

MEMORANDA:

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

NEPHROLITHOTOMY WITH RAPID RECOVERY.

Mrs. H., aged 54, was first seen by my partner (Dr. Turner) and myself on August 3rd, 1892, in consultation with Dr. De Winton, on account of frequently recurring attacks of pain and swelling in the right renal region, terminating in each instance in a subsidence of both and the appearance of a large quantity of pus in the urine; the trouble had been considerable for three years. Her family history was good but her previous personal history was curious:

In the year 1871 she had a miscarriage, which was followed by pyæmia lasting for two years, and resulting in ankylosis of both hip-joints and one knee-joint. The consequence was that she led a very sedentary life, being unable to move about without the aid of crutches. A quantity of gravel was passed by the patient in the year 1876, and one small calculus of about the size of a grain of maize; in 1884 she had two sharp attacks of renal colic, each lasting for five or six hours, the pain being very acute. In 1888 she had two similar attacks, and in 1890 they became more frequent; in 1891 the attacks took place every two or three months, and in the summer of 1892, Dr. De Winton, having diagnosed nephrolithiasis, urged the performance of an operation for the removal of the calculus or calculi in the kidney as the only means of relief.

When I first saw her, in August last, the attacks of pain were frequent, and accompanied by nausea; the right renal region presented a large elastic tumour of about 5 inches diameter in the vertical direction and 4 inches in the horizontal line; so long as the swelling persisted she passed only 12 or 14 ounces of clear normal urine daily; but on its subsidence the amount of urine increased up to 25 ounces, the specimens being loaded with pus, no other abnormal constituent being discoverable either under the microscope or by chemical tests; there were no signs of implication of the left kidney.

I performed the following operation on September 11th, 1892, Dr. De Winton administering chloroform from Junker's inhaler and Dr. Turner assisting: The incision a finger's breadth below the last rib, commencing at its tip and terminating at the anterior edge of the erector spinae, exactly transverse to the vertical axis, was used; there was no induration of the perinephral fat, and the kidney was about 6 inches long and 4 broad. No stone could be felt by external palpation, so a medium-sized Potain's trocar and cannula was inserted and 8 ounces of clear fluid drawn off but no pus; no stone could be felt with the trocar, so I incised the kidney and explored its interior with the finger, removing three small calculi and feeling a fourth, which I got away with a long pair of forceps. The largest stone weighed 13 grains, the next 1 grain, and the other two $\frac{1}{2}$ -grain each; the kidney was well washed with carbolic lotion (1 in 40), and a full-sized drainage tube was inserted into its pelvis, the wound being dressed with wood-wool pads. Urine flowed on to the first dressing, and at the end of twenty-four hours blood-stained urine was passed *per urethram*; the stitches were all removed by the ninth day and the tube also; the temperature never exceeded 99° F., and in three weeks the urine was normal in quantity and quality. There has been no return of any symptoms up to the present time.

The points of interest, to my mind, are the rapid healing of the wound and the early and complete disappearance of pus from the urine; the calculi were oxalates.

Tewkesbury.

LAWRENCE LISTON.

THE TREATMENT OF PUPERAL SEPTICÆMIA.

Dr. R. C. BENNINGTON records a case in which dilatation by means of Hegar's dilators was resorted to in the second week of the puerperium for the removal of a portion of retained placenta.

For many years past it has been my practice in these cases to do as Dr. Bennington suggests—curette the interior of the uterus and apply freely iodised phenol—but with the im-

portant addition of washing out the uterine cavity immediately after the curetting, and then passing the ovum forceps, so as to remove any portions of placenta too large to escape during the process of washing out. The cavity is then swabbed out with iodised phenol, and again irrigated, to prevent any superfluity escaping into the vagina.

As a rule, if any portion of placenta remains, the process of involution is retarded, and the cervix remains sufficiently patent to allow of the ovum forceps being readily inserted. The lochia are not always offensive, even when a considerable amount of placental tissue is retained.

22, Wimpole Street, W.

ARTHUR W. EDIS, M.D.

MIDWIFERY NOTES.

Vaginismus Obstructing Labour.—On February 11th, 1893, I was called to see a black girl, aged 19. This was her first labour, and pains had been going on for fourteen hours; the liquor amnii had escaped early. The nurse told me that there was "no passage." I found a tight constriction of the sphincter vaginae, the tenesmic condition being intensified during the pains, which were strong and frequent. The finger was tightly grasped by the spasm, and the presentation could not be made out. The bladder was full, the urethra being flattened by the vaginal constriction. I at once placed the patient under chloroform, and emptied the bladder; the spasm relaxed, the head descended, and the child was expelled in half an hour. Had not chloroform come to the rescue, rupture of the uterus would probably have taken place.

Spasm of the vagina during labour is undoubtedly a very rare complication. I see no mention of it in the many books in my library. I have occasionally met with it in cases not connected with childbirth. My last case of vaginal spasm occurred in a maiden lady who had been recently operated on for haematocele.

Shoulder Presentation in Three Successive Pregnancies.—In April, 1890, I was called to attend a young married woman in her first confinement. She had been in labour for many hours, the liquor amnii having escaped early. I found a right shoulder presentation, and the child dead. I gave chloroform, turned, and delivered. On April 5th, 1891, I was again called to see the same woman, and found matters just as before. I turned and delivered. On April 7th, 1893, I found the same complication as on the two former occasions—a dead child and a right shoulder presenting, and had to resort to chloroform and version.

Spontaneous Evolution.—Some time ago I was called to attend a lady twelve miles away. She had a trained nurse, who wrote to say that a shoulder presentation, with an arm protruding, required my immediate presence. I rode as fast as I could to the house, and found that a dead child had been expelled headways. The nurse explained that soon after sending for me violent pains set in, which, as she expressed it, "worked the child round," that the "arm was drawn in, and the head took its place." This is the only case of its kind that I have met with. I believe evolution, especially when the child is dead, would be more frequent if the case were left alone, which, of course, no one would advocate when version is possible.

Monattrie, Jamaica.

JASPER CARGILL, M.D.

TREATMENT OF HAMMER-TOE.

A. C., a private of the 14th Hussars, was admitted into hospital suffering from this affection of the second toe of both feet.

Over the prominence of each affected toe was a tender corn, which gave the patient acute pain when wearing boots, and rendered him quite lame. Tenotomy had been performed on one toe without affording any relief. The heads of the first phalanges of the affected toes were now excised, as recommended by W. Anderson.

Two months after operation the result of this treatment was as follows: The right toe was perfectly straight; the left toe was slightly flexed at the terminal phalangeal joint, but not sufficiently so to cause lameness.

The result is not so satisfactory as could have been wished, but I think it demonstrates that even in a somewhat unfavourable case excision is to be preferred to the more radical

treatment of amputation. Further, this case has impressed me with the fact that this deformity is very disabling to a soldier. As it is one difficult to remedy, it ought always to be a disqualification for enlistment.

Bradford.

H. D. ROWAN,
Surgeon-Captain A.M.S.

REPORTS

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

SOUTH DEVON AND EAST CORNWALL HOSPITAL, PLYMOUTH.

PRIMARY EXCISION OF ELBOW-JOINT FOR COMPOUND FRACTURE OF HUMERUS INTO JOINT.

(Under the care of Mr. SWAIN.)

[For the notes of this case we are indebted to Mr. R. STANLEY THOMAS, House-Surgeon.]

J. L., aged 32, stoker at the gasworks, on October 5th, 1892, when walking along the road, jumped out of the way of a passing waggon, and fell, injuring his left arm.

