

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

RETAINED PESSARY CAUSING STRANGULATION OF THE UTERUS.

On July 19th, 1893, I was asked by Mr. W. Bowes, of Aldington, Kent, to assist him in the treatment of a lady, aged 74, residing in London, to whom he had been summoned from the country, and who was suffering from a retained pessary. Taking an anæsthetic and instruments, I visited the patient. Her temperature was 101° F. and the pulse about 100. The abdomen just above the pubes was somewhat tender; the vagina also was tender, and was occupied by a slippery, smooth, hollow, sphere of wood, measuring 2½ inches in diameter, around which oozed a foul-smelling discharge.

It appeared that this pessary had been in the vagina for months, and that the lady herself, on attempting to remove it some three or four weeks before my visit by pulling at a tape attached to one of the poles of the pessary, had brought away a circular piece of wood—a polar zone, if one may so designate it—leaving a circular aperture nearly an inch wide, that communicated with the hollow interior of the wood. The pessary was now so placed that the opening was at the upper end of it, because I could nowhere with my finger detect the aperture, nor could I with my hand alone drag the pessary down. In this dilemma, with Mr. Bowes's assistance, I passed the blades of vulsellum forceps up opposite sides of the sphere, and when their points were opposite its equator I forced them into the wood. Applying traction I brought the pessary outside the vagina and then found that all the vaginal portion of the uterus had passed into its interior. With bone forceps I cracked the thin shell of wood into two equal parts by lines of cleavage running from pole to pole, whereupon the two separated hemispheres fell away from the enclosed uterus, which had been strangulated therein and was almost gangrenous. It was greatly swollen, of an ashy grey colour, and gave off a most offensive odour. The patient was able to bear the necessary manipulation without an anæsthetic. Frequent antiseptic vaginal douches were subsequently employed and rest in bed was enjoined. The local inflammation soon subsided, the uterus returned to its normal size, and after some three or four weeks complete recovery ensued.

The pessary was of an antiquated type, such as is rarely now seen; and the mishap which I have detailed would appear to be almost if not absolutely unique.

Dr. H. R. Spencer stated at the Harveian Society, when I described the case at a recent meeting, that nothing exactly similar is recorded in Dr. Neugebauer's paper in the *Archiv für Gynäkologie*, to which reference was made in a leading article entitled *Dangers of Vaginal Pessaries*, published in the *BRITISH MEDICAL JOURNAL* of May 27th, 1893.

Gloucester Place, Hyde Park, W. GEORGE EASTES, M.B.

A METHOD FOR OBTAINING HÆMIN CRYSTALS FROM BLOODSTAINS MIXED WITH RUST.

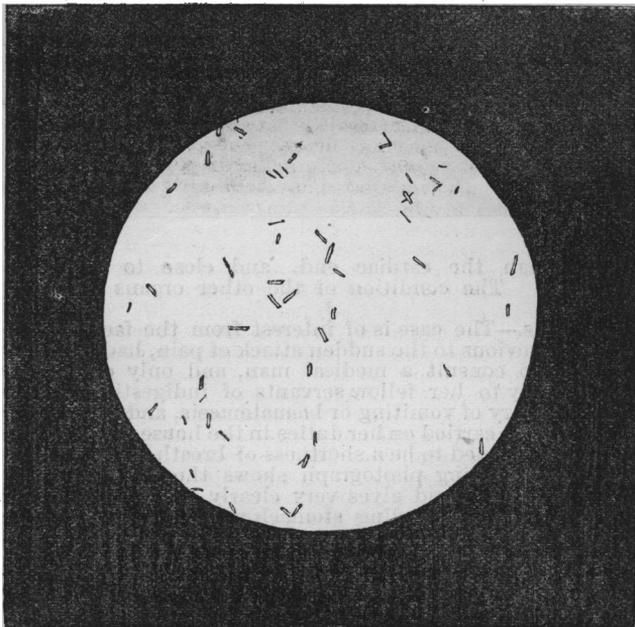
It is well known that hæmoglobin changes into hæmatin and a proteid body in the course of time, and this decomposition can be produced more quickly by the action of heat, acids, plenty of water, etc.; also, under favourable circumstances, it loses its iron and undergoes further changes.

Now hæmatin, in the presence of iron rust, cannot lose iron, so that it cannot undergo further changes, but it forms, as all are aware, a rather insoluble connection with it, hence iron rust may be regarded as a preservative agent, and it is only necessary to select a proper solvent for the hæmatin, and one which will have no action on iron rust.

A few days back I had occasion to examine some rust from a small crowbar. I found that the blue colour given by the guaiacum test was more intense if the rust was mixed with a little ammonium chloride before being treated with a weak alkaline solvent. This led me to believe that the presence of ammonium chloride favours the solution of hæmatin.

Ammonia is a solvent of hæmatin and hæmin; it does not act on iron rust, and it has the additional advantage of being easily expelled by gentle heat when its solvent action is no longer required.

Placing a portion of the suspected rust in a test tube, and adding a little powdered ammonium chloride, a little strong solution of ammonia was poured over it; the test tube was then tightly corked and shaken at frequent intervals; beyond the temperature of the room no other heat was used. After a few hours the whole was filtered to separate the rust; the filtrate was of a clear pale amber colour. A small quantity of this filtrate was placed on a slide with a particle of sodium chloride, and evaporated to dryness by gentle heat, a cover glass put on, and glacial acetic acid introduced beneath, again gently heated, and allowed to cool. In this manner the crystals represented in the drawing were ob-



Viewed with a polarisation apparatus attached to microscope and objective. Obtained by method described. The drawing does not show the brighter colour of the crystals, but is accurate as to size and appearance.

tained. I have tried portions of the filtrate in the above manner five separate times, and did obtain a number of crystals every time.

The rust is from a small crowbar connected with the Colchester fire and murder case, so that it could not have had blood upon it without my knowledge for fifty days prior to my examination of it by this method.

Instead of ammonium chloride sodium chloride may be used; the filtrate then obtained is of a darker amber colour. It is only necessary carefully to evaporate a drop of this, cover with a cover glass, and proceed as before. The crystals thus obtained are much longer and more easily distinguished.

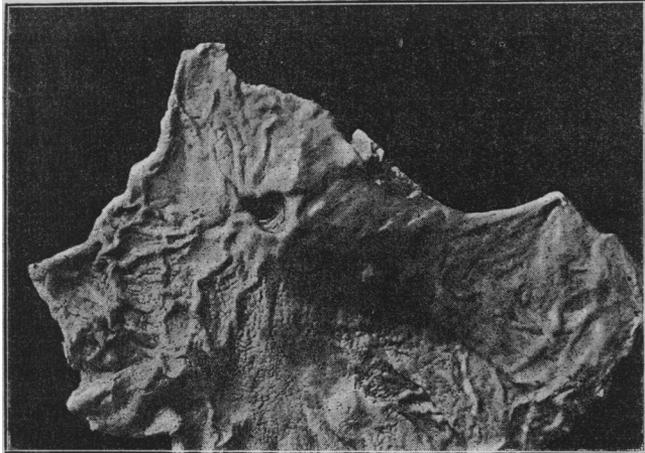
Colchester.

JONATHAN BECKER.

A CASE OF GASTRIC ULCER.

F. L., aged 21, a domestic servant, whose family history was unimportant except that there was phthisis on the mother's side, complained suddenly one afternoon of pain all over the abdomen. She was treated by friends with poultices, etc., and a dose of castor oil. At 10 p.m. she was left to sleep by herself as she was much easier. Next morning she was discovered dead in bed. No medical man was called in. On *post-mortem* examination, there was a cachectic hue of face but no apparent wasting of the body, which was well developed. The heart was normal; both lungs were adherent to the pleuræ and shrunken; the abdomen was filled with an offensive thin fluid of a yellowish colour (liquid food); the

liver was anæmic, enlarged, and adherent to the diaphragm; the stomach was empty and thickened, and showed an ulcerated perforation on its anterior surface, nearer the



pyloric than the cardiac end, and close to the lesser curvature. The condition of the other organs was fairly normal.

REMARKS.—The case is of interest from the fact that the patient, previous to the sudden attack of pain, had never any occasion to consult a medical man, and only complained very slightly to her fellow servants of indigestion. There was no history of vomiting or hæmatemesis, and to the day of her death she carried on her duties in the house. Her greatest complaint seemed to be a shortness of breath going upstairs. The accompanying photograph shows the ulcer as viewed from the inside, and gives very clearly the thickened condition of the surrounding stomach wall. It is difficult to conceive how such a pathological condition could exist without more symptoms.

Dawlish.

G. FORTESCUE WEBB, M.R.C.S., L.S.A.
C. NEWTON LOVELY, M.B., B.S. Durh.

REPORTS

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

STATION HOSPITAL, SECUNDERABAD.

COMPOUND COMMINATED GUNSHOT WOUND OF THE UPPER THIGH, WITH COMPLICATIONS.

(By Surgeon-Major F. P. NICHOLS, M.B. Cantab., A.M.S.)

It is not every day that a man recovers with a good leg from a comminuted gunshot wound of the femur, and when that condition is complicated with the passage transversely through the pelvis of a portion of the bullet, the case becomes, I think, of sufficient interest for record. These considerations, and a wish to bring forward more prominently a method of treatment which seems peculiarly adapted to the military services, induce me to report the following case:

On August 22nd, 1892, Private H. was accidentally shot on the rifle range at Secunderabad, from the 200 yards butt, with a bullet from a Martini-Henri rifle. He was standing sideways to the target, and the bullet entered the outer side of the left thigh just below the great trochanter, and made its exit in the middle of the left gluteal fold, smashing the femur in its course. A piece of bullet, weighing 260 grains, was found lying in his shirt opposite the wound of exit. The man, who suffered very little from shock, and was quite sensible, was taken at once to the Station Hospital, where, under

chloroform, the injury was found to be very extensive. After enlarging the openings, the fingers could be easily inserted between the ends of the broken femur, the space being occupied with clot and fragments of bone. No trace of the rest of the bullet could be found.

