

lect would not have occurred had the acid been given in sufficient quantity. The usual plan of prescribing the acid in 2- or 3-minim doses three or four times a day is quite futile. To be effectual the acid must be given in full doses at short intervals, freely diluted and suitably combined.

In the series of cases treated by me several took a large quantity of carbolic acid before convalescence was established; yet in none were any ill-effects noticed which could be ascribed to the acid. One patient took, from first to last, over 2 ounces of carbolic acid, with the same quantity of chloroform, and in other cases  $1\frac{1}{2}$  ounce of each of these drugs was taken; yet the urine never became black or anything approaching that colour; occasionally it became high coloured, that was all.

The combination of carbolic acid and chloroform was adopted for the following reasons. In 1892 Dr. McIntyre, of Glasgow, conducted some experiments in regard to the action of carbolic acid on the enteric bacillus (Gaffky's), and found that in addition to an antiseptic action on the intestinal contents, the acid controlled the development of the enteric bacillus. Previously to this, in 1890, Werner, of St. Petersburg, made similar experiments with chloroform, and found that a  $\frac{1}{2}$  per cent. solution of chloroform killed the enteric bacillus.

Reflecting on these experiments it occurred to me that a combination of these drugs, both of which had a distinctive effect on the specific micro-organism of enteric fever, and one of which had as well a wholesome intestinal antiseptic action, ought, if given with judicious freedom, to be effectual in rendering immune the enteric bacillus and its septic products. So far my expectation has been realised.

I have treated with the carbolic acid and chloroform combination during the past year all the cases of enteric fever that have come under my care, and in each case perfect recovery has followed, without the advent of any symptom calculated to cause anxiety.

It is a gratifying experience to be able to make this record regarding a fever which, in India, has a mortality very considerably higher than that usually experienced in temperate climates.

The following are the effects I have observed as resulting from the use of the carbolic acid and chloroform combination:—1. A reduction in the average duration of the fever. 2. A continuous depression of the febrile temperature. 3. Early cleansing of the tongue, dryness of which was rarely observed, and was then evanescent. 4. An almost complete deodorisation of the stools. 5. Abdominal distension kept in entire abeyance. 6. Tendency to diarrhoea checked. 7. Intellectual clearness of patient preserved, with no tendency to stupor or delirium. 8. Secondary complication of any kind never occurred. 9. Relapses rare; when they occurred they were of short duration. 10. Food invariably well assimilated. 11. Convalescence rapid.

## MEMORANDA:

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

#### A COMPLICATED CASE OF FRACTURE OF THE BASE OF THE SKULL.

As the following case has several points of interest, I send it to you for publication.

Miss G., aged 30, on December 13th, 1893, was thrown from a high dogcart, and struck her head on a kerbstone. She was unconscious for about ten minutes, and bled very profusely from a scalp wound, and from the nose and mouth. She was carried immediately into a house within a few yards of where the accident happened, and put to bed as soon as possible.

The following was her condition: There was a contused linear wound 3 inches long over the right temporal region, hæmorrhage from left ear, nose, and mouth, wounds over the bridge of the nose, and on the buccal mucous membrane on both sides of the mouth, severe ecchymosis of the right eyelid, and excoriations from gravel over the whole face. The pupils were equal, moderately dilated, and reacted to light.

She could answer "Yes" or "No" to questions, and would move any limb when asked to do so. She vomited a large quantity of blood one hour and a-half and again four hours after the accident, but there was no vomiting subsequently.

The bleeding from the left ear ceased three hours afterwards. It was accompanied by thin serous fluid, presumably cerebro-spinal, and after bleeding ceased about  $1\frac{1}{2}$  drachm of this fluid escaped.

On December 14th, twitching of the left forearm, hand, and leg was noticed. There was ecchymosis of the left eyelid as well as the right, but no subconjunctival hæmorrhage. She complained of considerable pain and throbbing on the left side of the head and in the left ear. She could hear a watch tick with both ears. Smell and taste were lost.

On December 16th there was well-marked amnesia; she could not name simple objects, that is, spoons, pencils, etc. She called her eyelids her gums; did not know her right side from her left, but could remember matters foreign to herself and her condition. She could not sustain a conversation owing to loss of words.

On December 19th, for the first time, no recent bleeding was seen in the pharynx.

On December 22nd, crossed diplopia was first noticed. The false image was to the right and below; there was partial paralysis of left internal rectus and superior oblique muscles. Amnesia was slightly less marked. She realised for the first time that she had had some accident.

On December 30th, proptosis of the left eye was first noticed. This increased slightly for two days, and then gradually diminished, but had not entirely disappeared four months after the accident.

This condition is said by some authors to occur from third nerve paralysis, but as the paralysis had begun to improve, and the images to approximate before the proptosis occurred, it must have been due to other causes, probably a lesion of the cavernous sinus.

On January 22nd, 1894, she was removed home convalescent.

On March 12th, she was able to walk about the house, and got out daily in a bathchair. There was slight amnesia when excited, and she complained occasionally of nausea after exertion, but otherwise her condition was most satisfactory.

The temperature remained between  $100^{\circ}$  and  $101^{\circ}$  for the first nine days, and then gradually settled to normal, but did not become constant for at least two months. The pulse rose to 112 a few hours after the accident, and then settled to between 70 and 80. This remained very constant. Constipation was most obstinate for a month.

It is interesting to sum up the apparent injuries sustained: (1) A fracture of the middle and anterior fossæ of the base of the skull; (2) intracranial effusion, causing twitching of left leg and arm and proptosis of left eye; (3) injury to left third nerve causing crossed diplopia; (4) well-marked amnesia; (5) loss of smell and taste; and (6) severe scalp wound over right temporal region.

I consider that the severe hæmorrhage at first proved most beneficial, and lessened the chances of intracranial hæmorrhage. Well did Hippocrates say that no head injury was sufficiently slight to be disregarded or sufficiently severe to be despaired of.

Oxtd.

EDWD. P. FURBER.

#### INCISED ABDOMINAL WOUND: WOUND OF INTESTINE: RECOVERY.

I THINK the following case is of sufficient interest to justify me in asking you to insert it in the BRITISH MEDICAL JOURNAL.

G. A. W., aged 7 years, fell down twelve steps, which are very steep, with an ordinary chamber utensil in his hand. At the time of the accident he had on only his shirt. The accident happened at about 7.45 p.m. on February 19th. When I arrived shortly afterwards I found the child lying on a couch, with a wound of about three to four inches in length, just above the anterior superior spine of the ilium, and from the wound about four feet of small intestine protruded. On examining the bowel I found a small wound, which was more or less circular, about the size of a sixpenny piece, through which a quantity of fluid fæcal matter flowed. The child was

intensely collapsed, and at the time I thought death was imminent. I closed the wound of the bowel with three cat-gut sutures, and having put the child under chloroform, washed the bowel well with a carbolic solution, and returned it into the abdomen. This proved very difficult on account of the straining and vomiting which ensued. I then sutured the peritoneum in two places, and finally closed the skin wound with four sutures. I then put on a pad of wood wool, and bandaged firmly. February 20th. The pulse was 120, the temperature normal. There was constant vomiting, and the collapse was passing off. In the evening the pulse was 120. There was no tympanites. February 21st. The pulse was 106, and vomiting still continued; some flatus was passed. In the evening the pulse 120. February 22nd. The pulse was 116, and the temperature normal; there was no sign of peritonitis. In the evening the pulse was 84, and the temperature 97°. The vomiting ceased at night. On February 23rd the pulse was 98, and the temperature normal. On the 24th the pulse was 80, and the temperature normal. The wound was dressed on account of discharge showing through the dressings; there was no redness nor inflammation. In the evening the pulse was 80, and the temperature normal. The wound was dressed on February 25th, 26th, and 27th. On February 28th an enema of soap and water, with castor oil, was followed by a large motion. On March 1st the bowels were open five times; there was no pain, and no swelling of the abdomen. On March 4th the bowels were open naturally, and the child was able to take food. On March 10th the wound was quite healed. The child was able to get up, and was free from pain or discomfort of any sort.

