

paraldehyde was added in quantities of 5, 7.5, 10, 12.5, and 15 minims, the delay in the discharge of the blue colour was complete, no change taking place in twenty-four hours. Four minims delayed the action for thirty minutes, and three minims for twenty minutes. If weak solutions were employed, viz., 0.5, 1, 1.5, 2, and 2.5 c.c. of a 1 per cent. solution, there was a delay in the discharge of the blue colour of three to five minutes. With solutions twice the above strength, the delay in the digestion was five to eight minutes.

#### URETHANE.

The result of a number of experiments with a solution of urethane proved that with the weakest of the solutions employed there was a short delay in the discharge of the blue colour. Thus, when 0.75, 1.3, 2.6, 3.9, and 7.8 c.c. of a solution of urethane were added to the contents of the control beaker, it was noticed that the 0.75 beaker delayed the discharge of colour two minutes, and the 1.3 beaker one minute.

#### CHLORALAMIDE.

Chloralamide was employed in the form of a saturated solution in strengths of 0.75, 1.5, 3, 4, 8 c.c., which were added to the contents of the control beaker. The result of these experiments was that chloralamide had no retarding power in the pancreatic digestion of starch, the control and the other solutions yielding the liberation of the blue colour at the same moment.

#### ACETANILIDE (ANTIFEBRIN : PHENYLACETAMIDE).

The conclusion drawn from a numerous series of experiments with acetanilide (1-200) was that its action on pancreatic digestion, whether the solution employed was weak, 0.3 c.c., or in strengths up to 16 c.c. of a 1-200 solution, was negative.

#### ANTIPYRIN (PHENAZONE : DIMETHYLPHENYLPIRAZOLON).

A 4 per cent of antipyrin was employed in quantities which varied from 0.3 c.c. of this solution to 6 c.c., and no appreciable result followed the introduction of the substance.

#### CONCLUSIONS.

The conclusions formed from these experiments were:—

(1) That chloralamide, antifebrin, and antipyrin did not interfere, either in strong or weak solution, with the decomposition of starch into maltose and dextrin by pancreatic solution.

(2) That sulphonal and urethane, when the solutions were weak, retarded slightly (two minutes) the decomposition of starch into maltose and dextrin by pancreatic solution, and that the stronger solutions of these substances did not.

(3) That paraldehyde in weak solutions had a distinctly retarding influence of four to eight minutes; and that when five minims were added to 60 c.c. of mucilage of starch, retardation was complete in presence of 0.75 c.c. of pancreatic solution.

## MEMORANDA:

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

#### CASE OF TRAUMATIC ANGIOMA OF THUMB.

THE following case may prove of interest on account of the rarity of angiomas of the hand, and from the fact that the growth followed an injury.

A. R., a maid servant, aged 20, was sent to me in December, 1892. Two and a-half years ago her left thumb was squeezed between a lift and the wall. There was some bruising, and a superficial wound, but very little pain, and it quickly got quite well. About four months after the accident she noticed a slight swelling on the dorsum of the left thumb, which has gradually increased in size. Shortly after its first appearance some hard knots were felt in its substance. On the dorsum of the proximal phalanx and of the metatarsal bone of the left thumb I found a soft swelling the size of a walnut. A great part disappeared on pressure, but returned to its former size when the pressure was relaxed. Some small hard bodies could

be felt in its substance. The skin was thin, but not adherent. The patient complained of neuralgic pains.

On December 16th the tumour was removed, under ether, by a T-shaped incision; the extensor tendons were exposed. The resulting wound healed by first intention. Examination of the tumour showed that it consisted of a plexiform arrangement of thin walled venous channels containing several phleboliths, with some fatty and connective tissue; four veins entered into it.

The patient was last seen in March, 1893; there was then no interference in the movement of the thumb, and no signs of recurrence. These cavernous angiomas are rare, but have been observed occasionally in young adults after injury.

LEONARD A. BIDWELL, F.R.C.S.,  
Assistant Surgeon to the West London Hospital, etc.

#### DIPHTHERIA AND IMMUNITY.

IN *Fagge's Medicine* occurs the following passage: "Doubts have been expressed as to whether the fact that a person has had diphtheria implies subsequent immunity from the disease." The following makes a further addition to the few cases which have been recorded in which one attack has failed to confer immunity against a subsequent one.

J. G., aged 5 years, was first seen on January 30th, 1893. She complained of sore throat. On January 31st diphtheria was fully developed, patches of membrane being found on the tonsils, soft palate, and pharynx. The urine was found to have a porter-like appearance, and the quantity passed was very scanty. She was last seen on February 24th, when the throat troubles, the nephritis, and severe pains in the limbs had entirely disappeared and she was playing about with other children. Five children in the same house were attacked after this.

On March 9th—seven weeks after she was first seen—J. G. began to "fail in her appetite." On March 20th there was "tightness" in the chest; on March 21st, when I saw her, she had unmistakable diphtheritic membrane on the tonsils and soft palate. The larynx became quickly involved, and the child died on March 23rd, the parents declining to permit tracheotomy. The urine on March 23rd contained one-half albumen.

The second attack was evidently of a much severer type than the first, thus agreeing with similar cases already recorded.

P. RHYS GRIFFITHS, M.B., B.S. Lond.,  
Medical Officer to Out-patient Department, Cardiff Infirmary.

#### SEVERE SHOCK TREATED BY INFUSION OF NORMAL SALINE SOLUTION.

IN connection with the case mentioned by Mr. R. W. Parker in the *BRITISH MEDICAL JOURNAL* of April 1st, p. 697, I may be permitted to make the following communication. I tried the method in the case of a baby. The case was reported to the Medical Society of the Canton of Grisons, at Tarasp-baths, on September 8th, 1889, and afterwards published in the *Correspondenz-Blatt für Schweizer Aerzte*. The child, aged 8 days, through great loss of blood from the umbilical cord (hæmophilia congenitalis) became extremely collapsed. First, I injected about one ounce of the saline solution into the cellular tissue, but the little patient was in such a severe collapse that, in spite of rubbing the swelling which arose, no absorption took place. Immediately another injection of about four ounces of the solution of 104° F. was made into the abdominal cavity. Soon after the child gave signs of life, and with her first cries the fluid which had been injected into the cellular tissue was also absorbed, and the infant recovered. This case proves that the peritoneum is able to absorb even when the cellular tissue has already lost that power.

OSCAR BERNHARD, M.D.

Samaden and Pontresina (Summer).

#### HYDROCELE OF THE TUNICA VAGINALIS REACHING WITHIN THE ABDOMEN.<sup>1</sup>

THIS was a case of infantile hydrocele in an adult, admitted into the Jamsetjee Jejeebhoy Hospital in September, 1892. The funicular process was obliterated only at the internal ring by an adhesion so slight that it yielded to the pressure of the

Read at a meeting of the Bombay Branch.

collecting fluid, and the wall of the hydrocele thus invaded the cavity of the abdomen so far that more of the hydrocele came to be situated within the abdomen than externally.

I think the case worth notice because I cannot find any notice of such in the textbooks, and they cannot be very rare, since this is the third that has been operated on at the hospital within a few years. Dr. Gray and Dr. Hatch have both had cases. Not knowing that such cases exist, it is easy to make a mistaken diagnosis should one meet with one. Here there was a rather tense, but soft, irreducible scroal swelling, very evidently reaching down from within the abdomen, left side, and with a very distinct impulse. Further examination was not thought necessary; and it was thought to be an irreducible enterocele, congenital, and actually opened under that idea for radical cure, though fluctuation and translucency should have shown the nature of the contents, and the intra-abdominal portion of the tumour would have been readily detected on manipulation. Histories from natives are, I suppose, too unreliable to help much.

After opening, the finger, passed up through the inguinal canal, could just reach the further limits of the collapsed sac impinging on coils of bowel in the iliac fossa. Both portions, internal and external, of the sac were drained, and became gradually obliterated. The contraction of the external part drew the left testicle up on to the front of the pubes.

H. HERBERT, F.R.C.S., Surgeon-Captain I.M.S.

#### A CASE OF POISONING BY STRYCHNINE: RECOVERY.

On March 17th I received an urgent message to attend Mrs. A. M., aged 41 years, who was in a fit. On my arrival I found her quite conscious, although in great pain. She at once admitted that she had taken a sixpenny packet of "Battle's Vermin Killer," about forty minutes before my arrival, having previously taken a cup of tea. Symptoms supervened about twenty minutes after taking the poison—a feeling of suffocation, difficulty of breathing, twitching of the muscles, with tetanic convulsions, etc. In the intervals of the convulsions there were profuse perspirations. The jaws were only slightly affected. She had four convulsive seizures after my arrival, and any movement for some time afterwards produced muscular twitchings.

The treatment adopted was the prompt evacuation of the stomach by an emetic of warm mustard and water; the administration of tannic acid and tea, with large doses of bromide of potassium, with chloral, repeated at regular intervals with diffusible stimulants until the subsidence of the symptoms. I found on inquiry that she purchased the poison on the previous day at a chemist's in the neighbourhood of her house.

The points of interest in the case are the recovery after taking more than two grains of strychnine (each powder is supposed to contain 2½ grains), and the question whether the symptoms were modified by the cup of tea taken shortly before the poison.

Lowestoft.

WALTER BERRY, M.D.

## REPORTS

ON

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

#### MISSION HOSPITAL, QUETTA, BELUCHISTAN.

##### THREE CASES OF VENEREAL DISEASE.

(Reported by MARCUS EUSTACE, M.D., B.Ch., D.P.H.Univ. Dubl., L.R.C.P.I.)

##### I.—SLOUGHING PHAGEDÆNA OF THE TONGUE.

X., an Indian male, aged 20, was admitted under Dr. S. W. Sutton in August, 1892. He had been complaining for two days of an ulceration of his tongue, which began on the tip, and rapidly increased in size. On admission the patient was found to have an ulceration of the tongue. An ulcer the size of a shilling occupied the place where the tip of the tongue had been. The surface was covered by a large, thick, and

firmly adherent grey slough, which could not be separated without causing hæmorrhage. There was no rise of temperature, nor were the submental glands enlarged. The patient acknowledged to leading an irregular life.

