

has the energy and ready resource which are needed to trace that cane sugar to the grocer's shop!

The difficulty to be overcome becomes greater in proportion as the real disease is more serious, and so tends to mask the unreal. Thus a labouring man, in working for his employers, receives an injury to his knee which leads to synovitis; he is laid up, and perhaps finds himself in receipt of a special grant of wages during disablement, as being considered a specially deserving man; his club also pays a useful weekly sum; he appears to recover to a certain point, and is about to be sent back to work by the doctor who watches his master's interests, when suddenly an angry pustule appears outside the patella, and the bursa begins to enlarge. It is only after time wasted, and some suspicion being suggested to the attendant by an outside and chance remark, that the source of the second effusion is found to have been the introduction of a fine and rusty wire into the part!

Criminals undoubtedly appear to graduate with highest honours in malingering, which is not surprising considering what they have to gain by a successful exhibition, which may procure for the "insane" adept the genial luxuries of asylum life with its tobacco, cricket, dances, and so on; for the "rheumatic" expert rest from the treadmill and the crank; for the "dyspeptic" juggler white bread in place of brown, and cocoa instead of "skilly;" not to speak of the Elysian delights of the prison infirmary, where an undetected "paralytic" scamp may lie in ease and luxury; the possession of an ulcerated leg, if extensively successful in his artifice, may enable another to read half the pious literature of the year while his lesion is being healed.

The numerous little subterfuges practised by what used to be called "the weaker vessels" amongst our patients, it would be absurd to stigmatise as malingering. Regarding these very distant cousins of malingering, all that is needed is that the practitioner shall recognise the ruses of his playful patients and not be actually misled by them.

There is yet another view of the subject; our patients repose in us a sacred trust, and rely upon us not only to guard them from and to alleviate the results of real suffering; but by an unspoken compact, they also look to us to stimulate them to activity when disease has abdicated its throne, but may have left behind morbid disinclination to meet the daily routine of business and the renewed struggle for existence. It is for us to regulate these returning powers; to even forcibly dispel the clouds which retard them, and often delay the recuperative result of a return to the battlefield of life, which is itself the best tonic; and in so doing we are, in one more sense, combating what, if not dispelled, may degenerate into a something which might become first cousin to malingering, that is, fanciful incompetence for duty.

The foregoing remarks and illustrations will, to many readers, appear perhaps trifling in their obviousness, but so frequently have cases occurred where medical reputation and credit have been sacrificed, where that sacrifice could easily have been avoided, that the subject appears to be one which can well bear comment. Trifles grow into successes, and trifles expand into calamities quite as readily in the practice of medicine as in the practice of war; and, as has been said of the greatest generals, so may we say of the greatest physicians, they are those who make fewest mistakes.

As it is better to respite a thousand really guilty murderers than to hang one innocent victim of miscarried justice, so in dealing with this subject let us remember that a single case of genuine illness mistaken for malingering and treated wrongly, will not be outweighed, in point of honour, by a whole cohort of impostors detected. Hence, let our axiom be: "Be ready for malingering by all means; but first look for real disease; and, having found malingering, still look for real disease, as the two may coexist." This course alone will prevent blunders far worse than our being stultified.

DR. J. HAWTREY BENSON has resigned the senior physicianship to the City of Dublin Hospital.

LONGEVITY IN FINLAND.—Official statistics relative to Finland show that in 1892, in a total population of 2,431,753, no fewer than 208 persons died over 90 years of age. Of these 69 were men and 139 women. Of these aged females 3 were centenarians, their respective ages being 100, 101, and 105.

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

EPIDEMIC JAUNDICE.

ABOUT October 19th, 1893, I was called to see a young lady who had been residing in Edinburgh, and a day or two before coming to Melrose had developed symptoms of what appears to have been influenza. She was going about, but was decidedly weak. On October 22nd she was jaundiced, the conjunctivæ were yellow, skin dark and irritable, urine like porter, and fæces pipe-clay. The tongue was coated with a thin white fur. Bismuth and magnesia were given until the tongue cleaned, and thereafter nitro-muriatic acid and nuxvomica until the symptoms disappeared.

This lady's younger sister, who had been complaining of "neuralgia," began to say she was weak, and in a few days afterwards developed well-marked jaundice, with all the symptoms more accentuated and of considerably longer duration than in the previous case.

About the same time a cousin of these ladies residing here, but not in the same house, and who had not been in communication with them at all, suffered from what was considered a chill, but, as she afterwards was excessively weak, we concluded it must have been influenza. About ten days after this illness she developed well-marked jaundice, with all the symptoms. Under treatment she improved gradually. About a month afterwards it was noticed that a little sister, and later a little brother, were not quite in their normal condition. They ate quite well, but they were disinclined to run about and "do lessons." After ten days of this slight *malaise*, jaundice developed. In these two little children there was very great irritation of the skin, with attacks every second day or thereabouts of well-marked nettle-rash, limited mostly to the arms and legs. They are gradually improving now, but there still remains some discoloration of the conjunctivæ.

I have attended within the last six weeks other two cases. In one, a lady aged 45, the onset was slow, with no history of acute illness; in the other, a boy aged 9, the attack began with sharp vomiting, but there was no fever nor other symptom.

In September, 1893, I attended a young girl aged 15, residing in a village three miles distant, where she was staying on holiday from Edinburgh, but in her case there was an acute attack of hepatic colic, put down as gall stones.

Excluding this last, I have had seven cases of jaundice in young people within a period of six weeks. I am sure I have not had so many in the previous six years. In three of these there was a history of something like influenza. If the attack were such, are we to consider the jaundice as one of the sequelæ of influenza? If so, I have not previously heard of it. But what about the four who had no history of influenza? Did they have it in a very attenuated form, so attenuated as to show no acute symptoms, and thereafter suffer from depression, with the sequela of jaundice ultimately showing itself? If this "epidemic" jaundice is not a *post-influenza* manifestation, what is its origin?

Melrose, N.B.

W. HALL CALVERT, M.D. Edin.

MATERNAL SMALL-POX: INFECTION OF INFANT AFTER BIRTH.

A WOMAN—E. C.—gave birth to a child on November 5th, she being then seven or eight days gone in the incubating stage of small-pox. The eruption appeared upon her on November 11th or 12th, and the child also sickened, but did not show the eruption until seventeen days after birth. It is evident that the infant was not infected *in utero*, nor from the milk upon which it was suckled during the first two or three days; in fact, it did not catch the disease from its mother at all, but probably from an elder sister, who sickened on November 9th.

It may also be worth noting, although it only exemplifies a well-known law, that the infant, having been vaccinated five days after infection, developed, concurrently, five fully-formed vaccine vesicles and a copious attack of small-pox, slightly, if at all, modified.

I have recently had under observation five other examples of a precisely similar sequence. All were vaccinated, for the first time, five days, as nearly as could be calculated, after infection. In two the cow-pox took well; and these also suffered severely from unmodified small-pox. In the other three the vaccination produced more or less imperfect results, and the small-pox was mild and, perhaps, somewhat modified.

EDWARD CASEY, M.D.
Medical Officer of Health, Windsor.

RECRUDESCENCE IN SCARLET FEVER.

THE following is another instance:

W.D., aged 15, was seen on October 16th, 1893, with typical scarlatinal symptoms—sore throat, "strawberry tongue," etc.—followed by the characteristic rash. Temperature 100°F. He was removed to the City Fever Hospital, where the disease ran a mild course with desquamation. He was discharged on December 5th.

On December 9th, 1893, he was again seen suffering from tonsillitis, the soft palate scarlet, with a suspicious rash on the knees, and next day the diagnosis was confirmed. Temperature 103°F. Owing to the throat condition the patient complained of discomfort in the ears and more especially the right; this he accounted for by assuming that an ear plug of cotton wool had passed through this ear into his throat.

He certainly brought up a plug of wool, which probably had been left in his throat during his residence in hospital, where it is used in making applications to the throat, and which, perhaps, afforded a nidus for the contagium vivum inducing the recrudescence.

Glasgow.

HENRY L. G. LEASK, M.D.

LACERATION OF ABDOMINAL WALL: "RECIPROCATING VITALITIES."

In August, 1867, F. D., a fine healthy boy, aged 14, was gored by a bullock, and a laceration about $3\frac{1}{2}$ inches long made in the abdominal wall a little to the right of the umbilicus. Many feet of small intestine immediately protruded. He was placed in bed, carefully covered, and so remained about two hours until my arrival. The uninjured bowel was returned without difficulty, and the sides of the wound brought together in the usual way by pins, and other support carefully applied. The young patient's alarm was soon soothed by kindly attendance. No drug was given. The injury was done shortly after a midday meal, consisting of animal food and two kinds of vegetables. At 2 o'clock next morning he vomited twice, ejecting what had been taken at the dinner spoken of, all the several articles of which were not only distinguishable, but were without alteration beyond that caused by mastication. During the seventeen hours between my first and second visit he had suffered no pain beyond momentary griping. In the first four days after the injury there was complete absence of both hunger and thirst; there was no aversion, but simply no desire during this long period to take either food or fluid. The bowels moved without medicine on the fourth day, and in the latter part of that day ordinary appetite returned. The pins were removed on the fifth day. Sleep during the first night after the injury was broken, but after that quite natural, and throughout the case there was no evidence of constitutional disturbance. The curious and highly interesting feature in this case is, that with all the absence of food and pain, and with sleep natural, there should still be in this growing lad no hunger during the several days when the necessary movements of a digestive process would have interfered with the progress to recovery. How much this case shows the reciprocal vital sensibilities; and seeing that animal life, when fairly typical, is an embodiment of reciprocal congruities, would it not be well if we viewed many forms of disease more in that light, making treatment less ready, and causes more carefully sought?

Milverton.

GEO. CORDWENT, M.D.

EXPERIENCES WITH ANTIPYRETICS IN THE TROPICS.

