

MEMORANDA:

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

THROAT AFFECTIONS IN INFLUENZA.

I SHOULD be very much obliged if any one could inform me whether, in this present outbreak of influenza, they have noticed that a great number of cases have presented very marked throat affections. A great number have lately come to me complaining of headache, pains in the back and limbs often of a very severe character etc., on examining the throat I have found one or both tonsils to be very enlarged and inflamed, resembling somewhat a follicular tonsillitis; the uvula in nearly all cases has been markedly elongated, the soft palate highly inflamed, and the pharynx of a dark red colour and usually dry. The tongue at first is coated with more or less greyish white fur, but in from 24 to 48 hours it peels at the tip and edges, and presents a great many enlarged and dark red fungiform papillæ giving the tongue a strawberry appearance.

The temperature the first 48 hours ranges between 100° and 103° F., after that it quickly subsides to the normal or sub-normal, and the patient feels quite well, with the exception of now and then a few rheumatic-like pains in the limbs and back. The throat complications, however, often last two or three weeks; but curiously enough there is little or no pain on swallowing, in fact in the majority of cases the patient does not complain of his throat at all; sometimes, however, there is a little pain and tenderness in the glands of the neck, and at the angle of the jaw.

In about a quarter of the cases there has been a rash on the chest, arms, knees, or outsides of the legs, it is usually of a roseolous or erythematous nature, but sometimes it has the appearance of an urticaria.

I have been so struck with the similarity of the throat and mouth affections in so many cases that I should like to hear whether other observers have noticed the same signs.

JOHN TERRY, M.R.C.S., L.R.C.P.,
Senior House-Surgeon, Royal Surrey County
Hospital, Guildford.

ATRESIA ANI URETHRALIS: INGUINAL COLOTOMY.
On the evening of October 1st, 1894, I was called to attend the infant son of Mrs. E. The child was found to be suffering from the affection indicated above, the position of the anus being merely marked by a slight dimple in the skin. At intervals meconium was passed *per urethram* without giving rise to any pain; micturition was performed normally and there was no admixture of urine with meconium, indicating pretty clearly that the rectum had its termination in the urethra rather than the bladder. The following morning, the child being then 36 hours old, an attempt was made to reach the rectum through the perineum, the centre of the incision corresponding with the dimple above referred to. A careful search was made for the rectum, the wound being gradually deepened till the middle of the sacrum was reached, and the coccyx being also removed to facilitate the operation. As no bowel, however, could be found, I closed the perineal opening and opened the abdomen in the usual situation for the performance of inguinal colotomy. On introducing the finger into the abdominal cavity the rectum was found narrowed to a calibre very considerably below the normal and passing towards the neck of the bladder. A suitable part of the sigmoid flexure which was of normal size was sutured to the lips of the incision and at once opened. Three hours afterwards the bowels discharged their contents freely through the artificial anus.

Since the operation the child has progressed almost uniformly favourably, a slight blush of cutaneous inflammation, due to the irritation of escaping fæces, persisted round the artificial anus for about a fortnight, and six weeks after the operation the infant suffered from a short attack of enteritis. At the time of writing there is a slight protrusion of intestine at the seat of the colotomy, but in all other respects the infant is in the best of health.

Manchester.

F. C. SCOTSON, F.R.C.S., M.B.

CINNAMON IN DYSENTERY.

I WISH to bring to the notice of the profession a new treatment for acute dysentery. It is not original, but was obtained from a medical work in Persian. This is what the book stated:

"*Treatment for Acute Dysentery.*—Reduce cinnamon bark to a fine powder, take 1½ drachm, mix it with a little 'mullai' (the cream which gathers on the top of boiled milk after it is allowed to settle and cool), and administer in the morning on an empty stomach. The patient will be cured."

I have made a slight alteration in the above. The powdered cinnamon is given by me in drachm doses only, mixed with a few drops of water and made into a ball, which is given to the patient to eat, washed down by a mouthful or two of water. This quantity is repeated again in the evening, and so on, morning and evening, until a cure is effected.

It is a little over two years since I started this method of treatment, and I have cured about thirty cases of the disease. Often patients have been cured by only one or two doses of the drug, while my worst case was cured after five doses only, but a sixth was given to make quite sure. The earlier the treatment is begun the quicker the cure.

This method of treatment is vastly superior to the ordinary ipecacuanha treatment in that the medicine is pleasant to take, causes no nausea or vomiting, and acts, if anything, quicker and better than ipecacuanha.

If the drug were to be given in drachm-and-half doses, as recommended in the book, most probably cures would be effected quicker, but my method has been quite quick enough.

S. T. AVETROOM,
Surgeon-Major, 1st Baluch Battalion L. I.
(27th Bombay Infantry).

Loralai, Baluchistan, India.

SEPARATION OF THE AFTER-COMING HEAD DURING DELIVERY.

I HAVE read with much interest the paper of Dr. Purslow on the separation of the after-coming head during delivery in the BRITISH MEDICAL JOURNAL of January 19th. On the morning of January 10th a message was received from Mrs. F., a farmer's wife, living eight miles from Forres, that she had been attacked with severe vomiting, which had persisted for two days. She was expecting to be confined about this time. There were no labour pains, and an enema and an opiate relieved the vomiting considerably. This was her eighth confinement. Her seven children were all healthy, and her labours, though all somewhat stiff, were natural. At 11 p.m. on the evening of the same day a message was received that she was in labour. The pains were very strong, and she had been in labour for three hours. On examination the os was found fully dilated, the membranes intact, and the buttocks and both feet presenting. I ruptured the membranes and seized hold of a foot; gentle traction made the presenting part advance a little. On exerting a little more traction I was astonished to find the leg give way between the knee and the ankle, all the tissues being ruptured except the skin. I put the patient under chloroform, and made a more complete examination, and found that both legs were exceedingly short, measuring only about 4 inches in length. Fearing that I had to deal with a monstrosity, I sent for Dr. Petrie Hay to come and assist me. The pains meanwhile were very strong, and I kept the patient under chloroform.

