

EPIDEMIC MEASLES AT SAMOA.

By SAMUEL H. DAVIES, L.R.C.P., L.R.C.S. EDIN.,
L.F.P.S. GLASG.,
Savaii, Samoa, S. Pacific.

UNTIL a few months ago measles had not entered this group. It was conveyed to Tonga, 500 miles south of us, by the New Zealand steamer *Upolu* in June last, and from accounts we have received it nearly decimated that group. The same steamer brought the contagium to our group nearly three months afterwards. Here, as in Tonga, the epidemic was at first mild. Comparatively few died in Samoa during the period of the fever and rash. The sequelæ and complications have caused the mortality. I have not been able to obtain accurate statistics of the deaths from this recent epidemic throughout Samoa, as the ten inhabited islands of this tropical and volcanic group lie between five parallels of longitude, or, with the intervening straits, cover nearly 270 miles; but, judging from the accurate returns obtained here, including a fifth of Samoa, and also from reports obtained from missionaries and others, no fewer than 1,000 of the entire population of 34,500 died from measles up to the end of December, 1893, and nearly half of these adults. Since then there have probably been a few hundreds more.

The epidemic was not malignant. Our mortality has arisen principally from gastritis, enteritis, diarrhoea, and dysentery. A few died from suppressed measles. The craving the natives manifest for raw fish, unripe or over-ripe fruit, and especially half-cooked fresh pork, became morbid during the period of convalescence. Many, lest they should be told to avoid these, abstained from procuring foreign medicine. Nine-tenths of the deaths could have been prevented by care in diet. The worst cases of diarrhoea and dysentery brought to me yielded to treatment. Cases under one's own personal supervision, and where instructions were followed, recovered. With the common strumous diathesis it has excited no surprise to see so many adults as well as children suffering from enlarged suppurating glands in cervical and submaxillary regions, and in groin, etc.; not a few had parotid abscess with suppuration. Numerous abortions and cases of premature labour occurred, but none died with ordinary treatment. Single and multiple abscesses are an every-day occurrence here, but these have multiplied nearly tenfold since the advent of measles. Before the rash had disappeared a large number of adults passed intestinal worms by the mouth.

Now that two months have elapsed since the last cases of fever and rash, a mild but persistent form of remittent fever is prevailing. This, with glandular and respiratory affections, are the most common ailments at this season. In the mission dispensary I am daily seeing cases of sickness the starting point of which was measles. The two epidemics of influenza at the end of 1891 and January, 1893, increased the tendency of the Samoans to chest affections. Measles will be found to have still further intensified their susceptibility to respiratory diseases; and the frequent deaths, as well as the many debilitated natives one daily meets with, give evidence that we have not yet reached the end of the measles epidemic—an epidemic which will long be remembered, as not one of the entire population seems to have escaped.

MEMORANDA:

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

A CASE OF ECTOPIA VESICÆ, WITH OPERATION.

In the year 1887 I had under my care in Professor Rômnicéano's surgical department of the Children's Hospital at Bucharest a case of ectopia vesicæ, the record of which can be summed up as follows:

The patient was a male child, aged 7 years. In the hypogastric region was an oval raw-looking surface, occupying the position of the bladder, firmly adherent to the abdominal walls and forming a part of it. No hernia was present. The pubic bones were separated, and the condition of the pubovesical muscles so ably described by Mr. Shattock at the

meeting of the Pathological Society on April 17th could also be seen. On the raw surface, which was the posterior wall of the bladder, two apertures—the orifices of the ureter—were perceived, from which a continuous watery discharge (urine) issued and kept the surface in a permanent condition of irritation and moisture. The trigone and the open neck of the bladder were seen in the space behind the separated pubic bones. The urethra, after a tortuous course, rose above the corpora cavernosa, which were developed. The urethra becoming thus anterior and in epispadias throughout the whole length formed an open canal wedged between the corpora cavernosa. The penis was not very much reduced in size.

The ectopia was operated upon by Professor Rômnicéano. He dissected the edges of the bladder, making a bleeding surface; then he cut two lateral flaps. He turned the left flap over the bladder skin inwards, and stitched the edges of the flap to the bleeding edges of the bladder. On this flap he applied the second flap, which was cut a little more obliquely from the right side in order to twist it so that the skin came upwards, and the raw bleeding surface was turned backwards toward the raw surface of the first flap. Both were fixed together by several sutures. The gap between the pubic bones was left untouched, as an opening for the flow of the urine. Nothing could be done to the epispadias on account of poorness of tissues and the curious disposition of the urethra.

The course of the case was at first only partially satisfactory. The edges of the upper flap sloughed a little, and some phosphatic concretions accumulated in the catheter which was left in the bladder. But, after a good deal of trouble and time, we succeeded in forming a small cavity as a bladder, scar tissue hiding entirely from view the raw surface of the ectopia. The patient left the hospital wearing a urinal especially made for him.¹

Belsize Road, N.W.

A. GASTER, M.D., M.R.C.P.

TRAUMATIC RUPTURE OF THE JEJUNUM WITHOUT EXTERNAL INJURY.

FOR permission to publish the following case I am indebted to Drs. Renton and Smith, of Chester-le-Street.

A miner, aged 17, was first seen at 8.45 A.M. on May 12th, after being crushed in the pit. He was in a very collapsed condition, the pulse at the wrist being almost imperceptible. He lay on the bed with his knees drawn up and complained of severe abdominal pain. The abdomen was rigid and board-like, but presented no bruise. The tenderness and rigidity were most marked in the left umbilical and lumbar regions. There was no abdominal respiration and no dullness could be discovered.

On returning two hours later with a catheter he was found to have passed spontaneously a quantity of clear urine; he also had slept for an hour, morphine and strychnine having been administered subcutaneously. There was still no dullness to be detected and the normal liver dullness was absent. The abdomen was distended and very tender.

Collapse increased during the remainder of the day and early in the afternoon vomiting set in, at first gastric then bilious but never bloody nor fecal. The next morning, at 9.45, he passed a normal stool and died immediately afterwards, twenty-eight hours after the injury. The extreme collapse rendered operation from the first almost hopeless, and the sanitary surroundings finally decided against that measure.

