDALE BUCHANAN, M.D., L.F.P.S.GLASG. By the death of Dr. Thomas Drysdale Buchanan on March 14th, Glasgow has lost one of those links which unite the past with the present. Born in 1819 under the shadow of St. Mungo's, he in course of time entered the medical profession. On obtaining his degree he was soon appointed House-Physician and Surgeon at the Old Town Hospital, where he enjoyed a wide field of study and observation. He afterwards settled down in private practice in his native city, and without intermission has been so engaged until a few months before his death. As a general practitioner he has long been known and respected by all classes. He took a great interest in the administrative work of hospitals and asylums. He visited Belgium and also America on two different occasions. Dr. Buchanan was an ardent supporter of the volunteer movement, and was chairman of the first meeting held in the city when a recommendation on the subject was made to the then Minister of War. He had also the honour to be included in the first volunteer guard of honour Her Majesty and Prince Albert had yet seen. After being connected with the volunteer movement for over thirty years, he retired with the rank of Surgeon-Colonel, and was one of those who lately received the volunteer decoration. Dr. Buchanan was for some time chairman of the Medical Committee of the Barony Parochial Board, Glasgow, one of the largest parishes in the kingdom, and lived to see the wonderful change in their asylum and hospital accommodation.

PUBLIC HEALTH
AND
POOR-LAW MEDICAL SERVICES.

THE CHOLERA.

THE following notice was, we understand, despatched to all port medical officers of health in the country on April 1st, and to all the more important riparian districts on April 3rd. It is hoped that the issue of this notice may serve to stimulate some of these port sanitary authorities which have not yet made use of the power which they possess to prevent the introduction of cholera, and to protect the water supply of riparian districts:—

"The Local Government Board have received information through the Foreign Office from Her Majesty's Consul at Brest that since March 22nd 51 deaths from cholera have occurred at Lorient on the north-western coast of France."

We refer in another column to the serious indications of the return of cholera in many parts of the Continent, and in particular to the condition of things at Lorient.

The *Times* reports that the disease has caused nearly 70 deaths in the course of the last fortnight at Lorient. The French authorities, the *Times* adds, have kept the outbreak secret as long as possible, but it has now become too important to be hushed up any longer. There is no accurate record of the numbers of non-fatal cases, but, as the type of the disease in France during the last year or two has been much milder than in Russia and Germany, we may, perhaps, reckon three attacks to one death, and on this assumption we may suppose that within a couple of weeks there have been about 200 cases in the town. Unquestionably the sanitary condition of Lorient, if not worse than that of many other provincial towns in France, is such as to afford a congenial field for any disease of which the spread is dependent on the pollution of air, water, or soil. Though there is a population of about 40,000, there is no drainage, and the filth collected by what is known as the "pail system" is deposited on agricultural land, which is the gathering ground of the water supply. An official report describes the town as one of the most active centres of typhoid fever in the whole of France, the annual death-rate from that disease during a series of years having been no less than 18 per 10,000 inhabitants. When we remember that this is just about ten times the corresponding rate of mortality in London, we gain some notion of the favourable conditions which Lorient offers to what Sir John Simon has aptly called "filth dis-

holding meetings in various parts of the country from time to time; (b) to secure public support for and Government recognition of a thorough education and training for all persons desiring to enter the public service as sanitary inspectors; (c) to secure a State appointment board of examiners, who shall hold examinations and may grant certificates of competency to persons qualified to act as sanitary inspectors; (d) to obtain an Act of Registration for sanitary inspectors, in order that unity and cohesion may be secured among them, that funds may be raised, lectures inaugurated, and questions of public health advanced by the mutual discussion of legal and practical difficulties met with, and by the united recording of work done.

DISTRICT HOSPITAL PROVISION.

A COMMITTEE of the Bridgnorth rural sanitary authority have led that body to drop further consideration of the question of local hospital provision, in view of the Bills now before Parliament as to districts councils and county councils' powers relative to infectious hospitals. If this be adopted by local sanitary authorities as an excuse for delay in providing means for the isolation of infectious disease, we fear much harm may result. Sanitary authorities are not debarred now from calling in the friendly aid of county councils in connection with hospital schemes, and indeed would do wisely to seek such help.