Longsight, Manchester.

OWEN GWATKIN.

#### REMOVAL OF A BRISTLE FROM THE METATARSO-PHALANGEAL JOINT OF GREAT TOE.

ON February 16th a lady, who had complained of tenderness in the great toe joint of her left foot for eighteen months, was seized, whilst walking home, with a sudden sharp pain in the metatarso-phalangeal joint "like the running in of a hot needle," and became quite lame.

On the following morning I found the joint acutely inflamed and tender to the touch. The suddenness of the onset, character of the swelling, and acute pain suggested gout, but the usual remedies failed to give relief, and the condition remained unaltered until February 21st, when my attention was called to a small black mark on the inner side of the joint. Thinking it to be a splinter which I had overlooked at my first examination, and the possible cause of the trouble, I made an incision, and pulled out from the joint a stiff, black bristle, nearly an inch long.

The acute symptoms immediately subsided, but the joint remains tender, and there is some thickening of the ends of the bones forming it.

How the bristle reached its resting place I am not prepared to say, but it is extremely improbable that it could have worked its way in without the patient's knowledge.

Ramsgate.

JOHN B. BERRY, M.R.C.S.

#### AN UNUSUAL CASE OF ALOPECIA.

At the meeting of the Bristol Medico-Chirurgical Society held on February 14th, I showed a boy, aged 5½, who presented a peculiar form of alopecia which, as far as I am able to discover, has not been recorded before. He came under my care in August, 1893, with a patch of alopecia areata, about the size of a penny, over the right parietal bone. Under treatment with chrysophanic acid ointment new hairs soon appeared, but, instead of the disease being cured, a thinning of the hair began round the site of the patch, and has slowly spread ever since. From the right parietal bone the thinning spread forwards, then downwards to the left side of the head, and at the same time on the right side. He presented in February a curious appearance, with a tuft of thick dark natural hair on the upper and back part of his head, and joined to a thin band of similar thick hair running from ear to ear along the lower limit of natural hair growth. Since then the tuft has become smaller and separated from the band, and I have no doubt the whole head will in time present the thinned appearance that the front and sides show now. The thin hair is like that usually seen growing on the

site of a patch of alopecia areata. There is no history of ringworm or of any skin affection except slight eczema of the scalp during infancy, and the boy is in robust health.

BERTRAM M. H. ROGERS, B.A., M.D., B.Ch.Oxon.,  
Physician to the Bristol Children's Hospital.

## REPORTS

ON

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

#### THE SICK CHILDREN'S HOSPITAL, NEWCASTLE- ON-TYNE.

(Case under the care of Dr. W. C. BEATLEY and Mr. G. W. RIDLEY.)

#### I.—ILEO-CÆCAL INTUSSUSCEPTION IN A CHILD AGED ELEVEN MONTHS: CURE AFTER LAPAROTOMY.

D. W., aged 11 months, was admitted on November 28th, 1893. Her illness had commenced eleven days earlier with abdominal disturbance, accompanied by colicky pain, vomiting, and mucous diarrhoea; child very fretful.

On admission, the child was in a fairly good condition and not collapsed; the abdomen was not distended. There was a palpable sausage-shaped tumour in the position of the sigmoid flexure of the colon, extending to the lower border of the ribs; this was dull on percussion; there was some blood-stained mucus round the anal orifice and the sphincter ani was relaxed. On examination of the rectum by the finger, an elongated soft projection could be clearly felt just within reach, with a central orifice, round which the finger could be freely passed.

Chloroform was administered, and the tumour could be more readily defined. It was decided to endeavour to reduce the invagination by mechanical means. Water at a temperature of 98° F. was injected into the bowel with a 2-foot elevation, the child being inverted during the process; about 2½ pints of water was used on three occasions. On examination afterwards no tumour could be felt in the abdomen or from the rectum; during straining movements, which took place on recovering from the anæsthetic, the tumour recurred. Chloroform was again administered and the bowel inflated with air; this was followed by an expulsion of fluid faeces and disappearance of the swelling. Tincture of opium (ʒj) was given and the child put to bed.

The child passed a good night, sleeping five hours; the pulse was 112, regular, and fairly strong; there was no abdominal swelling, and nothing abnormal could be felt by the rectum. She took food well, and passed faeces; no blood or mucus.

On November 30th, thirty-four hours after the treatment above described, the abdominal tumour could again be felt; from the rectum the cervix-like projection could readily be made out, and on the child straining appeared almost at the anus. Some blood and mucus were passed. The same day, forty-one hours after the preliminary treatment, the belly was opened by median laparotomy. On passing the hand into the abdomen, it was found that a large portion of the ileum had prolapsed through the ileo-cæcal valve, the tumour extending diagonally across the abdomen from the right side to the rectum. The invagination being so low down in the pelvis, some difficulty was experienced in grasping the intussusciptions with the fingers below the intussuscepted portion. This was obviated by an assistant passing up the invaginated portion from below with a finger in the rectum, and the subsequent reduction was comparatively easily accomplished until the point of reduplication was reached. At this point the intussuscepted portion, which was much thickened in all its coats, was distinctly grooved and congested.

After reduction was completed, there was much difficulty in returning the small intestines; owing to their distension with flatus, it was found necessary to puncture with a fine trocar, after which the intestines were returned, and the wound closed by fishing gut sutures in the usual manner.

On December 1st, the child had passed a fairly good night.

regulations, Mr. H. H. FOWLER said that the Secretary of State for India in Council—at that time Lord Kimberley—had on March 1st informed the Government of India that, in his opinion, the only effective method of preventing the recurrence of any practices inconsistent with their orders and with the resolutions passed by the House of Commons on June 5th, 1888, was to proceed by means of legislation. He requested them to undertake the necessary legislation as soon as possible, indicating the form in which this should be effected, and desiring them to issue a resolution explaining the policy of that legislation, and prohibiting all practices, as distinguished from rules and regulations, inconsistent with that policy.

*First Aid to the Injured.*—In answer to Sir J. LENG, who asked whether it would be practicable, in view of the number of accidents reported monthly from factories, mines, and workshops, to extend a knowledge of "first aid" among managers, superintendents, and foremen, Mr. G. W. RUSSELL said that much was already done by ambulance associations, and the Education Department approved of lectures on this subject in continuation schools; but he was not sure that it was possible to take further steps in the matter.

*Deaths from Carbolic Acid.*—Mr. ACLAND, in reply to Mr. MACDONA, said that the Registrar-General could not give the number of deaths from poisoning by carbolic acid; but since the beginning of the year forty-two deaths from that cause had been reported in the *Pharmaceutical Journal*. It was not expedient to place an article like carbolic acid, which was used for disinfecting and other purposes, under the restrictions of the Pharmacy Act, which would confine the sale exclusively to chemists and druggists; but the Government were considering whether an amendment of the law could not be made so that some precautionary regulations might be applied to the sale of carbolic and other poisons. He was afraid, however, that no law would restrain persons from committing suicide; but deaths from the accidental use of such compounds might probably be lessened by legislation.