The shaft of the left humerus was protruding for 2 inches, through an anterior oblique wound half an inch above the bend of the elbow. There was also a T shaped fracture of the lower fragment extending into the joint. The protruding end of the humerus was washed with corrosive sublimate solution 1 in 2,000, and the displacement reduced. Chloroform was given and the elbow-joint was excised by a posterior longitudinal incision and the splintered end of the humerus removed. The incision was sewn up with silk, a large drainage tube put in, extending from the wound in front to the incision behind. It was dressed with carbolic gauze and wood wool wadding. When the patient got back to bed the arm was put in a Morris's swing.

The wound was dressed on October 6th; the fingers were warm and sensation good. On October 7th, as there was some tension, half the stitches were removed and boracic fomentations applied every four hours. On October 10th he was much better. Dry dressings were applied and the tube and remaining stitches taken out.

On October 14th the arm was flexed and extended. The patient was allowed to get up. On October 19th the arm was put on an angular splint in the day time and a straight one at night. On November 5th he was able to flex the forearm well, but the power of extension was limited. The wound was quite healed on December 17th. The limb had improved very rapidly under massage and galvanism. On December 20th he left the hospital.

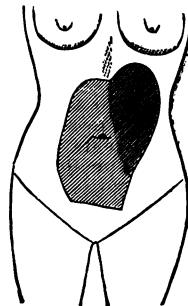
He was seen again on February 16th, 1893. He had been working for nearly a month at the gasworks, unable to do stoking but able to work with shovel and wheelbarrow. The movements of the arm were very good, but there was some lateral displacement inwards of the radius and ulna in extreme flexion.

SADI DISPENSARY, MIRZAPORE, N.W.P., INDIA. CASE OF ATRESIA HYMENALIS AND SEPTATE UTERUS: RETENTION OF MENSES FOR SEVEN YEARS.

(By Surgeon-Captain H. E. DRAKE-BROCKMAN, F.R.C.S.E.)

A YOUNG woman, aged 22 years, was admitted on December 13th, 1892, having been sent from an outlying dispensary as suffering from an ovarian cyst. She presented a miserable appearance, suffering from high fever, severe pain in the back and loins, with occasional vomiting, constant nausea, and retention of urine. Inquiry from her friends elicited that the woman was 25 years of age, had been married, but deserted by her husband more than six years ago. She had never seen any menstrual flow all her life, but since puberty had experienced at irregular intervals the usual menstrual molimina without the appearance of any discharge. She had suffered from acute attacks of pain in the back and loins, which had always passed off. Six years ago it was noticed that her abdomen was beginning to swell; it had continued to increase

until she was compelled to seek European advice and treatment, having been treated by hakims (native physicians) without relief. The abdomen was found to be markedly distended, the superficial veins were distinct, and, on palpation, an enormous tumour, presenting a more or less lobulated character, could be felt occupying the abdominal cavity centrally and extending well up above the umbilicus, more, if anything, towards the left side and up to the costal margin, where it was more prominent and harder to the touch. The annexed diagram illustrates its limits. There was no vaginal



cavity, and a tough resistant membrane blocked the passage at a point 1 inch within the vulva; by rectal examination a huge bulging mass was felt occupying more or less the whole pelvic cavity.

The patient was placed under the influence of chloroform. A fair quantity of urine was withdrawn by catheter. Not having a sound, I left it there temporarily to enable me to determine exactly the thickness and extent of the tissues blocking the orifice with one finger in the rectum. I found, fortunately, that the tissues were not very thick, so inserted a small trocar and cannula, but with no result; then a still larger one, also with no result. I found the orifice was blocked with a thick grumous chocolate-coloured matter, which evidently was too thick to pass freely.

I then carefully, in the old puncture mark, made a small incision in the membrane, into which I inserted my index finger and gently enlarged the opening. On the withdrawal of my finger, out came a slow stream of very thick chocolate-coloured matter of the consistence of treacle. I should be sorry to say how much flowed away, as I had no means of measuring at the time; but any way it was oozing out for very nearly half an hour, slowly, as of course no pressure was applied, but simply the natural pressure acting from above forced it out. This was rather fortunate, as it probably prevented rupture of the Fallopian tube or vascular adhesions, which may easily occur if too rapid collapse of the sac be allowed to take place. After the escape of the fluid the incision was slightly enlarged and the cavity was well washed out with warm antiseptic solution; then, on examination with my finger, an enormous hollow cavity was found, with somewhat rugose walls, but the cervix uteri could not be detected, being much too high and out of reach. The swelling, as indicated by the more deeply shaded portion of the annexed diagram, seemed nevertheless to retain its position and consistence, notwithstanding the fact that below and at the other side the swelling had disappeared and the parts seemed flaccid. This I thought might be due to the presence of a septate uterus, in which some menstrual fluid was still retained, or to adhesions at the fundus uteri, which retained it in that position and prevented a complete collapse of the sac, the case being one of long standing, though from the distinctness of the mass I am inclined to think that it must have been a septate uterus. However, as I could not reach or even feel the os uteri to pass a sound, I decided to leave the case alone at the time, having finally put in a plug of lint soaked in carbolised oil at the orifice of the vagina and an iodoform gauze antiseptic pad over the vulva. The temperature came down soon after, and she expressed herself as being greatly relieved. The cavity was washed out once daily for the next three or four days with antiseptic solutions, and every precaution taken to prevent the occurrence of sepsis. She had occasional paroxysms of fever at irregular intervals after this, and on December 22nd I had,

North-West Frontier, 1877-78 (clasp to India medal); in charge of the native base hospital of the Kurram Field Force, and afterwards on the Khaibar Line, including the expeditions into the Khugiani, Hazarak, and Lughman Valleys, Afghanistan, 1878-80 (medal, thanked by the Commander-in-Chief); as principal medical officer in the advance on and occupation of Imphal, Manipore, April, 1891 (clasp to India medal, mentioned in despatches).

ARMY MEDICAL RESERVE.

SURGEON-CAPTAIN T. W. RICHARDSON to be Surgeon-Major, June 7th.
Surgeon-Lieutenant WILLIAM BERTIE MACKAY, M.B., 1st Volunteer Battalion the Northumberland Fusiliers, to be Surgeon-Lieutenant, June 7th.

THE VOLUNTEERS.

SURGEON-CAPTAIN W. T. WHITMORE, 3rd London Rifles, is promoted to be Surgeon-Major, June 3rd.
MR. JOHN BRADFORD is appointed Surgeon-Lieutenant to the 9th Lanarkshire Rifles, June 3rd.

REDUCTIONS IN THE MEDICAL STAFF.

COMMENTING on the late deputations, our contemporary, the *Broad Arrow*, points out the great reductions in the Medical Staff since 1859 might have been mentioned. It states that although the strength of the army has grown since that year from 189,000 to 212,000, the active Medical Staff has fallen from 1,075 to 831. These figures are a measure of the increased duty which now falls to the active medical officers; but it must not be forgotten that upwards of 70 retired officers are now employed, against which, however, must be set the almost entire disappearance of the Militia Medical Department. The reductions were made possible through unification and station hospitals, but were more or less forced on the department through the Treasury declaring they would give no more money to meet successive increases of pay, and so, as individual pay increased, the total strength was cut down. There have been many wheels within wheels running the Medical Department since 1859.

MEDICAL OFFICERS' LEAVE IN IRELAND.