MINERS AND THE SMALL-POX EPIDEMIC.

THE Darfield Main miners held an open air meeting on March 25th, Mr. J. Dyson presiding, and decided that miners who had to stop at home because their relatives had been attacked by small-pox should receive 25s. (adults) and 12s. 6d. (boys) per week, and that the money be raised by a general levy on men of 6d. and on boys 3d. as occasion required.

SICK INSURANCE IN GERMANY.

THE last quarterly publication of the statistics of the German Empire, as reported by the Berlin correspondent of the *Standard*, contains the results of the Working People's Sick Insurance Fund in 1891, which once more show the beneficent effects of the Act under which this was established. Not counting the miners' funds, the total number of the funds was 21,498—322 more than the year before—and that of the members was 6,329,820, that is, 264,183 above the year before, and 2,602,589 more than in 1885, the first year of the operation of the Act. The membership, which has constantly increased, amounts to more than 13 per cent. of the whole population; but the number of persons benefited by the Act is considerably greater, because many of the funds provide gratuitous medical treatment and medicines, not only to the members themselves, but also to their families. Moreover, the persons insured in miners' funds, whose number in 1890 was 459,111, are not included in these statistics. By far the greatest number of the insured, namely, 2,563,132, belong to the local sick funds; then come the factories' sick funds, with a membership of 1,693,517; the communal funds, with 1,041,193; the registered aid funds, with 819,403; the aid funds prescribed by the laws of the separate States of the Empire, with 140,038; the guilds' funds, with 61,875; and the builders' funds, with 10,684 members. Claims were made on the funds in 1891 in 2,397,826 cases of illness, that is, 24,524 fewer than in 1890. In 1891 the fraction of a case per member was 0.3; in 1890, 0.4. The statistics of 1890 were specially unfavourable, owing to the influenza epidemic. The support which the funds afford their members consists in gratuitous medical treatment, medicines, and other means of cure, care at home or in hospitals, money, and contributions towards funeral expenses. The expenditure of the funds in such items in 1891 amounted to 89,548,781 marks, or 5,508,767 marks in excess of 1890. Of this amount, about 17,800,000 marks went to medical men 14,800,000 in medicines and other means of cure, 41,800,000 in payments to members during sickness, and 14,800,000 in payments to hospitals and contributions to funeral expenses. The average expenditure per member was 13.02 marks. Besides the communal funds, of which the law does not require so much, the average expenditure of the local funds and the guilds' funds was below this figure, namely, 12.30 and 10.31 marks respectively in 1891, and 11.91 and 9.70 in 1890. That of the factories' funds and the registered aid funds was above the average, namely, 17.01 and 15.04 in 1891, and 16.72 and 14.65 in 1890. The total expenditure of the funds, including investment of capital, was 98,800,000 marks. The aggregate income from contributions and entrance fees alone was 96,700,000 marks in 1891, and 91,200,000 in 1890. Of the receipts in 1891, about 89,500,000 marks were expended for the benefit of the members. As in all the funds, except the registered aid funds, the employers have to pay one-third of the contributions, the working people, except those who had insured themselves in the registered aid funds, received back considerably more than they paid in.

HOUSING OF THE WORKING CLASSES ACT.

UP to the present the Thingoe Rural Sanitary Authority is the only one which has put in force Part III of the Housing of the Working Classes Act. Having received from the West Suffolk County Council the necessary powers, they have obtained the sanction of the Local Government Board to a loan of £1,500, have purchased four acres of land, and are proceeding to erect in the parish of Ixworth four pairs of cottages, each with three bedrooms. Throughout the country there are many districts in which the demand for cottages is urgent, and in which this demand is not likely to be met by private enterprise, and it would be well if the example of the Thingoe guardians was followed by the sanitary authorities of such districts. The medical officer of health for the Chelmsford Rural Sanitary District has proposed that his authority should erect eight cottages in one of the parishes in that union, and it has been decided to give special notice that the whole question of providing cottage accommodation will be discussed at the next meeting of the committee. Dr. Thresh submitted plans and estimates, showing that the cottages would cost the authority £73 a year for thirty years, and yield a rental of £48, leaving £3 to be paid annually from the rates. At the expiration of thirty years the rents would go towards the relief of the rates.