It was decided to make an effort to save the leg; and it was therefore placed on a McIntyre's splint, with a large drainage tube from side to side. The position of the wound was such that both this and a long interrupted splint were abandoned in favour of a stretcher, which was adapted in the following manner, and to which I would draw special attention. A W. O. pattern stretcher was made without rollers, and with fixed traverses. A hole about six inches square was cut in the canvas from the pole inwards, large enough to enable both wounds to be seen from below, and defecation to be accomplished with ease. For dressing purposes this was raised on the shoulders of four men, and after dressing (which consisted only of irrigation with iodine water), it was merely laid on a fracture bed, with interrupted mattresses, one of the mattresses being replaced by a pad of absorbent cotton wool. By arranging pillows and blankets under and between the poles pressure could be exactly regulated, and the man passed three months perfectly comfortably, only being twice raised from the stretcher—once for an extra cleaning, and once to have the canvas (which had given way) repaired. Extension was kept up all through by weight and pulley.

The course of the injury requires a few comments. Bony union was perfect on the ninety-first day. He was put on a Thomas's splint on the one hundred and seventeenth day. Both wounds were healed perfectly on the one hundred and thirty-fifth day; within five months he was walking about with a stick, having only a two-inch shortening.

From the day of his accident he had complained of pain over his right trochanter, where there was tenderness and bruising (put down to his fall), and for the first fortnight he was unable to pass his urine, which was readily drawn by catheter, and was of a natural appearance. On the twenty-fifth day, however, I found an abscess pointing on the inner side of the right thigh. It contained an ounce of foul pus, and extended towards the perineum; on further examination I found a hard lump just below the right trochanter. I at once cut down on it, and extracted a piece of bullet, weighing 120 grains, from beneath the fascia. The wound healed under one dressing, and the abscess, which did not appear to be connected with the bullet, pursued a satisfactory course.

These three facts—his temporary inability to pass water; the abscess running towards the perineum; and the piece of lead cut out from the right thigh—make it certain that part of the bullet passed through the perineum, without damaging any of the delicate organs contained in it. One hundred and ten grains of lead are still unaccounted for.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

W. S. CHURCH, M.A., M.D., F.R.C.P., Vice-President,
in the Chair.

Tuesday, February 13th, 1894.

NERVE STRETCHING AND SPLITTING IN LOCALISED INTERSTITIAL NEURITIS, LEPROUS AND OTHERWISE.

DR. KENNETH McLEOD read this paper. In 1877 the author proposed nerve stretching in cases of anæsthetic leprosy as a means of liberating the nerve tubules from the destructive pressure exercised by the organised neoplasm of leprosy neuritis. The operation had been performed in over 250 cases by Lawrie, Downes, Neve, Wallace, Rake, and others. In a large proportion of these cases pain had been assuaged, sensation restored, muscular power improved, eruptions cured, ulceration healed, and the general nutrition of limbs greatly ameliorated. In many cases these effects had been permanent. In 1880 the author had occasion to lay open a sinus which occupied the interior of the ulnar nerve for a distance of 4 inches. The indurated nerve was split in two and stretched. Great benefit followed the operation as regards sensation, motion, and nutrition, which was observed

appointment, to solicit votes from mere candidates for a non-elected body, was not only ill-advised but calculated to mar his prospects of eventual success. Moreover, he might appear to subject himself to the imputation of covert unprofessional advertising.

NAVAL AND MILITARY MEDICAL SERVICES.

THE LATE PRINCIPAL MEDICAL OFFICER OF MALTA.

THE officers of the Army Medical Staff at Malta gave a farewell dinner to Surgeon-Major-General Paterson, on the eve of his return to England to take up the duties of his new appointment as Principal Medical Officer of Aldershot. After the usual loyal toasts, the health of the guest of the evening was proposed by Brigade-Surgeon-Lieut.-Colonel Macartney, who, in a few appropriate words, expressed the regret felt by all the officers at the departure of a chief who during his short stay had won golden opinions from all. Surgeon-Major Manché, R.M.A., added that few men knew so well as Surgeon-Major-General Paterson how to be *fortiter in re, suaviter in modo*.

THE NAVY.

FLEET-SURGEON H. D. STANISTREET has been promoted to be Deputy Inspector-General, January 2nd. His previous commissions are dated as follow: Surgeon, August 4th, 1867; Staff-Surgeon, February 19th, 1876; and Fleet-Surgeon, July 26th, 1883.

Fleet-Surgeon HENRY JOHN MADDERS, M.D., has been placed on the Retired List, at his own request, February 7th. He was appointed Surgeon April 1st, 1873; Staff Surgeon April 1st, 1885, and Fleet-Surgeon December 5th, 1893.

Surgeon EDWARD C. WARD, M.D., has been appointed to the Royal Naval Hospital, Chatham, not to Chelsea Hospital, as stated in the BRITISH MEDICAL JOURNAL of February 3rd.

The following appointments have been made at the Admiralty: FREDERICK J. BURNS, M.D., Surgeon, to the *Dolphin*, February 10th; GEORGE HEWLETT, M.B., Surgeon, to Haslar Hospital, February 13th; JAMES C. F. WHICHER, Surgeon, to Sheerness Barracks, February 9th; R. W. ANDERSON, Staff-Surgeon, to the *Wallaroo*, February 28th; WILLIAM S. LIGHTFOOT, Staff-Surgeon, to the *Lion*, February 24th; FRANCIS J. LEA, Surgeon, to the *Ringarooma*, February 28th; A. E. WRIGHT AN, Surgeon, to the *Katoomba*, February 28th.

ARMY MEDICAL STAFF.

SURGEON-COLONEL J. DAVIS is promoted to be Surgeon-Major-General, *vice* T. N. Hoysted, retired, January 11th. Surgeon-Major-General Davis entered the service as Assistant-Surgeon, March 10th, 1859; became Surgeon, March 1st, 1873; Surgeon-Major, April 1st, 1873; Brigade-Surgeon, October 29th, 1883; and Surgeon-Colonel, December 19th, 1888. He was engaged in the New Zealand wars in 1861 and 1865, and was at the repulse of the attack on Camp Nukumar and the affair at Kakaramea (medal).

Surgeon-Colonel C. H. GIRAUD is also promoted to be Surgeon-Major-General, *vice* F. W. Wade, retired, January 24th. His earlier commissions are thus dated: Assistant-Surgeon, March 10th, 1858; Surgeon, March 1st, 1873; Surgeon-Major, April 1st, 1873; Brigade-Surgeon, April 2nd, 1884; and Surgeon-Colonel, May 7th, 1889. Surgeon-Major-General Giraud served with a flying column in the North-West Provinces of India in 1858-59, including the action at Sissaghat (medal with clasp); with the 31st Regiment during the campaign in North China in 1860, including the action of Sinho and storming of Tangku (medal with clasp for the Taku Forts); with the 31st Regiment in the operations against the Taepings in the vicinity of Shanghai, including service with the storming parties at the capture of the walled towns of Kahding, Najow, Cholin, and Tsinpo, taking of the stockaded fort at Nansiang, relief and recapture of Kahding; and with the 2nd Brigade 1st Division in the Zulu war of 1879, and afterwards as Senior Medical Officer throughout the operations of "Clarke's column" (medal with clasp).

The death of Surgeon JOHN WARDROP MOORE, at an advanced age, is announced. He was appointed Hospital Assistant May 8th, 1828, Assistant Surgeon July 29th, 1830, and Surgeon February 10th, 1843. He retired from the service October 6th, 1854.

Brigade-Surgeon-Lieutenant Colonel J. W. MAXHAM, M.D., is gazetted Surgeon-Colonel, *vice* J. Davis, January 11th. He was appointed Assistant-Surgeon, March 31st, 1864; Surgeon, March 1st, 1873; Surgeon-Major, April 28th, 1876; attained the rank of Lieutenant-Colonel, March 31st, 1884; and was made Brigade-Surgeon-Lieutenant-Colonel, December 19th, 1888. He has no war record in the *Army Lists*.

Brigade-Surgeon JAMES WATSON, F.R.C.S., died at the Tower of London on February 9th, at the age of 57. He was appointed Assistant-Surgeon, February 1st, 1859; Surgeon, March 1st, 1873; Surgeon-Major, April 1st, 1874; and was granted retired pay, with the honorary rank of Brigade-Surgeon, December 8th, 1880. He served throughout the North China campaign in 1860, being present at the capture of the Taku forts (medal with clasp); throughout the New Zealand war in 1863-66, including the Waikato campaign and the field operations on the East Coast (medal); and in the Ashanti war of 1873-74 (medal). He was appointed medical officer at the Tower of London, April 7th, 1891.

THE MILITIA.

SURGEON-MAJOR HENRY JAMES PAINE, M.D., formerly of the 3rd Battalion the Welsh Regiment (Royal Glamorgan Militia), recently died at his residence, Elmsfield, Cardiff, in his 78th year. Surgeon-Major Paine joined the old Glamorgan Light Infantry as Surgeon in 1852, became Surgeon-Major Militia Medical Department in 1873, and retired in 1893.

INDIAN MEDICAL SERVICE.

BRIGADE-SURGEON-LIEUTENANT-COLONEL J. C. G. CARMICHAEL, Bengal Establishment, has been promoted temporarily to the rank of Surgeon-

Colonel, to fill a vacancy in the administrative grade consequent on the retirement of Surgeon-Colonel G. C. Chesnaye, Principal Medical Officer Lahore district.

The medical arrangements in India on the formation of the Army Corps will be one surgeon-general of Her Majesty's forces at army headquarters, with a secretary (presumably a medical officer), four surgeon-generals, each with a secretary, for the four army corps; fourteen surgeon-colonels on the administrative staff of districts, and four brigade-surgeons, surplus to the present establishment—total 28 against 29.