WE have lately observed in a contemporary some severe comments on the difficulty of medical officers obtaining any privilege leave in Ireland, owing to the short-handed condition of the department. Establishments are parceled to the quick, and there are no odd men at the headquarters of districts available temporarily to release officers at out-stations. The regulations concerning the final approval of recruits preclude the casual employment of civil practitioners, and there seems a great want of elasticity in some of these regulations. The recruiting difficulty we know is a serious bar to the leave of medical officers all over the country, and, if a necessary one, should in all fairness be provided for by having a certain number of unattached officers in each district. But not only have officers a great difficulty in obtaining leave, but it is alleged their grievances on this score are treated very unsympathetically, if not harshly, at headquarters in Dublin. We trust this is not the case, for not only would it be unjust, but a blunder in policy. Nothing puts men's backs up like adding indifference or insult to injury.

AN AMBULANCE CARD.

THERE are already a good number of reference cards for ambulance use published, and intended to be carried in the pocket, so as to be available to refresh the memory on an emergency. If such cards are necessary, it would seem to be desirable that the most convenient form should be drawn up by the Ambulance Committee of the Order of St. John, and issued by authority, rather than that various forms should be issued by individuals. It appears somewhat undignified for a medical man personally to sell cards at the price of "one penny; by post, twopence." Dr. Llewellyn Morgan's card might possibly be useful to an advanced student as a classification of important symptoms for examination use: to the non-medical reader, the terms hard, soft, full, etc., as applied to the condition of the pulse will hardly convey any distinct ideas. Appreciation of such terms presupposes some medical knowledge and experience. Some simple means of testing whether the person is insensible or not might be given. The directions for immediate treatment are simple and clear, and, if the diagnosis were satisfactorily decided, the management of the patient would be easily determined.

The information here given can only be appreciated by those who are sufficiently well trained in ambulance work, and they should not require a ready reference card in their pockets.

VOLUNTEER AMBULANCE CHALLENGE SHIELD.

THE final competition for the Ambulance Challenge Shield offered by the Volunteer Medical Association will take place on Saturday, July 15th.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS, Monday, June 5th.

The Lewisham Fever Hospital.—Mr. H. FOWLER, in answer to Mr. FRYE, said the question whether the consent of the Local Government Board should be given to the purchase by the Metropolitan Asylums Board of a site for a fever hospital at Lewisham was now under consideration. An inquiry had already been held upon the subject.

Tuesday, June 6th.

Port Sanitary Expenses.—In reply to Mr. H. S. FOSTER and Mr. HENEAGE, the CHANCELLOR OF THE EXCHEQUER said that he was not prepared to advise that the expenses incurred by a local authority in taking special precautions to prevent the introduction of cholera should be defrayed out of the Imperial Exchequer. As to the question of providing the seaport sanitary authorities with hospital ships free of charge by the

Admiralty, he hoped that it might be found possible to do something in the matter.—In reply to a further question from Mr. H. S. FOSTER, the PRESIDENT OF THE LOCAL GOVERNMENT BOARD said during the outbreak of cholera last autumn, and subsequently, the Local Government Board had carefully considered all practicable precautions against the introduction of the disease into this country. There would be no relaxation in the action of the medical staff of the Local Government Board, and he was quite satisfied that they were doing everything that was within their power to safeguard the health of the country.—MR. FOSTER gave notice that he would call attention to the question of port sanitary expenses at an early date.

Vaccination.—In reply to a question from Mr. HOPWOOD as to the requirement by the Board of Customs from boatmen desiring to be appointed, that they should be vaccinated or revaccinated, the CHANCELLOR OF THE EXCHEQUER said that he considered it very desirable that persons, whether in public or domestic service, should be protected from smallpox, both for their own sake and for the sake of those by whom they were surrounded. Certainly, for the safety of his own family he desired that those who lived in his house should be vaccinated, and if necessary revaccinated. He was not prepared to recommend a different practice in the public service. The order as to vaccination had been long in force; the order as to revaccination was dated 1881, and he did not intend to interfere with either of them.—MR. LONG asked the Home Secretary whether the interim report of the Royal Commission on Vaccination concerning prosecutions for contumacious refusal to carry out vaccination was spontaneous one on the part of the Commission, or whether it was a reply to a question addressed to the Commission from the Government, and whether he had any reason to believe that the Royal Commission considered the question to be one of urgency requiring to be dealt with before their report was presented on the whole matter submitted to them.—MR. ASQUITH said he had no special knowledge on the subject, but on February 29th, 1892, Mr. RITCHIE, then President of the Local Government Board, stated that he had communicated with the Commissioners, and learned from them that the matter was receiving their consideration. The Commissioners unanimously stated in their report that they had arrived at their conclusions quite independently of the question whether vaccination should be compulsorily enforced, and he could not conceive why they should have presented an interim report unless they thought the matter one of urgency, and fit for immediate legislation.—MR. HORWOOD asked the President of the Local Government Board if his attention had been called to an inquest held at Uttoxeter on May 17th, concerning the death of Thomas Henry Nash, a child of 9 weeks old, and the verdict of the jury that death was attributable to pyämia, or blood poisoning, from vaccination.—MR. WALTER FOSTER said the verdict of the jury was as stated.

Registration of Midwives.—On the motion of MR. FELL PEASE, a Select Committee was appointed to consider the question of the compulsory registration of midwives.

Cholera Abroad.—Sir E. GREY, in answer to MR. HENEAGE, said the only official information the Foreign Office had about cholera at Hamburg was that there had been one case which ended fatally on May 27th. There was good reason to believe that the origin of that case was not known, that it was isolated, and that there had been nothing else of a suspicious character. They had also heard of the existence of cholera in Brittany, but not to any extent which deserved the name of epidemic. Instructions as to precautions to be taken in this country were issued by the Local Government Board.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

LICHFIELD LECTURERS.—Dr. Collier and Mr. H. P. Symonds have been elected by the Hebdomadal Council to the Lectureships in Clinical Medicine and Surgery for two years.

EXAMINATIONS.—The final M.B. examination commenced on June 5th, and the examination for the M.Ch. will commence on June 14th. The first M.B. examination will be held on June 22nd.

Scholarships and exhibitions in National Science will be awarded in November next at Balliol and Trinity Colleges, and at Christ Church. Papers will be set in (1) Physics, (2) Chemistry, (3) Biology, but candidates will not be expected to offer more than two of these.

A Fellowship at Merton College in Biology will be awarded in Michaelmas term. Papers will be set in Biology and in the special subjects: Animal Morphology, Physiology, Botany, and Geology. Candidates must be Bachelors of Arts of the University, and must send in their names by July 1st.

UNIVERSITY OF CAMBRIDGE.

DEGREES.—At the Congregation on Thursday, June 1st, the following medical degrees were conferred:

M.D.—E. Barclay-Smith, M.A., M.B., B.C., of Downing College, Demonstrator of Anatomy.

M.B. and B.C.—E. H. O. Sankey, M.A., St. John's; G. M. Edwards, B.A., Emmanuel; H. R. Phillips, B.A., Downing.

UNIVERSITY OF EDINBURGH.

UPWARDS of 320 candidates have entered for the final examination for the degrees of M.B. and C.M. of the University of Edinburgh. The Clinical part (Medicine and Surgery) began on May 1st, and will be completed early in June. The written papers are given about the middle of June, and are then followed by the *vivd voce* examinations. There appears this year to be less of the *heart burnings* among candidates which are so common an accompaniment of such ordeals as the "final." The more gloomy candidates have been greatly encouraged by the fact that the General Medical Council has been taking notice of the alarmingly high percentage of rejections at some of the Scotch professional examinations, a percentage of such dimensions at times as to indicate some grave defect somewhere. The new examiner in Clinical Medicine is winning golden opinions for fair and reasonable questions.