MEDICAL NEWS.

It is proposed to consolidate the various medical societies of Chicago into one organisation.

THE Emperor of Japan has conferred on Professor S. Kitamoto the decoration of the Third Order of Meiji.

On June 20th of the present year the venerable sanitarian Professor von Pettenkofer, of Munich, will celebrate the fiftieth anniversary of his graduation as Doctor of Medicine.

On Saturday, April 1st, a purse of gold was presented to Dr. Mackay by his friends, on his leaving Hornby for Knaresborough, as a public testimonial of their appreciation of his services during the last five years.

DR. R. W. GOLDIE, Medical Superintendent of the Poplar and Stepney Sick Asylum, Bromley, E., was, on March 20th, presented by the staff of that institution with an illuminated address, on the occasion of his retirement, after twenty-two years' service, owing to ill-health.

GENEROUS BEQUESTS.—The late Dr. Charles Jones, Tony-pandy, Rhondda Valley, has bequeathed £10,000 to the new medical school just established in connection with the University College, Cardiff, and a similar amount to the Monmouthshire and South Wales Infirmary, Cardiff.

AT the last sitting of the Prussian House of Lords before the Easter recess, Count Pückler-Burghaus asked for the establishment of a Chair of Homeopathy in one of the Universities of Prussia. The Cultus-Minister, Dr. Bosse, declined to entertain the proposal.

It is reported, says the correspondent of the *Daily News*, that Baron Albert Rothschild, on the first anniversary of the death of his wife, has given half a million florins for the establishment of a cancer hospital in Vienna. It will be remembered that the Baroness died of cancer.

THE annual meeting of the National Health Society for the distribution of medals and certificates to the successful competitors at the Society's Medal Examination, will take place this year at Grosvenor House on June 3rd, by the kind permission of his Grace the Duke of Westminster, who with the Duchess will be present.

FRENCH OPHTHALMOLOGICAL SOCIETY.—The French Society of Ophthalmology will hold its annual meeting in Paris on May 1st and following days. The subjects proposed for discussion are: Asepsis and Antisepsis in Operations on the Eye (to be introduced by Dr. Nuel, of Liège), and the Treatment of Strabismus (introduced by Dr. Parinaud, of Paris).

NEW INEBRIATE RETREAT.—Mr. Walter Brimacombe and his nephew, Mr. R. W. Brimacombe, M.R.C.S.Lond., and L.R.C.P., on April 4th succeeded in obtaining at the Gloucester quarter sessions a licence, under the Inebriates Act, for their establishment Kingswood Park Retreat, near Bristol. This makes the seventh licensed home in the United Kingdom, and it was much needed.

PATHOLOGICAL RESEARCH IN THE UNITED STATES.—A Bill has been introduced into the State Legislature of Nebraska (U.S.) providing for the erection and maintenance of a Pathological Laboratory for original investigation in the domain of infectious diseases. The laboratory is to be conducted on the same lines as Professor Koch's Institute in Berlin. It will be the first laboratory of the kind in the United States.

THE EMPEROR AND EMPRESS FREDERICK CHILDREN'S HOSPITAL.—The Hospital for Children in Berlin, which bears the name of the Emperor and Empress Frederick, and which was founded in 1890, has hitherto been supported chiefly by voluntary contributions. The Municipal Council of Berlin has now decided to take it over, and effect will be given to this decision next year. In the meantime, a grant for the purposes of the hospital has been voted from the municipal funds.

On March 28th, Dr. F. W. Grant, who has given a course of lectures to an ambulance class of the Elginshire Constabulary, was presented with a handsome Grant tartan travelling rug and a set of bronzes, the gift of the members of his class. Prizes and certificates were presented to the successful candi-

dates. Previous to the presentations, the pupils gave an exhibition of stretcher drill, the mode of carrying wounded, and bandaging.

