

him 5 minims of liquor arsenicalis, with 10 grains of the ammonio-citrate of iron, three times a day, and in three weeks increased the arsenic to 12 minims three times a day. The burning in the rectum from which he formerly suffered returned soon after the treatment was commenced, but all the symptoms disappeared in a few weeks, and he has since been perfectly well. He has taken no arsenic or iron since the middle of October. I have just seen him, a year after he first came under my care, and he looks and feels perfectly well; none of the old symptoms having returned.

**REMARKS.**—When the term "pernicious anaemia" is used, most of us associate it with a definite clinical picture; and I venture to think that few who read the report of this case will have any doubt that it belongs to this category. If it be granted that we are dealing with a case of pernicious anaemia, then we may with all fairness claim it as an additional example of the efficacy of arsenic in the treatment of this disease. In support of my belief that the arsenic and not the iron was responsible for the patient's recovery is the fact that when the arsenic was discontinued, owing to the irritation of his eyes, his symptoms relapsed in spite of the increased dose of iron which was substituted for the arsenic.

Although there are cases which do not respond to arsenic, and others which improve on iron after arsenic has been unsuccessful, yet that arsenic is of signal advantage in the treatment of pernicious anaemia must be patent to all who care to compare the results of the treatment of this affection before and since Dr. Byrom Bramwell called attention to the value of this drug in its treatment. From the few cases of this disease which I have seen in which arsenic has been tried and has not averted the fatal termination, I feel convinced that this result was due partly to the late stage in the disease at which the treatment was commenced, and partly because the amount of arsenic given was not increased rapidly enough. Of course there are cases in which the irritability of the stomach is so great that large, or even moderate, doses of arsenic cannot be borne; in such it is well to give minute doses of the drug repeated frequently as has been recommended, since it may be tolerated in this way when the other method has failed.

In those cases in which the disease is so far advanced as to make it probable that there is not time for arsenic to act, where the drug is not tolerated owing to irritability of the stomach, or toxic symptoms coming on early, or where it has been well borne but has failed to arrest the progress of the disease, the results of transfusion<sup>3</sup> are sufficiently encouraging to make it our duty to advert to this form of treatment as a last resource, but before it is too late to allow of reasonable hope of good resulting from its performance. The results recently obtained by Brakenridge<sup>4</sup> and Affleck<sup>5</sup> are particularly encouraging in this connection; and Duncan,<sup>6</sup> who performed the operation in these cases, is of opinion that the corpuscles as well as the serum of the blood should be injected.

In all supposed instances of recovery from pernicious anaemia it is important to follow the subsequent history of the case, as cases have been too hastily recorded as cured, which have afterwards relapsed and died,<sup>7</sup> while others which improved at first under some particular form of treatment afterwards followed a similar unfavourable course<sup>8</sup> as those which were supposed to be cured in the first instance.

#### REFERENCES.

- 1 Byrom Bramwell, *Ed. Med. Journ.*, November, 1877.
- 2 Lockie, BRITISH MEDICAL JOURNAL, 1878; Finny, *ibid.*, 1880; Broadbent, *ibid.*, 1880; Withers Moore, *ibid.*, 1881; Pye-Smith, *Guy's Hosp. Rep.* xli., 1882; Padley, *Lancet*, 1883; Willcocks, *Practitioner*, 1883; Wilks, *Lancet*, 1885; Brakenridge, BRITISH MEDICAL JOURNAL, 1892.
- 3 Pye-Smith, *loc. cit.*
- 4 Brakenridge, *loc. cit.*
- 5 Affleck, *loc. cit.*
- 6 Duncan, BRITISH MEDICAL JOURNAL, 1892.
- 7 Loveland, *Philad. Med. Times*, 1896.
- 8 Haddon, *Ed. Med. Journ.*, xxiv., 1878; Pye-Smith, *loc. cit.*

**BEQUESTS TO DUBLIN HOSPITALS.**—Mr. Gervas Taylor, who died at Dublin last week, has, we understand, left £5,000 to the Meath Hospital, £5,000 to the Adelaide, £5,000 to Sir Patrick Dun's, £1,000 to St. Vincent's, £1,000 to the Mater Misericordiae, and smaller sums to other charities. We are informed, also, that to his former medical attendant, Dr. Lambert Ormsby, of the Meath Hospital, he has bequeathed £3,000.

## MEMORANDA:

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

#### A SUCCESSFUL CASE OF PORRO'S OPERATION FOR CANCER OF THE RECTUM.

I FIRST saw Mrs. D., aged 30, of Birmingham, on October 27th, 1893, in my out-patient room at the Women's Hospital. She had been married ten years, and had had six children, the youngest being two years old. Menstruation had been perfectly regular, and free from pain. She had had no miscarriages. She complained of having had a discharge from the rectum for the last seven months. In August, 1893, she had great difficulty in opening her bowels, being constipated for some days, but since then she had had no trouble whatever with them. She thought she had been getting thinner for the last few weeks. On examination I found a cancer of the rectum, the size of an orange, two to three inches above the anus; soft and broken down on the surface, and projecting irregularly into a large cavity, which did duty for the rectum; its upper limit I could not feel. She was between six and seven months pregnant. Thinking that abortion, if brought on, would result in a smashing of the cancer, I advised her to wait till full term.

On December 14th, at 5 A.M., she was seized with labour pains, which were strong and painful all the morning. I saw her at 11.30 A.M., and found her in great pain. From the vagina I could not reach the cervix; the vagina was narrowed enormously by the pressure of the carcinoma, and the uterus was evidently pushed completely up into the abdomen for the same reason. I had her removed at once to a private hospital near, and early the same evening, with the assistance of Dr. Martin Young, I performed Porro's operation upon her. An incision, 5 inches in length, was made rapidly in the abdominal wall, and the uterus being well pushed from each side into the wound, I quickly divided it in the mid-vertical line for 4 inches, and although the amniotic fluid was profuse in quantity, Dr. Young so firmly pressed the abdominal walls against the uterus that none of it entered the peritoneal cavity.

