

ON SYMPHOROL (SODIUM CAFFEINE SULPHONATE) AS A DIURETIC.

By ERNEST E. WATERS, M.B. Edin.,
House Surgeon, Sheffield Union Infirmary.

DURING the past five weeks I have been trying this new diuretic on several patients, with negative results. In the pamphlet sent round to the profession it is stated that a dose of 60 grains daily increased the urine by 270 c.c. on the first day and by 730 c.c. on the second day after administration. The introducers of the drug state that it is likely to be particularly useful in dropsy arising from heart and kidney troubles. How far this action can be depended on, the following notes may show:

CASE I.—E. C., aged 37, suffering from mitral incompetence, with some pulmonary congestion and oedema of the lower extremities, was first put on tincture of digitalis, *mx*, thrice a day. The amount of urine was then small, and when first measured, after taking digitalis for five days, only 11 fluid ounces had been passed (April 30th), and on May 1st, 17 fluid ounces. On May 2nd 60 grains of symphorol were administered and 22 fluid ounces of urine were passed. This fell on the next day to 18 fluid ounces, and the day after to 16 fluid ounces. On the 5th only 11 fluid ounces were passed; so digitalis was again ordered, with the result that the urine rose to 15, 21, and 22 ounces respectively on the following days.

CASE II.—S. G., aged 56, suffered from mitral disease much more marked than in Case I. The oedema was general, and the face at times was livid. On April 23rd, after taking tincture of digitalis, *mxv*, every four hours for four days the quantity of urine was 11 ounces. On April 24th liquor trinitrine, *mj* every four hours, was given, and for the three days the quantity of urine passed was 14, 17, and 21 fluid ounces respectively. On April 27th symphorol, 60 grains, was given in twenty-four hours, and 24, 27, and 29 fluid ounces of urine were passed from then till May 1st, when the amount dropped to 20 fluid ounces. On the following two days 22 and 18 fluid ounces were recorded, and the medicine was changed to digitalis. Since then the daily amount has been 15, 31, 23, and 25 fluid ounces. This patient was drinking a large quantity of barley and lemon water, and had all through only a light diet.

CASE III.—A. W., aged 72, suffered from emphysema, weak heart, albuminuria, and dropsy. April 25th. After some days of digitalis the quantity of urine was 10 fluid ounces. April 26th. Liquor trinitrine, *mj* every four hours; the quantity of urine was 7 fluid ounces. April 27th and 28th. Symphorol, 60 grains; the quantity of urine was 12 and 7 fluid ounces. April 29th. Liquor trinitrine, *mj* every four hours, the quantity of urine was 9 fluid ounces. May 3rd. Death from suppression.

CASE IV.—J. D., aged 26, suffered from typhoid fever; in the third week. The urine was drawn off with the catheter. The bowels were usually constipated, and were opened with enemata when necessary. The patient was taking 4 pints of milk daily and unlimited lemon and barley water. April 26th and 27th. Salol, 10 grains, *t. d. s.*, quantity of urine 32 and 31½ ounces. April 28th. Symphorol, 60 grains; quantity of urine 22 fluid ounces. April 29th and 30th. Symphorol, 60 grains; quantity of urine 19 and 32 fluid ounces. May 1st. Symphorol, 60 grains; quantity of urine 17½ fluid ounces. May 2nd. Symphorol, 60 grains, quantity of urine 17 fluid ounces. May 3rd. Symphorol stopped; diarrhoea commencing.

In no case could any appreciable benefit be ascribed to the symphorol. In Case III it completely failed, and in the other cases the effect was not sufficiently marked to justify one in continuing its use to the exclusion of better known and more trustworthy remedies.

CANCER OF THE PROSTATE COMPLICATED WITH SPASMODIC CONTRACTION OF THE BLADDER.

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

J. G., aged 51, first came under my care in April, 1892, suffering from hæmaturia and retention, which he was able to relieve by using a catheter, and he told me he had done so for many months. At this time his symptoms were those of enlarged prostate. I found the right lateral lobe to be enlarged and very hard. There was no enlargement of the glands, but the man was a little sallow, and appeared prematurely old. The hæmaturia soon yielded to treatment, but there remained a good deal of irritability of the bladder.

He came to me again in October, having discontinued treatment for three months. He complained of much more pain, and it had altered in character. It came on, he said, like a wave, increasing in violence from the penis upwards, making him desire immediately to relieve himself. He would seize hold of the penis and hold it tightly, and, when the pain had reached its height, there would be a flow of a little white fluid; this would be repeated in a few minutes unless he relieved himself with the catheter. In the right inguinal

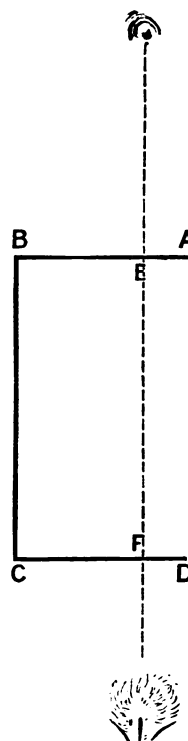
region above Poupart's ligament there was now to be felt a rounded hard fixed mass, which I took to be glandular. It steadily increased in size, and oedema of the leg ensued. As the pain increased in frequency, and having tried as sedatives morphine, cocaine, and belladonna as suppositories and injections without any relief, I sent him in November to Mr. Hurry Fenwick for any suggestions he could make for the relief of the spasms. At his suggestion I used 20 minim-doses of belladonna, together with ethereal tincture of phosphorus, and it gave slight relief for a time. Things went on getting worse, and he was getting more cachectic and weaker, and as life was becoming unbearable owing to the pain, I suggested a suprapubic operation as a possible means of relief. This was done in June by Mr. Paul Swain, and had the almost immediate effect of relieving all spasm, though, until the time of his death, he complained much of pain in the back, which was worse at night and in changes of weather. The interest in this case lies in the spasmodic nature of the pain, which seemed to be beyond the reach of therapeutics, and was only relieved by the suprapubic operation. My only regret is that I had not suggested this earlier in the case.

MEMORANDA:

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

LAPAROTOMY BY COMPOUND INCISION.

In laparotomy our first and true line of defence against subsequent hernia consists of the properly secured peritoneum. Stitching together the cut edges of the peritoneum only will not do; we must appose and stitch securely together the inner surface of the peritoneum on either side of the incision, so that this apposed surface is not less than half an inch broad, and co-extensive with the entire length of the incision. To do this we must be at close quarters with the peritoneum; we cannot stitch it thus at the bottom of a hole as in the direct vertical incision in subjects who have even a moderate depth of subcutaneous fat. By adopting the following method we quite overcome the difficulty. First make a rectangular flap composed of the skin and entire thickness of subcutaneous fat by beginning an incision at A and ending at D. Next turn this flap over to the left, and envelope it in lint wrung out of hot antiseptic solution. Now open the peritoneum along the middle line E F. After the intra-abdominal manipulations secure the peritoneum as indicated above, and flood the denuded surface with 1 in 2,000 solution of corrosive sublimate before lowering the flap. We can insert a drainage tube, where one is required, at either F or E as easily as we do now.



Elgin Avenue, Maida Vale, W.

WILLIAM FEARNLEY.

PUERPERAL SEPTICÆMIA AND PEMPHIGUS NEONATORUM.

Mrs. P. was confined on September 19th, 1893. The child was well nourished and healthy looking. The labour was rapid, the child being born very shortly before the midwife arrived. The cord was tied by the patient's mother; as soon as this was done the midwife arrived and expressed the placenta without difficulty. This was the second confinement; the first child is living and healthy.

