

evidence of the disease beyond one small circular crust on one teat about the size of a split pea, which certainly would not have been recognised as cow-pox had it not exactly resembled in colour and configuration the pocks of the first animal. Taking into consideration the appearance of the crust and the circumstances of the case, it is very probable that both animals contracted the disease at the same time and from the same source.

From the descriptions of this disease, as given by various authors, bovine variola differs considerably in regard to its local phenomena, and the diagnosis is by no means easy. Bousquet, in his *Nouveau Traité de la Vaccine*, writes:

Not only do the general symptoms present no fixed type, but the local appearances themselves constantly vary, the disease always being the same; in the first place, the shape of the pustules is not always round, some are oval, others elongated; the former are flat and depressed, the latter globular, conical, etc. As regards the colour, some are white, others of a transparent or slatey white, while others again are yellowish, copper coloured, etc. It all depends even upon the colour of the teats. The areola may be present or not, the shade of the skin preventing us sometimes from distinguishing it. In short, not only are there differences in the characters described of the development, shape, nature, and progress of the pustule, but there is nothing which absolutely indicates true cow-pox, and nothing which excludes it. According to Verheyen, there is only one infallible means diagnosing it, and that is by its anatomical structure.

Fleming also mentions this variable colour of the vaccinal pustules. In a series of articles in the *Veterinary Journal* he says:

If the skin is fine and white the variolæ have a silvery white, bluish white, or slatey hue; if it is thin but dark coloured they are leaden grey; if the hair is of a bright shade they have a colour varying from a bright red to a pale or blood red tint, but always wear a metallic lustre. On a thick, white, and wrinkled skin they have a dull opaline lustre.

To further convince myself of the correct diagnosis of this rare disease, I prevailed upon G. S., after repeated refusals, to consent to be revaccinated. Dr. Hime kindly sent me some reliable calf lymph for the purpose, and vaccination was attempted in four places, not one of which showed more than the slight topical irritation one might have expected.

As to the exceeding rarity of this disease, it is probable that many cases may crop up which are never brought to the notice of veterinary surgeons or medical men, and consequently escape being recorded. Bovine variola not being scheduled in the Contagious Diseases (Animals) Act, it is only natural that cowkeepers and dairymen, not wishing their trade to be seriously affected, should keep the knowledge of the disease existing among their cattle to themselves; and where a limited number of cows are kept and only one or two men employed to do the milking, the chances of confirmatory proof by casual inoculation are reduced to such an extent, especially when the primary disease is mild in character as in the case of the second cow, that no one may have the remotest idea of its existence.

A BREAD SUBSTITUTE FOR DIABETIC PATIENTS.

By R. T. WILLIAMSON, M.D.LOND., M.R.C.P.,
Medical Registrar to the Manchester Royal Infirmary; Assistant to the Professor of Medicine, Owens College.

WHILST making trials of a number of diabetic biscuits,¹ I had one prepared which I think will be useful, especially in hospital practice and for poor patients. These biscuits consist of a combination of aleuronat and cocoa-nut powder. Aleuronat is a flour (a yellowish powder) which contains 80 to 90 per cent. of vegetable albumen and only 7 per cent. of carbohydrates. It has been strongly recommended by Professor Ebstein for diabetic patients. The preparation of diabetic food from aleuronat presents considerable difficulties, however. In order to use it for diabetic bread it is necessary to add a considerable amount of ordinary starch-containing flour, and the value of such bread is greatly diminished thereby. I find, however, that, by a simple combination of aleuronat and desiccated cocoa-nut powder, cakes can be very easily prepared. Cocoa nut contains a large percentage of fatty matter (70 per cent.); a small quantity of sugar is also present, but this can be almost entirely removed by fermentation.

¹ Especially those recommended by Ebstein and Saundby; *Deutsche med. Woch.*, No. 18, 1892; *Med. Chron.*, September, 1892; *Birm. Med. Jour.*, No. 5, 1893.

For the preparation of these cakes, 2 ounces of desiccated cocoa-nut powder are mixed with a little water containing a small quantity of German yeast. The mass is then formed into a kind of paste, and this is kept for half an hour or longer in a warm place. The small amount of sugar contained in the cocoa nut is almost entirely decomposed by the fermentation produced by the yeast, and the cocoa-nut paste becomes spongy. Two ounces of aleuronat, one egg beaten up, and a small quantity of water, in which a little saccharin has been dissolved, are now added to the cocoa nut, and the whole well mixed until a dough is formed. This is divided into cakes, which are baked in a moderate oven for twenty or thirty minutes.

Messrs. Callard and Co., of Regent Street, have kindly supplied me with a desiccated cocoa-nut powder, from which the small amount of sugar has been almost entirely removed. If this be employed then the addition of the yeast is not necessary; 2 ounces of aleuronat, 2 ounces of cocoa nut, 1 egg (beaten up), and a little water sweetened with saccharin are simply mixed together, divided into cakes, and baked. The cakes are most palatable when newly made. If they have been prepared more than twenty-four hours, the taste is greatly improved if they are slightly warmed before the fire. They are also improved by being buttered. The advantages of these cakes are: 1. A diabetic patient can have them easily prepared at his own home. 2. If so prepared, they are cheap in comparison with most diabetic foods (aleuronat can be obtained from R. Hundhausen, Hamm, Westphalia, Germany, in parcels containing 4½ kilos. for 7s., that is, about 9½d. per lb.); fine desiccated cocoa-nut powder is supplied by Messrs. Lyon and Sons, 4, Bath Passage, Birmingham, in tins containing 112 to 130 lbs. at 4½d. per lb. 3. They are much more palatable than most diabetic cakes; to many persons they are very palatable. 4. They contain a large quantity of vegetable albumen and fatty matter, and only a very small amount of carbohydrate. A solution of iodine gives no blue coloration with the cakes, and hence the starchy matter must be very small or practically absent. I think these cakes will be found useful as a bread substitute, especially for those diabetic patients whose diet ought to be rigid, that is, for cases of the milder forms of the disease. When given to diabetic patients in place of ordinary bread, of course a great diminution of the quantity of sugar excreted in the urine is observed.²

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

HICCOUGH FOR SEVEN MONTHS.
A CASE of hiccup of the above-mentioned duration, coming on in violent paroxysms, is now being treated in the hospital of S. Maria Nuova at Florence.

T. D., aged 44, a single woman, was admitted on January 27th, 1895. Her family history was good. She was backward, and could scarcely articulate till 5 years of age. Menstruation began at 17: it was nearly always regular but scanty; her general health was good. At 20 she had a fright from her bed catching fire, followed by fever for four or five days. About this time she was seized by a violent pain in the stomach which lasted three days, and left an uneasy sensation of tightness and distension aggravated by taking food. Later on, until the age of 37, she suffered from general weakness. There was no vomiting, acidity, or eructation, only occasionally a slight pyrosis. Seven years ago she was, as cook, exposed to great heat, and experienced severe pain in the left side of the abdomen, complicated with diarrhoea lasting sixteen months. She passed four or five mucous watery dejections daily; this was followed by excessive general weakness, on which an attack of malaria supervened.

At the beginning of August, 1894, apparently coincident with mental worry, she was seized with frequent eructations.

² Messrs. Callard and Co., of Regent Street, London, and their Manchester agents, Messrs. Mottershead and Co., have undertaken to supply these cakes to anyone who may require them ready made.