After removing the child (which was badly nourished, about the eighth month, and only lived a few minutes) I pulled the uterus outside the abdomen and applied Lawson Tait's clamp with wire, and tightened it; before doing so I enclosed in the wire of the clamp the parietal peritoneum, according to the new method which Mr. John W. Taylor devised, and which curiously enough he was first making known to a meeting of the Gynaecological Society on that very night. The blood which poured from the uterus as it was being amputated was prevented from entering the peritoneal cavity just as we prevented the entry of the amniotic fluid. The peritoneal cavity was dry from end to end, not a spot of blood or amniotic fluid entering it. I sewed up the wound above the stump, and thus completely shut off the peritoneal cavity. No antiseptics of any kind were used, and if it had been necessary to flush the peritoneum I should have done it, as I have in other cases, with plain water.

Although she was entering upon the cachectic stage of malignant disease, she has made an uninterrupted recovery; the highest temperature recorded since the operation being exactly 99° F.; the abdominal wall was soft to wobbling all the time. Since it is a rapidly growing, easily breaking down cancer, obstruction of the bowels has not supervened, nor do I think it will. That an operation in this case has caused less discomfort and been less harmful to the patient than abortion I am convinced. The sad part of the case is the cause; a cancer in a young woman too far up the rectum and too extensive to hold out the slightest hope of removal.

J. FURNEAUX JORDAN, M.B., F.R.C.S.,  
Surgeon to the Birmingham and Midland Counties Hospital  
for Women.

#### RUPTURE OF UTERUS DURING LABOUR: HYSTERECTOMY.

On December 28th, 1893, Mrs. S., aged 42, who had had nine children, and had now reached full term, slipped and fell,

striking the lower part of the abdomen against a projecting stone. Though a good deal hurt she did not lie up, and even when some bleeding from the vagina occurred on December 29th, did not send for assistance, but continued at her usual household work. On January 2nd, a somewhat free bleeding having come on, she was put to bed. Bleeding ceased, and labour pains began between 1 and 2 A.M. on January 3rd. By 10 A.M. the head could be felt through the membranes quite near to the outlet, though not yet distending the perineum. Completion of the labour was shortly expected, when the patient suddenly became pale and collapsed, the pulse almost disappeared, the presentation could no longer be reached, and the pains ceased. Rupture of the womb, with escape of the fetus into the abdominal cavity having been diagnosed by the medical attendant (Dr. Davy), Mr. Hindle, of Askern, and Dr. A. Christie Wilson, of Doncaster, were hastily summoned, with a view to removal of the fetus by what seemed to the medical attendant in charge to be the only way of effecting delivery—namely, by Cæsarean section. Mr. Hindle and Dr. Wilson concurring, the operation was undertaken about four and a-half hours after the rupture took place, Dr. Wilson operating.

The fetus and placenta, enveloped in the membranes, which had not ruptured, were found in the abdominal cavity, having quite escaped from the uterus through a large rent in the lower part of its anterior wall. This rent was so low down that it could not well be got at to suture it, and as it was undesirable to leave the torn womb, extirpation of the organ was there and then performed. The patient bore the operation well. On recovery from the chloroform sleep signs of collapse showed themselves, but under brandy and opium she rallied. The following is a brief summary of the subsequent notes of the case:—

January 4th. Temperature 97.3°, pulse 152 and very feeble; hands and feet, which had been cold, warm. Patient said she "felt better." Vomiting is her "chief trouble."

January 5th. Temperature 98.4°, pulse 108, patient cheerful, vomiting less.

January 6th. Temperature 97.7°, pulse 128; only complains of the vomiting, which distresses her greatly, but the countenance looks anxious, and the eyes somewhat sunken; an unsatisfactory, failing pulse.

January 7th. Temperature 98.4°, pulse 140; vomiting of food persists, with general signs of failure. She died on January 8th at 4.30 A.M.

The large hemorrhage which occurred before the labour began tended to the anæmia and exhaustion ushering in death. The state of the wound and of the peritoneum were satisfactory throughout; in fact, healing took place by "first intention." There was slight sanguineous discharge from the vagina.

Askern. F. T. HINDLE, M.R.C.S. Eng., L.R.C.P. Lond.

#### A CASE OF STRYCHNINE POISONING.

RECENTLY I attended a strong, healthy man, of 21 years of age, who, save for an occasional severe attack of toothache, had enjoyed good health. I found him breathing sterterously, cyanotic, and unconscious, and upon taking his wrist he was seized with a general muscular clonic paroxysm, commencing in the muscles of the forearm, and then becoming general throughout the body. These tetanic muscular contractions passed into tonic contractions, and were most marked in the muscles of the hands, forearms, thorax, and face. Tonic spasm continued. Dyspnoea became rapidly worse, owing to the fixity of the respiratory walls and muscles.

With a few clonic contractions of the facial muscles of a hideous grinning character, and screwing together of the mouth by the orbicularis oris, the man died. Opisthotonus slight when first seen only.

Post-mortem examination made the following day. No wounds or marks of violence. Muscles of the upper extremities, jaws, and eyelids firmly contracted. Right side of heart and pulmonary vessels filled with dark venous blood; left side empty. Some fluid from stomach was placed in a shallow porcelain basin, to which concentrated sulphuric acid was added to excess. This mixture was slightly dusted over with finely powdered potassium bichromate; the characteristic strychnine reaction (namely, rose colour to purple) was distinctly visible. Several teeth much necrosed. Larynx and trachea empty. Lungs dark from venous congestion, and presenting appearances of death from asphyxia. In the left kidney was a recent hemorrhagic infarct. Brain pale, and "cold in tone," in contradistinction to reddish-pink warmer colour. Spinal cord

not examined. I regret also that the urine was not examined for strychnine.

Points of Medico-Legal and Pathological Interest.—(1) Quantity of drug taken, 13 $\frac{1}{2}$  to 18 grs., in the readily assimilable form of liq. strychninæ, B.P. (2) Relatively slow speed (namely, 15 to 20 minutes) at which so large a dose killed when taken upon an empty stomach, for the man drank it directly out of the bottle before breakfast. (3) This solution had been kept often exposed to light for probably six years, but was apparently unaltered as regards its potency.

The infarct in the left kidney is interesting, as is also the faintly "cold tone" of the cerebral tissues, as perhaps it may throw some indication upon the action of the drug on the cerebro-spinal nerve centre, and possibly also the corresponding vasomotor sympathetic nerves. For if such violent stimulation of the vasomotor centres takes place (as appears certain regarding the cerebro-spinal nerves), the arterial walls would become contracted, and their calibre so constricted as to cause this excessive pallor of the cerebral tissues, and the bluish tint from the colour of retained venous blood. This might also explain the hemorrhage into the kidney; the vessels in and around the Malpighian tufts and capsules, by reason of their engorged condition (naturally) and their resistance in becoming rapidly emptied, when subjected to sudden tonic contraction of their walls, together with the tortuosity of their finer capillaries in the glomeruli, appearing to be most liable to rupture when such extraordinary *vis a tergo* and sudden lateral pressure is suddenly brought to bear upon their practically incompressible contents.