On the night of the 21st the patient was restless and suffered from diarrhoea. The following morning I was called to see her; she had a temperature 103°, pulse 110, small, soft, compressible; tongue furred; breathing quick; no abdominal tenderness or distension; discharge rather scanty and ill smelling; vagina hot, no sores of any description to be seen. The condition did not improve in spite of frequent

douchings (hydrarg. perchl., 1 in 2000), carbolic acid internally, brandy, turpentine, quinine sulph.

During the latter half of the illness bullæ came out over chest, buttocks, and face; one large one was situated over the right sterno-mastoid, another occupied the whole of the left half of the forehead. They contained slightly turbid serum. The patient died after a seventeen days' illness; the immediate cause of death being pneumonia.

On the occasion of my first visit my attention was called to the child, the nurse stating that "something" had come out on the skin shortly after birth, and that there were diarrhœa and vomiting. On examination could be seen a plentiful eruption of bullæ over buttocks, chest, and neck; they varied in size, some being as large as a five-shilling piece; in shape some tended to ovoid, numerous shallow excoriations, the sites of ruptured bullæ. The diarrhœa and wasting continued, and the child died on the eighth day.

There is absolutely no history of syphilis in either parent. During the time of my attendance on both patients I was unable to trace the source of the infection. There was no vaginal examination made by anybody, and the house was in a sanitary condition. Recently a case of typhoid has occurred in the same row of houses, but it could not be attributed to anything insanitary in the house or neighbourhood.

I am inclined to think that the puerperal case was of endogenous origin, but I am unable to state what was the septic stimulus. It is remarkable that the pathogenic organisms should inoculate puerperal septicæmia and pemphigus neonatorum simultaneously.

W. JONES GREER.

Blaina.

Assistant Surgeon, Blaina and Nantyglo Collieries.

A CASE OF PERFORATIVE PERITONITIS.

The following may be of interest as an unusual cause of "peritonitis."

Lance-Corporal M., according to his own statement, was perfectly well until the morning of February 14th, 1894. On that day at 8 A.M., while at the ration stand, he suddenly felt ill with great pain at the bottom of the belly. After completing his duty and lying down some time in his barrack room, he walked to hospital—about a quarter of a mile—where he arrived at 11 A.M., appearing very ill. No cause could be discovered for his illness, which was diagnosed as "peritonitis," and ended fatally two days afterwards.

At the necropsy all the organs were found healthy except that the peritoneal surface of the intestines was inflamed and covered with lymph, and there were several ounces of foul acrid matter in the peritoneal cavity. This was found to come from a minute hole in the gut about a yard above the cæcum. The hole was the size of a No. 5 shot. One inch from it was seen a piece of grass sticking in the mucous membrane. It was the crown of a species of spear grass common in this country, and only too well known to sportsmen for its penetrating qualities. It had penetrated about half an inch between the mucous and muscular coats. I have little doubt that the hole, which gave exit to the fæces and caused the man's death, was due to a similar piece which escaped observation. How he managed to swallow the grass is unknown; possibly it was blown into his drinking water.

F. P. NICHOLS, B.A., M.B. Cantab.,

Secunderabad.

Surgeon-Major A.M.S.

A CASE OF CYSTICERCUS IN THE VITREOUS.

The prognosis in cases of cysticercus affecting the eyeball is usually very grave, and, unless one can deal effectually with the hydatid by surgical means, the eye will almost certainly be lost. The case which I now report is of peculiar interest, therefore, because the patient has always complained of defective vision in the right eye. He came to me complaining of intractable Dhobi itch, and, while engaged in conversation, he casually remarked that the sight of the right eye had always been defective. He is twenty-six years of age, and has never noticed any change in the condition of the eye.

The vision is $\frac{2}{20}$. There is slight divergent strabismus, but otherwise the eye looks perfectly normal. On ophthalmoscopic examination I found that there projected into the vitreous from the upper portion of the globe a dark object, which, on further examination, was found to be a dead and somewhat shrivelled cysticercus. The vitreous is otherwise

perfectly clear, and the edge of the disc is readily seen with a — 3 D lens. By direct focal illumination, the head of the entozoon is seen to have pierced the retina, and to lie in the posterior chamber close up against the lens. The body of the cyst is covered by detached retina. Hooklets and cephalic suckers are made out with the ophthalmoscope, aided by a 20 D convex lens behind the mirror. The patient has never complained of any pain or trouble in the eye. Glasses do not improve vision. The left eye is myopic to 0.5 D, but otherwise is perfectly normal.

Considering the long duration of the affection, the patient had no desire to run the risk of an operation, and so things remain *in statu quo*.

H. CAMPBELL HIGHT, C.M., M.D.

Singapore, Straits Settlements.

DIVISION OF THE SCAPULA BY A SWORD CUT.

Two months ago a sepoy was attacked by a Ghazi (Mohammedan fanatic) while coming out of the guard room. The door is low, and it is necessary to stoop slightly to pass out. The Ghazi was standing on the right side of the door, and three or four feet from it. The blow landed on the right shoulder, and, having divided a thick cloth tunic and shoulder strap, a knitted woollen waistcoat, and a shirt, inflicted a wound extending from half an inch above the clavicle to below the inferior angle of the scapula. I saw the man within three minutes of his receiving the injury, and found that the blow had cut the scapula clean in half, the line of division running from the suprascapular notch to the inferior angle. By muscular traction the two halves were separated for an inch, and on inserting a finger the third rib was felt to be notched. Hæmorrhage was free, but not nearly so great as would be expected from such a vascular region. It was controlled by pressure on the wound, no forceps being required. The wound granulated, and is now almost healed, but the arm is still useless.

The Ghazi was immediately shot. The bullet entered just behind the left great trochanter, and came out one inch above the right pubic spine. The left hip-joint was smashed, the small intestine perforated, and small intestine and omentum protruded through the wound of exit. Besides this a lot of dirt entered the abdominal wound by his falling face downwards on the ground, and when in this position he was pinned down by a bayonet through the arm. In spite of all these injuries there was no sign of shock, and he sang and talked in great spirits for some time. Peritonitis soon set in, and he died twenty-six hours afterwards. The shot was fired from a Martini-Henry at about fifteen yards.

W. H. OGILVIE, M.B., C.M.,

Surgeon-Lieutenant I.M.S.

Loralai, Beloochistan.

VENESECTION IN RENAL ASTHMA: INSTANT RELIEF: URIC ACID IN THE SERUM.

I was hastily summoned to this patient on November 20th, 1893, in the absence of his ordinary medical attendant, and found the symptoms so urgent that I was obliged to act alone and at once. The case was that of a man, aged 52, who had been under treatment for albuminuria, and dropsy for rather less than a week. I found him in a state of orthopnoea and tossing about in bed in his distress. Expiration was prolonged and accompanied with loud dry râles; the pulse was somewhat slow—the actual rate was not noted—and, as it appeared to me, of markedly high tension.

I immediately bled the patient *pleno rivo* to 15 ounces, with the result that he could at once lie down, and that all the distressing symptoms had disappeared next morning. He was afterwards in the Western Infirmary for some time, and there is reason to believe that the attack has been an acute one, and not likely to merge into chronic Bright's disease.