In the report on antipyrin, etc.,¹ it is stated that "the rashes in the great majority of cases have been the result of idiosyncrasy on the part of the patient, independent

altogether of the dose." This opinion does not coincide with my experience, which is fairly large. In treating tropical fevers where the drug has been regularly given during two or three days in 15-grain doses four times in twenty-four hours, a rash, generally urticarial, is met with in fully 50 per cent. of cases. This is no doubt partly produced by the diaphoresis. Once only have I seen alarming symptoms follow the use of antipyrin, namely, extreme depression, dyspnoea, slow and irregular heart's action, with subsequent muscular twitchings, in a rather delicate Japanese girl, aged 20. This was undoubtedly caused by an overdose, 15 grains having been given with such good effect that the friends repeated the dose twice at one hour intervals, 45 grains in three hours.

In consultation with Dr. Cantlie I have seen alarming collapse following two 5-grain doses of phenacetin given at two hours' interval to a strong man; and in a patient (seen with Dr. Cowie) taking 5 grains of phenacetin every three hours, after the fourth dose the urine passed was very scanty, highly-coloured, and semi-solid, half the test tube being filled with a yellowish gelatinous, shiny deposit, something like gum mastic, insoluble by heat or acid. The phenacetin was stopped, and the deposit disappeared after twenty-four hours, reappearing when the medicine (5 grains only) was repeated on the third day. No albumen, sugar, etc., was present. We made a microscopic examination, but I do not remember the result. The medicine produced also considerable depression. In one of my own cases I found a similar deposit. The drug was examined and pronounced "pure."

I saw one case in which dangerous collapse and cyanosis followed a 5-grain dose of antifebrin used for pyrexia in phthisis. Antipyrin is perfectly safe where the initial adult dose does not exceed 10 grains. The initial dose for phenacetin ought to be under 5 grains; of antifebrin I have practically no experience.

WILLIAM HARTIGAN, M.D. Brux., D.S.M.

Leinster Gardens, W.

HYPODERMIC INJECTIONS OF BRAIN EXTRACT IN MENTAL DISEASES.

THE material was prepared by Messrs. Brady and Martin, and sent fresh twice weekly; it was called by them "cerebrine alpha." The injections began on August 20th, and were given twice daily for fourteen days to six patients. The arms were in all cases the seat of injection, and each was given under antiseptic precautions. The doses began at 5 minims, and were gradually increased to 15 minims.

The following complications resulted: Case B, the temperature rose 1° after each injection. An attack of syncope followed in the case of E on the tenth day, and a slight erythema followed the second injection in Case A. The pulse in each case was quickened, but no change was observed in respiration.

Case A (recurrent melancholia with fixed delusions) expressed himself after the sixth injection as "feeling much brighter." He conversed in a rational manner, went on improving, and was discharged recovered on November 2nd. In the remaining five cases the result was negative, and, beyond the above complications, nothing of interest transpired. There were two cases of chronic melancholia, two of primary dementia, one of acute mania.

R. P. RYAN, L.R.C.S., L.R.C.P.I.,
Assistant Medical Officer, Norfolk County Asylum.

DILATATION OF THE STOMACH AS A CAUSE OF DEATH.

A VERY interesting case of dilatation of the stomach in which there was sudden death and a *post-mortem* examination immediately afterwards, which fell under my observation, may be of interest in connection with the statements in regard to that subject in the *BRITISH MEDICAL JOURNAL* of December 2nd, 1893, at page 1194.

The patient, a large fleshy woman, past middle life, had been subject to dyspeptic troubles, which were not regarded as serious, the most prominent symptom being occasional attacks of pain after eating. Upon the occasion of her death she had just eaten a hearty dinner, and made no complaint whatever of being ill in any way, but left the house without making any remark of any kind in order to feed some poultry

¹ *BRITISH MEDICAL JOURNAL*, January 13th, 1894.

at a distance of a few rods. Her husband followed, as he states, in less than a minute, and found her sitting on the threshold of the poultry-house dead.

A *post-mortem* examination was made within a few hours, and the stomach was found to be so largely distended by food and gases as to compress the heart, which was weak and flabby, so perfectly that it was incapable of containing any blood whatever, and, as a matter of fact, was entirely free from any trace of blood clot. No other cause of death was discovered save this compression of the heart, although careful search was made. It was a condition new to the physicians present, and was admitted to be the cause of death with some hesitation.

Lyons, New York, U.S.A.

M. A. VEEDER, M.D.

REPORTS

ON

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

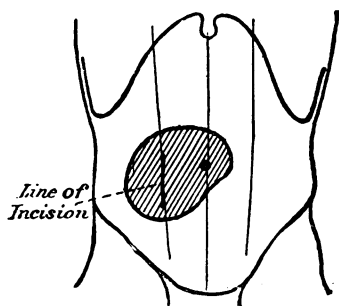
BRISTOL GENERAL HOSPITAL.

LARGE INTRA-ABDOMINAL ABSCESS FROM A FOREIGN BODY WHICH HAD PERFORATED THE BOWEL: DRAINAGE AND RECOVERY.

(Under the care of CHARLES A. MORTON, F.R.C.S., Surgeon to the Hospital.)

T. C., aged 29, was admitted at 7 P.M. on May 20th, 1893, with great abdominal pain. He was sent to the hospital by Dr. Aubrey with a view to operation. Nine days before admission, when at work, he was attacked with cramp-like pain just above Poupart's ligament on the right side, and this pain persisted, passing more over to that side of the abdomen. He continued his work as a mason until two days before admission, but during the last two days the pain had much increased, and he had been compelled to remain in bed. There was no vomiting at any time during his illness. During the first few days he was purged after castor oil. He first discovered a swelling in the abdomen two days before admission.

When admitted he had a very anxious expression, and was every now and then attacked with severe pain in the right side of the abdomen. There was no vomiting. A tenderswelling was to be felt and seen in the position indicated in the diagram.



The margins were well defined, except externally. The iliac fossa below was quite free, and not tender; and the upper limit was clearly differentiated from the liver; nor was there an impulse on palpation in the renal region behind, or any tenderness there. No distinct fluctuation could be made out in it. The rest of the abdomen was normal. The swelling could not be felt *per rectum*. The breathing was rapid and shallow, and nearly wholly thoracic. Urine normal. There was marked aortic regurgitation. A hypodermic injection of morphine did not relieve his abdominal pain much. His temperature 101°, pulse 96, respirations 40.

On May 21st, when seen at 10 A.M., he was much more exhausted. The condition of the abdomen was the same. He was anxious to be operated on as the pain was so severe, and at 11.30 A.M. I opened the abdomen in the right semilunar

line, over the swelling. A little serous fluid escaped. The swelling was found to consist of a smooth, red mass, with well-defined outline, of the form represented in the chart. It was only very slightly adherent to the abdominal wall in front, here and there, by delicate recent bands. Below and above was small intestine, but towards its outer side the edge of the liver just overlapped the top of the swelling, and the swelling seemed loosely connected with its under surface. It moved very freely with respiration. It seemed to occupy the lateral flank, and I could not get behind it here. With one finger on the swelling and the other on the abdominal wall over it, fluctuation could be made out. An exploring syringe was then introduced into the exposed swelling, and thick pus withdrawn. The needle and syringe were retained in position, whilst with fine silk I stitched the edge of the parietal peritoneum to the surface of the mass, the tissue of which was so friable that several stitches cut out. Whilst this was being done the patient vomited several times, and pus was forced out around the needle. A little of this must certainly have run into the peritoneum, but most was swabbed up with sponges, and then a very small fragment of sponge in forceps was held against the puncture, and this prevented further leakage during the suturing. After this had been completed, the sinus forceps were passed along the side of the needle, and as several ounces of offensive thick pus escaped, it was washed out of the wound by boracic irrigation. The opening was then enlarged with scissors and the finger introduced; the new junction to the parietal peritoneum showing no signs of giving way. The finger detected a large, rough fasciculated cavity, going upwards towards the under surface of the liver, and some of the loculi seemed to pass towards the spine, and had well-defined ring-like openings. There was no extension into the iliac fossa. A fine fish bone about an inch long was felt lying loosely in the floor, and removed easily with sinus forceps. The cavity was then well irrigated with boracic solution, and a very large sized india-rubber drainage tube, which very closely fitted the opening, put in. He was considerably shocked, but took ether better than the condition of his heart led us to fear. In the evening he was much easier than before operation, and breathing quietly. There was no general abdominal pain or tenderness. After a hypodermic injection of morphine he slept nearly all night, and was quite easy when I saw him on the morning of May 22nd. His temperature never reached 101° after the operation, and in a few days fell to normal, and he made an uninterrupted recovery, the cavity rapidly filling up with granulation tissue, so that by the end of the month the tube had to be left out, and he was discharged well on July 2nd.

REMARKS BY MR. MORTON.—The first point of interest in this case is the position of the abscess. Possibly the fish bone penetrated the ascending colon, and the pus formed around it under the colon, pushing it and its peritoneal attachment on the inner side upwards, so that the abscess would lie behind a kind of mesocolon, which may have been the tissue (greatly thickened) I stitched to the parietal peritoneum and then opened. Another point of interest is the escape of some of this stinking pus into the peritoneum at the time of the operation without any symptoms of peritonitis following. It shows the danger there would have been in puncturing with an exploring syringe before opening the abdomen, as a considerable quantity of pus might thus have been forced out into the peritoneum and diffused there had he vomited in taking the anæsthetic or moved about much. In some cases, perhaps, we must puncture before operating on abdominal swellings, but where we clearly ought to operate, whether an exploratory puncture reveals pus or not, surely we are incurring a needless risk in an exploratory puncture.

BEQUESTS.—The late Mr. James Jardine, of Manchester, who died in September last, has, by his will, bequeathed £1,000 to the Ardwick and Ancoats Hospital and Dispensary; £1,000 to the Northern Counties Hospital for Incurables; and £500 each to the General Hospital and Dispensary for Sick Children, Pendlebury, the Royal Eye Hospital, Manchester, St. Mary's Hospital and Dispensary, Manchester, and the Clinical Hospital for Women and Children, Manchester.

LUNACY LAW.

SIR,—In the "Medico-Legal" columns of the *BRITISH MEDICAL JOURNAL* of January 27th, p. 222, under the heading of "Lunacy Law," you reply succinctly in the negative to a correspondent who asks whether any legal formalities are necessary in the case of a father taking charge of his insane married daughter. Your reply is correct but not quite sufficient, seeing that it omits any statement of the new enactments which bear upon this important and rather puzzling question.