Again, the general and violent tetanic muscular contractions probably also increase the pressure from within.

Antidotes.—Save by the administration of morphine hypodermically, and the inhalation of chloroform, nothing could be done. Had time permitted neither would have been of much avail. The needle would probably have excited fatal spasm of the glottis, as even the touch of my hand actually produced when taking the pulse. Chloroform administered in time would possibly have caused relaxation of the respiratory muscles, but this large dose of strychnine was still within the stomach, and the patient already suffered from dyspnoea. Owing also to the persistent trismus, to evacuate the stomach was impossible.

PERCY T. ADAMS,  
Kent County Ophthalmic Hospital.

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

### UNIVERSITY COLLEGE HOSPITAL.

ANEURYSM OF THE COMMON FEMORAL: DIGITAL COMPRESSION  
ON TWO OCCASIONS, FOR TWELVE AND SIX AND A-HALF  
HOURS RESPECTIVELY, WITH FIVE DAYS'  
INTERVAL: CURE.

(Under the care of Mr. CHRISTOPHER HEATH.)

[From notes by Mr. CHIDELL.]

A. B., aged 29, had been for nine years a laundry carman, and, though of slight build, had been accustomed to lift heavy weights. He had been fairly steady in regard to drink; had had gonorrhœa, but not syphilis; had never worked in lead, and neither he nor his family suffered from gout.

About four months before admission he first had pain in the upper part of the right thigh. The pain shifted down the thigh, and had been localised at the inner side of the knee for two months. It was worse at night, preventing sleep, and was relieved by walking.

On November 16th, 1893, he was obliged to leave his work, on account of the "rheumatism," and it was not until two days before admission that he noticed the swelling in the groin.

On admission (November 28th) he was found to be a small and poorly-developed man, evidently not in good health. The pulse was 80; the urine normal. There was no evidence

Mr. Justice Lawrence summed up briefly, and the jury immediately found a verdict for the defendants. Judgment accordingly.

#### UNQUALIFIED DENTAL PRACTICE.

THE Dentists Act, 1878, following the similar provision contained in Section 40 of the Medical Act, 1858, renders liable to a fine of £20 any person who, not being on the *Register*, takes or uses any description implying that he is registered, or is specially qualified to practise dentistry. A prosecution under this Act has recently taken place at Plymouth. The circumstances, as detailed in the reports before us, are instructive. Mr. Duff, the defendant, was, it appears, formerly on the *Register*, but has ceased to be so. Why this was did not appear in evidence. He has recently acted as assistant to a Mr. Passmore, who resides and himself practises at Exeter, but keeps a dental surgery at Plymouth, which he has visited two or three times a week as occasion required. Mr. Duff resided at the surgery at Plymouth, and had cards printed with his name and the words "Dental Surgery, 195, Durham Street, Plymouth" upon it. On the lamp outside the house the words "dental surgery" and on the inner door the words "co-operative dental surgery" also appeared; Mr. Passmore's name appeared nowhere. The prosecution was undertaken by the British Dental Association, on whose behalf it was urged that the use of the words "dental surgery" as above stated amounted to a representation that the person occupying the premises in question was a legally qualified dental surgeon.

For the defence the contention was that the words on the card were merely descriptive of the defendant's address, while the words on the lamp and on the door were correct as applied to Mr. Passmore, to whom the business belonged, and who was the lessee of the house. Mr. Duff being merely his paid servant, not practising on his own account at all. The magistrates had no difficulty in coming to the conclusion that the provisions of the Act had been infringed, and imposed a penalty of £10 and costs.

It is hard to see how they could have come to any other conclusion without ignoring the judgment of Justices Hawkins and Wills given in the year 1892 in case of the College of Veterinary Surgeons *v.* Robinson. The Veterinary Surgeons Act, 1881, in words almost the same as those used in the Dentists Act, 1878, imposes a penalty, or any person who, not being duly registered, takes or uses any name, title, addition, or description implying that he is specially qualified to practise veterinary surgery. Robinson was a shoeing smith, not on the *Register*, who had written up on his premises and on his billheads the words "J. Robinson, veterinary farrier." The magistrate before whom that case came declined to convict, but the judges held this was wrong, as the defendant had so described his business as to lead people to think that he did possess the special qualification as provided by the statute. Mr. Duff's conviction was, in accordance with that judgment, not only correct in law, but the only result at which the magistrates could properly have arrived as far as he was concerned. The defence set up and attempted to be proved by calling Mr. Passmore as a witness should not, however, be overlooked. If this was true, Mr. Passmore was carrying on business by means of an unqualified assistant, who could not possibly have been supposed to merely work under his supervision and direction—the distance between Exeter and Plymouth sufficiently negatives such an idea—in other words, was "covering" Mr. Duff. This is a matter which requires further investigation.

The General Medical Council has dealt with such cases already, and has successfully vindicated its right to adjudicate in fitting cases. It would not be right now to say more of this case than to point out that, while the public have been protected against the unqualified servant, the principal, who, according to his own statement, enabled the minor offender to break the law, has not yet been made amenable to any tribunal.

#### MEDICAL ETIQUETTE.

SUBSCRIBER.—Assuming that the statement fairly represents the facts of the case, the course pursued by B. in examining A.'s patient and altering the treatment without reference to the attendant practitioner would, in the absence of all urgency and *de facto* necessity, be held as indefensibly unprofessional, and justly subject him to severe criticism and reproof. As to any further action in the matter, A. should be guided by the general estimation in which the offender is held by his *confrères*; if that be satisfactory, we would counsel A. to let it drop; if, on the contrary, he be regarded as a more or less professional "fellow," it may be well to submit the question for the consideration of the local faculty, in which event "A." may consult with advantage the rules laid down in the *Ethical Code*, chap. 2, sect. 6, with reference to the mode in which such investigations are best conducted.