*Alleged Death from Vaccination.*—Mr. HOPWOOD asked the Parliamentary Secretary to the Local Government Board whether his attention had been called to the death of a child named Simeon Dawson, who died on March 3rd, at Bury, after much suffering following on vaccination performed on January 13th; whether he was aware that the doctor who operated on and attended the child gave a certificate, which the registrar declined to receive, of death, primarily from vaccination, and secondarily from pyæmia; what communication had been made to the registrar; and whether information of the case had been sent to the Royal Commission on Vaccination.—Sir W. FOSTER said that all the information he had was that the cause of death was entered as "vaccination; pyæmia," certified by J. Silverwood, L.R.C.P. The registrar did not decline to receive the certificate, but sent a certified copy to the Local Government Board on March 6th, on which day the particulars of the case were forwarded to the Royal Commission on Vaccination.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE.

**EXAMINERS.**—Mr. H. H. Clutton, M.B., F.R.C.S., and Dr. Laurence Humphry have, on account of the large number of candidates, been appointed additional Examiners in Surgery and Medicine respectively for the Third M.B. Examination.

**EXAMINATION IN SANITARY SCIENCE.**—The following candidates have satisfied the examiners in both parts of the examination for the diploma in Public Health: D. Arthur, M.B., M.C.Glasg.; J. E. Beggs, M.B., B.C.Camb.; B. M. Bond, M.R.C.S., L.R.C.P.; J. B. Byles, M.R.C.S., L.R.C.P.; F. G. Clemow, M.B., M.C.Edin.; H. Davis, M.R.C.S., L.R.C.P.; C. E. Douglas, M.B., M.C.Edin.; A. O. Evans; C. E. P. Fowler, F.R.C.S., L.R.C.P.; J. H. R. Garson, M.B., M.C.Edin.; S. A. Harriss, M.B., M.C.Edin.; S. Hassan; H. Hendley, M.R.C.S., L.S.A.; V. J. Hodgson, M.R.C.S., L.R.C.P.; B. H. F. Leumann, M.R.C.S., L.R.C.P.; E. P. Manby, M.D.Camb., M.R.C.S.; E. S. Peck, M.B., B.C.Camb.; J. W. W. Stephens, M.B., B.C.Camb.; J. T. Walker, M.B., B.C.R.U.I.; J. G. Wilson, M.R.C.S., L.S.A.

### UNIVERSITY OF DURHAM.

**EXAMINATION FOR DEGREES IN MEDICINE AND SURGERY: APRIL, 1894.**—Second Examination for the degree of Bachelor in Medicine. The following candidates have satisfied the examiners:

*First Class Honours.*—H. L. Hatch, M.R.C.S., L.R.C.P., D.P.H., St. Mary's Hospital; J. Coltman, College of Medicine, Newcastle-upon-Tyne.

*Second Class Honours.*—A. G. W. Pearson, College of Medicine, Newcastle-upon-Tyne; H. D. Senior, Charing Cross Hospital; H. H. C. Dent, Mason College, Birmingham; A. M. Rygate, Guy's Hospital; E. F. Pratt, L.R.C.P.Lond., Mason College, Birmingham; E. H. Sutcliffe, St. Thomas's Hospital; J. W. King, College of Medicine, Newcastle-upon-Tyne; P. Holgate, College of Medicine, Newcastle-upon-Tyne.

*Pass List.*—J. C. Anderson, College of Medicine, Newcastle-upon-Tyne; P. L. Armstrong, College of Medicine, Newcastle-upon-Tyne; A. Baker, St. Thomas's Hospital; M. F. Cahill, L.R.C.P., L.R.C.S.I., Medical School, Catholic University, Dublin; W. S. Carpenter, M.R.C.S., L.R.C.P., St. Mary's Hospital; R. A. Dunn, M.R.C.S., L.R.C.P., St. Bartholomew's Hospital; W. G. Fell, College of Medicine, Newcastle-upon-Tyne; J. J. Foster, Guy's Hospital; R. B. Greaves, Sheffield School of Medicine; J. B. Hughes, University College, Liverpool; L. W. Light, St. Thomas's Hospital; J. D. Shapland, B.A., University College, London; H. Simmons, M.R.C.S., L.R.C.P., L.S.A., Bristol Medical School; W. Simpson, College of Medicine, Newcastle-upon-Tyne; N. Sheridan, College of Medicine, Newcastle-upon-Tyne; A. E. Stevens, St. Thomas's Hospital; T. H. Urwin, College of Medicine, Newcastle-upon-Tyne; M. Varey, College of Medicine, Newcastle-upon-Tyne; R. A. Walter, M.R.C.S., L.R.C.P., St. Bartholomew's Hospital; A. Warner, St. Thomas's Hospital; J. Wreford, M.R.C.S., L.R.C.P., London Hospital.

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

The following gentlemen passed the First Examination of the Board under the "Five Years' Regulations in the subjects indicated:

*Part I. Chemistry and Physics.*—A. T. Abadjian, London Hospital; W. Andrus, London Hospital; A. G. H. Anthonisz, University College, London; F. Atthill, Charing Cross Hospital; E. C. Barnes, London Hospital; W. H. I. Bathurst, King's College, London; K. De R. Bell, King's College, London; E. F. B. Beyer, Owens College, Manchester; F. J. G. Blake, Yorkshire College, Leeds; E. K. Brown, London Hospital; J. W. Brown, Charing Cross Hospital; E. C. Clements, Middlesex Hospital; F. A. Coates, University College, Bristol; S. H. G. Cory, St. Mary's Hospital; L. S. Daly, Middlesex Hospital; E. I. Davis, Guy's Hospital; A. M. Dodd, University College, Liverpool; C. S. S. Dunlop, University College, London; J. E. Dupigny, Guy's Hospital; F. K. Etlinger, University College, London; F. C. Forster, St. Mary's Hospital; P. Foster, Charing Cross Hospital; H. W. Fox, Guy's Hospital; C. H. Francis-Williams, St. George's Hospital; W. H. Galloway, Yorkshire College, Leeds; P. Gardiner, Middlesex Hospital; S. Gaster, London Hospital; J. G. Glasgow, St. Thomas's Hospital; E. S. Graham, St. Mary's Hospital; S. Harrison, Guy's Hospital; T. Hoban, St. Thomas's Hospital; F. P. Hughes, The Clifton Laboratory, Bristol; A. W. D. Hunt, Middlesex Hospital; T. Jones, Middlesex Hospital; D. V. Lowndes, London Hospital; W. McIlroy, Guy's Hospital; G. D. Maynard, University of Geneva; W. Meade, St. George's Hospital; P. E. Middleton, Yorkshire College, Leeds; F. M. Morris, London Hospital; J. H. Mules, Guy's Hospital; A. H. Norris, Owens College, Manchester; A. W. Nourse, Guy's Hospital; S. G. Penny, St. George's and Westminster Hospitals; E. E. M. Price, Free Library Science School, Wolverhampton; S. E. Price, Mason College, Birmingham; H. S. Roch, King's College, London; N. J. Roche, Charing Cross Hospital; H. C. Ross, St. Thomas's Hospital; D. Samuel, St. Mary's Hospital; E. P. Smith, Middlesex Hospital; E. B. Stevenson, St. Bartholomew's Hospital; E. Symes, University College, Bristol; A. J. Taylor, King's College, London; A. M. Thomas, Guy's Hospital; E. J. Tongue, Guy's Hospital; J. F. Walker, London Hospital; T. M. Walker, Guy's Hospital; C. F. Watson, Guy's Hospital; F. E. Wayne, Owens College, Manchester; L. W. Weaver, The Clifton Laboratory, Bristol; G. H. R. Welsh, London Hospital; W. H. G. Wittuck, Merchant Venturers' School, Bristol; S. J. Willcox, Merchant Venturers' School, Bristol; E. D. Wortley, St. Bartholomew's Hospital; E. A. Wraith, Yorkshire College, Leeds.