These lasted 15 to 20 days, after which followed attacks of hiccough, repeated five or six times a day, and gradually becoming convulsive. They were noisy and spontaneous, but could always be evoked by pressure at different points of the body, but not along the nervous trunks. The pupils reacted to light; the conjunctival and pharyngeal reflexes were absent; the patellar exaggerated. The temperature was normal, the pulse 90, the tongue clean, the stomach normal, and digestion good. The heart was normal, the pulse slightly irregular, the uterus of a natural size, mobile and tender; pressure on the left ovary immediately caused violent hiccough; pressure under the left mammary region and stomach, the sides of abdomen, and over both ovaries, as also over the last lumbar vertebrae, had the same result.

At first there was an absence of all convulsive movements during the night, but now they are severe. An equal pressure, such as lying on the stomach, produces immunity from pain and hiccough. The patient now complains of acute pain in the epigastrium. The explosions of hiccough, which sometimes last from five to twenty minutes or longer, terminate in a loud eructation of gas. The patient has not lost weight, or, if so, only in a very trifling degree since being in the hospital. A great variety of remedies were employed: morphine, belladonna, antispasmodics, external application, electricity, baths, and subcutaneous injections afforded temporary relief, but rendered subsequent attacks more violent.

The treatment now adopted is electrical sparks over the stomach and abdomen, but on the principle of cure by suggestion. This has resulted in a very great improvement, the attacks now rarely last more than ten minutes, and occur only a few times in the twenty-four hours.

Florence.

W. WILSON, F.R.C.P.Lond.

A CASE OF SCURVY IN LONDON.

A. E., living in London, recently came under my care with scurvy. He complained of increasing debility and shortness of breath, with sore gums; the gums were spongy, of bluish-red colour, easily separated from the loosened teeth, and bleeding readily. On the left leg there was extensive ecchymosis on the lower two-thirds of the thigh and the front of leg, with some liquid in the synovial sac of knee-joint. There were scattered purpuric spots on the right leg. There was some induration of the muscles in popliteal spaces, especially on the left side. His diet for the past two months had consisted of bread, cheese, oatmeal, and water. Under suitable treatment he improved satisfactorily.

London, W.C.

ALEXANDER INNES, M.B.Aberd.

SURGICAL SCARLATINA FOLLOWING AN OPERATION FOR GONORRHOEAL BUBOES.

C. L., aged 22, a delicate-looking man, came under observation on January 10th, 1894, suffering from a swelling in the left groin and gonorrhœa of two months' standing. The left inguinal glands were acutely inflamed, those on the right side enlarged and tender. A thin ichorous pus exuded from the meatus on pressure. He had balanitic hypospadias with the hood-like prepuce in an oedematous condition. About half way along the dorsum of the penis in the course of dilated lymphatic vessel was a small inflammatory swelling the size of a pea. The inflamed glands were treated by poultices applied over glycerine and belladonna, and in a few days, on the subsidence of acute symptoms, the patient returned to work.

He was not seen again until January 25th, when both groins presented a large fluctuating swelling, with surrounding inflammatory oedema. The urine showed traces of albumen, to be accounted for by the admixture of urethral pus.

On January 29th both buboes were opened under chloroform, and the small abscess along the dorsum of the penis, which had reached the size of a walnut, was incised. The wounds were drained and dressed with iodoform, cyanide gauze, wood wool, and a carbolic outside dressing, secured by a double spica. The patient passed a very restless night, and next morning the dressing was found displaced, exposing the wound on the left side.

He went on well until February 2nd (four days after the

operation), when he was seized with fits of shivering, with vomiting and great thirst. The temperature was 103°, the pulse 130, the respirations 38 and thoracic. The wound on the left side was quite dry, and spreading from it was a vivid rosy-red rash, accompanied by burning and tingling sensations. The rash (which was taken for erysipelas) soon covered nearly the whole of the abdomen, but ended abruptly below the lower ribs. Hot applications were applied locally, and quinine, with tincture of perchloride of iron, administered internally.

The evening temperature remained at about 103°, with a slight morning fall until February 4th, when the skin of the chest, trunk, and upper limbs presented a diffuse scarlatina-like rash of raspberry hue, disappearing rapidly on pressure. The tongue was furred along the dorsum, red at the edges, with enlarged papillæ. The fauces were dry and reddened, otherwise the throat was normal, and no soreness was complained of. The cervical glands presented no enlargement. On the chest there was an abundant crop of sudamina. The rash, which preserved its bright colour until February 11th, had faded by February 15th, and was followed by an abundant cuticular desquamation.

The urine was examined daily, and on February 14th albumen half, with some epithelial casts, was found. The amount of albumen gradually diminished, and in a week could be detected only in traces. The wounds were dressed daily. From the left side, which had become quite dry at the onset of the rash, a copious discharge of sero-pus commenced on February 6th. By the end of March the wounds on both sides had healed.

REMARKS.—A patient after operation presents, besides the ordinary channels for the inception of micro-organisms, a breach of surface continuity bounded by tissues of lowered vitality—a congenial nidus for the germination of organisms. In the case recorded the breach was bilateral, and the bounding tissues apparently similarly disposed as regards parasitic pabulum. But whilst the right side was antiseptically protected, that on the left, owing to the displacement of the dressing, remained exposed for some hours during the night following the operation. It seems probable that it was through this channel that the *materies morbi* gained admission, and the occurrence of the rash, starting from the wound area, supports the hypothesis of primary infection. In the series of cases of surgical scarlet fever, in Vol. 24 of *Guy's Hospital Reports*, the only instances of local rash occurred in those cases which were treated non-antiseptically. The absence of throat symptoms is a significant feature, and supports the views of a local origin of scarlatina advocated by Dr. Dowson in the *Medical Chronicle* of January, 1894. No source of infection could be traced. The patient had not previously suffered from the disease.

Bristol. ARTHUR W. PEAKE, M.R.C.S., L.R.C.P.

AN APPARENT SIMILARITY IN THE CONDITIONS NECESSARY FOR THE DEVELOPMENT OF ACUTE RHEUMATISM AND SCARLET FEVER.

As a note to Dr. Arthur Newsholme's Milroy Lectures on the natural history of rheumatic fever, the following may be of interest:

During five and a-half years' practice in Manilla, Philippine Islands, I never saw or heard of a case of acute rheumatism, nor, except in some few of the members of the European colony there, did I ever come across any case of cardiac lesion attributable to that disease. One of the most striking features of medical practice in those islands was the paucity of cases of cardiac lesion; though causes for anaemia *plus* dilatation of the left ventricle and consequent oedema of the lower extremities were relatively numerous, and their effects very frequently seen, yet the oedema *plus* mitral disease as met with here one practically never came across. Such valvular lesions as did present themselves occurred for the most part in persons having a history of syphilis, and as a rule benefited greatly by a course of iodide; these cases and a few of beri-beri supplied nearly the whole of the murmurs one had the opportunity of listening to.

Not only was rheumatic fever apparently unknown there, but scarlet fever also did not appear to exist; as the so-called "rheumatism" of the latter frequently resembles the sym-

ptoms of the former, so one's Philippine experience points to a further resemblance between these two diseases, the micro-organisms of which would seem to so far resemble one another as to be practically equally unable to exist under the climatic influences there obtaining.

This absence of these two diseases is rendered all the more striking by the fact that the other pathogenic organisms with whose effects we are familiar here flourish on the whole more luxuriantly in the Philippines. Tubercle (of the lungs and glands, but not of the bones and joints), small-pox and measles especially; while malaria, cholera, beri-beri, and leprosy more than supply the gap left by the absence of scarlet fever and acute rheumatism.