Post-mortem Examination.—No evidence whatever of external injury was discoverable. On opening the abdomen the intestines were found covered with a fibrinous exudation, on removal of which the vessels were seen to be much injected. Just to the left of the spine the small intestine was ruptured about the middle of the jejunum. The rupture was transverse and involved the whole of its circumference with the exception of about one-eighth of an inch at the attachment of the mesentery, which latter was slightly bruised. The bowel itself was only crushed for a distance of about a quarter of an inch on each side of the rent, the edges of which were thickened and oedematous. Only about 3j of blood had

¹ The full record of this case, with illustrations, was published by a colleague of mine, Dr. Marinesco, in the *Journal Spitalul* of the same year.

escaped, but the contents of the intestine were extravasated. Other organs were healthy with the exception of some enlargement of all the mesenteric glands and some old pleuritic adhesions.

The evidence at the inquest showed that the lad had been crushed between a wagon and a prop in such a way that a broad flat surface was applied dorsally and a moderately sharp ledge anteriorly. The rupture probably occurred from compression of a moderately full coil of intestine between the ledge and the spine.

The chief features of the case seem to be: 1. The gravity of the internal lesion as compared with the complete absence of external sign. 2. The situation of the rupture in the middle of the jejunum instead of at its commencement or in the duodenum, as usually occurs. 3. The singleness of the injury which would probably have rendered an operation undertaken before his long journey and its consequent collapse successful. 4. The absence of blood in the vomit and fæces, the presence of which has been recorded in previous cases. 5. The early obliteration of liver dulness, pointing to gas free in the abdominal cavity.

Newcastle-on-Tyne. J. A. HENTON WHITE, M.R.C.S.Eng.

NASAL FEEDING IN CASES OF PAINFUL DEGLUTITION.

MR. BUTLIN, in his Clinical Lecture recently reported, suggests the use of a No. 9 black bulbous catheter for feeding immediately after excision of the tongue, passing the catheter by the mouth. This prompts me to ask for a consideration of nasal feeding in all painful affections of the mouth and palate.

By this method, in cases of acute tonsillitis, in a few seconds half a pint of strained egg, milk, or other strained liquid food can be given without any effort of the patient; a soft, oiled "silk" gum elastic No. 6 catheter (a Belfast linen acts admirably) is pushed gently along the floor of the nose and down the pharynx. A funnel is then fixed to the end of the tube, and the fluid food poured into it, passes behind the painful parts without causing any distress.

I have often adopted this method with the best results in children and adults. May it not be equally useful after excision of the tongue?

Salé.

HERBERT SMITH RENSHAW, M.D.

REPORTS

ON

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

BIRKENHEAD BOROUGH HOSPITAL.

INTESTINAL OBSTRUCTION DUE TO BAND.

(By A. HERBERT BUTCHER, Honorary Surgeon to the Hospital.)

THE following case of intestinal obstruction from band evinced symptoms not quite consistent with those usually described:

History.—R. S., aged 48, a ship painter, had previously enjoyed the best of health. On November 5th, 1893, he partook of a good dinner with haricot beans. On November 6th he complained a good deal of being "full of wind," his bowels were moved about noon, and on the evening of the same day at 5 P.M., when leaving off work he jumped from a plank 3 feet or 4 feet from the ground. At about 7 P.M. that evening he experienced pain in the abdomen, which continued all night, and on the next day (November 7th) he had an attack of vomiting and sent for a local practitioner. On November 9th a rectal injection was administered which removed a small quantity of fæcal matter but brought on no proper evacuation. The vomiting continued each day. On November 11th another injection was administered, but with no result. He was admitted on November 11th, 1893, at 3.30 P.M. The tongue was dry and furred and he complained much of thirst; there was nothing remarkable about the expression of the face. He vomited twice in 24 hours; the vomit

was of a light greenish colour and not profuse. There was no marked pain on palpation of the abdomen, which was slightly tympanitic. He was ordered pil. opii gr. j. every four hours. He remained under its influence for the next three days. He was given ice to suck and milk diet with beef tea in small quantities. He slept well and said that he had passed flatus two or three times by the rectum, and altogether appeared fairly comfortable; the vomiting only occurred once or twice a day.

This state of things lasted until November 14th, when vomiting became more frequent, slightly offensive in odour, and brownish in colour. On November 15th the patient vomited in the morning a large quantity of stercoraceous matter; his face had assumed the typical abdominal character; the abdomen was markedly tympanitic, with slight tenderness and resistance on palpation to the left of the umbilicus. The patient's condition was now such that nothing but disaster would have been expected from any further delay, so I decided to operate at once.

Operation.—The patient was placed on the table at 1 P.M. on November 15th, and directly he was completely under the anæsthetic the abdomen was thoroughly aseptically, the urine drawn off, and an incision $2\frac{1}{2}$ inches in length was made in the linea alba, midway between the umbilicus and pubes. Two fingers were inserted, and the cæcum was found to be collapsed. The gut was then traced upwards, and when about $1\frac{1}{2}$ foot from the ileo-cæcal valve, the ileum was found constricted by a band which, on examination, was found to be a Meckel's diverticulum. There was a good deal of peritonitis, the gut being much congested, especially the imprisoned loop; the diverticulum was perfectly patent, about the width of one's finger, and was treated thus:—A stout silk ligature, which had been previously boiled in perchloride of mercury solution (1 to 2000), and immersed in carbolic oil, was placed round the constricting diverticulum, and a second similar ligature was placed about half-an-inch from the first, and the band was divided between these two ligatures, the proximal end of which was prevented from disappearing by being held by one of my colleagues; the peritoneum was then stitched over the stump, which was permitted to fall into the abdominal cavity. The bowel was examined, and being found intact and of good colour, was also allowed to disappear. A damp antiseptic sponge was now pushed into the cavity so as completely to absorb any moisture or fluid that might have entered. The peritoneum was now approximated by fine chromicised gut; the abdominal wound was closed by a couple of deep silver sutures, and the skin afterwards drawn into complete apposition by fine chromicised gut. A drainage of gut was placed in the external wound, but no drainage whatever was put into the abdominal cavity. The time occupied by the operation was forty-five minutes.

After-History.—After the operation the patient seemed very comfortable, and free from pain, but at 4.15 P.M. he vomited; nothing was administered by the mouth for the first twenty-four hours, with the exception of a little ice; after this he was allowed a little iced milk with lime water, and also beef tea; at 5.45 on November 15th he passed a fluid motion, and again at 6 P.M. on the same day, this being the first motion which he had passed since November 6th. On November 18th, three days after operation, the stools were somewhat formed; on November 19th quite formed, and natural in colour. The wound healed by first intention, with the exception of the aperture through which the drain protruded, but this drain being withdrawn about 36 hours after the operation, the wound soon closed, and the temperature continued very satisfactory. The man was up in a week, and was discharged cured on December 11th, 1893.