Having previously discovered crystals of uric acid in the serum of two cases of convulsions which I had bled, and being much interested in the important researches of Dr. Haig on uric acid in the causation of disease, especially headache, high-tension pulse, convulsions, epilepsy, etc., I forwarded a specimen of the blood to him in the above case, which he was so kind as to examine. He reports as follows on November 24th, 1893:

The specimen of blood you sent me on November 21st contained uric

acid to the extent of 0.015 per cent. My experience with blood drawn during life is too small to draw any sweeping conclusions from; but the largest quantity I have found in blood of venesection was 0.03 per cent. in a case of cerebral hæmorrhage. I have often found smaller amounts, 0.002 to 0.004. I should think, therefore, that 0.015 per cent. represents a distinct excess of uric acid, but that double this quantity may be found in some cases.

ROBERT KIRK, M.D.,
Physician to the Dispensary, Glasgow Western Infirmary.

REPORTS

ON

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

BRISTOL GENERAL HOSPITAL.

CASE OF COMPLETE INVERSION OF THE UTERUS CAUSED BY A FIBROMA IN THE FUNDUS—SPONTANEOUS REINVERSION UPON REMOVAL OF TUMOUR.

(By A. E. AUST LAWRENCE, M.D., Obstetric Physician to the Hospital.)

E. L., married 10 years, never pregnant; always had profuse menstruation, but no pain until eight months ago, when on lifting a heavy bed she felt great pelvic pain and bearing down, and in a few days she could feel just inside the orifice of the vagina what she described as her "womb down." This condition of affairs went on for eight months, until one week before her admission into the hospital, when she was taken with great pain, and faintness and bleeding, in consequence of the vaginal swelling becoming extruded from the vagina and remaining outside.

I found a large fibroma as big as my fist, with apparently a long pedicle which reached to the top of the vagina. I soon realised that some of this pedicle was the completely inverted uterus, and it was impossible to say where the pedicle ended and the uterus began, so I transfixed close to the tumour and tied the pedicle in two halves and again once completely round it. I then cut off the tumour, which was an ordinary fibromyoma of the uterus. The next day I found the uterus partially reinverted and only prevented from being more so by the wedge of tissue below my ligature. I now put a wire round at the seat of ligature, and cut off this remaining portion of the growth. No bad symptoms occurred, and at the end of three days I found that the uterus was completely reinverted, and that the pedicle, although divided close to the tumour, left very little space between it and the uterine wall.

REMARKS.—This case is interesting, as it is not common for complete inversion of the uterus to be caused in this way, nor is it usual for the uterus so completely to reinvert itself as it did in this case. I have no doubt that the woman had partial inversion for some eight months, and that the complete inversion only took place when the tumour was forced outside the vagina, and then it was that her symptoms became very alarming, and most profuse bleeding set in. At the operation I found that the uterus was stretched to such an extent as to be absolutely like an ordinary pedicle. I operated as I did as I dared not use an *écraseur* at first for I feared it would draw in too much tissue and possibly damage the uterus; but when, after twenty-four hours' ligation, the pedicle was sufficiently softened and its vessels blocked, then I had no hesitation in cutting through it with a fine wire, which would not be so likely to drag in tissue as a thick one. The danger of bleeding is more in using a fine wire, but this I combated by a preliminary ligature for twenty-four hours. This is long enough to leave on a ligature, as the centre of the pedicle had in this short time become gangrenous. Had I allowed this portion of the tumour to slough off my patient would most likely have died from septicæmia. I regard the rapid restoration of the organ to its normal situation to be due chiefly to its very recent displacement. I exerted no pressure whatever, as I feared I might damage the fundus uteri at this stage of the case.

GENERAL HOSPITAL, ST. KITTS, W.I.

(Under the care of W. J. BRANCH, M.D.)

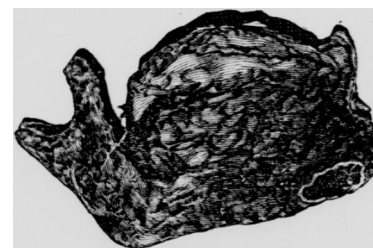
REMOVAL OF TUMOUR FROM LOWER JAW.

G. D., black, aged 23, was sent from the Island of Montserrat, with a large tumour of the lower jaw. She was anæmic and feeble from want of nourishment, as the tumour nearly filled the mouth.

Operation.—After anæsthetising the skin with chloride of ethyl spray (Dr. Bengue's) an incision was made from the chin to the angle of the jaw along the under edge of the bone. The facial artery was then ligatured in its continuity. The chloride of ethyl spray was kept working during these manipulations and the subsequent extension of the incision upwards to just below the centre of the lower lip anteriorly and the ear posteriorly. The girl manifested no symptom of pain. Ether was next administered with an Ormsby's inhaler, and the bone divided at the symphysis, cleared from the soft parts, and disarticulated. There was very little hæmorrhage.

The girl made a good and rapid recovery.

The ligature of the facial in the first instance and the use of a local anæsthetic in the external part of the operation seem to me little improvements, especially when this resection has to be performed on debilitated subjects.



The photograph here reproduced of the girl was taken ten weeks after the operation. The other photograph shows the bone removed. Two of the molar teeth are imbedded in the internal part of the tumour, but they cannot be clearly seen in the photograph.

PRESENTATION.—Dr. McCallum, on the occasion of his leaving Dunning, has been presented with a purse of sovereigns and a handsome walking stick, by the inhabitants of Dunning, as a mark of respect and esteem.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

DIPLOMA IN PUBLIC HEALTH.—The next examination for the diploma in Public Health will begin on October 2nd. Names of candidates, together with the necessary certificates, must be sent to the Registrar, Cambridge, on or before September 18th. Arrangements have been made for a six months' course of laboratory instruction and of practical sanitary administration. A. General course of Hygiene by Dr. Anningson during the Long Vacation (July and August). B. Practical Sanitary Administration, six months' course by Dr. Anningson. C. Course in Bacteriology in the Pathological Laboratory by Drs. Kanthack and Lorrain Smith, and Messrs. Cobbett and Drysdale. Those proposing to attend should send in their names to L. Cobbett, M.A., New Museums, as soon as possible. D. Course in Chemistry and Physics in the Chemical Laboratory by Dr. T. H. Easterfield. A special short course will be held for candidates who obtained a registrable qualification prior to January 1st, 1890. Further particulars can be obtained on application to Dr. Anningson, Barton Road, Cambridge.

M.B. DEGREE.—The following have kept the Act as required for the degree of Bachelor of Medicine:

A. L. Jackson, M.A., Clare; C. Neill, B.A., Caius; T. A. Bowes, B.A., Caius; F. W. Sell, B.A., Caius; A. H. Wilson, B.A., Christ's.

EXAMINERS.—The following examiners for the Third M.B. Examination have been appointed:

Medicine: Dr. W. H. Dickinson, Dr. J. K. Fowler, Dr. L. Humphry, Dr. J. F. Payne.

Surgery: Mr. H. H. Clutton, Mr. F. Treves, Mr. H. Marsh, Mr. W. H. Bennett.

Midwifery: Dr. W. S. A. Griffith, Dr. J. Phillips.

VICTORIA UNIVERSITY.

PRINCIPAL WARD, of Owens College, has been elected Vice-Chancellor, in succession to Professor Rendall, of University College, who has resigned the position.