PROFESSOR W. H. ERB, of Heidelberg, has been recommended *unico loco* by the Professorial College of the University of Vienna for the Chair of Medicine vacated by the death of the late Professor Kahler. It is understood that the Austrian Minister of Education approves the choice, and that Professor Erb will accept the chair when formally offered. Professor Erb was born at Winnweiler in 1840, and took his doctor's degree at Munich in 1864. From 1865 to 1880 he taught at Heidelberg first as *Privat-Docent*, afterwards as Extraordinary Professor. In 1880 he became head of the Medical Clinic at Leipzig, returning in 1883 to Heidelberg, where he has since remained. He is the author of a *Handbook of Diseases of the Peripheral Cerebro-Spinal Nerves*, a *Handbook of Electro-Therapeutics*, etc.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently gone over to the majority are Dr. Zegota Krowczinski, Chief of the Dermatological and Venereal Departments of the General Hospital of Lemberg in Galicia, author of a *Manual of Syphilology*, written in Polish and published in 1883, and of numerous other works on syphilis and diseases of the skin; Dr. Martino Mariani, a distinguished Italian specialist in mental diseases, director of the Provincial Lunatic Asylum at Mombello, aged 46; Dr. Adolf Fischhof, formerly a prominent medical practitioner of Vienna, aged 77; and Dr. C. P. Strong, Physician to the Massachusetts General Hospital, and assistant surgeon to the Free Hospital for Women, Boston (U.S.), aged 37.

THE VIENNA MEDICAL SOCIETY.—The Imperial Royal Medical Society of Vienna, at its recent annual meeting, elected Mr. Jonathan Hutchinson, of London, and Drs. Ernest Besnier and Emile Vidal, of Paris, honorary members; and Mr. Malcolm Morris, of London; Dr. Albert Neisser, of Breslau; Dr. Caesar Boeck, of Christiania; Dr. Henry Feulard, of Paris; Dr. Zeferrino Falkao, of Lisbon; Dr. Petrini de Galatz, of Bucharest; and Dr. Paul Joannu, of Athens, corresponding members. Professors Max Gruber, Hofmokl, and Kaposi were elected alternative Presidents. The Society now numbers 420 ordinary members. The Secretary, Professor Bergmeister, announced that the Society would shortly give up the tenancy of the premises where it had held its meetings for the last thirty-six years and instal itself in its new home, which was now approaching completion. Among the adornments of the Society's new house will be statues of *Æsculapius*, *Hygeia*, *Minerva*, and *Apollo*, the cost of which Professor Billroth has induced the Minister of Education to promise to defray out of the public purse.

SOCIETY FOR THE STUDY OF INEBRIETY.—At the annual meeting, which was held in the rooms of the Medical Society of London on April 4th, the President, Dr. Norman Kerr, in the chair, Sir William Charley, Q.C., D.C.L., late Common Serjeant, read an elaborate paper on the "The Inebriates Acts, 1879, 1888, ought we to amend them?" The learned gentleman accepted the definition of inebriety as a disease closely allied to insanity, and recognised the right and duty of the State to provide curative detention for inebriates of all classes. He showed that in the Bill drafted by him in 1877 the reception of inebriates in a retreat was a comparatively simple matter, the request for admission requiring attestation by only one justice, or by a commissioner to administer oaths in the Supreme Court. The only mode of admission at present is by appearance before two justices, which deters many applicants. Sir William had also provided for the reconveyance to the retreat, from which he had escaped, of any fugitive under the Acts, whereas existing law necessitates the intervention of a justice's warrant, and apprehension of the escaped patient by the police. Dr. Dalrymple's Bill of 1870 proposed to empower guardians to detain inebriate paupers for treatment; the want of this power is a great defect of the present procedure. In the 1877 Bill, Sir William provided for compulsory seclusion by justices in petty session, but he now preferred the Victorian authority of a master in lunacy or a county court judge, on the production of two medical certificates. Sir William endorsed the dicta of Drs. Dalrymple and Norman Kerr on inebriety as a disease demanding therapeutic seclusion, either voluntary or