#### TEMPERANCE LECTURES.

KILMARNOCK.—Assuming, as we naturally do from the context, that the advertisement in the *Kilmarnock Standard* relative to the intended "Lecture on the Problem of Health" was under the auspices of a local association, responsible, moreover, for the issue of the "posters" etc., we fail (though scrupulously jealous of an alleged unethical proceeding) to recognise any valid objection to the wording thereof, and are reluctantly impelled to regard our correspondent's exception thereto as hypercritical.

#### "CHANGING THE DR."

A PRACTITIONER OF NEARLY TWENTY YEARS.—In view of the fact that the patient in question had, prior to sending for Dr. J., written a note to his late medical adviser to the effect that his further attendance was not desired, inasmuch as he had decided to change his doctor, he (Dr. J.) was fully justified in accepting charge of the case; and if the discarded and medico-ethically dissatisfied practitioner still entertains any doubt upon the point, he will find a confirmation of our opinion in rule 9, chap. ii, sect. 5, of the *Ethical Code*.

#### TRANSFER OF A PRACTICE.

M.B.—In response to "M.B.'s" query, we may note that the most judicious and unexceptionable mode is to transmit an autograph note, or a lithographed *facsimile* thereof on notepaper, to the *bona-fide* patients of the vendor.

#### THE HARNESS CASE.

DR. HEYWOOD SMITH (Harley Street, W.) writes: My attention having been drawn to the evidence of Nurse Beatty in the Harness trial as stating that I had recommended her to go to 52, Oxford Street, I beg to say that I did not recommend her to go there.

#### CLUB APPOINTMENTS.

G. T.—We should strongly advise "G. T." to be very careful not to commit himself in any way with a single member of a club by allowing his name to be brought forward against the present occupant of the post of surgeon. It is very unusual for a club to depute a single member to interview a medical man on such a subject as this; nearly always several are sent as a deputation, for otherwise a practitioner has no guarantee that he is not being made the cat's paw of a single dissatisfied member, and may find himself later on landed in a very unenviable position. If a club is dissatisfied with its medical officer, and decides to make a change, it can have no difficulty in doing so; and if in a fresh election "G. T." should be elected, he need have no scruples in accepting the post, if he thinks it likely to profit him. Under such circumstances we do not see how the former surgeon can take any umbrage at "G. T.'s" action, if everything be done openly and without concealment.

#### A QUESTION OF PROCEDURE.

W. D.—A *locum tenens* would not, in the absence of any specific arrangement to the contrary, be legitimately entitled to any part of the fee in question. Assuming that the statement submitted to us fairly represents the facts, we are of opinion, in view of the averment, that both the partners agreed that an undetermined portion of the fee should be remitted to the acting *locum tenens*, the latter has a moral claim thereto. With reference, moreover, to the mutual arrangement that the fee should, "as a matter of courtesy," be paid to the operator through the medium of his personal friend the *locum tenens*, who held himself responsible therefor, it might well have been fulfilled, seeing that no important medico-ethical rule would be involved thereby.

#### ETIQUETTE AND INSURANCE.

B. writes: X., a patient insured in an accidental company, meets with an accident, and is attended by his own medical man, A. B., the medical referee for the company in which X. is insured, is called upon by the company to make an examination, and report and advise them as to compensation. B. has always made a practice of communicating with the medical man in attendance on accident insurance cases, when called upon to report, but in this case A. and B. are not on friendly terms, and A. refuses to meet B. (the patient is neutral).

1. Is B. justified in examining the nature of the injury in this case without A.'s consent? If not, how can B. act in advising his company? 2. Is it necessary etiquette for B. to ask permission from the medical man in attendance at all?

\* \* 1. Under the circumstances stated, as A. refuses to meet B., the latter, it would appear, is justified in examining the nature of the injury, in order that he may advise his company. 2. There can be no doubt that it is desirable and in accordance with professional etiquette that B. should communicate with the medical man in attendance before visiting the patient.

## UNIVERSITIES AND COLLEGES.

#### UNIVERSITY OF CAMBRIDGE.

DOWNING PROFESSORSHIP OF MEDICINE.—The electors to this chair will meet for the purpose of filling the vacancy on Saturday, March 3rd. Candidates are to send their names and twelve copies of their testimonies (if any) to the Vice-Chancellor, for the use of the electors, by Monday, February 26th.

POST-GRADUATE STUDY AND NEW DEGREES.—The Council of the Senate have published a highly important proposal, which may lead to a considerable increase in the number of advanced students availing themselves of the opportunities Cambridge has to offer for literary and scientific research. The proposal is to establish two new degrees, Bachelor of Science and Bachelor of Letters, open to graduates of Cambridge or of some other recognised University. At present graduates of Oxford and of Dublin only have the privilege of proceeding to *ad eundem* degrees in Cambridge, these Universities being the only ones requiring actual residence for three years as a condition for graduation. If the new scheme comes into operation, graduates of other universities, both British and foreign, may, by residing as matriculated students for three terms (one-academical year), and offering evidence of having pursued in Cambridge a course of advanced study or research, submit a dissertation on some branch of science or learning. If this is approved, they will thereupon be admissible to the complete degree of Sc.B. or Litt. B., as the case may be. It is understood that like proposals are under consideration at Oxford, but Cambridge has the credit of formulating a plan which should do much to attract to an English University those mature students who now in large numbers seek the Continental schools. The new degrees will be of considerable distinction, for they will be open to those Cambridge men only who, having already graduated in Arts, Law, Medicine, or Surgery, present an original dissertation approved by one of the boards of studies. It is an interesting feature of the proposal that evidence of study and research, not of power to pass examinations, is to be the condition for the "post-graduate" degree.

**MEDICAL DEGREES.**—At the Congregation on February 1st, the following degrees were conferred:—  
*M. B. and B.C.*—A. J. H. Saw, B.A., Trinity; C. S. Storrs, B.A., Emmanuel; C. W. Windsor, B.A., non-collegiate.

**THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH.**  
 At a meeting held on February 3rd a letter from the Board of Managers of the Royal Infirmary was read, pointing out, with regard to the election of Drs. John Duncan and Argyll Robertson to be their representatives at the Infirmary Board, the unsuitableness of the appointment, in that these gentlemen were already members of the hospital staff. After discussion, a committee was appointed to draft a letter to the Infirmary Board, affirming the legality of the appointment and the inability of the College to review their decision.