REMARKS.—The satisfactory termination of the case seems to prove without doubt that no arbitrary symptoms can be laid down as pathognomonic of certain kinds of internal strangulation, for here was a portion of the ileum constricted by a band, and no acute symptoms were present; the patient never complained of severe pain, but only of a certain amount of discomfort, which he attributed to wind. There was no pain, but merely slight tenderness on palpation, no external signs of peritonitis, the pulse on admission was very regular, and not much accelerated (80). There was no uneasy or anxious expression of countenance. Under these circum-

expenditure, but an excess of 10 dollars each to members over the entrance fees. The moral of the whole is that medical messes can be started and handsomely fitted up, and still pay their way; but the absence of official recognition and support detracts from their otherwise great social value.

*. We are very glad to hear the Hong Kong mess did not collapse but was voluntarily wound up. At the same time the absence of official recognition was undoubtedly the main reason for its disappearance. Until that is given medical messes cannot, of course, enjoy the *prestige* of military messes to whom official recognition is accorded. Of course it is an indefensible and invidious injustice that medical messes do not receive the same official support as accorded to the messes of small bodies of Royal Artillery and Engineers.

THE ADMINISTRATIVE DEADLOCK.

A CORRESPONDENT writes: Why should Surgeon-Major-Generals be retired at 60, while combatant officers of the same grade serve till 62? Their duties are not more onerous than those of the latter, while they enter the service at a greater age. He proposes optional retirement at present age rules, but an extension to 57 years for executive, and 62 for the administrative ranks. The extension to the latter age has been granted to officers serving in the Indian climate—why not elsewhere? Mr. Hanbury declares that for every four officers on the effective there are three on the non-effective list. Mr. Bentley declares the non-effective has grown from 57 to 88 per cent. of the effective vote, and regards that as a scandal.

*. According to actuarial calculations the medical non-effective vote has, we believe, passed its maximum and is already declining. The explanation of its size was the increase of establishments during the Crimean and Mutiny wars. The same thing happened in the decades following the Peninsular war, and will always happen unless acting commissions are given in war time. We fear both Mr. Hanbury and Mr. Bartley, in their criticisms on the dimensions of the medical non-effective vote have always ignored the medical reserve embraced within it, in the shape of those liable to recall to service, and thus discount in advance the value of their opinions and threats. The proposed extension of age suggested by our correspondent would no doubt ease off administrative difficulties for a time, but would further retard promotion, already seriously delayed. The parallel between the age retirement of combatant and medical officers will only be complete when the latter have limited tenure of appointment in the grades of Surgeon-Colonel and Surgeon-Major-General. The full solution of the present administrative deadlock would no doubt involve very considerable changes.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.

Sanitary Condition of Highland Railway Stations and Steamboats.—Mr. WEIR asked the President of the Board of Trade whether his attention had been drawn to the statements made in the report of the medical officer of health for Ross-shire as to the insanitary condition of stations on the Highland Railway, and a lack of a sufficient supply of water at these stations for flushing and drinking purposes, and whether steps would be taken to require the Highland Railway Company to make satisfactory provision for the travelling public and the employees of the company.—Mr. MUNDELLA said the general manager of the railway telegraphed the Board of Trade that he had not seen the report of the medical officer referred to, but that the engineer of the line was engaged in improving the sanitary condition of the stations in Ross-shire. In reply to a further question by Mr. Weir as to the want of proper sanitary arrangements on board steamboats in the Highlands of Scotland, Mr. Mundella said he had communicated with the principal officers of the Board of Trade on the east and west coasts of Scotland, and was told that no complaints in regard to sanitary arrangements on board Highland steamers had been made to them. He had also obtained through the courtesy of the county clerk the report of the medical officer of health for Ross-shire, and the only reference to the subject he could find was "Another matter requiring attention and improvement is the condition of the sanitary arrangements, etc. on board steamboats." If any definite complaints were made to the Board of Trade they should be at once attended to.

Bovine Tuberculosis.—Mr. FIELD asked the President of the Local Government Board whether the report of the Commission on Bovine Tuberculosis was ready for publication, or when its issue might be expected.—Mr. SHAW LEFEVRE said he was informed by the Commissioners that satisfactory progress was being made with the report, which might shortly be expected.—Mr. FIELD said could the right hon. gentlemen fix a date, because he had been asking questions about this subject ever since he had been in the House.—Mr. SHAW LEFEVRE said he could not add to the answer he had given.

Field Hospital Training in India.—Mr. H. FOWLER, in reply to Mr. BYLES, said that in accordance with the reply given on December 2nd last, a copy of the scheme for the field hospital training to be given at Aldershot had been sent for the consideration of the Government of India.

Viewing the Body.—A Bill has been introduced by Captain Grise-Hutchinson and other members, which proposes to do away with the duty, at present incumbent on a jury, of viewing a body prior to an inquest. Safeguards are, however, included in the Bill to ensure identification either by persons acquainted with the deceased or by a medical officer.

The New Factory and Workshops Bill.—The Factories and Workshops Bill, introduced by the Home Secretary, provides that a factory shall be deemed to be so overcrowded as to be dangerous or injurious to the health of the persons employed therein if the amount of space to each person is less than 250 cubic feet before 8 P.M., or less than 400 cubic feet between 8 and 10 P.M.; the number of persons being reckoned as if there were added to those actually employed one person for every three lighted gas burners. In regard to particular manufacturing processes or handicrafts, it is proposed that the Secretary of State shall have power to make an order substituting still higher figures. The measure also enables a court of summary jurisdiction to prohibit the use of dangerous factories or workshops, extends to all factories and workshops Section 7 of the Act of 1891 (provision against fire); imposes further restrictions upon the employment of young persons, women, and children; specifies the days which are to be observed as holidays in England and Wales; applies the Factory Acts to laundries, and certain provisions of the Factory Acts to docks, etc.; substitutes the owner of a tenement factory for the occupier for certain purposes; brings bakehouses within the purview of the Factory Acts; and formulates special restrictions in regard to iron enamelling and other dangerous employments.

CORONERS ACT (1887) AMENDMENT BILL.

Memorandum.—The object of the Bill is to do away with the duty at present incumbent on a jury of viewing a body prior to an inquest. Ample safeguards are provided to ensure identification, either by persons acquainted with the deceased or by a medical officer.