involuntary, and pointed to the public approval of such compulsory treatment by Lord Aberdeen, when Home Secretary, Earl Shaftesbury, Lord Selborne, and Mr. Justice Grantham, in addition to many eminent medical authorities. A reception was also given to Miss Willard and Lady Henry Somerset, the proceedings being enlivened by music, and refreshments of a temperance character. Among those taking part in the proceedings were Sir Edwin Saunders, Dr. George Harley, Mr. J. R. McIlrissitt, Dr. F. J. Hare, and Mr. Gray, of Newmarket.

MEDICAL VACANCIES.

The following vacancies are announced:

BATH GENERAL OR ROYAL MINERAL WATER HOSPITAL, Bath.—Resident Medical Officer; unmarried. Salary, £100 per annum, with board and apartments. Applications to Fred. W. Dingle, Registrar and Secretary, by April 17th.

BIRMINGHAM GENERAL DISPENSARY, Birmingham.—Resident Surgeon for the Highgate Branch; doubly qualified. Salary, £150 per annum, with allowance for cab hire, and furnished rooms, fire, lights, and attendance. Applications to Alex. Forrest, Secretary, by May 17th.

BRISTOL GENERAL HOSPITAL.—Surgeon; Assistant Surgeon; Anæsthetist; and Registrar. Applications to the Secretary by April 10th.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Pathologist. Salary, 100 guineas per annum. Applications to the Secretary, at the office, 24, Finsbury Circus, E.C., by April 20th.

COUNTY ASYLUM, Rainhill, near Liverpool.—Assistant Medical Officer, unmarried, and not more than 30 years of age. Salary to commence at £100 per annum, with prospect of £25 increase at the end of first and second years, and with further increase according to promotion, together with furnished apartments, board, and attendance. Applications to the Medical Superintendent.

COUNTY ASYLUMS, Gloucester.—Third Assistant Medical Officer, doubly qualified, unmarried, and not more than 30 years of age. Salary, £105 per annum, with board, lodging, and washing. Applications to the Medical Superintendent by April 18th.

CUMBERLAND INFIRMARY, Carlisle.—Assistant House-Surgeon. Salary, £40 per annum, with board, lodging, and washing. Applications to the Secretary by April 13th.

DENTAL HOSPITAL OF LONDON, Leicester Square.—Assistant Anæsthetist. Applications to J. Francis Pink, Secretary, by April 10th.

EAST LONDON HOSPITAL FOR CHILDREN, Glamis Road, Shadwell, E.—House-Physician. Board and lodging provided. Applications to the Secretary by April 12th.

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 INFIRMARY AT GLOUCESTER AND THE GLOUCESTERSHIRE EYE INSTITUTION.—House-Surgeon, doubly qualified. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary by April 12th.

HASTINGS, ST. LEONARD'S AND EAST SUSSEX HOSPITAL, Hastings.—Third Assistant Surgeon. Applications to the Secretary by April 22nd.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—House-Physicians. Applications to the Secretary by April 13th.

LIVERPOOL STANLEY HOSPITAL.—Assistant Honorary Physician. Applications to the Honorary Secretary by April 20th.

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

MILLER HOSPITAL AND ROYAL KENT DISPENSARY, Greenwich Road, S.E.—Junior Resident Medical Officer. Salary, £30 per annum, with board, attendance, and washing. Applications to the Honorary Secretary, by April 15th.

PLYMOUTH ROYAL EYE INFIRMARY.—Honorary Surgeon. Applications to the Secretary by April 15th.

POPLAR AND STEPNEY SICK ASYLUM DISTRICT, Bromley, Middlesex, E.—Assistant Medical Officer. Salary, £130 per annum, with rations, furnished apartments, and washing. Applications on forms to be obtained at the Clerk's Office, to Robert Foskett, Clerk to the Managers, by April 10th.