The ulceration spread with great rapidity, so much so that it was noticed to be much larger in the afternoon of the day of admission. The same afternoon he was put on 20-minim doses of liq. ferri perchlor., and 10-grain doses of quinine, every four hours, and the diseased surface was thoroughly cauterised with pure carbolic acid. The next day no extension of the sloughing was noticed, and seven days afterwards the sloughs separated, and the patient was discharged to the out-patient department on the twelfth day. This man's tongue was destroyed quite back to the frenum, and the progress of the disease reminded me of nothing so much as the sloughing phagedæna of the penis so frequently seen among Norwegian sailors visiting Dublin.

##### II.—HARD CHANCER OF TONGUE.

The patient, a young native of about 22 years of age, came to the Mission Dispensary in August, 1892, suffering from a perfect primary sore on the tip of his tongue. This sore was characteristic, accompanied by enlargement of glands, and followed by secondary syphilis. The rarity of the point of infection is my only excuse for recording this case.

##### III.—CHANCER ON UPPER LIP SIMULATING EPITHELIOMA.

A. B., Mahommedan, male, aged 25, was admitted in August, 1892, suffering from an ulceration of his upper lip of two months' standing. In giving his history he said that for more than a month before the appearance of the ulcer he had been troubled with a "cracked" lip. He also was of opinion that the sore was in a great measure due to his constantly smoking a native pipe.

On admission an ulcer the size of a shilling occupied the central portion of his upper lip. The centre of the ulcer corresponded with the junction of the mucous and cutaneous surfaces. Glands on both sides of the neck were enlarged and tender. No ulceration of fauces was present, nor had he any secondary syphilitic symptoms. The ulcer had a hard base, and the skin round was infiltrated a quarter of an inch, but the glazed appearance and "let-in-cartilage feeling" of the base of a true hard sore were absent. The history pointed mainly to rapid epithelioma, but on consultation with Dr. Sutton we concluded to get him under the influence of mercury before thinking of operation. Lotio nigra was applied to the ulcer, and the patient placed on calomel ½ gr. every half hour day and night. The ulcer showed no sign of improvement, nor the patient any of being under mercury until the evening of the third day. He then quickly came under the influence of the drug, and the ulcer rapidly healed. He showed afterwards no signs of secondary symptoms, and passed in a month's time from our notice.

This case would tend to show that, no matter what history, we should, in cases of suspected epithelioma of the lip of short duration, try mercury before operation.

#### WEST RIDING ASYLUM, WAKEFIELD.

##### A CASE OF CHOLESTEATOMA.

(By EDWIN GOODALL, M.D.Lond., B.S., M.R.C.P., Assistant Medical Officer and Pathologist.)

CHOLESTEATOMA being one of the rarest<sup>1</sup> of brain tumours, the following case is thought worthy of record, though almost entirely of pathological interest.

The patient was a male, aged 61, about whose mode of death there was nothing special, and the patient had been regarded as an ordinary dement of many years' standing, whose symptoms did not call for particular attention.

*Symptoms.*—The obtrusive symptoms, noticeable without special observation, were as follows:—Rather rapidly progressive mental enfeeblement during the last few months of life; notable dilatation of both pupils without inequality; disturbances of equilibrium—the patient often reeled, and would have fallen had he not been supported. During the

<sup>1</sup> Ladame, in his standard work on *Brain Tumours*, records 4 cases amongst 331 growths. Bernhardt gives 1 case amongst 487 brain tumours. One must allow for the fact that amongst the cases quoted by these authors are several in which no precise description of the nature of the growth is given.

Establishment, is appointed Principal of Grant Medical College, retaining his other educational duties as at present.

Surgeon-Major W. K. HATCH, M.B., Bombay Establishment, is appointed Professor of Surgery and Clinical and Operative Surgery, Grant Medical College.

Surgeon-Captain W. H. QUICKE, Bombay Establishment, is appointed Professor of Anatomy and Curator of Museum, Grant Medical College.

Surgeon-Colonel J. G. PILCHER, Bengal Establishment, Administrative Medical Officer and Sanitary Commissioner, Central Provinces, officiating as Inspector-General of Civil Hospitals, Bengal, is confirmed in the latter appointment, from April 1st.

The following gentlemen are appointed Surgeon-Lieutenants on the Bengal Establishment: C. MILNE, V. G. DRAKE-BROCKMAN, W. YOUNG, J. J. BOURKE, G. Y. C. HUNTER, B. R. CHATTEERTON, C. B. PRALL, C. E. WILLIAMS, J. N. MACLEOD, W. H. OGILVIE, T. A. O. LANGSTON, R. HEARD, E. R. PARRY, W. H. ORR, P. ST. C. MORE.

#### THE VOLUNTEERS.

SURGEON-CAPTAIN J. MACRAY, M.B., 5th (Perthshire Highland) Volunteer Battalion Royal Highlanders (late the 2nd Perthshire), is promoted to be Surgeon-Major, April 12th.

Surgeon-Lieutenant J. W. RIGBY, 1st Volunteer Battalion the Loyal North Lancashire Regiment (late the 11th Lancashire), is promoted to be Surgeon-Captain, April 12th.

Mr. WILLIAM GRIFFITHS, M.D., is appointed Surgeon-Lieutenant to the 5th (West) Middlesex Rifles, April 12th.

Surgeon-Lieutenant A. W. HARRIS, 1st Hampshire Artillery (Southern Division Royal Artillery), has resigned his commission, which was dated October 11th, 1890.

The undermentioned gentlemen are appointed Surgeon-Lieutenants to the corps specified, all dated April 15th: D. M. GREIG, M.B., late Surgeon Medical Staff, 1st Forfarshire Artillery; JOHN LLOYD ROBERTS, M.D., 6th Lancashire Artillery; JOHN M. M. THOMAS, 2nd Gloucestershire (the Bristol) Engineers.

Surgeon-Lieutenant T. W. HIME, M.B., 2nd Volunteer Battalion West Yorkshire Regiment (late the 3rd West Riding), has resigned his commission, which bore date January 9th, 1884.

Surgeon-Captain C. H. PHILLIPS, 1st Volunteer Battalion North Staffordshire Regiment (late the 2nd Staffordshire), has resigned his commission, which dated from July 13th, 1889.

Surgeon-Captain A. WALLACE, M.D., 3rd (the Blythwood) Volunteer Battalion Highland Light Infantry (late the 8th Lanarkshire) has also resigned his commission, which was dated September 27th, 1876.

#### THE TITLES QUESTION.

A CORRESPONDENT, commenting on cuttings from the *Civil and Military Gazette* of India, says this controversy does not abate, and will not, until medical officers get rank and titles unequivocal to all. (Cannot the Secretary of State for War be induced as a compromise to grant the following titles: Major-General and Surgeon, down to Lieutenant and Surgeon? Such are already granted to certain officers of the medical staff holding honorary rank as Captain and Quartermaster, and in the pay department as Major and Paymaster. The medical is the only department which, even with substantive rank, have impossible titles. Why should this be?)

\*.\* We notice in some of the cuttings alluded to—letters evidently written by combatant officers—the assumption that medical officers do not require military titles because they are not military men. It is remarkable writers are not now ashamed to parade such an exploded fallacy.

#### THE MEDICAL DEPARTMENT OF THE UNITED STATES ARMY.

The following details, which we take from a circular issued by the Surgeon-General of the United States army, will no doubt be of interest to our military readers. On the whole the lot of a medical officer in that army cannot be called an unhappy one.

The Medical Department of the United States army consists of one surgeon-general with the rank of brigadier-general, one assistant surgeon-general, one chief medical purveyor, and four surgeons with the rank of colonel, two assistant medical purveyors and eight surgeons with the rank of lieutenant-colonel, fifty surgeons with the rank of major, and 125 assistant surgeons with the rank of first lieutenant of cavalry for the first five years of service and of captain of cavalry subsequently until their promotion by seniority to a majority. With the rank stated in each case the pay and emoluments of the rank are associated. The salary of each grade is a fixed annual sum, payable monthly, but at the end of each period of five years of service the annual sum representing the pay of the grade is increased by 10 per cent. until 40 per cent. is added, by way of increase for length of service.

The pay of a first lieutenant of cavalry or of a medical officer during the first five years of his service is \$1,600 per year, or \$133.33 per month. At the expiration of his first five years of service he becomes a captain, and his pay is that of a captain of cavalry—\$2,000 per year—increased by 10 per cent. for his years of service, namely, \$2,200 annually, or \$183.33 monthly. At the end of his tenth year of service this rate of pay is increased by the service addition to \$2,400 annually, or \$200 per month, and after five years more the service addition makes his pay \$2,600 annually, or \$216.67 per month. If he continue in the rank of captain at the end of twenty years of service his monthly pay becomes \$233.33, but about this time promotion to a majority is usually obtained, and a major's annual pay of \$2,500, with 40 per cent. added, makes the monthly pay of a major and surgeon \$291.67. Subsequent promotion, investing the individual with the rank of lieutenant-colonel, colonel, and brigadier-general augments the monthly pay respectively to \$333.33, \$375, and \$458.33. Compulsory retirement at the age of 64 increases the rapidity of promotion to the younger men, and when retirement is effected either by age or by the accidents of service, the rate of pay subsequently drawn is 75 per cent. of the total salary and increases of the rank of the officer at the time of his retirement. Thus, a major retired for broken health after twenty years' service draws 75 per cent. of \$291.67 per month; a colonel retired for age 75 per cent. of \$375. The medical officer has the right of selecting quarters in

accordance with his rank, and when stationed in a city where there are no Government quarters, commutation money intended to cover the expense of house rent is allowed to him. The Government provides forage, stable room, and transport for the horses of the medical officer (not exceeding two for all ranks below a brigadier), and when travelling under orders the expenses of transportation are paid by the quartermaster's department. Groceries and other articles may be purchased from the commissary and fuel from the quartermaster's department at about wholesale cost price. Books and instruments are supplied in abundance for the use of medical officers in the performance of their duties. The authorised leave of absence on full pay amounts to thirty days annually. This leave is not forfeited if not taken during the year, but is credited to the officer, who may thus accumulate a continuous leave of four months on full pay. If he desires to be absent for a longer period, and permission is accorded him, he is reduced to halfpay for all the time in excess four months, or maximum of accumulated leaves of absence. During absence from duty on account of sickness the officer continues to draw full pay.