The old statute gave no power to anyone, relative or not, to detain a lunatic, except under order and certificates, if he derived a profit thereby. So that a mother detaining her son as a lunatic had to do so under order and certificates if she derived a profit from payments made by her son's trustees. Under the Lunacy Act of 1890 this enactment has undergone the important alteration of "profit" being changed into "payment." So that if the husband of the insane lady referred to makes any payment to her father for taking charge of her, receiving her to board or lodge or detaining her, the father will be guilty of a misdemeanour, and also be liable to a penalty, unless he complies with the enactments as to order and certificates, of not less than £50.

The only enactment I find which (sec. 315) ameliorates this statute in favour of a relative or friend is the 22nd section of the Lunacy Act of 1890, which provides that, "in the case of a lunatic, as to whom a summary reception order may be made (for improper treatment or neglect), nothing in this Act shall prevent a relation or friend from retaining or taking the lunatic under his own care, if a justice having jurisdiction to make the order, or the visitors of the asylum in which the lunatic is, or is intended to be placed, shall be satisfied that proper care will be taken of the lunatic."

A father may therefore retain the care and custody of an insane child under these conditions, even if he has not heretofore provided proper care and treatment, but the conditions do not abolish the need of order and certificates if he receives payment for taking charges for board and lodging or detention.

The case of a father having undertaken the charge, etc., of an insane married daughter for whom he receives no payment (which is probably the case under consideration), is governed by Section 206 of the Lunacy Act and its four subsections. Under this section the Commissioners may require a report from the father, or they may themselves visit and report to their Board, and the Board may report to the Lord Chancellor, who may make orders of removal. This section, however, commences with the words: "If it comes to the knowledge of the Commissioners, etc.," from which it may be inferred that no responsibility of reporting the charge of a lunatic without payment is laid upon the person who has undertaken such charge; neither is there any section in the statute which imposes such responsibility. Neither is it the duty of the medical attendant to report, even if there be a medical attendant, which however is not a legal necessity. I would therefore suggest that your answer to your questioner should be No, if there be no payment, but if there be a payment the legal formalities as to order and certificate required by the Lunacy Act of 1890 are necessary. The relationship of the person in charge to the lunatic makes no difference.—I am, etc.,

Bournemouth, Jan. 21st.

JOHN CHARLES BUCKNILL.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

THE DOWNING PROFESSORSHIP OF MEDICINE.—Dr. P. W. Latham, who has occupied the Downing Chair of Medicine since 1874, has resigned the office. His successor will come under the new statutes governing the professorships of the University, and will have a stipend of £300 a year, with a lodge and certain emoluments from Downing College, of which he becomes a member of the governing body. The appointment is in the hands of a board of electors, and the election must take place within six weeks.

UNIVERSITY OF ADELAIDE.—The Council of the Senate propose that matriculated students of this University who have spent two years in the study of arts, law, science, or medicine, and have passed certain specified examinations, shall be admitted in Cambridge as affiliated students. They will thereby be exempted from the previous examina-

tion, and may proceed to a degree at the completion of two years' residence in the University.

APPOINTMENTS.—Dr. Laurence Humphry, Assistant Physician at Addenbrooke's Hospital, has been appointed an additional member of the special board for Medicine. Mr. S. Skinner has been recognised as a teacher of Physics and Mr. A. Ivatt as a teacher of Pharmaceutical Chemistry for Medical and Surgical degrees.

MATRICULATION.—On January 27th thirty-three additional matriculations took place, bringing the number of freshmen so far admitted to the University for the current year to 894.

SHUTTLEWORTH SCHOLARSHIP.—This scholarship, offered to medical students of the University of not less than eight terms' standing, will be filled up in March next. The subjects are Botany and Comparative Anatomy, and the value £55 for three years. Candidates, if not already members of Caius College, must join it if elected. They are to send their names and testimonials to one of the tutors of Caius before March 1st.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

The following gentlemen having conformed to the by-laws and regulations and passed the required examinations were, at the quarterly meeting of the College, on January 25th, admitted Licentiates:

Allen, W. H., Cambridge and St. Thomas's
 Appleyard, F. E., Cambridge and St. Thomas's
 Austin, J. H., Toronto
 Axford, S. B., Charing Cross
 Bannerman, G. D. K., London
 Barrow, A. S., Middlesex
 Barrow, G. A., Manchester
 Bennett, J. H., London
 Brooke, B., King's College
 Burrow, T., Guy's
 Clarkson, G. A., St. George's
 Colby, F. E. A., Cambridge and St. Bartholomew's
 Coleman, J. G. B., Guy's
 Colcutt, A. M., Cambridge and St. Thomas's
 Cooper, F. B., Sheffield
 Corbould, V. A. L. E., Charing Cross
 Cory, C. G., St. Bartholomew's
 Cutting, E. B., St. Bartholomew's
 Dalby, J. L. J. B., St. Bartholomew's
 Davies, S. H. R., St. Thomas's
 Denny, A. W., Charing Cross
 Dickens, C. H., St. Thomas's
 Dobson, A., St. Thomas's
 Duffett, H. A., Guy's
 Dunstan, C. H., London
 Ellerton, H. B., St. Mary's
 Elliot, E. E., St. Bartholomew's
 Emerson, H. B., Middlesex
 Fagge, R. H., Guy's
 Farnum, C. M. S., King's College
 Fenwick, P. C., St. Thomas's
 Fisher, R. W., St. Bartholomew's
 Fosbery, F. C., Bristol
 Friend, E. C., St. Bartholomew's
 Gittens, A. B., Glasgow and London
 Grünbaum, A. S. F., Cambridge and St. Thomas's
 Gurney, A. C., St. Bartholomew's
 Halliwell, T. O., St. Thomas's
 *Hawes, G. C. B., St. George's
 Hayes, J., McGill and Middlesex
 Henderson, W. D., St. Thomas's
 Hickman, H. R. B., Oxford and St. Thomas's
 Hoare, E. S., Guy's
 Hovenden, G. S., Guy's
 Hoyten, W. J., Manchester
 Hudson, J. S., St. Thomas's
 Huskinson, H., St. Thomas's
 Hutley, W. C., St. Bartholomew's
 Jackson, R., London
 Jenkins, H. T., University College
 Jones, C. A., London
 Jones, W. D., University College
 Kennington, E., St. Bartholomew's
 Kerswell, H., St. Bartholomew's
 Kirton, R. C., London
 Lawrence, G., Cambridge and Guy's
 Lawson, K., Middlesex
 Leete, A. H., Guy's
 Lindsey, C. D., St. Mary's
 *McCardie, W. J., Cambridge and Birmingham
 McCone, J. F., California and St. Bartholomew's
 Marsh, J. H., Manchester
 *Candidates who have not presented themselves under the regulations of the Examining Board.

Meakin, H. B., St. Bartholomew's
 Meggs, T. H. E., Westminster
 Miles, H. P., University College
 Mitchell, J. E. H., Leeds
 Oldfield, H. E., Charing Cross
 Orme, W. B., University College
 Park, W. C. C., Guy's
 Passmore, J. E., London
 Peake, F. E., Bristol
 Pereira, J. A. W., Bombay and Charing Cross
 Philips, F. G. M., Guy's
 Pinniger, W. A., London
 Pollard, W. H., St. Bartholomew's
 Powys, H. L., London
 Reid, E., Guy's
 Ridsdale, A. E., St. Thomas's
 Roche, R. J., Dublin
 Romer, H., Oxford and St. Thomas's
 *Rubel, J. L., King's College
 Russell, C. H., Charing Cross
 Rutherford, A. E. R., Bristol
 Ryall, C., Westminster
 Shaw, A. P., Manchester
 Simpson, F. H., Guy's, Durham, and Birmingham
 Smith, R. N., Westminster
 Snowman, J., London
 Stewart, C. H., St. Thomas's
 Storey, P. A., University College
 Strand, A. C., Middlesex
 Sutter, R. R., Aberdeen and St. Thomas's
 Symons, R. F., St. Thomas's
 Symons, T. H., Charing Cross
 Taylor, A., Glasgow
 Taylor, E. C., Guy's
 Taylor, J. W., Bristol
 Terry, J., St. Thomas's
 Thorp, A. E., St. Thomas's
 Todd, L. B., Leeds
 Tomlinson, L. P., St. George's
 Tuck, E. S., Guy's
 Twenlow, W. A. F., Westminster
 Wakeling, T. G., St. Bartholomew's
 Walker, A., Manchester
 Wallace, L. A. R., Oxford and St. Thomas's
 Warren, C. F., St. Mary's
 Watson, C. H., Middlesex
 Way, W., Middlesex
 Weston, A. E., St. George's
 *Whelpton, E. S., Cambridge and St. Thomas's
 Whicello, H., St. Thomas's
 Whittingham, G. M. Y., Manchester and St. Mary's
 Wilkinson, G., Camb. and St. Mary's
 Willway, F. W., Bristol
 Winter, E. S., St. Bartholomew's
 Witham, H., Westminster
 Wonnacott, R. R. H., London
 Wood, W. C., St. Mary's
 Wragham, J. M., Cambridge and St. Bartholomew's
 Wray, W. T., Leeds and Middlesex
 Wrinch, E. P., Durham and St. Thomas's
 Wyllys W., St. Bartholomew's

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

The following gentlemen passed the First Examination of the Board, in the subjects indicated, under the "Five Years' Regulations" at the quarterly meeting of the Examiners:

Part I. *Chemistry and Physics.*—H. Aspinall, University College, Liver-

pool; V. Bateson, Yorkshire College, Leeds; D. Belilios, St. Mary's Hospital; C. D. Bishop, Charing Cross Hospital; A. E. Cardwell, London Hospital; C. S. Cato, Westminster Hospital; J. E. Collins, London Hospital; F. Cox, University College, Bristol; T. S. Davies, University College, Bristol; T. H. Davies, Middlesex Hospital; E. B. Dowsett, King's College, London; C. M. Ekins, University College, London; F. H. Evans, King's College, London; J. Gardner, Firth College, Sheffield; W. R. Green, Guy's Hospital; W. W. Halsted, St. Thomas's Hospital; W. H. Harland, Middlesex Hospital; J. H. Harrison, Firth College, Sheffield; J. O. Harvey, Mason College, Birmingham; W. J. S. Harvey, Guy's Hospital; R. S. F. Hearn, St. Bartholomew's Hospital; F. H. R. Heath, Guy's Hospital; G. H. Herbert, London Hospital; W. T. Jackson, Owens College, Manchester; N. J. Kendal, Mason College, Birmingham; A. Kinsey-Morgan, Guy's Hospital; T. Leah, St. Mary's Hospital; C. T. Lewis, King's College, London; E. A. Longhurst, Guy's Hospital; C. A. Lower, Guy's Hospital; B. S. O. Maunsell, St. Bartholomew's Hospital; A. Mercer, University College, London; E. R. Millar, University College, London; E. B. L. Moore, The College, Epsom; C. C. Morgan, St. Bartholomew's Hospital; R. E. Mounsey, St. George's Hospital; W. Mussellwhite, private study; R. F. N. Overton, St. Mary's Hospital; E. F. Palgrave, St. Bartholomew's Hospital; J. Phillips, University College, Bristol; J. H. Robinson, Charing Cross Hospital; E. H. Ross, St. Thomas's Hospital; C. Shepherd, Guy's Hospital; C. S. Smith, Mason College, Birmingham; G. H. Spencer, London Hospital; B. H. H. Tripp, St. Mary's Hospital; H. S. Turner, School of Science and Art, Stoke-on-Trent; C. G. Watson, St. Bartholomew's Hospital; B. F. Wingate, St. Mary's Hospital.