Rochdale. ARTHUR JEFFERSON, M.D. and B.S.Lond.

REPORTS

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

WARRINGTON INFIRMARY.

TRAUMATIC TETANUS TREATED WITH ANTITOXIN.

(Under the care of Mr. JOHN H. GORNALL, Honorary Medical Officer.)

[For the notes of this case I am indebted to the Junior House-Surgeon, Dr. LANGDALE, and I take this opportunity of thanking him for his professional devotion to the patient.] THE patient, an errand boy, aged 13, was run over in the street on November 8th, 1894, and received a lacerated wound of the left calf. He was admitted on November 10th. The wound was about 6 inches long by 4 inches broad, and a flap of skin which had been torn up was gangrenous. The condition of the wound improved rapidly, and on November 16th it presented a clean granulating surface. There had been no rise of temperature since his admission. On November 20th, the twelfth day after the injury, he complained in the morning of stiffness of the jaws. In the afternoon the mouth could only be opened half an inch, and by evening there was slight retraction of the head, distinct risus sardonicus, with wrinkling of the forehead and partial closure of the eyes. There was no pain in the wound. Twenty-four grains of chloral with 24 grains of bromide of potassium were given during the day.

On November 21st these symptoms continued, and the sterno-mastoid and abdominal muscles became rigid, ankle clonus was obtained on both sides, and the knee-jerks were much exaggerated. At 5.30 P.M. 1.5 grammes of tetanus antitoxin in 15 c.cm. of sterilised water was injected subcutaneously in four places on the inside of the thigh.

On November 22nd the rigidity had increased. The muscles of the back and lower extremities were distinctly involved, as also were those of the upper extremities, though to a less extent. There were occasional slight exacerbations of the spasm of the muscles of the back, but no true paroxysms of spasm. The tongue had been slightly bitten in the night. At 5.30 P.M. 1 grammme of antitoxin in 10 c.cm. of water was injected subcutaneously in two places in the abdominal wall. Twelve grains each of bromide and chloral were given during the day.

On November 23rd the trismus was more marked; only the tip of the tongue could be protruded between the teeth. One grammme of antitoxin was injected at 5 P.M. Chloral and bromide, 12 grains of each, were given during the day.

On November 24th the general rigidity continued, but the tendency to occasional exacerbations of the spasm of the back muscles was rather more marked; 0.5 grammme of antitoxin was injected at 5.30 P.M.; chloral and bromide, 12 grains of each, were given during the day.

On November 25th the rigidity continued, and true paroxysms of spasm began to occur, causing the patient to scream with pain, and affecting occasionally the muscles of respiration, inducing a sense of suffocation. One grammme of antitoxin was injected at 5.30 P.M. Chloral and bromide, 48 grains of each, were given during the day.

On November 26th paroxysms were frequent and severe; 1 grammme of antitoxin was injected at 5.30 P.M. Chloral and bromide, 48 grains of each, were given during the day.

On November 27th, the general rigidity continuing, the paroxysms became more frequent but not more severe. Eight paroxysms, one of them severe, the others slight, were recorded during one hour. One grammme of antitoxin was injected at 6 P.M.

On November 28th his condition was unchanged; 0.5 grammme of antitoxin was injected at 6 P.M. On November 29th 0.5 grammme of antitoxin was injected, and on November 30th, 0.5 grammme of antitoxin was injected.

On December 1st the condition recorded on November 27th continued. No antitoxin was given.

On December 2nd his condition in the early morning was distinctly worse, the paroxysms were as frequent as ever and more severe, again affecting the respiratory muscles. At 4.30 in the morning 1 grammme of antitoxin was injected, chloral and bromide, 24 grains of each having been given during the night. His condition improved slightly during the day. Chloral and bromide, 12 grains of each, were again given in the evening.

On December 3rd his condition remained the same; 0.5 grammme of antitoxin was injected at 10.30 P.M.

On December 4th there was a slight improvement; 0.5 grammme of antitoxin was injected at 6 P.M. Chloral and bromide, 12 grains of each, were given in the early morning.

On December 5th the improvement continued, trismus was distinctly less marked, and the abdominal muscles were less rigid; 0.5 grammme of antitoxin was injected at 8.30 P.M. This was the last injection given.

From this date his improvement was continuous; there were still occasional paroxysms, and on the night of December 11th there was a rather severe one.

On December 15th there was still some rigidity of the dorsal and abdominal muscles and of the limbs, the risus sardonicus was still present, but the trismus was almost gone. On December 30th there was no trace of rigidity, but the knee-jerks were still exaggerated. The wound was not completely healed until January 30th.

In all 11 grammes of antitoxin were injected, and chloral and bromide were also freely given. The injection of the antitoxin generally increased the spasm for the moment, but seldom to any great extent. With the exception of the one occasion when the antitoxin was injected subcutaneously into the abdominal wall, no pain was complained of afterwards at the site of the injection. On subsequent occasions the injections were given subcutaneously on the inside of the thigh; they set up no irritation.

The antitoxin used was Tizzoni's and was supplied by Messrs. Allen and Hanburys.

The patient suffered from a slight attack of diarrhoea on November 29th and two following days, and at the same time, and for a few days after, complained of sore throat.

The daily amount of urine during the height of the disease ranged from 25 to 30 ounces; it was never found to contain albumen or sugar, and there was no retention. On one occasion it was passed involuntarily during a paroxysm. Perspiration was profuse throughout.

The temperature rose to 100° on the second day of the disease, and ranged from 99° to 101° until the end of the second week, when it became normal. The pulse ranged from 90 at the onset to 110, and occasionally 120 at the height of the disease. He took liquid nourishment well, and from November 27th to December 12th was taking stimulants. A prominence, apparently due to dislocation of the left ninth or tenth rib from its costal cartilage was noticed on December 5th; it disappeared in the course of a few days.

At the onset of symptoms of tetanus the wound was well washed with perchloride of mercury (1 in 1,000), and was subsequently dressed with iodoform ointment. The granulations became feeble and of a dusky colour, and the wound showed little tendency to heal until the dressing was changed to "red lotion" at the end of the third week, when it rapidly assumed a healthy appearance.

Cultivations from the wound, with a view to isolating the tetanus bacillus, were made by Dr. J. Guest Gornall, assistant medical officer of health, on December 4th and 12th, but without any success; the latter occasion was probably too

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

CONGREGATIONS.—The congregations during the present term at which medical and surgical degrees will be conferred are fixed for May 9th, 18th, and 30th, June 6th and 13th.

SURGICAL EXAMINATIONS.—Professor W. Watson Cheyne, F.R.S., has been appointed an additional examiner in surgery for the present term. There are nearly eighty candidates for the surgery and obstetric division of the Third M.B. Examination.

UNIVERSITY OF EDINBURGH.