## UNIVERSITIES AND COLLEGES.

#### UNIVERSITY OF CAMBRIDGE.

EXAMINATION IN SANITARY SCIENCE, APRIL, 1893. The following candidates have satisfied the Examiners in both parts of the examination, and have been granted the Diploma in Public Health:

L. W. Andrews, M.D. Lond., M.R.C.S.; E. H. Armitage, M.R.C.S., L.R.C.P.; D. H. Attfield, M.B., B.C. Camb.; C. E. Baker, M.B., B.C. Camb.; R. A. Beaver, M.B., B.C. Ch. Camb., M.R.C.S.; F. R. Blackall, M.D. Lond., M.R.C.S.; W. A. Bond, M.A., M.D., B.C. Camb.; J. F. Butler-Hogan, M.D. Brux., L.R.C.P.E.; J. Clarke, M.D., B.Ch. R.U.I.; H. G. G. Cook, M.B., B.S. Lond.; M. R. P. Dorman, M.A., M.B., B.C. Camb., M.R.C.S.; H. T. Evans, M.R.C.S., L.A.H.T. P. Godfrey, M.B. Durh., M.R.C.S.; J. Henderson, M.B., C.M. Edin.; J. H. Jenkins, M.R.C.S., L.R.C.P.E.; J. L. T. Jones, M.B. Durh., M.R.C.S.; W. W. Lake, M.R.C.S., L.S.A.; G. D. A. N. Leake, M.R.C.S., L.R.C.P.; T. M. Legge, M.B., B.Ch. Oxon.; C. F. Lovell, M.B. Oxon., M.R.C.P.; A. S. Norman, M.R.C.S., L.R.C.P.; D. V. O'Connell, M.D., M.Ch. R.U.I.; F. B. O'Flaherty, M.D., M.C. Edin.; R. Pickard, M.D., M.S. Lond., M.R.C.S.; G. Rowell, M.D. Durh., M.R.C.S.; A. Silcock, M.D., B.Ch. Dubl.; G. J. Smith, L.R.C.P.I., L.R.C.S.I.; H. C. Smith, M.R.C.S., L.R.C.P.; E. H. Snell, M.D., B.Sc. Lond., M.R.C.S.; F. W. Stansfield, M.B., Ch.B. Vic.; N. F. Surveyor, M.D. Bombay, M.R.C.P.; A. W. Waller, M.R.C.S., L.R.C.P.; W. Willis, M.D. Edin., F.R.C.S.; W. H. Winder, M.R.C.S., L.R.C.P.

#### UNIVERSITY OF GLASGOW.

THE PROPOSED SALE OF THE HUNTERIAN COINS.—A recent draft Ordinance of the Universities Commissioners, which gave power to the University Court of Glasgow University to sell the collection of coins of the Hunterian Museum, has given rise to much vigorous criticism hostile to the proposal and to the University authorities for countenancing such a proposal. The Senate of the University has, however, lodged a representation with the Commissioners adverse to the Ordinance. The representation points out that the collection in question is not an asset of the University, but a trust "to be kept and preserved for ever for the use of the University." The Senate object to the power of sale being granted to a fluctuating body like the Court, which has only one permanent member—the Principal. They also characterise the proposal as exceedingly inexpedient and inopportune—inopportune because coming at a time when the collection is likely to become of more practical use to the University by the establishment of a Chair of History, and inexpedient because such a sale would injure the reputation of the University, would cripple its resources for teaching and illustration, and would take away all hope of similar benefactions being made to it in future.

#### UNIVERSITY OF EDINBURGH.

The following is the official list of candidates who passed the Second Professional Examination during March and April:

W. D. Adams, M.A., C. C. Aitken, G. N. Alexis, S. H. B. Allison, B.A., J. Atkinson, T. M. Bartlett, J. M. Beattie, M.A. (with distinction), R. W. Beesley, H. M. Benson, W. Bethune, W. H. Borrie, J. E. Bowes (with distinction), H. R. Brown, R. T. Bruce, M. Burnet, A. J. Campbell, A. K. Campbell, O. H. Chapman, W. W. Chipman, B.A., R. M. Clark, R. Cochrane, M.A., J. A. Coutts, D. M. R. Crichton, A. Dall, J. M. Dalziel (with distinction), H. A. C. Davidson, R. T. Davidson, T. H. C. Derham (with distinction), C. W. Eames, A. H. Edwards, H. P. Elliot, F. H. Fairweather, T. Finlay, J. Forbes, M.A., T. D. Forbes, J. V. Forrest, A. G. F. Forster, S. Fraser, T. Gibson, H. H. Gill, J. Gillies, J. C. Good, S. D. Graham, W. Y. Grant, G. D. Gray, E. D. W. Greig, J. Henderson, R. T. Herdman, A. Heys (with distinction), P. T. Hughes, W. H. Hunter, T. H. Jamieson, D. A. Johnstone, P. E. Johnstone, M.A., J. H. Jones, B. C. Kelly, R. Kenyon, A. E. Kidd, D. F. Laidlaw, J. A. Laing, D. Landsborough, M.A., C. F. Lassalle, T. G. Lewis, T. G. Lusk, D. G. MacArthur, A. J. Macdougall, A. J. M'Ilroy, H. D. N. Mackenzie, R. L. Mackirdy, M.A., K. MacLean, J. G. Macmillan, N. H. Macmillan, J. F. Macphail, M.A., J. D. M'Rae, C. M'Vicar, M.A., N. Macvicar (with distinction), W. R. Martine, F. O. N. Mell, W. Mitchell, K. W. Monsarrat, R. S. Mowat, D. Orr, C. W. Owen, A. A. Palmer, R. Parkhurst, J. A. Parsons, G. W. S. Paterson, J. B. Pearson, G. L. K. Pringle, J. C. Rait, A. P. Ross, J. J. Ross, G. H. Ruston-Harrison, J. M. Rutherford, R. Samut (with distinction), G. R. Shaw, C. R. Sheward, S. S. Skinner, B.A., T. Smith, A. M. Stafford, J. G. Standing, J. Struthers, F. W. Taylor, J. Watson, J. R. Watson, M.A., T. Watson, A. Whytt, E. D. Williams, W. H. Williams, J. Wilson, and J. Wood.

The following candidates have passed in Anatomy and Physiology: E. R. Dodds, T. Evans, F. W. B. Fitchett, J. S. Flett, M.A., B.Sc.; W. Glegg, D. J. Graham, P. J. Henderson, J. W. Keighley, J. Lands-

borough, W. A. Potts, B.A., C. W. Ruston-Harrison, E. W. K. Scott, R. G. Selby, C. M. Simpson, H. J. F. Simson, A. Stein, W. A. Stephen, M.A., W. H. Thomson, M. L. M. Vaudin, A. R. Wilson, M.A., and W. de W. Wishart.

The following is the official list of candidates who passed the First Professional Examination last month:

F. Acton, A. H. Algar, H. L. Apthorp, T. R. W. Armour, J. R. Atkinson, J. G. Bailey, A. G. Beecroft, J. A. T. Bell, L. F. B. Biccand, G. J. Blackmore, E. J. Bray, W. H. Brendon, S. O. Browne, J. Bruce, L. M. Cairns, T. M. Callender, A. F. Cameron, C. M. Cooper, J. B. Cusine, W. Finlay, W. G. C. Geekie, R. Gellatly, W. F. Godfrey, D. D. Gold, J. Graham, J. C. Hastings, J. H. Henderson, W. H. J. Hollinshead, E. H. Irwin, M. Jackson, J. B. Jamieson, T. F. Johnston, T. N. Johnston, E. H. Jones, W. Jones, W. G. N. Keith, C. H. Kruger, C. D. Lander, J. F. Lindsay, T. V. Lockhart-Mure, A. L. Lowe, D. M. Askie, J. J. L. Macfarlane, F. M. McIntosh, E. Matthew, D. Morison, R. Mudie, S. K. Norris, G. W. Payne, C. H. Phillips, G. M. Pratt, E. C. Racker, D. R. Rees, G. L. Roberts, J. Robertson, J. G. Ross, T. A. Ross, L. C. Saldanha, A. E. Scott, R. Melby, G. B. Serle, M. C. C. Seton, J. T. Shirlaw, J. A. Shoolbread, T. B. Shoolbread, F. M. Simmonds, J. D. Slight, M.A., A. L. P. Smith, M.A., B.Sc., J. B. Stewart, J. F. Strickland, H. T. Thacker, J. T. Titterton, J. R. H. Walker, G. F. Waterston, C. R. White, A. R. Wight, W. G. Wight, F. T. Wills, J. F. Wilson, J. F. Wolle, R. S. Young, and W. A. Young.

#### UNIVERSITY OF DURHAM.

FACULTY OF MEDICINE: APRIL, 1893.—First Examination for the degree of Bachelor in Medicine. The following candidates have satisfied the examiners:

In *Elementary Anatomy and Physiology, Chemistry with Chemical Physics, and Botany with Medical Botany*—W. O. Arnold, College of Medicine, Newcastle-upon-Tyne; H. A. Crossfield, St. Thomas's Hospital, A. B. Passmore, Guy's Hospital; N. Sheridan, College of Medicine, Newcastle-upon-Tyne.

In *Elementary Anatomy and Physiology*—E. Bramley, Sheffield School of Medicine; A. Bryans, College of Medicine, Newcastle-upon-Tyne; A. T. Greenhill, College of Medicine, Newcastle-upon-Tyne; H. H. Markham, College of Medicine, Newcastle-upon-Tyne; G. W. B. Marsh, B.A., College of Medicine, Newcastle-upon-Tyne.

In *Chemistry with Chemical Physics, and Botany with Medical Botany*—W. H. Brown, Mason College, Birmingham; P. Evans, M.R.C.S., L.R.C.P., University College, London; H. Fagg, College of Medicine, Newcastle-upon-Tyne; E. E. Fraser, M.R.C.S., L.R.C.P., L.S.A., Guy's Hospital; S. F. St. D. Green, M.R.C.S., L.R.C.P., St. Bartholomew's Hospital; F. C. James, St. Thomas's Hospital; H. P. Kennard, St. Thomas's Hospital; R. O. Mather, Liverpool School of Medicine; R. L. Meade-King, M.R.C.S., L.R.C.P., St. Bartholomew's Hospital; S. B. Stedman, St. Thomas's Hospital; J. W. Summerhayes, St. Mary's Hospital; M. Valey, College of Medicine, Newcastle-upon-Tyne; W. H. Warwick, College of Medicine, Newcastle-upon-Tyne.

In *Botany with Medical Botany*—W. A. Peverley, College of Medicine, Newcastle-upon-Tyne; H. B. Rygate, M.R.C.S., L.R.C.P., Guy's Hospital.