ROTHERHAM HOSPITAL AND DISPENSARY.—Assistant House-Surgeon. Rooms, commons, and washing provided. Appointment for six months. Applications to the House-Surgeon by April 13th.

ROYAL FREE HOSPITAL, Gray's Inn Road.—Senior Resident Medical Officer, doubly qualified. Salary, £100 per annum, with board, residence, and washing; also Junior Resident Medical Officer, board, residence, and washing provided. Applications to Conrad W. Thies, Secretary, by April 17th.

ST. BARTHOLOMEW'S HOSPITAL.—Physician. Applications to Wm. Henry Cross, Clerk, by April 11th.

ST. PANCRAS AND NORTHERN DISPENSARY, 126, Euston Road.—Resident Medical Officer; doubly qualified. Salary, £105 per annum, with residence and attendance. Applications to the Honorary Secretary, H. P. Bodkin, 23, Gordon Street, Gordon Square, W.C., by April 20th.

THE COPPICE, Nottingham.—Assistant Medical Officer; unmarried, not more than 28 years of age. Salary, £120 per annum, with furnished apartments, board, washing, and attendance. Applications to Dr. Tate, at the Asylum, by April 24th.

MEDICAL APPOINTMENTS.

ADAMS, Samuel H., M.D.Lond., M.R.C.S.Eng., appointed Medical Officer for the Bedford and Kempston Sanitary Districts of the Bedford Union.

ARMSTEAD, H. W., M.R.C.S., L.R.C.P., appointed a Senior House-Surgeon to St. Bartholomew's Hospital.

BARTON, G. P., M.R.C.S.Eng., appointed Medical Officer for the Subdistrict of Mordard Bishop of the Crediton Union, *vice* W. F. Tronson, M.R.C.S.Eng., resigned.

BASHALL, C. E., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to the South Devon and East Cornwall Hospital, Plymouth.

BONE, Douglas J. M., M.B., C.M. Edin., appointed Medical Officer of Health for the Lunesdale Rural Sanitary District, *vice* Ian Donald Mackay, B.A., M.B., resigned.

BRIDGES, E. C., M.R.C.S., L.R.C.P., appointed a Junior House-Physician to St. Bartholomew's Hospital.

BROWN, R., M.R.C.S., L.R.C.P., appointed Extern Midwifery Assistant to St. Bartholomew's Hospital.

BUCK, A. H., M.R.C.S., L.R.C.P., appointed a Junior House-Surgeon to St. Bartholomew's Hospital.

BUTTAR, C., M.B.Cantab., appointed a Junior House-Surgeon to St. Bartholomew's Hospital.

CHADWICK, John, M.R.C.S.Eng., L.S.A., appointed Medical Officer for the Butterworth District of the Rochdale Union, *vice* Charles Ogden, L.R.C.P. Edin., resigned.

CLEGG, Dr., reappointed Medical Officer for the Whitworth District of the Rochdale Union.

DAY, Dr. H. G. G., appointed Medical Officer of the Peter Street Dispensary, Dublin, *vice* Dr. Shortt, resigned.

DICKSON, Robert Harper, L.R.C.P., L.R.C.S.I., reappointed Medical Officer of Health to the Newcastle-under-Lyme Rural Sanitary Authority.

DIXON, F. J., M.B.Cantab., appointed a Senior House-Physician to St. Bartholomew's Hospital.

DUNN, R. A., M.R.C.S., L.R.C.P., appointed a Senior House-Physician to St. Bartholomew's Hospital.

ECCLES, C. A., M.B.Lond., appointed a Senior House-Physician to St. Bartholomew's Hospital.

ECCLES, W. McAdam, M.B., B.S.Lond., F.R.C.S.Eng., appointed Surgeon to the St. Marylebone Dispensary.

GIBBES, J. M., M.D., Ch.M.Aberd., M.R.C.S., appointed Resident Medical Officer of the Adelaide Hospital, South Australia.

GRAHAM, James, M.B., C.M. Edin., appointed Medical Officer and Public Vaccinator for the No. 2 District of the Cockermouth Union, *vice* R. J. Hutchinson, M.D. Edin., resigned.