When Dr. Petrie Hay arrived, he made traction on both legs, and was surprised to find first both knees becoming disarticulated, and then both hip-joints. By grasping the pelvis and making traction there, assisted by pressure from above, the body slowly advanced. The cord was pulled down, but no pulsation was found. On attempting to pull down the arms they were found to be so short that the hands were practically attached to the body. The body itself was of an unusually large size, and filled up the vagina tightly. On allowing the body to hang down for a short time we were astonished to see the structures of the neck giving way, and, fearing that the head might be left behind, very gentle traction was used, and that only during a pain, pressure meanwhile being kept up on the body of the uterus. Notwithstanding, the neck gave way, and the head was left inside the uterus. Dr. Petrie Hay then passed his hand into the vagina and searched for the mouth. This he found lying behind the pubes. A finger was passed into the mouth, and the face was

hooked downwards. Then taking a stout piece of cord it was doubled, and the loop was passed through the mouth and out by the pharynx. The ends of the cord were taken outside the vagina and tied in a knot. Gentle traction was then applied by means of the cord, the fingers of the disengaged hand being meanwhile passed up to the sharp edges of the cervical vertebræ, thus protecting the maternal structures from being torn. Traction was applied only during the continuance of a pain, pressure at the same time being kept up on the uterus.

Gradually the head advanced, the face was guided under the arch of the pubes, and the head ultimately born. The head was hydrocephalic, being about twice the size of an ordinary head, but as nearly half the fluid had escaped, it was easily moulded to the shape of the passages. The placenta was expressed quite easily, a large amount of clots escaping at the same time. The uterus retracted well, and no further hæmorrhage took place. The body was much discoloured and soft, but the skin was not peeling off.

The advantage of passing a cord through the mouth and out by the pharynx is apparent. Gentle traction, however, must be made, the danger being that the jaw may be torn off, especially when the fœtus has been dead for some time.

On the second day after delivery, the patient was troubled with some vomiting, which an opiate relieved. The temperature did not rise, there was no shock, and she has made an excellent recovery.

Forres, N.B.

DUNCAN D. MACKINTOSH, M.B.

In reference to the cases recorded by Dr. Purslow, I consider Dr. Boxall's suggestion to bring down the face to be of much practical value. Two cases of separation of the after-coming head which I had during 1894 incline me to this belief.

The first occurred in March, 1894. The labour was premature—about the end of the sixth month. At the time I first saw the woman I found the funis protruding about 2 inches outside the vulva. There was a good deal of hæmorrhage. On examination I found the os fairly well dilated. The presentation was a breech. As I anticipated very little difficulty in the delivery, I brought down the feet. With slight traction the body was born. As there then seemed to be some abnormal resistance to the delivery of the head I exercised a little more force. In another moment the headless body was in my hands. I then resorted to the forceps, but my efforts were ineffectual. I next tried the cephalotribe. It answered no better. I now introduced my hand into the vagina, and, after a little manipulating, succeeded in bringing down the face. Traction with the finger in the mouth got the head away with comparative ease.

In November last I had another experience of a like nature. Unlike the other case, however, the child was in a condition of putrefaction. As I thought I had learned a lesson from my first case, I did not in this attempt to use either forceps or cephalotribe. I introduced my hand and with no little difficulty brought down the face. Traction with the finger in the mouth proved successful in this case also, although the age of the fœtus was eight months.

In both these cases the mothers made excellent and uninterrupted recoveries.

Walthamstow.

S. A. CLARKE.

THE ANTISEPTIC ACTION OF PERMANGANATE OF POTASSIUM.

In the BRITISH MEDICAL JOURNAL, which has just reached me, of January 19th, Dr. W. N. Thursfield, in a letter under the above heading, states that "a solution of Condy's fluid decolorised by saturated solution of oxalic acid..... would have no more germicide (*sic*) action than so much plain water." etc.

I trust Dr. Thursfield will pardon me for calling his attention to the fact that this method of disinfecting the hands is advocated by Dr. Welch, Professor of Pathology Johns Hopkins University, Baltimore, and that it is the outcome of experiments undertaken with the view of ascertaining the most perfect manner of sterilising the surgeon's hands before operation.

In vol. ii of the *Transactions of the Congress of American Physicians and Surgeons* Dr. Welch stated his conclusions as follows:—

"I shall simply state here that we have thus far obtained the best results in disinfection of the skin by the following method:

"1. The nails are kept short and clean.

"2. The hands are washed thoroughly for several minutes with soap and water, the water being as warm as can be comfortably borne, and being frequently changed. A brush sterilised by steam is used. The excess of soap is washed off with water.

"3. The hands are immersed for one or two minutes in a warm saturated solution of permanganate of potash and are rubbed over thoroughly with a sterilised swab.

"4. They are then placed in a warm saturated solution of oxalic acid, where they remain until complete decolorisation of the permanganate occurs.

"5. They are then washed off with sterilised salt solution or water.

"6. They may then be immersed for two minutes in sublimate solution 1 in 500.

"The bacterial examination of skin thus treated yields almost uniformly negative results, the material for the cultures being taken from underneath and around the nails. This is the procedure now employed in the gynæcological and surgical wards of the hospital.....The best results in cutaneous disinfection we obtained by a method in which permanganate of potash followed by oxalic acid plays the principal disinfectant rôle."

Los Angeles, California.

E. A. PRÆGER.

REPORTS

ON

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

BRISTOL GENERAL HOSPITAL.

A CASE OF POST-PARTUM INVERSION OF THE UTERUS OF THREE MONTHS' DURATION REDUCED IN THIRTY-FOUR HOURS WITH AVELING'S REPOSITOR.

[By A. E. AUST-LAWRENCE, M.D., Physician-Accoucheur to the Hospital.]

A. B. was admitted under my care complaining of great pain and uterine bleeding. An examination revealed complete inversion of the uterus. Taxis under chloroform failed to reduce the organ. Rest in bed and the hot vaginal douche were ordered for a few days, and then Aveling's repositor was applied on December 4th, 1894, at 12 noon. The largest cup was used, with only slight elastic pressure. On December 5th, at 11 A.M., there was noticed a slight feeling of a ring at the upper part of the swelling, but no appreciable lessening of the

12 Noon Dec^r 4th

12 Noon Dec^r 5th

4 P.M. Dec^r 5th
10 A.M. Dec^r 6th
fundus a little lower
to dotted line

Complete reduction 4 P.M. Dec^r 6th

if he were required to do so by the sanitary authority whose officer he was. No community would tolerate for a moment the notion that a matter possibly largely affecting the public health should be in any way at the mercy of a rule of medical etiquette, even if there were such a rule. There can be no doubt that the proper practice in such cases would be to inform the practitioner in attendance of the proposed visit, and to seek for his co-operation, but no rule of etiquette could ever require more. The above, of course, applies to special orders only; unless specially required either by the court or the sanitary authority to visit a patient under the care of another practitioner, it would doubtless be a breach of etiquette on the part of a medical officer of health to do so.