First Examination for the degree of Bachelor in Medicine under the New Regulations. The following candidates have satisfied the examiners:

In *Elementary Anatomy and Biology, Chemistry, and Physics*—First Class Honours: A. G. W. Pearson, College of Medicine, Newcastle-upon-Tyne. Second Class Honours: W. Simpson, College of Medicine, Newcastle-upon-Tyne; C. Salkeld, B.A., College of Medicine, Newcastle-upon-Tyne; P. Holgate, College of Medicine, Newcastle-upon-Tyne. Pass List: J. Lowry, College of Medicine, Newcastle-upon-Tyne; G. Stonehouse, College of Medicine, Newcastle-upon-Tyne.

In *Chemistry and Physics*—M. A. Archdall, College of Medicine, Newcastle-upon-Tyne; H. H. C. Dent, Mason College, Birmingham.

#### EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.<sup>1</sup>

The following gentlemen passed the First Examination of the Board in *Chemistry and Chemical Physics* at the quarterly meeting of the Examiners, namely:

M. A. Alabone, Guy's Hospital; M. C. B. Anderson, St. Mary's Hospital; A. C. Bird, St. Thomas's Hospital; V. K. Blackburn, Sheffield; W. A. Blackstone, University College; T. H. Body, Guy's Hospital; W. S. Boothman, Owens College, Manchester, and private; E. Bowser, St. Bartholomew's Hospital and private; A. S. Bruzand, London Hospital; W. Carnes, Leeds; C. N. Chadborn, St. George's Hospital; E. A. Charlesworth, Middlesex Hospital and private; E. W. Clapham, London Hospital; H. N. Collier, Guy's Hospital and private; A. Crossman, London Hospital; J. T. Crowe, St. Mary's Hospital; W. C. D'Eath, Charing Cross Hospital; F. L. Denner, London Hospital; E. L. D. Dewdney, King's College; J. H. L. Duke, Charing Cross Hospital; D. G. Eastment, Middlesex Hospital and private; T. A. Ellwood, Charing Cross Hospital and private; A. Evans, Glasgow; C. R. Evans, Guy's Hospital; D. Fogarty, Dublin and private; L. A. W. French, University College and private; W. Green, private; E. H. S. R. Greene, Charing Cross Hospital; H. W. Hardy, Charing Cross Hospital; J. R. Hatfield, Yorkshire College, Leeds; F. C. Hitchins, Guy's Hospital; J. Howells, London Hospital; H. L. Laidman, Owens College, Manchester; H. M. Leathes, Cambridge; L. N. Lloyd, Charing Cross Hospital; S. H. Longhurst, Guy's Hospital; C. T. McClure, London Hospital; R. McKay, private; H. Markby, Yorkshire College, Leeds; L. R. Marshall, St. Mary's Hospital; H. R. Miller, Guy's Hospital; F. P. Monckton, Bristol; G. S. Moore, London Hospital; A. R. O'Flaherty, London Hospital; W. C. Rivers, Charing Cross Hospital; W. G. Silvester, Mason College, Birmingham; A. L. H. Smith, University College;

H. V. Smith, Guy's Hospital; W. H. Stott, Owens College, Manchester; P. H. Stratton, Mason College, Birmingham; L. L. G. Thorpe, University College; H. W. Trewby, Middlesex Hospital and private; E. A. Tudman, University College; C. J. A. Vertannes, Westminster Hospital; W. J. H. Williams, St. Mary's Hospital; L. Wood, Mason College, Birmingham.

Passed in *Materia Medica and Pharmacy*—G. D. Amenabar, Owens College, Manchester; S. H. L. Archer, London Hospital; W. H. G. Aspland, London Hospital; A. Baker, St. Thomas's Hospital; H. S. Basden, Cambridge and private; G. M. Bennett, Middlesex Hospital; C. H. Bidwell, University College; H. Blakemore, Owens College, Manchester; D. L. E. Bolton, St. Bartholomew's Hospital and private; W. S. Boothman, Owens College, Manchester, and private; G. S. J. Boyd, London Hospital; C. H. Bradbury, Owens College, Manchester; J. B. Brash, University College; C. D. F. Burney, Charing Cross Hospital; P. A. Chilcott, London Hospital; F. H. L. Cloud, Guy's Hospital; H. E. Cock, Guy's Hospital; H. P. Cox, King's College and private; H. S. Crapper, private; E. E. Crowther, Yorkshire College, Leeds; G. F. W. Dale, Sheffield; T. A. Ellwood, Charing Cross Hospital and private; D. Fletcher, St. Bartholomew's Hospital and private; C. H. Flory, Sheffield; J. Gorman, Belfast and private; F. G. Grapel, University College and private; A. W. Haines, Mason College, Birmingham; R. Hedden, Guy's Hospital and private; R. W. Jameson, St. Bartholomew's Hospital; G. Lewis, London Hospital; A. W. C. Lindsay, St. Bartholomew's Hospital and private; A. E. Lovitt, London Hospital; S. J. Meredith, Mason College, Birmingham; S. M. Meyrick, St. Mary's Hospital; W. A. Montgomery, St. Thomas's Hospital; G. Y. Myrtle, Yorkshire College, Leeds; T. S. Pigg, St. Bartholomew's Hospital; W. H. Pope, St. Bartholomew's Hospital; O. F. Pritchard, King's College; J. W. F. Rait, University College; W. Ranson, St. Thomas's Hospital; A. E. Relph, private; G. C. Schultz, St. Mary's Hospital; A. W. Shea, Sheffield and private; A. B. Sibson, Owens College, Manchester; A. G. L. Smith, Middlesex Hospital; H. J. M. Smith, Guy's Hospital; R. D. Stacy, St. Bartholomew's Hospital and private; D. Stephenson, Yorkshire College, Leeds; W. H. Stott, Owens College, Manchester; A. E. Street, Charing Cross Hospital and private; B. B. Tachmian, St. George's Hospital; H. H. Thomas, Charing Cross Hospital; P. C. E. Tribe, King's College; H. M. Waller, St. Bartholomew's Hospital and private; W. E. Waymark, Guy's Hospital.

Passed in *Elementary Anatomy and Elementary Physiology*—D. Ackland, Charing Cross Hospital; A. C. Ambrose, Guy's Hospital; C. A. Anderson, Guy's Hospital; A. J. Andrew, St. Bartholomew's Hospital; O. C. Andrews, Mason College, Birmingham; J. H. Arthur, London Hospital; A. G. Ashe, King's College; G. Ashton, Owens College, Manchester; C. M. Atkinson, University College; S. B. Atkinson, St. Bartholomew's Hospital; F. J. Ayre, St. Mary's Hospital; S. N. Babington, St. Thomas's Hospital; E. C. Bailey, King's College; G. R. Baker, St. Bartholomew's Hospital; R. Balderston, Guy's Hospital; E. O. Balleine, King's College; J. S. Barnes, St. Thomas's Hospital; D. L. Beath, St. Bartholomew's Hospital; F. V. O. Beit, St. Bartholomew's Hospital; H. A. Belbin, Sheffield; E. C. P. Bennett, St. Bartholomew's Hospital; W. G. Bennett, St. Thomas's Hospital; A. J. Bennetts, St. Mary's Hospital; W. Benton, Charing Cross Hospital; S. H. Berry, Charing Cross Hospital; V. K. Blackburn, Sheffield; G. P. Blechly, Middlesex Hospital; R. W. Bollans, Yorkshire College, Leeds; C. Bolton, University College; E. J. H. Bowen, London University; G. E. Bowring, Cambridge and Manchester; J. Brock, St. Bartholomew's Hospital; T. Bromwich, Charing Cross Hospital; R. P. Brown, St. Bartholomew's Hospital; T. Burdakin, University College; E. T. Burton, Mason College, Birmingham; S. G. Butler, London Hospital; T. A. Caley, Yorkshire College, Leeds; W. Carnes, Yorkshire College, Leeds; A. Chaplin, St. George's Hospital; E. Chatterton, University College; E. P. Chennells, University College; M. A. Cholmeley, St. Bartholomew's Hospital; J. H. Churchill, St. Bartholomew's Hospital; A. J. Cleveland, Guy's Hospital; M. Clover, University College; E. F. Clowes, Guy's Hospital; E. H. Coliens, Mason College, Birmingham; P. C. Collis, King's College; H. N. Coltart, St. George's Hospital; J. M. S. Coutis, University College; E. F. Crabtree, St. Bartholomew's Hospital; E. S. Crispin, King's College; A. E. B. Crosby, Guy's Hospital; H. R. Cross, Yorkshire College, Leeds; D. E. Curme, King's College; D. L. F. Davies, Middlesex; E. C. Davies, Guy's Hospital; H. T. Davies, Queen's College, Birmingham; T. J. Davies, Middlesex Hospital; F. L. Denner, London Hospital; G. H. Dornay, St. Thomas's Hospital; R. A. Draper, Cambridge; J. A. Dredge, St. Bartholomew's Hospital; W. N. East, Guy's Hospital; F. R. Eddison, St. Bartholomew's Hospital; A. P. Eldred, St. Mary's Hospital; T. A. Ellwood, Charing Cross Hospital; H. J. Breaud, Westminster Hospital; A. Evans, Glasgow; A. G. Everard, Charing Cross Hospital; W. E. Fairweather, Owens College, Manchester; H. H. Fawcett, University College; R. T. FitzHugh, Guy's Hospital; J. E. Francis, University College; J. O. Garland, Guy's Hospital; J. H. Gartrell, Charing Cross Hospital; W. E. Gibson, St. Bartholomew's Hospital; L. Gilbert, St. Thomas's Hospital; F. P. Gill, Bristol; F. W. Goldie, Guy's Hospital; A. R. Greenwood, Middlesex Hospital; F. R. Greenwood, Mason College, Birmingham; D. R. T. Griffiths, Guy's Hospital; E. M. Gwynn, Middlesex Hospital; H. W. Hardy, Charing Cross Hospital; T. C. Harner, London Hospital; G. Harrison, University College, Liverpool; H. C. Harrison, St. Bartholomew's Hospital; J. V. Hartley, Yorkshire College, Leeds; A. C. Haslam, St. Thomas's Hospital; F. J. Hasslacher, King's College; S. O. Hatcher, Sheffield; W. L. Hay, King's College; G. S. Haynes, St. Bartholomew's Hospital; R. L. Head, St. Thomas's Hospital; J. P. E. Henery, St. George's Hospital; R. W. Hill, Owens College, Manchester; C. R. Hodgson, Guy's Hospital; T. J. Horder, St. Bartholomew's Hospital; A. Howell, St. Mary's Hospital; G. D. Howell, St. Thomas's Hospital; C. Hudson, Charing Cross Hospital; A. H. Hughes, Bristol; W. J. Humby, Middlesex Hospital; S. Hunt, St. Bartholomew's Hospital; F. S. Hunter, Mason College, Birmingham; E. J. Hunter, St. Bartholomew's Hospital; L. H. Hurst, Guy's Hospital; H. W.