THE VOLUNTEERS.

THE undermentioned gentlemen are appointed Surgeon-Lieutenants in the corps specified, all dated February 10th: ALEXANDER BARCLAY LYON, M.B., 1st Banff Artillery; ROBERT JACKSON, M.B., 2nd Lancashire Engineers, Fortress and Railway Forces, Royal Engineers; JOHN BENJAMIN NICHOLSON VICKERS, 2nd Volunteer Battalion the Norfolk Regiment (late the 2nd Norfolk).

Surgeon-Lieutenant A. E. DRURY, 1st Dorsetshire Artillery (Southern Division Royal Artillery) has resigned his commission, which was dated September 6th, 1890.

Surgeon-Lieutenant H. R. BRAMWELL, M.B., Tynemouth Artillery (Western Division Royal Artillery) is promoted to be Surgeon-Captain, February 10th.

Surgeon-Major C. E. COLLINS, 2nd Volunteer Battalion the Royal Sussex Regiment (late the 2nd Sussex), has resigned his commission, retaining his rank and uniform.

ARMY MEDICAL SCHOOL AT WASHINGTON.

THE establishment of an army medical school at Washington, United States, was authorised by a general order dated June 24th, 1893. The object of the school is the further instruction of newly-appointed medical officers. The course of instruction will extend over four months, beginning annually on November 1st. The faculty is to consist of a president, who will deliver lectures on the duties of medical officers in peace and war; a professor of military surgery (including the care and transport of the wounded); a professor of military hygiene (including practical instruction in the examination of water, air, food, and clothing from the sanitary point of view); and a professor of clinical and sanitary microscopy (including bacteriology and urinalogy).

EUROPEAN FIELD HOSPITALS.

ACCORDING to a report based on personal observation, the Medical Director of the United States navy says the Germans alone in Europe have a thoroughly drilled and organised hospital corps. The Italians are making praiseworthy efforts to perfect their hospital service; but the French are much behind. As for ourselves, we cling to primitive methods, and are the most backward of all. We fear there is little chance of improvement so long as our military hierarchs seem bent on thwarting and repressing our medical services.

POST OFFICE RIFLES.

THE ambulance section of this regiment held its first annual smoking concert recently. The concert was well attended, and Surgeon-Captain Dundas Grant, M.D., who was in the chair, took the occasion of congratulating Sergeant Gage on the very efficient state of the ambulance section.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

THE WELSH ANATOMICAL PRIZE.—A prize in memory of Hugh Russell Welsh, B.A., of Trinity College, has been founded in the University of Oxford. The income of the fund which has been raised will be offered as a prize either in money or books for the best set of drawings illustrative of human anatomy, the work of a student being a member of a university, who shall have been engaged in the study of anatomy in the Anatomical Laboratory of the University during not less than one term. If no drawings of sufficient merit are submitted, the prize may be awarded to any student of proper standing who may have shown conspicuous excellence in any other branch of the study or practice of human anatomy.

UNIVERSITY OF LONDON.

PRELIMINARY SCIENTIFIC (M.B.) EXAMINATION PASS LIST. *Entire Examination*.—First Division.—F. Barnes, Mason College; W. D. Braithwaite, B.A., Yorkshire College; C. F. Carrick, University Tutorial College and private study; W. R. Cazenove, Guy's Hospital; C. Clemow, B.A., private study; H. S. Clogg, University College, Cardiff; J. H. Crofts, B.A., private study; J. Dumas, private study; H. G. Frankling, Combe Down School and London Hospital; A. E. Horn, St. Mary's Hospital; W. H. S. Liddell, St. Mary's Hospital and Engineering College, Earl's Court; W. F. Peach, Royal College of Science and private study; T. Samuel, B.A., University College, Liverpool, and private study; A. L. Scott, St. Bartholomew's Hospital and private study. Second Division.—II. T. Barron, St. Mary's Hospital and Penryn House; F. F. Bond, Westminster Hospital; E. C. Bourdas, University Tutorial and Carlyon Colleges; E. J. Budd-Budd, Westminster Hospital and private study; A. E. Clarke, Guy's Hospital; J. A. P. Cullen, Epsom College and London Hospital; H. Durbridge, Guy's Hospital and University Tutorial College; F. L. A. Greaves, St. Thomas's Hospital and private study; C. M. Martin, B.A., private study; H. T. Newton, College of Science, Newcastle-on-Tyne, and private study; E. E. Parrett, B.A., Guy's Hospital; G. Sandham, B.A., Yorkshire College and Leeds School of Science; F. J. W. Sass, University Tutorial College and St. Mary's Hospital; G. Steward, B.A., private study and University

Tutorial College; Blanche Elinor Walters, University College, Bristol; H. G. S. Webb, St. Mary's Hospital and private study; J. T. Whiteside, B.A., University Tutorial College and private study; and G. Winn, private study.

Chemistry and Experimental Physics.—*D. A. Ashton, Owens College and private study; *Lucy Bramley-Moore, Bedford College, London; Isobel Sarah Bryson, private tuition; S. A. Bull, private study; *F. Butterfield, Owens College; *H. Calvert, University College; *W. H. Cazaly, B.A., St. Bartholomew's Hospital; C. E. C. Child, Epsom and King's Colleges; *F. W. Cotton, Clifton Laboratory; *D. Davies, University College and private tuition; F. F. Elwes, Middlesex Hospital and University College; *E. Evans, University College, Bangor; *T. Evans, University College, Aberystwith; *C. B. Fairbank, University College and private tuition and study; *B. G. Fiddian, University College, Cardiff; *E. F. Fookes, Owens College; *H. E. C. Fox, Guy's Hospital; *J. M. Garman, private study and University Tutorial College; *A. S. Grant, private study; *F. A. Hadley, King's College; *Helen Beatrice Hanson, private study; H. S. Harris, Merchant Taylors' School and private study; W. W. Harrison, Tonbridge School and Guy's Hospital; *W. C. Hill, University Tutorial College; P. L. Hope, St. Thomas's Hospital and private study; *B. F. Hussey, St. Mary's Hospital and Penyern House; *H. J. Hutchens, St. Bartholomew's Hospital; *E. Leach, Owens College; *L. Lindop, St. Mary's Hospital; *T. F. R. McDonnell, St. Paul's School and private study; *S. A. Mahmood, private study and University Tutorial College; *Louisa Martindale, Royal Holloway College; *Marion Bessie Mathieson, University Tutorial College; W. G. D. Miller, St. Bartholomew's Hospital; *R. R. Mowll, King's College; *E. C. Plummer, King's College; *H. D. Pollard, High School and University College, Nottingham; *G. M. O. Richards, Owens College and private tuition; *A. Ricketts, University College; Florence Robinson, Owens College and private study; *Mary Ethel S. Scharlieb, B.A., University and Bedford Colleges, London; C. H. Sedgwick, St. Paul's School; *W. B. Silas, Westminster Hospital and University Tutorial College; *A. R. Spencer, private study and Carlyon College; *E. Stott, Owens College; R. Stowe, B.A., University College, Cardiff; *J. G. C. Taunton, Mason College and private study; *H. J. Taylor, Owens College; *I. Taylor, private study; F. G. Thompson, St. Mary's Hospital; D. B. Truman, Epsom College; W. E. Turner, private study; *J. H. Williams, London Hospital; *R. E. B. Wilmot, St. Mary's Hospital and Penyern House; E. Young, University Tutorial College, private study, and London Hospital.

Biology.—R. M. Barron, Guy's Hospital; *H. R. Beale, St. Thomas's Hospital and private tuition; *J. W. H. Bendle, St. Mary's Hospital; *S. O. Bingham, St. Thomas's Hospital; G. Binns, private study and Owens College; *J. C. Briscoe, King's College; *Josephine Brown, private tuition; *W. H. Collum, private study; *W. H. Coltart, Mason College; *E. J. Crawshaw, Craigmore College, Bristol; C. H. Crombie, Worcester College, Oxford; *B. N. Das, University College and private study; *F. S. Dawe, St. Mary's Hospital; *R. H. Dixon, St. Mary's Hospital; H. G. Drake-Brockman, University Tutorial College and private study; *E. P. H. Dudley, Firth College and St. Bartholomew's Hospital; J. E. Dupigny, private study; *H. Dyer, Epsom College and St. Mary's Hospital; *H. A. T. Fairbank, Epsom College and private study; W. Ferris, St. Mary's Hospital; H. Goodman, University and University Tutorial Colleges; *M. H. Greener, private study; C. F. Günther, B.A., Firth and University Tutorial Colleges; *A. C. Haslam, private study; R. Hatfield, St. Bartholomew's Hospital; *E. T. Jensen, Guy's Hospital; *A. Jones, University College, Cardiff, and private study; *J. R. Morton, London Hospital; *B. N. Mullan, University, Edinburgh, and University Tutorial College; *A. Orme, private study and London Hospital; A. Rayner, St. Mary's Hospital; E. Risien-Russell, University and University Tutorial Colleges and private study; Mary Ariel Stewart, University Tutorial College; R. H. J. Swan, Camberwell Grammar School; *J. F. West, Mason College.

* These candidates have now completed the examination.

INTERMEDIATE EXAMINATION IN MEDICINE PASS LIST.

Entire Examination. First Division: R. W. Dodgson, St. Mary's Hospital; E. G. D. Drury, St. Bartholomew's Hospital; B. Dyball, St. Thomas's Hospital; S. P. Huggins, St. Bartholomew's Hospital; J. C. H. Leicester, B.Sc., University College; H. P. Noble, Middlesex Hospital; F. T. Waldron, London Hospital. Second Division: F. W. Chandler, University College; W. E. Dixon, B.Sc., St. Thomas's Hospital; M. Farrant, Westminster Hospital; Ella Catherine Flint, London School of Medicine for Women; W. D. Frazer, St. Thomas's Hospital; C. B. Goring, University College; H. Green, Charing Cross Hospital; Charlotte Elizabeth Hull, London School of Medicine for Women and Birkbeck Institute; H. Innes, London Hospital; A. D. Ketchen, University College; J. P. Maxwell, St. Bartholomew's Hospital; Winifred Secn. Patch, B.Sc., London School of Medicine for Women; J. Robertson, Guy's Hospital; W. G. Savage, University College; E. T. Scowby, Guy's Hospital; R. T. Thomas, University College; E. F. G. Tucker, London Hospital; R. Waterhouse, St. Bartholomew's Hospital; Sarah Elizabeth White, B.Sc., London School of Medicine for Women; W. Wilkins, Charing Cross Hospital; H. M. Wise, Guy's Hospital.