UNIVERSITY OF DURHAM.

At a convocation held on May 30th, the degree of Doctor in Medicine for practitioners of fifteen years' standing was conferred upon Mr. Albert William Denis Leahy, F.R.C.S.Eng., Surgeon-Captain Indian Medical Service.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

At a meeting of the Fellows held on Monday, June 5th, for the election of President, Vice-President, Council, and Secretary, the following were elected:—President: Edward Hamilton (second year). Vice-President: William Thornley Stoker (second year). Secretary: Sir Charles A. Cameron. Council: Sir George Porter, Bart.; George Hugh Kidd, Edward Hallaran Bennett, Henry Gray Croly, Sir Philip Crampton Smyly, Robert Lafayette Swan, Henry Rosborough Swanzey, William Ireland Wheeler, Austin Meldon, William Carte, Sir Charles Alexander Cameron, Frederick Alcock Nixon, Kendal Franks, Charles Bent Ball, John Benjamin Story, Henry Fitzgibbon, Francis T. Heuston, Edward Charles Thompson, Thomas Myles, and Humphrey John Broomfield.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,909 births and 3,537 deaths were registered during the week ending Saturday, June 3rd. The annual rate of mortality in these towns, which had been 18.9 and 17.5 per 1,000 in the preceding two weeks, rose again to 17.9 during the week under notice. The rates in the several towns ranged from 10.5 in Croydon, 12.1 in Nottingham, 12.4 in West Ham, and 13.0 in Bristol, to 21.7 in Manchester, 22.6 in Salford, 22.9 in Wolverhampton, 24.0 in Burnley, and 24.7 in Liverpool. In the thirty-two provincial towns the mean death-rate was 18.1 per 1,000, and slightly exceeded the rate recorded in London, which was 17.8 per 1,000. The 3,537 deaths registered during the week under notice in the thirty-three towns included 416 which were referred to the principal zymotic diseases, against 487 and 433 in the preceding two weeks; of these, 111 resulted from measles, 78 from whooping-cough, 71 from diarrhoea, 70 from diphtheria, 48 from scarlet fever, 23 from "fever" (principally enteric), and 15 from small-pox. These 416 deaths were equal to an annual rate of 2.1 per 1,000; in London the zymotic death-rate was equal to 2.3, while it averaged 2.0 per 1,000 in the thirty-two provincial towns. No death from any of these diseases was recorded last week in Wolverhampton; in the other towns they caused the lowest death-rates in Bristol, Norwich, Hull, and West Ham, and the highest rates in Newcastle-upon-Tyne, Leicester, Preston, Halifax, and Gateshead. Measles showed the highest proportional fatality in Plymouth, Cardiff, Manchester, Blackburn, Preston, Hull, Gateshead, and Newcastle-upon-Tyne; scarlet fever in Leicester; whooping-cough in Brighton, Cardiff, Leicester, and Blackburn; and diarrhoea in Birkenhead. The mortality from "fever" showed no marked excess in any of the large towns. The 70 deaths from diphtheria included 51 in London, 3 in Croydon, and 3 in Halifax. Nine fatal cases of small-pox were registered in London, 3 in Halifax, 2 in Oldham, and 1 in West Ham, but not one in any other of the thirty-three towns; 551 small-pox patients were under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, June 3rd, against 570, 566, and 560 at the end of the preceding three weeks; 110 new cases were admitted during the week, against 126, 113 and 111 in the preceding three weeks. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospitals was 2,582 at the end of the week, against numbers increasing from 2,024 to 2,493 on the preceding seven Saturdays; 303 new cases were admitted last week, against 346, 370, and 301 in the preceding three weeks. The 291 deaths referred to diseases of the respiratory organs were 9 above the average, and were equal to an annual rate of 3.5 per 1,000.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, June 3rd, 966 births and 541 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 21.9 and 20.3 per 1,000 in the preceding two weeks, further declined to 19.2 during the week under notice, but exceeded by 1.3 per 1,000 the mean rate during the same period in the large English towns. Among these Scotch towns the lowest rates were 13.2 in Leith and 15.7 in Edinburgh, and the highest rates 24.0 in Perth and 27.4 in Greenock. The 541 deaths in these towns included 92 which were referred to the principal zymotic diseases, equal to an annual rate of 3.3 per 1,000, which exceeded by 1.2 the mean zymotic death-rate during the same period in the large English towns. The highest zymotic death-rates were recorded in Glasgow, Perth, and Greenock. The 282 deaths registered in Glasgow included 27 from measles, 15 from whooping-cough, and 5 from scarlet fever. Twelve fatal cases of measles were recorded in Greenock. The death-rate from diseases of the respiratory organs in these towns was equal to 3.1 per 1,000, against 3.5 in London.

HEALTH OF IRISH TOWNS.

IN sixteen of the principal town districts of Ireland the deaths registered during the week ending Saturday, May 27th, were equal to an annual rate of 22.9 per 1,000. The lowest rates were recorded in Londonderry and Lurgan, and the highest in Lisburn and Armagh. The death-rate from the principal zymotic diseases averaged 2.0 per 1,000. The 188 deaths registered in Dublin were equal to an annual rate of 25.1 per 1,000 (against 26.1 and 26.7 in the preceding two weeks), the rate during the same period being 17.7 in London and 19.7 in Edinburgh. The 168 deaths in Dublin included 15 which were referred to the principal zymotic

diseases (equal to an annual rate of 2.2 per 1,000), of which 5 resulted from measles, 5 from whooping-cough, 3 from en'eric fever, and 2 from scarlet fever.

TYPHUS AND SCARLET FEVER AT CARDIFF.

THE report of the medical officer of health, Dr. Walford, for the first quarter of the present year gives details concerning an outbreak of typhus fever in Cardiff. The disease, which had been absent from Cardiff since the year 1885, suddenly reappeared in December, 1892, and between December 7th, 1892, and April 4th, 1893, 47 persons were attacked, of whom 10 died. The original source of infection has not been definitely ascertained, but suspicion points either to a collector of rags, in two members of whose family cases of typhus were developed, or to an Irish soldier, who, coming home on leave, was taken ill with what was stated to be pneumonia and bronchitis shortly before the outbreak occurred. The persons attacked were all inhabitants of a part of the town occupied by a poor Irish population, living under conditions eminently calculated to favour the development and spread of the malady. In one particular house, in which 7 cases occurred, 18 persons belonging to three families were living. Each family occupied only one bedroom, the allowance of space a head being estimated at 150 cubic feet, and the air of the rooms being described as abominably foul. A thorough inspection of the district was made, and was the means of bringing to light several cases in which the diagnosis would not otherwise have been made.

SANITARY AUTHORITIES AND THE INSPECTION OF WORKSHOPS IN LONDON.

THE good work of inspecting workshops under the provisions of the Public Health Act, 1891, is being actively carried out by Dr. Hamer, Assistant Medical Officer of the London County Council. The insanitary conditions complained of by Dr. Hamer last February at workshops in Whitechapel, St. George-in-the-East, and Mile End Old Town have in most cases been remedied. In some instances there is still overcrowding, and the inadequate watercloset accommodation has not yet been dealt with. The sanitary authorities of the districts have been requested to remedy the evils by enforcing the provisions of the Public Health Act. Certain workshops in the districts of St. James's Westminster, and the Strand have been visited recently, and here, although the overcrowding is not so serious as in the East End, still it does exist; also the provision of sanitary conveniences with proper separate accommodation for persons of each sex is wanting. It seems that the various sanitary authorities in London have not in the majority of cases made special arrangements for carrying out an inspection of workshops apart from the ordinary house to house inspection of the district. In two cases only have special workshop inspectors been appointed; in three instances an increase of staff is under consideration. Seven authorities have carried out a systematic inspection of workshops. From a return recently drawn up it is found that the number of sanitary inspectors in the county of London is 188, or 1 inspector to 22,503 inhabitants. The increase in the number of inspectors since 1889 is 55, but this is not adequate having regard to the additional duties imposed upon the authorities by recent legislation.