Part II. *Practical Pharmacy*.—F. Atthill, Charing Cross Hospital; C. E. Blackstone, Middlesex Hospital; F. A. Coates, University College, Bristol; R. W. Collum, Charing Cross Hospital; F. Cox, University College, Bristol; T. S. Davies, University College, Bristol; E. S. Edwards, University College, Bristol; J. Gardner, Firth College, Sheffield; J. B. Hall, Yorkshire College, Leeds; J. O. Harvey, Mason College, Birmingham; G. C. Hobbs, St. Bartholomew's Hospital; R. R. Horley, Middlesex Hospital; A. Johnson, University College, Liverpool; W. T. Milton, Guy's Hospital; R. G. Murray, St. George's Hospital; A. H. Parker, Charing Cross Hospital; J. Phillips, University College, Bristol; F. H. Rose, University College, Bristol; G. H. Spencer, London Hospital; J. W. Watson, University College, Bristol.

Part III. *Elementary Biology*.—A. T. Abadjian, London Hospital; H. C. Adams, Middlesex Hospital; R. H. Allport, St. Thomas's Hospital; W. Andrus, London Hospital; A. G. H. Anthonisz, University College, London; J. A. Archer, Mason College, Birmingham; E. C. P. Barnes, London Hospital; E. H. Barrett, St. Mary's Hospital; G. L. Bates, Charing Cross Hospital; F. Bawtree, St. Thomas's Hospital; F. S. G. Bayley, St. Thomas's Hospital; S. Beley, St. Thomas's Hospital; D. Belilios, St. Mary's Hospital; V. C. Bensley, St. Mary's Hospital; F. M. Bingham, St. Thomas's Hospital; J. F. E. Bridger, St. Mary's Hospital; V. E. J. Bristowe, St. Thomas's Hospital; R. Brooks, Westminster Hospital; E. K. Brown, London Hospital; E. W. Browne, St. Thomas's Hospital; M. C. Caley, St. Mary's Hospital; A. E. Cardwell, London Hospital; A. F. Carlyon, Middlesex Hospital; E. A. S. Cawston, Guy's Hospital; L. S. Daly, Middlesex Hospital; L. J. L. De Pavillet, St. Mary's Hospital; K. H. Douglas, London Hospital; P. C. Douglass, St. Mary's Hospital; G. W. H. Edgelow, London Hospital; A. G. Eldred, London Hospital; P. Foster, Charing Cross Hospital; C. L. Francia, St. Bartholomew's Hospital; F. A. French, St. Mary's Hospital; A. S. Gardiner, St. Mary's Hospital; H. C. Garrod, University College, Bristol; S. Gaster, London Hospital; C. M. Goodbody, St. Thomas's Hospital; A. G. Graham, St. Thomas's Hospital; E. S. Graham, St. Mary's Hospital; W. R. Green, Guy's Hospital; L. V. Hokanson, St. Mary's Hospital; S. W. Hanbury, St. Thomas's Hospital; F. H. Hand, St. George's Hospital; R. J. Harris, St. Thomas's Hospital; W. B. Harris, St. Mary's Hospital; S. Harrison, Guy's Hospital; J. H. Hart, St. Thomas's Hospital; F. Hasler, London Hospital; I. H. S. Hawes, St. George's Hospital; G. H. Herbert, London Hospital; W. G. F. Higgins, Middlesex Hospital; B. F. Howlett, St. Thomas's Hospital; A. W. D. Hunt, Middlesex Hospital; G. A. Hutchinson, St. Mary's Hospital; T. Jones, Middlesex Hospital; N. J. Kendal, Mason College, Birmingham; E. C. Lambert, Westminster Hospital; T. Leah, St. Mary's Hospital; O. E. Lemin, London Hospital; H. S. Libby, St. Thomas's Hospital; J. H. Lightfoot, St. Mary's Hospital; W. J. Lord, University College, Bristol; A. L. Lowe, London Hospital; A. M. Macintosh, St. Mary's Hospital; F. P. Mackie, University College, Bristol; J. F. McClean, St. Thomas's Hospital; H. T. Mann, St. Mary's Hospital; B. S. O. Maunsell, St. Bartholomew's Hospital; H. J. May, London Hospital; L. Milburn, Middlesex Hospital; F. M. Morris, London Hospital; I. L. Morris, St. Bartholomew's Hospital; J. I. W. Morris, St. Mary's Hospital; E. E. Nicholl, St. Thomas's Hospital; J. C. S. Oxley, St. Thomas's Hospital; G. Paira-Mall, London Hospital; M. G. Pawle, Guy's Hospital; T. Pearson, Charing Cross Hospital; N. Pern, St. Thomas's Hospital; C. R. Pike, London Hospital; W. G. Porter, Charing Cross Hospital; J. B. Reade, St. Thomas's Hospital; H. S. Roch, King's College; D. Samuel, St. Mary's Hospital; C. Shepherd, Guy's Hospital; L. S. Shoosmith, St. Mary's Hospital; S. J. R. Shorto, Westminster Hospital; C. S. Smith, Mason College, Birmingham; E. P. Smith, Middlesex Hospital; G. H. Spencer, London Hospital; C. H. Straton, St. Mary's Hospital; B. H. H. Tripp, St. Mary's Hospital; A. W. Tuxford, St. Mary's Hospital; P. Vosper, King's College; N. B. Warde, St. Thomas's Hospital; A. J. Watson, St. Mary's Hospital; J. G. Watt, Guy's Hospital; G. H. R. Welsh, London Hospital; W. F. Willis, St. Mary's Hospital; H. T. C. Wilson, King's College; G. D. Winston, St. Mary's Hospital.

Part IV. *Elementary Anatomy*.—F. G. Aldrich, Charing Cross Hospital; M. R. Barker, St. Mary's Hospital; G. L. Bates, Charing Cross Hospital; J. W. Brown, Charing Cross Hospital; C. G. Catterall, Yorkshire College, Leeds; C. L. Francia, St. Bartholomew's Hos-

pital; C. H. Francis-Williams, St. George's Hospital; A. W. H. Grant, Charing Cross Hospital; F. Hannah, Owens College, Manchester; F. Hasler, London Hospital; I. H. S. Hawes, St. George's Hospital; H. F. Hine, Middlesex Hospital; C. E. Hogan, St. Bartholomew's Hospital; J. E. Howroyd, Yorkshire College, Leeds; A. Johnson, University College, Liverpool; H. S. Langdon, Middlesex Hospital; O. E. Lemin, London Hospital; C. T. Lewis, King's College, London; W. McIlroy, Guy's Hospital; L. Milburn, Middlesex Hospital; C. G. Meade, St. Bartholomew's Hospital; W. Meade, St. George's Hospital; E. R. Millar, University College, London; R. Milnthorpe, Yorkshire College, Leeds; C. R. Pike, London Hospital; H. S. Roch, King's College, London; H. C. Ross, St. Thomas's Hospital; W. J. Schuller, London Hospital; C. S. Smith, Mason College, Birmingham; E. Symes, University College, Bristol; T. W. Tetley, Yorkshire College, Leeds; P. Vosper, King's College, London; and F. E. Wayte, Owens College, Manchester.

CONJOINT BOARD IN SCOTLAND.

THE quarterly examinations in Edinburgh for the Triple Qualification took place in January with the following results:

First Examination.—Four Years' Course—Of 20 candidates, the following 11 passed: M. O'Brien, P. J. Pugh, W. Craig, A. S. Marr, J. J. Ring, K. H. Ross, A. Smith, F. E. Richardson, M. F. Leyden, B. B. Vora, and J. E. O'Ryan. Three candidates entered for the respective divisions and passed. Five Years' Course—Of 5 candidates, the following 4 passed: J. Cotter, T. J. O'Donovan, R. Mackie, and A. Gairn. Eleven candidates entered for the respective divisions and passed.

Second Examination.—Of 59 candidates, the following 31 passed: R. H. Ross, J. McKeague, P. J. Pugh, J. S. D. MacCormac, A. T. Anderson, W. Raleigh, C. A. Francois, H. W. Macdonald (with honours), C. O'C. Parsons, J. M. Beattie, R. W. West, J. F. Sutcliffe, C. H. B. Adams, W. Daly, W. J. Roughton, D. Villesid, Mary Harriet Simson, J. B. Voortman, D. F. O'Kelly, J. K. Gibson, A. Young, W. F. Macfarlane, W. H. Thomson, S. Booth, P. J. Sheedy, Elizabeth Henderson, H. Reid, J. L. Pinchin, L. Williams, J. A. Gilmore, and L. H. Hutchins. Of 21 candidates who entered for the respective divisions, 9 passed.