Excluding Physiology.—First Division: P. W. Brigstocke, St. Bartholomew's Hospital; D. H. F. Cowin, St. Bartholomew's Hospital; J. C. Harcourt, St. Thomas's Hospital; L. F. Marks, St. Bartholomew's Hospital; J. H. Murray, University College; J. W. F. Rait, University College. Second Division: J. N. Bahadurji, University College and Birkbeck Institute; P. W. Binckes, St. Thomas's Hospital; S. L. Box, St. Bartholomew's Hospital; H. R. Emms, University College; E. G. L. Goff, University College; J. T. Leon, B.Sc., St. Mary's Hospital; R. M. Seal, University College; E. Shepherd, St. Mary's Hospital; E. O. Sibley, St. Mary's Hospital; A. H. Spicer, Guy's Hospital; W. L. Stuart, Guy's Hospital; C. E. Trimble, University of Edinburgh; A. B. Tucker, St. Bartholomew's Hospital.

Physiology only.—Second Division: F. H. Atkinson, Charing Cross Hospital; J. B. Brash, University College; T. R. H. Bucknall, University College; T. Chave, St. Bartholomew's Hospital; M. W. Coleman, St. Bartholomew's Hospital; J. A. K. Griffiths, University College; J. H. Hugo, St. Bartholomew's Hospital; A. E. Hutton, Yorkshire College; A. R. H. Skey, St. Bartholomew's Hospital; C. F. Steele, Bristol Medical School and University College; J. R. Steinhauser, Guy's Hospital.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following gentlemen, having conformed to the By-laws and Regulations, and having passed the necessary examinations, were at the ordinary meeting of the Council on February 8th, admitted Members of the College:

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| Allen, W. H., L.R.C.P.Lond. | Marsh, J. H., L.R.C.P.Lond. |
| Appleyard, F. E., L.R.C.P.Lond. | Meakin, H. B., L.R.C.P.Lond. |
| Austin, J. H., L.R.C.P.Lond., M.D. | Meggs, T. H. E., L.R.C.P.Lond. |
| Toronto | Miles, H. F., L.R.C.P.Lond. |
| Axford, S. B., L.R.C.P.Lond. | Minnes, R. S., M.D. Kingston |
| Bannerman, G. D. K., L.R.C.P.Lond. | Mitchell, J. E. H., L.R.C.P.Lond. |
| Barrow, A. S., L.R.C.P.Lond. | Oldfield, H. E., L.R.C.P.Lond. |
| Barrow, G. A., L.R.C.P.Lond. | Orme, W. B., L.R.C.P.Lond. |
| Bennett, J. H., L.R.C.P.Lond. | Park, W. C. E., L.R.C.P.Lond. |
| Beresford, R., L.S.A. | Fassmore, J. C., L.R.C.P.Lond. |
| Brooke, B., L.R.C.P.Lond. | Feake, F. E., L.R.C.P.Lond. |
| Burrow, T., L.R.C.P.Lond. | Ferreira, J. A. W., L.R.C.P.Lond. and |
| Clarkson, G. A., L.R.C.P.Lond. | L.M. and S. Bombay |
| Colby, F. E. A., L.R.C.P.Lond. | Phillips, F. G. M., L.R.C.P.Lond. |
| Coleman, J. G. B., L.R.C.P.Lond. | Pinlinger, W. A., L.R.C.P.Lond. |
| Colcutt, A. M., L.R.C.P.Lond. | Pollard, W. H., L.R.C.P.Lond. |
| Corbett, F. B., L.R.C.P.Lond. | Powers, H. L., L.R.C.P.Lond. |
| Corbood, V. A., L.R.C.P.Lond. | Reid, E., L.R.C.P.Lond. |
| Cory, C. G., L.R.C.P.Lond. | Ridsdale, A. E., L.R.C.P.Lond. |
| Crowley, J. H., M.B., B.S. Melb. | Roche, R. J., L.R.C.P.Lond. |
| Dalrymple, E. B., L.R.C.P.Lond. | Rumer, H., L.R.C.P.Lond. |
| Da Jong, E. M., L.S.A. | Rubel, J., L.R.C.P.Lond. |
| Dalby, J. L. J., L.R.C.P.Lond. | Russell, C. H., L.R.C.P.Lond. |
| Danes, S. J. R., L.R.C.P.Lond. | Rutherford, A. E., L.R.C.P.Lond. |
| Denny, A. W., L.R.C.P.Lond. | Ryall, C., L.R.C.P.Lond. |
| Dickson, C. H., L.R.C.P.Lond. | Shaw, A. G., L.R.C.P.Lond. |
| Dobson, A., L.R.C.P.Lond. | Simpson, F. H., L.R.C.P.Lond. |
| Duffett, H. A., L.R.C.P.Lond. | Smith, R. N., L.R.C.P.Lond. |
| Dunstan, C. H., L.R.C.P.Lond. | Snowman, J., L.R.C.P.Lond. |
| Ellerton, H. B., L.R.C.P.Lond. | Stewart, G. H., L.R.C.P.Lond. |
| Elliot, E. E., L.R.C.P.Lond. | Stewart, J., L.R.C.P.Lond. |
| Emerson, H., L.R.C.P.Lond. | Strand, A. C., L.R.C.P.Lond. |
| Ewing, S. A., L.R.C.P.Lond. | Sutter, R. R., L.R.C.P.Lond. |
| Fagge, E. H., L.R.C.P.Lond. | Symons, R. F., L.R.C.P.Lond. |
| Farrum, C. M. S., L.R.C.P.Lond. | Symons, T. H., L.R.C.P.Lond. |
| Fenwick, P. C., L.R.C.P.Lond. | Taylor, A., L.R.C.P.Lond. |
| Fisher, R. W., L.R.C.P.Lond. | Taylor, E. C., L.R.C.P.Lond. |
| Fosbery, F. C., L.R.C.P.Lond. | Taylor, J. W., L.R.C.P.Lond. |
| Frust, E. C., L.R.C.P.Lond. | Terry, J., L.R.C.P.Lond. |
| Gittins, A. B., L.R.C.P.Lond. | Thorp, A. E., L.R.C.P.Lond. |
| Grünbaum, A., S.F. L.R.C.P.Lond. | Todd, L. B., L.R.C.P.Lond. |
| Gurney, A. C., L.R.C.P.Lond. | Tomlinson, L. P., L.R.C.P.Lond. |
| Halliwell, T. O., L.R.C.P.Lond. | Tuck, E. S., L.R.C.P.Lond. |
| Hawes, G. C. B., L.R.C.P.Lond. | Twenlow, W. A. F., L.R.C.P.Lond. |
| Henderson, W. D., L.R.C.P.Lond. | Wakeling, T. G., L.R.C.P.Lond. |
| Hickman, H. R. B., L.R.C.P.Lond. | Walker, L., L.R.C.P.Lond. |
| Hoare, E. S., L.R.C.P.Lond. | Wallace, L. A. R., L.R.C.P.Lond. |
| Hovenden, G. S., L.R.C.P.Lond. | Warren, C. F., L.R.C.P.Lond. |
| Hovten, W. J., L.R.C.P.Lond. | Watson, C. H., L.R.C.P.Lond. |
| Hudson, J. S., L.R.C.P.Lond. | Way, W., L.R.C.P.Lond. |
| Huskinson, H., L.R.C.P.Lond. | Weston, A. E., L.R.C.P.Lond. |
| Hutley, W. C., L.R.C.P.Lond. | Whelpett, E. S., L.R.C.P.Lond. |
| Jackson, R., L.R.C.P.Lond. | Whichello, H., L.R.C.P.Lond. |
| Jenkins, H. T., L.R.C.P.Lond. | Whittingham, G. M. Y., L.R.C.P. |
| Jones, C. A., L.R.C.P.Lond. | Lond. |
| Jones, W. D., L.R.C.P.Lond. | Wilkinson, G., L.R.C.P.Lond. |
| Kennington, E., L.R.C.P.Lond. | Willway, F. W., L.R.C.P.Lond. |
| Kerwill, H., L.R.C.P.Lond. | Winter, E. S., L.R.C.P.Lond. |
| Kirton, R. G., L.R.C.P.Lond. | Witham, H., L.R.C.P.Lond. |
| Lawrence, G., L.R.C.P.Lond. | Wonnacott, R. E. H., L.R.C.P.Lond. |
| Lawson, K., L.R.C.P.Lond. | Wood, W. C., L.R.C.P.Lond. |
| Leete, A. H., L.R.C.P.Lond. | Wranham, J. M., L.R.C.P.Lond. |
| Lindsey, C. H., L.R.C.P.Lond. | Wray, W. T., L.R.C.P.Lond. |
| McCardie, W. J., L.R.C.P.Lond. | Wrinch, E. P., L.R.C.P.Lond. |
| McCone, J. F., L.R.C.P.Lond. and | Wyllys, W., L.R.C.P.Lond. |
| M.D. Calif. | |

The following gentlemen having previously passed the necessary examinations, and having now attained the legal age of 25 years, were admitted Fellows of the College: Miles, W. E., L.R.C.P.Lond. Clegg, J. G., M.B., Ch.B. Vict.

An ordinary Council was held at the College on February 8th, Mr. J. W. Hulke being in the chair. The minutes of the last quarterly Council were read and confirmed.