ALLEGED TOUTING AND UNDERSELLING.

A WILTSHIRE MEMBER.—A correspondent writes complaining of the conduct of a professional neighbour, who is stated to visit the club patients of the former, and to hold out to them that, if elected their court surgeon, he would attend the members at a lower rate than their present surgeon.

. Such conduct deserves severe censure, but it is to be feared there is no way of stopping such practices, for a practitioner who could stoop to them must be quite out of reach of any ethical considerations.

MEDICAL ETIQUETTE.

ALPHA.—Assuming that our correspondent's statement is a just version of the facts, we may note that, "wide as the reputation" of the practitioner referred to might be, he unquestionably displayed a lamentable failure in his consultative procedure in the sick chamber and of medico-ethical duty and courtesy to the practitioner in attendance on the case. We would add that "Alpha" erred in seeking to make the superseding practitioner answerable for his fee. The husband of the lady patient was responsible.

CONSULTANTS AND SUPERSESSION.

MEDICAL ETIQUETTE.—(1) Unless it has been intimated in some form or other to the family medical attendant in question that his professional services would in future be dispensed with, the consultant referred to should, in our opinion, courteously but firmly decline to take charge of the fresh case of illness, except in consultation with him. (2) Acceptance of the obstetrical engagement by the consultant in the case above adverted to appears to indicate his intent to supplant the practitioner who called him in consultation, by which he contravenes the true principle of ethics and the rule distinctly laid down with reference to consultants. (3) When a practitioner is called in consultation by another, the consultant—be his former relation with the patient what it may—should not, in our opinion, seek, directly or indirectly, to supersede him.

NATIONAL MEDICAL AID COMPANY.

DOUBTFUL.—Our correspondent must decide for himself whether he considers the acceptance of such an appointment derogatory or not; we have repeatedly expressed our opinion in the columns of the *BRITISH MEDICAL JOURNAL* on the character of this and other medical aid societies.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.

The Patenting of Antitoxin.—Dr. FARQUHARSON asked the President of the Local Government Board whether his attention had been called to the fact that a specification for the preparation by a German method of remedial substances, and in particular diphtheria antitoxin in a concentrated form, was accepted by the Patent Office on January 26th; whether such patent would hamper the production of the serum in a concentrated form in this country for the use of public infectious and other hospitals, and in the military and naval hospitals; and whether it was the intention of the Government to permit such a patent to be granted.—Mr. BRYCE said the Comptroller-General of Patents had informed him that a specification for a patent such as that referred to in the question had been lodged at his office, and that in the absence of opposition a patent would be granted in the ordinary course. Whether the patent if granted would be valid was a question upon which he, of course, could pass no judgment. Whether such a patent would hamper the production of serum in a concentrated form for hospital use was a point on which he could not at present hazard an opinion, but he might remind his hon. friend of a valuable section in the Patents Act, 1883, which empowered the Board of Trade to order a patentee to grant licences on reasonable terms.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

DEPRIVATION OF DEGREES.—The Council of the Senate propose an addition to the statutes which, if carried, will enable the University to meet a difficulty often raised by the General Medical Council. When a university graduate in medicine or surgery has been convicted of crime the Medical Council is empowered to remove his name from the *Register*. But the University has had no proper means of exercising the power of depriving him of his degree, and the convict may therefore still pose as a qualified though unregistered practitioner. The Chancellor and the *Seni Viri* may in such a case, according to the present proposals, decide that he is unfit to be a member of the University, and thereupon the

Senate, by grace, may deprive him of his degree or degrees and all privileges thereto attaching.

ADVANCED STUDY AND RESEARCH.—A report has been presented to the Senate recommending that graduates of other universities of approved qualifications may be admitted as advanced students. These, after passing one of the higher triposes or presenting a dissertation embodying sufficient evidence of original research may be admitted after two years' residence to the B.A. Degree, and thereafter to the M.A. and other higher degrees. Provision is also made for conferring on Cambridge graduates a certificate of distinguished research. Similar proposals have been adopted at Oxford, but there new degrees are to be established for this special class of post-graduate students.

MEDICAL ACTS AND DEGREES.—The following are announced to have duly performed the exercises for the M.B. Degree: C. E. Cooper, B.A., Caius; J. M. Cowan, B.A., King's; T. P. King, B.A., St. John's; F. V. Milward, B.A., Clare; H. Smith, B.A., Trinity; H. E. Wingfield, M.A., Caius; O. F. Paget, Caius. These were admitted to the Degrees of M.B. and B.C. at the Congregation on February 28th.

HONORARY DEGREE TO SIR WILLIAM MACGREGOR.—The degree of D.Sc. (*honoris causa*) of Cambridge University was conferred on Sir William Macgregor, K.C.M.G., Administrator of British New Guinea, at a congregation held on Feb. 28th. The Public Orator, Dr. Sandys, in presenting Sir William Macgregor for his degree, observed that the island of New Guinea (next to Australia the largest in the world) was twice the area of the United Kingdom, while the part belonging to our own empire was half as large again as England. Its present Administrator, who began his career as an M.D. of Aberdeen University, had added much to our knowledge of the anthropology, the geography, the philology, and the geology of New Guinea. He was one of those sons of Scotland to whom England owed a deep debt of gratitude for their services in every part of the world—a countryman of those who were proverbially said never to be at home except when abroad. At the call of England he had left his native country and had done good service in our Colonial Empire, and also in the cause of science. A descendant of the ancient clan of the Macgregors, who had been ruthlessly outlawed and deprived of their land, and even of their name, he was one of those who found a new home under another sun; the clan of Macgregor was homeless no more. Like the sturdy race described by the Roman poet, it had even gathered fresh strength amidst all its disasters:

Duris ut illex tonsa bipennibus
Nigræ feraci frondis in Algidio
Per damna, per cædes, ab ipso,
Ducit opes animumque ferro.

