

These extended to the valve, beyond which only one or two pieces of tin foil were found.

At the inquest it appeared from the evidence of the deputy of the lodging house where he had resided off and on for three years, that he was in the habit of wagering to eat the plate his food was on, and then proceed to do so. He was also said to have eaten bottles and other articles. He was not known to have done so recently.

REMARKS.—The obstruction appeared to have been determined by the string and cotton becoming entangled around the corks, which were closely wedged together, and close to them eight of the nine copper coins were piled one upon another. The lower of the hooks attached to the piece of leather was entangled in this mass, while the hook at its opposite end had perforated the wall of the bowel, the intervening portion of intestine being drawn together and intussuscepted in the manner described above. It may be noted that the foreign bodies were found at the point where impaction usually occurs—namely, just above the ileo-cæcal valve—and that the large intestine was free, indicating, of course, that a foreign body was voided if it has passed the valve.

Among the many remarkable and almost incredible instances of large foreign bodies which have been swallowed, and have safely traversed the stomach and some portion of the intestine, may be mentioned two, preserved in the Museum of the Royal College of Surgeons. One of these is a dessert spoon 7 inches in length, its bowl measuring $1\frac{1}{2}$ inch across, which became fixed in the cæcum of a lunatic. No immediate ill-effects followed, but he ultimately died with ulceration of the cæcum and ascites. The other is a large earthenware egg cup, which was found impacted within the ileum of a man, aged 60, also of weak mind. For ten weeks before death he had suffered with what was regarded as dysentery, and was admitted to a workhouse for symptoms of obstruction. There was a large old inguinal hernia, which was almost completely reduced without relief to the symptoms. The man refused operation, and died. Two inches above the part of the intestines strangulated by the neck of the hernia was the egg cup with its broken stem projecting through the bowel.

One word, in conclusion, in regard to the use of cocaine anæsthesia for exploratory laparotomy in cases of intestinal obstruction in which the patient is *in extremis*. In the case above related anæsthesia was doubly contraindicated, either on account of the great embarrassment to the respiration which existed, and chloroform on account of the pulse. I have on several occasions observed that when ether is administered, even in cases in which no respiratory difficulty exists, after a short time the patient becomes cyanosed, cold, and not infrequently the engorged and weakened right side of the heart never recovers itself. The amount of cocaine necessary to render the abdominal parietes completely anæsthetic is exceedingly small. In this case about one-half to three-quarters of a grain only was required for the first incision. The patient when admitted was evidently suffering from intense toxæmia, and the operation was only undertaken as a forlorn hope. From the condition of the abdomen I suspect that the perforation had occurred four days previously, at the time he was attacked with the severe abdominal pain.

I am indebted to the House-Surgeon, Mr. L. Hill, for the notes of the necropsy.

AN ANALYSIS OF TWENTY-FOUR CASES OF ENTERIC FEVER IN CHILDREN.

By J. P. WIGHTMAN, M.R.C.S., L.R.C.P.LOND.,
Late Senior House-Surgeon, Liverpool Infirmary for Children;
Rawdon, Yorks.

DURING the years 1892 and 1893 there have come under my notice twenty-four cases of enteric fever occurring in children under the age of 13 years. Of these cases, three terminated fatally; one from pyæmia, one from perforative peritonitis, and one from exhaustion.

Temperature.—In all cases there was elevation of temperature, but rarely as high as 104° F. There were no relapses.

A not uncommon occurrence, after the temperature had become normal, was a slight rise for a day or two on first adding semi-solid food to the diet, but this subsided, and was not accompanied by any further cause for anxiety.

Spleen.—Enlargement of the spleen, discoverable by palpation, occurred in 8 cases.

Rash.—Typical typhoid (rose) spots were seen in 15 cases.

Bowels.—(a) Constipated, 10; (b) typical stools (that is, corresponding to the typhoid “pea-soup” motion of the adult, in 3 cases only; (c) apparently normal, 3; (d) loose and offensive but not typical of anything, 8. Enemata had to be given during the acute stage in 7 cases, and during convalescence in 7 cases also.

Cause of Death.—The causes of death in the three cases mentioned above were as follows:

Pyæmia (girl, aged 13 years) secondary to acute necrosis of the terminal phalanx of a finger; the form of pyæmia being innumerable superficial abscesses.

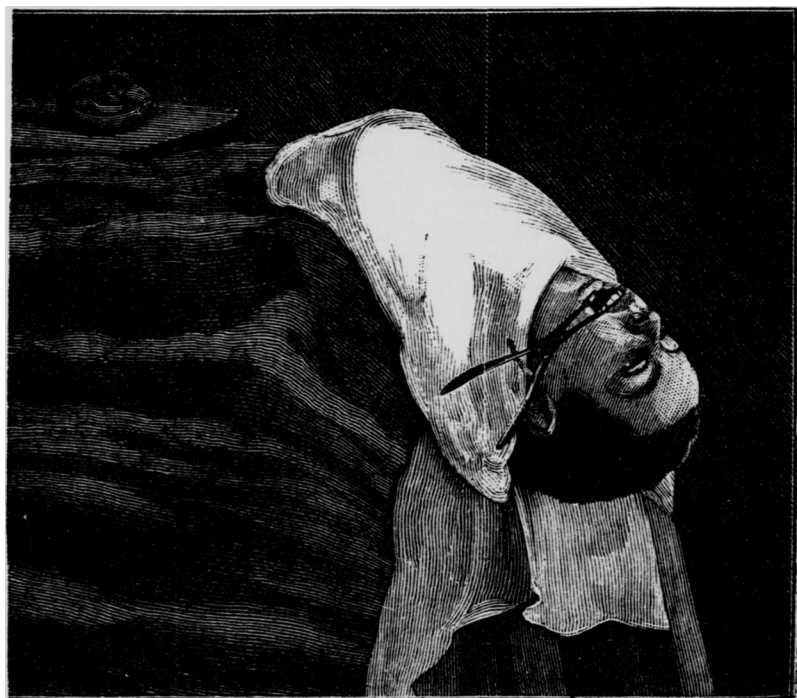
Perforative Peritonitis (boy, aged 12).—Symptoms coming on one hour after the administration of a glycerine enema, the child dying forty-eight hours afterwards. The *post-mortem* examination showing a small perforation at the base of a typhoid ulcer 2 inches above the cæcum; general acute peritonitis; the gut much thinned for some distance from the perforation; 10 or 12 ounces of sero-purulent fluid in the general peritoneal cavity.

Exhaustion (girl, aged 8).—The temperature kept high— 104° F.—for about a fortnight, in spite of the usual antipyrexial treatment. The *post-mortem* examination showed many typhoid ulcers of the lower part of the ileum; some healing, some extending to the peritoneal covering, and some commencing.

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

A SIMPLE MEANS OF PREVENTING THE ENTRANCE OF BLOOD INTO THE TRACHEA DURING OPERATIONS ABOUT THE MOUTH.

IN the BRITISH MEDICAL JOURNAL of March 24th are recorded the deaths of two children from the entrance of blood into the trachea while they were under chloroform, for, in one case, an operation for harelip, and, in the other case, for the removal of adenoid growths from the pharynx. To guard against such accidents in future I am anxious to draw attention to a very simple means by which they can be prevented. For many years back in such operations I have adopted the simple expedient of placing the patient's head over the end of the operating table, letting it fall below the level of his body. By this means it is impossible for the blood to enter



the trachea; and such operations as those for cleft palate, harelip, removal of tongue, jaw, tonsils, etc., can be readily done without the least risk of any blood entering the air

passages. Patients take chloroform well in this position, and, though owing to the dependent position of the head there may be a little extra hæmorrhage, this is of no consequence, as it flows out through the nostrils or mouth.

I got the idea years ago from my old teacher, the late Professor Trélat, of La Charité Hospital, Paris. The accompanying photograph illustrates the position in which the head should be placed.

Sunderland.

JAMES MURPHY.

ADDISON'S DISEASE COMPLICATED WITH INFLUENZA.

J. C., aged 19, was taken ill on February 27th. He complained of severe headache and pain in the back and limbs; the pulse was feeble, 110; the temperature, 102°.

I was struck at once by his complexion, but he seemed to make light of it, saying "he had been always dark," but I found that the colour had been increasing for the previous eighteen months, and also that during that time he had been feeling "easily tired" though he was able to attend to his duties as a clerk. In September, 1893, he went for his holiday, and at the end of it he was "feeling very weak." He had consulted a medical man, and since then had been much better, though for the previous fortnight there had been loss of appetite, and he had felt tired, and had thrown himself down on his bed at night after the exertion of going upstairs.

The lungs were healthy, the heart's action was decidedly feeble. The skin all over the body was bronzed, and there was marked pigmentation of the eyelids, nipples, axillæ, flexures of arms and legs, and also to a more intense degree of the penis and scrotum.

Being persuaded that he was suffering from Addison's disease as well as influenza, I gave a guarded prognosis. By March 2nd, the temperature was normal, but the pulse was still weak and rapid. His look was downcast and mournful, and there was great listlessness. He had not slept much and had taken little nourishment. On March 4th he was sick for the first time and still remained very weak. On March 5th he was a great deal worse, being much weaker and very breathless on the least exertion. The pulse was more rapid. On March 6th, the symptoms were all aggravated, he tossed about continually, and vomited at times. He got steadily weaker, and died on March 7th.

REMARKS.—The interest in this case lies in the fact of the rapid fatality of the Addison's disease, enhanced by the attack of influenza. No necropsy was obtained owing to his living at a place of business, but there was a well marked tuberculous history in the family, his mother and aunt having died of it.

Tiverton.

C. E. LIESCHING, M.R.C.S., L.R.C.P.

SUDDEN DEATH DURING LABOUR.

Mrs. C., aged 25, had had two previous confinements which were rapid and normal. There was a history of rheumatic fever when a girl. Cardiac disease (mitral stenosis) had resulted, but was not suspected till five months before her third confinement, when she suffered from acute bronchitis with hæmoptysis. There was some œdema at the latter end of pregnancy and for a week before labour. She was kept in bed; there was then no bronchitis.

Labour began on April 1st. The os was well dilated when the membranes ruptured, and a fourth facial presentation was made out. Progress was slow and pains severe and rapid before the face and cranium swept over the perineum, which remained intact. She rested some minutes after the expulsion of the child, and spoke about her labour being more severe and different from the others. Friction and gentle compression of the uterus was tried to expel the placenta; whilst doing so she began to cough, and suddenly threw back her head gasping for breath, with wild staring eyes. She rapidly became unconscious, and died in about two minutes. The heart continued beating for about half a minute after the beginning of the attack. The placenta was hurriedly expelled, and ether and artificial respiration tried, but without avail. There was no *post-partum* hæmorrhage. No *post-mortem* examination was allowed.