*Part II: Practical Pharmacy.*—T. P. Berry, Guy's Hospital; T. T. Blythe, London Hospital; T. W. S. Brown, private study; C. W. Chaplin, London Hospital; C. L. G. Chapman, Guy's Hospital; F. N. Deakin, Mason College, Birmingham; J. E. Dupigny, Guy's Hospital; J. B. C. Francis, Westminster Hospital; J. H. Harrison, Firth College, Sheffield; T. W. H. Landon, Guy's Hospital; J. I. W. Morris, St. Mary's Hospital; W. Mussellwhite, Guy's Hospital; B. G. Patch, St. Thomas's Hospital; E. E. M. Price, Free Library Science School, Wolverhampton; C. H. Pring, University College, Bristol; S. A. Ruzsak, Guy's Hospital; S. J. Smith, private study; W. H. M. Telling, Guy's Hospital; A. M. Thomas, Guy's Hospital; D. J. Thomas, private study; F. E. Walker, Guy's Hospital; R. le G. Worsley, St. George's Hospital.

*Part III: Elementary Biology.*—R. B. Ainsworth, St. George's Hospital; F. B. Alderson, Firth College, Sheffield; T. P. Allen, St. Bartholomew's Hospital; H. Aspinall, University College, Liverpool; L. A. Bais, St. Bartholomew's Hospital; W. L. Baker, Guy's Hospital; F. R. Barwell, University College, London; H. S. Barwell, St. George's Hospital; V. Bateson, Yorkshire College, Leeds; W. F. Bennett, St. Bartholomew's Hospital; V. T. C. Bent, Guy's Hospital; S. Bentley, Firth College, Sheffield; H. M. Berncastle, Guy's Hospital; F. L. Berry, St. Bartholomew's Hospital; E. N. Berryman, St. Bartholomew's Hospital; E. F. B. Beyer, Owens College, Manchester; H. H. Bignold, Guy's Hospital; I. McW. Bourke, St. George's Hospital; W. F. Boyle, Mason College, Birmingham; J. Bradley, Mason College, Birmingham; A. H. Brewer, St. Bartholomew's Hospital; F. R. Brooks, St. Bartholomew's Hospital; J. W. Brown, Charing Cross Hospital; J. Brownrigg, University College, Liverpool; C. P. Burd, St. Bartholomew's Hospital; P. C. Burgess, Middlesex Hospital; G. G. Campbell, St. Bartholomew's Hospital; C. G. Catterall, Yorkshire College, Leeds; C. L. G. Chapman, Guy's Hospital; G. B. F. Churchill, Guy's Hospital; J. G. Churton, University College, Liverpool; E. P. Court, St. Bartholomew's Hospital; V. J. Crawford, Guy's Hospital; A. J. McN. Cuddon-Fletcher, St. Bartholomew's Hospital; A. W. S. Curtis, Yorkshire College, Leeds; T. D. Dawson, St. Bartholomew's Hospital; J. T. De Coteau, Guy's Hospital; A. M. Dodd, University College, Liverpool; R. E. Drake-Brockman, St. George's Hospital; H. L. Driver, St. George's Hospital; C. S. S. Dunlop, University College, London; J. N. Dyson, Guy's Hospital; R. F. Ellery, St. Bartholomew's Hospital; H. H. Elworthy, Westminster Hospital; E. A. Evans, Guy's Hospital; E. P. Farmer, Mason College, Birmingham; T. B. Fawley, Yorkshire College, Leeds; J. K. S. Fleming, St. Bartholomew's Hospital; F. C. Forster, St. Mary's Hospital; A. E. Francis, University College, London; W. H. Galloway, Yorkshire College, Leeds; J. Gardner, Firth College, Sheffield; G. E. Gask, St. Bartholomew's Hospital; E. G. Goddard, Guy's Hospital; G. P. T. Groube, St. Mary's Hospital; H. V. Gwynn, St. Bartholomew's Hospital; R. C. B. Hall, Mason College, Birmingham; A. E. Hamerton, Yorkshire College, Leeds; C. A. Hammond, St. Mary's Hospital; J. H. Harrison, Firth College, Sheffield; W. A. Henshaw, Mason College, Birmingham; C. J. Hewlett, Guy's Hospital; A. G. Higgins, St. Bartholomew's Hospital; T. Hoban, St. Thomas's Hospital; F. Horridge, St. Bartholomew's Hospital; J. Howells, Guy's Hospital; L. Humphrey, Guy's Hospital; H. W. Illius, St. Bartholomew's Hospital; J. W. Illius, St. Bartholomew's Hospital; A. R. Kay, St. Bartholomew's Hospital; R. A. R. Lankester, University College, London; A. D. Lewis, Guy's Hospital; C. T. Lewis, King's College, London; H. P. Lobbs, St. Bartholomew's

Hospital; W. C. Long, St. Bartholomew's Hospital; E. A. Longhurst, Guy's Hospital; L. H. McGavin, Guy's Hospital; W. McIlroy, Guy's Hospital; W. E. G. Maltby, St. Bartholomew's Hospital; F. J. H. Martin, Guy's Hospital; A. Martin-Leake, University College, London; S. Mason, St. Bartholomew's Hospital; C. J. Mayhew, King's College, London; R. Michell, Guy's Hospital; P. E. Middleton, Yorkshire College, Leeds; N. Milner, Fifth College, Sheffield; R. Milnthorpe, Yorkshire College, Leeds; R. F. Moorshead, University College, Bristol; W. Mussellwhite, Guy's Hospital; F. Noakes, Charing Cross Hospital; A. W. Nourse, Guy's Hospital; J. W. Nunn, St. Bartholomew's Hospital; J. A. O'Dowd, Mason College, Birmingham; H. J. Orford, Mason College, Birmingham; L. E. Orton, Mason College, Birmingham; T. D. Paddock, University College, Liverpool; A. R. C. Parsons, King's College, London; S. B. A. C. C. Pennington, Guy's Hospital; R. A. G. Penny, St. George's Hospital; A. R. G. Pocock, University College, London; F. Pope, Mason College, Birmingham; C. H. Pring, University College, Bristol; D. W. Purkis, St. Bartholomew's Hospital; R. Raines, St. Bartholomew's Hospital; A. Reid, Guy's Hospital; F. G. Richard, St. Bartholomew's Hospital; J. B. Richardson, Mason College, Birmingham; W. S. Richardson, Guy's Hospital; G. A. Roberts, King's College, London; J. H. Roberts, Guy's Hospital; W. E. B. Roberts, Mason College, Birmingham; H. H. Robinson, Owens College, Manchester; E. F. Rose, St. Bartholomew's Hospital; E. R. Row, Guy's Hospital; B. S. Sanders, University College of South Wales, Cardiff; L. D. Saunders, King's College, London; A. H. M. Sawart, Guy's Hospital; E. C. Sawdy, St. Mary's Hospital; C. B. Sells, Guy's Hospital; E. W. H. Shenton, Guy's Hospital; G. V. Smallwood, Mason College, Birmingham; W. C. B. Smith, St. Bartholomew's Hospital; C. S. Stollerforth, University College, Liverpool; R. Storrs, St. Bartholomew's Hospital; H. C. Sturdy, Guy's Hospital; J. A. Swindale, Mason College, Birmingham; T. H. Talbot, St. Bartholomew's Hospital; J. Taplin, Mason College, Birmingham; P. Tatchell, St. Bartholomew's Hospital; T. W. Telleys, Yorkshire College, Leeds; A. R. Thomas, Guy's Hospital; C. B. Thomson, Guy's Hospital; E. J. Tongue, Guy's Hospital; C. E. Turner, University College, London; H. S. Turner, Guy's Hospital; N. Unsworth, St. Thomas's Hospital; H. E. Utting, Mason College, Birmingham; T. M. Walker, Guy's Hospital; H. E. Waller, St. Bartholomew's Hospital; C. F. Watson, Guy's Hospital; R. Watts, Fifth College, Sheffield; L. W. Weaver, University College, Bristol; H. G. Webster, University College, Liverpool; G. W. S. Williams, St. Bartholomew's Hospital; A. O. B. Wroughton, St. Bartholomew's Hospital; T. L. Wyndham, St. Bartholomew's Hospital.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH, ROYAL COLLEGE OF SURGEONS OF EDINBURGH, AND FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