Sir William Macgregor was then formally admitted by the Vice-Chancellor, amidst general applause.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,676 births and 6,683 deaths were registered during the week ending Saturday, March 2nd. The annual rate of mortality in these towns, which had increased from 18.7 to 29.6 per 1,000 in the five preceding weeks, further rose to 32.9 last week. The rates in the several towns ranged from 15.1 in Derby, 16.1 in Norwich, and 17.0 in Sunderland to 43.4 in Halifax, 49.2 in Nottingham, and 55.5 in Liverpool. In the thirty-two provincial towns the mean death-rate was 28.9 per 1,000, and was 9.6 below the rate recorded in London, which was as high as 38.5 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.6 per 1,000; in London the rate was equal to 1.5 per 1,000, while it averaged 1.7 in the thirty-two provincial towns, and was highest in Bolton, Salford, and Brighton. Measles caused a death-rate of 1.4 in Preston, 1.7 in Bolton and in Sheffield, and 1.8 in Plymouth; whooping-cough of 1.9 in Birkenhead, 2.2 in Halifax, and 2.6 in Brighton; and "fever" of 1.0 in Salford. The 47 deaths from diphtheria in the thirty-three towns included 31 in London, and 2 each in West Ham, Birmingham, Manchester, Salford, and Oldham. One fatal case of small-pox was registered in London and 11 in Liverpool, but not one in any other of the thirty-three large towns. There were 68 small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, March 2nd, against 56, 57, and 75 at the end of the three preceding weeks; 8 new cases were admitted during the week, against 18, 18, and 19 in the three preceding weeks. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had been 1,667, 1,657, and 1,658 at the end of the three preceding weeks, was 1,621 on Saturday last, March 2nd; 143 new cases were admitted during the week against 149, 159, and 152 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, March 2nd, 947 births and 1,236 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had increased from 23.9 to 41.1 per 1,000 in the four preceding weeks, further rose to 42.8 last week, and exceeded by 9.9 per 1,000 the mean rate during the same period in the large English towns. Among these Scotch towns the death-rates ranged from 24.9 in Aberdeen to 53.6 in Glasgow. The zymotic death rates in these towns averaged 4.0 per 1,000, the highest rates being recorded in Edinburgh and Aberdeen. The 717 deaths in Glasgow included 18 from whooping-cough, 15 from measles, 4 from scarlet fever, and 3 from diphtheria. Twenty-one fatal cases of measles and 2 of small-pox were recorded in Edinburgh, and 13 of measles in Aberdeen.

REMOVAL OF FEVER PATIENTS IN ABERDEEN.

THE Lord President of the Court of Session and a jury disposed of an action in which a father sought to recover from the Town Council of

Aberdeen £500 as damages. This sum was claimed on the ground that due precautions were not observed in the removal of the pursuer's daughter, aged 5 years and 8 months, when being taken to the fever hospital. It was said she was not sufficiently wrapped up, and that the cab was unnecessarily taken by a circuitous route to pick up other patients; that the patient contracted a chill, was never seen by a medical man, and died next day in convulsions caused by the chill. These averments were all denied on behalf of the defendants, who said that the removal and treatment were conducted in the usual careful manner, and that death could be accounted for only by the previous ill-health of the girl.

The jury, after an absence of half an hour, returned with a verdict unanimously for the defendants.

The Lord President, in charging the jury, pointed out amongst other things that the case involved important considerations relating to the administration of the laws of public health. On the one hand, public safety required that in cases of infectious disease the children of people whose houses were not sufficiently large to keep patients isolated should be removed to hospitals, and taken charge of by public authorities. But, on the other hand, the authorities who had that duty imposed on them were bound to see that they took all pains and skill to do the best they could for the children while in their hands. What the authorities did in this case was to send a brougham with a sanitary officer, and with it a nurse. The child was wrapped up in the blankets in which she was lying, and then in a hospital blanket, was taken in the nurse's arms to the cab, where another blanket was put round the girl. The pursuer thought there must be great danger of a chill, but the doctors all said that patients in scarlet fever were less likely to chill than other people. He was all for holding the public authorities to a high standard in these matters. It was right that they should see that they were punctual and vigilant in taking charge of the children of poor people. On the other hand, it would be a great misfortune if they were to discourage them by exhibiting a captious spirit in the examination of their proceeding. The mere fact that this child died in the hospital raised no presumption against the public authorities. It would appear that her death was one of the unusual occurrences which were not guarded against, even according to the most careful system of hospital nursing.

EXTRA FEES UNDER GENERAL CONSOLIDATED ORDER.

CANDIDATE asks whether we consider it legal for a Board of Guardians to advertise for a district medical officer, and to offer a salary inclusive of all medical fees except those for midwifery and vaccination.

. Unless the Local Government Board has, in reference to the union in question, by special order suspended that part of the General Consolidated Order of July 24th, 1847, which refers to extra fees, and it is possible that this may have done, the guardians are not empowered to advertise as described.

MEDICAL ATTENDANCE ON RELIEVING OFFICERS AND THEIR FAMILIES.

CURIO asks whether it is customary for district medical officers to attend gratuitously relieving officers, their wives and families, or whether it is usual to charge less fees.

. It is impossible to say what is customary, as the practice doubtless varies much throughout the whole of England. We consider that ample liberality would be shown if the relieving officer himself was not charged for ordinary medical attendance.

CERTIFICATE AS TO CONDITION OF PAUPER LUNATICS OUT ON PROBATION.

A MEMBER, who is a district medical officer, writes as follows: The relieving officer requests me to examine a pauper out of an asylum on probation, and to give the certificate required by the asylum authorities stating that the patient is fit to be at large. I do this and apply to them for a fee; this they decline to pay, and refer me to the guardians, who also decline.

. We believe that our correspondent has no claim on the asylum authorities, as he gave the certificate they require at the request of the relieving officer, who is not likely to pay for it, and we question whether any fee can be recovered for having given this form of certificate. In our opinion it was a mistake to give it at all. As district medical officer our correspondent should have declined to give it, or should have arranged with the relieving officer for the payment of a fee for it before he gave it.

ANNUAL RE-ELECTION OF POOR-LAW MEDICAL OFFICERS.

ANNUAL writes to ask whether there is any ethical impropriety in a newcomer to a district sending in an application for a Poor-law medical appointment not publicly declared vacant, which has hitherto been held subject to annual re-election, owing to the holder being a non-resident in the district. He asks further whether the appointment ought not to be annually advertised, and whether residence does not give a preferable claim to the appointment.