This was probably a case of pulmonary embolism occluding

the main trunk, the blood clot forming in the right ventricle or auricle during the pains of labour, and getting dislodged by the coughing.

Dennistoun, Glasgow.

JAMES DUNLOP, M.B., C.M. Glasg.

REPORTS

ON

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

STATION HOSPITAL, SECUNDERABAD, DECCAN, INDIA.

GUNSHOT INJURIES OF THE UPPER THIGH.

(By F. P. NICHOLS, B.A., M.B. Cantab., Surgeon-Major Army Medical Staff.)

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-Henry rifle. He was standing sideways to the target, and the bullet entered the outer side of the left thigh, dropping him at once. I saw the man immediately after the accident on the spot where it occurred. He was quite tranquil, and gave a collected account of the occurrence. On taking down his trousers a piece of the bullet, weighing 260 grains, was seen lying in his shirt close to the wound of exit in the left buttock. It was much scratched and contorted. The man was at once removed on a stretcher to the Station Hospital, and a thorough examination made under chloroform with clean fingers. The bullet had made a hole through the trouser leg, drawers, and shirt opposite the wound of entrance, which was a round, clean-punched hole, just admitting the tip of the little finger, situated three inches and a-half below the tip of the great trochanter. The wound of exit in the middle of the left gluteal fold was somewhat larger, easily admitting the forefinger, and with everted and somewhat ragged edges. No other holes than those mentioned could be found in the clothing. There was little bleeding. Movement of the limb produced crepitus. The wounds were then enlarged enough to admit the fingers, and the bone was found completely shattered. The passage from the wound of exit led into a cavity the size of a fist, in which the two broken ends of the femur could be felt amid a mass of blood clot and fragments of bone. No trace of the rest of the bullet could be found. A large drainage tube was passed through from side to side, and the leg placed on a McIntyre's splint. This was changed next day to a Liston's long splint, but finding it very difficult to syringe the wounds properly, I had a hole cut in the canvas of a War Office pattern stretcher just sufficient to enable me to get easily at the wounds when raised. On this stretcher the patient lived quite comfortably till December 25th. For dressing purposes it was lifted on the shoulders of four men, and was then replaced on a fracture bed with interrupted mattress, the wounds resting on a cushion of absorbent cotton, and the leg itself being steadied with simple extension by weight and pulley until, by the ninety-first day, bony union rendered it unnecessary.

From the first he complained of tenderness over the right trochanter—put down to bruising—and of inability to pass water, for which no reason could be found. The urine, alkaline and containing large quantities of earthy phosphates, was readily drawn off by catheter for a week, after which time there was no more trouble.

Fever, which never ran high, set in on the fifth day, and the wound of entrance became sloughy. Pieces of loose bone began to come away, by the aid of syringing and forceps, on the twelfth day, and continued till the twenty-sixth, when the two ends of the bone could be felt, with nothing loose between them. On the twenty-fifth day an abscess was found pointing on the inner side of the right upper thigh. It contained two ounces of very foul pus, and extended towards the perineum. Under simple treatment it readily healed.

At the same time a lump was noticed just below the right

schedule is therefore not within the Act if it is shown to contain a scheduled poison, and to be 'in its entirety a poisonous thing.' The question for the Court was whether there was any evidence to support the statement that this bottle of compound was "in its entirety a poisonous thing." The evidence, as the county court judge held, was that for an adult to take the whole at once might be dangerous. But on that point he found in favour of the defendant. He then went on to another finding, as to the case of children. The compound would be injurious and might be fatal to children, and in the case of infants would probably be fatal. On the bottle were directions for use, showing that the compound was intended for children. What, therefore, was the result of this? It was this, that if the whole of the bottle were taken by one of the class for whom it was intended it might be, or would probably be, fatal. It was impossible to say there was no evidence to justify the finding of the county court judge. The appeal must therefore be dismissed.

Mr. Justice Bruce concurred. It was only a question of fact for the county court judge. The argument as to the inconvenience to the public in not being able to procure patent medicine did not much impress the learned judge. He thought it was more important that unqualified persons should be restrained from selling poisonous compounds. It must not be assumed that directions for use were always read. Experience showed that this was frequently not the case; hence there was a danger when enough was sold to do harm to anyone.

QUEEN'S BENCH DIVISION.—April 30th, 1894.
(Before Mr. Justice MATHEW and a special jury.)

ANSELL v. TAIT.

THIS was an action brought by Mr. Mark Ansell, a coachman residing at Highbury, against Mr. Edward S. Tait, a medical man practising at Highbury, to recover damages for personal injuries caused through the alleged negligent treatment of the defendant. Defendant denied negligence and pleaded contributory negligence. Mr. Waddy, Q.C., and Mr. L. Day appeared for the plaintiff; while Mr. Murphy, Q.C., and Mr. L. Batten represented the defendant. The plaintiff was formerly a coachman in the employ of Mr. Griffiths, a gentleman residing at Highbury, and in the summer of 1891 he accompanied his employer to Cromer. In August the plaintiff was walking on the sands at Cromer, when he accidentally put his right foot into a hole and twisted his ankle. He returned to London in September, but it was not, he said, until the end of November that he consulted the defendant, who lanced and probed his foot and told him that he was suffering from a sprain. Defendant saw him from time to time, and in the following April Dr. Stokes, another medical man, examined him, and, on his advice, plaintiff went to a hospital, where it was found necessary to amputate the limb. Shortly afterwards the left ankle became affected, and the left foot was also amputated. Plaintiff's case was that at the time he consulted the defendant he was suffering from tuberculosis of the joint, and that the defendant was guilty of negligence in not making such a careful and sufficient diagnosis of the case as would have enabled him to detect the disease. Mr. Henry Fraser Stokes, Mr. Edward S. Tait (the defendant), Mr. Charles Barrett Lockwood, surgeon, who saw the plaintiff at the Great Northern Central Hospital, and Sir W. Savory having given evidence supporting the defendant's case, the jury intimated that they did not wish to hear any more evidence, and found a verdict for the defendant. Judgment was entered for the defendant accordingly.

QUEEN'S BENCH DIVISION.

(Before Mr. Justice HAWKINS and a special jury.)

ALABASTER AND ANOTHER v. HARNESSE.

BEFORE Mr. Justice Hawkins and a special jury an action for maintenance brought by the proprietors of the *Electrical Review* against Mr. C. B. Harnesse, of the Medical Battery Company, for having unlawfully advised and instigated Dr. Tibbits to bring an action for libel against them ended, after two days' hearing, in the jury being discharged and the case being adjourned for further consideration by his lordship alone.

FEES FOR POST-MORTEM EXAMINATIONS.

MEMBER B.M.A.—The words of the Coroners' Act, 1887 are clear: "Any fee or remuneration shall not be paid.....for the performance of a post-mortem examination instituted without the previous direction of the coroner." This case affords another example of the inadvisability of volunteering to do work which has not been requested, and for which consequently no one has undertaken the responsibility of payment.

MEDICO-PARLIAMENTARY.

[SPECIALLY REPORTED FOR THE "BRITISH MEDICAL JOURNAL."]

HOUSE OF COMMONS.

The Optum Commission.—In answer to Mr. JOHN ELLIS, Mr. H. H. FOWLER stated that the Commission had now finished the work of taking evidence, but as the medical aspect of the question required to be very fully considered, he could not as yet name a day for the presentation of the report.

The Regulation of Factories and Workshops.—Mr. ASQUITH introduced a Bill to amend and extend the law relating to factories and workshops. He said it would provide that each man when at work should have an allowance of 250 cubic feet of air space in the day and 400 feet after 8 P.M. It would empower the courts to order the necessary structural alterations, and would prohibit the cleaning of machinery in motion by women and young persons, and not only by children as at present. Overtime, now permitted five days a week, was not to be allowed on more than three, and the taking of work home from the factory by women, children, and young persons employed in it was to be restricted. A child employed in the factory during the day would not be allowed to take work home at all. Women and young persons would not be permitted to do so if they worked in the factory both before and after dinner. Certain

industries, not at present embraced by the law, would be taken within the scope of this Bill. In the first place, there were the laundries. Steam laundries were to be treated as factories, and other laundries as workshops. There were special provisions touching the ventilation of the former, and for keeping the floors and so on in a wholesome condition. But there were exceptions for domestic and institution laundries. As to docks, wharves, and places where buildings were being constructed, they were brought for the first time under those provisions of the Acts which dealt with inspection, fencing machinery, and notice accidents. In the case of tenement factories, very common in Sheffield and the district—factories of which parts were let to small occupiers—it was proposed to make the owner responsible for the sanitary condition, fencing of machinery, and other matters of that kind. With regard to unhealthy employment the Bill gave to the Secretary of State power to restrict the hours and altogether to forbid the employment of women, young persons, and children. Finally, it was proposed to substitute for the "particulars" clause of the Act of 1891 a new section, which would apply that enactment to all piece-workers in textile trades, and would require employers in those trades to furnish to their workpeople in a plain and definite form, and in writing, such particulars as would enable them to compute the wages payable in respect of each piece of work. Those were the main provisions of the Bill, which was complicated and full of details. He trusted the House would allow it to be introduced at once, on the understanding that ample time would be given before the second reading, and in the hope that it might be referred to the Standing Committee on Trade. Leave was given to bring in the Bill, which was read a first time without comment.

Alleged Inaccuracies in Death Certificates.—Mr. HOPWOOD asked a question with regard to the case of the death from small-pox at the Birmingham City Hospital of a man named William Wood Warner, wrongly certified by the medical officer not to have been vaccinated, and whether inquiries would be made into the subject of such inaccuracies.—Sir WALTER FOSTER said such information was forwarded to the Local Government Board on April 20th by a guardian of the King's Norton Union. But, on the other hand, the Board learned from the late chief officer of the hospital that William Warner on admission to the hospital had no small-pox eruption which could have masked the most trivial vaccination mark, and that he presented no mark which in the least resembled a vaccination scar. The patient himself had stated that he believed he had been vaccinated, but he was certain that no marks resulted from vaccination. As the result of much careful inquiry, it was decided that the case should be entered as not vaccinated. This statement was fully confirmed by the late medical superintendent of the hospital, who added that every possible precaution was taken to ensure correct entry of the facts. As the hon. member was aware, submission to the operation of vaccination did not necessarily imply successful vaccination. Beyond a few general statements by the same guardian, the Board had no information as to such complaints as those referred to in the second part of the question. The Board saw no reason for holding any inquiry in the matter.