THE following candidates have passed the Medical Preliminary Examination: T. H. W. Alexander, J. F. Allan, J. Anderson, J. D. Anderson, W. B. Barnes, J. H. M. Bell, L. Bruce, A. Brydon, G. B. Butt, E. Cameron, W. J. Collis, J. Cook, C. W. Crooke, J. E. Dallas, A. R. Douglas, J. Duncan, J. W. I. Dunn, W. F. Easton, W. H. Elder, E. Ewart, D. C. B. Fitzwilliams, G. Grey, M.A., P. S. Haldane, A. A. Hall, R. Hamilton, G. H. Hanna, H. Harris, D. P. Hope-Johnstone, W. Hutchison, D. S. M. Izatt, F. F. C. Jagger, E. M. G. Jayne, J. C. Kennedy, W. Landsborough, L. Lawrie, K. G. Leah, R. Liddell, C. B. McConaghay, A. M' Ewan, W. M'Farlane, A. F. Mackay, J. G. Mackenna, J. J. Mackenzie, T. A. Mackenzie, D. M'K. Macleod, E. Macmillan, D. M. Macrae, Elizabeth Macrory, G. P. Maitland, H. Mason, Janet A. S. Mouat, R. Murray, N. Navarra, H. C. Nixon, G. J. Ovens, G. A. Pillans, P. C. Ritchie, D. J. Roberts, L. Saunders, M. S. Scott, W. Sloss, R. Sproul, C. P. Strong, T. G. Stewart, W. L. Trafford, G. R. Turner, N. N. Wade, D. L. Wall, J. Wallace, and G. Wilson.

And the following candidates have passed in the subjects named: F. E. Belcombe, English and Mathematics; W. Brown, Latin and Mathematics; Harriet J. C. Maclarens, Latin and Mathematics; K. D. Melville, Euclid and Algebra and Latin; C. B. Paul, Mathematics; and A. W. Wilson, Latin and French.

UNIVERSITY OF DUBLIN.

THE first summer commencements in Trinity Term were held in the Theatre of Trinity College, Dublin, on Friday, April 19th, when the following degrees in the Faculty of Physic were conferred by the University Caput in the presence of the Senate:

Baccaulaureus in Medicina, in Chirurgia, et in Arte Obstetricia.—T. H. M. Clarke.

Doctores in Medicina.—B. I. D'Olter, J. Elliott, W. B. Stokes, G. A. Winter, B. R. Chatterton (*in absentia*).

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

THE following gentlemen passed the First Examination of the Board in the subjects indicated under the Five Years' regulations:

Part I. *Chemistry and Physics.*—J. A. Archer, Mason College, Birmingham; A. Ashmore, Yorkshire College, Leeds; R. M. Barron, Guy's Hospital; W. N. Blatchford, University College, Bristol; J. C. O. Bradford, Cambridge University; J. Brownrigg, University College, Liverpool; P. C. Burgess, Middlesex Hospital; A. F. Carlyon, Middlesex Hospital; H. B. Carr, Guy's Hospital; J. F. Charlton, Charing Cross Hospital; L. Cook, Westminster Hospital; G. E. Cope, Westminster Hospital; F. J. P. Daly, London Hospital; L. C. Driscoll, Charing Cross Hospital; W. P. Dyer, St. Bartholomew's Hospital; C. A. H. Gee, University College, Bristol; R. J. Harris, St. Thomas's Hospital; A. H. Hayes, St. Bartholomew's Hospital; R. E. Hodgson, St. Mary's Hospital; J. E. Humphreys, Charing Cross Hospital; W. Johnson, Guy's Hospital; E. B. Kirkconnel, Owens College, Manchester; W. A. Lamborn, Middlesex Hospital; J. H. Longbottom, Yorkshire College, Leeds; H. J. May, London Hospital; J. W. Nunn, St. Bartholomew's Hospital; W. G. Palmer, Cambridge University and Guy's Hospital; A. Perks, Guy's Hospital; G. W. M. Pritchett, University College, London; D. W. Purkis, St. Bartholomew's Hospital; C. R. Rickard, Middlesex Hospital; J. H. Sanders, London Hospital; C. B. Sells, Guy's Hospital; L. S. Shoosmith, St. Mary's Hospital; W. G. Speers, St. Mary's Hospital; S. Stevens, St. Bartholomew's Hospital; H. B. M. Stratford, Oxford University; H. S. Thomas, St. Bartholomew's Hospital; H. Thwaites, London Hospital; G. P. Tongue, St. Paul's School, West Kensington; P. H. Ward, Guy's Hospital; C. H. Wood, University College, London; T. J. Wright, Guy's Hospital.

Part II. *Practical Pharmacy.*—W. F. Allen, London Hospital; C. A. D. Bryan, Guy's Hospital; P. B. Deas, St. Mary's Hospital; F. K. Etlinger, University College, London; W. V. C. Francis, Westminster Hospital; J. R. Griffith, London Hospital; W. Holmes, St. Mary's Hospital; J. C. S. Oxley, St. Thomas's Hospital; A. K. G. Pocock, University College, London; J. Sherren, London Hospital; E. W. Williams, St. Mary's Hospital.

Part III. *Elementary Biology.*—W. Aston, Mason College, Birmingham; G. J. S. Atkinson, St. Paul's School, West Kensington; H. V. Bagshawe, Guy's Hospital; D. G. R. S. Baker, University College, London; W. L. Baker, St. Mary's Hospital; E. H. Barlow, Guy's Hospital; E. J. R. Bartlett, King's College, London; B. S. Barlett, University College, London; J. Beard, Firth College, Sheffield; J. C. Bell, University College, London; W. F. C. Bennett, Firth College, Sheffield; A. J. V. Betts, Westminster Hospital; R. Bigg, St. Bartholomew's Hospital; G. Black, St. Thomas's Hospital; P. R. Blake, London Hospital; C. O. Bodman, University College, Bristol; B. J. Bourstot, St. Bartholomew's Hospital; T. W. S. Brown, Guy's Hospital; T. W. Brown, St. Bartholomew's Hospital; H. B. Butler, St. Bartholomew's Hospital; R. M. Carter, St. George's Hospital; G. E. Cathcart, St. Bartholomew's Hospital; A. E. Causton, Guy's Hospital; E. M. Clarke, University College, Cardiff; R. S. Cocke, King's College, London; M. W. Compton, St.