<sup>1</sup> Under the Four Years' Regulation only.

Jackson, University College; H. James, St. Bartholomew's Hospital; A. E. Jerman, Westminster; H. C. Jonas, St. Thomas's Hospital; A. R. Jones, St. Thomas's Hospital; D. T. Jonas, Middlesex Hospital; C. V. Knight, St. Bartholomew's Hospital; N. Lavers, Guy's Hospital; F. W. Lee, Guy's Hospital; A. J. A. Lennane, University College; L. F. Leslie, London Hospital; J. Levi, Yorkshire College, Leeds; W. Liversedge, University College; L. N. Lloyd, Charing Cross Hospital; F. Lodge, Yorkshire College, Leeds; A. Lomas, Owens College, Manchester; E. W. Lowry, St. Bartholomew's Hospital; S. F. Lynch, King's College; C. T. McClure, London Hospital; G. C. Marrack, St. Bartholomew's Hospital; H. J. Marriage, St. Thomas's Hospital; F. H. Maturin, Cambridge; P. A. J. Mayer, King's College; J. L. Maxwell, St. Bartholomew's Hospital; R. W. Mayston, Guy's Hospital; J. A. Mellish, St. George's Hospital; H. R. Miller, Guy's Hospital; A. H. M. Mitchell, St. Mary's Hospital; G. N. Mottram, Guy's Hospital; E. H. Mountford, Charing Cross Hospital; H. Mundy, St. Bartholomew's Hospital; C. R. Nicholson, Guy's Hospital; A. C. Nicol, Yorkshire College, Leeds; M. J. Nolan, St. Thomas's Hospital; W. S. Nowell, Middlesex Hospital; A. W. Oxley, University College; C. J. L. Palmer, University College, Liverpool; A. B. Passmore, Guy's Hospital; A. E. Payne, St. Mary's Hospital; J. H. Pegg, St. Thomas's Hospital; H. D. Peile, Guy's Hospital; W. H. Pelle, University College, London; A. W. Powell, Guy's Hospital; F. E. Price, St. Bartholomew's Hospital; H. J. Relph, Middlesex Hospital; G. Renshaw, Owens College, Manchester; W. J. Richards, St. Bartholomew's Hospital; A. T. Richardson-Jones, Oxford and King's College; S. Roach, St. Bartholomew's Hospital; H. Rose, St. Mary's Hospital; S. F. Rose, Middlesex Hospital; A. M. Ross, King's College; J. S. Ross, Owens College, Manchester; R. J. Rowland, Guy's Hospital; R. S. Rowland, Guy's Hospital; R. P. Rowlands, Guy's Hospital; A. M. Rygate, Guy's Hospital; A. G. Sargent, St. Mary's Hospital; J. P. Scatchard, St. Thomas's Hospital; E. H. Scott, St. Thomas's Hospital; C. G. Seligman, St. Thomas's Hospital; T. B. Sellors, Middlesex Hospital; H. P. Shanks, University College; A. W. Sikes, St. Thomas's Hospital; C. C. Smith, Middlesex Hospital; G. Smith, St. Bartholomew's Hospital; M. Smith, Middlesex Hospital; S. R. Smith, Westminster Hospital; W. H. M. Smith, Guy's Hospital; E. I. Spriggs, Guy's Hospital; P. B. Spurgin, St. Mary's Hospital; E. W. Stabb-Johnson, Guy's Hospital; H. J. Starling, Guy's Hospital; C. C. I. Turnbull, Cambridge and St. Bartholomew's Hospital; H. W. Turner, Middlesex Hospital; J. W. Turner, Mason College, Birmingham; W. F. Tyndale, St. George's Hospital; J. H. Waddington, Yorkshire College, Leeds; J. W. Wallace, Bristol; S. J. Wareham, Charing Cross Hospital; H. J. Weston, St. Bartholomew's Hospital; C. B. Whitehead, St. Mary's Hospital; L. Whitfield, Mason College, Birmingham; R. L. Wilcox, University College; A. W. Wilkinson, St. Bartholomew's Hospital; R. P. Williams, King's College; B. S. Wills, St. Thomas's Hospital; A. G. Wilson, London Hospital; W. B. H. Wood, Mason College, Birmingham; E. W. Woodbridge, St. Bartholomew's Hospital; C. P. Woodstock, Glasgow; G. V. Worthington, Cambridge; C. C. Worts, Guy's Hospital.

*Passed in Elementary Anatomy only.*—M. O. Alabone, Guy's Hospital; A. E. Blades, Sheffield Medical School; C. S. Brookhouse, Guy's Hospital; G. M. Brown, Guy's Hospital; E. Fryer, Guy's Hospital; F. F. L. How, Edinburgh University; B. E. Laurence, St. Bartholomew's Hospital; F. E. Manning, University College.

*Passed in Elementary Physiology only.*—E. Q. Ambrose, London Hospital; W. Amsden, St. Bartholomew's Hospital; F. C. Blakistoun, St. Thomas's Hospital; H. J. Hutchens, St. Bartholomew's Hospital; J. R. Jeaffreson, St. Bartholomew's Hospital; R. O. Jones, Guy's Hospital; F. C. R. M. Knight, Guy's Hospital; J. R. Lambert, Yorkshire College, Leeds; G. R. Lucas, Edinburgh University; H. Markby, Yorkshire College, Leeds; H. C. Meacock, St. Thomas's Hospital; W. Naylor, Charing Cross Hospital; L. E. L. Parker, St. George's Hospital; J. K. Pedley, Guy's Hospital; C. T. Pellow, St. Thomas's Hospital; G. C. D. Rice, Cambridge University; R. T. Richmond, Cambridge University; J. H. R. Robinson, London Hospital; J. Sandison, London Hospital; J. W. B. Syers, Middlesex Hospital; G. L. Thornton, Cambridge University; H. J. Turner, St. Thomas's Hospital.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

### COURT OF APPEAL.

April 13th, 1893.

(Before the MASTER OF THE ROLLS, Lords Justices LOPES and A. L. SMITH.

EVANS v. JAFFRAY.

THIS was an action for libel tried at Birmingham before Lord Justice Bowen and a common jury, when a verdict was found for the plaintiff with 27s damages. The plaintiff was a medical man at Birmingham, and the defendant was the proprietor of the *Birmingham Daily Post*. In December, 1889, a coroner's jury found a verdict of manslaughter against the plaintiff in respect of his treatment of a woman in her confinement, and the Treasury having taken the matter up, he was prosecuted at the Warwick assizes and acquitted, the learned judge (Mr. Justice Wills), who presided, making strong comments adverse to the prosecution, and in favour of the plaintiff. The defendant's paper published a report of the trial, which was not complained of, but there also appeared in the same issue an article commenting upon the trial, which the plaintiff asserted was damaging to his reputation as a medical man. The defendant pleaded that the article in question was a fair criticism upon the evidence, and denied that it contained any imputation upon the plaintiff. The defendant now applied for a new trial on the ground that the verdict was against the weight of the evidence, and that the damages were excessive, and in the alternative for judgment.

Mr. Jelf, Q.C., and Mr. Alfred Young appeared for the defendant, and Mr. Cracroft for the plaintiff. Their lordships, after the usual midday

adjournment, said that they had considered the matter very carefully, and had come to the conclusion that the article in question did not amount to a libel, and that judgment must be entered for the defendant. In the circumstances of the case, however, there would be no costs. Judgment for the defendant without costs.

### UNSATISFACTORY CORONER'S INQUESTS.

WE see by the *Chorley Standard* and *Chorley Guardian* of the 18th ult., that an inquest was held by one of the county coroners of Lancashire on a girl, aged 15 years, who had been taken out of a canal quite dead at 11 o'clock at night, about an hour after she was last seen alive, with no other marks on the body than what were described by a non-medical witness as finger marks on the thigh. No medical evidence appears to have been called, but the jury, through the foreman suggested that a *post-mortem* examination should be made. This the coroner considered unnecessary, though he admitted the case was an obscure one, but thought the difficulty would be met by an open verdict. That of "Found drowned" was consequently returned, though not until further objections had been raised by one described as a spectator in court, who was threatened by the coroner for interrupting.

The course the coroner pursued in this case is to us quite inexplicable, and more especially so as he is reported to have designated the case as obscure. We consider it was under such circumstances his duty to call for any evidence which might remove such obscurity or even lessen it. A carefully conducted *post-mortem* examination would in all probability have thrown some material light on the case. It is much to be regretted that the jury did not appear to know that by Section 21, Subsection 3, of the Coroners Act, 1887, the majority of them had the power to require the coroner to summon a medical witness and to order a *post-mortem* examination. If this power of a jury was more generally known, we believe that there would be a less number of unsatisfactory coroners' verdicts returned.

### THE LONDON AND COUNTIES MEDICAL PROTECTION SOCIETY, LIMITED: WEST LONDON DIVISION.

DR. BRODIE SEWELL took the chair at a largely attended meeting at the Library of the British Medical Association, 429, Strand, on April 10th, for the purpose of organising a branch of this society for West London. Many leading men of all branches of the profession having expressed their intention of supporting it, the Chairman explained the object of the Society, and stated his conviction of its usefulness both in general practice and in dentistry.

Dr. Mead, the organising secretary, gave a detailed account of the working of the Society; and Dr. Heron, the treasurer, and Dr. Cleveland, a vice-president of the central council, gave favourable accounts of the financial and numerical strength of the Society.

Dr. Brodie Sewell was then elected President of the Division. The Vice-Presidents elected were Sir Spencer Wells, Dr. Braxton Hicks, Dr. Lionel Beale, Dr. Cheadle, Dr. Cecil Biss, Dr. Goodhart, Mr. Walter Jacobson, Mr. Henry Juler, Mr. William Hickman, Mr. Mark Howell, Dr. Samuel Mills, Dr. Laking, Mr. Cripps Lawrence, Dr. Arthur Orwin, Mr. Propert, and Mr. Parker Young. The following were elected members of council: Dr. A. J. G. Cross, Dr. Hamerton, Dr. Augustus Harbord, Mr. Herbert Allingham, Dr. Bullock, Dr. W. R. Holmes, Dr. Younger, Dr. Basil Walker, and Mr. Edward Bartlett, L.D.S. Dr. Septimus Sunderland was elected Honorary Secretary for the Division.