West Riding Rivers Conservancy Bill.—The newly-formed Joint Committee for the rivers of the West Riding of Yorkshire are promoting a Bill which is threatened with considerable opposition. It is sought to obtain powers similar to those which the Irwell and Mersey Joint Committee secured two years ago, chief among them being the power of entry without notice upon sewage works and trade premises for the purpose of taking samples of the effluent. The county boroughs of Leeds, Bradford, Halifax, and Huddersfield, although identified with the promoters to the extent of nominating representatives to serve on the Joint Committee and bearing their quota of the expenses, are opposing the Bill. The principal ground of opposition seems to be the question of concurrent jurisdiction, it being claimed on the part of many of the local authorities that whatever new powers are granted to the Joint Committee ought to be conceded also to them. The Bill will very shortly come before a Committee of the House of Commons, of which Mr. Walter Long is chairman.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

THIRD EXAMINATION FOR M.B. AND B.C., Easter Term, 1894.—Part I *Surgery and Midwifery*: Examined and approved:

Bagshawe, Gonv. and Cai.; Barraclough, Joh.; J. E. Bates, Queens'; Bond, Non-Coll.; Borchers, Gonv. and Cai.; Burrell, Gonv. and Cai.; Cotter, Trin.; Cowan, King's; E. C. Daniel, Emm.; H. J. Davis, Trin.; Gordon, King's; Grünbaum, Gonv. and Cai.; L. N. H. Harding, Selw.; Hedges, Sid. Suss.; T. P. King, Joh.; Marks, Jes.; H. Marshall, Gonv. and Cai.; G. P. Mathew, Trin. H.; Milward, Cla.; Murphy, Gonv. and Cai.; Norris, Chr.; O. Paget, Gonv. and Cai.; Parry, Joh.; Ll. C. P. Phillips, Gonv. and Cai.; Ll. Powell, Trin.; A. S. Robinson, Emm.; W. S. Sheppard, Chr.; Stewart, Chr.; Taylor, Emm.; W. Thomas, Chr.; Walker, Pemb.; C. C. Webb, Cla.; Whicello, Sid. Suss.; White, Sid. Suss.; H. F. B. Williams, Gonv. and Cai.; Wingfield, Gonv. and Cai.; Wrangham, Emm.

DEGREE.—At a congregation on April 26th, the degree of Doctor of Medicine was conferred on Mr. W. S. Melsome, M.A., Fellow of Queens' College and Demonstrator of Anatomy in the University.

PHARMACOLOGY AND THE DOWNING PROFESSORSHIP OF MEDICINE.—Professor Bradbury has very generously offered to provide a stipend of £200 to £250 for an assistant who shall devote himself to research in pharmacology and to directing the special work of students in that subject. There is a laboratory in Downing College which the professor proposes to equip for the purpose, and thus initiate a school of scientific pharmacology. It was in a similar way that the departments of physiology and pathology had their rise, and the University is asked to second the professor's purpose only by giving a definite academic status to the assistant in pharmacology. Professor Bradbury himself will lecture on Therapeutics and the Practice of Medicine, will give clinical instruction at the hospital, and will arrange for the clinical examinations for medical degrees. This vigorous programme of work deserves grateful

recognition, for it implies that the chair is to be a considerable responsibility rather than a source of emolument to the Downing Professor. The Medical Board, in a report dated April 23rd, say that they "are of opinion that Professor Bradbury's proposals are worthy of acceptance by the University, and believe that if they be carried out they will prove of value in promoting within the University the development of a scientific and practical Department of Pharmacology and Therapeutics in connection with the Downing Professorship of Medicine. In particular the Board think that Professor Bradbury's liberal offer to provide an adequate stipend for an assistant, who should, under the professor, specially devote himself to research in pharmacology and to the training of students in this important branch of science, is highly opportune at the present time. The study of the physiological actions and therapeutic uses of remedies is required of candidates for the M.B. degree; but it has not hitherto been found practicable in Cambridge to give students more than an introduction to laboratory work in the subject, and no special facilities for pharmacological research have been provided in connection with the Medical School."

UNIVERSITY OF LONDON.

At the ordinary annual meeting of Convocation, to be held on May 8th, the first business will be the reception of the report of the Annual Committee. With reference to the University library, it is announced that a second supplement to the catalogue will shortly be prepared, comprising the accessions made to the library since 1886, and in future years a list of all accessions will be printed at the end of each annual volume of the Minutes of the Senate.

At the B.Sc. Examination candidates for honours in Chemical, Physical, and Biological Science will be required to submit the record of their laboratory work, duly certified by the teacher, if any, whose course they may have attended, but so that neither the name of the candidate nor that of the teacher shall be made known to the examiners.

The vacancy in the Senate caused by the death of Lord Hennen will be filled up by a Crown appointment. The next vacancy that occurs will be filled up on the nomination of Convocation.

After the presentation of the above report, Dr. H. L. Snow will move a resolution in favour of an additional standing order limiting the time allotted to each speaker at the debates of Convocation.

Mr. Thiselton Dyer will move that Convocation expresses its general approval of the report of the Royal Commission. The expediency of passing such a resolution at the present time would appear to be more than doubtful, seeing that the whole question of the reconstitution of the University has been referred to a joint consultative committee of the Senate and Convocation.

Mr. B. Whitehead will move a resolution recognising the fact that the University of London ought to be a teaching University for London, on the lines of the Gresham Commissioners' report; but suggesting that, in justice to private students, a new University—to be called the University of England—should be established, which should continue the examining work hitherto performed by the existing University of London.

Mr. W. T. Lynn will move that the Government provide means for the appointment of a staff of professors and lecturers to give lectures on the higher subjects of study leading to original research, and providing for an observatory for instruction in astronomy, and suggesting that Chingford Obelisk, which is on the meridian of the Royal Observatory, Greenwich, would be a suitable site.

The extraordinary meeting, adjourned from Tuesday, April 10th, will take place at the close of the business of the ordinary general meeting. The business to be transacted includes all the resolutions which had not been discussed when the adjournment was adopted on April 10th.

UNIVERSITY OF EDINBURGH.

THE summer session in the University and Edinburgh Extra-academical Schools began on May 1st. On the same day the examinations in Clinical Medicine of the final for the Degrees of M.B. and C.M. began, while the Clinical Surgery examinations began on April 26th. The written examinations in Medicine, Surgery, Midwifery, Medical Jurisprudence, and Public Health take place on June 18th and 19th, while the *viva voce* examinations begin on June 20th.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

THE ordinary comitia of the College was held on Thursday, April 26th, at 5 o'clock, J. Russell Reynolds, M.D., F.R.S., President, in the chair.

The following gentlemen were admitted Members: Horatio George Adamson, M.D.; Edward Mansfield Brockbank, M.D.; Reginald Langdon Langdon-Down, M.B.; Charles Edwin Purslow, M.D.

Communications were received from the Home Office, the University of London, and the Royal College of Surgeons, relating to the report of the Commissioners on the new University.

A letter was read from a Member resigning his diploma, and reference was made to the circumstances under which this had been brought about.

A communication was received from the University of Virginia announcing that certain professorships were vacant, and giving details to render the posts especially attractive.

Upon the recommendation of the Examiners the Marchison Scholarships was awarded to Mr. G. F. Still, M.B. Camb., of Guy's Hospital.

The following Members, nominated by the Council, were elected to the Fellowship: Robert William Burnet, M.D.; Henry Davy, M.D.; Arthur Templer Davies, M.D.; Norman Dalton, M.D.; Henry Lewis Jones, M.D.; Judson Sykes Bury, M.D.; William Lee Dickinson, M.D.; John Wychemford Washbourn, M.D.; Herbert Pennell Hawkins, M.B.; Humphry Davy Rolleston, M.D.; Edwin Cooper Perry, M.D.

Reports were received from the Committee of Management, the Laboratories Committee, and the Library Committee; and quarterly reports from the Finance Committee and the Examiners for the Licence.

The thanks of the College were voted to the donors of books during the past quarter.

THE following gentlemen having conformed to the by laws and regulations, and passed the required examinations, have been admitted Licentiates of the College:

Adams, E. G. B., St. Bartholomew's.
Addison, E. A., Middlesex.
Annis, E. G., St. Mary's and Guy's.
Armit, H. W., St. Bartholomew's.
Arnold, E. G. E., St. Thomas's.
Barker, T., St. Bartholomew's.
Barnes, A., Charing Cross.
Batchelor, E. H., Leeds.
Beachcroft, F. S., Cambridge and Middlesex.
Benson, H. T., Guy's.
Buckley, W. H., Manchester.
Card, A. H., Guy's.
Coates, R., Leeds.
Collier, J. S., St. Mary's.
Collis, A. J., Camb. and Guy's.
Cookson, F. N., Middlesex.
Cooley, A. G., Sheffield, Newcastle, and Guy's.
Cowan, F., Guy's.
Davies, T. J., Liverpool.
De Kretser, E. W., Ceylon and Westminster.
Dick, J. L., Edinburgh.
Dick, M., University College.
Dickinson, R. L., London.
Du Heume, H. T., St. Bartholomew's.
Edmunds, P. J., University College.
Field, G. H., Cambridge and Guy's.
Firth, E. G., Leeds.
Foulds, B. S., Westminster and Charing Cross.
Fox, G. R., St. Bartholomew's.
Fraser, F., St. Bartholomew's.
Fry, J. M., Westminster and London.
Garrad, F. W., Camb. and St. Mary's.
Garrett, C. D., Westminster.
Giles, H. O'H., Adelaide and London.
Goldsmith, A. F., St. George's.
Goodhue, F. W. J., Cambridge and St. Thomas's.
Gordon, J. E., Glasgow and St. Bartholomew's.
Gordon, J., Melbourne and King's College.
Grace, J. J., St. Barth's. and Durham.
Grimsdale, H. B., Cambridge and St. George's.
Hardenberg, E. F. H., Guy's.
Hardman, R. S., Manchester.
Hardy, H. L. P., London.
Harwood, F. F., University College.
Ince, A. G., Charing Cross.
Jones, E. B., Charing Cross.
Jones, F. S., London and Newcastle.
Kekewick, J., Middlesex.
Keller, H. L. A., St. Thomas's.
King, A. F. W., St. Thomas's.
Knapton, H. A. F., St. Mary's.
Larnder, H. G., St. Mary's.
Lee, W. E., St. Bartholomew's.
Lees, C. A., St. Mary's.
Legge, S. C., Birmingham.
Leonard, R. C., Bristol.
Llewellyn, T. R., University College.
Long, T. F., Middlesex.
McKay, J. G., Melbourne and King's College.
March, J. O., St. Bartholomew's.
Marris, W. A., Birmingham.
Marsh, E. H., Bristol.
Marshall, A., St. Thomas's.
Mathew, G. P., Camb. and St. Mary's.
Matthews, J. C. S., St. Mary's.
Miall, C. L.O., Bristol.
Miller, A., Guy's.
Miller, W. F., Guy's.
Mills, A. McF., Middlesex.
Mills, T. I., Guy's.
Miskin, L. J., St. Thomas's.
Morris, H., Westminster.
Morris, R. A., Durham.
Mould, G. E., St. Mary's.
Murphy, J. K., Camb. and St. Barth's.
Nariman, S. K., Bombay and Lond.
Nicholson, T. G., St. Thomas's.
Noble, J. W., Camb. & St. George's.
Parry, L. A., Guy's.
Paterson, M. S., St. Mary's.
Pead, J. H., Camb. and St. Barth's.
Phillips, R. E. G., Guy's.
Pinch, A. E. H., Bristol.
Poole, J. C., Birmingham.
Proctor, G. H., Univ. Col. and Bristol.
Pugh, W. T., Middlesex.
Reinhardt, A. H., London and Leeds.
Renshaw, H. C., Manchester.
Rigby, M. N. J., St. Bartholomew's.
Robertson, W. J., Charing Cross.
Roe, E. E. W., Guy's.
Romer, F., St. George's.
Rowbotham, E. J., Charing Cross.
Saunders, E. A., Oxford and St. Thomas's.
Simpson, F. C., London.
Slater, G. N. O., Sheffield and St. Bartholomew's.
Smith, R. L. B., Leeds.
Smith, T., London.
Spicer, H., Duhr. and St. Barth's.
Sprawson, F. C., King's College.
Staniland, M. F., Bristol.
Starkey, T. A., University College.
Steele, W. K., Guy's.
Sterry, J., St. Bartholomew's.
Swenden, B. W., St. George's.
Tatham, A. L., Cambridge and St. George's.
Todd, C., Cambridge and St. Barth's.
Tomlins, W. H., University College.
Tomlinson, G. H., Birmingham.
Tregaskis, E. P. R., London.
Underwood, F. L., University Coll.
Waithman, J. C., Cambridge and Middlesex.
Walker, F., Leeds.
Watts, A. M., University College.
White, C. P., Camb. and St. Barth's.
Wiggins, H., Charing Cross and London.
Wilmot, P. M. C., Guy's.
Woodhouse, W. M., St. George's.