HEPBURN, H. L., M.B.Lond., appointed a Junior House Surgeon to St. Bartholomew's Hospital.

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

HURLEY, Dr. J., appointed Medical Officer for the Magor District of the Newport Union.

IDDON, William H., M.B.Lond., M.R.C.S., appointed Medical Officer for the Birkdale District of the Ormskirk Union, *vice* H. W. Vernon, M.B., C.M. Edin., resigned.

JOHNSON, Hy. Sandford, M.R.C.P.I., reappointed Medical Officer of Health to the Totnes Rural Sanitary Authority.

JONES, W. B., M.B.Lond., appointed a Junior House-Surgeon to St. Bartholomew's Hospital.

KNOX, J. J., M.A., M.B., B.C.Cantab., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer and Public Vaccinator for the Molesey District of the Kingston Union, *vice* R. Skimming, M.D., resigned.

LUMSDEN, George, M.B., C.M.Glasg., reappointed Medical Officer of Health for the Pateley Bridge Rural Sanitary District.

LYONS, Alfred De Courcy, M.B., C.M.Aberd., L.R.C.P.Lond., reappointed Medical Officer of Health for the Axbridge Rural Sanitary District.

MACLEOD, Dr. Charles Gordon, appointed Acting Honorary Ophthalmic Surgeon to the Adelaide Hospital, South Australia, *vice* Dr. Symons, on leave.

MILLER, J., M.R.C.S., L.R.C.P., appointed a Junior House-Physician to St. Bartholomew's Hospital.

OLIVE, E. J. P., M.D.Cantab., F.R.C.S.Eng., appointed a Senior House-Surgeon to St. Bartholomew's Hospital.

O'MEEHAN, J. A., L.R.C.S.I., appointed Medical Officer of Health for York, Western Australia.

PATERSON, H. J., M.B.Cantab., appointed a Junior House-Surgeon to St. Bartholomew's Hospital.

PATON, R. J., M.B., C.M., L.R.C.P., L.R.C.S. Edin., appointed Deputy Medical Officer to the Workhouse of the Newport Union.

PIGGOTT, Frank Cecil Holman, B.A.Camb., M.D., M.R.C.S., reappointed Medical Officer of Health for the Teignmouth Urban and Port Sanitary Districts.

POGSON, W., F.R.C.S., L.R.C.P. Edin., reappointed Medical Officer of Health for the Leeds Rural Sanitary District.

RIGBY, W. C., M.B., Ch.B.Vict., appointed Medical Officer to the Parish of Adlington and District, also Public Vaccinator for the Rivington District, *vice* Dr. Whitham, deceased.

ROBINSON, G. D., M.D. Lond., appointed Resident Midwifery Assistant to St. Bartholomew's Hospital.

ROTH, Felix, M.R.C.S., L.R.C.P., appointed House-Surgeon to St. Mary's Hospital.

SEQUEIRA, James Harry, M.D.Lond., M.R.C.S., L.R.C.P., appointed Assistant Demonstrator of Anatomy at the London Hospital Medical College, *vice* H. Tonks, F.R.C.S.Eng., resigned.

STACK, E. H. E., M.B.Cantab., appointed Ophthalmic House-Surgeon to St. Bartholomew's Hospital.

STUBBS, J. D., M.B.Cantab., appointed a Senior House-Physician to St. Bartholomew's Hospital.

THOMPSEN, Geoffrey W., B.A., M.B., B.C.Camb., M.R.C.S., L.R.C.P. Lond., appointed House-Surgeon to the Children's Hospital, Nottingham.

THORNE, B. B. Thorne, M.R.C.S., L.R.C.P., appointed a Junior House-Physician to St. Bartholomew's Hospital.

TROUTBECK, H., M.B.Cantab., appointed a Junior House-Physician to St. Bartholomew's Hospital.

WEBB, Frank, M.R.C.S., L.R.C.P., appointed Honorary Surgeon to the Doncaster General Infirmary.

WEIR, A. N., M.R.C.S., L.R.C.P., appointed a Senior House-Surgeon to St. Bartholomew's Hospital.