Final Examination.—Of 115 candidates the following 61 passed and were admitted L.R.C.P.E., L.R.C.S.E., & L.F.P. and S.G.: A. A. Pim, H. Bond, J. C. Atkinson, J. Cameron, G. W. Anderson, W. Finlay, J. Cheetham, C. H. van Straubenzee, T. Messenger, A. H. Porter, T. Hopps, E. H. Thomas, L. F. Conway-Hughes, J. J. Anderson, J. Larwill, L. Tyrer-Jones, P. A. Winckler, W. Fitzpatrick, F. J. Flavin, A. E. J. Ward, J. M. Rendall, G. Lane, T. W. Smyth, G. H. de Saram, U. J. Desai, Mary Frances Sinclair, J. Elliot, G. D. Backhouse, C. Bayley, Annie Florence Mary Cornell, W. M. Fox, J. McKeague, W. H. Griffith, J. H. Saunders, A. F. S. Pearcey, C. Holding, C. H. H. Cazalet, A. E. White, R. H. Wilson, H. A. C. Davidson, D. H. Dantra, W. H. Andrews, T. Murphy, L. J. Quigley, J. Scott, J. E. L. Pollard, J. Wishart, A. P. Stinson (with honours), H. F. Bawa, G. F. Jackson, W. Rock, A. H. Collins, J. R. Crease, H. M. Woodhead, H. E. Davis, S. Booth, J. E. Foley, J. Mackintosh, A. Johnston, A. C. Baca, and J. A. C. Park. Of 30 candidates who entered for the respective divisions 15 passed.

ERRATUM.—In the list of Diplomates of Public Health under the Conjoint Board, on p. 215 of the BRITISH MEDICAL JOURNAL for January 27th, Mr. Richard K. Brown should have been described as B.S., M.B., instead of Deputy-Inspector-General, R.N.

NAVAL AND MILITARY MEDICAL SERVICES.

THE NAVY.

THE following appointments have been made at the Admiralty: EDWARD C. WARD, Surgeon, to Chelsea Hospital, January 24th; ROBERT WALKER, to be Surgeon and agent at Clovelly, January 24th; ERNEST J. FINCH, Surgeon, to the *Victory*, additional, temporarily, January 24th; ROBERT W. BIDDULPH, Fleet-Surgeon, to the *Vernon*, February 14th; CHARLES C. GODDING, Fleet-Surgeon, to the *Centurion*, February 14th; ANTHONY KIDD, Staff-Surgeon, to the *Leander*, January 29th; EDWARD FERGUSON, Staff-Surgeon, to the *Victor Emanuel*, January 29th; HENRY HARRIS and ERNEST A. SHAW, Surgeons, to the *Centurion*, February 14th; BASIL R. CLARKE, Surgeon, to the *Melita*, February 14th; GEORGE EDMUNDS, Surgeon, to the *Victory*, February 14th; ARTHUR S. NANCE and ALFRED T. RIMELL, Surgeons to Hong Kong Hospital, January 29th; EDWARD H. MEADEN, Surgeon, to the *Alacrity*, January 29th; REGINALD J. FRYFE, Surgeon, to the *Alacra*, lent, January 29th; WILLIAM R. M. YOUNG, Surgeon, to the *Caroline*, January 29th; GEORGE MCSHANE, Surgeon, to the *Linnet*, January 29th; SAMUEL W. JOHNSON, M.B., Surgeon to the *Pembroke*, additional, January 27th.

Deputy Inspector-General THOMAS SOMERVILLE died at Strathview, Lanark, on January 23rd. He was appointed Surgeon, May 18th, 1837; Staff-Surgeon, January 10th, 1846; Fleet-Surgeon, August 5th, 1861; and Deputy Inspector-General, October 15th, 1861, on which date he retired from the service.

Deputy Inspector-General ALEXANDER FISHER, M.D., died at New-castle-on-Tyne on January 24th. He entered the service as Surgeon, August 25th, 1851; became Staff-Surgeon, May 23rd, 1861; Fleet-Surgeon, May 24th, 1872; and Deputy Inspector-General on retirement, November 30th, 1879. He served in the *Bellerophon* in the Black Sea in 1854-55, and had the Crimean and Turkish medals, with a clasp for Sebastopol.

ARMY MEDICAL STAFF.

SURGEON-COLONEL A. C. GAZE, who is serving at Bangalore, in the Madras Command, has been appointed Honorary Surgeon on the personal staff of the Governor-General of India.

book is a storehouse of information which does not grow stale, and the multitude of references alone render it an indispensable part of every library of reference.

DR. M. J. TURNBULL, of Coldstream, who has just passed over to the majority, to the great regret of a very large circle of friends, was one of the best known and most justly popular practitioners in the south of Scotland. He became L.R.C.P. Edin. in 1845, and took the M.D. degree in the following year. He was a J.P. for Berwickshire. He was a living testimony to the power of judicious dieting to reduce obesity. The story, which is an interesting one, was told by Dr. Allan Jamieson in the *Edinburgh Medical Journal* in December, 1890. In 1889 Dr. Turnbull weighed 22 stone. In June of that year he changed his mode of life with a very satisfactory result. The following is his own account of the reducing process: "I breakfasted at 9 as usual; took an egg, half a slice of toast, and a small cup of tea. At 2 a small basin of soup, with a piece of toast. Dinner was at 8, when I had a little fish, the wing of a chicken, or an equivalent in mutton with some green vegetables, and a very small bit of cheese with biscuit. After dinner I had half a glass of whisky in half a tumbler of water, and one cigar; partook of no soup nor pudding of any kind with dinner under this system. I steadily lost weight, so that on December 5th last I found that I weighed 17 st. 10 lb. I gave up drinking any fluid during the day, and my weight at present—in the middle of September, 1890—is 15 st. 7 lb.; thus I have lost, in the course of about fifteen months, 6 st. 7 lb."

THERE passed away at his residence, 17, Chaucer Street, Nottingham, on January 13th, EDWARD CHARLES BUCKOLL, M.R.C.S., L.S.A., one of the oldest medical practitioners in Nottingham. He was born at Brighton in 1829, and was educated at Neuwied, Germany. Having completed his general education he was apprenticed to the late Dr. Rugg, of Brighton. He studied medicine at King's College, and was a dresser to the late Sir Wm. Ferguson. On qualifying as M.R.C.S., L.S.A., in 1851, he was appointed Resident Surgeon to the Nottingham General Infirmary, a post which he relinquished at the end of three years, on being appointed a medical officer under the Poor-law Union, he continued to hold the office for thirty-three years, when he received a superannuation allowance in consideration of his long and faithful service to the guardians. He was for over thirty years local medical officer to the Great Northern Railway, and for the same period a member of the British Medical Association. For many years he took an active interest in the Robin Hood Rifles, being one of the first to join the ranks on the formation of that corps; he retired a few years ago with the honorary rank of major, and was awarded in 1893 the Victoria decoration for Volunteer officers. By those who knew him best he was deservedly regarded with esteem. During his illness, which extended over two years, he was never heard to murmur or complain. His wife and daughter (an only child) devotedly nursed him throughout his long illness.

DR. FRANCISCO ALONSO RUBIO, of Madrid, the leading obstetrician in Spain, has just died at an advanced age. He was Professor of Obstetric Medicine in the University of Madrid, and was formerly Physician to the Court, but resigned his post when the present Queen Regent of Spain insisted on having a German physician to attend her in her first confinement. In this decision Rubio had the support of the whole medical profession in Spain. Soon after his resignation the Government, by way of making some amends for what he looked upon as the affront that had been put upon him, appointed him Vice-President of the Royal Council of Public Health, of which body he was afterwards President. He was also President of the Royal Academy of Medicine, perpetual President of the Spanish Gynaecological Society, and a life Senator of Spain. He was the author of various works on difficult labour and other obstetrical subjects.

WILLIAM GEORGE DAVIS, M.R.C.S., L.S.A., who recently died at Heytesbury, in Wiltshire—where he had practised for nearly fifty years—at the age of 74, was a specimen of the best type of country practitioner—ready for any emer-

gency, and succeeding by the quiet unostentatious discharge of duty in gaining the esteem and regard of all who knew him. He will be much missed, especially by the poor, by whom he was greatly loved. Mr. Davis was a warm supporter of the British Medical Association, and a prominent figure for many years at all local meetings, taking to the last a keen interest in everything which concerned the welfare of the medical profession.

WE regret to have to record the death of Mr. GEORGE BOLTON, of Sunderland. The deceased took the diploma of M.R.C.S. Eng. in 1867, and in 1868 became L.R.C.P. Edin. and L.M. After qualifying he served in the 4th Durham Light Infantry as an ensign. He ultimately returned to Sunderland, and joined the 1st Durham Artillery Volunteers on April 17th, 1867, passing to the rank of Acting Surgeon on July 16th, 1873. In 1888 he was promoted to the rank of Surgeon, and in December, 1889, was appointed Surgeon-Major. In November, 1892, he was presented with the volunteer decoration for service.

DR. E. F. SCOUGAL died at his residence in Marsh Wood Road, Huddersfield, on January 14th, at the early age of 38 years. He took the diploma of L.R.C.S. Edin. in 1873, and in 1889 the degree of M.D. Edin. For some time the deceased had been laid aside by cancer of the stomach, but he bore his sufferings with great fortitude, and was present as secretary at the annual dinner of the Huddersfield Medical Society on December 19th, 1893. He was a most enthusiastic member of the Huddersfield Choral Society, and last year was elected president in recognition of his services.

THE death is reported of Dr. H. M. LEPPINGTON, of Great Grimsby. The deceased, who was about 87 years of age, was one of the oldest practitioners in Grimsby. He qualified as M.R.C.S. Eng. in 1831. He was a Justice of the Peace, and in 1860 and 1861 was Mayor of the Borough of Grimsby.

WE regret to have to record the death of Dr. G. J. HEARDER on January 24th, in his fifty-fifth year. He took the diploma of L.R.C.S. Edin. in 1862, and in the same year he became an M.D. of the St. Andrews University. The deceased has for more than a quarter of a century held the post of Medical Superintendent to the Joint Counties Lunatic Asylum, Carmarthen. Dr. Hearder had been ailing for some weeks from a severe attack of influenza, which was followed by inflammation of the lungs. He leaves a widow and a family of twelve children.