. We consider that there would be an unmistakable ethical impropriety in sending in an application for an appointment not publicly declared vacant, especially when it is known, or may be fairly assumed, that the present holder wishes to be re-elected. It rests with the guardians to advertise the technical vacancy or not as they think best. In our opinion the residence of a newcomer in the district gives him no claim whatever to the appointment until a vacancy has been publicly declared.

HOSPITAL AND DISPENSARY MANAGEMENT.

ROYAL EDINBURGH ASYLUM FOR THE INSANE.

THE annual meeting of the corporation of the Royal Edinburgh Asylum was held on February 25th. After the Treasurer had submitted the financial statement for the year, the Physician Superintendent (Dr. Clouston) read his report. The total number of patients under treatment was 1,297, and 85 patients died. The number of admissions was 21 more than in any previous year, and 77 above the average. There was an increase of 30 per cent. of admissions of rate-paid patients in five years, which, with no corresponding increase of accommodation, was a grave matter for the managers and ratepayers. There was undoubtedly an increase of general paralysis, a malady which was a breakdown of the great centres of mind, which went from bad to worse, an absolutely hopeless malady, which probably caused more than 1,600 deaths in the United Kingdom every year. It was a disease of cities, of restless lives, of active brains in their prime, sometimes of dissipation and debauchery, more commonly of life at high pressure; 52 cases had occurred in Ireland, 150 in Scotland, and 1,400 in England. This spoke well for the resistiveness of the Irish brain against serious disease, and for the serenity of life across St. George's Channel. During last year 46 cases had been sent to Morningside Asylum, the yearly average of the preceding ten years having been 25. There were 34 distinct entries in the list of the causes that sent them the 454 cases. As usual, the most frequent cause was alcoholism, which gave them 83 cases. He hoped that the Departmental Committee would result in some improvement in the present law in regard to the control of the habitual drunkard; 80 per cent. of the deaths were due to diseases of the brain, the largest proportion they ever had. Dr. Clouston referred to the use of thyroid extract in the treatment of brain disease. Three patients put down as quite incurable had been cured by it. He referred also to the vast advance in our knowledge of brain pathology.

ROYAL EDINBURGH HOSPITAL FOR SICK CHILDREN.

THE thirty-sixth annual general meeting of the contributors to the Royal Edinburgh Hospital for Sick Children was held on February 15th. During the past year 665 cases had been treated in the wards of the hospital, and 8,076 out-patients. In addition, 4,628 surgical cases had been treated at the dispensary. The ordinary income had been £5,629 and the expenditure £4,550. Legacies to the amount of £2,646 had been received. The amount received on account of the building fund amounted to £6,391. It was hoped that the new hospital would be ready for occupation before another winter.

WOMEN AND CHILDREN'S HOSPITAL, CORK.

Two concerts of an exceptionally attractive character were given on March 2nd in the Assembly Rooms, Cork. The entertainment was under distinguished patronage, and the hall was crowded. Amongst the artistes the services of Miss Marian Mackenzie were engaged, and her cultured contralto voice made a deep impression. The violin playing of M. Achille Rivade was marked by the skill and finish so characteristic of his talent, and Mr. Stockwell's tenor voice charmed his audience. Several well-known amateurs assisted. The hospital is of its kind an institution well-nigh perfect in the several details of hospital management, and well deserving of general support. It is entirely unendowed.

MEDICAL NEWS.

MR. WILLIAM SPEIRS, M.R.C.S. Eng., L.R.C.P. Edin., of Cleator, Cumberland, has been for the third time elected a member of the county council for that county.

WE are asked to state that the meeting to consider the formation of a proposed association of qualified medical assistants, junior medical officers, and *locum tenentes*, which, as was mentioned last week, it was proposed to hold on Monday next at the Examination Hall, Victoria Embankment, will take place at that place on the day mentioned at 3 P.M. Dr. J. G. Glover will preside, and all persons interested in the movement are invited to attend.

THE GENERAL INFIRMARY AT LEEDS—The one hundred and twenty-seventh annual report of the Leeds Infirmary and Ida Hospital for the year 1894 shows that the number of beds in constant use was 394, of which 90.86 per cent. were continuously occupied. The number of in-patients treated during the year was 6,009, being a decrease of 273. The Ida Hospital continued to render great services to the infirmary, 735 patients having been treated there during the year. The total receipts had amounted to £22,069, being an increase of £706. The Workpeople's Hospital Fund amounted to £4,337, the contributions from workpeople outside the city to £821, and the Leeds Ladies' Hospital Fund, which is a new source of income, to £328. Mention is made of the serious loss which the infirmary sustained in the death of Dr. E. H. Jacob, "who leaves behind him a memory of useful and honourable service." It is also stated that Mr. Edward Atkinson had, after completion of twenty years' service as Surgeon, become Consulting Surgeon to the infirmary.

Dr. GEORGE FOWLER BODINGTON, formerly of Kingswinford, who went out to British Columbia a few years ago, has been appointed medical superintendent of the British Columbian Asylum for the Insane at New Westminster in that province. The asylum, which is the only one in the province, is under the direct management of the Executive Council, and contains 162 patients, of whom 20 are Chinese. Dr. Bodington, who was at one time surgeon to the North Riding Infirmary at Middlesbrough, subsequently became well known in the Midlands, and was president of the Birmingham and Midland Counties Branch of the British Medical Association in 1876-77, and of the Birmingham Medical Institute in the following year. He has also had experience as the superintendent of a private lunatic asylum in this country. The Government of British Columbia may thus be congratulated on having had the services of so experienced a physician at their disposal.

THE PUBLIC HEALTH OF EDINBURGH—At a meeting of the Edinburgh Town Council on March 5th it was reported that there were 326 patients in the city hospital, 22 of whom were in the small-pox hospital. During last week 589 cases of measles were notified, making over 2,000 during the last four weeks. One hundred and ten deaths out of a total of 180 were due to diseases of the chest; 27 deaths were due to zymotic causes, of which 2 were due to small-pox. The death-rate was 34 per 1,000, while that of Leith was 39.15 per 1,000. Of the total 180 deaths in Edinburgh 52 were those of persons over 60 years of age, and 15 over 80. Leith School Board on March 4th resolved to close their schools for two weeks because of the epidemic of measles, and because many of the teachers were reported ill of influenza.

MEDICAL VACANCIES.