A report was read from the Committee on Section XVI of the by-laws recommending that application should again be made to the Secretary of State for an alteration of Section XVI. In arriving at a conclusion the Committee were specially influenced by the fact that at the present time the Council is not infrequently in the position of being unable to take any action against Members of the College who have been removed from the *Medical Register* by the General Medical Council, with the result that the names of Members whose conduct has been adjudged so disgraceful as to render them unfit to be retained on the *Medical Register*, still appear on the lists of the College. The Committee had also reason to believe that an extension of the very limited powers conferred by the present by-law would meet with the cordial approval of the great majority of the Fellows and Members. This report was approved and adopted.

It was then proposed by Mr. Macnamara, and seconded by Mr. Bryant, "That it be referred to the Committee on Section XVI to consider and report to the Council whether any, and if so what, alterations are desirable in the following sections of the by-laws: Section IV, Clauses 5 and 6, relating to the voting papers; Section XX, Clauses 2 and 4, relating to the Fellowship examination; Section XXV, Clause 8, relating to fees for certificates in dental surgery."

The Council had under consideration two cases of misconduct on the part of Members of the College.

A letter was read from Mr. C. C. Walker offering to found a prize to be competed for by persons investigating the disease of cancer, and inquiring whether the College would undertake to administer the fund in accordance with certain suggestions made by him. The Council accepted with pleasure the offer of Mr. Walker, and referred the matter to a Committee to draw up regulations for carrying out his proposals. Messrs. Hutchinson, Bryant, and Heath, with the President and Vice-President, were appointed as the Committee.

OBITUARY.

ROBERT LAWSON,
Inspector-General of Hospitals.

DR. ROBERT LAWSON died at Aberdeen on February 8th at the age of 79. By his death the profession loses a man of note, and the Army Medical Service a landmark and an ornament.

Dr. Lawson was born in 1815, and belonged to an Aberdeenshire family. He graduated as Licentiate of the Royal College of Surgeons in 1834, and was appointed assistant surgeon in the army on May 15th, 1835. He served in the West Indies and the West Coast of Africa, and showed thus early the scientific bent of mind that pervaded the whole of his career by observations regarding meteorology and the laws of storms, a subject which was at this time little regarded, and only in its infancy. He was one of the earliest to draw attention to the rotation theory of cyclones, but his work in this respect, like much of his later work, was ahead of his time, and did not attract the notice it deserved. He further made valuable observation concerning the spread of malarial disease and yellow fever by means of air currents and prevailing winds, and the natural means of protection from their spread by such causes.

He was promoted to be surgeon on December 16th, 1845, and took part in the Crimean war, and in the hospital work at Scutari. He also served in many parts of the world, Cape Colony among others, but, singular to say, never in India. In 1854 he received the rank of deputy-inspector-general of hospitals, and in 1867 inspector-general of hospitals. There are now only two officers alive who ever served as inspectors-general of hospitals, a rank which became obsolete under the Royal Warrant of March 1st, 1873, one of those remaining, Dr. Arthur Anderson, C.B., being like Lawson, an Aberdonian.

Dr. Lawson received the degree of LL.D. from the University of Aberdeen in 1884, and was appointed Honorary Physician to the Queen on May 6th, 1891. His retirement from the army in 1872 did not entirely break his connection with the service, as he acted on several commissions, and assisted in the development of the modern system of ambulance. He was an active member of the Epidemiological and Statistical Societies, and was president of the former. In their *Transactions* and elsewhere a large number of publications have appeared from his pen at various times, dealing chiefly with the methods by which cholera and other epidemic diseases are spread, and he delivered the Milroy Lectures in 1888 on Epidemic Influences, Yellow Fever, and Cholera.

Perhaps the best known of his labours, at least among the general profession, were those referring to the progress of epidemics from north to south of the earth at a given rate of progress, at right angles to the distribution of the isoclinic lines of the magnetic dip, which he termed the pandemic waves. Having access to the records of the Army Medical Department, he collected a great body of statistics bearing on this point, showing the apparent influence of these waves on all infectious diseases, and curiously, also, on such diseases as syphilis.

In the autumn of 1893, owing to failing health, he left London, where he had resided since his retirement, and settled in Aberdeen, where his health gradually continued to fail until his death.

He was much beloved and respected by all with whom he was brought into contact, and will long be sincerely mourned by those who were privileged to be his intimates. The kindly and high-minded old man, full of accurate and interesting knowledge, and of theories and deductions from carefully sifted facts, often considerably in advance of even the present time, will not readily be forgotten by many members of the Army Medical Department, the general profession, and private friends.

Dr. Lawson was a member of the Sanitary Institute and of the Parkes Museum of Hygiene before their amalgamation, and after that event became Treasurer of the Institute in succession to Lord Braye. He devoted much time to the interests of the institution until failing health compelled him to resign last summer.

He was buried in the Nellfield Cemetery at Aberdeen on February 12th.

ARTHUR STEDMAN, M.R.C.S., L.S.A.,
Great Bookham, Leatherhead.

ON January 28th last this well-known and esteemed practitioner in the county of Surrey passed to his rest, at the age of 60. He was educated at Tunbridge Wells Grammar School, and after an apprenticeship to Mr. Miles, of Gillingham, he entered at the medical school of University College, London, where he obtained various class distinctions, and acquired the lifelong friendship of many of his fellow-students. He then went as assistant to Dr. Carter, of Pewsey, and afterwards practised for a short time at Cookham, Berks, and Cullumpton, Devon, respectively, finally succeeding in 1862 to his father's practice at Great Bookham, where he remained until his death.

He was medical officer and public vaccinator to the boards of guardians of Epsom and Dorking, and held various dispensary appointments. He was also for the last twelve years medical officer of St. John's College, Leatherhead. This last was his favourite work, and one in which he took the deepest interest, and of the duties of which he allowed no pain or suffering to lead him to neglect. His zealous and kindly supervision endeared him to all connected with the school which owed so much to him.

He took the greatest interest in local affairs, and actively and successfully promoted many undertakings for the advantage of the neighbourhood, and especially for the poorer inhabitants, by whom he was regarded with the warmest esteem, as one of their best and truest friends. He was a great lover of flowers, and most proficient in botany, which was his favourite study. In the course of his life he acquired a splendid herbarium, which he has bequeathed to Lord Ashcombe. He was an excellent type of country practitioner, calm and resourceful in an emergency, untiring in his devotion to his professional duties even to the end of the painful disease which terminated his life, and ever ready with his advice and help to all who were in trouble or difficulty. His death has left a blank which it will be difficult to fill.

EWING WHITTLE, M.D., M.R.C.S.,
Liverpool.

WE regret to record the death of Dr. Ewing Whittle, one of the oldest and most esteemed members of the profession in Liverpool. Born in 1814 in Everton, at that time a semi-rural dependency of Liverpool, he spent most of his early years at Westport, in Ireland, and ultimately commenced the study of medicine in Dublin, where he was a distinguished student and a prizeman. He obtained the degree of M.B., with honours, at the University of London, became M.R.C.S. in 1846, and M.D. of his University in 1848. Having settled in Liverpool, he acquired an excellent practice, which he continued to carry on until his retirement in 1886. He was a former president of the old Liverpool School of Medicine, and on the institution of University College he became its first Lecturer on Forensic Medicine, a department in which he was looked upon as a high authority. Amongst other distinctions he was a member of the Royal Irish Academy, and was at one time a member of the Parliamentary Bills Committee of the British Medical Association, an office which he resigned on account of ill-health.

He took a keen interest in public affairs, especially in those affecting social and moral reform; and, in opposition to the prevailing views of the medical profession, he actively supported the opponents of the Contagious Diseases Act in their long-continued and ultimately successful struggle for its repeal.

Dr. Whittle was a man of wide culture, a great reader, and an original thinker, and kept himself well abreast of the advances of the time. He was married twice. He leaves one son (Dr. Glynn Whittle) and two daughters.

JOHN VALENTINE, M.B., C.M.ABERD.

THE friends and old fellow-students of Dr. Valentine will hear of his death with the deepest regret and surprise. Dr. Valentine was born at Arbuthnot, in Kincardine, in 1868, and was therefore only 25 years of age. He was educated at the Montrose Academy, and studied medicine at the University of Aberdeen. Here he was a most diligent student, and succeeded in passing all his examinations six months before attaining the age of 21. After graduating he made three voyages to India as ship surgeon, and one to China and Japan. In 1891 he was appointed house-surgeon to the Pendleton Branch Dispensary of the Salford Royal Hospital; this post he held until the end of 1893. Six months before his death many of his friends noticed that his health was failing, but it was only at the end of December last that he was examined medically. He was then found to be suffering from most extensive pulmonary tuberculosis. His death occurred three weeks later, on January 24th.

Probably Dr. Valentine was not aware how extensive the pulmonary mischief had become, but as a medical man he must have known the serious nature of his illness; yet he bravely continued at his post. It is probable that knowing the fatal nature of his ailment he preferred—as do so many medical men—to continue his work as long as possible, and to die “in harness.” For several months he continued to make his numerous daily visits—how he managed to do so no one knows—with great regularity, though he himself was far more seriously ill than three-fourths of his patients.

By his kindly disposition and unassuming manner he gained the love and respect of his patients and the esteem and sincere regard of his colleagues. During the few years that Dr. Valentine practised his profession his work was done in the most faithful and conscientious manner; and of him one can truly say: He was a man who bravely and nobly did his duty.