Thomas's Hospital; S. L. Compton, University College, Bristol; L. Cook, Westminster Hospital; R. T. Cooke, St. Bartholomew's Hospital; W. E. Cooper, University College, London; S. D. Corbett, St. George's Hospital; C. V. Cornish, St. Bartholomew's Hospital; P. A. Cornish, Middlesex Hospital; H. E. Crawley, Oxford University; R. H. Crompton, University College, Liverpool; D. Davies, St. Bartholomew's Hospital; W. C. Douglass, St. Bartholomew's Hospital; C. D. A. Downman, St. Bartholomew's Hospital; J. S. Dudding, London Hospital; L. S. Duggeon, St. Thomas's Hospital; W. A. Durante, Westminster Hospital; E. A. Edington, University College, London; C. J. E. Edmonds, St. Thomas's Hospital; C. Edwards, Guy's Hospital; D. R. Edwards, University College, Cardiff; C. M. Ekins, University College, London; S. J. D. Esser, London Hospital; A. J. Evans, University College, London; S. J. Evans, Guy's Hospital; F. E. Everington, St. Bartholomew's Hospital; R. A. Facey, St. Mary's Hospital; C. H. Farquharson, St. Mary's Hospital; B. Fawsett, St. Thomas's Hospital; T. G. Fenton, St. Thomas's Hospital; C. Y. Flewitt, Mason College, Birmingham; H. E. Flint, St. Bartholomew's Hospital; C. D. E. Forbes, St. George's Hospital; B. T. Forrest, St. Thomas's Hospital; J. B. C. Francis, Westminster Hospital; R. J. Fyffe, Firth College, Sheffield; E. W. Goble, Guy's Hospital; R. Gould, London Hospital; W. E. Graham, St. Bartholomew's Hospital; H. S. Greaves, St. Bartholomew's Hospital; S. M. Green, University College, Liverpool; P. B. Grenfell, St. Bartholomew's Hospital; J. G. Gubbins, St. Thomas's Hospital; T. B. Haig, St. Bartholomew's Hospital; J. R. Halliday, London Hospital; W. G. Hamilton, St. Bartholomew's Hospital; G. H. L. Hammerton, Firth College, Sheffield; J. D. Hartley, St. Bartholomew's Hospital; J. F. Harvey, Mason College, Birmingham; A. E. U. Hawkes, University College, Liverpool; E. M. W. Hearn, London Hospital; E. Hearn, Firth College, Sheffield; H. Hemstead, University College, Bristol; G. A. Herklots, University College, London; C. E. Hicks, Guy's Hospital; T. Higson, Owens College, Manchester; A. R. Hobbs, St. Mary's Hospital; H. H. Holliks, Mason College, Birmingham; W. Holmes, St. Mary's Hospital; W. B. Hope, Guy's Hospital; C. B. Horsbrugh, University College, Bristol; E. H. Hubert, St. George's Hospital; H. R. Humby, St. Bartholomew's Hospital; J. D. D. Humby, St. Bartholomew's Hospital; J. W. Hunt, St. Mary's Hospital; F. W. James, University College, London; J. McK. Jefferiss, King's College, London; B. S. Jones, St. Thomas's Hospital; T. T. Kelly, Guy's Hospital; S. J. Kerfoot, London Hospital; R. Lamb, University College, Liverpool; G. J. A. Leclercz, St. Bartholomew's Hospital; C. Lee, Firth College, Sheffield, and Guy's Hospital; W. H. Leonard, St. Bartholomew's Hospital; I. C. Lewis, St. Bartholomew's Hospital; W. H. Looseley, Guy's Hospital; J. McClintock, King's College, London; A. R. McLachlan, Guy's Hospital; H. A. Mason, Firth College, Sheffield; W. B. Mayne, University College, London; J. Miller, Owens College, Manchester; E. P. Mitchell, Guy's Hospital; B. Muir, Guy's Hospital; S. Neave, St. Bartholomew's Hospital; J. C. Oates, Mason College, Birmingham; J. O'Hea, St. Bartholomew's Hospital; J. M. A. Olivey, St. Thomas's Hospital; E. A. Parsons, Mason College, Birmingham; J. Perks, St. Bartholomew's Hospital; H. G. Pinches, St. Thomas's Hospital; H. G. Pinker, St. Bartholomew's Hospital; S. Pomeroy-Trood, St. Bartholomew's Hospital; E. E. M. Price, Mason College, Birmingham; S. E. Price, Mason College, Birmingham; J. L. Pritchard, University College, Liverpool; H. M. Prins, University College, London; A. B. Pugh, St. Bartholomew's Hospital; W. H. Randolph, St. Bartholomew's Hospital; J. J. Rodil, Guy's Hospital; F. C. Rogers, St. Mary's Hospital; F. Rowland, Mason College, Birmingham; E. A. Sanders, King's College, London; E. J. Scorah, Firth College, Sheffield; E. F. Scott, Guy's Hospital; A. I. Sheldon, University College, London; G. Shorland, Guy's Hospital; G. S. Simpson, Guy's Hospital; A. A. Smith, Guy's Hospital; L. S. Smith, Mason College, Birmingham; S. Smith, University College, London; T. S. Smith, St. Mary's Hospital; T. W. Smith, Charing Cross Hospital; A. E. Sofly, St. Thomas's Hospital; W. C. Speirs, St. Mary's Hospital; H. Z. Stephens, St. Thomas's Hospital; W. Sykes, Owens College, Manchester; Y. Takaki, St. Thomas's Hospital; A. W. Talbot, Guy's Hospital; A. M. Thomas, Guy's Hospital and Durham University; W. M. Thomas, Guy's Hospital; C. C. B. Thompson, St. Bartholomew's Hospital; H. B. Thompson, Mason College, Birmingham; R. L. Thorneley, St. Bartholomew's Hospital; A. F. Tredgold, London Hospital; F. W. Twort, St. Thomas's Hospital; J. C. Velenki, London Hospital; T. H. Vickers, St. Mary's Hospital; R. H. Vincent, St. Bartholomew's Hospital; C. Visger, University College, London; W. Wakefield, Mason College, Birmingham; R. Walker, St. Bartholomew's Hospital; J. Waters, Middlesex Hospital; J. A. West, St. Bartholomew's Hospital; O. E. Ward, Mason College, Birmingham; H. E. Weston, St. George's Hospital; E. Wethered, St. Bartholomew's Hospital; C. C. K. White, St. Bartholomew's Hospital; E. S. Wilkinson, St. Bartholomew's Hospital; E. W. Williams, St. Mary's Hospital; H. C. Wilson, St. Mary's Hospital; R. Winterbotham, University College, London; R. E. H. Woodforde, St. Bartholomew's Hospital; H. G. Wood-Hill, St. Bartholomew's Hospital; T. J. Wright, Guy's Hospital.

Part IV. *Elementary Anatomy.*—H. T. D. Ackland, St. Thomas's Hospital; H. St. A. Agate, St. Mary's Hospital; P. E. Alderson, Middlesex Hospital; W. F. Allen, London Hospital; F. E. Anley, Charing Cross Hospital; J. Atkins, Guy's Hospital; T. Aubrey, University College, Bristol; E. C. Austin, St. Mary's Hospital; H. V. Bagshawe, Guy's Hospital; A. R. Baker, St. Bartholomew's Hospital; W. L. Baker, St. Mary's Hospital; E. H. Barlow, Guy's Hospital; A. S. Barnes, Mason College, Birmingham; E. J. R. Bartlett, King's College, London; W. Bastian, University College, London; C. T. Baxter, Middlesex Hospital; H. R. Beale, St. Thomas's Hospital; J. Beard, Firth College, Sheffield; N. C. Beaumont, St. Bartholomew's Hospital; J. C. Bell, University College, London; C. H. Bennett, St. Mary's Hospital; W. F. C. Bennett, Firth College,