SITES FOR CORONERS' COURTS AND MORTUARIES.

ALTHOUGH the Public Health (London) Act, 1891, imposes on the London Council the obligation of providing and maintaining proper accommodation for the holding of inquests, as soon as possible the Council will obtain the power from Parliament to acquire land compulsorily. It is very important it should have the power, as the provision of coroners' courts in connection with buildings belonging to sanitary authorities is in some cases impeded by the exorbitant prices demanded for the land, which prohibits its purchase by agreement.

SANITARY ADMINISTRATION IN SURREY.

IT speaks well for the promptitude with which the medical officers of health in Surrey complete their annual reports that Dr. Seaton, the county medical officer, has already been able to issue a county report for 1892, in which he reviews and summarises each of the local reports. In these early days of tentative sanitary work by county councils, special interest attaches to Dr. Seaton's introductory statement with reference to the sanitary administration of Surrey and to the work which he, as county medical officer, has undertaken during 1892. As regards the former, he pointedly draws attention to the growing need that health officers should, if possible, be freed from the necessity of concurrent private practice, but very properly insists that the separation ought only to be made when an adequate salary can be offered for public services alone. The Notification Act has done much to bring this question to the front. Dr. Seaton finds that the requirements of the Act are better observed in districts where the medical officer of health is not a private practitioner; and further, that on the average better hospital provision has been made in such areas, although in this respect the relation is probably rather that of a common cause—more enlightened authority—than that of cause and effect. Then, too, the investigation and control of epidemics, typhoid epidemics in particular, demand from the health officer an amount of time and labour which cannot but have a disastrous effect upon private practice. The matter seems to have been brought to a very practical issue in the Guildford rural district by a suggestion that a combination should be formed among the authorities in the south-western part of the county, the urban districts contributing 1½d per head, and the rural 2d. Dr. Seaton expresses approval of this plan if reasonable security of tenure were also conceded. There seems, too, to be a general tendency to simplification of districts in another way, the Local Government Board having wisely insisted in some unions, of which Croydon is one, that the rural sanitary district should in future be under one medical officer of health. The Surrey County Council made a most happy choice in the appointment of a county medical officer whose position and experience must command respect on all hands, and the result has been fully confirmatory of the view that in every county there is ample scope, and indeed urgent need, for county sanitary organisation. Dr. Seaton's work has been largely consultative, and is certain to become still more so to the advantage of the new order of things becoming more generally

MEDICAL NEWS.

THE Corporation of the City of London has made a grant of £105 towards the funds of the Metropolitan Hospital.

THE Vienna Academy of Science has elected M. Pasteur an honorary member.

THE Commission of the Pari Mutuel has given 24,000 francs to the new seamen's hospital to be built by the seaside for the reception of scrofulous patients.

THE fifty-first festival dinner in aid of the funds of the Farringdon General Dispensary and Lying-in Charity was held at Wood's Hotel on June 6th. Subscriptions to the amount of £310 were announced during the evening.

THE Duke of York has forwarded ten guineas to the Royal Hospital for Diseases of the Chest, City Road, E.C., in connection with the approaching festival dinner, at which Lord Rothschild is to preside.

THE sanitary condition of Paris is improving. The mortality is now nearly at the normal figure. The epidemic of typhus has practically disappeared, though a case is now and then sent to the Hôtel Dieu.

HER MAJESTY THE QUEEN has been graciously pleased to become patron to the Up-Country Nursing Association for Europeans in India, and has sent a donation of £25 in aid of its fund.

AT Wolverhampton, on May 29th, Mr. Joseph H. Jones, medical student of the Edinburgh University, was fined £10 and costs for giving a certificate of death in the case of a child.

DR. ALLSOM, of Cork, has been presented with a beautifully illuminated album, containing the portraits of himself and wife, as a token of congratulation on his marriage.

HER ROYAL HIGHNESS PRINCESS CHRISTIAN OF SCHLESWIG-HOLSTEIN distributed the medallions and certificates to the successful students of the Norwood Centre of the St. John Ambulance Association at the Crystal Palace, on June 3rd.

THE LUXURIES OF TRAVEL.—On July 3rd the Midland Railway Company will place on their Scotch service additional expresses provided with first and third class dining cars, in which afternoon teas and refreshments *à la carte* will be obtainable at the usual buffet tariff, besides the regular dinner and luncheon.

THE late Mrs. Marion Jane Carter of Ospringe House, Ospringe, Kent, who died on April 9th last, by her will bequeaths to the Hospital for the Paralysed and Epileptic, Queen Square, Bloomsbury, £500; Asylum for Idiots, Earlswood, £500; Hospital for Incurables, Putney Heath, £500; Cancer Hospital, Brompton, £500.

FEMALE MEDICAL STUDENTS IN FRANCE.—The total number of women at present studying medicine in the French schools is 229. Of these, 122 are French, 95 Russian, 4 Roumanian, 2 English, 2 Servian, 2 Bulgarian, 1 Turkish, and 1 German. In the pharmacy schools there are 14 female students, all Frenchwomen.

PRESENTATIONS.—Dr. Stanley Moore, Medical Officer of the Baldyole Dispensary District, on the occasion of his leaving the district to take charge of the Dunboyne Dispensary District was presented with a testimonial consisting of a cheque for a considerable sum, as a mark of respect and esteem.—Dr. Miller, of Lossiemouth, was entertained to dinner by a large number of friends on the eve of his departure for Edinburgh.

WORK AT THE DALRYMPLE HOME.—In the report of the Homes for Inebriates Association for 1892-3 the Committee hail the report of the Government Departmental Committee on inebriates, with the thorough-going recommendations for amended legislation and the strong body of skilled evidence in the appendix as confirming the experience of 305 cases treated at, and discharged from, the Dalrymple Home. The former gratifying proportion of successful cases continues to characterise the operations of this institution. The Com-

mittee is jubilant at having, out of the profits, repaid the last instalment of a loan of £500, granted without interest by the vice-chairman.

THE concert in aid of funds for the purchase of site and rebuilding of the London Dental Hospital, lately announced by the students of that institution, was held on Tuesday evening at St. James's Hall, and was a great success. Among the eminent artistes who gave their service were Madames Newling and Frickenhaus, Misses Frida Scotts, C. Butt, and M. Hoare; Messrs. Joseph Hollman, Ben Davies, Watkin Mills, R. Reck, and N. Salmon, apology being made for Madame Valleria—smitten that morning, we regret to hear, by sunstroke. Mr. Wilhelm Ganz officiated at the pianoforte. The committee and stewards may be congratulated on the excellent management.