#### UNIVERSITY OF ST. ANDREWS.

At a meeting of the Court of St. Andrews University held on February 3rd, the following resolution was by 7 votes to 6 adopted, and ordered to be transmitted to the Universities Commissioners:

"That the University Court desire to express their regret that the Commissioners appointed under the Universities (Scotland) Act, 1889, have taken no steps to give effect to the terms of the said Act in providing that there shall be 'joint' medical teaching in St. Andrews and Dundee, but have, on the contrary, taken steps to entirely destroy St. Andrews as a medical school, and to deprive it of its ancient rights of medical graduation; and they further desire to express their deliberate opinion that it is quite practicable to prosecute medical studies preparatory to graduation, and that the Berry Bequest and the Taylour Thomson Bursaries afford facilities as well as gravely urgent considerations for providing two years of medical teaching in the class rooms of St. Andrews itself, which are in most respects superior both in themselves and their surroundings to the class rooms in Dundee."

With reference to this rather strong and even bitter feeling between the University of St. Andrews and University College, Dundee, the writer of a very good article on "The Medical Schools of Scotland" in the *Scottish Review* for January makes the following remark: "It seems to an onlooker suicidal for this school (Dundee University College) not to utilise in harmony the academic traditions, the reputation and the degree granting power of St. Andrews University; and for St. Andrews not to take willing advantage of Dundee Royal Infirmary to complete its teaching. But internal competition, rivalry, and even some healthy quarrelling has been the milk on which Scottish medical teaching has grown lusty."

#### UNIVERSITY OF ABERDEEN.

**LADY STUDENTS AND BURSARIES.**—At a meeting of the Senatus of the Aberdeen University on February 3rd, the question was raised for the first time whether female competitors would be admitted at the next bursary competition. After considerable discussion, it was agreed that they should, it being held that such candidates would be eligible for all bursaries except those in which they are expressly excluded by the deeds of foundation. The Senatus have not as yet given indication as to how many of these exist, but doubtless that information will be given in due time. As the bursaries in Aberdeen University have a considerable number associated with the medical faculty, doubtless there will be dividing of the honours in this department as well as in the others.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

#### HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,604 births and 4,012 deaths were registered during the week ending Saturday, February 3rd. The annual rate of mortality in these towns, which had declined from 28.3 to 20.7 per 1,000 in the preceding three weeks, further fell to 20.0 last week. The rates in the several towns ranged from 13.3 in Blackburn and 13.8 in Leicester to 27.9 in Plymouth and 29.2 in Liverpool. In the thirty-two provincial towns the death-rate averaged 20.4 per 1,000, and exceeded by 1.0 the rate recorded in London, which was 19.4 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.2 per 1,000; in London the rate was equal to 2.6 per 1,000, while it averaged 2.0 in the thirty-two provincial towns, and was highest in Birkenhead, Bristol, and Plymouth. Measles caused a death-rate of 1.8 in Wolverhampton and 2.0 in Birkenhead; scarlet fever of 1.1 in Burnley; and whooping-cough of 2.5 in Cardiff, 3.0 in Bristol, and 4.7 in Plymouth. The 109 deaths from diphtheria included 74 in London, 4 in Liverpool, and 3 each in Manchester, Salford, Sheffield, and Newcastle-upon-Tyne. Five fatal cases of small-pox were registered in Birmingham, 2 in West Ham, and 1 each in London, Bradford, and Gateshead, but not one in any other of the thirty-three towns. There were 81 small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, February 3rd, against 88, 82, and 78 at the end of the preceding three weeks; 17 new cases were admitted during the week, against 14 and 17 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 2,491, against 2,733, 2,645, and 2,533 at the end of the preceding three weeks; 245 new cases were admitted during the week, against 246 and 235 in the preceding two weeks.

#### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, February 3rd, 821 births and 600 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had declined from 23.8 to 21.0 per 1,000 in the preceding three weeks, was again 21.0 last week, and was 1.0 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 14.2 in Greenock to 41.0 in Perth. The zymotic death-rate in these towns averaged 2.8 per 1,000, the highest rates being recorded in Paisley and Perth. The 293 deaths registered in Glasgow included 23 from whooping-cough, 8 from scarlet fever, and 5 from diphtheria. Six fatal cases of whooping-cough occurred in Perth, and 2 of diphtheria in Edinburgh.

#### LEAD POISONING IN GIRLS.

AT an inquest held recently at Greenwich Workhouse by Mr. Carter on a case of lead poisoning it was stated that the deceased, a girl aged 20, had worked, on and off, for the last three years at the Millwall Whitelead Works. From the evidence tendered, she was apparently one of those women who should never been allowed to enter a lead factory at all. On several occasions she had to give up work through being "leaded," the form the illness took being paralysis and obscuration of vision; and yet, with these premonitions, she persisted in returning to the lead factory rather than enter upon domestic service. Dr. Keats, of the Greenwich Union Infirmary, stated that the deceased was blind on admission, and that she died in a fit. In addition, he remarked that at the present time he had five young women under care suffering from plumbism, who had worked at Millwall. Experience ought to be convincing. Professor Oliver, of Newcastle-upon-Tyne, in his Goulistonian Lectures showed how extremely susceptible young females are to plumbism, and the Whitelead Committee have supported him in recommending the abolition of female labour in the "white beds" and "stoves." The recent deaths of female leadworkers in the metropolis, if they do not carry conviction to the minds of those who are interested in the purely social and economic side of the question and who regard themselves as the champions of women's right to labour, must create difficulties not readily dispelled by those who argue in favour of the retention of females in all the departments of a whitelead factory.

#### WOMEN SANITARY INSPECTORS.

MR. JOHN BRAYE, so well known for the active part which he took in the appointment of women sanitary inspectors, has drawn attention in a letter in the *Times* to the excellent work already done by the two ladies selected for the post in Kensington. The report to the Sanitary Committee, Kensington Vestry, gives a long list of houses visited and workshops inspected by the two ladies, and their conclusions as to the cleanliness, ventilation, and general sanitary condition of the premises in question. The medical officer of health to the vestry of Kensington speaks, in his last report, of the interest aroused in England generally by the new departure, and speaks confidently of the good work which the ladies will certainly do. He urges that their signatures should be appended to all notices issued upon their recommendation by the Sanitary Committee under the provisions of the Public Health (London) Act, 1891, and also that they should serve written intimations of nuisances in conformity with the third section of the same Act. It is to be hoped that other vestries may soon follow the example of Kensington, and thus ensure that the work may be done with the efficiency of which, in all cases, women inspectors are so pre-eminently capable.