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

*First Examination.—Four Years' Course.*—Of 15 candidates the following 11 passed:

J. C. Pemberton, C. Wakeham, E. V. Halliday, T. C. K. Kurup, J. H. O'Sullivan, C. E. Player, G. Singh, R. E. Russell, W. B. Grannum, S. W. Morton, and J. N. Keith.

One candidate entered for a division and failed.

*Five Years' Course.*—Of 17 candidates the following 14 passed: W. L. Cribb, Flora Rosina Cartwright Wood, G. J. Meikle, Harriet Amelia Scott Bird, R. W. Rees, W. Robertson, D. S. Taylor, Maud Varley Everett, R. J. Pearson, M. Rust, Edith Mary Paton, Gertrude Mary Hutton, Rosina Jane Gillam, and R. J. Isaac.

Of 13 candidates who entered for the respective divisions 9 passed.

*Second Examination.—Four Years' Course.*—Of 52 candidates the following 3 passed:

P. Wykesmith, H. J. D. Mackay, S. Johnson, G. P. Searle, M. F. Lyden, W. Craig, D. A. Chalmers, Agnes Irene Sinclair Coghill, W. C. E. Donoghue, P. B. Unwin, E. V. Halliday, H. B. Palmer, W. Squibbs, C. E. Player, J. Jeffares, W. C. Millea, Rose Govindu Rajulu, Isabella Aitken, A. J. Nevett, P. Power, W. Bratton, J. C. P. Reardon, A. Smith, Annie Caroline Smith, E. Wright, W. J. S. Clucas, Mary Finch Nannetti, Isabella Hardie Curr, Winifred Jane Pierce, W. J. Gething, H. H. Warren, J. N. Keith, and W. J. N. Davis.

Of 15 candidates who entered for the respective divisions 6 passed.

*Five Years' Course.*—The following eight candidates entered and passed: Ethel Louie Starmer (with distinction), Mildred Jane Wallace (with distinction), J. R. Morris, J. Cranke, J. Dodds, R. F. Flood, W. H. Cox (with distinction), and J. G. Murray.

*Final Examination.*—Of 77 candidates the following 48 passed and were admitted L.R.C.P.E., L.R.C.S.E., and L.F.P. and S.G.:

H. Downes, G. Prentice, H. W. Vaughan, J. J. Wallace, C. C. Piper, P. G. J. Kennedy, Florence Hope Dissent, Mary Barnard, R. E. Ingram-Johnson, W. Ranson, J. Garner, J. T. Woodhouse, T. E. Price, W. F. Stevenson, E. K. Johnstone, Catherine Mabel Blackwood, W. H. T. Vallance, H. P. Butterworth, F. C. Rundle, D. Stephenson, W. J. Gething, Elizabeth Marianne Erskine, W. A. Hardiker, C. W. Laver, J. Gorman, C. W. Lawson, R. A. McW. Robinson, J. Meade, S. Finkelstein, V. E. Chang, A. T. Anderson, J. I. Johnson, C. B. Roserow, Grace Haxton Giffen, W. T. Wood, J. H. Ewart, C. G. Foggs, W. H. Barnby, H. J. Palmer, J. J. Fitzgerald, C. E. Conran, E. F. O'Ryan, F. W. Clark, J. H. E. Trout, W. O. Evans, A. B. Francis, E. H. Ohlmus, and J. B. O. Richards.

Of 20 candidates who entered for the respective divisions, 9 passed.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, April, 1894.—The following candidates passed in:

*Surgery.*—G. S. J. Boyd, London Hospital; C. E. R. Bucknill, St. Mary's Hospital; P. W. Campbell, St. Thomas's Hospital; M. A. Cooke, St. Bartholomew's Hospital; J. W. A. Cooper, King's College; F. R. S. Cosens, London Hospital; A. W. Hayles, King's College; K. M.

Hunter, Royal Free Hospital; R. E. T. Ingram, Guy's Hospital; G. J. R. Lowe, St. Bartholomew's Hospital; W. Mansergh, Manchester; W. R. Meyer, King's College; R. D. Moore, St. Mary's Hospital; W. G. Noble, London Hospital; M. H. C. Palmer, London Hospital; J. H. R. Pigeon, Bristol; E. H. Read, London Hospital; T. E. Rice, King's College; W. H. Richards, London Hospital; A. R. P. Sanderson, St. Thomas's Hospital; J. D. Small, Bombay; J. F. Smart, St. Thomas's Hospital; J. B. D. St. Cyr, St. Bartholomew's Hospital; A. B. S. Stewart, Leeds; J. F. Stockwell, St. Mary's Hospital; W. H. Symons, St. Bartholomew's Hospital; W. P. Thomas, London Hospital; F. S. Tidcombe, St. George's Hospital.

*Medicine, Forensic Medicine, and Midwifery.*—V. J. Batteson, London Hospital; G. A. Jelly, Manchester; R. L. Jones, Middlesex Hospital; H. C. Renshaw, Manchester; J. P. Rennie, Bellevue, New York; G. Schilling, St. Thomas's Hospital; P. M. Toms, Middlesex Hospital; R. A. Young, Middlesex Hospital.

*Medicine and Forensic Medicine.*—T. P. Stokes, Sheffield.

*Medicine.*—C. P. T. Edwards, University College; L. G. W. Tyndall, St. Mary's Hospital.

*Forensic Medicine and Midwifery.*—C. E. R. Bucknill, St. Mary's Hospital; R. D. Cox, St. Mary's Hospital; W. R. Fisher, London Hospital; F. H. H. Francis, Guy's Hospital; M. Umanski, Kharkoff.

*Forensic Medicine.*—J. K. Birdseye, St. Bartholomew's Hospital; J. H. R. Pigeon, Bristol; A. E. Pryse, University College; J. R. M. Richmond, King's College; J. F. Stockwell, St. Mary's Hospital; G. E. Williams, London Hospital.