A Bill to Amend the Coroners Act, 1887.

Be it enacted by the Queen's Most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:

1. Notwithstanding anything contained in the Coroners Act, 1887, it shall not be obligatory upon the coroner and jury to view a dead body at any inquest except in cases where the coroner shall deem a view necessary.
2. There shall, in all cases where possible, be an identification of the dead body by a competent person or persons.
3. Any person or persons identifying a dead body shall do so prior to the inquest in the presence of the coroner's officer or a police constable, and such coroner's officer or police constable shall give evidence upon oath before the coroner that such identification has taken place.
4. In all cases where a view of the dead body has been dispensed with, it shall be obligatory on the coroner to order a medical man to examine it, with or without a *post-mortem* examination, and give evidence thereon at the inquest.
5. This Act may be cited as the Coroners Act Amendment, 1894, and shall not apply to Scotland or Ireland.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

ANATOMICAL DEPARTMENT.—The following appointments have been made by Professor Macalister, with the consent of the Vice-Chancellor: W. S. Melsome, M.A., M.D., Fellow of Queens' College, to be Senior Demonstrator of Anatomy; H. Higgins, B.A., of King's College, to be Second Junior Demonstrator. The appointment in each instance is for three years from July 1st, 1894. Professor Macalister announces a special course of three lectures in Physical Anthropology for May 16th to 21st. The subjects are Methods of Anthropometry, The Races of Ancient Egypt (in connection with this lecture a mummy will be unwrapped and examined), and The Races of Western Europe.

ZOOLOGICAL STATIONS.—There are vacancies at the University's tables in Dr. Dohrn's Laboratory at Naples and at the Plymouth Marine Biological Laboratory. Applications for permission to use these are to be made to Professor Newton by May 24th.

DEGREES.—At the Congregation on May 10th the following degrees in Medicine and Surgery were conferred: *M.B. and B.C.*: W. A. Lauder Smith, B.A., Trinity College; R. E. Nix, B.A., Gonville and Caius College; N. L. Hood, B.A., Downing College.

In presenting Dr. Charles Theodore von Inama-Sternegg (President of the Section of Demography in the London International Congress of Hygiene) for the honorary degree of LL.D. the Public Orator (Dr. Sandys, of St. John's) recalled the services to statistical and economic science which the recipient of the honour had rendered by his work in connection with the Austrian census, by his erudite book on the economic history of Germany, and his numerous other valuable writings, the important part taken by him in discussions on matters intimately connected with the welfare of nations at Congresses in Vienna, Rome, and London, and finally introduced him to the Chancellor as one of the most brilliant luminaries of the Austrian empire.

UNIVERSITY OF DURHAM.

A CONVOCATION of the University of Durham was held on May 12th, at noon in the Castle Hall, Durham. The Sub-Warden (the Rev. Dr. Pearce) presided. The following were among the degrees conferred:

M.D. (Practitioners).—F. H. Carter, H. B. Carter, G. R. Chadwick, E. T. Chamberlain, W. G. Kemp, L. Lewis, and D. McC. Ross.

M.D.—C. Averill, D. J. Caddy, H. C. Halstead, E. Mitchell, I. G. Modlin, H. Smith, E. S. Sugden, L. G. C. Vintriss, A. E. L. Wear, E. C. Willcox.

M.B.—T. C. Barkas, E. Bromley, L. C. E. Calthorp, T. M. Clayton, W. Forrest, F. H. Hake-Francis, R. J. Hughes, F. S. Jones, R. C. Leppard, E. A. Lermite, W. F. Miller, R. W. Morgan, H. B. Morison, G. E. Pearcey, M. Prior, W. E. Rielly, G. B. Robinson, W. Smith, E. J. Steegman, F. W. Stokes, H. E. Wells, F. J. Worth, and F. Lumbado.

B.S.—T. C. Barkas, E. Bromley, T. M. Clayton, W. Forrest, F. H. Hake-Francis, R. J. Hughes, F. S. Jones, E. A. Lermite, W. F. Miller, R. W. Morgan, G. E. Pearcey, M. Prior, W. E. Rielly, W. Smith, E. J. Steegman, F. W. Stokes, H. E. Wells, F. J. Worth, and F. Lumbado.

ST. ANDREWS UNIVERSITY AND THE LONDON SCHOOL OF
MEDICINE FOR WOMEN.

STUDENTS of the London School of Medicine for Women who intend to proceed to the medical degrees of the University of St. Andrews will in future have the privilege of passing the Preliminary Examination in Latin, English, Greek, or German, French, and Mathematics required before registration as a medical student in London. The first examination will begin on September 29th next at the London School of Medicine for Women. Further particulars can be obtained from Mrs. Thorne, Hon. Secretary of the School, 30, Handel Street, Brunswick Square, W.C.

RESEARCH FELLOWSHIPS IN THE SCOTTISH UNIVERSITIES.

THE Scottish Universities Commissioners have issued a draft ordinance containing regulations for the encouragement of special study in research, for the institution of research fellowships, and giving additional regulations for the degree of D.Sc.

ROYAL COLLEGE OF PHYSICIANS.

AN extraordinary comitia was held on Thursday, May 10th, at 5 P.M.; Dr. J. RUSSELL REYNOLDS, F.R.S., President, in the chair.

The newly-elected Fellows were admitted.

A letter was read from a Member resigning his diploma, and the resignation was accepted.

A communication was received from the Association for Promoting the Opening of Museums, etc., on Sundays, asking for the co-operation of the College. On the motion of Sir HENRY PITMAN, seconded by Dr. C. T. WILLIAMS, it was decided to send a reply to the effect that the College in its corporate capacity was not in a position to co-operate with the Association.

A communication was received from the Sanitary Institute inviting the College to send delegates to the forthcoming Congress to be held at Liverpool in September, and, on the proposal of the TREASURER, Drs. T. R. Glynne and Caton were nominated to represent the College.

A communication was received from Professor Ramsay asking the College to appoint delegates to join similar delegates from other institutions which have expressed a general approval of the recommendations of the Gresham University Commission with a view to impress on the Government the importance of giving effect to those recommendations. Dr. NORMAN MOORE proposed, and Dr. TOOTH seconded, that the College should accede to the request provided that the Royal College of Surgeons did the same, and that the President should nominate the delegates. Sir WILLIAM PRIESTLEY thought that the hands of the Government were very fully occupied, and moved, as an amendment, to postpone the subject. This was seconded by Dr. ISAMBARD OWEN, mainly on the ground that some consideration of the details of the scheme should be made before urging the Government to press it forward. Drs. S. MACKENZIE and PRESHSMITH supported the resolution, which, after some discussion on the part taken by the medical schools and their delegates in relation to this question between Drs. MOORE, CURNOW, COUPLAND, PAYNE, and OWEN, was agreed to, the amendment having been previously negatived.