THE GENERAL MEDICAL COUNCIL.—The thirtieth volume of the *Minutes of the General Medical Council* was sent to press immediately after the conclusion of the last session. In addition to the minutes of the Council it contains those of the Executive Committee of February 27th and May 22nd, the report of the Students' Registration Committee, the standing orders of the Council revised to May 23rd, with an index; the financial statement for the year 1892 with the estimates of 1893, the report of the Examination Committee, and the reports of the visitors and inspector with remarks of the examining bodies on the final examination of the Irish universities and Scotch corporations, the report of the Educational Committee with regard to dental qualifications, reports of the same Committee on preliminary examination and on the regulations of the licensing bodies under which qualifications are granted, and the report by the Medical Aids Committee.

ROYAL MEDICAL BENEVOLENT FUND OF IRELAND.—The annual meeting of this society was held in the Royal College of Surgeons, Dublin, on Monday, June 5th, under the presidency of Dr. Edward Hamilton. Dr. J. W. Moore, honorary secretary, read the report, which showed that in the past twelve months many names had been added to the list of contributors, and, through the exertions of Surgeon-General Joynt, M.D., £25 additional had been secured for their fund. In consideration of the jubilee year of the society the committee recommend an addition of 10 per cent. to the amount of the regular grants. The report stated that it had been resolved to add £576 to the investments of the society. Including a balance of £906 from last year, the receipts for the year amounted to £2,815, and after paying all expenses a balance of £1,606 remained on hand. The grants made during the year amounted to £1,050. The subscriptions from branches had amounted to £200, and five counties did not subscribe. Amongst the speakers were Dr. Tagert (Clones), Dr. Ringwood (Kells); Dr. Jacob (Maryboro'), Brigade-Surgeon Potter, Dr. Mackesy (Waterford), Dr. Faikiner, Dr. Jordan (Castlebar), Baxter, and Sir George Porter, Bart.

PRESENTATION.—A presentation was made to Mr. Craven at the Royal Infirmary, Hull, on the occasion of his resignation of the post of honorary surgeon to that institution after a tenure of forty years. The presentation was made by Mr. F. R. Pease, in the presence of a large number of ladies and gentlemen. The testimonial included two portraits of Mr. Craven, painted in oil by Mr. W. West—one for the board room of the infirmary—and a handsome silver teatray. The Chairman, in making the presentation, alluded to the fact that members of Mr. Craven's family for three generations had practised the healing art in Hull. Mr. Craven had kept himself abreast of recent advances in surgical skill and science, and had earned the deepest gratitude of all for his devoted services to the patients in the infirmary. He had also years ago started the Hospital Sunday movement in Hull, which now in one year amounted to £800. The governors of the infirmary at their last meeting unanimously elected Mr. Craven a member of the board of management, that his accumulated experiences might not be lost to the institution. Many other gentlemen addressed the meeting. Mr. Craven feelingly thanked the subscribers to the testimonial and the speakers, and remarked on the great pleasure which that day's proceedings had afforded him and the various members of his family.

FEVER IN THE TRANSVAAL.—Parts of the Transvaal are subject from time to time to epidemic outbreaks of malarial fever; this year one of exceptional severity has caused enormous suffering to the white and, still more, to the native population. The rich valley of the Elands river is described as having been “swept of its native people with a grim and terrible thoroughness. Whole kraals of Kaffirs and Swazis have been depopulated, and certainly over 10,000 have been swept off.” The outbreak has been attributed to malarial emanations from the deposits left by the heavy floods at the beginning of the year; and partly, also, to the disturbance of soil consequent on extensive railway-making operations. These recurring outbreaks of malarial fever in the Transvaal and elsewhere in South Africa ought to make medical men recommending a residence in the country to phthisical patients very careful to define accurately the salubrious districts. It must be borne in mind that the conditions favouring the development of plasmodium malariae are in many particulars exactly those which favour the development of bacillus tuberculosis; and, moreover, that nothing leads to recrudescence of quiescent phthisis so surely as the anaemia which is invariably associated with even the mildest attacks of malarial fever.

THE NATIONAL HEALTH SOCIETY.—There was a large attendance on June 3rd at Grosvenor House, Grosvenor Square, upon the occasion of the presentation of medals and certificates in connection with the National Health Society by the Duchess of Westminster. The certificates are given after an examination which is held in different centres subsequently to a course of lectures on Sick Nursing, First Aid to the Injured, and kindred subjects. The Duke of Westminster briefly opened the proceedings by congratulating the members of the Society upon the excellent work which was being done by the Society in the interest of the poor of London. He remarked that while the suffering poor were receiving great attention at the hands of the Society it would, perhaps, be as well that some attention should be paid to the needs of the suffering rich. Dr. Owen Lankester explained to those present the character of the examinations of the Society and the necessary qualifications for becoming a medallist. The Duchess then distributed the medals and certificates. There were in all ten recipients of medals and 162 of certificates. Mr. John Gay delivered an address on the general work of the National Health Society, especially referring to the necessity of the training of teachers, and Mr. H. Macan, the organising secretary for the Surrey County Council, remarked upon the success of the Society's teachers in the counties under the technical education scheme. A presentation of diplomas for lectureships under the Society was subsequently made.

EDINBURGH MEDICAL MISSIONARY SOCIETY.—Many of those who are interested in and give their support to the Edinburgh Medical Missionary Society, as well as many of the personal friends of Dr. Hoernlé, will learn with disappointment and regret, not unmixed with dissatisfaction, that in consequence of the determination of the directors to abolish the office of Assistant Superintendent, this gentleman is about to leave Edinburgh. A minute has been adopted by the directors, and a copy has been sent to him, along with a honorarium of £200.

The Board of Directors of the Edinburgh Medical Missionary Society, in view of their resolve to abolish the office of Assistant Superintendent, which has been occupied by the Rev. Dr. Hoernlé since October, 1890, desire to put on record this minute regarding Dr. Hoernlé. They gratefully recognise the zeal and singlemindedness with which Dr. Hoernlé has given himself to his work in the Cowgate. He has by his organising power and his personal interest in them maintained the various departments of work on a high level of efficiency; he has, in his close and frank intercourse with the students, won their affection and trust, and has greatly aided some of them in their spiritual life. He has also conducted a class on the Greek New Testament, for which his learning so well fitted him, and to which the students in attendance acknowledge their deep indebtedness. During the period which elapsed between the sudden death of Dr. Lowe and the entrance of the new Superintendent upon office, Dr. Hoernlé occupied a very trying position, and the Directors are grateful for the Christian courtesy and manliness, as well as the unabated devotion to the students and to the whole work of the Society, which Dr. Hoernlé then displayed. The Directors will follow the future career of Dr. Hoernlé with warm interest, and earnestly trust that a sphere may be opened up for him in the providence of God where his undoubted powers as a medical missionary may continue to find exercise.

Recently a number of Dr. Hoernlé's students entertained him to supper, and the gathering was of the most enthusiastic kind.

MEDICAL VACANCIES.

The following vacancies are announced:

BELGRAVE HOSPITAL FOR CHILDREN, 79, Gloucester Street, S.W.—House-Surgeon. Board, lodging, fuel, and lights provided. Applications, endorsed outside “House-Surgeon,” to the Honorary Secretary by June 21st.

BRADFORD CHILDREN'S HOSPITAL.—Honorary Medical Officer; doubly qualified. Applications, endorsed “Honorary Medical Officer,” to C. V. Woodcock, Secretary, Secretary's Office, Albany Buildings, Market Street, Bradford, by June 12th.

BRADFORD INFIRMARY AND DISPENSARY.—House-Surgeon; unmarried. Salary, £10 per annum, with board and residence. Applications, endorsed “House-Surgeon,” to William Maw, Secretary, by June 20th.

BURTON-ON-TRENT INFIRMARY.—House-Surgeon. Salary, £130 per annum, with rooms, coals, and gas. Applications to the Honorary Secretary, Mr. James C. Grinling, by June 23rd.