*Midwifery.*—D. D. Brown, St. Bartholomew's Hospital; A. L. M. Churchill, Westminster Hospital.

To Messrs. Cosens, Edwards, Francis, Jones, Moore, Pryse, Renshaw, Richmond, Schilling, Small, Stewart, Stockwell, Toms, Sanderson, Symons, Young, and Miss Hunter was granted the diploma of the Society entitling them to practise Medicine, Surgery, and Midwifery.

## OBITUARY.

CHARLES GIBSON, M.D. DUNELM. (HON. CAUS.), M.R.C.S. WE regret to have to report the death of Dr. Charles Gibson, of Newcastle, which took place on April 21st, at the age of 74 years. The deceased was born in the little village of Bell's Close, on the banks of the Tyne. Up to the age of 12 he was educated at a country school. He afterwards continued his scholastic education in Newcastle, and was in 1835 apprenticed to Mr. Carr, then a medical practitioner in Newcastle. Three years later he became attached as a student to the Newcastle Infirmary, and to the Newcastle School of Medicine and Surgery. In 1842 he took the diploma of M.R.C.S. Eng., and commenced practice. In 1851 he graduated M.D. at St. Andrews University. In the winter session of 1845-6, he became Lecturer in Anatomical Demonstrations and Dissections in the Newcastle School of Medicine, but resigned three years later. After the disruption, and on the formation of the new College of Medicine, he became lecturer on midwifery and diseases of children. In 1856 he was elected physician to the Newcastle Dispensary, and on resigning that post in 1873, he was elected consulting physician. In 1859 the degree of M.D. was conferred upon Dr. Gibson by the University of Durham in recognition of his services to the College of Medicine. Dr. Gibson took an active part at the recent meeting of the British Medical Association at Newcastle last year.

WE regret to have to announce the death of Mr. SAMUEL CONNOR, L.R.C.S., L.M. Edin., L.A.H. Dub., of Newry, which took place on April 14th. The deceased was born at Stoneyford, county Antrim, in 1837, and took the qualifications of L.R.C.S. Edin. in 1858 and L.A.H. Dub. in 1861. He commenced practice in Belfast, and on the retirement from practice of his uncle in 1862 he went to Newry and took over the practice. Dr. Connor was appointed a justice of the peace in 1886. He leaves a widow and several children to mourn his loss.

DR. ALEXANDER MARSHALL, of Kilmarnock, died on April 16th, of heart disease after one hour's illness, aged 68. He graduated M.D. with honours at Glasgow University in 1851, and in 1852 became L.F.P. & S. Glasg. The deceased commenced practice in Kilmarnock forty-three years ago, and had a very extensive country practice. He was a man greatly devoted to his profession, a great friend of the poor, and had endeared himself to a large circle of friends by his kind, homely manner. As a token of respect, the magistrates gave him a public funeral. The coffin, of polished oak, was covered with wreaths sent by his patients and friends.

## MEDICAL NEWS.

**LONDON LOCK HOSPITAL.**—Lord Randolph Churchill, in the absence of the Duke of Connaught, presided at the annual dinner of this hospital, held on Saturday, April 21st, at the Hôtel Métropole.

**DONATIONS AND BEQUESTS.**—The Rev. Francis Jacox has given 1,000 guineas to the Middlesex Hospital to endow in perpetuity a bed in the new female cancer wards, in memory of his sister, Mary Janet Jacox.

**REOPENING OF THE PALACE HOTEL, HASTINGS.**—On April 21st this hotel, which has undergone various alterations and has been redecorated throughout, was opened under the management of Messrs. Spiers and Pond, and will doubtless form a useful addition to the accommodation provided for visitors to Hastings.

The Attorney-General has given his consent to the residue of the legacy of the late Mr. K. Berridge being handed over in trust to the British Institute of Preventive Medicine, for the endowment of a laboratory specially devoted to the bacteriological and chemical investigation of the water supply, and the best means of the disposal of sewage.

**STRAY DOGS IN LONDON.**—According to statistics compiled in New Scotland Yard, it appears the police captured 2,161 stray dogs last month in the streets of the metropolis, 1,846 of which were afterwards conveyed to the Dogs' Home at Battersea. During the above period 148 persons, including one constable, were bitten in the streets, and the police killed 12 dogs, one of which was found to be suffering from rabies.

**"ACCIDENTAL DEATH" AT FOOTBALL.**—During a football match at Helpringham, near Sleaford, on April 21st, the goalkeeper for the Sleaford Ramblers, running out to meet the ball, came into collision with one of the opposing team, and was picked up dead. The *East Anglian Daily Times* reports that evidence given at the inquest was to the effect that the *post-mortem* examination showed that the neck was dislocated in two places. A verdict of accidental death was returned by the jury.

**QUEEN'S COLLEGE, BELFAST.**—Dr. Barrett, who has held the Lectureship in Pathology at the Queen's College, Belfast, for the past two years, has been obliged to resign his post on grounds of health. Dr. William Russell, of Edinburgh, well known for his researches in connection with the heart, has consented to deliver the usual course of lectures during the coming summer session. Dr. Victor Fielden has been appointed to give instruction in practical pharmacy at the College, under the direction of Professor Whitla.

**THE WELSH DIVORCE CASE.**—At a meeting of the Swansea Medical Society the following resolution was unanimously passed: "That this meeting desires to express its sincere sympathy with Dr. T. D. Griffiths in having to defend himself against the gross and slanderous charges brought against him in the recent divorce case; they further desire to convey to him their hearty congratulations on the successful issue of the trial and the ample exoneration he received at the hands of the jury, with the concurrence of the Lord Chief Justice in their verdict."

**ASYLUM ATTENDANTS.**—The *Globe*, in a recent article, gives the evidence that asylum attendants are being elevated, and just praise is given to the Medico-Psychological Association for the part it is taking in methodising the training and testing the fitness of attendants for their work. Handbooks are being issued, and regular lectures are being given at many asylums, thus providing work which may be done by assistant medical officers. The addition, too, of lady companions and gentlemen companions to the staffs of well-regulated asylums, both public and private, is a great gain; by this means the general supervision by the chief medical authority is extended, and if the right persons are selected great advantages may accrue. We do not believe that all cases of insanity are to be treated better by gentlemen and ladies than by ordinary trained attendants, but we do hope to see the mental nurse rise to a level of the best general nurse.

**THE PROPOSED PASTEUR INSTITUTE.**—A deputation of inhabitants at Chelsea waited on Mr. Asquith at the Home Office on April 24th, to protest against the proposed erection of a Pasteur Institute on the Chelsea Embankment. Mr. Whitmore, M.P., Mr. H. Paul, M.P., and Mr. Birrell, M.P., accompanied the deputation. Mr. Whitmore said the building which was sought to be erected by the British Institute of Preventive Medicine would depreciate the property in the neighbourhood, and would be a possible source of infection to the inhabitants. Mr. Asquith, in reply, said that by giving a certificate of registration to an institute of this kind, the Secretary of State did not in the least degree fetter his discretion as to the experiments he would license in it. Those licences were granted to individuals for particular classes of experiments after careful consideration. He had no power to prevent the erection of this building, and he understood the site had been conveyed to the Institute. If the question of registration of the building as a place for experiments on living animals came before him, he would give due weight to the considerations they had laid before him. The Secretary of State had an absolute power of veto and control over any class of experiments for which permission was sought, and it would be his duty, in considering any such application, to consider also whether the place in which these experiments would be made was a fitting one. As at present advised, he had no intention of granting licences for experiments in the inoculation of hydrophobia. The duty cast upon the Secretary of State under the Act was a very invidious one, and in the performance of it he ought to give due weight not only to considerations of humanity, but also to those of the public and local convenience. Mr. Whitmore having thanked the Home Secretary, the deputation withdrew.