The following vacancies are announced:

- BELGRAVE HOSPITAL FOR CHILDREN**, Gloucester Street, S.W.—House-Surgeon. Board, lodging, fuel, and light provided. Applications to the Honorary Secretary, at the hospital before March 20th.
- CAPE COLONY**.—Medical Officer of Health for Cape Colony. Salary, £1,000 per annum. Applications to the Agent General, 112, Victoria Street, S.W., or the Colonial Under-Secretary, Cape Town, by March 15th.
- CITY OF GLASGOW DISTRICT LUNACY BOARD**.—Medical Superintendent of the new Asylum at Gartloch. Salary at the rate of £450 per annum, with free house, coal, gas, etc. Applications and testimonials to Mr. Dempster, Clerk to the Board, 318, Parliamentary Road, Glasgow, by March 25th.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST**, Victoria Park, E.—House-Physician. Appointment for six months. Board, residence, and allowance for washing. Application to the Secretary at the Office, 24, Finsbury Circus, E.C., by March 15th.
- FISHERTON ASYLUM**, Salisbury.—Assistant Medical Officer. Must be fully qualified and registered; unmarried; aged from 26 to 30. Salary, £100 per annum, with board, lodging, and washing. Applications to Dr. Finch, Salisbury.
- GENERAL HOSPITAL**, Birmingham.—Two Assistant House-Surgeons. Must possess surgical qualification and be registered. Appointment for six months. No salary, but residence, board, and washing provided. Applications and testimonials, with certificate of registration, to Howard J. Collins, House-Governor, by March 30th.
- HORTON INFIRMARY**, Banbury.—House-Surgeon and Dispenser, duly qualified; must be M.R.C.S.Eng. and registered. Salary, £60 per annum, with board and lodging. Applications and recent testimonials to Mr. C. H. Davids, Honorary Secretary, 21, Marlborough Road, Banbury, by March 23rd.
- HOSPITAL FOR SICK CHILDREN**, Great Ormond Street, Bloomsbury, W.C.—Medical Registrar and Pathologist. Appointment for one year. Honorarium, 50 guineas. Applications to the secretary by March 26th.
- ISLE OF AXHOLME RURAL DISTRICT COUNCIL**.—Medical Officer of Health. Salary, £35 per annum. Applications to George Newborn, Clerk to the Council, Epworth, Doncaster.
- LONDON HOSPITAL**, Whitechapel, E.—Surgical Registrar, from April 1st. Salary, £100 per annum. Applications and testimonials to G. Q. Roberts, House-Governor, by March 29th.
- LONDON MALE LOCK HOSPITAL AND OUT-PATIENTS' DEPARTMENT**, 91, Dean Street, Soho, W.—House-Surgeon. Salary, £50 per annum, with board, lodging, and washing. Must possess legally-qualified registered diplomas in medicine and surgery. Applications, with not more than three testimonials, to the Secretary by March 18th.
- METROPOLITAN HOSPITAL**, Kingsland Road, N.E.—House-Physician, House-Surgeon, and Assistant House-Surgeon. Appointments tenable for six months. The House-Physician and House-Surgeon will each receive a salary at the rate of £60 year. Candidates must possess registered English medical and surgical qualifications. Applications and testimonials to Charles H. Byers, Secretary, by March 18th.
- NORTHUMBERLAND COUNTY LUNATIC ASYLUM**, Morpeth.—Assistant Medical Officer, unmarried. Salary, £120 per annum, increasing

£10 yearly to £150, with furnished apartments, board, and lodging. Applications (marked outside "Medical") to Dr. McDowell at the Asylum by March 11th.

- OLDHAM INFIRMARY**.—Junior House-Surgeon, doubly qualified. Salary, £50 per annum, with board and residence. Applications to Harold Lees, Secretary, by March 13th.
- PARISH OF BIRMINGHAM WORKHOUSE INFIRMARY**.—Resident Assistant Medical Officer. Salary, £100 per annum, with furnished apartments, rations, coal, gas, washing, and attendance. Doubly qualified and duly registered under the Medical Act. Applications and testimonials to W. Bowen, Clerk to the Guardians, by March 15th.
- RADCLIFFE INFIRMARY**, Oxford.—Honorary Physician. Candidates must be legally qualified to practise as Physician in England. Testimonials to A. C. Virgo, Secretary, by March 25th.
- ROYAL UNITED HOSPITAL**, Bath.—House-Surgeon, must be M.R.C.S. Eng. Salary, £60 per annum, with board, lodging, and washing. Appointment for six months. Applications to W. Stockwell, Secretary-Superintendent, by March 20th.
- SUNDERLAND BOROUGH ASYLUM**, Ryhope, Sunderland.—Assistant Medical Officer. Appointment for three years. Salary, first year, £100; second year, £125; third year, £150, with quarters, board, washing, and attendance. Applications to Dr. Eikins, Medical Superintendent, by March 15th.
- SUSSEX COUNTY HOSPITAL**, Brighton.—Fourth Resident Medical Officer, doubly qualified, unmarried. Emoluments are board, residence, and washing, and a salary not exceeding £30 per annum. Applications to the Secretary by March 18th.
- VICTORIA HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST**, Edinburgh.—Resident Physician. Appointment for six months. Apartments, board, and washing, with allowance of £2 monthly for conveyance in connection with outdoor department. Applications to the Honorary Secretaries, Messrs. Wallace and Guthrie, 1, North Charlotte Street, Edinburgh, by March 11th.
- WESTERN GENERAL DISPENSARY**, Marylebone Road, N.W.—Junior House-Surgeon; must be registered and unmarried. Salary, £50 per annum, with rooms and board. Applications and testimonials to the Honorary Secretary by March 11th.
- WEST LONDON HOSPITAL**, Hammersmith Road, W.—House-Physician and House-Surgeon. Appointments tenable for six months, from April 1st. Board and lodging are provided. Candidates must be registered under the Medical Act. Applications and testimonials to R. J. Gubert, Secretary-Superintendent, by March 20th.
- WIMBORNE MINSTER URBAN DISTRICT COUNCIL**.—Medical Officer of Health. Salary, £30 per annum. Applications to Herbert William Dibben, Clerk, Urban District Council Offices, Wimborne Minster, by March 11th.

MEDICAL APPOINTMENTS.