THE GROWTH OF THE UNIVERSITY.—The Vice-Chancellor, speaking at a recent Court meeting, said that the University had made remarkable progress during the last four years. Candidates for examination had increased from 337 in 1890 to 447 in 1891, 613 in 1892, and 762 in 1893, exclusive of those who entered twice over. Thus in the space of four years the University had practically doubled the number of its candidates for University examinations. The number of degrees actually conferred was, in 1890, 57; in 1891, 70; in 1892, 85; and in 1893, 117, showing again that in the same period the successful candidates for degrees had more than doubled. This session was largely in excess of previous results, and he was informed that already the number of candidates for University examinations was 600.

THE SCOTTISH UNIVERSITY COMMISSION.

THE MEDICAL EDUCATION OF WOMEN.—The Scottish Association for the Medical Education of Women has forwarded for presentation in both Houses of Parliament a petition against Section 9 of Ordinance No. 45 of the Scottish Universities' Commissioners; they ask that assent should be withheld from this ordinance on the ground that, when read with Section 11, Subsection 4 of Ordinance No. 18, and pending the time when provision shall be made in the University of St. Andrews for the instruction of women in all the subjects qualifying for graduation, it would seem to imply the necessity of university residence at St. Andrews during attendance on such medical classes as are already open to women in the University, such as chemistry, physics, botany, zoology; that this implied condition as to residence involves an unfair hindrance to women who, with a view to a university degree, have commenced, or may be commencing, their studies at the Medical College for Women, all of whose teachers have been recognised by the University Court of St. Andrews, and constitutes a hardship which is not offered to male students, in the case of whom residence is exacted during any two of the five years of study; that they believe it would be to the advantage of medical education in Scotland if the restrictions as to residence at St. Andrews University were removed altogether, and that the privilege hitherto exercised by that University of granting medical degrees were adjusted so as to include in its scope candidates who hold the aforesaid triple qualification granted by the Scottish Medical Corporation. Failing this, the regulations of the University as to term of residence should be so arranged as to encourage, rather than to hamper, the entrance of women students to the study of medicine, with a view to graduation at that University.

ROYAL UNIVERSITY OF IRELAND.

THE Calendar of the Royal University of Ireland for 1894 has been issued. It contains the usual information as to examinations for degrees, as to prizes and scholarships and lists of graduates, of honours, and of persons who have passed examinations during 1893. A supplementary volume, containing the examination papers set in 1893, forms somewhat melancholy reading to middle-aged people who do not like to be reminded of how much they have forgotten. The volumes are printed for the University by Alex. Thom and Co., of Dublin, and the *Calendar* is published in London by Longmans, Green and Co. The price of either volume is 3s.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

At a meeting of the Fellows, held on Monday, June 4th, the following gentlemen were elected for the ensuing year:—*President:* William Thornley Stoker. *Vice-President:* William Thomson. *Secretary:* Sir Charles A. Cameron. *Council:* Sir George Porter, Bart.; Archibald Hamilton Jacob, E. H. Bennett, Sir Philip Crampton Smyly, R. L. Swan, H. R. Swanzy, W. I. Wheeler. Austin Meldoun, Wm. Carte, Sir Charles A. Cameron, F. A. Nixon, Kendal Franks, Charles B. Ball, J. B. Story, Henry Fitzgibbon, Francis T. Heuston, H. J. Broomfield, John Lentaigue, Arthur Chance.

MEDICO-PARLIAMENTARY.

HOUSE OF LORDS.

Scottish Universities Commission.—The MARQUIS OF BUTE presented petitions from various medical bodies in Edinburgh and Glasgow, against Section 8 of the Ordinances of the Scottish Universities Commission.

HOUSE OF COMMONS.

Food Adulteration.—Mr. SHAW LEFEVRE, in reply to Mr. KEARLEY, said that some little time ago he received a deputation on the subject of dairy products, and after consulting with his colleagues he intimated that the Government would give its assent to the appointment of a Select Committee. Since then another deputation had urged the widening of the inquiry into the general subject of adulteration, and he could not well do otherwise than assent to the wider Committee.

Sight Testing.—Dr. MACGREGOR asked the President of the Board of Trade what steps, if any, the Board of Trade proposed to take respecting the correspondence passed between the Board and the railway companies bearing on the subject of the method of sight testing practised by the companies, and was the Board satisfied that every precaution was now being taken for the public safety.—Mr. BRYCE said the railway companies were fully alive to the importance of the subject, and were endeavouring to institute a system of tests, and to do what was necessary in the interests of public safety on the lines suggested by the Committee of the Royal Society. The Board of Trade did not propose to take any further action at present, but would not lose sight of the matter.

Experiments on Living Animals.—Mr. G. RUSSELL, in answer to Colonel LOCKWOOD, said that, as stated in Table 3 of the Inspector's return, no return was received from Messrs. Lin Boon Keng, Otto Lang, and Conrad Gerland, nor from the late Dr. Romanes. The inspector had ascertained, in the case of Messrs. Romanes and Gerland, from inquiries at the laboratories where the licences were available, that they had not performed any experiments, and, therefore, had included their names in Table 2. From similar inquiries in the case of Messrs. Keng and Lang, he ascertained that they had performed experiments, and therefore had included them in Table 1. The licences to persons included in Table 2 were renewed from time to time, because for various reasons the licensees were unable to take up that work in one year, whereas they could in another; and some (such as Professor George Thomas Brown) hold such licences in case they might have to perform experiments with regard to the cattle disease, or for judicial purposes. The number of animals experimented upon might be taken as closely corresponding to the number of experiments—namely, 4,046. The names of the kinds of animals were all reported to the inspector except those animals that were experimented on under Certificate C, or under a licence without a certificate, all such experiments being upon animals in a state of complete anaesthesia. The information which was to be gathered from Tables 2 and 3 was, he thought, sufficient, and in his opinion there was no occasion for any further table.

Cholera at Mecca.—Sir HENRY ROSCOE asked the Under Secretary of State for Foreign Affairs whether any information had been received at the Foreign Office from Constantinople or elsewhere to the effect that an outbreak of cholera had occurred at Mecca; and whether, if so, steps would be taken to urge the Porte to carry out the recommendations of the Sanitary Congress as to preventive and repressive measures.—Sir E. GREY said that it was reported on June 2nd that, according to latest telegraphic advices from Mecca, the public health there was good. The Porte was represented at the Sanitary Congress, but its delegates did not sign the recommendations.

Workhouse Inmates and Special Hospitals.—Mr. MICHAEL AUSTIN asked the Chief Secretary to the Lord Lieutenant of Ireland whether his attention had been directed to a report appearing in the local papers of a meeting of the Limerick Board of Guardians from which it appeared that the mayor of the city acting on a certificate from the medical officer of the union had two children who were suffering from rabies sent to the Pasteur Institute for treatment; and whether, as President of the Local Government Board, he would see that the expenses in connection with the case would be sanctioned, as if, in compliance with the law, the children had become inmates of the workhouse in the first instance fatal results might have followed?—Mr. JOHN MORLEY said his attention had been drawn to the newspaper report of the proceedings of the Limerick Guardians at the meeting referred to. Boards of Guardians were legally empowered to send inmates of workhouses to any hospital for special treatment and to pay the incidental expenses. The Pasteur Institute in Paris was recognised as such a special hospital, and the sanction of the Local Government Board was not requisite to the payment of expenses in such cases. There was, however, no legal authority enabling boards of guardians to send to hospitals persons who were not workhouse inmates, and no sanction given by the Local Government Board would legalise such expenditure or in any way authorise the auditor to pass it.