CITY OF BIRMINGHAM.—Resident Medical Superintendent for the City Hospital for the Treatment of Small-pox and Scarlet Fever; doubly qualified, unmarried, and not more than 40 years of age. Salary, £200 per annum, with furnished residence, coal, gas, attendance, washing, and rations. Applications, endorsed “Medical Superintendent,” to the Clerk, Health Committee, Council House, Birmingham, by June 16th.

CROYDON UNION RURAL SANITARY AUTHORITY.—Medical Officer of Health.—Salary, £240 per annum. Applications to James Wilson, Union Offices, Croydon, by June 10th.

EAST LONDON HOSPITAL FOR CHILDREN, Glamis Road, Shadwell, E.—House-Surgeon. Board and lodging provided. Applications to the Secretary by July 6th.

FARINGDON UNION, Faringdon.—Medical Officer and Public Vaccinator for the Buckland District. Salary, £126 per annum, with extra fees allowed by the Local Government Board. Applications to the Clerk of the Guardians by June 13th.

GENERAL HOSPITAL, Birmingham.—Assistant House-Surgeon. No salary; residence, board, and washing. Applications, with registration certificate, to the House Governor by July 1st.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Dental Surgeon. Applications to the Secretary, by June 21st.

INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST AND THROAT, 26, Margaret Street, Cavendish Square, W.—Physician in Ordinary. Applications to the Secretary by June 21st.

LIVERPOOL DISPENSARIES.—Assistant Surgeon; unmarried. Salary £30 per annum, with apartments, board, and attendance. Applications to R. R. Greene, Secretary, by July 24th.

MACCLESFIELD GENERAL INFIRMARY.—Junior House-Surgeon; doubly qualified. Salary, £70 per annum, with board and residence. Applications to the Chairman of the House Committee by June 15th.

MANCHESTER SOUTHERN AND MATERNITY HOSPITAL.—Resident House-Surgeon. Honorarium at the rate of £75 per annum. Applications to George William Fox, 53, Princess Street, Manchester, by June 16th.

ROYAL ALEXANDRA HOSPITAL FOR SICK CHILDREN, 10, Dyke Road, Brighton.—House-Surgeon; doubly qualified. Salary, £30 per annum, with board, lodging, and washing. Applications to the Chairman of the Medical Committee by June 17th.

ROYAL BERKS HOSPITAL.—Assistant House-Surgeon. Salary, £240 per annum, with board and lodging. Applications to the Secretary by June 13th.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Examiner in Dental Surgery. Applications to the Secretary by June 23rd.

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.—Junior Resident Medical Officer. House-Surgeon: doubly qualified. Appointment for six months. Board, residence, and washing provided. Applications to the Secretary by June 19th.

ROYAL SOUTHERN HOSPITAL, Liverpool.—Junior House-Surgeon; doubly qualified. Salary, 60 guineas a year, with board and residence. Applications to the Chairman of the Medical Board by June 17th.

ROYAL VICTORIA HOSPITAL, Bournemouth.—Ophthalmic Surgeon. Applications to the Secretary by July 1st; and a House Surgeon-Secretary. Salary, £100 per annum and board for the latter. Applications to the Chairman of Committee by July 1st.

UNIVERSITY COLLEGE, London.—Professor of Midwifery and Obstetrics. Applications to the Secretary, J. M. Horsburgh, M.A., by June 20th.

UNIVERSITY OF LONDON, Burlington Gardens, W.—Examiner in Surgery. Salary, £200 per annum. Applications to the Registrar by June 24th.

VICTORIA HOSPITAL FOR SICK CHILDREN, Queen's Road, Chelsea, S.W.—Surgeon on the in-patient staff and Surgeon on the out-patient staff. Appointment for five years. Applications to Commander Blount, R.N., Secretary by June 17th.

WEST LONDON HOSPITAL, Hammersmith Road, W.—Surgeon. In view of one of the Assistant Surgeons being elected, applications are invited for Assistant Surgeon. Applications to R. J. Gilbert, Secretary-Superintendent, by June 21st.

WEST LONDON HOSPITAL, Hammersmith Road, W.—House-Physician and House-Surgeon. Board and lodging provided. Applications to R. J. Gilbert, Secretary-Superintendent, by June 21st.

WESTMINSTER HOSPITAL, Broad Sanctuary, S.W.—Assistant Physician. Applications to House Committee before June 27th.

WESTMINSTER HOSPITAL, Broad Sanctuary, S.W.—Fourth Assistant Physician. Applications to the House Committee before June 20th.

MEDICAL APPOINTMENTS.

ANDERSON, Annie M. S., M.B.Lond., appointed Resident Medical Officer to the New Hospital for Women, Euston Road, N.W.

APTHORPE, Mr. W. H., appointed Medical Officer and Public Vaccinator for the No. 5 District of the Cuckfield Union.

ASHWORTH, W. Rushton, L.R.C.P.Lond., M.E.C.S., appointed Resident Surgeon to the Costa Rica Railway Company's Hospital at Port Limon.

ATKINSON, J., M.B., C.M.Edin., appointed Senior Resident Medical Officer to the North West London Hospital, Kentish Town Road.

BARTON, George Alexander Heaton, M.R.C.S.Eng., appointed Medical Officer for the Moreland Bishop District of the Crediton Union.

CAGNEY, James, M.A., M.D., M.R.C.P., appointed an Assistant Physician at the North West London Hospital.

CANN, Thomas Martyn, M.R.C.S.Eng., appointed Medical Officer for the Rodmell, Iford, and Kingston District of the Newhaven Union.

CRESSY, Dr., appointed Medical Officer for the Wroughton District of the Highworth and Swindon Union, *vice* H. W. McCaully Hayes, M.R.C.P., L.R.C.S.Edin., resigned.

CROMIE, John, L.R.C.P., L.R.C.S.Edin., reappointed Medical Officer to the Blyth Port Sanitary Authority.

DONKIN, H. B., M.A., M.B.Oxon., F.R.C.P.Lond., appointed Joint Lecturer on Medicine at the Westminster Hospital Medical School, *vice* Dr. Sturges, resigned.

FLEURY, Eleanor L., M.B., B.Ch.Irel., appointed Clinical Assistant to the Richmond Asylum, Dublin.

FOSTER, William Fred., M.R.C.S.Eng., appointed Medical Officer of Health for the Newport Urban Sanitary District of the Isle of Wight Union, *vice* F. B. Tuttiell, M.R.C.S.Eng.

GAYLOR, Edward, L.R.C.P., L.M.Edin., L.F.P.S.Glasg., reappointed Medical Officer of Health for the Ripley Urban Sanitary District.

HARRIS, A., M.B.Edin., appointed Medical Officer of Health for the Thetford Union.

HOPE, Edward William, M.D., appointed *pro tem.* Medical Officer of Health to the Liverpool Port Sanitary Authority.

HUTCHINSON, Jonathan, jun., F.R.C.S.Eng., appointed Surgeon to the Out-Patients at the London Hospital.

JOHNS, John Adam, M.B., B.Ch., appointed Resident Medical Officer to the Westmoreland Lock Hospital, Dublin.

KELLOCK, T. H., M.A., M.B., B.C., F.R.C.S., L.R.C.P., appointed Resident Medical Superintendent of the Hospital for Sick Children, Great Ormond Street.

KENDALL, N. F., M.R.C.S., L.R.C.P.Lond., appointed Junior Resident Medical Officer to the North-West London Hospital, Kentish Town Road.