* Candidates who have not presented themselves under the regulations of the Examining Board.

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, namely:

Part IV. *Elementary Anatomy*.—H. C. Adams, Middlesex Hospital; J. Ainscow, Owens College, Manchester; R. B. Ainsworth, St. George's Hospital; K. B. Alexander, Guy's Hospital; R. H. Allport, St. Thomas's Hospital; G. W. Alltree, King's College, London; E. G. Andrew, Guy's Hospital; L. A. Baiss, St. Bartholomew's Hospital; W. L. Baker, Guy's Hospital; P. C. Barham, St. Bartholomew's Hospital; F. Barnes, Mason College, Birmingham; J. A. Barnes, St. Thomas's Hospital; E. H. Barrett, St. Mary's Hospital; R. M. Barron, Guy's Hospital; H. P. W. Barrow, Guy's Hospital; F. R. Barwell, University College, London; H. S. Barwell, St. George's Hospital; H. C. Batchelor, Guy's Hospital; F. Bawtree, St. Thomas's Hospital; F. S. G. Bayly, St. Thomas's Hospital; J. H. Beasley, Mason College, Birmingham; S. Beley, St. Thomas's Hospital; D. Bellious, St. Mary's Hospital; W. F. Bennett, St. Bartholomew's Hospital; V. C. Bensley, St. Mary'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; T. P. Berry, Guy's Hospital; E. N. Berryman, St. Bartholomew's Hospital; E. F. B. Beyer, Owens College, Manchester; F. M. Bingham, St. Thomas's Hospital; S. O. Bingham, St. Thomas's Hospital; I. McW. Bourke, St. George's Hospital; W. F. Boyle, Mason College, Birmingham; J. Bradley, Mason College, Birmingham; A. M. Brind, Mason College, Birmingham; J. C. Briscoe, King's College, London; F. R. Brooks, St. Bartholomew's Hospital;

C. H. S. Brown, St. Thomas's Hospital; E. K. Brown, London Hospital; E. W. Browne, St. Thomas's Hospital; J. Brownrigg, University College, Liverpool; R. Bryan-Haymes, St. Thomas's Hospital; C. P. Burd, St. Bartholomew's Hospital; M. C. Caley, St. Mary's Hospital; G. G. Campbell, St. Bartholomew's Hospital; A. E. Cardwell, London Hospital; A. H. B. Carr, Firth College, Sheffield; W. H. Cazaly, St. Bartholomew's Hospital; C. W. Chaplin, London Hospital; C. L. G. Chapman, Guy's Hospital; J. G. Churton, University College, Liverpool; G. H. Coltart, Westminster Hospital; W. H. Coltart, Mason College, Birmingham; S. W. R. Colyer, Charing Cross Hospital; E. P. Court, St. Bartholomew's Hospital; F. Cox, University College, Bristol; W. A. C. Cox, St. Mary's Hospital; V. J. Crawford, Guy's Hospital; A. J. McN. Cuddon-Fletcher, St. Bartholomew's Hospital; J. A. P. Cullen, London Hospital; R. I. Cuming, St. Thomas's Hospital; H. H. B. Cunningham, St. Mary's Hospital; A. W. S. Curtis, Yorkshire College, Leeds; J. Dalebrook, St. Bartholomew's Hospital; L. S. Daly, Middlesex Hospital; F. S. Dawe, St. Mary's Hospital; T. D. Dawson, St. Bartholomew's Hospital; F. N. Deakin, Mason College, Birmingham; L. J. E. De Pavillet, St. Mary's Hospital; G. Dewick, St. Thomas's Hospital; M. Dixon, University College, London; R. H. Dixon, St. Mary's Hospital; K. H. Douglas, London Hospital; R. E. Drake-Brockman, St. George's Hospital; L. C. Driscoll, Charing Cross Hospital; H. L. Driver, St. George's Hospital; E. P. H. Dudley, St. Bartholomew's Hospital; H. Durbidge, Guy's Hospital; J. E. Dupigny, Guy's Hospital; H. Dyer, Guy's Hospital; J. N. Dyson, Guy's Hospital; H. L. Eason, Guy's Hospital; G. M. Eastment, Middlesex Hospital; G. W. H. Edgelow, London Hospital; H. H. J. Edwards, St. Thomas's Hospital; R. F. Ellery, St. Bartholomew's Hospital; E. F. Ellis, University College, London; A. R. Evans, University College of South Wales, Cardiff; E. A. Evans, Guy's Hospital; H. D. Everington, St. Bartholomew's Hospital; H. A. T. Fairbank, Charing Cross Hospital; E. P. Farmer, Mason College, Birmingham; F. A. E. Fawcett, Yorkshire College, Leeds; F. R. Featherstone, Guy's Hospital; M. H. G. Fell, St. Bartholomew's Hospital; C. E. Fenn, King's College, London; W. Ferris, St. Mary's Hospital; H. W. Fisher, London Hospital; F. C. Forster, St. Mary's Hospital; W. C. Fowke, Guy's Hospital; H. E. C. Fox, Guy's Hospital; A. E. Francis, University College, London; H. G. Franklin, London Hospital; L. O. Fuller, University College, London; W. H. Galloway, Yorkshire College, Leeds; A. S. Gardiner, St. Mary's Hospital; J. Gardner, Firth College, Sheffield; G. E. Gask, St. Bartholomew's Hospital; E. A. Gates, St. Thomas's Hospital; H. B. Gibbins, St. Bartholomew's Hospital; E. G. Goddard, Guy's Hospital; C. M. Goodbody, St. Thomas's Hospital; A. G. Graham, St. Thomas's Hospital; E. S. Graham, St. Mary's Hospital; G. P. T. Groube, St. Mary's Hospital; H. V. Gwynn, St. Bartholomew's Hospital; F. A. Hadley, King's College, London; L. W. Hakensson, St. Mary's Hospital; R. C. B. Hall, Mason College, Birmingham; A. E. Hamerton, Yorkshire College, Leeds; G. H. L. Hammerton, Firth College, Sheffield; C. A. Hammond, St. Mary's Hospital; S. W. Hanbury, St. Thomas's Hospital; H. N. Harness, King's College, London; R. J. Harris, St. Thomas's Hospital; J. O. Harvey, Mason College, Birmingham; R. S. F. Hearn, St. Bartholomew's Hospital; W. F. Henshaw, Mason College, Birmingham; G. H. Herbert, London Hospital; C. J. Hewlett, Guy's Hospital; T. Hoban, St. Thomas's Hospital; W. G. Hopkins, St. Mary's Hospital; F. Horridge, St. Bartholomew's Hospital; J. Howells, Guy's Hospital; B. F. Howlett, St. Thomas's Hospital; G. A. Hutchinson, St. Mary's Hospital; H. W. Illius, St. Bartholomew's Hospital; J. W. Illius, St. Bartholomew's Hospital; W. Johnson, Guy's Hospital; T. Jones, Middlesex Hospital; W. E. Jones, Owens College, Manchester; A. R. Kay, St. Bartholomew's Hospital; E. B. Kirkconnell, Owens College, Manchester; A. H. B. Kirkman, Guy's Hospital; E. C. Lambert, Westminster Hospital; R. A. R. Lankester, University College, London; T. Leak, St. Mary's Hospital; R. C. Leaning, St. Mary's Hospital; C. Lee, Firth College, Sheffield; A. C. Lewis, Guy's Hospital; A. D. Lewis, Guy's Hospital; F. C. Lewis, St. Mary's Hospital; W. H. S. Liddell, St. Mary's Hospital; J. H. Lightfoot, St. Mary's Hospital; L. Lindop, St. Mary's Hospital; W. Lister, Yorkshire College, Leeds; H. E. D. Lloyd, St. George's Hospital; H. P. Lobb, St. Bartholomew's Hospital; W. C. Long, St. Bartholomew's Hospital; J. H. Longbotham, Yorkshire College, Leeds; E. A. Longhurst, Guy's Hospital; D. V. Lowndes, London Hospital; S. A. Lucas, St. Thomas's Hospital; J. F. M'Clean, St. Thomas's Hospital; L. H. M'Gavin, Guy's Hospital; A. M. Macintosh, St. Mary's Hospital; H. T. Mann, St. Mary's Hospital; O. Marriott, Guy'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; S. A. Millen, St. Bartholomew's Hospital; A. A. Miller, Guy's Hospital; N. Milner, Firth College, Sheffield; W. T. Milton, Guy's Hospital; R. F. Moorshead, University College, Bristol; F. M. Morris, London Hospital; I. L. Morris, St. Bartholomew's Hospital; I. J. W. Morris, St. Mary's Hospital; J. R. Morton, London Hospital; R. E. Mounsey, St. George's Hospital; R. R. Mowle, King's College, London; J. H. Mules, Guy's Hospital; W. Mussellwhite, Guy's Hospital; H. B. G. Newham, St. Thomas's Hospital; C. H. Newton, St. Thomas's Hospital; E. E. Nicholl, St. Thomas's Hospital; R. Norman, London Hospital; H. L. Norris, St. Thomas's Hospital; A. W. Nourse, Guy's Hospital; J. A. O'Dowd, Mason College, Birmingham; L. E. Orton, Mason College, Birmingham; C. D. Outred, Guy's Hospital; R. F. N. Overton, St. Mary's Hospital; J. C. S. Oxley, St. Thomas's Hospital; T. D. Paddock, University College, Liverpool; H. R. Parkinson, Owens College, Manchester; A. R. C. Parsons, King's College, London; B. G. Patch, St. Thomas's Hospital; E. M. Pearce, University College, Bristol; R. W. Pearson, Owens College, Manchester; S. B. A. C. C. Pennington, Guy's Hospital; R. A. G. Penny, St. George's Hospital; N. Pern, St. Thomas's Hospital; J. Phillips, University College, Bristol; R. W. C. Pierce, St. Thomas's Hospital; A. R. G. Pock, University Col-