Sheffield; A. J. V. Betts, Westminster Hospital; A. Bevan, St. Thomas's Hospital; G. Black, St. Thomas's Hospital; F. J. G. Blake, Yorkshire College, Leeds; P. R. Blake, London Hospital; C. O. Bodman, University College, Bristol; F. C. Borrow, St. Bartholomew's Hospital; E. C. Bourdas, St. Thomas's Hospital; J. B. C. Brockwell, Guy's Hospital; F. W. Brook, Guy's Hospital; A. Brown, King's College, London; T. W. S. Browne, Guy's Hospital; C. A. D. Bryan, Guy's Hospital; E. H. Bullen, St. Mary's Hospital; P. C. Burgess, Middlesex Hospital; H. Burrows, St. Bartholomew's Hospital; H. Calver, St. Thomas's Hospital; R. M. Carter, St. George's Hospital; A. E. Causton, Guy's Hospital; D. P. Chapman, Charing Cross Hospital; T. Chetwood, London Hospital; E. M. Clarke, University College, Cardiff; H. H. K. Clarke, St. Thomas's Hospital; F. Coleman, Charing Cross Hospital; A. Coleridge, University College, Bristol; J. M. Collens, St. Bartholomew's Hospital; S. L. Compton, University College, Bristol; L. Cook, Westminster Hospital; R. T. Cooke, St. Bartholomew's Hospital; W. E. Cooper, University College, London; G. E. Cope, Westminster Hospital; S. D'A. Corbett, St. George's Hospital; C. V. Cornish, St. Bartholomew's Hospital; P. A. Cornish, Middlesex Hospital; J. F. Cunningham, St. Thomas's Hospital; J. B. S. O'Aguilar, University College, Bristol; W. S. Danks, St. Bartholomew's Hospital; J. B. Davey, Middlesex Hospital; A. M. Davis, Mason College, Birmingham; A. G. C. Davies, Guy's Hospital; D. Davies, St. Bartholomew's Hospital; E. H. Davies, University College, Cardiff; P. B. Deas, St. Mary's Hospital; H. R. H. Denny, Guy's Hospital; A. Densham, Guy's Hospital; W. Dick, University College, London; H. B. Diamoir, Guy's Hospital; S. Dodd, Westminster Hospital; M. S. Double, Charing Cross Hospital; H. G. Drake-Brockman, St. George's Hospital; J. S. Dudding, London Hospital; L. S. Duggeon, St. Thomas's Hospital; W. R. Dunstan, London Hospital; E. A. Edington, University College, London; C. J. E. Edmonds, St. Thomas's Hospital; D. R. Edwards, University College, Cardiff; F. F. Elwes, Middlesex Hospital; A. J. Evans, University College, London; S. J. Evans, Guy's Hospital; C. H. Farquharson, St. Mary's Hospital; B. Fawcett, St. Thomas's Hospital; T. G. Fenton, St. Thomas's Hospital; C. Y. Flewitt, Mason College, Birmingham; H. B. Foster, Guy's Hospital; E. S. G. Fowler, Yorkshire College, Leeds; A. Freear, St. Mary's Hospital; C. S. Frost, St. Bartholomew's Hospital; J. R. Frost, University College, Bristol; R. J. Fyffe, Firth College, Sheffield; J. Gaff, St. Thomas's Hospital; T. H. Gandy, St. Bartholomew's Hospital; C. A. H. Gee, University College, Bristol; E. W. Goble, Guy's Hospital; G. E. Gooe, London Hospital; H. Goodman, St. Bartholomew's Hospital; W. R. P. Goodwin, St. Mary's Hospital; W. E. Graham, St. Bartholomew's Hospital; H. S. Greaves, St. Bartholomew's Hospital; P. B. Grenfell, St. Bartholomew's Hospital; W. E. Gribbell, St. Mary's Hospital; J. G. Gubbins, St. Thomas's Hospital; T. B. Haig, St. Bartholomew's Hospital; H. S. Harris, St. Thomas's Hospital; J. D. Hartley, St. Bartholomew's Hospital; J. F. Harvey, Mason College, Birmingham; C. S. Hawes, St. Bartholomew's Hospital; H. Hawker, University College, London; W. C. Haydon, St. Mary's Hospital; E. M. W. Hearn, London Hospital; P. M. Heath, University College, London; H. A. Higgins, Guy's Hospital; T. Higson, Owens College, Manchester; H. W. Hodgson, London Hospital; R. E. Hodgson, St. Mary's Hospital; H. H. Hollick, Mason College, Birmingham; C. B. Horsbrugh, University College, Bristol; H. N. Horton, Middlesex Hospital; E. H. Hubert, St. George's Hospital; F. P. Hughes, University College, Bristol; J. W. Hunt, St. Mary's Hospital; P. C. P. Ingram, University College, Cardiff; W. S. Inman, Firth College, Sheffield; C. W. W. James, University College, Bristol; F. W. James, University College, London; D. Jeaffreson, St. Bartholomew's Hospital; F. B. Jefferiss, King's College, London; J. M. Jefferiss, King's College, London; A. W. Jones, St. Thomas's Hospital; B. S. Jones, St. Thomas's Hospital; E. Lamb, University College, Liverpool; W. A. Lamborn, Middlesex Hospital; C. Lees, Charing Cross Hospital; C. E. H. Leggatt, St. Mary's Hospital; W. H. Leonard, St. Bartholomew's Hospital; J. C. Lewis, St. Bartholomew's Hospital; W. E. V. Lewis, Mason College, Birmingham; E. L. Lilley, Charing Cross Hospital; W. H. Loosely, Guy's Hospital; G. H. Low, St. Bartholomew's Hospital; A. R. McEnery, University College, Bristol; W. H. McMullen, King's College, London; H. A. Mason, Firth College, Sheffield; W. B. Mayne, University College, London; R. W. H. Meredith, Middlesex Hospital; E. Meredith, London Hospital; J. Miller, Owens College, Manchester; E. P. Mitchell, Guy's Hospital; J. D. Morgan, St. Mary's Hospital; A. S. Morley, St. George's Hospital; H. E. Morris, Guy's Hospital; B. W. Moss, Guy's Hospital; B. Muir, Guy's Hospital; D. J. Munro, Guy's Hospital; C. W. Muter, King's College, London; S. Neave, St. Bartholomew's Hospital; J. S. New, University College, London; P. T. Nicholls, Middlesex Hospital; C. A. R. Nitch, St. Thomas's Hospital; H. R. Nutt, St. Mary's Hospital; J. C. Oates, Mason College, Birmingham; J. O'Hea, St. Bartholomew's Hospital; J. M. A. Olivey, St. Thomas's Hospital; H. J. Orford, Mason College, Birmingham; A. G. Osborn, Guy's Hospital; E. A. Parsons, Mason College, Birmingham; W. H. Passmore, Charing Cross Hospital; J. F. Paul, St. George's Hospital; W. F. Peach, St. Mary's Hospital; W. E. Peck, University College, London; T. J. Peirce, St. George's Hospital; T. Perrin, St. Thomas's Hospital; H. G. Pinches, St. Thomas's Hospital; H. D. Pollard, London Hospital; J. M. Pooley, St. Mary's Hospital; H. C. Preety, University College, London; E. E. M. Price, Mason College, Birmingham; S. E. Price, Mason College, Birmingham; C. H. Pring, University College, Bristol; H. M. Prins, University College, London; A. B. Pugh, St. Bartholomew's Hospital; W. H. Randolph, St. Bartholomew's Hospital; A. C. Rasford, Guy's Hospital; H. M. Reeve, Guy's Hospital; A. D. Reid, King's College, London; J. J. Rodil, Guy's Hospital; F. C. Rogers, St. Mary's Hospital; F. Rowland, Mason College, Birmingham; E. Russell-Risien, St. Bartholomew's Hospital; T. F. Rutter, Guy's Hospital; E. A. Sanders, King's College, London; J. H. Sanders, London Hospital; E. J. Scorah, Firth College,