### MEDICAL DEFENCE UNION, LIMITED.

A COUNCIL meeting was held at the office of the British Medical Association, London, on April 12th, 1893, at 5.30 P.M., Dr. G. G. Bantock in the chair. Nine new members were accepted.

The account of Messrs. Johnson and Co. in the matter of Denholm v. Tait were presented. The Secretary reported that at his suggestion Messrs. Johnson and Co. had analysed the total sum. It was moved by Dr. Masters, seconded by Dr. Purcell, and unanimously resolved: That this council considers the account of Messrs. Johnson and Co., in the case of Denholm v. Tait, moderate in amount and satisfactorily stated. It was further moved by Dr. Masters, seconded by Dr. Purcell, and unanimously resolved: That Mr. Tait, having had copy of the account placed in his hand as requested, and having undertaken to make good his promise that "his cheque book would be ready" to defray the costs of this account, he is hereby requested to kindly forward a cheque for the same, and that he be asked to do so prior to the adjourned annual meeting on Wednesday, April 19th. It was an instruction to the Secretary to also remind Mr. Tait that he had not yet received a cheque for the costs in the matter of the College of Surgeons.

Dr. E. Thompson was appointed local secretary for Dunstable.

It was an instruction to the secretaries to endeavour to bring about a settlement of proceedings threatened by one member against another.

Six applications for assistance from members were dealt with.

### THE LONDON AND COUNTIES MEDICAL PROTECTION SOCIETY: IRREGULAR PRACTICE.

AT Bishop Auckland, on April 13th, William Todd, of Evenwood, was charged with wilfully and falsely assuming the title "Surgeon." Mr. H. Gawan-Taylor, barrister (instructed by Mr. J. H. Holmes, of Barnard Castle) prosecuted on behalf of The London and Counties Medical Protection Society (Limited). Mr. Barningham, of Barnard Castle, defended. It was contended that Mr. Todd was not a common quack, having received some medical training. The Bench fined Mr. Todd £1, and £2s. costs. This leniency of the magistrates probably arose from their ignorance of the fact that the fine is intended to cover the expense of prosecution on such cases. If the magistrates throw the cost of these prosecutions on the medical profession, as in the above case, the public will be likely to be left to the tender mercy of the charlatans for whom they betray such profound sympathy. We must, however, compliment the magistrates of Bishop Auckland for displaying somewhat more discrimination than the London magistrates, who recently dismissed the case against certain notorious quacks styling themselves "Indian Oculists," on their promising not to assume the title "Dr." any more.

instruments and apparatus had largely to be furnished at the expense of the medical staff; and, if so, whether the Department would consider the desirability of providing for the needs of hospitals at its own expense.—**MR. CAMPBELL-BANNERMAN** said: No, the fact was not as stated.—**MR. WET** further asked if the right hon. gentleman would make inquiry.—**MR. CAMPBELL-BANNERMAN** said he had made the necessary inquiry already.

**Cholera and Seaport Towns.**—**MR. HENEAGE** asked the Chancellor of the Exchequer whether his attention had been called to the heavy expenditure which had been placed upon the local ratepayers of seaport towns in the preservation of the country from the ravages of cholera during the last year, and whether he would consider the advisability of the Treasury contributing to such expenditure, in view of the fact that it was undertaken in the public interest.—**SIR J. HIBBERT** said the Chancellor of the Exchequer requested him to say that he did not consider it possible to give effect to the proposal suggested in this question.

*Tuesday, April 18th.*

**The Contagious Diseases Act in India.**—**MR. G. RUSSELL** said, in answer to **MR. WEBB**: The Secretary of State has appointed a departmental committee, consisting of the member for Halifax, the member for the West Riding of Yorkshire, General Sir Donald Stewart, and Sir James Peile, members of the Council of India, with myself as Chairman, and the Military Secretary of the India Office as Secretary. Its object is to inquire into the rules, regulations, and practice in the Indian cantonments and elsewhere in India, with regard to prostitutes and to the treatment of venereal diseases, in order to ascertain and report how far they accord with the resolution of the House of Commons of June 5th, 1888, namely, "That in the opinion of this House any mere suspension of measures for the compulsory examination of women, and for licensing and regulating prostitution in India, is insufficient, and the legislation which enjoins, authorises, or permits such measures ought to be repealed."

*Thursday, April 20th.*

**Accidental Deaths in Scotland.**—**MR. LENG** asked the Lord Advocate whether he was aware that there was a general desire in Scotland that public inquiries should be held into deaths from accidents or under suspicious circumstances; whether it was in his power to direct the Procurators-Fiscal to conduct such inquiries in public, and give publicity to their reports, now made privately through the agent for the Crown to his lordship; and whether, if legislation were necessary to secure public inquiries, he would introduce a Bill for the purpose.—**THE LORD ADVOCATE**: I am aware that there is a prevalent desire in Scotland that public inquiries should be held in regard to deaths resulting from accidents occurring in industrial employments, and it is intended to introduce a Bill dealing with the subject during the present session. I do not consider that I have the power to direct Procurators-Fiscals to conduct such inquiries in public, and to give publicity to the reports now made to the Crown Agent.

## INDIA AND THE COLONIES.

### NEW SOUTH WALES.

**INQUESTS.**—The number of inquests and magisterial inquiries held in New South Wales during 1892 was 1,321 (1,058 males and 268 females). Among the causes of death, according to the verdicts, were drowning (178), accidental gunshot wounds (38), murder (27), manslaughter (9), and suicide (134). The suicides included 40 by shooting, 29 by poison, 23 by throat cutting, 18 by drowning, and 20 by hanging. There were also 5 deaths from sunstroke, 1 from snakebite, 35 from burn, and 1 from lightning.

### VICTORIA.

**DEATHS IN THE PROFESSION.**—Two of the oldest practitioners in Melbourne have recently passed away in the persons of **MR. THOMAS EMBLING** and **DR. JAMES ROBERTSON**. **MR. EMBLING** who was 79 years of age, became a Member of the Royal College of Surgeons of England in 1837, and was a member of the Legislative Council for many years. **DR. ROBERTSON**, who was 71 years of age, was a graduate of Aberdeen. He went out to Melbourne in 1854, and took an active part in founding the Medical School of the University of Melbourne, in which he was the first lecturer on the theory and practice of medicine. This post he held for seventeen years. He subsequently became a member of the University Council. He was at one time President of the Medical Society of Victoria, and he was President of the Section of Medicine at the Intercolonial Medical Congress recently held at Sydney.

**INQUESTS.**—The number of inquests held in Melbourne and its suburbs during 1892 was 325, as against 340 in 1891. Among these there were 39 suicides, and 55 found dead or drowned, most of which were also no doubt cases of suicide. There were 28 cases of infanticide without any arrest having been made in connection therewith; 131 deaths were due to accidents; there was 1 murder, 1 execution, and 2 cases of manslaughter. Of the 325 deaths, 102 were due to drink.

### GAMBIA.

It is probable, says the *Colonies and India*, that **DR. FINUCANE**, Assistant Colonial Surgeon of the Gambia, will shortly be transferred to Fiji, as one of the medical officers of that colony. During his residence at the Gambia **DR. FINUCANE** proved himself to be a thoroughly capable and experienced medical officer, and the intimation of his departure from that colony will be received with considerable regret. He has acted on several occasions as colonial surgeon of the Gambia during the absence on leave of that official.

## MEDICAL NEWS.

**THE friends of the late Dr. Blackmore**, of Shepherd's Bush, have erected by subscription a monument over his grave in Brompton Cemetery as a mark of respect and esteem.

**MEDICAL MAGISTRATES.**—**MR. HENRY WILLIAM FREEMAN**, F.R.C.S.I., of Bath, and **DR. W. L. WINTERBOTHAM**, M.B.Lond., of Bridgwater, have been added to the Commission of the Peace for the County of Somerset.

**H.R.H. THE DUKE OF CAMBRIDGE** presided at the festival dinner of the East London Hospital for Children, Shadwell, on April 17th, and made a strong appeal to the charitable public to support this hospital, which is established in the midst of a very poor neighbourhood close to the docks.

**PRESENTATION.**—**DR. THOMAS SAVILL**, on the occasion of his retirement from the post of Medical Superintendent of the Paddington Infirmary, received from the officers and nursing staff a presentation, in recognition of the pleasant relations which had existed during his seven years of office. The presentation consisted of a travelling clock.

At an inquest held on April 17th in St. Pancras on the body of a married woman named **UNIVER**, who was employed as a ballet dancer at a London theatre, the medical evidence showed that death was due to injuries caused by an illegal operation. A woman, named **STEWART**, who had acted as a midwife, and who admitted having attended the deceased, was examined at some length, and, after the jury had returned a verdict to the effect that death was due to illegal abortion, and that **STEWART** was accessory to the fact, she was arrested on the charge of causing **UNIVER**'s death.

**THE LONG DROUGHT.**—**MR. G. J. SYMONS**, F.R.S., states that period of absolute drought which was brought to an end by the very insignificant shower which fell on the morning of April 17th is the longest recorded since systematic observations began in 1857. It lasted 29 days, the next longest being the drought which commenced on August 9th, 1880, and lasted 28 days. The partial drought, that is to say, a period during which the rainfall is less than 0.01 in. a day, which still continues, is also a "record," as it has lasted 48 days, the longest previous partial drought having begun on April 16th, 1880 and lasted 45 days. **MR. SYMONS** adds the not very consolatory information that 1852, which is believed to have been one of the wettest years of the century, "was as noteworthy for its spring drought as it was for its excessively wet autumn and early winter."