lege, London; F. Pope, Mason College, Birmingham; W. G. Porter, Charing Cross Hospital; J. E. Powell, Guy's Hospital; S. C. Pritchard, King's College, London; G. W. M. Pritchard, University College, London; D. W. Purkiss, St. Bartholomew's Hospital; R. Raines, St. Bartholomew's Hospital; A. Read, Guy's Hospital; A. Reid, Guy's Hospital; J. H. Rhodes, St. Bartholomew's Hospital; T. B. Rhodes, Mason College, Birmingham; I. B. Richardson, Mason College, Birmingham; W. S. Richardson, Guy's Hospital; G. A. Roberts, King's College, London; W. E. B. Roberts, Mason College, Birmingham; E. F. Rose, St. Bartholomew's Hospital; C. M. Row, University College, London; E. R. Row, Guy's Hospital; W. T. Rowe, St. Bartholomew's Hospital; P. W. Rowland, St. Bartholomew's Hospital; S. A. Ruzzak, Guy's Hospital; D. Samuel, St. Mary's Hospital; B. S. Sanders, University College of South Wales, Cardiff; L. D. Saunders, King's College, London; A. H. M. Seward, Guy's Hospital; E. C. Sawdy, St. Mary's Hospital; H. H. Scott, St. Thomas's Hospital; W. S. Sheldon, University College, London; E. W. H. Shenton, Guy's Hospital; C. Shepherd, Guy's Hospital; E. F. W. Sheppard, St. Bartholomew's; L. S. Shoosmith, St. Mary's Hospital; H. D. Singer, St. Thomas's Hospital; G. V. Smallwood, Mason College, Birmingham; E. P. Smith, Middlesex Hospital; P. Southan, Mason College, Birmingham; G. H. Spencer, London Hospital; R. Storrs, St. Bartholomew's Hospital; C. H. Straton, St. Mary's Hospital; H. C. Sturdy, Guy's Hospital; J. A. Swindale, Mason College, Birmingham; P. Tatchell, St. Bartholomew's Hospital; J. G. C. Taunton, Mason College, Birmingham; G. P. Tayler, St. Bartholomew's Hospital; A. Tedman, University College, Bristol; W. H. M. Telling, Guy's Hospital; A. R. Thomas, Guy's Hospital; H. M. Thomas, University College, Bristol; C. B. Thomson, Guy's Hospital; J. H. Thursfield, St. Bartholomew's Hospital; B. H. H. Tripp, St. Mary's Hospital; W. J. P. Tripp, University College, Bristol; C. E. Turner, University College, London; P. Turner, Guy's Hospital; A. W. Tuxford, St. Mary's Hospital; H. E. Utting, Mason College, Birmingham; F. E. Walker, Guy's Hospital; T. M. Walker, Guy's Hospital; H. E. Waller, St. Bartholomew's Hospital; A. J. Watson, St. Mary's Hospital; C. G. Watson, St. Bartholomew's Hospital; R. Watts, Firth College, Sheffield; H. G. Webster, University College, Liverpool; B. B. Westlake, Guy's Hospital; A. E. Whitehead, Firth College, Sheffield; G. W. S. Williams, St. Bartholomew's Hospital; P. G. S. Williams, University College, London; W. F. Willis, St. Mary's Hospital; A. H. Wilson, Mason College, Birmingham; G. D. Winston, St. Mary's Hospital; E. A. Wraith, Yorkshire College, Leeds; A. O. B. Wroughton, St. Bartholomew's Hospital; T. L. Wyndham, St. Bartholomew's Hospital; E. Young, London Hospital.

OBITUARY.

WILLIAM EDDOWES, M.R.C.S.ENG., L.S.A.

LAST week we recorded the death of Mr. William Eddowes, which took place at his residence at Pontesbury on April 17th. The deceased gentleman was in his 83rd year, and had enjoyed unusually good health until about a week before the end, which was mercifully sudden, and shorn of all painful details.

Mr. Eddowes was educated at University College, London, obtained his diplomas in 1835, and commenced his career as surgeon at Pontesbury in 1837. He retired in 1877, after having practised nearly forty-one years, during which time he won the confidence and esteem of rich and poor alike by his unvarying kindness and devotion to his work. He was medical officer of the Pontesbury district of the Atcham Union from the time of its foundation until his retirement, and in September, 1877, the then Board of Guardians unanimously voted him a superannuation allowance "as a recognition of special efficiency, attention to the poor, and the lengthened service of forty-one years." Nor was this the only honour that fell to him, for in the same year a handsome testimonial was presented to him by his friends and neighbours as an indication of the uniform kindness and hospitality which he had exhibited during his residence among them. He was for many years coroner for the Ford District of Shropshire.

The funeral took place on April 20th at Little Drayton, Market Drayton, amidst many indications of sympathy.

THE death is reported of Dr. ALEXANDER, of Wick, Caithness, which took place on April 15th. Born in March, 1849, Dr. Alexander was the youngest son of the late Mr. W. Alexander, of Cromiequoy, Watten. He received his elementary education at the Watten Free School and the Watten Parish School. Proceeding to the Edinburgh University, he matriculated in 1871, and after the usual medical curriculum he graduated M.B. and C.M. in 1875. He took a distinguished place in the prize lists. The deceased had a large practice.

DR. JOHN COWAN, of Wishaw, was found dead in his bed on April 20th. For some time back he had been troubled with insomnia, and had frequently taken opiates to induce sleep. On retiring to rest about midnight on April 19th, he is supposed to have taken an overdose. The deceased took the M.B., C.M.Edin. degree in 1879.

M. Cusco, who died a few days ago, was one of the leading surgeons of Paris. He was born in 1819, became *interne* in 1843, and hospital surgeon in 1848. He organised courses of practical instruction in ophthalmology at the Salpêtrière in 1857, and it was to his initiative that the establishment of the Chair of Clinical Ophthalmology in the Paris Faculty was due. To his efforts was also largely due the foundation of the Chair of History of Medicine in the same Faculty. The endowment for the latter was supplied by his friend M. Salomon de Champotran, who was anxious to see M. Cusco appointed to it, but the latter declined in favour of Daremberg. M. Cusco displayed considerable ingenuity in the invention of surgical instruments; the best known of these is probably his speculum. He was the author of *Leçons sur le Syphilis professées en 1862 à l'Hôpital du Midi*, and of papers on lesions of the larynx in secondary syphilis, anteflexion and retroflexion of the uterus, etc. M. Cusco had a highly cultivated taste for art, and was the author of a comic opera, "Les Filles du Doge," which was played some twelve years ago at the Salle Dupré.

DR. ALLAN DOUGLAS, of Warrenpoint, well-known in the co. Down, died recently from inflammation of the lungs. The deceased was in his 60th year, and is sincerely regretted by a large circle of friends, who mourn his loss.

WE regret to have to report the death of Mr. ROBERT LUNAN, L.R.C.S.Edin., of Blairgowrie. The deceased was a son of the parish minister of Kinnettles, and took the diploma of L.R.C.S.Edin. in 1835. In 1891 he was presented with an illuminated address and costly dinner service at a cake and wine banquet held in the Queen's Hotel, Blairgowrie. The tureen of the dinner service bore the following inscription: "Presented to Dr. Robert Lunan, Blairgowrie, by the public as a token of the universal esteem in which he is held, and in grateful recognition of his valuable professional services to the poor during the last fifty-five years. Blairgowrie, 1891."

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. José Marin Lopes Silva Leite, formerly Director of the Military Hospital at Lisbon; Dr. Lescarbault, a French physician, well known for his researches in astronomy, which were rewarded by the discovery of a planet in 1859, aged 79; Dr. Paul Labarthe, of Paris, a well-known medical journalist, and author of a biographical work entitled *Nos Médecins Contemporains*, and of a Dictionary of Popular Medicine, aged 48; Dr. Szilagyi, Professor of Ophthalmology in the University of Klausenburg; Professor Neelsen, Chief Physician to the Dresden Municipal Hospital, aged 40; Dr. Felipe Santiago Paz, of Cartagena, Republic of Colombia, South America, prominent both as a practitioner and as a politician; Dr. Vicente A. Garcia, Professor of Forensic Medicine in the University of Bolivar, President of the Society of Medicine and Natural Science of Bolivar, and first editor of the *Gaceta Medica* of Cartagena; Dr. Wenzel Steffal, Professor of Descriptive Anatomy in the Czech University of Prague, aged 53; Dr. Josef Szabó, Professor of Mineralogy and Geology in the University of Buda-Pesth; Dr. Corydon L. Ford, for forty years Professor of Anatomy and Physiology in the University of Michigan, aged 81; Dr. Felix Aramendia y Bolea, Professor of Clinical Medicine in the University of Madrid; Dr. Alexander Schmidt, for nearly thirty years Professor of Physiology in the University of Dorpat; Dr. Nilus Ssokoloff, Professor of Special Pathology and Therapeutics in the Military Medical Academy of St. Petersburg, and editor of the *Bolnitschna'a Gasetta*, aged 48; and Dr. Georg Joseph Agatz, author of the *Atlas of Surgery*, which forms part of Pitha and Billroth's well-known work.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

THE REGISTRAR-GENERAL'S QUARTERLY RETURN.

THE Registrar-General has just issued his return relating to the births and deaths registered in England and Wales during the first or winter quarter of this year, and to the marriages during the three months ending December last. The marriage rate was equal to 16.3 per 1,000 of the population, and was lower than in the corresponding period of any year on record.