Infectious Diseases in Pauper District Schools.—Mr. BARTLEY, on behalf of Sir J. Gorst, asked the President of the Local Government Board whether he would direct a return to be made of the number and dates of the epidemics of ophthalmia, scarlet fever, measles, throat complaints, and other infectious maladies, which had broken out during the last ten years in the pauper district schools belonging to the metropolitan unions, specifying in the case of each epidemic the number of children attacked, the duration of the treatment of cases, the number of deaths and of permanent physical disablement, and the total extra cost occasioned to the ratepayers of the metropolis by the outbreak.—Mr. SHAW LEFEVRE said he had made inquiry, and found that it would not be practicable to furnish such a return as was suggested. If the right honourable gentleman would desire a return as to the mortality among children in these schools during a limited period, say of three years, he would be prepared to consent to it.

Prevention of Cruelty to Children.—On the further consideration of this Bill as amended, Mr. HOPWOOD withdrew from his attitude of opposition. Certain minor amendments, moved by Sir R. WEBSTER and Mr. ASQUITH, were agreed to, and the Bill was read a third time.

in 1886, he at an early period called attention to the probability that the Oldham Small-Pox Hospital was the means of spreading the disease in the neighbouring district of Chadderton, an opinion which was subsequently strengthened. It is in connection with the smoke question that Dr. Patterson was best known. Finding that the local authorities were not disposed to pursue a vigorous policy in regard to the emission of smoke from manufacturing chimneys, and holding strongly that the pollution of the atmosphere by smoke is injurious to the health and comfort of the community, Dr. Patterson availed himself of the powers given by the Public Health Act of 1875 to enforce reform. He had the gratification of knowing that the influence of his work was not only fully recognised in his own district, but had extended to surrounding towns. About a month ago he was presented with a gold watch by a few friends as a token of regard and of recognition of his public service. A year ago he was returned unopposed as member of the Lancashire County Council for Chadderton.

JAMES WILL, M.D. ABERD.

WE regret to announce the death of Dr. James Will, of Aberdeen, which occurred suddenly at his residence on June 1st. About a month ago the deceased suffered from a serious illness, but he so far recovered as to be able to resume his professional duties. He visited his patients on June 1st as usual, but on reaching home in the afternoon was suddenly attacked with faintness. His son, Dr. Ogilvie Will, was immediately sent for, and the patient rallied for a time. Two hours afterwards another attack supervened, and Dr. Will passed away quietly without any suffering.

A native of Aberdeen, Dr. Will, studied at the University, where he took the degree of M.D. (King's College) in 1840, having previously qualified as M.R.C.S. Eng. in 1832. For some time he acted as superintendent of the Aberdeen Lunatic Asylum. He was certifying surgeon under the Factory Act, and medical officer to the Post Office, and a Justice of the Peace for Aberdeenshire.

WE regret to record the death of Mr. RICHARD REECE, of Walton, which took place on May 19th. The deceased gentleman, who was in his 90th year, took the L.S.A. in 1832, and became a M.R.C.S. Eng. in 1851. He first went to Walton in 1839, and soon secured a large practice. In January last Mr. Reece slipped downstairs and broke his leg. Since then he has been confined to his bed, and eventually succumbed to bronchitis and syncope.

WE regret to announce the death of Mr. WILLIAM MARDEN, at Southport, on May 22nd. The deceased gentleman, who was in his 82nd year, had been in failing health for a long while. His career in the medical profession was a successful one. After distinguishing himself as a student at University College, London, where he gained the gold medal for materia medica, he qualified as M.R.C.S. and L.S.A. in 1836. He studied for some time in the Paris hospitals. For a long period he held the posts of Medical Officer of Health for Mirfield, Ravensthorpe, and Thornhill, and Surgeon under the Factory Acts. The deceased leaves a widow and one married daughter.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. Eduard Sperk, Director of the Imperial Institute of Experimental Medicine, St. Petersburg, aged 57; Dr. Karl Peters, Privy Councillor and President of the Mecklenburg Medical Association, aged 85; Dr. José Aparicio, formerly Professor of Ophthalmology in the University of Valencia and a man of wide knowledge and ripe experience, whose career came to a premature end some years ago owing to cerebral disease; Dr. Antonio Gargia, formerly Lecturer on Forensic Medicine in the University of Naples, aged 78; and Dr. Nikolas Stroganoff, *Privatdozent* in the University of Odessa, one of the founders of the *Jushno Rus-ska'a Medizinskaja Gazeta*, and author of numerous papers, principally on pathological subjects, aged 52.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

THE REGISTRAR-GENERAL'S REPORT.

THE Registrar-General's annual report, which has just been issued, deals with the vital statistics of England and Wales for the year 1892. Although the earlier publication of quarterly returns somewhat discounts the interest attaching to the principal statistical facts of the year, the report now published gives a large amount of detailed information relating to the causes of death and the ages at death necessary to the true appreciation of the general death-rate. It is satisfactory to note, with regard to the marriage-rate, that although it showed a slight decline from that recorded in the preceding year, it was above the average. The birth-rate did not exceed 30.5 per 1,000 of the population, and with one exception was lower than in any year on record. The recent epidemics of influenza have had a considerable effect upon the birth-rate, which, it may be anticipated, will shortly show a marked recovery. As is invariably the case, the mining and industrial counties yielded the highest birth-rates, the proportion of young married persons being higher in such counties than in the country at large.

The death-rate in 1892 was equal to 19.0 per 1,000 living; this rate was slightly lower than the average rate in the preceding ten years, and as much as 1.2 per 1,000 below the exceptionally high rate recorded in 1891, when influenza was more fatally prevalent than during the year under notice. With regard to age at death, it appears that the death-rate among persons aged below 45 years was below the average, while at each age-period above 45 the death-rate showed an excess. This excess was due to the epidemic prevalence of influenza. With regard to infant mortality, the proportion of deaths under 1 year of age to registered births was 148 per 1,000, and slightly exceeded the average.

With reference to the assigned causes of death during the year, the death-rate from zymotic or specified febrile diseases showed a further increase upon that recorded in recent years, and exceeded the rate in any year since 1884. After three years of practical immunity from small-pox the deaths from this disease suddenly rose to 431 during 1892, of which 13 per cent. were stated to have been vaccinated and 25 per cent. unvaccinated, while in the remaining 62 per cent. no statement as regards vaccination was made. The Registrar-General expresses regret that medical men continue to neglect, in so large a proportion of cases, to give this very desirable information. There was also an increase in the mortality from measles, scarlet fever, and diphtheria during the year under notice, but the death-rate from enteric fever and whooping-cough showed a decline.

As was the case in the preceding two years, 1890 and 1891, the year 1892 was marked by a severe epidemic of influenza, accompanied by a great increase in the mortality from diseases of the respiratory organs. The loss of life from influenza was relatively greatest in London, and rather greater in the south than in the north of the country. The Registrar-General estimates that the excess of mortality from influenza and from diseases of the respiratory organs during the three years 1890-1-2 represents a loss of not fewer than 110,000 lives.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,055 births and 3,403 deaths were registered during the week ending Saturday, June 2nd. The annual rate of mortality in these towns, which had been 17.1 and 17.7 per 1,000 in the preceding two weeks, declined again last week to 17.0. The rates in the several towns ranged from 12.3 in Brighton and 12.6 in Croydon to 21.7 in Birkenhead and 30.0 in Wolverhampton. In the thirty-two provincial towns the mean death-rate was 17.4 per 1,000, and was 1.0 above the rate recorded in London, which was 16.4 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.6 per 1,000; in London the rate was equal to 3.2 per 1,000, while it averaged only 2.1 in the thirty-two provincial towns, and was highest in West Ham and Birkenhead. Measles caused a death-rate of 2.2 in Birmingham, 2.5 in Birkenhead, and 2.6 in West Ham; scarlet fever of 1.8 in Salford; whooping-cough of 1.9 in Sunderland; and fever of 1.1 in Burnley. The 53 deaths from diphtheria in the thirty-three towns included 36 in London, 3 in Leeds, and 3 in Sheffield. Four fatal cases of small-pox were registered in London, 3 in Birmingham, 3 in West Ham, and 1 each in Liverpool, Plymouth, Bristol, and Bradford, but not one in any other of the

MEDICAL NEWS.