Sheffield; E. E. Scott, Guy's Hospital; H. M. Scott, Charing Cross Hospital; S. R. Scott, St. Bartholomew's Hospital; J. J. S. Scrase, St. Bartholomew's Hospital; W. B. Secretan, Guy's Hospital; F. A. Segreda, Guy's Hospital; L. Sells, St. Thomas's Hospital; M. Sheehan, Queen's College, Cork; A. I. Sheldon, University College, London; J. Sherren, London Hospital; G. S. Simpson, Guy's Hospital; J. E. Simpson, University College, London; A. A. Smith, Guy's Hospital; P. N. Smith, St. Mary's Hospital; S. Smith, University College, London; T. S. Smith, St. Mary's Hospital; A. E. Softly, St. Thomas's Hospital; W. G. Speers, St. Mary's Hospital; G. B. A. Speers, St. Mary's Hospital; F. H. Sprague, St. Mary's Hospital; C. A. Sprawson, King's College, London; T. F. Staines, King's College, London; E. H. B. Stanley, University College, London; H. Z. Stephens, St. Thomas's Hospital; S. Stevens, St. Bartholomew's Hospital; W. A. G. Stevens, Guy's Hospital; W. G. Stewart, Guy's Hospital; P. G. Stock, University College, Bristol; P. S. Stokes, Firth College, Sheffield; H. M. B. Stratford, Oxford University; R. H. J. Swan, Guy's Hospital; Y. Takaki, St. Thomas's Hospital; A. W. Talbot, Guy's Hospital; H. C. Tayler, St. Mary's Hospital; H. S. Thomas, St. Bartholomew's Hospital; W. M. Thomas, Guy's Hospital; J. B. Thompson, University College, London; E. D. Townroe, St. George's Hospital; A. F. Tredgold, London Hospital; D. B. Truman, King's College, London; W. A. Trumper, St. Mary's Hospital; F. D. Turner, Guy's Hospital; F. W. Twort, St. Thomas's Hospital; A. L. Vaughan, St. Bartholomew's Hospital; P. L. Vawdrey, St. Bartholomew's Hospital; J. C. Velenki, London Hospital; T. H. Vickers, St. Mary's Hospital; A. B. Vine, Middlesex Hospital; C. Visger, University College, London; A. D. B. von Rosen, St. Mary's Hospital; L. A. Walker, St. Bartholomew's Hospital; O. E. Ward, Mason College, Birmingham; J. Waters, Middlesex Hospital; W. J. Waters, St. Thomas's Hospital; R. N. Watson, Westminster Hospital; A. J. W. Wells, St. Bartholomew's Hospital; H. V. Wells, St. Mary's Hospital; A. F. Weston, St. George's Hospital; E. Wethered, St. Bartholomew's Hospital; C. V. White, St. Thomas's Hospital; C. C. C. K. White, St. Bartholomew's Hospital; P. W. White, University College, Bristol; A. E. F. Wilkes, Mason College, Birmingham; E. W. Williams, St. Mary's Hospital; S. R. Williams, University College, Bristol; R. Winterbotham, University College, London; H. C. Woodcock, St. Mary's Hospital; H. G. Wood-Hill, St. Bartholomew's Hospital; T. J. Wright, Guy's Hospital.

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

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

First Examination.—Four Years' Course—Of 15 candidates, the following 9 passed: H. Nuttall, J. S. Gubbins, R. Murphy, C. B. Retailack, C. Simpson, J. A. Holmes, W. Scot, M. L. Neylon, and W. G. N. Keith. Two candidates entered for divisions and 1 passed. Five Years' Course—Of 23 candidates, the following 12 passed: Henrietta Fraser Trail, Jessie Jane Graham, Katharine Constance Sampson, J. A. Petavel, A. C. Balfour, Isabella Anne Watson, with distinction; C. C. Murison, R. J. Love, R. H. R. McKean, S. Pritchard, with distinction; Mary Birrell Davies, and M. Sullivan. Twenty-one candidates entered for divisions and 15 passed.

Second Examination.—Four Years' Course—Of 27 candidates, the following 16 passed: A. J. Pollard, W. L. Brown, J. Craig, T. Thompson, J. Sheehan, F. V. Elkington, F. Compton, Johanna F. Gilchrist, P. Pearce, with distinction; W. B. Grannum, W. Gordon, T. Murphy, A. B. S. C. Morrogh, K. V. Rao, J. N. Williams, W. L. Cockcroft, and C. O. Wynne. Eight candidates entered for divisions and 6 passed. Five Years' Course—Of 16 candidates, the following 12 passed: J. Hope, D. S. Taylor, M. H. Babington, with distinction; R. J. Isaac, M. Rust, D. Graham, W. L. Cribbes, G. J. Meikle, Edith Mary Paton, Gertrude Mary Hutton, R. J. Pearson, and Rosina Jane Gillam.

Third Examination.—Five Years' Course—Of 13 candidates, the following 11 passed: W. H. Cox, A. J. Laurie, R. W. Meikle, J. Cranke, Ethel Louie Starmer, Mildred Jane Wallace, Mary Bowman Wilson, Euphemia Cumming, Elizabeth Morton Johnston, J. R. Morris, and Helen Willett Stanley. Two candidates entered for divisions, and 1 passed.

Final Examination.—Of 44 candidates, the following 44 passed, and were admitted L.R.C.P.E., L.R.C.S.E., and L.F.P. and S.G.; S. H. L. Archer, T. McC. Adair, J. V. Abrines, A. V. G. Holt, Louisa Charlotte Nash, A. Pearson, W. D. McMurry, A. Whitfield, Charlotte Rhoda Hodgins, A. J. Williams, A. Bance, J. B. Winter, J. Minns, W. Bell, R. J. Fullerton, Beatrice Garvie, M. P. MacGillivray, J. A. Clements, D. Lawson, F. N. Clarke, H. G. Kelly, A. J. Young, W. Curtis, E. S. Hamer, W. R. Fisher, J. D. Rhodes, H. C. Venis, W. F. Macfarlane, E. F. Eyre, J. Easton, E. Pearson, J. L. Pinchin, J. R. N. Witherspoon, D. Thomson, E. C. Leach, W. J. Bebb, C. de Vos, Rose Govindu Rajulu, L. V. Jacques, P. J. Sheedy, H. Hight, W. H. Ferrier, A. C. Oldham, and T. H. Hosford. Nine candidates entered for divisions, and 7 passed.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, IRELAND.
THE following is the result of the Spring Examination held in April, 1895:

FIRST PROFESSIONAL EXAMINATION.

Honours Division.—J. Foley.

Pass Division.—A. Completed the Examination.—G. R. Barton, W. Bennett, W. S. D. Bird, H. M. Clarke, J. W. Clarke-Bayliss, C. H. Cormac, C. W. Crowe, D. Harrington, C. G. Jones, A. O'D. Kelly, N. Kirby, A. C. Lewis, L. H. Mayston, J. M'Donald, J. H. O'Connor, J. F. O'Flanagan, P. S. O'Reilly, R. W. Richards, M. J. Russell, W. Scott, A. Stephenson, G. Tickell.

B. Passed in Anatomy.—W. F. Cormack, R. Hughes, F. J. Moore, J. G. Young.

C. Passed in Chemistry and Physics.—R. Hughes.
 D. Passed in Pharmacy.—W. F. Cormack, R. Hughes, J. L. Jones, J. G. Young.
 E. Passed in Biology.—W. F. Cormack, J. B. Cusack, J. J. M'Inerney.

SECOND PROFESSIONAL EXAMINATION.

Honours Division.—A. Four Years' Scheme—None.

B. Five Years' Scheme.—F. J. Palmer.

Pass Division.—A. Completed the examination.

1. Four Years' Scheme.—P. Coffey, J. G. Cookman, R. Crean, P. D. Glynn, E. J. Lynch, T. C. Mackenzie, W. C. McCann, W. H. Odium, B. R. Phillipson, J. E. G. Pigott, A. W. Sampson.
2. Five Years' Scheme.—B. B. Burke, F. Hall, F. J. C. Heffernan, G. A. Kearney, S. G. Longworth, E. M. O'Farrell, J. F. O'Farrell, W. M. Power, James Sinclair.
3. Passed in Anatomy and Histology.—F. A. Benson, R. V. Brews (and in Physiology) S. Jacob, G. Kennedy, E. E. Roberts.
4. Passed in Physiology.—J. M. H. Conaway, J. A. Martin (and in Anatomy) D. Power (and in Histology), W. Taylor (and in Anatomy and Histology).
5. Passed in Materia Medica.—Miss Cummin, D. J. O'Meara, J. F. Loughary, D. Massey (and in Anatomy).
6. Passed in Anatomy.—J. W. Rodgers.