**LARYNGOLOGICAL SOCIETY OF LONDON.**—At a meeting held on April 12th, 1893, **DR. P. MCBRIDE**, Vice-President, in the chair, the following cases were exhibited: (1) empyema of frontal sinus; (2) angioma of vocal cord, with submucous hæmorrhage, by **DR. DUNDAS GRANT**; congenital syphilis and syphilitic disease of tonsil simulating malignant disease, by **DR. DE HAVILLAND HALL**; lupus of the larynx arrested by repeated injections of Koch's remedy, by **MR. T. MARK HOVELL**; (1) extensive caries of nasal and maxillary bones, and (2) bilateral paralysis of the abductors and paralysis of the soft palate in a well-marked case of tabes dorsalis, by **DR. FELIX SEMON**; (1) papillomata of nostril and gum, and (2) unilateral tuberculous disease of the larynx, by **DR. SCANES SPICER**; multiple sarcomata of the naso-pharynx, by **MR. W. R. H. STEWART**; healed tuberculous disease of the larynx and lung, under observation for twelve years, by **DR. W. McNEILL WHISTLER**. The inaugural dinner of the society was held after the meeting at Limmer's Hotel, **DR. FELIX SEMON** presiding. The presence of the first honorary member, **SIGNOR MANUEL GARCIA**, the inventor of the laryngoscope, was warmly acknowledged. **DR. MCBRIDE**, **MR. BUTLIN**, **MR. VICTOR HORSLEY**, and the chairman were the principal speakers.

**ST. THOMAS'S HOSPITAL MEDICAL SCHOOL.**—The following are the awards of scholarships, medals, and prizes in the winter session 1892-3:—*First Year*: The William Tite Scholarship (£27 10s.) to **A. W. SIKES**, of Garrycleayne, Blarney; College Prize (£20) to **J. P. SCATCHARD**, of Boston Spa; College Prize (£10), divided between **C. G. SELIGMANN**, of Maida Vale, and **L. GILBERT**, of Finchley Road. *Second Year*: The Musgrove Scholarship (£38 10s.) to **M. TAKAYASU**, of Osaka, Japan; College Prize (£20), to **A. J. MARTINEAU**, of

Lupus Street; College Prize (£10), to A. H. Stewart, of Regent's Park. *Third Year*: The Peacock Scholarship (£38 10s.) and the College Prize (£20), to G. G. Genge, of Croydon; College Prize (£15), to E. L. Perry, of St. George's Square; College Prize (£10), divided between W. E. F. Tinley, of Whitby, and E. O. Thurston, of Pantton Street. *Fourth Year*: The Mead Medal, to E. A. Saunders, of Balham; the Cheseldon Medal, and the Treasurer's Gold Medal, to S. W. F. Richardson, of Whitby.

**THE SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.**—The directors of the Society held a quarterly court on April 12th, the President, Sir James Paget, in the chair. Five new members were elected, and the deaths of three reported. A first application for assistance was read from a widow, and relief was given. The death of a widow was announced, who had received £1,094, her husband having only paid fourteen guineas subscriptions to the Society. Applications for grants were read from 56 widows, 10 orphans, and 4 orphans on the Copeland Fund, and it was recommended that £1,245 be distributed at the next court. The expenses of the quarter were £59. During the last year, 7 widows died who had received between them the large sum of £4,537, their husbands having paid £203 to the funds of the Society. Nine gentlemen were nominated for election as directors at the annual general meeting to fill the vacancies caused by death, resignation, and the retirement of the six senior directors. The annual general meeting was fixed to be held on May 19th, at 5 o'clock.

**DEATH UNDER ETHER.**—The American medical papers contain particulars of the death of Colonel F. Shepard, editor and proprietor of the *New York Mail and Express*, on March 25th, while ether was being administered, prior to surgical examination with a view to operation. Dr. Charles McBurney proposed to sound the bladder for stone, and, no organic disease having been detected on physical examination by Dr. J. W. McLane, ether was administered. Before complete anaesthesia had been induced, however, the patient's respiration and pulse began to fail. Tracheotomy was performed, an india-rubber tube was introduced into the trachea, oxygen was given, and other means of restoration were employed, but all to no purpose. Colonel Shepard died four hours after the administration of ether was commenced. No *post-mortem* examination seems to have been made, but Drs. McLane and McBurney expressed the belief that the patient "died of sudden cedema and congestion of the lungs following the administration of ether, but primarily due to some cause unknown to us." It now appears (according to the *Boston Medical and Surgical Journal*, April 6th) that some three years ago a large life insurance company refused Colonel Shepard on the ground that there were indications of incipient Bright's disease. He was, however, accepted by another prominent company some time afterwards.

**AMERICAN JOTTINGS.**—The New York Board of Education has arranged for a special course of free evening lectures on cholera—"What it is and How to Cure it"—to be given in the various public schools by competent physicians.—A Bill, prepared by Dr. T. Mitchell Prudden, Director of the Physiological and Pathological Laboratory of the College of Physicians and Surgeons, New York, has been introduced into the State Legislature making it a misdemeanour to cut or sell "unclean, impure, or unhealthy" ice. It is expressly provided that no ice shall be cut within 500 feet from the outlet of any sewer or drain pipe, or within 500 feet of any stable or manure "dump."—A Bill providing for the levying of an annual tax for the support of the insane under the State Care Act has just passed through the New York State Legislature, and has been signed by the Governor. The tax of one-third of a mill imposed by the Bill will, it is estimated, yield 1,350,000 dollars.—San Francisco has lost one of her "prominent citizens" in the person of Li Po Tai, a native of the Celestial Empire who had practised the healing art in that city—on the "free labour" principle—for forty years. He had many white patients, especially among the "softer" sex. These were mostly brought to him by their Chinese servants, who received a commission on each capture. Li Po Tai's income is believed to have averaged 40,000 dollars (£8,000) for many years, but he found an

active depleting agent in the gaming table. He died of asthma, a disease which occupied the most prominent place in his *répertoire* of "cures"—another instance of the curious Nemesis that so often metes out "poetical justice" to quacks with a speciality.—It may not be generally known that the eleventh Lord Fairfax—or more strictly speaking the gentleman who would be known by that style and title if he were a resident in the land of his forbears—is a citizen of the United States. He lives near Washington, and is a member of the medical profession, though we believe he does not practise. In the 17th century a branch of the Fairfax family settled in America, having obtained a grant of some six million acres of land on the Potomac. This estate derives a certain historic interest from the fact that it was surveyed by no less a person than George Washington, who seems to have been connected by marriage with the Fairfax family.

### MEDICAL VACANCIES.

The following vacancies are announced:

- 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.
- BOARD OF WORKS FOR THE LEWISHAM DISTRICT.**—Hospital Medical Officer for the Infectious Diseases Hospital at Hither Green. Applications, endorsed "Hospital Medical Officer," to Edw. Wright, Clerk to the Board, Board of Works Office, Catford, by May 2nd.
- BRADFORD INFIRMARY AND DISPENSARY, Bradford.**—Honorary Medical Officer. Applications to the Secretary by April 24th.
- BRADFORD INFIRMARY.**—Dispensary Surgeon, doubly qualified, unmarried. Salary, £100 per annum, with board and residence. Applications endorsed "Dispensary Surgeon," to William Marr, Secretary, by April 24th.
- DERBY COUNTY ASYLUM.**—Resident Clinical Assistant. Appointment for six months. Board, attendance, etc., provided. Applications to the Medical Superintendent, County Asylum, Mickleover, Derby.
- DUNSHAUGHLIN UNION, Dunboyne Dispensary.**—Medical Officer. Salary £110 per annum, with £15 as Medical Officer of Health, exclusive of registration and vaccination fees. Applications to Mr. Lawrence Ward, Honorary Secretary, The Grove, Clones, Co. Meath. Election on April 28th.
- GENERAL HOSPITAL, Birmingham.**—Assistant Obstetric Officer. Resident Surgical Officer. Salary £130 per annum, with residence, board, and washing. Applications to the House Governor, by April 29th.
- GENERAL INFIRMARY, at Leeds.**—Three House-Surgeons. Two for a period of twelve months and one for six months. Board, lodging, and washing provided. Applications to Mr. Littlewood, Secretary to the Faculty, General Infirmary, Leeds, by April 27th.
- GREAT NORTHERN CENTRAL HOSPITAL, Holloway Road, N.**—House-Physician. Salary, £80 per annum, with board, and lodging. Applications to the Secretary, by April 24th.
- HASTINGS, ST. LEONARD'S AND EAST SUSSEX HOSPITAL, Hastings.**—Third Assistant Surgeon. Applications to the Secretary by April 22nd.
- HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.**—House-Surgeon, unmarried, appointment for six months. Salary, £25 and board and residence. Surgical Registrar and Anaesthetist. Appointment for one year. Honorarium, £40. Applications to the Secretary by April 25th.
- LONDON HOSPITAL, Whitechapel Road, E.**—Medical Registrar. Salary, £100 per annum. Applications to the House Governor by May 6th.
- MILLER HOSPITAL AND ROYAL KENT DISPENSARY, Greenwich Road, S.E.**—Junior Resident Medical Officer. Salary, £50 per annum, with board, attendance, and washing. Applications to the Honorary Secretary, by April 22nd.
- MONAGHAN UNION, Monaghan Dispensary.**—Medical Officer: Salary, £120 per annum, exclusive of salary as Medical Officer of Health, with registration and vaccination fees. Applications to Forster Dunwoody, Honorary Secretary, Mill Street. Election on April 25th.
- NATIONAL HOSPITAL FOR DISEASES OF THE HEART AND PARALYSIS, Soho Square, W.**—Two Clinical Assistants; doubly qualified. Application to the Secretary by April 29th.
- NEW HOSPITAL FOR WOMEN, Euston Road, N.W.**—Fully qualified medical woman as Clinical Assistant for In-patient Department. Appointment for six months. Applications to the Secretary, by April 28th.
- NORTH-WEST LONDON HOSPITAL, Kentish Town Road, N.W.**—Resident Assistant Medical Officer, and Assistant Resident Medical Officer. Salary of £50 attaches to the senior post. Appointments for six months. Applications to Alfred Craike, Secretary, by April 25th.
- ROYAL BERKS HOSPITAL, Reading.**—House-Surgeon. Salary, £80 per annum with board and lodging. Applications to the Secretary by May 1st.
- 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.

ACKLAND, William Henry, M.D.St.And., M.R.C.S.Eng., reappointed Medical Officer of Health for the Bideford Urban Sanitary District.

BATES, James Curling, M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the No. 1A, Upper Norwood District of the Croydon Union.

BERKELEY, G. H. A. C., M.B., B.C.Cantab, M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to the Middlesex Hospital.

BLAKISTON, Arthur A., M.R.C.S.Eng., reappointed Medical Officer of Health for the Glastonbury Urban Sanitary District.

BOND, C. Hubert, M.B., Ch.M.Édin., appointed Pathologist and Fourth Assistant Medical Officer to the London County Asylum at Bantstead.