Dr. MOORE then proposed that, to testify to the interest taken by the College in the subject, the Fellows should offer to allow the first meeting of the delegates to take place in the College. This was seconded by Dr. MACKENZIE and agreed to.

A report from the Committee of Management recommending the recognition of Bethlem Royal Hospital as a lunatic asylum for the purposes of clinical instruction was received and adopted on the proposal of Dr. HACK TUKE, seconded by Dr. PERCY SMITH.

The REGISTRAR brought forward a confidential report from the Visitor and the Inspector of the General Medical Council on the Final Examination of the Conjoint Board, and moved that it be referred to the Committee of Management, together with the comments on it which the College examiners had been invited to make. This was seconded by Dr. J. S. POLLOCK, and, after some remarks from the TREASURER, as representative of the College on the General Medical Council, agreed to.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following gentlemen passed the First Professional Examination, in Anatomy and Physiology, for the Diploma of Fellow, at a meeting of the Board of Examiners, on Monday, May 14th:

C. G. Spencer, M.R.C.S.Eng., L.R.C.P.Lond., of University College, London; A. H. Lister, of Aberdeen and Cambridge Universities and King's College, London; and F. C. Moore, of Owens College, Manchester.

Seventeen candidates were referred back to their professional studies for six months.

Passed on Tuesday, May 15th:

A. Heath and J. A. O. Briggs, of St. Bartholomew's Hospital; H. H. Greenwood, of Yorkshire College, Leeds; E. A. Smith, of Yorkshire College, Leeds and University College, Liverpool; G. G. Hamilton, M.B. Edin., of University College, Liverpool and Edinburgh University; C. Planck, M.R.C.S.Eng., L.R.C.P.Lond., of St. Thomas's Hospital; G. W. S. Farmer, M.R.C.S.Eng., L.R.C.P.Lond., of Oxford University and London Hospital; T. G. Stevens, M.D. Lond., M.R.C.S.Eng., L.R.C.P.Lond., of Guy's Hospital; and H. D. Senior, M.R.C.S.Eng., L.R.C.P.Lond., of Charing Cross Hospital and Durham University.

Eleven candidates were referred back to their professional studies for six months.

Passed on Wednesday, May 16th:

A. Shillitoe, M.R.C.S.Eng., L.R.C.P.Lond., of Cambridge University and Guy's Hospital; A. H. Leete, M.R.C.S.Eng., L.R.C.P.Lond., of Guy's Hospital; W. W. Linington, M.R.C.S.Eng., L.R.C.P.Lond., of St. Mary's Hospital; J. Hussey and A. B. Tucker, of St. Bartholomew's Hospital.

Eleven candidates were referred back to their professional studies for six months.

THE following are the arrangements for the Final Examination for the Diploma of Fellow for which 61 candidates have entered their names:

Monday, 21st, Written Examination at Examination Hall, 1.30 to 5.30 P.M.

Tuesday, 22nd, Clinical Examination at Examination Hall, written and viva voce, 2.30 to about 7.15 P.M.

Wednesday, 23rd, Operations Examination at Examination Hall, 1.30 to about 7.15 P.M.

Thursday, 24th, Surgical Anatomy Examination at Examination Hall, 2 to 5 P.M.

Friday, 25th, Pathology, *viva voce* at Royal College of Surgeons, 5 to 9 P.M.

Saturday, 26th, Pathology, *viva voce* at Royal College of Surgeons, 4 to 6 P.M.

All candidates will be required to attend on Monday, Tuesday, Wednesday and Thursday, and on Friday or Saturday.

OBITUARY.

HENRY ALEXANDER BRUCE, M.D.,

Late Principal Inspector-General of H.M. Forces.

DR. HENRY ALEXANDER BRUCE, late Principal Inspector-General of H.M. Forces, died at his residence, Colmswell House, Burntisland, Fifeshire, on May 8th, at the age of 86. He began his medical course at St. Andrews in 1823, and subsequently studied at Edinburgh University; in 1828 he received the diploma of the Royal College of Surgeons, and in 1829 the degree of M.D. In the following year he was appointed to the Bengal Medical Service, and, after much and varied active service, he rose to be its head in 1864. He retired in 1866 after 35 years' service, with an interruption of only 20 months. He was with his regiment in its long and trying march to Cabul, he crossed the Hindoo Koosh in charge of Brigadier Dennie's force in September, 1840, and was present at the battle of Bamien, which was supposed to have finally crushed Dost Mahomed. In 1841 he was surgeon to the envoy at Herat; in 1857 he held a staff appointment at Cawnpore. He twice escaped death most narrowly, inasmuch as a fresh appointment called him to leave Cabul shortly before the massacre of our troops there, and in the mutiny it is believed he was the last officer to leave Cawnpore alive, having been ordered home on account of failing health.

PUBLIC HEALTH
AND
POOR-LAW MEDICAL SERVICES.

SMALL-POX, VACCINATION, AND THE DEATH-RATE.

A LETTER from a Mr. James R. Williamson has lately been going the round of the press, to the effect that the differing rates of mortality in vaccinated and unvaccinated children cannot be compared because the vaccinated children refuse to fall victims to the disease which so fatally attacks their less fortunate fellows. This, at least, seems to be the logical deduction from Mr. Williamson's argument. He seems to fancy that he has a grievance because the figures in the recent Warrington small-pox epidemic reveal the fact that a large proportion of the unvaccinated children were mere infants. We do not think that vaccination ought to be twitted because it cannot lend itself to a similar array of figures. If Mr. Williamson will study the report of Dr. Priestley, just issued, on the small-pox epidemic of 1892-3 at Leicester, he will see that there were only two children under 10 years of age who, having been vaccinated, contracted small-pox. And he will also find that there were no fewer than 105 children under 10 years of age who, not having been vaccinated, contracted the disease. Of these as many as 15 died, and the ages of these 15 were respectively 8 months, 9 months, 16 months, and 2, 3, 3, 4, 4, 5, 5, 7, 7, 7, and 9 years. Are not these data sufficient to make Mr. Williamson consider his thesis afresh? And this is but a sample, the latest to hand, from much accumulated data of a like sort.