He was interred at St. John's Church, Pendlebury, on January 27th, the funeral service being conducted by the Rev. Canon Hicks, M.A.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the profession in foreign countries who have recently passed away are Dr. Gustav Scheuthauer, Professor of Pathological Anatomy in the University of Buda-Pesth, in his 62nd year; Dr. Frankenhauser, formerly Professor of Obstetric Medicine in the Universities of Jena and Zürich; Dr. Maguet, of Paris, formerly Deputy for Morbihan; Dr. Giuseppe Dagna, some time lecturer on Clinical Medicine in the University of Pavia and Dean of the Medical Faculty, aged 87; Dr. Peremeschko, Emeritus Professor of Histology and Embryology in the University of Kieff, aged 59; Dr. D. R. Fox, one of the founders and some time President of the Louisiana State Medical Society, and a Vice-President of the Ninth International Medical Congress held at Washington, aged 71; Dr. C. Gilman Smith, formerly lecturer in the Women's Medical College, and physician to the Women's and Children's Hospital, Chicago, aged 66; Dr. J. G. Nava, formerly of Havana, where he was editor of *La Libertad*, a paper advocating the independence of Cuba, and afterwards of New Orleans, where he had taken refuge under stress of politics, aged 60; and Dr. Huart, formerly Professor of Midwifery and founder of a school for midwives at Nivelles, in Belgium, aged 78. Dr. Huart performed Cæsarean section on a woman with a rickety pelvis in 1857, saving both the mother and the child. A second operation of the same kind on the same patient some years afterwards was less successful.

THE numerous friends of Dr. Lewis Sayre, of New York, will learn with regret that he has lost his dearly-loved wife, who accompanied him always on his journeys to Europe, and who has throughout his long professional career been of infinite solace and service to him.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,532 births and 3,830 deaths were registered during the week ending Saturday, February 10th. The annual rate of mortality in these towns, which had declined in the preceding four weeks from 28.5 to 20.0 per 1,000, further fell to 19.1 last week. The rates in the several towns ranged from 12.1 in Croydon and 13.5 in Leicester to 24.2 in Liverpool and 26.5 in Bristol. In the thirty-two provincial towns the death-rate averaged 19.6 per 1,000, and exceeded by 1.2 the rate recorded in London, which was 18.4 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.1 per 1,000; in London the rate was equal to 2.4 per 1,000, while it averaged 2.0 in the thirty-two provincial towns, and was highest in Liverpool, Bristol, and Wolverhampton. Measles caused a death-rate of 3.1 per 1,000 in Wolverhampton; scarlet fever of 1.1 in Sunderland; and whooping-cough of 1.4 in Cardiff and 2.8 in Bristol. The 88 deaths from diphtheria included 66 in London, 10 in West Ham, 3 in Manchester, and 8 in Bradford. Four fatal cases of small-pox were registered in Birmingham, and 1 each in West Ham, Halifax, and Bradford, but not one in London or in any other of the thirty-three towns. There were 77 small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, February 10th, against 82, 78, and 82 at the end of the preceding three weeks; 15 new cases were admitted during the week, against 17 and 18 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 2,387, against 2,645, 2,533, and 2,491 at the end of the preceding three weeks; 224 new cases were admitted during the week, against 235 and 245 in the preceding two weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, February 10th, 859 births and 561 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 21.0 per 1,000 in each of the preceding two weeks, declined to 19.7 last week, but was 0.6 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 9.6 in Paisley to 27.4 in Perth. The zymotic death-rate in these eight towns averaged 2.6 per 1,000, the highest rates being recorded in Perth and Leith. The 269 deaths registered in Glasgow included 14 from diphtheria, 12 from whooping-cough, 6 from scarlet fever, and 4 from “fever.” Four fatal cases of small-pox occurred in Leith, and 6 of whooping-cough in Aberdeen.

THE INSANITARY CONDITION OF REGENT'S CANAL.

THE London Council have again had under consideration the insanitary condition of the Regent's and Grand Junction Canals. The main reasons causing the foul condition of the canals, it will be remembered, are: (1) The collection of mud at the bottom of the canal from insufficient dredging; (2) the insufficient flow of water producing an almost stagnant condition; (3) the collection of decomposing material on the surface of the water; (4) the droppings from barges and the smell of refuse from gas works while conveyed by barges. The stagnant condition of the water is incidental to all canals which do not canalise rivers, and the canal companies state it is not in their power to pass more water down the canals. The serious discharge of sewage into the canal from the Zoological Gardens, which is Crown property, it is hoped will be diverted. As regards the other points at issue, it is found that legislation will be necessary to enable the central authority to deal directly with the canal in its course through London. At present the initial step lies with the local sanitary authorities, who must require the sufficient cleansing of the surface of the water and the dredging of the canal bed and lay-byes. They must see that no further pollution takes place from the wharves and frontages on the banks of the canals, and they must enforce the new by-law of the Council with regard to the carriage of faecal or offensive or noxious matter. If the local authorities can effect no good, then the Council will serve notices under the Rivers Pollution Act, which, however, is slow and cumbrous in its action.

CHOLERA AND THE SANITARY STATE OF RESHT.

THE report of the British Consul on the trade of the Consular District of Resht, in Persia, during 1892-93 furnishes a deplorable picture of the utter lack of attention to the most primitive elements of sanitation in the town, which has a population of thirty or forty thousand persons. It is, indeed, absolutely unprovided with any sanitary arrangements. The privies existing in each house are mere wells without exit. Drinking water is taken from wells sunk within twenty yards of those privies, water being found from five to ten feet from the surface. There are no sewers, and the guttering is worse than useless. Rubbish heaps abound in street corners and open places, whilst ice is consumed from contaminated water. It is surprising, asks the report, that cholera should flourish here?

In 1892 cholera was introduced by sea to Enzelli, thence easily to Resht, from Baku or other Caspian seaport. The epidemic was at its height from July 24th to the end of August. Women suffered more than men, presumably on account of their harder work on bad fare in the rice

fields, knee-deep in liquid mud. There were 10,000 cholera deaths recorded in Persia, 2,820 being in Resht. But the Consul regards the latter total as an exaggeration. Dr. Loris Melikoff, as the result of a careful examination of the data, places the deaths in Resht at 1,050 during the prevalence.

SMALL-POX.

FOUR cases of small-pox were reported in Edinburgh last week, and 7 new cases were admitted to Leith Hospital. In Leith 4 deaths last week resulted from small-pox, and 3 of these occurred in the hospital. Small-pox appears to be prevalent in contiguous parts of Notts and Derbyshire. At Whittington 8 cases were recently reported from one street. At Workop also cases are mentioned, and Darlton, a village, is reported to have had a case imported from Workop.

THE GERMAN PUBLIC HEALTH ASSOCIATION.

THE German Public Health Association will hold its nineteenth annual meeting at Magdeburg on September 19th and three following days. Among the subjects proposed for discussion are: Prophylactic Measures against Cholera, Hygienic Estimate of Water for Drinking and Ordinary Domestic Purposes, Gas Heating from a Sanitary Point of View, and the Sanitation of Dwelling Houses.

THE STATUS OF SANITARY INSPECTORS.

At the recent general meeting of the Institute of Certificated Sanitary Inspectors, held at the Parkes Museum, under the Presidency of Professor Wynter Blyth, it was resolved to send the following representation to the President of the Local Government Board, in order that the points raised might be considered in connection with the Local Government (England and Wales) Bill: (1) That the "inspector of nuisances" be abolished throughout the provinces, and that "sanitary inspector" be substituted therefor, as in the metropolis, under the Public Health (London) Act, 1891. (2) That in the interest of the public health, and for the proper performance of their duties, it is advisable that permanency of office, and some provision for the superannuation of sanitary inspectors be made. (3) That a clearer definition of the position and duties of sanitary inspectors than that contained in the general orders of the Local Government Board is necessary.

NOTIFICATION FEES.

FERMENT writes: Your answer to "M. O. H." in the BRITISH MEDICAL JOURNAL of January 20th under the above heading has rather upset my own interpretation of the Notification Act. I think that unless a practitioner is consulted and advises in a case he cannot be said to be "attending on or called in to visit" (*vide* chap. 72, sec. 3, 1, b). Therefore, I think that any practitioner who accidentally sees a case (as "M. O. H." seems to have done) need not notify it, and I cannot see that the practitioner, under the circumstances, would be included in the list of persons required to notify in default of the head of the family (*vide* chap. 72, sec. 3, 1, a). You say that if "M. O. H." is entitled to anything it is a shilling, as a public body must include a sanitary authority, but in chap. 72, sec. 11, it states: "Where a medical practitioner attending on a patient is himself the medical officer of health of the district, he shall be entitled to the fee to which he would be entitled if he were not such medical officer."

FEES FOR MEDICAL INFORMATION GIVEN TO GUARDIANS.

A DISTRICT MEDICAL OFFICER writes to say that he has received medical orders from the relieving officer to visit and undertake the treatment of persons who have applied for "relief" (not medical). The orders state, "unable to work, applies for relief; please report next board." He asks: Is it a part of my duty as district medical officer to report on these cases, or does it come under the regulation which states that "the guardians may employ their medical officers to prepare or collect information to enable them to effectually discharge their duties and pay them specially for such services." If I am entitled to any fee, what would be a fair one to ask?

. These questions are somewhat difficult to answer. If our correspondent, after the receipt of such medical orders as he has described, finds the applicants for relief to require no medical attendance whatever, and that they admit this, it appears to us that all the medical officer has then to do is to report such fact to the guardians, and, if he then receives any further instruction from them, to procure additional information in reference to the applicants, he would appear to be entitled to an extra fee for so doing. A district medical officer is doubtless bound to give the guardians any information he may possess in reference to patients under his care and treatment, but we do not understand it to be his duty to get up information for the guardians in reference to persons not under his care. Medical orders are granted to paupers who require medical attendance, to enable the holders of them to obtain such medical attendance as may be requisite, and this appears to us to be the only strictly legitimate reason for the issue of such orders. For information given to guardians in any one case, 3s. 6d. might be charged, but, if the cases were numerous, perhaps 2s. 6d. for each certificate would be a fair fee.