### MEDICAL VACANCIES.

The following vacancies are announced:

- CARDIFF UNION.**—Assistant Medical Officer for the Workhouse. Salary, £100 per annum, with rations, apartments, attendance, and washing. Applications to Arthur J. Harris, Clerk, Queen's Chambers, Cardiff, by May 10th.
- CARDIFF UNION.**—Medical Officer for the Gabalfa District. Salary, £30 per annum. No extra fees except lunacy. Applications to Arthur J. Harris, Clerk, by May 10th.
- CLOGHEEN UNION.**—Medical Officer for the Workhouse. Salary, £130 per annum. Applications to Mr. Ross Lonergan, Clerk of the Union. Election on May 1st.
- DENTAL HOSPITAL OF LONDON AND LONDON SCHOOL OF DENTAL SURGERY,** Leicester Square. Demonstrator. Honorarium, £50 per annum. Applications to Morton Smale, Dean, by May 14th.
- DENTAL HOSPITAL OF LONDON,** Leicester Square.—Two Assistant Anaesthetists. Applications to J. Francis Pink, Secretary, by May 14th.
- DEWSBURY AND DISTRICT GENERAL INFIRMARY.**—House-Surgeon, doubly qualified. Salary, commencing at £80 per annum, with board and residence. Applications, endorsed "House-Surgeon," to the Chairman of House Committee, Infirmary, Dewsbury, by May 1st.
- EAST LONDON HOSPITAL FOR CHILDREN,** Shadwell, E.—House-Surgeon. Board and residence provided, no salary. Applications to Thomas Hayes, Secretary, by May 5th.
- FLINTSHIRE DISPENSARY.**—House-Surgeon. Salary, £120 per annum, with furnished house, rent and taxes free; also coal, light, water, and cleaning, or, in lieu thereof, £20 per annum. Knowledge of Welsh desirable. Applications to W. T. Cole, Secretary, Board Room, Bagillt Street, Holywell, by May 15th.
- GENERAL HOSPITAL,** Birmingham.—Assistant House-Surgeon. Appointment for six months. Residence, board, and washing provided. No salary. Applications to the House-Governor by April 28th.
- HAMPSTEAD HOSPITAL,** Parliament Hill Road, N.W.—Dental Surgeon. Applications to the Secretary by May 7th.
- HUDDERSFIELD INFIRMARY.**—Senior House-Surgeon and Junior House-Surgeon. Salaries, £89 and £50 respectively, with board, lodging, and washing. Applications to the Secretary by May 7th.
- LEWISHAM UNION.**—Medical Superintendent of the Infirmary; doubly qualified. Salary, £275 per annum, with unfurnished house, coals, gas, water, and washing. He will ultimately be appointed Workhouse Medical Officer, at an additional salary of £75 per annum. Applications, on forms to be obtained at the Union Offices, to H. C. Mott, Clerk to the Guardians, Union Offices, 288, High Street, Lewisham, S.E., by May 10th.
- LONDON HOSPITAL,** Whitechapel, E.—Medical Registrar. Salary, £100 per annum. Applications to the House Governor by May 5th.
- MANCHESTER ROYAL EYE HOSPITAL.**—House-Surgeon. Salary, £70 per annum, with residence, board, and washing. Applications, endorsed "House-Surgeon," to the Chairman of the Board of Management by May 2nd.



**NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL**, Harts-hill, Stoke-upon-Trent. Assistant House-Surgeon. Board, apartments, and washing provided. Applications to the Secretary by May 1st.

**PARISH OF ST. LEONARD**, Shoreditch.—Second Assistant Medical Officer for the Infirmary, Hoxton Street; doubly qualified. Salary, £40 per annum, with rations, furnished apartments and washing in the Infirmary. Applications to the Medical Officer, 204, Hoxton Street, N.

**ROYAL HOSPITAL FOR CHILDREN AND WOMEN**, Waterloo Bridge Road.—Resident Medical Officer. Appointment for one year. Salary, £70 per annum, with furnished apartments and board. Applications to the Secretary by May 1st.

**ROYAL SOUTH HANTS INFIRMARY**, Southampton.—Assistant House-Surgeon. Appointment for six months, at the end of which period a gratuity of £10 will be given if found satisfactory. Applications to T. A. Fisher Hall, Secretary, by May 4th.

**ROYAL VICTORIA HOSPITAL**, Bournemouth.—House-Surgeon and Secretary. Salary, £100 per annum, with board. Applications to the Chairman of Committee by May 1st.

**ST. MARYLEBONE GENERAL DISPENSARY**, 77, Welbeck Street, Cavendish Square, W.—Honorary Physician. Applications to the Secretary by April 30th.

**SALFORD ROYAL HOSPITAL**—Honorary Medical Officer for the Pendleton Branch Dispensary, doubly qualified. Applications to the Secretary by April 28th.

**SWORDS DISPENSARY DISTRICT**, Swords, Balrothery.—Medical Officer for the District. Salary, £120 per annum as medical officer, and £20 per annum as medical officer of health, together with usual registration and vaccination fees, amounting to about £15 or £20 per annum. Applications to Mr. Michael Long, North Street, Swords, by May 1st.

**VESTRY OF ST. MARGARET AND ST. JOHN**, Westminster.—Medical Officer; not less than 25, or more than 45, years of age. Salary, £250 per annum. Applications, marked on the envelope "Medical Officer," to be delivered at the Town Hall, Westminster, S.W., by May 21st.

**WESTERN GENERAL DISPENSARY**, Marylebone Road, N.W.—House-Surgeon; unmarried. Salary, £50 per annum, with board and apartments. Applications to the Honorary Secretary by May 3rd.

**WESTMINSTER HOSPITAL**, Broad Sanctuary, S.W.—Surgical Registrar. Must be F. or M.R.C.S.Eng. Appointment for twelve months. Salary, £40 per annum. Applications to Sidney M. Quennell, Secretary, by May 22nd.

### MEDICAL APPOINTMENTS.

**BARNES**, Mr. R., appointed Deputy Medical Officer for Barton.

**BEAMISH**, Dr., appointed Medical Officer to the Newry Fever Hospital, vice B. S. Booth, L.R.C.P.I., M.R.C.S.Eng., resigned.

**BERRY**, F. May Dickinson, M.D.Lond., appointed Assistant Anaesthetist to the New Hospital for Women.

**CARLYON**, T. B., M.R.C.S.Eng., appointed Honorary Surgeon to the Tenbury Dispensary.

**DAVIDSON**, Hugh A. C., L.R.C.P., L.R.C.S.Eng., L.F.P.S.Glasg., appointed Medical Officer for Halkirk, Caithness.

**DAVIES**, Evan, L.R.C.P., L.R.C.S.Eng., appointed Medical Officer of Health to the Maesteg Local Board.

**EDINGTON**, George Henry, M.B.Glasg., appointed Resident Medical Officer to the Royal Hospital for Sick Children, Glasgow, vice Walter K. Hunter, M.B.Glasg., resigned.