**RETIRING ALLOWANCE TO A MEDICAL OFFICER OF HEALTH.**  
 The Health Committee of the Corporation of Liverpool have come to a resolution, on the report of the treasurer and the chief accountant and auditor, that it be reported to the council that, pursuant to the 64th section of the Liverpool Corporation Act, 1893, Dr. John Stopford Taylor is entitled to an allowance of £231 18s. 7d. per annum from April 3rd, 1894.

#### FEVER HOSPITALS IN THE ISLE OF MAN.

AT the last meeting of the Manx Legislative Council a Bill to provide for the establishment of fever hospitals was under discussion. A clause vesting the management of such hospitals in an asylum board was carried after a division, but after a few other clauses had been adopted the further consideration of the Bill was postponed, to allow time for the Governor to become acquainted with the position of the revenue and the demands upon it.

#### INCREASE OF FEVER IN LONDON.

AT the last meeting of the Metropolitan Asylums Board, Sir E. Galsworthy stated that, though the number of fever patients under treatment had notably fallen, the number of admissions during the previous fortnight had increased, and that the notifications of diphtheria were thirty-five more, and those of enteric fever twenty more. He thought that there was, therefore, reason to fear an early increased demand on the accommodation at the disposal of the Board. Subsequently the plans for a hospital to hold 500 patients, to be erected at Shooter's Hill, were approved and transmitted to the Local Government Board for their sanction.

#### SMALL-POX IN EDINBURGH AND DISTRICT.

FOUR cases of small-pox were reported in Edinburgh last week, and seven in Leith.

**WIGAN MEDICAL SOCIETY.**—At the annual meeting of this Society on February 1st, Dr. E. H. Monks, jun., was elected President and Treasurer, Mr. W. Berry Honorary Secretary, and the following members of the Committee chosen: W. C. Barnish, R. P. White, C. M. Brady, R. H. Cowan, M. Benson, and W. Latham.

As a teacher his influence was very far reaching; his works are the classical textbooks in Germany, and there is hardly a practitioner in the Fatherland who does not seek for guidance in surgical difficulties in the writings of the famous teacher of Vienna. Among his best titles to fame are the names of his pupils, who include such men as Czerny, Gussenbauer, Mikulicz, Salzer, Winiwarter, Wölfler, and Von Eisenberg.

Professor Billroth was a man of fine presence and powerful physique. He had a highly cultivated feeling for music. He was an excellent performer on the piano and violin, and at one time seems to have had some thought of taking up music as a profession. He was an intimate friend of Brahms and other musical celebrities, and at the time of his death he was busily engaged on a work on the physiology of music, which we hope he has left sufficiently advanced for publication.

We are indebted to Sir WILLIAM MAC CORMAC for the following estimate of Professor Billroth's character and worth: Few men more than Professor Billroth could inspire one with a greater sense of combined power and modesty. In manner and appearance he was most winning and sympathetic. His pupils and friends alike admired and loved him. I met him after the war in 1870-71, when he had already left Switzerland for Vienna, and several times in company with Langenbeck, his former master and fast friend. At that time it was thought by some in Vienna that he was still German in feeling, and would return sooner or later to take Langenbeck's succession; but this was not so, and he became in all his work and sympathy completely identified with the people among whom he lived. He was prominent amongst all his contemporaries in Austria, and sent his pupils to fill the chairs of surgery, not in the Austrian universities alone, but, as in the case of Czerny and others, to many German universities as well.

As an operator his knowledge and boldness were only equalled by his brilliant execution and skill; and what he did and the reasons for doing it were explained to his overflowing class with a rare talent for exposition. His patients, attracted by his great fame, came from very distant parts—not rich only, but poor also to fill his hospital beds. He loved his science and art, but he also loved other arts as well; and painting and music were his favourites, while the great masters of both were amongst his most intimate friends.

One personal reminiscence may be interesting as showing his princely hospitality. During the great International Exhibition in Vienna he entertained a party of about 100 military and civil surgeons who had come to attend a conference on the subject of medical aid in time of war, at a banquet at Vöslau, a well-known suburban resort of the Viennese. There were the choicest wines, from the Imperial Tokay downwards; native oysters from Colchester; sturgeon from the Volga, and, last and best, Strauss's band. I shall not easily forget the magical effect produced when, after dinner Johann Strauss, one of Billroth's great friends, mounted the orchestra, and, waving his baton, the band played the Beautiful Blue Danube. The music was beautiful before but it seemed transformed when Strauss led it. Immediately afterwards Billroth gave the only toast proposed on this memorable occasion. He said, "Ein Oestericher grüsse ich Sie, in Oesterreich, mit Oesterreich." The response did not want in enthusiasm. This dinner took place in a restaurant on the slope of a vine-clad hill covered with ripening grapes, which were to make wine such as we were drinking.

Our journey to this beautiful spot was by special train composed of carriages fitted up for the transport of wounded during war, a Lazarette train with everything of the most complete description for the purpose in view. It was, in fact, a large hospital on wheels.

THE number of cremations in Paris has increased considerably since the enactment of a measure about eighteen months ago to minimise the objections raised against the method of cremation adopted at the cemetery of Père Lachaise. The Prefect of the Seine announces that the number in 1893 rose to 180, against 156 in 1892. The erection of a large hall to form an approach to the crematorium, and of a columbarium with 738 niches for urns, will be commenced immediately by the Municipal Council.

## MEDICAL NEWS.

MR. F. H. TURNER, East Bergholt, Suffolk, Public Vaccinator for the Capel District of the Samford Union, has been awarded the Government grant for efficient vaccination.

CHRIST'S HOSPITAL.—While the drains wait, and the governors wonder what next to do, the boys' education is standing still, and there can be no doubt that a very serious hardship is being inflicted on them and their guardians. Under these circumstances, then, as it is certain that the school is in any case closed until May, the question has arisen of giving some compensation, making some form of payment, so as to help the boys' guardians in providing them with such education as can be found in the vicinity of their homes, until such time as the school will be available again. The nature and amount of this compensation will vary, those who have been presented to the hospital under the new scheme, by which certain fees are required, not receiving any direct payment, but probably having these fees reduced in the term following the reopening of the school.