THE Sixth Congress of Russian Physicians will be held at Kieff in the early part of May, 1896.

ROYAL MEDICAL BENEVOLENT FUND SOCIETY, IRELAND.—The annual meeting of this Society was held in the Royal College of Physicians, Dublin, on June 4th. Dr. W. G. Smith, President of the College, occupied the chair. The subscriptions received amounted to £1,164. The usual resolutions were proposed, and officers appointed for the ensuing year.

IRISH MEDICAL SCHOOLS' AND GRADUATES' ASSOCIATION.—The annual provincial dinner of this Association will be held at the Midland Hotel, Bradford, Yorks, on Saturday, June 30th, at 7 P.M., Dr. Richard Heath, President, in the chair. A large gathering of members resident in the Northern and Midland counties is expected. Dr. T. W. Hime is the local honorary secretary of the Dinner Committee. The Council of the Association will meet before the dinner for the election of new members.

THE SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—The annual general meeting of the Society for the Relief of the Widows and Orphans of Medical Men was held on Friday, May 25th, at 11, Chandos Street; the chair was taken at 5.30, by the President, Sir James Paget. The report was read by the Secretary. Thirteen new members were elected in 1893, 15 had died, and 2 resigned, leaving 308 on the books. Fresh applications for grants had been received from 2 widows and 1 orphan; 6 widows had died, and 4 children had become ineligible for further grants. A sum of £2,880 10s. had been distributed among the widows and orphans on the funds of the Society. The expenses of the year had been £250. The receipts available for the payments of grants and expenses had been £3,247. A legacy of £791 had been paid, and the funded property increased by the purchase of £843 10s. stock. A vote of thank to the editors of the medical journals, for their kindness in making known the objects of the Society, was passed. The following gentlemen were elected to fill the vacancies in the offices of the Society: Mr. Merriman, a vice-president; Dr. Church, a treasurer; and Dr. Braxton-Hicks, Dr. Russell Reynolds, Dr. Dr. Morison, Mr. Rouse, Mr. Langton, Dr. Oswald, and Dr. W. Wharton Hood, directors. A vote of thanks to Sir James Paget, for his kindness in presiding, was carried unanimously.

MEDICAL VACANCIES.

The following vacancies are announced:

ARMAGH UNION, Loughgall Dispensary.—Medical Officer. Salary, £120 per annum, with £20 yearly as Medical Officer of Health, together with vaccination and registration fees. Applications to Mr. Jacob Orr, Honorary Secretary, Cranagill, Loughgall. Election on June 11th.

BARNSTAPLE UNION.—District Medical Officer. Salary, £70 per annum, and 10s. for each case of midwifery if the patient resides less than one mile from the medical officer, 15s. if one mile and less than four, and £1 if four miles or beyond that distance. Applications to Wm. Henry Toller, Clerk, by June 20th.

BRIDGWATER INFIRMARY.—House-Surgeon. Salary, £70 per annum, with board and residence. Applications to Mr. John Coombs, Honorary Secretary, by June 15th.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—House-Physician. Board and residence and allowance for washing. Appointment for six months. Applications and testimonials to T. Storrar-Smith, Secretary, 24, Finsbury Circus, E.C., by June 14th.

COUNTY ASYLUM, Whittingham, Preston.—Junior Assistant Medical Officer. Salary, £100 per annum, with apartments, board, and washing. Applications to the Superintendent.

COUNTY DOWN INFIRMARY, Downpatrick.—Registrar, Compounder of Medicine, and Assistant to the Surgeon. Salary, 60 guineas, with board, fuel, and washing. Applications to the Registrar by June 14th.

COVENTRY AND WARWICKSHIRE HOSPITAL.—House-Surgeon and Assistant House-Surgeon. Salary, £100 per annum for the House-Surgeon. The Assistant will be appointed for six months, with honorarium of £15. Board, rooms in the hospital, and attendance provided in each case. Applications to Arthur Seymour, Secretary, by June 18th.

DEVIZES UNION.—Medical Officer for the Sixth District. Salary, £25 per annum, with usual extra fees. Applications to F. M. Lush, Clerk, by June 12th.

DISTRICT INFIRMARY, Ashton-under-Lyne.—House-Surgeon, doubly qualified. Salary, £90 per annum, with board and lodging. Applications, marked "Application for the office of House-Surgeon," to William Bottomley, Honorary Secretary, by June 19th.

EARLSWOOD ASYLUM FOR IDIOTS, Redhill, Surrey.—Fully qualified practitioner to take charge of the Asylum. Age 30 to 40. Salary, £500 per annum, with furnished residence and coals and gas. Applications endorsed "Medical Superintendent" to the Board of Management at the offices, 36, King William Street, London Bridge, E.C., by June 12th.

EAST RIDING LUNATIC ASYLUM, Beverley.—Assistant Medical Officer, unmarried. Salary, £100 per annum, with board, lodging, and washing. Age between 23 and 30. Applications to C. W. Hobson, Clerk to the Visiting Committee, by June 18th.

GLAMORGANSHIRE AND MONMOUTHSHIRE INFIRMARY, Cardiff.—Assistant Resident Medical Officer. Appointment for six months. No salary, but board, washing, and apartments. Applications and testimonials to G. T. Colman, Secretary, by June 9th.

GLASGOW EYE INFIRMARY.—Resident Assistant House-Surgeon. Salary, £50, with apartments and board. Applications to William George Black, Secretary, 88, West Regent Street, Glasgow, by June 11th.

GLASGOW MATERNITY HOSPITAL, 146, Buchanan Street, Glasgow.—Indoor and Outdoor Surgeons. Applications to Arthur Forbes, Secretary, by June 9th.

HEIGHAM HALL PRIVATE LUNATIC ASYLUM.—Assistant Medical Officer; doubly qualified, and unmarried. Salary, £100 per annum, with furnished rooms, board, and washing. Applications to Dr. Compton, Heigham Hall, Norwich.

KAMA HOSPITAL, Bombay.—Lady Doctor as First Physician. Salary, Rs. 700, rising by annual increments of Rs. 40 to Rs. 900 per annum. First class passage to Bombay provided. Applications to the Secretary, Public Department, India Office, London, S.W., by June 20th.

LONDON COUNTY COUNCIL.—Medical Men to give such medical assistance as may be required by the officers and men of the Metropolitan Fire Brigade and the men employed at the main drainage pumping stations and other persons in the service of the Council. Remuneration at the rate of 10s. per annum per man in the district. Applications on official forms (which, together with particulars of appointments and list of districts, can be obtained from the Clerk) to H. De la Hooke, Clerk of the Council, Spring Gardens, S.W., by June 21st.

NEWPORT AND MONMOUTHSHIRE INFIRMARY, Newport, Mon.—House-Surgeon, doubly qualified. Salary, £100 per annum, with board and residence. Applications to the Secretary by June 23rd.