UNIVERSITY OF MOSCOW.—The University of Moscow celebrated the 139th anniversary of its foundation on January 24th. The official registers show that on January 1st, 1894, the total number of students on the books was 3,693, of whom 1,182 belonged to the medical faculty. During the last academic year the licence to practise medicine was granted to 193 students, and the degree of Doctor of Medicine was conferred on 10.

MEDICAL NEWS.

His Royal Highness the Duke of Connaught will preside at the festival dinner of the London Lock Hospital and Rescue Home, at the Hôtel Métropole, on April 21st.

At the annual meeting of the Philadelphia College of Physicians, held on January 3rd, Dr. S. Weir Mitchell was re-elected President.

DR. P. M. RICE, of Millbrook House, Galway, a magistrate for the borough, has been appointed by the Lord Chancellor to the Commission of the Peace for the county also.

THE Czar has conferred the St. Alexander Newski Order on Professor Zakhârin, in acknowledgment of the services rendered by that physician during his Imperial Majesty's recent illness.

At a meeting of the Medical Defence Union this week 140 names of candidates were put forward for election, and were duly admitted members. It was stated that quite as many await election at next meeting.

EDINBURGH ROYAL MATERNITY HOSPITAL.—Mr. D. C. Edington, M.B., C.M., and Mr. W. C. Hamilton, M.B., C.M., have entered on duty as house-surgeons to this institution.

INFECTIOUS DISEASES HOSPITAL FOR CRIEFF.—Dr. and Mrs. Meikle have offered to build a hospital for infectious diseases at Crieff (Perthshire), and the Town Council has accepted their kind offer.

SURGEON-LIEUTENANT-COLONEL EDWARD LAWRIE, whose term of office as Residency Surgeon of Hyderabad expires on March 31st, 1894, has, as we learn from the *Indian Medical Record*, again been recommended by the British Resident to continue in office for another period of five years.

A COMMITTEE, of which Dr. Almén is chairman, has been appointed to revise the Swedish *Pharmacopœia*. A new Norwegian *Pharmacopœia* is expected to appear by the middle of the present year. Only the names of the drugs are to be in Latin, the descriptions and modes of preparation being given in the vernacular.

ST. JOHN AMBULANCE ASSOCIATION.—A course of nursing lectures was given at Redruth by Mr. C. R. Laurie last November, and at the examination twenty-one ladies presented themselves, and all obtained certificates. An ambulance corps has been formed in the town, and many young men who hold First Aid certificates have enrolled themselves.

BERLIN MEDICAL SOCIETY.—During 1893 the Berlin Medical Society held thirty-three meetings, at which thirty-seven papers were read and seventy-eight demonstrations were given. The membership of the Society is now 914. Its expenses for the year were 23,850 marks, its income 27,985 marks; its funds amount to 91,000 marks. The president for the current year is Professor Virchow, with Dr. Siegmund and Professor von Bergmann as vice-presidents.

THE RECENT HOSPITAL POISONING CASE.—At a meeting of the Public Health Committee of Edinburgh Town Council, the report of the subcommittee in regard to the recent poisoning case at the Fever Hospital was discussed. The subcommittee disagreed with the report presented by the medical officer, in so far as it laid blame on the night superintendent. They considered that the facts did not warrant this. The report was adopted, and the matter may now be regarded to be ended.

THE HIGHGATE SANITARY MUSEUM.—This useful institution continues to do good work. It is, we believe, the only instance in the country in which a sanitary authority has set up a museum of the sort for the instruction of its constituents. All the different kinds of sanitary appliances are here well displayed, and anyone wishing to compare his own domestic traps and drains with what is possible in that line has only to turn in and see. Besides ordinary health lectures to the general public, classes in practical sanitary plumbing are held for the benefit of apprentices and others in the trade. Since the opening of the museum in November, 1892, over 16,000 visitors have been admitted.

GERMAN CONGRESS FOR INTERNAL MEDICINE.—We are requested by Dr. Emil Pfeiffer, of Wiesbaden, the Secretary of the Congress for Internal Medicine, to state that, in consequence of the date chosen for the meeting of the International Medical Congress in Rome, difficulties have arisen which have led the organising committee of the former to decide that the thirteenth meeting of the Congress for Internal Medicine shall be postponed till 1895, when it will be held at Munich.

SOCIETY FOR THE STUDY OF INEBRIETY.—Dr. Henry Lansdell, the well-known traveller in Asia, an associate of the Society for the Study of Inebriety, was entertained at a reception by the President and Council, in the rooms of the Medical Society of London, on February 8th. Dr. Norman Kerr, in proposing a resolution of welcome, referred to the distinguished guest's three great journeys in Siberia, Chinese and Central Asia, as valuable object lessons to inebriates, Dr. Lansdell having undergone all the enormous amount of endurance without once resorting to intoxicating stimulants. Dr. George Harley and Surgeon-Lieutenant-Colonel Evatt supported the resolution. Refreshments were served by Dr. Lansdell and friends dressed in Asiatic robes, royal gifts presented to Dr. Lansdell.

THE GENERAL MEDICAL COUNCIL.—We have received Vol. xxv of the *Minutes of the General Medical Council*. This volume contains the proceedings of the Council and its Committees, and of the Branch Councils for 1893, together with thirteen appendices. Among the appendices are the report by the Committee on Medical Aid Associations, and the Visitation Reports on Irish Universities and Corporations, on the Scotch Corporations, and on the English Universities. The *Minutes* are published for the Council by Messrs. Spottiswoode and Co., price 12s. Many of the special reports can be purchased separately; among others, the *Visitation Reports on the Irish Universities and Scotch Corporations* (5s.), and on the *Irish Corporations and English Universities* (5s.). The report on each body can also be obtained separately (1s.). The *Medical Aid Association Report* can also be had separately (1s.), as can that on *Reciprocity of Medical Practice in Relation to Foreign Countries* (1s.).

DANGERS OF REVOLVING SHAFTING.—Recently an inquest was held at Sheffield, on the body of a man who had been killed by being caught and whirled round by the shaft when putting on a belt. The occasion drew forth some remarks from Commander Hamilton Smith, the Inspector of Factories. He said the number of these accidents had impressed him very much. On January 26th a man had been killed at Lincoln, another at Camberwell on the 29th, and further back a man was killed on December 11th last year at Blackburn. In Sheffield there had been three men killed in this way during the last five or six weeks. He thought the question was a very serious one, and one that demanded inquiry. He suggested that when putting these belts on the engine should be slowed, and he pointed out that while the law compelled all machinery less than 7 feet from the ground to be securely fenced, those high up were supposed to be safe, but they were not necessarily so when a man could approach them by a ladder or platform. Machinery like this should be fenced or boxed.

OBSTETRICAL SOCIETY OF LONDON.—The annual meeting of this Society was held on Wednesday, February 7th; Dr. G. E. Herman, President, in the chair. The gentlemen whose names were given in the *BRITISH MEDICAL JOURNAL* of February 3rd, p. 281, were elected officers for 1894. The Treasurer's report was read and adopted. On the motion of Dr. West, seconded by Mr. Malcolm, a vote of thanks was unanimously accorded to him. The Honorary Librarian's report was read and adopted, and a vote of thanks (proposed by Dr. Champneys and seconded by Dr. Spencer) was unanimously given him. The Chairman of the Board for the Examination of Midwives' report was read and adopted, and a hearty vote of thanks (proposed by Dr. Gervis and seconded by Dr. A. Routh) was given him. The President then delivered his annual address. Dr. Playfair proposed a hearty vote of thanks to him, and asked that he should allow the address to be printed and published in the Society's *Trans*

actions. This was seconded by Dr. Watt Black, and carried by acclamation. Votes of thanks were also given to the editor of the *Transactions*, and to the retiring officers. Specimens were shown by Dr. Probyn Williams, Dr. Boxall, the President (for Mr. W. Grogono), and Dr. W. Duncan.

GERMAN SURGICAL CONGRESS.—The twenty-third congress of the German Surgical Society will be held in Berlin from April 18th to 21st, instead of at Eastertide as usual, so as not to clash with the International Congress in Rome. Among other subjects on the programme are the following addresses: Professor Bruns, of Tübingen, "The Results of Tuberculous Inflammation of the Hip-joint under Conservative Treatment;" Professor Küster, of Marburg, "Early Operation in Osteomyelitis;" and Professor von Bardeleben, of Berlin, "Early Movement of Fractured Limbs with Special Reference to the Lower Extremity." A report on the results of a collective investigation on anæsthetics will be presented by Professor Gurlt.

MEDICAL VACANCIES.

The following vacancies are announced:

- BACTERIOLOGICAL INSTITUTE, Cape Colony.**—Medical Assistant. Salary, £350 per annum. Successful candidate will be provided with a free passage (first class) to the colony. Apply by letter to Mr. Charles Loudon, W.S., 54, Queen Street, Edinburgh.
- BELGRAVE HOSPITAL FOR CHILDREN, 77 and 79, Gloucester Street, Pimlico, S.W.**—House-Surgeon. Board, lodging, fuel, and light provided. Applications to Percy Gates, Honorary Secretary, by March 7th.
- BURY DISPENSARY HOSPITAL, Bury, Lancashire.**—Junior House-Surgeon. Salary, £60 per annum, with board, residence, and attendance. Testimonials to the Secretary, Henry Webb, Brentwood, Bury.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.**—Resident Medical Officer. Salary, £100 per annum, with board, etc. Applications to the Secretary, T. Storrar-Smith.
- COMBE LYING-IN HOSPITAL, Dublin.**—Assistant Master. Tenure of office three years; premium to Master £200. Applications and testimonials to the Master, Coombe Hospital, Dublin.
- CORK STREET FEVER HOSPITAL, Dublin.**—Assistant Registrar and Resident Medical Officer. Salary, £65 per annum, furnished apartments, coals, attendance, and gas. Testimonials to the Chairman by February 21st.
- COUNTY ASYLUM, Rainhill, Liverpool.**—Assistant Medical Officer; unmarried, and not more than 30 years of age. Salary, £100 a year, with prospect of an annual rise of £25 up to £200, with further increase according to promotion, together with furnished apartments, board, attendance, and washing. Applications and testimonials to the Medical Superintendent.
- COUNTY BOROUGH OF OLDHAM.**—Medical Officer of Health. Salary, £400 per annum. Applications, with particulars of qualifications, to be sent to the Town Clerk, A. Nicholson, by February 26th.
- 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.
- FEMALE LOCK HOSPITAL, Harrow Road, W.**—Assistant House-Surgeon. Board and lodging, but no salary. Appointment for twelve months. Applications and testimonials to the Secretary.
- FRENCH HOSPITAL AND DISPENSARY, 172, Shaftesbury Avenue, W.C.**—Resident Medical Officer; must speak French. Salary, £80 per annum, with board, furnished rooms, and attendance. Applications and testimonials to the Secretary, F. Sord, by March 1st.
- 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.