- ADAMS, A. M.B., C.M.Aberd.**, appointed Medical Officer to the Parochia Board of Ainess, Ross-shire.
- ALDRICH, A. W., L.R.C.P., L.R.C.S.Edin.**, appointed Medical Officer to the Worlington District and Workhouse of the Mildenhall Union.
- ARNOLD, G. J., L.R.C.P., M.R.C.S.**, appointed House-Surgeon to St. Thomas's Hospital.
- BENSON, Henry Thos., L.R.C.P.Lond., L.S.A.**, reappointed Medical Officer for the Maxey District of the Peterborough Union.
- BLACKER, A. Barry, M.D., B.S.Durh., L.R.C.P., M.R.C.S.**, appointed Clinical Assistant in the Electrical Department of St. Thomas's Hospital (extension).
- BRAKENRIDGE, F. J., L.R.C.P., M.R.C.S.**, appointed Non-Resident House-Physician to St. Thomas's Hospital.
- BRIIGS, Wm. Perry, L.R.C.P.Edin., L.F.P.S.Glasg.**, reappointed Medical Officer of Health to the Wigton Rural District.
- CARTER, A. H., M.D.Lond., F.R.C.P., M.R.C.S.Eng.**, appointed Visiting Medical Officer to the Workhouse of the Parish of Birmingham.
- DAVIS, H. J., B.A.Cantab., L.R.C.P., M.R.C.S.**, appointed Clinical Assistant in the Special Department for Diseases of the Ear at St. Thomas's Hospital.
- DENNIS, O. A., L.D.S.R.C.S.I.**, appointed Dental Surgeon to the Nottingham General Dispensary.
- FERGUSON, James, M.B., C.M.Glasg.**, appointed Visiting Physician to the Perth County and City Royal Infirmary.
- GENGE, G. G., L.R.C.P., M.R.C.S.**, appointed Resident House-Physician to St. Thomas's Hospital (extension).
- GERATY, Thomas, L.R.C.P.I., M.R.C.S.Eng.**, reappointed Consulting Surgeon to the Nottingham General Dispensary.
- GOSAGE, A. M., M.B., B.Ch.Oxon., M.R.C.P.Lond.**, appointed Assistant Physician to Westminster Hospital.
- HALLIWELL, T. O., L.R.C.P., M.R.C.S.**, appointed Clinical Assistant in the Special Department for Diseases of the Throat at St. Thomas's Hospital (extension).
- HARDING, H. W., L.R.C.P., M.R.C.S.**, appointed House-Surgeon to St. Thomas's Hospital.
- HAWARD, H. H., B.A.Cantab., L.R.C.P., M.R.C.S.**, appointed Clinical Assistant in the Special Department for Diseases of the Skin at St. Thomas's Hospital (extension).
- HAWORTH, F. G., M.B., C.M.Glasg., L.R.C.S., L.M.Edin., D.P.H.Camb.**, appointed Medical Officer of Health to the Darwin Urban Sanitary Authority; also Surgeon to the Darwin Division of the County Police.
- HEGINBOTHAM, H. J., L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg.**, appointed Medical Officer to the Wymeswold District of the Loughborough Union, *vice* John Bostock, M.R.C.S., resigned.

HOME, A. L., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital.

KELLY, P. A., L.R.C.P. Edin., L.M., L.R.C.S.I., appointed Surgeon to the Barry Island Railway and Harbour Works.

KENNEDY, Duncan Sinclair, M.B., C.M.Glasg., appointed Visiting Physician to the Perth County and City Royal Infirmary.

LAVER, J. W., L.R.C.P., M.R.C.S., appointed Non-Resident House-Physician to St. Thomas's Hospital.

LISTER, Dr. S. K., appointed Medical Officer for the Terrington District of the Wisbech Union.

LUMLEY, C. Armstrong, M.R.C.S. Eng., L.R.C.P. Lond., appointed District Surgeon to Idutywa, Transkei, Cape Colony, *vice* W. C. Kilbe, M.R.C.S., L.R.C.P., resigned.

MAGOWAN, S. M., M.B., B.Ch., B.A.O.R.U.I., appointed House-Surgeon to the Belfast Royal Hospital.

MILWARD, F. V., B.A., M.B., B.C. Cantab., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Ear at St. Thomas's Hospital.

MITCHELL, A. B., M.B.R.U.I., B.Ch., appointed Staff Assistant-Surgeon to the Belfast Royal Hospital.

MONCKTON, William, L.R.C.P. Edin., M.R.C.S. Eng., reappointed Medical Officer of Health to the Portishead Town Council.

PRAIN, J. L., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Throat at St. Thomas's Hospital.

PRYCE, T. Davies, M.R.C.S. Eng., L.S.A., reappointed Consulting Surgeon to the Nottingham General Dispensary.

RICHARDSON, S. W. F., M.B., B.S., B.Sc. Lond., L.R.C.P., M.R.C.S., appointed Junior Obstetric House-Physician to St. Thomas's Hospital.

ROBERTSON, William, M.D. Glasg., D.P.H., appointed Assistant Visiting Surgeon to the Perth County and City Royal Infirmary.

RUDD, C. F., M.R.C.S. Eng., L.S.A., appointed Medical Officer for the Stalham District of the Smallburgh Union, *vice* Dr. Walker.

RUSSELL, A. E., L.R.C.P., M.R.C.S., M.B. Lond., appointed House-Surgeon to St. Thomas's Hospital.

SAUNDERS, E. A., M.A., M.B., B.Ch. Oxon., L.R.C.P., M.R.C.S., appointed Resident House-Physician to St. Thomas's Hospital (extension).

STIRLING, Robert, M.D. Edin., appointed Visiting Surgeon to the Perth County and City Royal Infirmary.

SYMONS, R. Fox, L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital.

TEALE, J. W., M.A. Oxon., F.R.C.S. Eng., appointed to the Honorary Medical Staff of the Royal Northern Sea Bathing Infirmary, Scarborough.

THOMSON, J. A. Mulville, L.R.C.P., L.R.C.S.I., appointed Medical Officer of Health to the Bradford-on-Avon Rural and Urban Districts.

THURSTON, E. O., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital.

TINLEY, W. E. F., M.B., B.S. Durh., L.R.C.P., M.R.C.S., appointed Senior Obstetric House-Physician to St. Thomas's Hospital.

TREWBY, Lillian, L.R.C.S., L.R.C.P. Edin., L.S.A., late Medical Officer in charge, Lady Dufferin Hospital, Shikarpur, Upper Sind, appointed Medical Officer in charge, Lady Dufferin Hospital, Amraoti, Berar.