NORFOLK AND NORWICH HOSPITAL.—Assistant to House-Surgeon. Board, lodging, and washing provided. Applications to the House-Surgeon by June 22nd.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, N.E.—House-Physician for six months. At the expiration of this term he will be required, if eligible, to serve as House-Surgeon for six months. Salary as House-Physician, £60 per annum, and as House-Surgeon £80 per annum. Doubly qualified. Applications to the Secretary, at 27, Clement's Lane, E.C., by June 13th.

OXFORD EYE HOSPITAL.—House-Surgeon. Board and lodging, and honorarium of £50 at completion of a year's residence. Applications to B. H. Baden-Powell, Honorary Secretary, 29, Banbury Road, Oxford, by June 15th.

PARISH OF ST. PANCRAS.—Medical Superintendent for the Infirmary, Dartmouth Park Hill, N.; doubly qualified; between 30 and 45 years of age. Salary, £400 per annum, with house, coals, gas, washing, and paid substitute. Applications, on forms to be obtained at the office, to A. A. Millward, Clerk to the Guardians, Vestry Hall, Pancras Road, N.W., by June 12th.

ROYAL ALBERT HOSPITAL, Devonport.—Assistant House-Surgeon for six months. Board, lodging, and washing provided. No salary. Applications to Chairman of Medical Committee by June 20th.

ROYAL BERKS HOSPITAL.—Assistant House-Surgeon. No salary. Board and lodging provided. Appointment for six months. Applications to the Secretary, by June 12th.

ROYAL LONDON OPHTHALMIC HOSPITAL, Moorfields.—Curator, non-resident. Appointment for one year; renewable. Salary, £120 per annum. Applications to the Secretary by June 30th.

ST. PANCRAS AND NORTHERN DISPENSARY, 126, Euston Road, N.W.—Surgeon. Applications to H. Peter Bodkin, Honorary Secretary, 23, Gordon Street, Gordon Square, W.C., by June 22nd.

SUNDERLAND BOROUGH LUNATIC ASYLUM.—Medical Superintendent, doubly qualified. Salary, £350 per annum, with furnished house, board for self and wife (if married), washing, coals, light, two servants, and use of garden. Applications, endorsed "Medical Superintendent," to Fras. M. Bowey, Clerk to the Visiting Committee, Town Hall, Sunderland, by June 30th.

TIPPERARY COUNTY INFIRMARY.—Surgeon. Salary, £100 per annum. Candidates must be Fellows of the Royal College of Surgeons in Ireland. Applications to Mr. James J. Chadwick, Secretary. Election on June 22nd.

UNIVERSITY OF EDINBURGH.—Chemical Assistant to Professor of Physiology. Salary, £180 per annum. Applications to the Secretary of the University Court before July 1st.

WEXFORD UNION, Broadway Dispensary.—Medical Officer. Salary, £125 per annum, with £15 yearly as Medical Officer of Health, together with registration and vaccination fees. Applications to Mr. Wm. Pettit, Honorary Secretary, Rathmore. Election on June 15th.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL, Wolverhampton.—Resident Assistant. Appointment for six months. Applications, inscribed "Application for Resident Assistant," to the Chairman of the Medical Committee by June 25th.

MEDICAL APPOINTMENTS.

- ALLOTT, W. L., M.R.C.S.Eng., L.R.C.P.Edin., reappointed Medical Officer of Health to the Hoyland Local Board.
- COOPER, Walter, L.R.C.P.Lond., M.R.C.S.Eng., appointed Honorary Surgeon to the Barnstaple and North Devon Infirmary, *vice* H. W. McConnell, M.A., M.B.Cantab., resigned.
- CRUICKSHANK, Adam Lind P., M.B., C.M.Aberd., appointed Resident Medical Officer to the British Hospital at Buenos Ayres.
- DEANE, E., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer for the Caversham District of the Henley Union.
- GRIFFITHS, Dr. W. A., appointed Medical Officer for the Third District of the Andover Union.
- DENSHAM, A. B., M.R.C.S., L.R.C.P., L.D.S., appointed Demonstrator in the London School of Dental Surgery, Leicester Square.
- FIELD, Edgar, L.D.S. appointed Dental Surgeon to the Croydon General Hospital and the Croydon Provident Dispensary.
- GRIFFITHS, W. A., M.R.C.S.Eng., appointed Medical Officer of the Michledever District of the New Winchester Union.
- GUILDING, Lansdown Murray, M.A.Oxon., M.B., B.Ch., appointed Workhouse Medical Officer of the Reading Union.
- HARPER, J. R., M.R.C.S., L.R.C.P.Lond., appointed Honorary Surgeon to the Barnstaple and North Devon Infirmary, *vice* Joseph Harper, M.R.C.S., L.R.C.P.Lond., resigned.
- JONES, Mr., appointed House-Surgeon to the Royal Cornwall Infirmary, Truro.
- KIRK, Thomas Sinclair, M.B., B.S.Irel., appointed House-Physician to the Belfast Royal Hospital, *vice* Jas. Colville, B.A., M.B., appointed House-Surgeon.
- KOETTLITZ, M., L.R.C.P.Lond., appointed Medical Officer for the Hurnsteden District of the Auckland Union.
- MACDONALD, P. M. A., appointed Resident Medical Officer to the York Dispensary.
- MITCHELL, T., M.D.Glasg., appointed Medical Officer for Llandilo Talybont.
- MORRIS, Sylvanus Glanville, M.B., C.H.M.Edin., appointed Medical Officer for the Cwmtwrch and Cwmilynnell Districts.
- POWELL, Dr., appointed Medical Officer for the No. 2 District of the Shepton Mallet Union.
- RAKE, A. T., M.B.Lond., F.R.C.S., appointed Registrar and Pathologist to the East London Hospital for Children, Shadwell, E.
- RUDD, W. A., M.R.C.S.Eng., appointed Assistant Medical Officer of the Infirmary of the Parish of St. Mary Abbott's, Kensington.
- SAW, A. J. H., M.A., M.B., B.C.Cantab., appointed House-Physician to St Mary's Hospital.
- SENIOR, E. W., M.R.C.S., L.R.C.P., appointed House-Physician to the East London Hospital for Children, *vice* J. McGregor, M.B., C.M.
- TAYLOR, D. M., M.B.Glasg., appointed Medical Officer of the Bromley Workhouse of the Stepney Union.
- TROUTBECK, Henry, M.A., M.B., B.C.Cantab., appointed House-Surgeon to the East London Hospital for Children, *vice* Cecil E. Fish, B.A., M.B., B.C.Cantab.
- TODD-WHITE, Arthur Thomas, M.R.C.S.Eng., L.R.C.P.Lond., L.S.A., appointed House-Surgeon to the Lancaster Infirmary and Dispensary.
- WALKER, W. W., B.A., M.B., B.C.Cantab., appointed Junior House-Surgeon to the Great Northern Central Hospital.
- WESTCOTT, Wm. Wynn, M.B.Lond., M.R.C.S.Eng., appointed Coroner for North East London, *vice* Dr. Macdonald, deceased.
- WILSON, John Gordon, M.A., M.B., appointed Dispensary Surgeon to the Tradeston Dispensary of the Victoria Infirmary of Glasgow.

DIARY FOR NEXT WEEK.

MONDAY.