As to Mr. Williamson's long quotation from Dr. J. Garth Wilkinson where he says, *inter alia*, "But it is demonstrable that vaccination has no influence whatever over the small-pox death-rate," let it suffice if we state that whereas in pre-vaccination days the small-pox mortality-rate was at least 2,000 per million living, it has dropped under obligatory vaccination to 89 for the 20 years 1872-91. At ages 0-5 years, it was in 1847-53, under optional vaccination, 1,617; and had fallen at these same ages, in 1872-91, to 177. But on the general question of the mitigation of small-pox attack and fatality, we deem it well to reproduce a table from Dr. Barry's Sheffield report, which admirably sums up the matter as it affected that borough in 1887-88. The table shows the composition, *quid* vaccination, of the total population, and of persons living in invaded houses, at various age-periods. Also the rates of attack and death per cent. of each class at each age period, both as regards the total population and the residents in invaded houses.

This table is at present hidden in a Blue-book, but it is a very important statistical study, and we commend it to Mr. Williamson's careful perusal. We will content ourselves with drawing attention to the following facts shown on the first line, those, namely, which have to do with ages 0.5 years. Here, if the rates of attack and death among the vaccinated be always regarded as unity, then the rates among the unvaccinated become in the total population 18 and 1,100; and in those

MEDICAL NEWS.

THE QUEEN has sent a donation of £100 to the Hospital for Sick Children, Great Ormond Street.

THE Salters' Company have recently permanently endowed five beds in Guy's Hospital, at a cost of £250 per annum.

SUPPRESSION OF UNLICENSED PRACTICE IN AMERICA.—A "Dr." Helen Ashley Keene has been fined 100 dollars and costs for practising without a licence in Waterbury, Connecticut. This is stated to be the first conviction under the Medical Practice Act recently passed.

ANOTHER GIFT FOR PAISLEY.—The announcement of another magnificent gift for Paisley has just been made. Accommodation is to be provided for thirty nurses. Mr. Peter Coats, jun., is the donor of the home. The cost is not stated, but it is understood to be about £10,000.

At an ordinary meeting of the Royal Microscopical Society, held on April 18th, Professor F. J. Bell read a letter from Mr. C. J. Pound describing the laboratories of the Stock Institute of Queensland, which had recently been instituted for the purpose of investigating the nature and causes of animal diseases in that colony.

THE value has been sworn at £15,398 of the personal estate of Dr. Roderick Macdonald, coroner for the North-eastern Division of Middlesex, who died on March 9th last. Among other bequests, he leaves to the Scottish Corporation £1,000, to the Royal Caledonian Asylum £1,000, and his residuary estate in trust for the Glasgow Royal Infirmary and six hospitals in the city and county of London.

PATIENTS FOR PASTEUR.—A new dog-muzzling order issued in Glasgow on May 2nd has been prompted partly by the fact that, on the recommendation of Professor McCall, a constable named Alexander Murray, and a boy, John Wood (13), residing in Abington Street, Glasgow, were despatched to the Pasteur Institute, Paris, on May 1st, the day after the old order had been withdrawn.

THE Duke of York presided on May 5th over the annual festival dinner in aid of the funds of the Hospital for Sick Children, Great Ormond Street; and in proposing success to the institution, set forth its claim to public support, and urged the need of liberal contributions to its finances, which had been severely taxed by the recent enlargement. During the evening contributions amounting to £10,066 was announced.

THE SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY.—The Duke of Norfolk, President, has just made a generous contribution towards the rebuilding fund of this hospital and dispensary. The first portion of the scheme is now in progress. An appeal will shortly be made to the public for funds to complete the other two blocks of the building, and the Duke of Norfolk has promised to contribute £1,000 a year for five years.

THE UNIVERSITY OF VIENNA.—The Professorial College of the Medical Faculty of the University of Vienna recommended Professor Czerny, of Heidelberg, in the first place; Professor Gussenbauer, of Prague, in the second; and Professor Mikulicz, of Breslau, in the third place for the chair of Surgery left vacant by the death of Professor Billroth. All three are pupils of the departed surgeon. Professor Czerny has been elected. For the chair of Ophthalmology, left vacant by the death of Professor von Stellwag-Carion, Professor Schnabel, of Prague, and Professor Borysiekiewicz, of Graz, have been recommended.

SOCIETY OF FELLOWS OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.—A meeting of local Fellows of the Royal College of Surgeons was held on May 10th in Manchester, Mr. Thomas Jones in the chair, when the following resolution, proposed by Mr. F. A. Southam and seconded by Mr. A. H. Young, was carried unanimously: "That a branch executive council in connection with the Society of Fellows of the Royal College of Surgeons of England be formed in Manchester." The following Fellows were elected to form such branch

executive council: Mr. James Hardie (Chairman), Mr. T. Jones, Mr. H. W. Pomfret (Honorary Secretary), Mr. C. Richmond, Mr. F. A. Southam, Mr. W. Thorburn, Mr. G. A. Wright, and Mr. A. H. Young.

THE ANATOMICAL SOCIETY OF GREAT BRITAIN.—A general meeting of this Society will take place on Monday, May 21st, at 4.30 P.M., at the Middlesex Hospital Medical School, when Professor Cunningham and Dr. Telford Smith will show the Brain of a Microcephalic Idiot, aged 32, and the following notes and papers will be read: Are the Terms "Flexion" and "Extension" Correctly Applied in the Case of the Ankle-joint? by Professor Sir G. M. Humphry; A Point in Anatomical Nomenclature, by Professor Macalister; A Groove on the Spine of the Sphenoid for the Chorda Tympani Nerve, by Mr. Clement Lucas; A Method of Microscopic Reconstruction, by Mr. Dixon; A Note on the Fifth Carpo-metacarpal Joint, by Mr. W. Anderson; The Morphology of the Tendo-Achillis, by Mr. F. G. Parsons; and A Divided Internal Cuneiform Bone, by Mr. Black. The Committee have decided to issue complete copies of the Society's *Proceedings* to members at a cost of 2s. 6d. Members wishing to have them are requested to apply to the Honorary Secretary for England.

MEDICAL VACANCIES.