THE death is reported of Dr. JOHN MURRAY, of Forres. The deceased took the degree of M.D. Mar. Coll. Aberd. in 1837. He was 82 years of age.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. Felix Ehrendorfer, physician to the Wieden Hospital, Vienna, aged 46; Dr. Salem Pasha, formerly assistant director of the Cairo Medical School; Dr. M. J. V. Dellicour, of Verviers, Belgium, a Knight of the Order of Leopold, aged 63; Dr. De Witt Clinton Paterson, Coroner of Washington City, aged 67; Dr. M. Frari, formerly Professor of Obstetric Medicine in the University of Padua; Dr. A. Quaglino, Emeritus Professor of Ophthalmology in the University of Pavia; and Dr. Paolo Rossi, surgeon to the Vicenza Hospital, formerly assistant to Vanzetti at Padua, author of publications on anæsthetics, ovariectomy, etc., and a bold and successful operator, aged 50.

DR. GEORGE STEVENS, public vaccinator of the Stow Union, Suffolk, has been awarded, for the ninth time, the Government grant for efficient vaccination.

THE Duke of York has consented to take the chair on Saturday, May 5th, at the Hôtel Métropole, where a dinner will take place in aid of the Hospital for Sick Children, Great Ormond Street, Bloomsbury.

EXTRA FEE FOR ATTENDANCE IN POST-PARTUM HÆMORRHAGE.
G. R. F. writes to ask whether we consider he could properly charge the guardians £2, as extra fee, for attendance on a case of violent post-partum hæmorrhage which necessitated attendance for a fortnight afterwards.

. We consider that in this case the fee of £2 would be properly charged, as post-partum hæmorrhage, when severe, is one of the most grave complications of midwifery.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,536 births and 4,156 deaths were registered during the week ending Saturday, January 27th. The annual rate of mortality in these towns, which had been 28.6 and 23.2 per 1,000 in the preceding two weeks, further declined to 20.7 last week. The rates in the several towns ranged from 14.8 in Derby and 14.9 in Leicester to 30.1 in Salford and 31.1 in Norwich. In the thirty-two provincial towns the mean death-rate was 21.4 per 1,000, and exceeded by 1.6 the rate recorded in London, which was only 19.8 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.4 per 1,000; in London the rate was equal to 2.5 per 1,000, while it averaged 2.4 in the thirty-two provincial towns, and was highest in Birkenhead, Bristol, and Burnley. Measles caused a death-rate of 2.5 in Birkenhead and 3.2 in Burnley; scarlet fever of 1.1 in Derby and in Burnley; whooping-cough of 2.7 in Swansea, 2.8 in Bristol, and 3.6 in Plymouth; and "fever" of 1.7 in Gateshead. The deaths from diphtheria included 52 in London, 4 in Manchester, 3 in Salford, and 3 in Bristol. Seven fatal cases of small-pox were registered in Birmingham, 3 in Bradford, 2 in Bristol, and 1 each in West Ham, Nottingham, Liverpool, and Halifax, but not one in London or in any other of the thirty-three towns. There were 78 small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, January 27th, against 94, 88, and 82 at the end of the preceding three weeks; 17 new cases were admitted during the week, against 12 and 14 in the preceding two weeks. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital on Saturday last was 2,533, against 2,852, 2,733, and 2,645 at the end of the preceding three weeks; 235 new cases were admitted during the week, against 224 and 246 in the preceding two weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, January 27th, 925 births and 599 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 23.8 and 21.6 per 1,000 in the preceding two weeks, further declined to 21.0 last week, but slightly exceeded the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 18.1 in Leith to 22.3 in Glasgow and in Dundee. The zymotic death-rate in these towns averaged 2.8 per 1,000, the highest rates being recorded in Perth and Leith. The 294 deaths registered in Glasgow included 28 from whooping-cough and 4 from diphtheria. Four fatal cases of small-pox occurred in Leith and 1 in Edinburgh.

INDIA AND THE COLONIES.

INDIA.

SANITARY WORK IN INDIA.—The *Calcutta Englishman*, in an excellent article on "Sanitation in India," reviews the summary of sanitary proceedings issued by the India Office for the year 1891, and shows the great advantage that local self-government has conferred, and is likely to confer, in promoting undertakings for improving the public health. The following is a sketch of the principal sanitary works, completed, in progress, or contemplated: In the Punjab, the Peshawur and Abbottabad waterworks were completed and handed over to the respective municipalities. The Delhi waterworks were approaching completion. Water-supply schemes for Dalhousie, Kohat, and Murree were sanctioned and commenced. A similar scheme for Amritsar had received sanction, and a project for increasing the water supply of Simla had been prepared and forwarded to the Government of India. Then rapid progress was being made with the drainage schemes of Faridabad, Peshawar, Gujranwala, and Kohat. In the North-Western Provinces and Oudh, the most important schemes of water supply undertaken or completed were those at Allahabad, Benares, Cawnpore, Lucknow, and Naini Tal. Of the drainage schemes, that for draining the important tract of country lying between the Buriganga and the East Kali Nadi, which had long suffered from waterlogging, and which has now been practically reclaimed, was making rapid progress. The new drainage and sewerage project at Naini Tal was on hand. Much activity was also shown in the execution of minor sanitary works on which the municipalities are reported to have spent a fair proportion of their income. In Bengal there was the construction of waterworks at Nasirabad, the extension of the waterworks at Dacca, improvements of drainage at Serampur and at Puri, and the consideration of various schemes, among which is to be noted the water supply for Howrah. Two years have now passed, and Howrah has not yet received its promised water supply. On the whole, the record is a satisfactory one, considering the difficulties under which the several local governments labour.

SURGEON-COLONEL W. GRAVES and the officers of the Army Medical Staff in the Meerut District, India, gave a ball in honour of His Excellency the Commander-in-Chief and Lady White's first official visit to Meerut. Some 250 people were present to meet their Excellencies.

MEDICAL NEWS.

A CONGRESS of Polish medical men and scientists will be held at Lemberg on June 18th and the three following days.

MR. EGERTON BAINES, of Henley-on-Thames, has received the extra grant for successful vaccination.

DR. GRAF, of Elberfeld, who has for many years been President of the German Medical Association, has been elected second Vice-President by the Prussian Chamber of Deputies.

THE Municipal Council of Montpellier has voted a sum of 6,000 francs towards the establishment of a municipal chair of microbiology.

M. PASTEUR and Professor Billroth have been elected honorary members of the Military Medical Academy of St. Petersburg.

PROFESSOR LUIGI LUCIANI, of Florence, has been appointed to the Chair of Physiology in the University of Rome, in succession to the late Professor Moleschott.

DR. MORIZ HAY, the head of the vaccination service in Vienna, has been named an Imperial Councillor by the Emperor of Austria.

A WOMAN, named Mary McCusker, died at Carrigallen, co. Leitrim, at the remarkable age of 112 years. She was ill only two days, and was sensible to the last.

THE German Emperor has conferred on Professor Henoch, the author of the classical work on children's diseases, the Order of the Red Eagle, Second Class, with the crown and oak leaves.

On January 29th Dr. Karl Grossmann, of Liverpool, gave an interesting address before the Royal Geographical Society on a journey across Iceland. The address was illustrated by over a hundred photographic lantern slides.

EDINBURGH ROYAL SOCIETY.—At the ordinary meeting on January 29th Dr. W. G. Aitchison read a paper on "The Rate of Fermentation of Sugars." Various experiments were detailed, results given, and the bearing of these on various kinds of dyspepsia indicated.

THE CHALMERS HOSPITAL, EDINBURGH.—Miss Agnes E. Bourne, of St. Mark's Hospital, London (and formerly of St. Bartholomew's), has been appointed matron of the Chalmers Hospital, Edinburgh, in the room of Miss Mabel Hastings, who has resigned.

PRESENTATION.—Dr. James Nicol, of Llandudno, was on January 24th presented by his friends with a cheque for £390, which he handed over to the trustees of the Sarah Nicol Memorial Hospital in aid of the funds of that institution. A tablet is to be erected in the hospital to commemorate the presentation and Dr. Nicol's generous gift.

THE MEDICAL PROFESSION IN SWITZERLAND.—The Swiss Statistical Bureau gives the following particulars as to the medical profession in Switzerland: In 1890 the total number of medical practitioners was 1,530, being a proportion of 5.2 per 10,000 of the population; in 1891 the number was 1,557, or 5.3; and in 1892, 1,634, or 5.5 per 10,000 inhabitants. In 1893 the total number of doctors was 1,656, or 5.5 per 10,000 of population.

HYDROPHOBIA FROM THE BITE OF A CAT.—On Saturday, January 27th, the coroner for Central London and Middlesex held an inquest on the body of Albert Paul Koenig, aged 33 years. Louisa Koenig, the widow, deposed that she deceased, on December 19th, 1893, told her that a strange cat which he stroked had bitten his left thumb and scratched his hand. The wounds healed up in a few days. On January 18th the deceased complained of severe pains in his side and back, and died on January 24th. Dr. S. H. Craig stated that on January 19th he was called to see the deceased, who showed decided symptoms of hydrophobia. Death was due to exhaustion from hydrophobia following the bite of a cat. The jury returned a verdict in accordance with the medical evidence.

INTERNATIONAL CONGRESS OF HYGIENE AND DEMOGRAPHY.

—As already announced, a Tropical Section has been constituted in connection with the eighth International Congress of Hygiene and Demography to be held at Buda-Pesth, under the patronage of the Emperor-King, on September 1st to 9th of the present year. Surgeon-Major Duka, M.D., F.R.C.S., of the Bengal Army (retired) has been appointed President of the Section, and Dr. Isambard Owen and Mr. S. Digby have undertaken to act as honorary secretaries. The subjects specially proposed for discussion are: Cholera in the Tropics, Dysentery and Specific Diarrhoea, Malaria, Yellow Fever, Leprosy, Tropical Affections of the Liver, Elephantiasis, Beri-beri, Yaws, the Influence of Tropical Climates on Persons of European Descent, Tropical Colonisation, Tropical Dietetics, the Use of Alcohol in the Tropics, the Effects of Opium and other Narcotics used in Tropical Countries, and Tropical Sanitation in General. The Indian and other tropical Governments, as well as a number of public bodies in India and elsewhere interested in the above questions will, it is expected, send special delegates to the Congress.