TRUMAN, E. B., M.D. St. And., M.R.C.S. Eng., reappointed Consulting Surgeon to the Nottingham General Dispensary.

WALLACE, L. A. R., B.A., M.B., B.Ch. Oxon., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Skin at St. Thomas's Hospital.

WHITE, G. B., M.R.C.S. Eng., L.S.A., reappointed Consulting Surgeon to the Nottingham General Dispensary.

WILLIAMSON, Dr. H. W. L., appointed Medical Officer for the Northern District of the Lancaster Union.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Lang: Iritis. London Throat Hospital, Great Portland Street, 8 P.M.—Dr. Whistler: Syphilis as it Affects the Larynx.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. Hector Mackenzie: A Case of Hysterical Deafness successfully treated, with some remarks on the Diagnosis and Treatment of this Affection. Mr. Bruce Clarke: Thirty cases of Nephrorrhaphy, with their Results.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor C. Stewart: On a Revision of the Endoskeleton in the Physiological Series in the Museum of the College. Lecture I.

TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Hyslop: Insanity with Cardiac Disease, Phthisis, Gout, etc.

ROYAL COLLEGE OF PHYSICIANS, 5 P.M.—Dr. A. Newsholme: On the Natural History and Affinities of Rheumatic Fever (Milroy Lecture No. III).

THE CLINICAL MUSEUM, 21, Great Portland Street.—Open at 2 P.M., Lecture at 4.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Adjourned Discussion on Affections of the Nervous System occurring in the Early (Secondary) Stages of Syphilis, to be opened by Sir William Broadbent and Dr. Althaus.

CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL, 4.30 P.M.—Dr. Dundas Grant: On the Diagnosis and Treatment of Diseases giving rise to Noises in the Head.

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 1 P.M.—Dr. Payne: Impetigo and Contagious Suppuration. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Stanford Morton: Ocular Paralysees.

WEST LONDON POST-GRADUATE COURSE, West London Hospital, W., 5 P.M.—Dr. Turner: The Electrical Treatment of Nervous Diseases.

HUNTERIAN SOCIETY, London Institution 8.30 P.M.—Mr. Hope Grant: Strictures of Esophagus. Dr. Fred. J. Smith: Cerebral Tumour. Dr. Hingston Fox: Gall Stones. Mr. Openshaw: 1. Gall Stone Removed by Operation from Ileum. 2. Congenital Sacral Tumour.

THE SANITARY INSTITUTE, Parkes Museum, Margaret Street, W., 8 P.M.—Discussion on Back-to-Back Houses, to be opened by Mr. James Niven, M.O.H., Manchester.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, 3 P.M.—Lecture by Dr. Gowers.

LARYNGOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, 5 P.M.—Discussion on the Diagnosis and Treatment of Empyema of the Antrum of Highmore. The members of the Odontological Society have been invited to attend and take part in the discussion.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor C. Stewart: On a Revision of the Endoskeleton in the Physiological Series in the Museum of the College. Lecture II.

THURSDAY.

LONDON POST-GRADUATE COURSE, National Hospital for the Paralyzed and Epileptic, Queen Square, 2 P.M.—Dr. Ormerod: The Gait in Various Forms of Paralysis. Hospital for Sick Children, Great Ormond Street, 3.30 P.M.—Mr. Leopold Hudson: Spinal Rotation Curvature. Central London Sick Asylum, Cleveland Street, W., 5.30 P.M.—Mr. Barwell: Cases in the Wards.

BRITISH GYNECOLOGICAL SOCIETY, 8.30 P.M.—Specimen by Mr. Bowreman Jessett. Dr. Macnaughton Jones: The Dangers of Morphine in Gynecological Practice. Dr. William Walter: Notes of a case of Leakage of a Multilocular Ovarian Cyst in a Girl aged 13.

NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY, Great Northern Central Hospital, 9 P.M.—Papers by Mr. Charles King, Dr. Christie, Dr. Burnet and Mr. Macready.

ROYAL COLLEGE OF PHYSICIANS, 5 P.M.—Dr. A. Newsholme: On the Natural History and Affinities of Rheumatic Fever (Milroy Lecture No. IV).

SOUTH-WEST LONDON MEDICAL SOCIETY, 235, Lavender Hill, Clapham Junction, 8 P.M.—Dr. Corfield: Foul Air and Disease.

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND, 5 P.M.—Dr. Waldo (Clifton): Notes of Cases. Exhibition of patients, etc.

FRIDAY.

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 3 to 5 P.M.—Professor Crookshank: Lecture: Typhoid Fever and Diphtheria. Practical Work: Staining Sections and Cultivations.

CANCER HOSPITAL, Brompton (Free), 4 P.M.—Mr. W. H. Elam: Malignant Disease of the Thyroid.

EPIDEMIOLOGICAL SOCIETY OF LONDON, 11, Chandos Street, W., 8 P.M.—Dr. Joseph Priestley: On the Value of Eucalyptus Oil as a Disinfectant in Scarlet Fever.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor C. Stewart: On a Revision of the Endoskeleton in the Physiological Series in the Museum of the College. Lecture III.

SATURDAY.

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

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTHS.

Joss.—On January 17th, at Thorndale, Denny, Stirlingshire, the wife of John Joss, M.A., M.B., C.M., of a son.

LAWTON.—On February 28th, at Bugbrooke, Northants, the wife of William Lawton, M.B., of a daughter.

MARRIAGES.

O'REGAN—HOLMES.—On January 9th, at St. Joseph's Church and at St. John's Cathedral, Hong Kong, Surgeon Matthew O'Regan, Royal Navy, of the Royal Naval Hospital, Hong Kong, son of the late Thomas O'Regan, Esq., of Ballytrasna, Middleton, co. Cork, to Lily, eldest daughter of Henry J. Holmes, solicitor, Hong Kong.

ELLIOTT—ELLIOTT.—On February 27th, by special licence, at the residence of the bride, by the Rev. E. Clarke, M.A., Surgeon-Captain C. R. Elliott, M.D., Army Medical Staff, to Mary, only daughter of Mr. William Elliott, Strabane. No cards.

DEATH.

ADAMS.—On March 1st, at 64, Harpur Street, Bedford, Samuel Hoppus Adams, M.D. Lond., aged 59.