The following vacancies are announced:

- BLACKBURN AND EAST LANCASHIRE INFIRMARY.—Junior House-Surgeon; doubly qualified. Salary, £50 per annum, with board, washing, and lodging. Applications to Nathan A. Smith, Secretary, 15, Richmond Terrace, Blackburn, by May 24th.
- BRIDGWATER INFIRMARY.—House-Surgeon. Salary, £70 per annum, with board and residence. Applications to Mr. John Coombs, Honorary Secretary, by June 15th.
- 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.
- FLINTSHIRE DISPENSARY.—Resident House-Surgeon. Salary, £120 per annum, with furnished house (rent and taxes free), and coal, light, water, and cleaning, or in lieu thereof £20 per annum; knowledge of Welsh desirable. Applications to W. T. Cole, Secretary, Board Room, Bangill Street, Holywell, by June 5th.
- GENERAL HOSPITAL, Birmingham.—Assistant House-Surgeon. Board, residence, and washing provided. No salary. Applications to the House-Governor by May 26th.
- GENERAL HOSPITAL, Nottingham.—Assistant House-Surgeon. Appointment for six months. Board, lodging, and washing provided. Applications to E. M. Keely, Secretary, by May 19th.
- GLASGOW MATERNITY HOSPITAL, 146, Buchanan Street, Glasgow.—Indoor and Outdoor Surgeons. Applications to Arthur Forbes, Secretary, by June 9th.
- 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.
- GREAT NORTHERN CENTRAL HOSPITAL, Holloway Road, N.—Junior House-Surgeon. No salary; board, apartments, and laundry provided. Applications to the Secretary by May 28th.
- GREAT NORTHERN CENTRAL HOSPITAL, Holloway Road, N.—Casualty Officer; must reside in the immediate neighbourhood of the hospital. Honorarium at the rate of 50 guineas per annum. Applications to William T. Grant, Secretary, by May 28th.
- GROSVENOR HOSPITAL FOR WOMEN AND CHILDREN, Vincent Square, Westminster.—Anæsthetist. Applications to the Secretary by June 1st.
- HOSPITAL FOR EPILEPSY AND PARALYSIS AND OTHER DISEASE OF THE NERVOUS SYSTEM, 32, Portland Terrace, Regent's Park, N.W. Physician to Out-patients. Applications to the Secretary by June 8th.
- 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.
- HOSPITAL FOR SICK CHILDREN, 18, Royal Arcade, Newcastle-on-Tyne.—Resident Medical Officer; doubly qualified. Salary, £60 per annum, with board, lodging, and laundry. Applications to Robert J. Gibson, Secretary, by May 31st.
- JAFFRAY SUBURBAN BRANCH OF THE GENERAL HOSPITAL, Gravelly Hill, near Birmingham.—Resident Medical and Surgical Officer; doubly qualified. Salary, £150 per annum, with board, residence, and washing. Applications to the House-Governor, General Hospital, Birmingham, by May 29th.
- LANCASTER INFIRMARY AND DISPENSARY.—House-Surgeon; unmarried; doubly qualified. Salary, £30 per annum, with residence, board, attendance, and washing. Applications, on forms to be obtained of the Secretary, to the Secretary by May 23rd.
- LONDON COUNTY COUNCIL.—Coroner for the North-Eastern District of London; not under 35 nor more than 50 years of age. Salary, £1,150 per annum. Applications, marked outside "Coroner for N.E. District," to the Clerk of the Council, Spring Gardens, S.W., by May 21st.

NEW HOSPITAL FOR WOMEN, 144, Euston Road.—Female Resident Medical Officer and Female Clinical Assistant for Out-patient Department. Applications to the Secretary by May 26th.

NORTH DEVON INFIRMARY, Barnstaple.—Two additional Honorary Surgeons; must reside within two miles of the Infirmary. Applications to the House Committee, under cover to the Secretary, before May 19th.

NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL, Hartshill, Stoke-upon-Trent.—Honorary Assistant House-Surgeon. Applications to the Secretary by June 5th.

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.

ROYAL CORNWALL INFIRMARY, Truro.—House-Surgeon; doubly qualified. Salary, £120 per annum increasing £10 yearly to £150, with furnished apartments, fire, light, and attendance. Applications to the Secretary by May 21st.

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.—Two Resident Medical Officers; doubly qualified; no salary; board, lodging, and washing provided. Applications to the Secretary by June 2nd.

ROYAL SOUTH LONDON DISPENSARY, St. George's Cross, S.E.—House-Surgeon, non-resident. Salary, £80 per annum. Applications to the Committee of Management by May 28th.

ST. LUKE'S HOSPITAL.—Two Clinical Assistants. Appointment for six months. Board and residence provided. Applications to Percy De Bathe, M.A., Secretary, by May 22nd.

ST. THOMAS'S HOSPITAL.—Resident Assistant Surgeon; must be F.R.C.S.Eng. Applications to Mr. E. H. Hardy, Treasurer's Clerk, by May 19th.

STAMFORD, RUTLAND, AND GENERAL INFIRMARY.—House-Surgeon; unmarried; doubly qualified. Salary, £100 per annum, with board, lodging, and washing. Applications to the Chairman of the Special Committee by May 25th.

UNIVERSITY COLLEGE, Liverpool.—George Holt Chair of Pathology and Derby Chair of Anatomy. Endowment, £375 per annum each, with share of fees. Applications to the Registrar by June 2nd.

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.

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.

ERRATUM.—Applications for the post of Assistant House-Surgeon to the General Hospital, Nottingham, should be sent in by May 19th and not May 26th, as stated last week.

MEDICAL APPOINTMENTS.

ARTHUR, John, L.R.C.P., L.R.C.S.Édin., appointed Medical Officer for the Gabalfa District of the Cardiff Union.

BALDWIN, Aslett, L.R.C.P.Lond., M.R.C.S.Eng., appointed House Surgeon to the Middlesex Hospital.

BEGGS, James E., B.A., M.B., B.C.Camb., D.P.H., appointed Assistant Medical Officer at the North-Eastern Hospital, Tottenham.

BELL, Theodore, M.D.Dub., appointed Medical Officer for the Warrenpoint Dispensary District.

CHALMERS, Dr., appointed Medical Officer for the Infectious Diseases Hospital at Bannockburn.

CULROSS, James, M.A., M.B., C.M.Glasg., appointed Medical Officer to the Workhouse of the Newton Abbot Union, *vice* Dr. Haydon, resigned.

DAWSON, Bertrand, M.D., B.Sc., M.R.C.P.Lond., appointed Medical Registrar to the London Hospital.

EMERSON, Mr., appointed Assistant House-Surgeon to the Guest Hospital, Dudley.