OBSTETRICAL SOCIETY OF LONDON.—The election of officers for 1894 will take place at the annual meeting to be held on February 7th. The following is the balloting list recommended by the Council:—*President*: G. E. Herman, M.B. *Vice-Presidents*: A. Doran, E. Hollings, M.D., P. Horrocks, M.D., H. S. Webb (Welwyn). *Treasurer*: J. B. Potter, M.D. *Chairman of the Board for the Examination of Midwives*: F. H. Champneys, M.A., M.D. *Honorary Secretaries*: W. Duncan, M.D., *W. Dakin, M.D. *Honorary Librarian*: *J. Phillips, M.A., M.D. *Other Members of Council*: *T. R. Adams, M.D. (Croydon), F. Beach, M.D. (Sidcup), *R. Boxall, M.D., A. Brown, M.D., E. Clapham, M.D., A. Donald, M.A., M.D. (Manchester), *L. Drage, M.D. (Hatfield), *W. Furrer (Brighton), W. J. Gow, M.D., W. S. A. Griffith, M.D., *G. S. Harper, M.B., *J. D. Malcolm, M.B., C.M., *L. Remfry, M.A., M.D., J. H. Salter (Kelvedon), *J. B. Sutton, E. S. Tait, M.D., J. S. Turner, *J. Williams, M.D. Those gentlemen to whose name an asterisk is prefixed were not on the Council, or did not fill the same office last year. At the same time the usual business of the annual meeting will be transacted, including the delivery of the annual address by the President.

The annual meeting of the Scottish Association for the Medical Education of Women and the Medical College for Women was held on January 16th at the Royal Hotel, Edinburgh, Sir Alexander Christison presiding. The report presented stated that the managers of the Royal Infirmary had made new arrangements for the clinical education of women, giving accommodation rather in excess of the demands made by the Triple Qualification Board. A sum of £300 had been raised and presented to the infirmary in recognition of the fact that women students have been admitted to qualifying clinical instruction in the wards of the Royal Infirmary. Graduation in Medicine had been put within the reach of the Association's students by the University of St. Andrews. The University of Edinburgh still hesitated to open its medical classes to women, and the Association hoped that the experience gained in the art classes and the fact that the opening of the Royal Infirmary to women students had not, as was expected by some, caused any decrease in the number of male students, would encourage the Senatus to make the necessary arrangements. The present number of students was 37. There were at present 25 ladies from the College in regular attendance at the Royal Infirmary. The income for the year had been £787, and the expenditure £858.

MANCHESTER MEDICO-ETHICAL ASSOCIATION.—The number of ordinary members of this Association is 165. The Committee reports that there has been a spirit of great activity in the work done by the Association during the past year; the meetings have been well attended, an average of fifty-two members and visitors having been present at each meeting. The following are some of the subjects that have been brought forward and freely discussed: "The Proper Limits of Gratuitous Professional Work," "Public Health and its Medical Officers," "The Notification of Infectious Diseases not attended by Qualified Practitioners," and "The Lunacy Laws." The *Medical Tariff and Scale of Fees*, having gone out of print,

has been revised and reprinted by the Committee. A recommendation has been made to the Select Committee of the House of Commons upon the Registration of Death and Stillbirths. Also a memorial has been presented to the Corporation of Manchester and Salford praying "that in consequence of the high mortality from measles, that this disease shall be placed on the list of compulsorily notifiable diseases." And lastly, the President and Secretaries signed a petition by the desire of the Committee, to the General Medical Council *re* the granting of diplomas to midwives. The following gentlemen have been elected as office-bearers and Committee for the year 1894: *President*: William Walter, M.A., M.D. *Vice-Presidents*: Hugh W. Boddy, M.D., John A. Palanque, A. H. Stocks, John Watson, M.D. *Treasurer*: D. Lloyd Roberts, M.D. *Secretaries*: F. H. Collins, M.D., John Ferguson. *Committee*: Richard J. Dearden, Joseph Foster, Alfred Godson, M.D., James Holmes, M.D., Walter E. Husband, T. N. Kelynack, M.B., E. T. Milner, M.B., W. E. S. Scott, M.D., Charles G. L. Skinner, M.D., J. P. Stallard, M.D., Alexander Stewart, M.D., R. Wallace.

MEDICAL VACANCIES.

The following vacancies are announced:

- ALNWICK INFIRMARY.**—House-Surgeon, unmarried. Salary £120 per annum, with furnished apartments, attendance, coals, and gas. Applications to W. T. Hindmarsh, Honorary Secretary, 26, Bondgate Without, Alnwick, by February 16th.
- AXMINSTER UNION.**—Medical Officer for four Districts. Salary, £72 16s. 8d. per annum; midwifery and surgical operations extra. Applications to W. Forward, Clerk, by February 7th.
- BRIGHTON THROAT AND EAR HOSPITAL,** 23, Queen's Road, Brighton. —House-Surgeon; non-resident. Salary, £52 per annum. Applications to the Secretary by February 5th.
- CENTRAL LONDON OPHTHALMIC HOSPITAL,** Gray's Inn Road, W.C. —House-Surgeon. Applications, with testimonials, to the Secretary, by February 5th.
- DENTAL HOSPITAL OF LONDON,** Leicester Square, W.C. —Assistant Dental Surgeon. Applications to J. Francis Pink, Secretary, by March 12th.
- GREENWICH UNION INFIRMARY.**—Second Assistant Medical Officer; unmarried. Salary, £80 per annum, with board, lodging, and attendance. Applications to Samuel Saw, Clerk to the Guardians, Union Offices, Greenwich, by February 5th.
- KILBURN, MAIDA VALE, AND ST. JOHN'S WOOD DISPENSARY.**—Vacancy on the Honorary Medical Staff. Applications to the Secretary, 13, Kilburn Park Road, by February 14th.
- LIVERPOOL HOSPITAL FOR CANCER AND SKIN DISEASES.**—Honorary Assistant Surgeon. Applications to Mr. A. N. Talbot, 3, Rumford Street, Liverpool, by February 20th.
- MANCHESTER INSTITUTION FOR DISEASES OF THE EAR.**—Honorary Assistant Surgeon. Applications to the Honorary Secretary, Mr. T. C. P. Gibbons, 33, Mosley Street, Manchester, by February 17th.
- NEW HOSPITAL FOR WOMEN,** 144, Euston Road, N.W. —Lady Dispenser. Salary, £90 per annum. Applications to the Secretary by February 17th.
- OWENS COLLEGE,** Manchester. —Professor of Zoology. Applications to the Council of the College, under cover to the Registrar, by April 3rd.
- OXFORD EYE HOSPITAL.**—House-Surgeon. Appointment for one year. Salary, £50, with board and lodging. Applications to Mr. B. H. Baden-Powell, Honorary Secretary, 29, Banbury Road, Oxford, by February 24th.
- PARISH OF ST. LEONARD,** Shoreditch. —Medical Officer of Health. Salary, £500 per annum; must reside within one mile from the boundary of the parish. Applications on forms to be obtained of the Clerk marked "Medical Officership," to be sent to H. Mansfield Johnson, Solicitor and Clerk, Shoreditch Town Hall, Old Street, E.C., by February 13th.
- RAMSGATE AND ST. LAWRENCE ROYAL DISPENSARY AND SEAMEN'S INFIRMARY.**—Resident Medical Officer; unmarried; doubly qualified. Salary, £120 per annum—£10 allowed for substitute for annual holiday—with furnished apartments, gas, firing, and attendance. Applications to the Secretary by February 6th.
- ROYAL PIMLICO DISPENSARY,** Buckingham Palace Road, S.W. —Attending Medical Officer; must reside in the district. Applications and testimonials to the Secretary by February 5th.
- ROYAL SURREY COUNTY HOSPITAL,** Guildford. —House-Surgeon. Salary, £80 per annum, with board, lodging, and laundry. Applications to the Honorary Secretary by March 10th.
- ST. GEORGE'S AND ST. JAMES'S DISPENSARY,** 60, King Street, Regent Street, W. —Physician. Applications to St. Leger Bunnett, Secretary, by February 14th.
- SALFORD ROYAL HOSPITAL.**—House-Surgeon, doubly qualified. Salary, £100 per annum, with board and residence. The Junior House-Surgeon is a candidate, and in the event of his being appointed the post of Junior House-Surgeon will be vacant. Salary, £50 per annum, with board and residence. Applications to the Secretary by February 15th.
- SOUTH-EASTERN HOSPITAL FOR CHILDREN,** Hackney Road, N.E. —Physician to Out-patients; must be Fellows or Members of the Royal

- College of Physicians of London. Applications and copies of testimonials to the Secretary, F. Glenton-Kerr, by February 10th.
- WEST DERBY UNION.**—Resident Assistant Medical Officer for the Workhouse; doubly qualified. Salary, £100 per annum, with first-class rations and apartments. Applications to Harris P. Cleaver, Union Clerk, Brougham Terrace, Liverpool, by February 6th.
- WESTMINSTER HOSPITAL MEDICAL SCHOOL.**—Lecturer on Bacteriology. Applications to the Dean, Mr. Spencer, by February 6th.
- WHITECHAPEL UNION DISPENSARY.**—Assistant Medical Dispenser, not more than 30 years of age. Salary, £80 per annum, increasing £5 yearly to £100 per annum. Applications, on forms to be obtained of the Clerk, to William Vallance, Clerk to the Guardians, Union Offices, Baker Row, Whitechapel, E., by February 3rd.
- WYNAAD PLANTERS ASSOCIATION.**—Medical Officer [for an Indian planting district. Salary, 450 rupees a month; married man preferred. Applications to J. Williams Hockin, Honorary Secretary, U. P. A. Medical Fund, Vayitiri, Malabar, India.

MEDICAL APPOINTMENTS.