The births registered in England and Wales during the three months ending March last numbered 228,808, equal to a proportion of 30.9 per 1,000 of the population, estimated by the Registrar-General to be rather more than thirty millions of persons. This rate was, with two exceptions, the lowest on record, and was 1.4 per 1,000 below the mean birth-rate in the corresponding quarters of the preceding ten years. The birth-rates in the several counties during the quarter under notice ranged from 25.5 in Sussex, 25.7 in Rutlandshire, and 25.8 in Oxfordshire to 31.3 in South Wales, 35.4 in Durham and in Monmouthshire, and 36.8 in Staffordshire. In thirty-three of the largest English towns the birth-rate last quarter averaged 32.0 per 1,000, and was 1.1 above the general English rate. In London the birth-rate was 31.4 per 1,000, while it averaged 32.4 in the thirty-two provincial towns, among which it ranged from 22.4 in Huddersfield, 24.4 in Halifax, and 25.3 in Brighton to 36.0 in Cardiff, 36.3 in West Ham, and 37.0 in Liverpool and in Sunderland.

The births registered in England and Wales during the quarter ending March last exceeded the deaths by 89,816; this represents the natural increase of the population during that period. It appears from returns issued by the Board of Trade that 32,168 emigrants embarked during last quarter from the various ports of the United Kingdom at which emigration officers are stationed. Of these, 17,426 were English, 2,183 Scotch, and 3,063 Irish. Compared with the mean proportions in the corresponding periods of recent years, the proportions of emigrants from each of the three divisions of the United Kingdom showed a very marked decline.

During the first quarter of this year the deaths of 147,992 persons were registered in England and Wales, equal to an annual rate of 20.0 per 1,000 of the estimated population, which was 1.7 per 1,000 below the mean rate in the corresponding periods of the preceding ten years. Among the urban population of the country, estimated at about twenty and a quarter millions of persons, the rate of mortality during the period under notice was 20.0 per 1,000; in the remaining and chiefly rural population of nearly ten millions it was 19.9 per 1,000. These rates were respectively 2.3 and 0.8 per 1,000 below the mean rates in the corresponding quarters of the preceding ten years. Among thirty-three of the largest English towns the mean death-rate was 21.0 per 1,000; in London the rate was 21.2 per 1,000, while it averaged 20.8 per 1,000 in the thirty-two provincial towns, and ranged from 16.1 in Croydon, 16.4 in Portsmouth, and 16.8 in Leicester to 23.5 in Salford, 25.9 in Norwich and in Liverpool, and 28.1 in Plymouth.

The 147,992 deaths registered in England and Wales during the three months ending March last included 4,100 which resulted from whooping-cough, 2,462 from diphtheria, 2,223 from measles, 1,417 from scarlet fever, 1,271 from "fever" (including typhus, enteric, and ill-defined forms of continued fever), 1,234 from diarrhoea, and 308 from small-pox. In all, 13,020 deaths resulted from these principal zymotic diseases, equal to an annual rate of 1.76 per 1,000, against an average rate of 1.83 in the corresponding quarters of the preceding ten years. The mortality from whooping-cough and diphtheria showed an excess, while that from each of the other principal zymotic diseases was below the average. Of the 308 fatal cases of small-pox 66 occurred in Birmingham, 22 in Bradford, 21 in West Ham, 19 in Oldham, 15 in Bristol, and 11 in London.

The rate of infant mortality, or the proportion of deaths under 1 year of age to registered births, was equal to 151 per 1,000, and slightly exceeded the mean rate in the corresponding periods of the preceding ten years. In London the rate of infant mortality was 145 per 1,000, while it averaged 161 in the thirty-two provincial towns, among which it ranged from 108 in Halifax, 125 in Portsmouth, and 128 in Bradford to 185 in Swansea, 193 in Bristol and in Burnley, and 235 in Plymouth.

The mean temperature of the air during last quarter at the Royal Observatory, Greenwich, was 41.4°, and was 2.5° above the average in the corresponding periods of 123 years; it was above the average during each month of the quarter—namely, to the extent of 1.5° in January, 2.7° in February, and 3.3° in March. The rainfall amounted to 5.40 inches, and was nearly half an inch above the average amount.

ZYMOTIC MORTALITY IN LONDON.

THE accompanying diagram shows the prevalence of the principal zymotic diseases in London during each week of the first quarter of the current year. The fluctuations of each disease during the period under review, and its fatal prevalence as compared with that recorded in the corresponding weeks of recent years, can thus be readily seen.

Small-pox.—The deaths referred to small-pox, which had been 100, 49, and 19 in the preceding three quarters, further declined to 11 during the three months under notice, the average number in the corresponding periods of the preceding ten years, 1884-93, being 53. Of these 11 deaths, 7 were of persons belonging to London, of which 2 belonged to Lee, and 1 each to Paddington, Mile End Old Town, Poplar, Woolwich, and Plumstead sanitary districts. The number of small-pox patients under treatment in the Metropolitan Asylums Hospitals, which had been 71 and 82 at the end of the preceding two quarters, had declined to 56 at the end of March last; 169 new cases were admitted during last quarter, against 1,309, 377, and 289 in the preceding three quarters.

Measles.—The fatal cases of measles, which had been 349, 459, and 446 in the preceding three quarters, rose to 789 during the three months ending March last, and exceeded by 188 the corrected average number. Among the various sanitary districts of the metropolis the highest proportional

of provident members." Such charities are perfectly defensible, and under strict regulations may do very good work. The difficulty is to maintain the due stringency in their rules, and still more in the application of those rules. The ideal of the provident dispensary movement is an institution supported solely by the contributions of the patients, and providing a "living wage" for the doctors.

HANWELL ASYLUM IMPROVEMENTS.

SOME £39,000 has to be spent on improving Hanwell Asylum, which, although it bears favourable comparison with its sister asylum as to death and recovery rates, is admittedly very defective in structural arrangements. Its ventilation and lighting are not good, and its basement dormitories undesirable. A large part of this institution has been in existence since 1831, but the improvements now contemplated will bring this old asylum well into line with those of more recent date, and will also increase the total accommodation for patients from 1,900 to 2,000 beds. This increase in beds, although important, having regard to the want of asylum accommodation in London, should be the last extension of accommodation at this asylum. The new scheme will abolish single rooms on one side of the wards where they now exist on both sides, and the space thus gained will be converted into day-room accommodation, at the same time improving the ventilation. Dormitories will be built off the day rooms for the patients so displaced, and wherever possible additional light will be afforded by removal of internal walls and substitution of glass and iron. Annexes to the day rooms will be built to contain the most modern sanitary lavatory and water-closet accommodation, and ward sculleries will also be provided. Extensions and additional floors will be built to accommodate the patients displaced by the abolition of the dormitories in the basement. The work will be carried out by the London County Council's own staff of workmen, under the direction of the asylum engineer.

EDINBURGH ROYAL INFIRMARY AND SMALL POX, ETC.

THE Committee appointed to inquire into the circumstances connected with the case of a man from Leith, who came (suffering from small-pox) seeking admission to the Royal Infirmary, have handed in their report, which concludes with the following recommendations in dealing with cases of infectious diseases which may, in the future, present themselves at the infirmary. In the event of any case of small-pox, diphtheria, scarlatina, or measles coming to the infirmary for advice, the following shall be the order of procedure: (1) The medical officer shall at once report the case to the superintendent. (2) The medical officer shall, if the case be one of small-pox, immediately withdraw all the other patients from the waiting room. (3) The medical officer shall, if the case be one of the other infectious diseases mentioned, cause the patient to be removed to another room immediately after the diagnosis has been made. (4) The superintendent shall communicate with the proper sanitary authority, and request that the appropriate conveyance be forthwith sent to the infirmary for the patient. (5) The superintendent shall, so soon as the patient has been removed, cause the waiting room to be thoroughly disinfected and closed for twelve hours should the case be one of small-pox. (6) The superintendent shall, when the case is one of the other infectious diseases mentioned, cause all the doors and windows of the room to which the patient has been removed to be set open for twelve hours before it is again used, in order to secure thorough purification of the air.

The Public Health Committee of the Town Council have drawn the attention of the managers to certain ambiguities in the recommendations of this report, and *inter alia* suggest that the medical officer in charge of the waiting room should in all cases of infectious disease, without the intervention of the superintendent, at once telephone to the Public Health Department, Police Chambers, and request the removal of the patient. Further, they suggest that the term "proper" sanitary authority is misleading, since there is only one. After discussion the matter was again remitted to the Committee of Medical Managers to bring up a report.

THE LUNATIC ASYLUM FOR THE CITY AND COUNTY OF BRISTOL.

THE average number of patients resident in the asylum during the year 1893 was 270 males and 339 females—total, 609; and there remained on the books on December 31st 278 males and 338 females; total, 616. The total number of cases admitted was 98 males and 84 females—total, 182. There were 70 cases discharged recovered and 79 died, giving a recovery rate of 38.46; while the death-rate was 12.97 for both sexes. Among the male patients the mortality was very high, reaching 15.18 per cent., calculated upon the average number resident, but this is accounted for by the fact that no fewer than 20 of the male deaths, all of which were verified *post mortem*, were due to general paralysis. With regard to causation Dr. Benham states that of 30 general paralytics admitted there was in 11 cases a history of drink, sexual excess in 6, drink and sexual excess combined in 4, in 2 there was a distinct history of syphilis, and 1 had suffered from sunstroke. There was one case of enteric fever for which no cause could be discovered. The Commissioners in Lunacy comment favourably upon the fact that although there were 112 epileptics, 8 actively suicidal cases, and 21 general paralytics in the asylum, only 1 man and 3 women were in bed at the time of the inspection.

BARNWOOD HOUSE HOSPITAL FOR THE INSANE, GLOUCESTER.

This institution has a good record for the year 1893, and the committee report that it has continued full during the year. Numerous alterations and additions to the building are in progress which will materially improve the usefulness of the hospital, while the purchase of a house and six acres of ground adjoining the estate will add greatly to the existing accommodation. Sixty-seven patients have benefited during the year by the charity of the hospital, 11 being maintained gratuitously and the remainder at sums less than their cost to the institution. The committee estimate that a sum of about £3,000 has been thus expended. Too much publicity cannot be given to good work done in this way, and it is gratifying to find the finances of the hospital are in a thoroughly

healthy condition. Dr. Soutar speaks hopefully of the prospect of ultimate recovery of the patients admitted, 20 out of 33 being looked upon as likely to recover; 9 of these curable cases were admitted at very low rates of payment. They are gentlefolks of slender means who, were it not for this and similar institutions, would be unable to obtain during their illness the comforts to which they have been accustomed in their homes. Among the discharges the recovery rate is high, namely, 48.4 per cent. upon the admissions. Special mention is made of one case, which, after an eleven years' residence in the hospital, was sent home recovered. The percentage of deaths was but 4.4 upon the average number of patients resident.

MEDICAL NEWS.