**ELDER**, George, M.B., C.M., appointed Resident Physician to the Royal Hospital for Sick Children, Edinburgh.

**GARLAND**, Edward Charles, L.R.C.P.Eng., M.R.C.S.Eng., appointed Medical Officer of Health for Yeovil Borough.

**HARMAN**, Albert B., M.R.C.S., L.R.C.P., L.S.A., appointed House-Surgeon to the Royal Hants County Hospital, Winchester.

**HARRIS**, John Henry, M.R.C.S.Eng., appointed Public Vaccinator for the 1st and 2nd Districts of the Kingsbridge Union.

**HERBERT**, A. W. C., L.S.A., appointed Medical Officer of Health for Southwold, vice F. H. Vertue, M.R.C.S.Eng., deceased.

**HUTCHINSON**, Robert, M.B., C.M., appointed Resident Physician to the Royal Hospital for Sick Children, Edinburgh.

**QUARRY**, Mr. H. H., appointed Assistant Medical Officer to the Infirmary of the Lambeth Parish.

**RYAN**, John, B.A., M.D., B.Ch., B.A.O. Trin. Coll. Dub., appointed Medical Officer to the Hollywell District of the Shoreditch Union, vice C. J. Kerton, M.B.Lond., L.R.C.P., M.R.C.S., resigned.

**WILKS**, Mr. S. L. B., appointed Medical Officer for the Grassington District of the Skipton Union.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**MEDICAL SOCIETY OF LONDON**, 8.30 P.M.—Mr. Macready: An Apparatus for Use after Inguinal Colotomy. Mr. Battle: Operation for Traumatic Subcutaneous Rupture of the Intestine. Mr. H. Allingham: A Case of Intestinal Obstruction treated by Cecotomy, Enterectomy, and Closure of the Anus Præternaturalis. Sequel.

**PARKES MUSEUM**, 74A, Margaret Street, W., 8.30 P.M.—Lectures on Meteorology in Relation to Hygiene. III. Barometric Conditions and Air Movements. By Mr. R. H. Scott.

#### TUESDAY.

**THE CLINICAL MUSEUM**, 211, Great Portland Street.—Open at 2, Lecture at 4.

**PATHOLOGICAL SOCIETY OF LONDON**, 8.30 P.M.—Dr. Norman Moore: Tuberculous Ulceration of Colon with Hydrothorax. Dr. Habershon: Tuberculous Disease of Ovaries and Tubes, with Sinuses Opening into the Intestine and Bladder. Dr. Rolleston: Carcinoma of Trachea. Dr. Tooth: Alcoholic Neuritis. Dr. Pyffe: Primary Cancer of the Lung. Mr. Cecil Beadles: Disease of Sweat Glands. Mr. Jaffé: Diaphragmatic Hernia. Card specimens will also be shown.

#### WEDNESDAY.

**OBSTETRICAL SOCIETY OF LONDON**, 8 P.M.—Specimens will be shown by Mr. Cutler, Dr. William Duncan, Dr. Remfry, and others. Dr. J. Braxton Hicks: Intermittent Contractions of Uterine Fibromata, and in Pregnancy in Relation to Diagnosis. Dr. Remfry: Ligature and Division of the Upper Part of Both Broad Ligaments, and the Result as Compared with that following Removal of the Uterine Appendages.

**POST-GRADUATE LECTURES**, Metropolitan Hospital, N.E., 5 P.M.—Mr. Goodsall: Diseases of the Rectum.

#### THURSDAY.

**PARKES MUSEUM**, 74A, Margaret Street, W., 8.30 P.M.—Lectures on Meteorology in Relation to Hygiene. IV. Moisture, its Determination and Measurement. By Mr. W. Marriott.

**OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM**, 8.30 P.M.—Living and card specimens at 8 P.M. Mr. Hartridge: A Case of Scrofulous Keratitis. Papers: Mr. Priestley Smith: On Periodical Testing of Eyesight in Schools. Dr. A. W. Sandford: (1) Notes on Three Cases of Tubercle of the Iris. (2) A Case of Double Optic Neuritis from Caries of the Sphenoidal Cells and Intracranial Abscess. Mr. John Griffith: A Rare Form of Intraocular Melanoma. Dr. James Taylor: Optic Neuritis in its Relation to Cerebral Tumour and Trephining. Mr. N. C. Kidley: Some Points in the History of Trachoma. Mr. Simeon Snell: (1) Cases of Congenital Serous Cyst of Eyelids with Anophthalmos of Microphthalmos. (2) Osteoma of Orbit.

#### FRIDAY.

**WEST LONDON MEDICO-CHIRURGICAL SOCIETY**, West London Hospital, 8.30 P.M.—Mr. W. H. Battle: Two Cases of Traumatic Rupture of the Liver. Dr. H. Macnaughton Jones: Rest, Physiological and Therapeutical, in the Treatment of Eye Affections. Mr. G. Charles Wilkin: Case of Epithelioma of the Ear (with Specimen) Treated by Injections of Pyoktanin.

### BIRTHS, MARRIAGES, AND DEATHS.

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

#### BIRTHS.

**D'ERF WHEELER**.—At Jerusalem, on April 5th, 1894, the wife of Percy D'Erff Wheeler, M.D., F.R.C.S.E., of a son.

**PAYNE**.—At Selly Oak, near Birmingham, on April 24th, the wife of W. A. Payne, M.A., M.B., of a son.

**WHITEHOUSE**.—April 24th, at The Oaks, Sunderland, the wife of the late John Whitehouse, F.R.C.S.Eng., of a son.

#### MARRIAGES.

**FULLER—PURVIS**.—On 19th April, at St. Alphege Church, Greenwich, by the Rev. Brooke Lambert, M.A., B.C.L., assisted by the Rev. C. E. Escreet, M.A., Rector of St. Mary's, Woolwich, Courtenay James Fuller, M.R.C.S., L.R.C.P., of 37, Rectory Place, Woolwich, to Clara Cornwall, youngest daughter of Prior Purvis, M.D.Lond., of 5, Lansdowne Place, Blackheath. At home (Rectory Place) on each Monday after 1st June.

**MATHESON—ADAMS**.—At Old Greyfriars Church, Edinburgh, on 25th April, by the Rev. R. G. Balfour, Free New North Church, assisted by the Rev. John Glasie, M.A., Augustus Alexander Matheson, M.D., F.R.C.P.E., to Emily, youngest daughter of the late George Christison Adams, S.S.C.

**PRICE—BALDING**.—On April 24th, at St. Peter's Church, Upwell, Wisbech, Cambridge, by the Rev. I. B. Dalison, Thomas Ernest Price, L.R.C.P. and S. Edin., L.F.P. and S. Glasg., of Upwell, to Lucy, younger daughter of J. F. Balding, of Upwell.

#### DEATHS.

**ALEXANDER**.—At Sinclair Terrace, Wick, on 15th April, of typhus fever, Alexander Alexander, M.B., C.M.Eng., aged 45 years.

**CONNOR**.—April 14th, at his residence, Hill Street, Newry, Dr. Samuel Connor, J.P., aged 57 years.

**EDDOWES**.—On April 17th, at Pontesbury, Salop, William Eddowes, M.R.C.S.Eng., L.S.A., in his 83rd year.

**LEWITT**.—At Abbotsleigh, Belgrave Road, Leicester, on April 21st, Louise Blanche, the beloved wife of F. W. Lewitt, M.R.C.S., L.R.C.P.Lond., aged 21 years.

**LITTLE**.—On the 15th March, at Kwala Lumpor, Selangor, William Maxwell Little, M.D., of the Selangor Medical Service, aged 30, second son of the late Robert Little, M.D., Singapore.