KENNEDY, Alfred Edmund, L.R.C.P., L.M.Edin., L.F.P.S.Glasg., appointed Medical Officer for the Small-pox Hospital at West Ham.

KERR, James, M.A., M.D., D.P.H.Cantab., appointed Honorary Assistant Medical Officer to the Bradford Infirmary.

MANNING, Dr. N., appointed Medical Officer for the Combermartin Friendly Society, *vice* George Henry Manning, M.D., B.Ch.Dub., deceased.

MURRAY, Dr., appointed Consulting Surgeon to the Inverness District Asylum, *vice* John Simpson, M.D.Edin., resigned.

OLIVER, William, M.B., C.M.Edin., appointed a District Medical Officer for Waterhead, in the Township of Saddleworth.

O'RAFFETY, James Christopher, L.R.C.P., L.R.C.S.Edin., appointed Medical Officer for the Waltham District of the Melton Mowbray Union.

ORMEBOD, Joseph A., M.D.Oxon., F.R.C.P.Lond., M.R.C.S., appointed House-Physician to St. Bartholomew's Hospital.

PHILLIPS, H. H., M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Physician to Charing Cross Hospital.

POWELL, John J., M.R.C.S.Eng., L.S.A.Lond., L.R.C.P.Lond., appointed Medical Officer to St. Nicholas's Home for Crippled Children at Byfleet, near Weybridge.

PITCHARD, William B., M.R.C.S., L.R.C.P.Lond., appointed Assistant Medical Officer to the Royal Infirmary, Manchester, *vice* Ernest Anaker, M.D.Berl., L.R.C.P.Lond., resigned.

ROWETT, Dr. J., appointed Medical Officer for the Highworth District of the Highworth and Swindon Union, *vice* George B. Flux, M.D.Brx., resigned.

TATHAM, John, M.D.St.And., F.R.C.P.Lond., appointed Consulting Physician to the Hospital for Consumption, Brompton.

TROTTER, Dr., appointed Medical Officer for the Brandon District of the Thetford Union, *vice* Charles M. Fegen, L.R.C.P.Edin., M.R.C.S.Eng., resigned.

WHITEHEAD, J. H., M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to Charing Cross Hospital.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Lang: Diseases of the Cornea.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor J. Hutchinson, jun.: Injuries to the Epiphyses and their Results. Lecture I.

TUESDAY.

LONDON POST GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Hyslop: Moral Insanity; Impulsive Insanity; Homicidal Insanity. Hospital for Diseases of the Skin, Blackfriars, 4 P.M.—Dr. Payne: The Diseases called Lichen.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Dr. T. Lauder Brunton: On the Use of Atropine in Cholera. Dr. Felix Semon: A Case of Malignant Disease of the Thyroid Gland, with most Unusual Course.

WEDNESDAY.

LONDON POST GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.—Dr. Hector Mackenzie: Mitral Stenosis. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Quarry Silcock: Myopia, with Illustrative Cases.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor J. Hutchinson, jun.: Injuries to the Epiphyses and their Results. Lecture II.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY, West London Hospital, 8.30 P.M.—Mr. Henry Morris: The Cavendish Lecture on Some Changes in Surgical Opinion regarding the Diseases of the Urinary Organs. The President and Council will afterwards hold a *conversazione*, 9.30 to 11 P.M.

THURSDAY.

LONDON POST GRADUATE COURSE, Hospital for the Paralysed and Epileptic, Queen Square, 2 P.M.—Dr. Gowers: A Clinical Lecture. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Mr. C. A. Ballance: Lateral Sinus Pyæmia. Central London Sick Asylum, Cleveland Street, 5.30 P.M.—Dr. Ord: Clinical Lecture. London Throat Hospital, 204, Great Portland Street, 8 P.M.—Dr. Whistler: Tuberculosis of the Larynx.

NEUROLOGICAL SOCIETY OF LONDON, National Hospital for the Paralysed and Epileptic, Queen Square, W.C., 8.30 P.M.—Clinical Meeting. Dr. Ferrier: Ophthalmoplegia Externa. Dr. Savill: Case illustrating Power of Repair in a Mixed Nerve Trunk. Dr. Judson Bury: Persistent Hemianesthesia with Trophic Lesions of the Hand. Dr. Beevor: Unusual Case of Paralysis Agitans; and other cases.

FRIDAY.

LONDON POST GRADUATE COURSE, Bacteriological Laboratory, King's College, 11 A.M.—Professor Crookshank: Lecture—Erysipelas and Suppuration. Practical Work—Streptococci. Hospital for Consumption, Brompton, 4 P.M.—Dr. Hector Mackenzie: Aortic Valvular Disease.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor J. Hutchinson, jun.: Injuries to the Epiphyses and their Results. Lecture III.

SATURDAY.

LONDON POST GRADUATE COURSE, Bethlem Royal Hospital, 11 A.M.—Dr. H. Corner: General Paralysis of the Insane.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 8s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

BIRTHS.

CRAWFORD.—On the 29th ult., at Egmore, Madras, the wife of Surgeon-Captain F. J. Crawford, of a daughter.

GREIG.—At Kirin, Manchuria, on 1st April, the wife of James A. Greig, F.R.C.S.Edin., Medical Missionary of Irish Presbyterian Church, of a son.

ROBERTS.—On May 31st, at Beckenham, Kent, the wife of Sidney Roberts, M.A., M.B., B.C.Cantab., M.R.C.S., of a son.

MARRIAGES.

ABRAM—RIDER.—On the 1st inst., at St. Mark's, Kennington, by the Rev. I. D. Kavanagh, chaplain of Devon and Exeter Hospital, assisted by the Rev. A. G. Bowman, M.A., Vicar of the parish, George Stewart Abram, B.A., M.B., B.C., M.R.C.S., L.R.C.P., of Reading, elder son of the late George Abram, of Middle Temple Lane, E.C., to Ethel May, only daughter of Thomas Francis Rider, of Stanstead House, The Grove, Clapham Road.

CONSTANT—ASHBY.—June 5th, at St. Mary's, Scarborough, by the Right Rev. the Bishop of Hull, vicar of Scarborough, assisted by the Rev. J. A. Faithfull, Thomas Edward Constant, M.R.C.S., L.R.C.P., L.D.S.Eng., son of Amos Constant, Esq., of Gravesend, to Rosie, eldest daughter of Richard Ashby, Esq., of Scarborough.

DAVIS—LE GALLAIS.—On the 1st June, by special licence, at "Bon Air," Jersey, the residence of the bride's mother, Surgeon-Captain Edward Davis, Army Medical Staff, to Maude Eveline, second daughter of the late Lieutenant-Colonel Alfred Le Gallais, B.S.C.

YOUNG—YOUNG.—May 31st, 1893, at Christ Church, Leeson Park, Dublin, by the Rev. Canon M'Cauley, rector of Cavan, assisted by the Rev. J. O. Young, brother of the bridegroom, Charles Augustus Young, surgeon-captain Army Medical Staff, third son of Colonel Young, late 49th and 14th Regiments, to Rosa Julia, eldest daughter of the late James Young, of Harristown, Cashelrea, and granddaughter of the late Honble. Waller O'Grady, Q.C., of Castlegarde, co. Limerick.

DEATHS.

ELLETON.—May 30th, at Aberford, John Edward Ellerton, M.R.C.S., L.S.A., aged 66 years.

GRANT.—At Fortingall, Perthshire, on the 14th ult., William Thomas Grant, M.D., late of Broughty Ferry, aged 48.