H.R.H. THE DUKE OF CAMBRIDGE has consented to preside at the triennial festival dinner of the Charing Cross Hospital to be held at the Hôtel Métropole on May 19th.

THE sixty-sixth Congress of German Scientists and Medical Men will take place this year at Vienna towards the end of September.

HUNTERIAN SOCIETY.—The adjourned discussion at the Hunterian Society on Diphtheria will be resumed on Wednesday next, May 9th, at 8 p.m. Mr. George Turner, Dr. Washbourn, Mr. Shadwell, and, it is hoped, Dr. Seaton, Dr. Thorne Thorne and others will speak.

His Highness Sir Takhtsingjee Jasvatsingjee, G.C.S.I., Maharajah of Bhownugger, who is always foremost in every good cause, whether in relief of suffering or the enlightenment of his subjects, has contributed the sum of Rs. 5,000 towards a Pasteur Institute for India.

SANITARY INSTITUTE CONGRESS AT LIVERPOOL.—Dr. Thomas Stevenson, scientific analyst to the Home Office, has consented to act as President of Section III, Chemistry, Meteorology, and Geology; and Dr. Edward Klein, F.R.S., has consented to act as President of Section I., Sanitary Science and Preventive Medicine, at the Sanitary Institute Congress at Liverpool.

PREVENTIVE VACCINATION IN HUNGARY.—At a recent meeting of the Paris Academy of Medicine, M. Nocard, professor at the Alfort Veterinary School, drew the attention of the Academy to an important work of Professor Hutra, of Budapesth, on the epizootic maladies prevalent in Hungary; it contains an important chapter on preventive vaccination for charbon. In 1892 3,838 horses, 54,633 oxen, 268,310 sheep, and 462,310 swine were vaccinated in Hungary.

TETANUS ANTITOXIN.—Messrs. Allen and Hanburys (Plough Court, Lombard Street) inform us that Professor Tizzoni, of Bologna, has forwarded to them a supply of the tetanus antitoxin which has been used by him in the treatment of tetanus with an amount of success which is at least encouraging. Messrs. Allen and Hanburys will in future be prepared to supply this new remedy to the medical profession in this country.

POST-GRADUATE LECTURES.—The first of the course of twelve post-graduate lectures to be given at the Metropolitan Hospital (Kingsland Road, N.E.) by the medical and surgical staff was delivered on Wednesday last by Mr. Goodsall, on diseases of the rectum. The remaining lectures will be given on subsequent Wednesdays during May, June, and July. The next lecture will be delivered by Dr. Drysdale on phthisis pulmonalis a contagious and hereditary disease on May 9th. Full particulars can be obtained from Mr. Stephen Paget, F.R.C.S., 57, Wimpole Street. The fee for the course is one guinea.

SKILLED NURSING FOR THE POOR.—The eighteenth annual report of the Metropolitan and National Nursing Association was presented at the meeting held at Grosvenor House on April 28th. The report stated that the demand for trained district nursing has greatly increased of late years, but the supply of suitable candidates for training in district work did not keep pace with the demand. The number of cases nursed during last year shows a considerable increase on former years, being 1,389, as against 968 in 1892 and 761 in 1891. There were, in addition, 361 cases attended of children going to Board schools and suffering from sore eyes, burns, scalds, etc.

RESIDENT POSTS AT THE GENERAL INFIRMARY AT LEEDS.—The Resident Surgical Officer, Mr. W. H. Thompson, F.R.C.S., and the Resident Medical Officer, Mr. F. A. Roberts, M.B., have been reappointed to their posts, and the following new appointments have been made: Mr. E. S. Steward, M.R.C.S., L.R.C.P., House-Physician; and Mr. Douglas Seaton, M.B. Vict., and Mr. L. B. Todd, M.R.C.S., L.R.C.P., House-Surgeons. Mr. F. Walker Resident Medical Officer to the Ida Hospital. Mr. A. L. Whitehead, M.B.Lond., was re-elected as Resident Ophthalmic Officer.

PRESENTATION.—On the occasion of his retirement from the post of medical officer of health for the borough of Eastbourne, Dr. Reginald Dudfield, the new Medical Officer of Health for Paddington, was presented by the Town Council with a handsomely illuminated address expressive of the regret with which the Council had received his resignation. The presentation, which was made by the Mayor, took place at the Town Hall. At the same time Dr. Dudfield was the recipient of a handsome polished oak and gilt mounted writing case, blotting pad, and paper knife, presented on behalf of the officers of the corporation by the Town Clerk.

THE WARDROPER MEMORIAL.—The memorial which the governors of St. Thomas's Hospital and others have erected in memory of the late Mrs. Sarah Elizabeth Wardroper, for thirty-three years matron of St. Thomas's Hospital, who died in December, 1890, in the 80th year of her age, was unveiled at St. Thomas's Hospital chapel on April 30th by the Archbishop of Canterbury. The memorial has taken the form of a beautiful panel, modelled in terra cotta by Mr. Tinworth. The subject is the "Good Samaritan," at the moment when the innkeeper is receiving the Samaritan and the sick, the innkeeper being supposed to typify the hospital.

MICHAEL SERVETUS.—The medical students of the University of Madrid are organising a memorial function in honour of Michael Servetus on the occasion of the 341st anniversary of his death, which falls on October 27th. The celebrated philosopher and anatomist, for whom the honour of having discovered the circulation of the blood has been claimed on somewhat insufficient grounds, was born at Saragossa in 1509, and burnt as a heretic at Geneva by Calvin in 1553. Señor Castelar and Professors Letamendi and Calleja, of the Medical Faculty of the University of Madrid, are expected to be among the speakers at the proposed memorial festival.

ZOOLOGICAL SOCIETY.—A course of five lectures will be delivered in the lecture room in the Zoological Society's Gardens, Regent's Park, on Saturday, at 4 p.m., commencing Saturday, May 19th, by Mr. F. E. Beddard, M.A., F.R.S., Prosector to the Society, subject: Sketches in Geographical Distribution. The lectures will be illustrated by diagrams. As far as possible the specimens selected to illustrate the course will be animals now living in the Society's gardens. Fee for the course, including admission to the Gardens on the days of lecture, 5s. The course will be free to all Fellows of the Society. Tickets for the course may be obtained from Mr. F. E. Beddard, Zoological Society's Gardens, Regent's Park, N.W.

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.
- CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL AND DISPENSARY, Chesterfield.**—Resident Junior House-Surgeon and Dispenser. Salary, £50 per annum, with board, apartments, and laundry. Applications to the Secretary by May 17th.
- CHURCH STRETTON UNION.**—Medical Practitioner and Public Vaccinator to the Workhouse and Infirmary. Salary, £10 per annum, and half a guinea for each case of ordinary midwifery, and half a crown for each successful primary vaccination. Applications to Sam Harley Kough, Clerk, Union Offices, Church Stretton, by May 10th.
- COURCIES DISPENSARY DISTRICT, Ballinspittle, Ireland.** Medical Officer. Salary, £100 per annum as Medical Officer, and £15 per annum as Medical Officer of Health. Applications to Mr. Patrick O'Connell, Honorary Secretary, Old Head, Ballinspittle, by May 15th.

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.

DERBY ASYLUM, Mickleover.—*Locum Tenens* for two months and a-half, qualified and registered. Terms, £2 2s. weekly, with board, etc., and travelling expenses to asylum. Applications to the Medical Superintendent.

DURHAM COUNTY HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board and lodging. Appointment for two years. Applications to V. K. Cooper, Honorary Secretary, 16, South Bailey, Durham, by June 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.

FISHERTON ASYLUM.—Assistant Medical Officer, not more than 30 years of age and single. Salary, £100 per annum, with board, lodging, and washing. Applications to Dr. Finch, Salisbury.

GENERAL INFIRMARY, Leeds.—Pathological Curator. Honorarium, 20 guineas per annum. Applications to Mr. Littlewood, Secretary, by May 14th.

GORDON HOSPITAL FOR FISTULA, 276, Vauxhall Bridge Road, S.W.—Two Honorary Surgeons, must be F.R.C.S. Eng. Applications to Mr. St. Leger Bunnett, Secretary, by May 21st.

HAMPSTEAD HOSPITAL, Parliament Hill Road, N.W.—Dental Surgeon. Applications to the Secretary by May 7th.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Bloomsbury, W.C.—House-Physician and House-Surgeon, unmarried. Appointments for six months. Salary, in each case, £20, with board and residence in the hospital. Applications to the Secretary by May 25th.

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.

KENT COUNTY ASYLUM, Chartham, near Canterbury.—Junior Assistant Medical Officer, unmarried. Salary, £125 per annum, with furnished apartments, board, and attendance. Applications to Allen Fielding, Clerk to the Committee of Visitors, Solicitor, by May 14th.

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, 286, 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 HOSPITAL FOR CONSUMPTION AND DISEASES OF THE THROAT AND CHEST, Bowdon, Cheshire.—Resident Medical Officer. Salary, £80 per annum, with board, apartments, and washing. Applications to C. W. Hunt, Secretary, by May 15th.

NEWTON ABBOT UNION.—Medical Officer for the Workhouse. Salary, £50 per annum. Applications to John Alsop, clerk, Union Offices, East Street, Newton Abbot, by May 15th.

NOTTINGHAM BOROUGH ASYLUM.—Second Assistant Medical Officer unmarried. Salary, £100 per annum, with board, apartments and washing. Applications to the Medical Superintendent by May 21st.

PARISH OF STOKE-UPON-TRENT.—A Visiting Medical Officer and a Resident Medical Officer of the Workhouse. Salary for the first will be 50 guineas per annum, and for the latter £120 per annum, with board, washing, and furnished apartments in the hospital. The Visiting Officer will be required to reside within one mile of the Workhouse. Applications to C. Daniel, Clerk to the Guardians, Poor-law Offices, Stoke-upon-Trent, by May 11th.

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.

WANDSWORTH AND CLAPHAM UNION.—Medical Officer for No. 2 District of the Parish of Battersea. Salary, £100 per annum, with fees for surgical operations. The successful candidate will be appointed also Public Vaccinator. Applications, on forms to be obtained at the Clerk's office, to Alfred N. Henderson, Clerk to the Guardians, Union Offices, St. John's Hill, S.W., by May 9th.

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.

YORK DISPENSARY.—Resident Medical Officer, unmarried. Salary, £150 per annum, with furnished apartments, coal, and gas. Applications to Mr. W. Draper, De Grey House, York, by May 15th.

MEDICAL APPOINTMENTS.