WHITCOMBE, Philip, M.R.C.S.Eng., reappointed Medical Officer of the Hospital at Denton.

WILLS, Ernest, M.D.Lond., M.R.C.P. Lond., M.R.C.S.Eng., Assistant Medical Officer County Asylum, Rainhill, Lancs., appointed Second Assistant Medical Officer London County Asylum, Claybury, Woodford, Essex.

WILLS, W. A., M.D.Lond., M.R.C.P., appointed Honorary Physician to the St. Marylebone General (Welbeck Street) Dispensary.

WITHERS, F. E., M.R.C.S., L.R.C.P., appointed a Senior House-Surgeon to St. Bartholomew's Hospital.

DIARY FOR NEXT WEEK.

MONDAY.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. W. R. Gowers, F.R.S.: Address on Neurology and Therapeutics.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN 40, Leicester Square, W.C., 8 P.M.—Casual communications by Messrs. R. H. Woodhouse, F. J. Bennett, and others.

TUESDAY.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Mr. W. Bruce Clarke: Acute Renal Dislocation. Mr. Henry T. Butlin: On the Removal of a "Pressure Pouch" of the Oesophagus.

WEDNESDAY.

HUNTERIAN SOCIETY, 8.30 P.M.—Clinical Evening.—Mr. J. F. Woods: (1) Case of Myxedema treated with Thyroid Extract; (2) Cases Illustrating the Treatment of Alcoholism by Hypnotism. Dr. Arthur Davies: (1) Case of Bell's Paralysis of Twelve Years' Duration; (2) Case of Hemicranial Diaphoresis. Dr. Hingston Fox: (1) Case of Lymphadenoma; (2) Case of Myxedema treated by the Administration of Crude Thyroid Glands. And other cases.

LARYNGOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 5 P.M.—Exhibition of Cases by Mr. Cresswell Baber, Dr. Dundas Grant, Dr. Greville Macdonald, Dr. F. Semon, Dr. Scanes Spicer, and other members of the Society.

THURSDAY.

BRITISH GYNAECOLOGICAL SOCIETY, 8.30 P.M.—Specimens:—Dr. Macnaughton Jones: Paroophoritic Blood Cysts. Dr. R. T. Smith: Sarcoma of Ovary. Dr. Bantock's adjourned discussion on Fibroids. Dr. Japp Sinclair: Abdominal Hysterectomy for Fibroid Tumours, with Intraperitoneal Treatment of the Stump.

FRIDAY.

CLINICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. H. Allingham: A Case of Gastro-enterostomy for Cancer of the Pyloric End of Stomach. Dr. Claude Wilson: A Sequel to Some Cases showing Hereditary Enlargement of the Spleen. Mr. W. H. Battle: A Case of Abdominal Section for Rupture of the Spleen. Dr. Lucas Benham: A Case of Psoas Abscesses Fatal through Renal Complications.

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.

BIRTH.

COCKS.—On March 27th, at Gordon Villa, Colchester, the wife of Surgeon-Captain Horace Cocks, M.B., Army Medical Staff, of a son.

MARRIAGE.

POPE—PARRY.—On April 6th, at the Parish Church, Kington, Herefordshire, by the Rev. C. S. Palmer, M.A., Canon of Hereford, assisted by the Rev. C. E. Craigie, M.A., Vicar, and the Rev. J. H. Chell, M.A., Henry Brougham Pope, M.D., to Mary Emmeline (Minnie), sole surviving child of the late William Parry, Esq., The Grove, Llangrwyney, Breconshire. No cards.

DEATHS.

FOX.—On April 4th, in his 46th year, Richard Dacre Fox, M.R.C.S., F.R.C.S.E., late of Manchester.

JESSOP.—April 1st, Isabella Harvey, wife of T. R. Jessop, F.R.C.S., 32, Park Square, Leeds, and Roundhay Mount, Roundhay, aged 53.

SCOTT.—At Musselburgh, N.B., on March 25th, Robert Andrew Elliot, infant son of Thomas R. Scott, M.D.