FRENCH HOSPITAL AND DISPENSARY.—The twentieth annual dinner in aid of the funds of this institution took place on February 3rd at the Hôtel Métropole; the new French Ambassador, M. Decrais, in the chair. The Lord Mayor was prevented by illness from attending, and was represented by Sir Polydore de Keyser. Many members of the *Corps Diplomatique* were present, and the number present was altogether unprecedented. According to the annual report, it seems that until last year the hospital was able to pay its way; but the general expenses have so greatly increased since the removal to Shaftesbury Avenue, that a heavy deficit remains on last year's liabilities, to clear off which an urgent appeal was made. A touching allusion was made by the chairman to the loss sustained by the hospital and by France in the person of the late M. Waddington, who for so many years had presided over these festive meetings. Donations to the amount of about £2,500 were announced.

## 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.

BRADFORD EYE AND EAR HOSPITAL.—Special Assistant Surgeon. Must be registered medical practitioner. Honorarium, 100 guineas per annum. Applications and testimonials with certificate of registration to the Secretary, C. V. Woodcock, by February 15th.

COUNTY LUNATIC ASYLUM, Snenton, Nottingham.—Assistant Medical Officer, unmarried. Salary, £100 per annum, rising £10 annually to £150, board, lodging, washing, and attendance. Applications to the Chairman of the Committee of Visitors by February 27th.

CUMBERLAND INFIRMARY, Carlisle.—Assistant House-Surgeon. Salary, £40 per annum, with board, lodging, and washing. Appointment for one year. Applications and testimonials to the Secretary by February 21st.

DENTAL HOSPITAL OF LONDON, Leicester Square, W.C.—Assistant Dental Surgeon. Applications to J. Francis Pink, Secretary, by March 12th.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.—Pathologist and Registrar. Honorarium, £40 per annum. Applications to the Secretary, Thomas Hayes, by February 27th.

EAST SUFFOLK AND IPSWICH HOSPITAL, Ipswich.—House-Surgeon, unmarried. Qualified in medicine and surgery. The office is held subject to annual re-election. Salary, £80 per annum, with board, lodging, and washing. Applications and testimonials to the Secretary, T. Edgar Mayhew, by February 20th.

GREAT NORTHERN CENTRAL HOSPITAL, Holloway, N.—Physician to Out-patients; must possess the degree of M.D. or M.B., or Fellow or Member of Colleges of Physicians of London or Edinburgh, or King and Queen's College of Physicians Dublin. Applications and testimonials to the Secretary at the hospital, William T. Grant, by February 26th.

HOSPITAL FOR WOMEN, Soho Square, W.—House-Physician. Salary, £30 for six months, with board, etc. Applications and testimonials to the Secretary, David Cannon, by February 21st.

HOSPITAL FOR WOMEN AND CHILDREN, Leeds.—House-Surgeon, for less than twelve months. Salary, £75 per annum. Applications to the Secretary of the Faculty.

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, £30 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, £250, 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, £250 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.

**UEEN CHARLOTTE'S LYING-IN HOSPITAL**, Marylebone, N.W.—Resident Medical Officer. Appointment for four months. Salary at the rate of £60 per annum, with board and residence in the hospital. Applications and testimonials to the Secretary, G. Owen Ryan, by February 20th.

**ROYAL SURREY COUNTY HOSPITAL**, Guildford.—House-Surgeon. Salary, £80 per annum, with board, lodging, and laundry. Applications to the Honorary Secretary by March 10th.

**GEORGE'S AND ST. JAMES'S DISPENSARY**, 60, King Street, Regent Street, W.—Physician. Applications to St. Leger Bennett, Secretary, by February 14th.

**T. LUKE'S HOSPITAL**, London, E.C.—Clinical Assistant. Appointment for six months, with board and residence. Applications and testimonials to the Secretary, Percy De Bathe, M.A., by February 19th.

**T. PANCRAS AND NORTHERN DISPENSARY**, 126, Euston Road.—Honorary Physician; must be a Member of the Royal College of Physicians of London or a graduate in medicine of one of the Universities. Application with testimonials to the Honorary Secretary, H. P. Bodkin, 23, Gordon Street, Gordon Square, W.C., by February 24th, 1894.

**SAFORD 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.

**STAFFORDSHIRE COUNTY INFIRMARY**, Stafford.—Assistant House-Surgeon. No salary, but board, lodging, and washing. Applications to House-Surgeon.

**TIVERTON INFIRMARY AND DISPENSARY**, Tiverton.—House-Surgeon and Dispenser, registered and unmarried. Salary, £100 per annum, with lodgings, attendance, fire, and lights. Applications with testimonials to the Honorary Secretary, Arthur Fisher, Tiverton, Devon, by February 23rd.

**WYNNAAD 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.

**BARTLETT**, R. C., M.R.C.S., L.R.C.P.Lond., appointed House-Surgeon to the Dorset County Hospital, vice W. A. Rudd, M.D., resigned.

**BERKELEY**, G. H. A. C., M.B., B.C.Cantab., appointed Clinical Assistant to the Ear and Throat Department of the Middlesbrough Hospital.

**BISHOP**, Henry Draper, M.R.C.S.Eng., L.R.C.P.Lond., appointed Senior House-Surgeon to the Carnarvon Hospital, Kimberley.

**BULLEN**, H. J. L., M.R.C.S.Eng., L.S.A., appointed Medical Officer for the 3rd District of the New Forest Union.

**HOBSON**, Lewis John, M.D.Lond., B.S., F.R.C.S., reappointed Honorary Consulting Physician to the Royal Bath Hospital and Rawson Convalescent Home, Harrogate.

**JACKSON**, Philip J., M.R.C.S.Eng., appointed Medical Officer to the Southwark Division of the General Post Office, vice T. H. Waterworth, M.D., deceased.

**JONES**, R. Langford, M.R.C.S.Eng., etc., appointed Medical Officer to the North Wales Church Training College, Bangor.

**O'CONNOR**, C. P., M.D., appointed Medical Officer for the 3rd District of the North Witchford Union.

**PRINCE**, J. W. G., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the 3rd District of East Grinstead Union.

**SHAW**, R. Hill, B.A., M.B., B.Ch.Univ.Dub., appointed Acting House-Surgeon to Mercer's Hospital, Dublin, vice John Elliott, B.A., M.B., B.Ch.Univ.Dub.