FISHER, John Bell, M.B., C.M.Édin., reappointed Medical Officer of Health for the Whitehaven Rural Sanitary District.

FOSTER, Mr. J. R., appointed Resident Medical Officer to the Cardiff Union.

GROVE, William Richard, M.D.St. And., M.R.C.S.Eng., reappointed Medical Officer of Health for St. Ives.

HAYNES, Sydney W., M.B., appointed Honorary Anæsthetist to the Birmingham and Midland Eye Hospital.

HEYWOOD, Charles Christopher, M.A., M.B., B.C.Cantab., M.R.C.S., L.R.C.P., appointed Honorary Medical Officer to the Pendleton Branch Dispensary of the Salford Royal Hospital, *vice* Philip Worley, M.R.C.S., L.R.C.P.Lond., resigned.

LEATHAM, Robert R., B.A., M.B., B.Ch., R.U.I., appointed Assistant Resident Medical Officer to the North-West London Hospital.

MUDGE, James, L.R.C.P.Édin., M.R.C.S.Eng., reappointed Medical Officer of Health to the Penzance Rural Sanitary Authority.

PALMER, Harold Lewis, M.R.C.S.Eng., reappointed Medical Officer of Health for the Newtown Urban Sanitary District.

PENNY, Edmund John, M.D.Brux., M.R.C.S.Eng., appointed Medical Officer and Public Vaccinator for the First District of the Tonbridge Union, *vice* E. A. Starling, M.B., resigned.

POWELL, Dr., appointed Medical Officer and Public Vaccinator for Sedgely No. 1 District of the Dudley Union.

ROBINSON, Edward Stanley, M.R.C.S., L.R.C.P.Lond., reappointed Medical Officer of Health for Stourport.

SARJEANT, John F., M.R.C.S.Eng., L.R.C.P.Lond., appointed Resident Medical Officer to the North-West London Hospital.

SAYRES, A. W. F., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer to the Wincanton Union Workhouse and District, and Public Vaccinator, *vice* H. A. H. McDougall, M.R.C.S., L.R.C.P., resigned.

SHORTTRIDGE, Thos. Wood, M.D.Brux., L.R.C.P., L.R.C.S.Édin., reappointed Medical Officer of Health for Honiton.

STRICKLAND, Charles Edward, L.R.C.P.I., M.R.C.S.Eng., appointed Medical Officer for the Park District of the Sheffield Union, *vice* J. A. Manton, L.R.C.P.Lond., M.R.C.S.Eng., resigned.

SYMES, W. S., L.R.C.P., L.R.C.S.I., reappointed Medical Officer of Health for the Newbold Urban Sanitary Dispensary.

THOMPSON, W. H., M.D.Durh., L.R.C.P., L.R.C.S.Édin., reappointed Medical Officer of Health for the Quarry Bank Urban Sanitary District.

TUCKETT, W. Reginald, M.R.C.S.Eng., appointed Medical Officer to the Charnwood Forest Convalescent Home.

TURNER, J. A., M.B., C.M.Édin., appointed Public Analyst to the Blaby Rural Sanitary Authority, *vice* Dr. Emerson, resigned.

WATSON, John, M.D., F.R.C.S.E., D.P.H., etc., appointed Honorary Medical Officer to the Speen Cottage Hospital, Newbury; also Honorary Physician to the St. Nicholas Training Home for Servants, Newbury.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, W.C. 3 to 5 P.M.—Lecture: Examination of Air, Soil, and Water. Practical Work: Plate Cultivations. London Throat Hospital, Great Portland Street, 8 P.M.—Dr. Edward Law: Examination of the Throat and Nose.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Annual Conversazione. Dr. William M. Ord: A Doctor's Holiday.

SOCIETY OF MEDICAL OFFICERS OF HEALTH, 20, Hanover Square, W., 8 P.M.—Discussion on the Etiology of Puerperal Fever. The subject will be introduced by Dr. Herman, President of the Obstetrical Society.

TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Hyslop: Stupor; Catalepsy; Katatonia; Dementia.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Dr. Mitchell Bruce (for Dr. Dempster, from Professor McFadyen's Laboratory, British Institute of Preventive Medicine): Relations between Kinds and Conditions of Soils and the Life of the Cholera and Typhoid Bacilli.

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

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 1 P.M.—Dr. Payne: Herpes; its Varieties. Metropolitan Hospital, N.E., 5 P.M.—Dr. Davies: The Thyroid Treatment of Myxœdema and Certain Skin Diseases.

METROPOLITAN COUNTIES BRANCH, 11, Chandos Street, W., 5 P.M.

THURSDAY.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralysed and Epileptic, Queen Square, 2 P.M.—Dr. Buzzard: Cases in the Hospital. Hospital for Sick Children, Great Ormond Street, 3.30 P.M.—Mr. John H. Morgan: Clinical Lecture. Central London Sick Asylum, Cleveland Street, W., 5.30 P.M.—Mr. Jonathan Hutchinson: Cases in the Wards.

FRIDAY.

CLINICAL SOCIETY OF LONDON, 8.30 P.M.—Annual General Meeting. Agenda: Report of Council: Election of Officers. Papers: —Dr. Churton: A Case of Pancreatic Cyst with Diabetes; Incision of Cyst; Death a Year Afterwards; Atrophy of Pancreas. Dr. Rose Bradford: A Case of Intracranial Aneurysm. Dr. Hale White: Two Cases of Intracranial Aneurysm. Dr. Diver: On the Use of Chlorine Gas in the Treatment of Chronic Ulcers of the Leg. Dr. Sansom: A Case of Purpura Hæmorrhagica probably due to Influenza.

SATURDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 11 A.M.—Dr. Corner: Delusional Insanity; Paranoia.

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.

BIRTH.

KEYT.—At Punta Gorda, British Honduras, on April 15th, the wife of Dr. Keyt, District Commissioner, of a son.

DEATHS.

RENDALL.—On May 8th, at Aix-les-Bains, after a short illness, Horatio Stanley Rendall, infant son of Stanley Rendall, M.D., aged 7 months.

SMITH.—On May 10th, at Winnipeg, Manitoba, of scarlet fever, Walter Heywood, eldest son of Heywood Smith, M.D., of Harley Street.

TWINING.—On May 7th, at the South Devon and East Cornwall Hospital, Plymouth, from the effects of an accident, Alfred Hughes Twining, M.D. of Salcombe, aged 41.