BOND, W. E., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer to the Stockport Infirmary.

BRADFORD, J. R., M.D., M.R.C.P.Lond., appointed Assistant-Physician to the National Hospital for the Paralyzed and Epileptic, Queen Square, *vice* Howard H. Tooth, M.D., appointed Physician for Out-patients.

CLOWES, Norton B., M.R.C.S., L.R.C.P., appointed Medical Officer to the Reading Dispensary.

COLMAN, W. S., M.D., M.R.C.P.Lond., appointed Registrar and Pathologist to the National Hospital for the Paralyzed and Epileptic, Queen Square, *vice* Dr. James Taylor, appointed an Assistant-Physician.

CULLINAN, Henry M., L.R.C.S., L.R.C.P.I., appointed Third Assistant Medical Officer and Pathologist to the Richmond District Lunatic Asylum.

CURRIE, John, M.B., C.M.Glasg., appointed Acting Medical Officer to the Madras Railway Company, Madras.

ERSKINE, Robert, M.D.Q.U.I., reappointed Medical Officer of Health to the Camborne Local Board.

FISHER, John Albert, M.R.C.S., L.R.C.P.Lond., reappointed Medical Officer of Health for the Garston Urban Sanitary District.

FLETCHER, F. J., L.S.A., reappointed Medical Officer for the Burton Coggles District of the Grantham Union.

FREEMAN, John, M.R.C.S., L.R.C.P.Lond., appointed Anæsthetist to the Bristol General Hospital.

GOODWYN, Henry, L.R.C.P., L.R.C.S.Édin., reappointed Medical Officer for the Ilington District of the Newton Abbot Union.

GRIMBLEY, Richard Henry, M.R.C.S.Eng., L.S.A., reappointed Medical Officer for the Ipplepen District of the Newton Abbot Union.

HARRIS, A. W., M.R.C.S., D.P.H.Eng., reappointed Medical Officer of Health for the Southampton Port Sanitary Authority.

HASWELL, John F., M.B., C.M.Édin., reappointed Medical Officer for the No. 1 District of Penrith Union.

HOLT, H. M., M.R.C.S., L.S.A., reappointed Medical Officer of Health for Malton.

HOUGHTON, Murtaugh J., M.R.C.S., L.R.C.P., L.S.A., appointed Clinical Assistant to the Ear and Throat Hospital, Birmingham.

JACKSON, John Charles, M.R.C.S.Eng., L.R.C.P.Lond., D.P.H.Camb., appointed Medical Officer of Health for Fulham, *vice* J. E. Cooney, L.R.C.P.Édin.

JONES, Edwin Shelton, L.R.C.P., L.R.C.S.Édin., reappointed Medical Officer for the Abercricht District of the Pwllheli Union.

JONES, S. Edward, M.R.C.S., L.R.C.P., appointed Resident Surgeon and Assistant Lecturer to the Professor of Clinical Surgery at the Royal Infirmary, Glasgow.

KNOX, J. J., M.A., M.B., and B.C.Cantab, L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer of Health to the Urban Sanitary District of East Molesey, *vice* R. Skimming, M.D., resigned.

LANDDOWN, Francis P., M.R.C.S.Eng., L.S.A., appointed Honorary and Consulting Surgeon to the Bristol General Hospital.

LANDDOWN, Robert G. P., M.D.Durh., L.R.C.P.Lond., M.R.C.S., appointed Assistant Surgeon to the Bristol General Hospital.

LAURIE, James, M.B., C.M.Glasg., appointed Visiting Surgeon to the Greenock Infirmary, *vice* James Wallace, M.D., etc., resigned.

LLOYD, Rickard W., F.R.C.S., appointed Anæsthetist to St. Mark's Hospital, London, *vice* Joseph Mills, M.R.C.S., resigned.

MCCANN, Frederick John, M.B., C.M.Édin., M.R.C.P.Lond., appointed Physician to the Out-patients at the Samaritan Hospital for Women and Children.

MARSH, Jane, L.R.C.P. and S.Édin., L.F.P. and S.Glasg., appointed Physician to the Dufferin Hospital, Betteah, Bengal; also Physician to the Household of H.H. the Maharajah of Betteah.

MOORHEAD, Gustave H., L.R.C.S.I., L.R.C.P.I., L.M., appointed Medical Officer of Health for the Tong Urban Sanitary District, *vice* S. Lodge, M.D., resigned.

MORTON, Charles, A., F.R.C.S.Eng., appointed Surgeon to the Bristol General Hospital.

MUNN, R. J., M.B., B.Ch.Irel., appointed Medical Officer for the new Subdistrict of the Castlereagh Dispensary.

MUNRO, J. D. R., M.B. and C.M.Édin., appointed Senior House-Surgeon to the Royal Albert Edward Infirmary and Dispensary, Wigan, *vice* W. C. Carter, resigned.

NAPIER, Thomas W. A., M.D.Aberd., appointed Medical Officer for the South Wallasey Sanitary District of the Birkenhead Union.

ROBERTS, Edward C., M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health for Southgate.

ROBERTSON, W. F., M.B., C.M.Édin., appointed Pathologist to the Royal Asylum, Morningside, Edinburgh.

SOUTHAM, F. A., M.B., F.R.C.S., Surgeon to the Manchester Royal Infirmary, appointed Lecturer in Operative Surgery at Owens College, Manchester.

STANFORD, W. Bedell, M.R.C.S.Eng., L.R.C.P.Lond., appointed Second Assistant Medical Officer to the Shoreditch Infirmary.

SWANN, Dr., appointed Medical Officer of the Finchbeck District of the Spalding Union, *vice* John James Cochrane, M.B., deceased.

TALBOT, Russell M., L.R.C.P.Édin., M.R.C.S.Eng., appointed Medical Officer of Health for the Poplar Board of Works District of the Poplar Union.

THORBURN, William, M.D., F.R.C.S., Assistant Surgeon to the Manchester Royal Infirmary, appointed Assistant Lecturer in Surgery at Owens College, Manchester.

TOOTH, Howard H., M.D., F.R.C.P.Lond., appointed Physician for Out-patients to the National Hospital for the Paralyzed and Epileptic, Queen Square, *vice* James Anderson, M.D., deceased.

UPPLEBY, I. G., L.R.C.P., L.R.C.S.Édin., appointed Visiting Surgeon to the Provincial Hospital, Port Elizabeth, South Africa.

WISE, Christopher, M.D., appointed Honorary Physician to the General Hospital at Tunbridge Wells, *vice* Dr. Johnson, resigned.

WILKINSON, George, M.B.Cantab, appointed Senior House-Surgeon to the Bolton Infirmary, *vice* Nathan Raw, M.D., resigned.

WRIGHT, G. A., M.B., F.R.C.S., Assistant Surgeon in the Manchester Royal Infirmary, appointed Lecturer in Practical Surgery at Owens College, Manchester.

## DIARY FOR NEXT WEEK.

## MONDAY.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Clinical Cases: Mr. Spencer Watson: Nasal Polypus. Mr. Percy Symonds: Case after Amputation of the Hip-Joint. Mr. Stenham: Arterial Venous Aneurysm. Mr. Jonathan Hutchinson, jun.: (1) Chancre of the Cheek: Infection through a Bite; (2) Plastic Operation for Rodent Ulcer. Dr. Eddowes: An Uncommon Form of Ulceration of Both Legs in a Young Girl. Paper: Dr. Gilbart Smith: The Diagnostic Significance of Hæmoptysis in Aortic Aneurysm.

## TUESDAY.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Mr. Henry T. Builin: On the Removal of a "Pressure-pouch" of the Oesophagus. Dr. W. Hale White: On the Influence of Various Diets upon the Composition of the Urine, and the General Condition of Patients Suffering from Chronic Bright's Disease.

## WEDNESDAY.

HUNTERIAN SOCIETY, 8.30 P.M.—Dr. J. H. Stowers: Microscopic Section and Drawing of a Case of Rare Malignant Disease of the Ear. Dr. Arnold Chaplin: On the Consequences of the Belief that Tuberculosis is caused by a Specific Micro-organism known as the Bacillus Tuberculosis. Dr. G. A. Heron and Dr. Armand Ruffer have promised to take part in the discussion.

## THURSDAY.

BRITISH GYNÆCOLOGICAL SOCIETY, 8.30 P.M.—Adjourned discussion on Dr. Japp Sinclair's paper on Abdominal Hysterectomy for Fibroid Tumours with Intra-Peritoneal Treatment of the Stump.

## FRIDAY.

CLINICAL SOCIETY OF LONDON.—Living Specimens at 8 P.M. Dr. A. H. Clemow: A Case of Skin Disease for Diagnosis. Dr. Evan C. Stabb: A Case of Syphilitic Stenosis of the Larynx treated by Excision of One Vocal Cord. Dr. Walter Carr: A Doubtful Case of Early Pseudo-Hypertrophic Paralysis in a Girl. Dr. J. W. Bond: A Patient Wearing an Artificial Larynx after Partial Extirpation for Myxo-chondroma. Papers at 9 P.M. Dr. Broadbent will present the Report of the Committee on the Periods of Incubation and Contagiousness of certain Infectious Diseases. Dr. Lucas Benham: A Case of Psoas Abscesses Fatal through Renal Complications. Mr. Christopher Heath: On a Bloodless Method of Removing the Tongue. Dr. Lee Dickinson and Mr. W. Haward: A Case of Perforating Gastric Ulcer Treated by Abdominal Section.

## 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.

HART.—On the 14th April, at Kirkdale, Sydenham, S.E., the wife of F. J. Lorimer Hart, M.B., C.M.Édin., of a son.

## MARRIAGES.

HANDFORD—GALE.—On April 8th, at St. Mary's Nottingham, by the Rev. G. T. Handford, brother of the bridegroom, assisted by the Rev. Canon Sale, uncle of the bridegroom, and the Rev. Canon Richardson, vicar of the parish, Henry Handford, M.D., Physician to the General Hospital, to Mary Emily, third daughter of the late Lord Belper, and widow of the late Henry Mark Gale Gale, of Scruton Hall, Yorkshire.

MILHOUSE—LATHBURY.—On April 18th, at the Church of St. Nicholas, Chiswick, by the Rev. L. W. S. Dale, M.A., George Milhouse, M.R.C.S.Eng., of Kirkstall, Leeds, to Elizabeth (Bessie) Baylis, daughter of the late Robert Lathbury, of Park House, Chiswick.