- ROYAL COLLEGE OF SURGEONS, 5 P.M.—Mr. William Thorburn: On the Surgery of the Spinal Cord and its Appendages. Lecture I.
- LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, W.C., 3 to 5 P.M.—Lecture: Actinomycosis and Glanders. Practical Work: Staining Sections and Cultivations. London Throat Hospital, Great Portland Street, 8 P.M.—Dr. Whistler: Catarrhal Affections of the Upper Air Passages.

TUESDAY.

- LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Hyslop: General Paralysis.
- ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Dr. Sansom: A Review of Cases manifesting Pain at the Heart or Morbid Acceleration of the Heart's Contractions (Tachycardia) subsequently to Influenza. Mr. Malcolm Morris: A Case of Acanthosis Nigricans.
- THE CLINICAL MUSEUM, 211, Great Portland Street.—Open at 2, Lecture at 4.

WEDNESDAY.

- ROYAL COLLEGE OF SURGEONS, 5 P.M.—Mr. William Thorburn: Lecture II.
- POST-GRADUATE LECTURES, Metropolitan Hospital, N.E., 5 P.M.—Dr. Tooth: The Anatomy and Pathology of the Spinal Cord.
- LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 1 P.M.—Dr. Payne: Lupus Erythematosus.
- POST-GRADUATE COURSE, West London Hospital, Hammersmith Road, W., 5 P.M.—Dr. Ball: Throat and Nose Cases.

THURSDAY.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralysed and Epileptic, Queen Square, 2 P.M.—Dr. Gowers, F.R.S.: Clinical Cases. Hospital for Sick Children, Great Ormond Street, 3.30 P.M.—Dr. Lees: Cases in the Wards. Central London Sick Asylum, Cleveland Street, W., 5.30 P.M.—Dr. Cheadle: Cases in the Wards.

BRITISH GYNÆCOLOGICAL SOCIETY, 8.30 P.M.—Specimens will be shown by Mr. O'Callaghan, Dr. Eden, and Dr. C. Martin. Paper by Mr. J. W. Taylor on Intraperitoneal Hæmatocele and its Relation to Unruptured Tubal Pregnancy ("Tubal Abortion").

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—Living and Card Specimens at 8 P.M.:—Dr. S. Stephenson: A Case of Coloboma of the Lens (Double). Mr. H. Work Dodd: A Case of Binocular Polycoria. Papers at 8.30 P.M.—Dr. James Taylor: Optic Neuritis in its Relation to Cerebral Tumour and Trephining. Mr. N. C. Ridley: Some Points in the Histology of Trachoma. Mr. Simeon Snell: (1) Cases of Congenital Serous Cyst of Eyelids associated with an Ophthalmos or Microphthalmos; (2) Osteoma of Orbit. Mr. Spencer Watson: A New Operation for Trichiasis and Distichiasis. Dr. A. Freeland Fergus: Notes on Peculiar Ophthalmic Conditions occurring in Members of the Same Family.

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND, 5 P.M.

FRIDAY.

ROYAL COLLEGE OF SURGEONS, 5 P.M.—Mr. William Thorburn: Lecture III.

SATURDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 11 A.M.—Dr. Corner: General Paralysis.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTHS.

- JONES.—On Sunday, June 3rd, at Heathmont, Aberavon, Glamorgan, the wife of J. Arnall Jones, L.R.C.P.Lond., M.R.C.S.Eng., of a daughter.
- KEY.—On the 2nd inst., at 30, Wilton Place, Belgrave Square, S.W., the wife of A. Cooper Key, M.D., M.R.C.P., L.S.A., of a daughter.
- LIMONT.—On May 31st, at 3, Queen's Square, Newcastle-on-Tyne, the wife of James Limont, M.B., of a son.
- MAKEHAM.—On the 31st ult., at 330, New Cross Road, S.E., the wife of H. W. Payne Makeham, M.R.C.S.Eng., L.R.C.P., L.S.A.Lond., of a son.

MARRIAGES.

- HENDERSON—RUEFF.—On the 2nd inst., at St. George's, Bloomsbury, by the Rev. Henry G. Le Neveu, M.A., Thomas Henderson, M.B., C.M. Edin., M.D.Florence, of Florence, Italy, to Isabella Margaret Rueff (Ella), widow of F. G. Rueff, Esq., of Fiesole, and daughter of the late W. F. de Méy, M.D., of Newcastle-on-Tyne.
- LAWTON—STITT.—On Tuesday, the 5th inst., at the Parish Church, Bidston, Cheshire, by the Rev. M. A. Lawton, B.A., Vicar of Kilnwick Percy, Yorkshire, father of the bridegroom, and the Rev. S. Stewart Stitt, M.A., Curate of St. Luke's, Jersey, brother of the bride, assisted by the Rev. J. F. Buckler, M.A., Rector of the Parish, and the Rev. E. Elmer Harding, M.A., Principal of St. Aidan's College, Birkenhead, William Lawton, M.B., C.M. Edin., Bugbrooke, Northants, to Ruth, eldest daughter of Colonel Stitt, V.D., Cloughton, Cheshire.
- LEE-BROWN—KINGSBURY.—At St. Margaret's Episcopal Church, Leven, Fife, on the 30th ult., by the Rev. A. T. Grant, Vicar, Robert Lee, son of R. Brown, Esq., Galambie, Victoria, Australia, to Ada Mary, eldest daughter of John Kingsbury, Esq., Manly Beach, Sydney.
- LUMLEY—BALL.—On the 2nd inst., at St. Augustine's, Honor Oak, by the Rev. P. White-Collard, Vicar, Frederick Davidson Lumley, Surgeon R.N., younger son of Thomas Lumley, Fleet Engineer R.N. (retired), to Pattie Codrington, younger daughter of the late Staff-Commander Edward Codrington Ball, R.N., K.L.H.
- MACBEAN—BARTON.—June 5th, at the Parish Church, Lancaster, by the Rev. G. H. Spooner, M.A., Rector of Woolton, Liverpool, and the Rev. W. Bonsey, M.A., Vicar of Lancaster, Robert Baillie Macbean, M.B., C.M. Edin., of Lancaster, late of Annan, N.B., to Emily Charlotte, younger daughter of the late Thomas Barton, of St. Mary's Gate, Lancaster, and granddaughter of the late William Jackson, J.P., Church Street, Lancaster.
- NORWAY—HUGHES-PARRY.—June 2nd, at Llantysilio, Denbighshire, Nevell Edmund Norway, M.R.C.S., L.R.C.P., of Newquay, Cornwall, to Daisy, second daughter of T. Hughes-Parry, Esq., of Llangollenfechan.
- REDFERN—HENRY.—June 4th, at St. Stephen's, South Kensington, by the Rev. R. W. Hoare (Vicar of SS. Michael and All Angels, Croydon), assisted by the Rev. G. S. Flack (Vicar of St. Stephen's), John Joseph Redfern, M.A., M.D., of Croydon, eldest son of Professor Redfern, M.B.London, F.R.C.S., of Belfast, to Eva Maud, daughter of the late Rev. P. Shulldham Henry, D.D., President of Queen's College, Belfast, and of Mrs. Henry, Drayton Mansions, South Kensington.

DEATHS.

- HOWARK.—On May 30th, at his residence, Derby House, Derby Street, Bolton, George Howark, L.R.C.P.Edin., M.R.C.S.Eng., L.S.A., aged 54 years.
- WILKINSON.—On June —, at Holly House, Tynemouth, Northumberland, Henrietta, the beloved wife of Auburn Wilkinson, M.D.