- ACTON, C. J., M.R.C.S., L.R.C.P., D.P.H.,** appointed Medical Officer and Public Vaccinator of Eighth District, Blything Union.
- BALDWIN, Francis A., L.S.A.,** appointed Medical Officer to the 7th District of St. Saviour's Union, Walworth.
- BEAMAN, Dr.,** appointed Medical Officer for the Misterton District of the Gainsborough Union, *vice* Thomas Stone, L.R.C.P., L.R.C.S. Edin., resigned.
- BROWN, C. Granger, L.R.C.P. Edin., M.R.C.S. Eng.,** appointed Honorary Medical Officer to the Goole Cottage Hospital.
- BUTLER, George Hy., L.R.C.P.I., L.R.C.S. Edin.,** appointed Medical Officer for the Wealdstone District of the Hendon Union.
- CHEYNE, W. Watson, M.B., F.R.C.S.,** appointed Consulting Surgeon to the North London Hospital for Consumption, Hampstead and London.
- DE BUTTS, Stanley B., M.D. Brux., M.R.C.S., etc.,** appointed Anaesthetist at the London Lock Hospital, Dean Street, W.
- ENGLEBACH, Frederick George, L.R.C.P. Lond., M.R.C.S. Eng.,** appointed Medical Officer for the Newtonhampstead District of the Newton Abbott Union.
- FISCHER, E. C. M.B., C.M. Edin.,** appointed House-Surgeon to the Royal Ophthalmic Hospital, Moorfields, E.C.
- FITZGIBBON, Henry, M.D. T.C.D.,** Medical Officer to the General Post Office, Dublin, appointed Secretary in Ireland to the British Postal Medical Officers Association.
- GIMSON, Wm. Douglas, M.R.C.S., L.R.C.P. Lond.,** appointed Medical Officer for the Third District of the Chelmsford Union.
- GORDON, John F., M.D. R.U.I.,** appointed Medical Officer of the Branch Workhouse at Mshull of the Parish of Liverpool.
- LLOYD-WILLIAMS, E., M.R.C.S., L.R.C.P., L.S.A., L.D.S.,** appointed Dental Surgeon to the Dental Hospital of London, *vice* George Gregson, M.R.C.S., L.D.S., resigned.
- MCGILLIVRAY, Angus, C.M., M.B. Aberd.,** appointed Joint Ophthalmic Surgeon to the Dundee Royal Infirmary.
- MARRIOTT, E. D., L.R.C.P. Edin., L.F.P.S. Glasg.,** appointed Medical Officer for the No. 5 District of the Nottingham Union, *vice* Dr. Bailey, deceased.
- MEADE-KING, R. Liddon, M.B., B.S. Durham, M.R.C.S., L.R.C.P.,** appointed Assistant House-Surgeon to the Devon and Exeter Hospital.
- MUIR, Mr. David,** appointed Medical Officer for the Holmworth District of the Highworth and Swindon Union.
- NEWBY, Thomas, M.D. St. And., M.R.C.S. Eng.,** reappointed Port Medical Officer of the Grimsby Town Council.
- RAMSAY, Frank Winson, M.D. Dunelm., M.S., F.R.C.S. Edin.,** appointed Honorary Surgeon to the Royal Victoria Hospital, Bournemouth.
- ROBINSON, H. Betham, M.S., M.D. Lond., F.R.C.S.,** appointed Assistant Surgeon to St. Thomas's Hospital.
- STEPHENS, William J., M.R.C.S. Eng., L.R.C.P. Lond.,** appointed Second Assistant Resident Surgeon to the General Dispensary, Nottingham.

DIARY FOR NEXT WEEK.

MONDAY.

- LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.**—Mr. A. Stanford Morton: Affections of Eyelids. Bacteriological Laboratory, King's College, W.C., 3 to 5 P.M.—Lecture: Tuberculosis and Leprosy. Practical work: Staining Sputum and Sections. London Throat Hospital, Great Portland Street, 8 P.M.—Mr. G. Charles Wilkin: Clergyman's Sore Throat.
- ODONTOLOGICAL SOCIETY OF GREAT BRITAIN, 8 P.M.**—Inaugural Address by the President, and Casual Communications.
- MEDICAL SOCIETY OF LONDON, 8.30 P.M.**—Mr. Harrison Cripps: Ovarian Cysts Communicating with the Rectum and the Bladder. Dr. J. G. Garson: A Case of Penis Splitting.

TUESDAY.

- LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.**—Dr. Percy Smith: Puerperal and Lactational Insanity.
- ANATOMICAL SOCIETY OF GREAT BRITAIN AND IRELAND, University College, 4.30 P.M.**—Proposed Committee on Anatomical Nomenclature. Papers by Professor Cunningham, Professor Macalister, Mr. W. Anderson, and Mr. Keith.
- PATHOLOGICAL SOCIETY OF LONDON, 8.30 P.M.**—Dr. Scholefield: Sarcoma of the Suprarenal Body. Mr. J. Berry: Dilatation and Rupture of the Sigmoid Flexure without Obstruction.

Mr. Jackson Clarke: Cyst of the Epididymis. Dr. Pye-Smith: Granular Kidneys from a Young Child. Mr. Edgar Willett: Transverse Hermaphroditism in an Adult Male. Mr. Cecil Beadles: A Case of Multiple Malignant Growths. Card Specimen:—Dr. Turney: Thrombosis of the Veins of the Cortex.

WEDNESDAY.

- LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 1 P.M.**—Dr. Payne: Impetigo and Contagious Suppuration. Hospital for Consumption, Brompton, 4 P.M.—Dr. C. Y. Biss: Cases of Special Interest. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Quarry Silcock: Glaucoma, with Illustrative Cases.
- OBSTETRICAL SOCIETY OF LONDON, 8 P.M.**—Specimens by Dr. Probyn-Williams, Dr. Boxall, and others. Dr. Robert P. Harris (Philadelphia): A Plea for the Practice of Symphysiotomy, based upon its record for the past eight years (communicated by Dr. Lewers). Annual meeting. Election of Officers and Council. The President (Dr. Herman) will deliver the annual address.
- POST-GRADUATE COURSE, West London Hospital, Hammersmith, W., 5 P.M.**—Dr. Ball: Demonstration of Throat Cases.

THURSDAY.

- LONDON POST-GRADUATE COURSE, National Hospital for the Paralysed and the Epileptic, Queen Square, 2 P.M.**—Dr. Charlton Bastian: Selected Cases. Hospital for Sick Children, Great Ormond Street, 3.30 P.M.—The Surgical Registrar: Pathological Demonstration of Surgical Specimens. Central London Sick Asylum, Cleveland Street, 5.30 P.M.—Sir William MacCormac: Cases in the Wards.
- BRITISH GYNÆCOLOGICAL SOCIETY, 8.30 P.M.**—Specimens: Dr. Heywood Smith: Uterus and Appendages Completely Removed for Fibroma. Mr. Jessett: (1) Uterus Removed per vaginam for Malignant Disease; (2) Uterus Removed per vaginam for Multiple Fibroma. President's Address.
- SOUTH-WEST LONDON MEDICAL SOCIETY, Bolingbroke Hospital, Wandsworth Common, 8.30 P.M.**—Mr. T. Bryant, P.R.C.S.: On Some Subjects of Public and Professional Interest.
- NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY, Great Northern Central Hospital, 8.30 P.M.**—Cases and specimens by Drs. Day, Wight, and Walker, and Messrs. Lockwood, Kendall, and others.

FRIDAY.

- LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.**—Dr. C. Y. Biss: Cases of Special Interest.
- CLINICAL SOCIETY OF LONDON, 8.30 P.M.**—Adjourned discussion on Mr. John D. Malcolm's case of Nephrectomy for Malignant Tumour in a patient under two years of age. Mr. Arbuthnot Lane: (1) Multiple Epitheliomatous Growths developing in Psoriasis treated with arsenic more than thirty years; (2) Acute General Suppurative Peritonitis secondary to Appendicitis; Removal of Appendix; Recovery. Dr. Lauder Brunton and Mr. Watson Cheyne: A Case of Intestinal Obstruction due to Constriction of the Bowel after Appendicitis. Mr. John R. Lunn: Functating Growth of the Penis lasting nineteen months.
- METROPOLITAN COUNTIES BRANCH (SOUTH LONDON DISTRICT): Camberwell Infirmary, Havil Street, S.E., 4 P.M.**

SATURDAY.

- LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 11 A.M.**—Dr. Hyslop: Developmental Insanity; Circular Insanity.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 5s. 6d., which sum should be forwarded in post-office order or stamps with the notice not later than Wednesday morning, in order to insure insertion in the current issue.

BIRTHS.

- ALLISON.**—On January 6th, at Fort St. George, Madras, the wife of Surgeon-Lieutenant-Colonel H. Allison, M.D., I.M.S., of a son.
- ATKINSON.**—On January 29th, at 216, Camberwell New Road, S.E., the wife of Walter A. Atkinson, M.B., B.S., of a son.
- EADES.**—On January 30th, at 58, Carr Street, Ipswich, the wife of S. O. Eades, L.R.C.P., L.R.C.S., of a daughter.

MARRIAGES.

- BROWN-HOLTUM.**—On January 17th, at the Church of St. Nicholas-at-Wade, by the Rev. F. R. Allfree, M.A., Vicar of the Parish, assisted by the Rev. J. Thomas, Vicar of Wood Green, Surgeon-Captain E. Harold Brown, M.D., Indian Medical Service, Bengal, to Maud Bedford, only daughter of G. B. Holtum, Esq., of Evernden House, St. Nicholas-at-Wade, Birchington, Kent.
- DICKS-MACQUIBBAN.**—On January 18th, at Aberdeen, by the Rev. G. Webster Thomson, B.A., Ernest White Dicks, "Lynn Hurst," Market Harborough, Leicestershire, eldest son of the late Thomas Dicks, Ecton Manor, Northamptonshire, to Isabelle Monro, eldest daughter of C. M. MacQuibban, M.D., J.P. No cards. At home after February 8th.

DEATHS.

- CLARKE.**—On January 26th, John Clarke, M.R.C.S., L.S.A., of Kenilworth, aged 69.
- FISHER.**—On January 24th, at 32, Osborne Road, Newcastle-on-Tyne, Alexander Fisher, M.D., Deputy-Inspector-General, R.N. (retired).
- STEDMAN.**—On January 28th, at Flushing (late of the Croft), Great Bookham, Surrey, Arthur Stedman, M.R.C.S., L.S.A., aged 60.