- BEAMISH, Benjamin, L.R.C.I., L.K.Q.C.P.I.,** appointed Surgeon to the Newry Fever Hospital, *vice* B. S. Booth, M.R.C.S.
- BEAZELEY, T. W., M.R.C.S. Eng., L.R.C.P. Lond.,** appointed House-Surgeon to the Queen's Hospital, Birmingham.
- BERLYN, J. A., M.R.C.S. Eng., L.R.C.P. Lond.,** appointed House-Physician to the Queen's Hospital, Birmingham.

BLISS, Ernest William, M.R.C.S., L.R.C.P., appointed Resident Surgeon to the Birmingham General Dispensary.

BROWN, Robert C., M.B., appointed Medical Officer of the Wooldale District of the Huddersfield Union.

BRYETT, Lewis T. F., M.B., L.R.C.P.Lond., D.P.H., M.R.C.S., appointed Medical Officer of Health for the Parish of Shoreditch.

COOMBE, Russell, M.A.Camb., F.R.C.S.Eng., appointed Surgeon to the Exeter Dispensary, *vice* M. L. Brown, M.D. Edin.

DAVIDSON, Dr. Hugh, appointed Medical Officer for the Parish of Halkirk, Caithness-shire.

DYSON, John R. H., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer of the Deanhouse Workhouse of the Huddersfield Union.

EDWARDS, Arnold, M.B. Vict., B.Ch., appointed Resident House-Surgeon to the Chorlton-upon-Medlock Dispensary, Manchester.

FIGGIS, S. B., M.B. Edin., appointed House-Surgeon to the York Dispensary, *vice* Mr. E. S. Goody, resigned.

FISHER, Frank D., M.B., C.M. Edin., appointed Junior House Surgeon to Ancoats Hospital, Manchester, *vice* Chas. A. Hogg, M.B., C.M. Edin., resigned.

GOODALL, Edwin, M.D. Lond., M.B., B.S., M.R.C.S. Eng., appointed Medical Superintendent of the Carmarthen Joint Counties Lunatic Asylum, *vice* George J. Hearder, M.D. St. And., deceased.

GRANDY, William E., M.B. Dub., L.R.C.S.I., appointed Medical Officer of the Third District of the Parish of St. George-in-the-East, *vice* M. J. McCoy, L.R.C.P., L.R.C.S.I., resigned.

JAMES, Philip, L.R.C.P. Lond., F.R.C.S. Eng., appointed Physician to the Wellington Hospital, New Zealand.

JAMES, R. B., M.R.C.S. Eng., L.R.C.P. Lond., appointed Ophthalmic and Obstetric House-Surgeon to the Queen's Hospital, Birmingham.

JONES, W. M., M.R.C.S. Eng., reappointed Medical Officer of Health to the Swinton Local Board.

LAMB, David, M.B., C.M. Glasg., appointed Assistant Medical Officer to the City of Glasgow Fever Hospital at Belvidere.

MACKAY, Fred. W., M.B., C.M. Edin., appointed Resident Physician to the City Hospital, Edinburgh.

MCLEAN, Charles J. R., M.D. Edin., M.Ch., D.P.H., reappointed Medical Officer of Health to the Yeodon Urban Sanitary District.

NICHOLLS, Sydney R., L.R.C.P. Lond., M.R.C.S. Eng., appointed Medical Officer for the No. 1 Stratford District of the West Ham Union, *vice* W. W. Clegg, L.R.C.P., L.R.C.S. Edin., resigned.

PERCIVAL, Thomas, M.R.C.S. Eng., reappointed Medical Officer of Health to the Pontefract Rural Sanitary District.

ROBERTS, F. A., M.B., reappointed Resident Medical Officer to the General Infirmary, Leeds.

SEATON, Douglas, M.B. Vict., appointed House-Surgeon to the General Infirmary, Leeds.

SMITH, Frederick M. G., L.R.C.P. Edin., M.R.C.S. Eng., appointed Medical Officer for the No. 4 District of the St. Albans Union.

STEWART, E. S. S., M.R.C.S., L.R.C.P., appointed House-Physician to the General Infirmary, Leeds.

THOMAS, Ieuan G., M.B., C.M. Edin., appointed Medical Officer of the Penderyn District of the Merthyr Tydfil Union, *vice* D. J. Jones, M.B., C.M. Edin., resigned.

THOMPSON, W. H., F.R.C.S., reappointed Resident Surgical Officer to the General Infirmary, Leeds.

TODD, L. B., M.R.C.S., L.R.C.P., appointed House-Surgeon to the General Infirmary, Leeds.

WALKER, Mr. F., appointed Resident Medical Officer to the Ida Hospital of the General Infirmary, Leeds.

WHITEHEAD, A. L., M.B. Lond., reappointed Resident Ophthalmic Officer to the General Infirmary, Leeds.

WILKS, S. L. B., M.B., L.R.C.P. Lond., M.R.C.S. Eng., appointed Medical Officer for the Grassington District of the Skipton Union, *vice* E. B. Granger, L.R.C.P. Lond., M.R.C.S. Eng., resigned.

WOOD, W. Dyson, L.R.C.P., L.R.C.S. Edin., reappointed Medical Officer of Health to the Thame Local Board.

DIARY FOR NEXT WEEK.

MONDAY.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN, 40, Leicester Square, W.C., 8 P.M.—Discussion on Methods of Retaining Dentures in Edentulous Lowers; and Casual Communications.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. Walter Carr: On the Starting Points of Tuberculous Disease in Children. Mr. Percy Dean: On a Case of Chronic Ulcer of the Duodenum; perforation; acute general peritonitis; abdominal section; excision of the ulcer and suture of the duodenum; recovery.

PARKES MUSEUM, 74A, Margaret Street, W., 8.30 P.M.—Lectures on Meteorology in Relation to Hygiene. V. Climate in Relation to Health and Geographical Distribution of Disease. By Dr. C. Theodore Williams.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. R. Marcus Gunn. Clinical Examination of the Eye. Bacteriological Laboratory, King's College, W.C., 3 to 5 P.M.—Lecture: The Microscope and Methods of Cultivation. Practical Work: Examination of Cultivations. London Throat Hospital, Great Portland Street, 8 P.M.—Mr. W. R. H. Stewart: Examination of the Ear.

TUESDAY.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Mr. T. Bryant: A Case of Extreme Prolapse of the Female Urethra in a Child, aged 6; with remarks. Mr. Edward Cotterell: Two Cases of Uretero-lithotomy.

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

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Percy Smith: Acute Delirious Mania; Hysterical Mania.

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 1 P.M.—Dr. Payne: Psoriasis. Hospital for Consumption, Brompton, 4 P.M.—Dr. Sidney Martin: Modes of Infection in Tuberculosis. Royal London Ophthalmic Hospital, 8 P.M.—Mr. A. Quarry Silcock: Choroidal Affections, with Illustrative Cases.

LARYNGOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 5 P.M.—Dr. Dundas Grant: Case of Lupus of the Nose and Larynx. Mr. A. Lake: Case in which One Lobe of the Thyroid has been Removed for Graves's Disease. Dr. Felix Semon: (1) Two Cases of Malignant Disease of Larynx treated by Thyrotomy, and Radical Removal of New Growths (2) A Case of Lupus of Pharynx and Larynx. (3) Sequel to Case of Obscure Pharyngeal Ulceration, shown at February meeting. Dr. Scanes Spicer: A Case of Fixation of Left Vocal Cord. Mr. W. R. H. Stewart: A Case of Unilateral Laryngitis for Diagnosis. Dr. Watson Williams: An Intralaryngeal Syringe for Submucous Injections.

POST-GRADUATE LECTURES, Metropolitan Hospital, N.E., 5 P.M.—Dr. Drysdale: Phthisis Pulmonalis a Contagious and Hereditary Disease.

HUNTERIAN SOCIETY, 8 P.M.—Adjourned Discussion on Diphtheria, in which Dr. Washbourn, Dr. George Turner, Mr. Shadwell, Dr. Thorne Thorne, Dr. E. Seaton, Dr. Hingston Fox, and other speakers, will take part, and Drs. Pitt and Goodall will reply.

THURSDAY.

BRITISH GYNÆCOLOGICAL SOCIETY, 8.30 P.M.—Adjourned discussion on Dr. Routh's paper on the Conservative Treatment of Diseases of the Uterine Appendages.

PARKES MUSEUM, 74A, Margaret Street, W., 8.30 P.M.—Lectures on Meteorology in Relation to Hygiene. VI. Fog, Clouds, and Sunshine. By Mr. F. Gaster.

NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY, Great Northern Central Hospital, N., 9 P.M.—Dr. Harry Campbell: On the Treatment of Chronic Heart Disease. Dr. Morison: On the Practical Bearing of the Aspirative Forces in the Circulation.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralyzed and Epileptic, Queen Square, 2 P.M.—Dr. Ormerod: Paraplegia. Hospital for Sick Children, Great Ormond Street, 3.30 P.M.—Dr. Octavius Sturges: Clinical Lecture. Central London Sick Asylum, Cleveland Street, W., 5.30 P.M.—Mr. John Hopkins: Cases in the Wards.

FRIDAY.

LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.—Dr. Sidney Martin: Cases of Phthisis.

CLINICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. J. R. Lunn and Dr. C. E. Beevor: A Case of Syringomyelia. Dr. Churton: A Case of Pancreatic Cyst, with Diabetes; incision of cyst; death a year afterwards; atrophy of pancreas. Dr. Vivian Poore: A Case of Enteric Fever occurring in a Diabetic Subject. Dr. Lee Dickinson: Hæmoglobinuria from Muscular Exertion. Mr. Martin Randell (introduced by Dr. Rose Bradford): A Case of Peliosis Rheumatica.

SATURDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 11 A.M.—Dr. Hyslop: Acute Mania.

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.

MARRIAGES.

HARE—FELL.—On April 25th, at Saint Catherine's Church, Crook, by the Rev. J. King, M.A., rector, assisted by the Rev. G. W. Smith, M.A., vicar of Waterhouses, co. Durham, Frederick Hare, M.B., C.M., of Waterhouses, to Elizabeth Roxby, daughter of R. S. Fell, Esq., Woodfield House, Crook. No cards.

THIN—WRIGHT.—At 7, Claremont Park, Leith, on April 26th, by the Rev. Peter Wilson, M.A., Leith, assisted by the Rev. George F. James, Edinburgh, and the Rev. Alexander Scott, B.D., Musselburgh, Robert Thin, M.A., M.B., F.R.C.P. Edin., to May Glover, daughter of the late John Wright, of Messrs. Aitken and Wright, Leith. No cards. At home, 38, Albany Street, Edinburgh, June 4th, 5th, and 6th.

DEATHS.

LUNAN.—At Blairgowrie, N.B., on April 25th, Robert Lunan, L.R.C.S. Ed., in his 82nd year.

LUSH.—On April 23th, at Tyfield, Eastbourne, William John Henry Lush, F.R.C.P., M.R.C.S., aged 43 years.