**TILDESLEY**, Josiah P., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer of the Willenhall District of the Wolverhampton Union.

**UNITT**, James Arthur, L.R.C.P.Eng., M.R.C.S.Eng., appointed Medical Officer for the Quorn District of the Barrow Union, vice S. Harris, M.R.C.S.Eng., resigned.

**WALTERS**, Wm. Hy., M.D.Bruix., L.R.C.P.Eng., M.R.C.S., appointed Medical Officer for the Second District of the Winslow Union.

**WATERHOUSE**, Herbert F., M.D., C.M.Edin., F.R.C.S.Eng., appointed Aural Surgeon to Charing Cross Hospital.

**WICKHAM**, Gilbert H., M.B., B.C.Cantab., appointed Honorary Medical Officer for Out-patients, Royal Victoria Hospital, Bournemouth.

**WOOD**, C. G. Russ, M.R.C.S.Eng., L.R.C.P.Lond., appointed Honorary Ophthalmic Surgeon to the North of England Children's Sanatorium, vice F. Harris, M.R.C.S.Eng., resigned.

**YEARSLEY**, P. Macleod, F.R.C.S.Eng., appointed Curator of Museum, Westminster Hospital.

#### DIARY FOR NEXT WEEK.

##### MONDAY.

**LONDON POST-GRADUATE COURSE**, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Lang: Corneal Affections. Bacteriological Laboratory, King's College, W.C., 3 to 5 P.M.—Lecture: Actinomycosis and Glanders. Practical work: Staining Sections and Cultivations. London Throat Hospital, Great Portland Street, 8 P.M.—Dr. Whistler: Syphilis of Nose and Pharynx.

**MEDICAL SOCIETY OF LONDON**, 8.30 P.M.—Mr. Frederick Treves: Peritonitis (second Lettsomian Lecture).

##### TUESDAY.

**LONDON POST-GRADUATE COURSE**, Bethlem Royal Hospital, 2 P.M.—Dr. Corner: Alcoholic Insanity.

**ROYAL MEDICAL AND CHIRURGICAL SOCIETY**, 8.30 P.M.—Dr. Kenneth McLeod: On Nerve Stretching and Splitting in Localised Interstitial Neuritis, Leprous and otherwise. Mr. Thomas Bryant: Two Cases of Intussusception of the Large Intestine due to the Presence of a Papillomatous Growth Successfully Reduced by introduction of the Hand into the Rectum after the Removal of the Growth.

##### WEDNESDAY.

**LONDON POST-GRADUATE COURSE**, Hospital for Diseases of the Skin, Blackfriars, 1 P.M.—Dr. Payne: Acne. Hospital for Consumption, Brompton, 4 P.M.—Mr. R. J. Godlee: Sub-diaphragmatic Abscess. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. R. Marcus Gunn: Cataract.

**LARYNGOLOGICAL SOCIETY OF LONDON**, 20, Hanover Square, W., 5 P.M.—Dr. Clifford Beale: Tuberculous Tumour of Larynx. Mr. Butlin: Tumour of the Thyroid Gland. Dr. William Hill: Case showing so-called "Cleavage of the Middle Turbinate." Dr. Felix Semon: Pharyngeal Ulceration of Doubtful Nature in a case of Arrested Pulmonary and Laryngeal Tuberculosis. Dr. Scanes Spicer: Unilateral Laryngeal Infiltration and Edema of Undetermined Nature. Dr. Hale White: Case of Gumma over the Arytenoid Cartilage. Dr. Willcocks: Gummata of Epiglottis.

**POST-GRADUATE COURSE**, West London Hospital, Hammersmith, W., 5 P.M.—Mr. Swinford Edwards: Carcinoma of the Rectum.

**HUNTERIAN SOCIETY**, 8.30 P.M.—Annual General Meeting. Election of Officers. 8.30 P.M. Oration by Dr. J. Dundas Grant: Aspects of Medical Life—John Hunter, Andrew Clark.

##### THURSDAY.

**LONDON POST-GRADUATE COURSE**, National Hospital for the Paralysed and the Epileptic, Queen Square, 2 P.M.—Dr. Ormerod: Hemiplegia. Hospital for Sick Children, Great Ormond Street, 3.30 P.M.—Mr. C. A. Ballance: Clinical Lecture. Central London Sick Asylum, Cleveland Street, 5.30 P.M. Dr. Patrick Manson: Malaria Disease.

**SOCIETY OF ANÆSTHETISTS**, 20, Hanover Square, 8.30 P.M.—Discussion on the Administration of Anæsthetics in Operations on the Nose and Throat by Mr. Bailey, Mr. Braine, Mr. Tyrrell, Dr. Buxton, Dr. Hewitt, Mr. Davis, Dr. Silk, and others.

**HARVEIAN SOCIETY OF LONDON**, 8.30 P.M.—Cases by Messrs. D'Arcy Power, Lockwood, Dr. Boxall, and others. At 9, Dr. W. R. Dakin: Modern Methods of Treating Post-Partum Haemorrhage.

##### FRIDAY.

**LONDON POST-GRADUATE COURSE**, Hospital for Consumption, Brompton, 4 P.M.—Dr. E. Symes Thompson: Phthisis and Life Assurance.

**QUEKETT MICROSCOPICAL CLUB**, 20, Hanover Square, W., 8 P.M.—Annual Meeting. Address by the President, Mr. E. M. Nelson, F.R.M.S.

##### SATURDAY.

**LONDON POST-GRADUATE COURSE**, Bethlem Royal Hospital, 11 A.M.—Dr. Percy Smith: Climacteric and Senile Insanity.

#### BIRTHS, MARRIAGES, AND DEATHS.

*The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office order or stamps with the notice not later than Wednesday morning, in order to insure insertion in the current issue.*

##### MARRIAGE.

**BONAR—NIELSON**.—At Glasgow, on January 31st, by the Rev. A. Orrock Johnston, D.D., assisted by the Rev. James Stalker, D.D., Thomson Bonar, M.D., Edinburgh, to Elizabeth Christian (Elsie) daughter of William Nielson, Esq., of the Bank of Scotland.

##### DEATH.

**CHEYNE**.—On February 6th, at Caxton, Cambs, Mary Emma, wife of W. Watson Cheyne, F.R.C.S., aged 37.