- LIVERPOOL HOSPITAL FOR CANCER AND SKIN DISEASES.**—Honorary Assistant Surgeon. Applications to Mr. A. N. Talbot, 3, Rumford Street, Liverpool, by February 20th.
- LONDON TEMPERANCE HOSPITAL,** Hampstead Road, N.W.—Assistant Resident Medical Officer. Appointment for six months. No salary, but residence in the hospital, board and washing, and an honorarium of 5 guineas. Applications and testimonials to E. Witson Taylor, Secretary, by March 8th.
- 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.
- MIDDLESEX HOSPITAL,** W.—Clinical Assistant in the Out-patients' Department for Diseases of the Skin. Applications to F. Clare Melhado, Secretary Superintendent, by February 24th.
- 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, £50, with board and lodging. Applications to Mr. B. H. Baden-Powell, Honorary Secretary, 29, Banbury Road, Oxford, by February 24th.
- QUEEN 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.
- PARISH OF PADDINGTON.**—Medical Officer of Health. Salary, £600 per annum. Applications and testimonials to the Vestry Clerk, Frank Dethridge, Vestry Hall, Harrow Road, W., by February 26th.
- ROYAL SOUTH HANTS INFIRMARY,** Southampton.—House-Surgeon. Salary, £100 per annum, with board and lodging. Applications with testimonials to the Secretary, T. A. Fisher-Hall by March 10th.
- 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. 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.
- ST. 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.
- 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.
- 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.

- ATRINS, S. E.,** L.R.C.S.I., L.S.A.Lond., appointed Medical Officer to the Dalwood, Kilmington, Stockland, and Membury Districts of the Axminster Union, *vice* B. Hodges, deceased.
- BEHRENDT, M. R. J.,** L.R.C.P.Edin., L.R.C.S.Edin., appointed Medical Officer to the Scunthorpe Local Board.
- BLAXALL, Frank R.,** M.D.Lond., D.P.H.Camb., appointed Lecturer on Bacteriology at the Westminster Hospital.
- BRAIDE, George,** L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer to the No. 2 District of the Warrington Local Board.
- HASWELL, W. C.,** M.B., B.S.Durh., appointed Resident Medical Officer to the Public Dispensary, Leeds.
- HICKEY, G. A.,** L.R.C.S.I.&L.M., appointed Medical Officer to the New Ross Union.
- HOPE, E. W.,** M.D., appointed Medical Officer of Health for Liverpool.
- HOWELL-GRIFFITHS, J.,** M.B., B.S.Lond., M.R.C.S., L.R.C.P., appointed Second Assistant Medical Officer to the Greenwich Union Infirmary.
- LEE, Charles George,** M.R.C.S.Eng., appointed Honorary Aural Surgeon to the Royal Southern Hospital, Liverpool.
- MILNE, A. D.,** M.B.Aberd., appointed House-Surgeon to the Children's Hospital, East End Branch, Sheffield.
- NIVEN, James,** M.A.Aberd., M.A.Camb., M.B., appointed Medical Officer of Health for the City of Manchester.
- PERRY, Fred. W.,** L.R.C.P.I., L.R.C.S.I., L.M.Dub., appointed House-Surgeon to the Pendleton Brunen Dispensary, *vice* John Valentine, deceased.
- SAWYER, J. A. F.,** L.R.C.P.I., L.R.C.S.I., reappointed Medical Officer to the Clevedon Local Board.
- STOBO, James,** L.R.C.P.Edin., L.R.C.S.Edin., appointed Medical Officer to the Southwick Local Board.
- WILLIAMS, Richard,** M.R.C.S., appointed Ophthalmic Surgeon to the Royal Southern Hospital, Liverpool.

DIARY FOR NEXT WEEK.

MONDAY.

- LONDON POST-GRADUATE COURSE,** Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. Stanford Morton: Ocular Injuries. Bacteriological Laboratory, King's College, W.C., 3 to 5 P.M.—Lecture: Typhoid Fever and Diphtheria. Practical work: Staining Sections and Cultivations. London Throat Hospital, Great Portland Street, 8 P.M.—Dr. Whistler: Syphilis as it affects the Larynx.
- SOCIETY OF MEDICAL OFFICERS OF HEALTH,** 20, Hanover Square, W., 8 P.M.—Discussion on Vaccination, and the Laws relating thereto. Opened by Dr. E. Seaton, M.O.H. Surrey County Council.
- MEDICAL SOCIETY OF LONDON,** 8.30 P.M.—Mr. Joseph White (Nottingham): The Administration of Anaesthetics Clinically Considered. Dr. Wethered: The Diagnosis of Diphtheria by Bacteriological Cultures.

TUESDAY.

- LONDON POST-GRADUATE COURSE,** Bethlem Royal Hospital, 2 P.M.—Dr. Hyslop: Insanity with Cardiac Disease, Phthisis, Gout, etc.
- PATHOLOGICAL SOCIETY OF LONDON,** 8.30 P.M.—Dr. Elwin Harris: Sclerosis of Skull associated with Growth in the Brain. Mr. F. T. Paul: Specimens illustrating the Pathology of Rodent Ulcer. Dr. Kanthack and Mr. Byers: Specimens of Rodent Ulcer without Ulceration. Mr. Anthony Bowlby: Sixty-six Cases of Rodent Ulcer. Dr. Scholefield: Sarcoma of Suprarenal Body in a Child. Card Specimen: Dr. Charlewood Turner: Stomach from a Case of Oxalic Acid Poisoning.
- ROYAL COLLEGE OF PHYSICIANS,** Examination Hall, Savoy, 5 P.M.—Dr. J. Berry Haycraft: The Milroy Lectures on Darwinism and Race Progress. Lecture II.

WEDNESDAY.

- LONDON POST-GRADUATE COURSE,** Hospital for Diseases of the Skin, Blackfriars, 1 P.M.—Dr. Payne: Seborrhœa. Hospital for Consumption, Brompton, 4 P.M.—Dr. Habershon: Demonstration of Cases from the *Post-mortem* Room. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. Quarry Silcock: Glaucoma, with Illustrative Cases.
- EPIDEMIOLOGICAL SOCIETY OF LONDON,** 8 P.M.—Dr. Frank Clemow: A Contribution to the Epidemiology of Cholera in Russia.
- NATIONAL HEALTH SOCIETY,** 53, Berners Street, W., 4 P.M.—Dr. A. Newsholme: Diphtheria in the House.
- POST-GRADUATE COURSE,** West London Hospital, Hammersmith, W., 5 P.M.—Dr. William Hunter: Disease of the Blood (with lantern demonstration).
- ROYAL METEOROLOGICAL SOCIETY,** 25, Great George Street, Westminster, 8 P.M.

THURSDAY.

- LONDON POST-GRADUATE COURSE,** National Hospital for the Paralyzed and the Epileptic, Queen Square, 2 P.M.—Dr. Taylor: Muscular Atrophy. Hospital for Sick Children, Great Ormond Street, 3.30 P.M.—Dr. Penrose: Tuberculosis in Children. Central London Sick Asylum, Cleveland Street, 5.30 P.M.—Mr. H. T. Butlin: Cases in the Wards.
- ROYAL COLLEGE OF PHYSICIANS,** Examination Hall, Savoy, 5 P.M.—Dr. J. Berry Haycraft: The Milroy Lectures on Darwinism and Race Progress. Lecture III.

FRIDAY.

- LONDON POST-GRADUATE COURSE,** Hospital for Consumption, Brompton, 4 P.M.—Dr. R. Douglas Powell: Angina Pectoris.
- CLINICAL SOCIETY OF LONDON.** Living Specimens at 8 P.M. Papers at 9 P.M.—Dr. Mott: Multiple Toxæmic Neuritis: Dr. Hale White: Diphtheritic Peripheral Neuritis causing Sudden Death. Mr. Mansell Moullin: A Case of Cerebral Abscess. Mr. Battle: Three Cases of Extra-dural Hæmorrhage.

SATURDAY.

- LONDON POST-GRADUATE COURSE,** Bethlem Royal Hospital, 11 A.M.—Dr. Corner: Insanity with Syphilis. Insanity with Organic Brain Disease.

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.

BIRTHS.

- ALLISON.**—On February 10th, at Fuller House, Kettering, Northants, the wife of John Allison, M.B., L.R.C.S.E., of a son.
- DOWNING.**—On January 28th, at Wellington House, Charles Street, Cardiff, the wife of Charles Downing, L.R.C.P.Lond., M.R.C.S.Eng., of a son.

MARRIAGE.

- CHEW—GREENLEES.**—At Fort England Church, Grahamstown, South Africa, on January 20th, by the Rev. W. H. Turpin, assisted by the Rev. W. B. Wallace, Dr. W. R. Chew, M.B., C.M.Edin., of Grahamstown, to Miss M. W. Greenlees, daughter of the late Dr. Greenlees, of Ballantrae, Ayrshire, N.B.

DEATH.

- CLARK.**—On February 8th, at Kirklands, Bothwell, N.B., Jessie Gowenlock, wife of Archibald Campbell Clark, M.D.