Third Professional Examination.—The following have passed this examination:—J. W. Benson, W. H. Croly, J. R. Hewetson, J. D. Murdoch, M. M'Grath, T. G. M'Grath, J. F. O'Keefe, A. L'E. Orme, J. E. P. Shera, J. F. Smyth, M. G. Sterling.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, APRIL, 1895.—The following candidates passed in:

Surgery.—W. Allen, Birmingham; W. H. Daw, London Hospital; F. W. Gale, St. Bartholomew's Hospital; J. Hepple, Leeds; T. H. Hunt, Leeds; T. H. P. Peers, Charing Cross Hospital; G. R. Smith, Manchester.

Medicine, Forensic Medicine, and Midwifery.—C. N. Barton, St. George's Hospital; W. H. Daw, London Hospital; R. Hedden, Guy's Hospital; T. H. Hunt, Leeds; A. S. Lawrence, Middlesex Hospital; J. M. Troup, King's College.

Medicine and Forensic Medicine.—G. P. Y. Hulbert, Birmingham and Charing Cross Hospital; J. H. P. Vivian, St. Thomas's Hospital.

Medicine and Midwifery.—J. Hepple, Leeds; E. P. Hewitt, St. Mary's Hospital.

Medicine.—H. G. Jones, St. Mary's Hospital; W. McCall, Charing Cross Hospital.

Forensic Medicine.—J. W. F. Graham, St. Bartholomew's Hospital; A. H. Trevor, Guy's Hospital.

To Messrs. Daw, Hunt, Trevor, Troup, and Vivian was granted the diploma of the Society entitling them to practise medicine, surgery, and midwifery.

OBITUARY.

JAMES JOHNSTON, M.B., M.R.C.P.LOND.

WE regret to have to announce the death of Dr. James Johnston, of Easy Row, Birmingham, which took place in that city on April 11th. He was the son of a prominent citizen of Birmingham, and by origin of the Border family of Johnstons of Annandale. He was 71 years of age. He practised for some years as a general practitioner, and had a wide and lucrative practice. In the year 1868 he gave up general practice and practised as a physician only. Shortly afterwards he was elected on the honorary staffs of the Queen's and the Children's Hospitals, appointments which he held with honour and dignity for some years. His professional position and the esteem in which he was held by his brethren are shown by the fact that he was advanced to every position of honour in his profession in the locality. He filled the presidential chairs of the Birmingham and Midland Branch of the British Medical Association, the Midland Medical Society, the Medical Institute, the Medical Benevolent Society, and the Graduates Club. A busy man throughout all his life, he nevertheless found time for careful reading and study of professional literature, and kept himself well abreast with scientific advances. He was greatly devoted to archaeological pursuits, and for many years he was a member of the local archaeological societies, and took a keen interest in their work, and almost up to the time of his death, certainly until a few months ago, he was engaged in an elaborate work which he was preparing for the press on the events of the period of St. Augustine's mission to Britain, and the relations borne by the saint to the already existing British church and its prelates.

Dr. Johnston also did a good deal of public work. When he lived in Sutton Coldfield, a few miles out of Birmingham, he acted as Warden (chief magistrate) for three years in succession, and laboured earnestly to bring about an improved condition of municipal affairs, and he lived to see his views ultimately adopted. A man of warm heart and generous disposition, an eminently social man, Dr. Johnston gathered

about a large circle of friends, by whom his loss will be severely felt, and he will be regretted by his professional brethren as one of those high minded and honourable practitioners who ever consider the well-being of their patients, and the honour and dignity of their calling before personal advantage.

JOHN BIRD, M.R.C.S.ENG., L.S.A.

THE death is reported of Mr. John Bird, a blind surgeon, in his 84th year. The deceased, who was the youngest son of Mr. John Bird, of Sturminster Newton, Devon, pursued his medical studies at St. Bartholomew's Hospital, and was admitted a Member of the Royal College of Surgeons, England, and a Licentiate of the Society of Apothecaries in 1834. He was the author of *Observations on the Neglected Condition of the Blind in England*, the publication of which he followed by a *Lecture on the Capabilities, Rights, and Treatment of the Blind*. In 1856 he published an *Essay on the Life, Characters, and Writings of the Blind James Wilson*, as well as on the *Present State of the Blind*.

PUBLIC HEALTH
AND
POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,407 births and 4,127 deaths were registered during the week ending Saturday, April 20th. The annual rate of mortality in these towns, which had declined from 35.0 to 20.5 per 1,000 in the six preceding weeks, further fell to 20.3 last week. The rates in the several towns ranged from 16.1 in Bradford and in Derby, 16.4 in Cardiff, and 16.8 in Nottingham to 27.8 in Huddersfield, 29.7 in Manchester, and 34.5 in Bolton. In the thirty-two provincial towns the mean death-rate was 21.4 per 1,000, and was 2.6 above the rate recorded in London, which was 18.8 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.7 per 1,000; in London the rate was equal to 1.7 per 1,000, while it averaged 1.6 in the thirty-two provincial towns, and was highest in Manchester, Salford, and Bolton. Measles caused a death-rate of 1.2 in Plymouth, 1.5 in Manchester, and 3.5 in Bolton; and whooping-cough of 1.2 in Wolverhampton and in Blackburn, 1.3 in Salford, and 1.6 in Burnley. The mortality from scarlet fever and from "fever" showed no marked excess in any of the large towns. The 57 deaths from diphtheria in the thirty-three towns included 30 in London, 5 in West Ham, 5 in Manchester, and 2 each in Croydon, Cardiff, Huddersfield, Sheffield, and Gateshead. One fatal case of small-pox was registered in Liverpool, but not one in London or in any other of the thirty-three large towns. There were 35 small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, April 20th, against 55, 53, and 47 at the end of the three preceding weeks; 4 new cases were admitted during the week, against 11, 7, and 9 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 1,555, 1,519, and 1,463 at the end of the three preceding weeks, had risen again to 1,514 on Saturday last, April 20th; 162 new cases were admitted during the week, against 161, 143, and 117 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, April 20th, 1,052 births and 626 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 24.7 per 1,000 in each of the two preceding weeks, declined to 21.7 last week, but was 1.4 per 1,000 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 18.2 in Dundee to 28.0 in Aberdeen. The zymotic death-rate in these towns averaged 2.7 per 1,000, the highest rates being recorded in Paisley and Leith. The 298 deaths registered in Glasgow included 7 from small-pox, 14 from whooping-cough, 3 from diphtheria, and 3 from scarlet fever. One fatal case of small-pox and 7 of measles were recorded in Edinburgh, and 10 of measles in Leith.

INCREASE OF SALARY OF DISTRICT MEDICAL OFFICER.

W. H. D., who is a district medical officer, writes to ask whether it would be any use to apply to the Local Government Board in reference to an increase of salary for himself on the ground that he is paid at a lower rate than the medical officers of two other districts in the same union, the guardians having decided that they see no reason for increasing the salary.

. We believe that the Local Government Board would not take any action in this case. It is usual for the guardians to fix or to increase the salary of any Poor-law officer, and for the Local Government Board to sanction the salary so fixed. If the guardians could be induced to give any increase the higher Board would no doubt sanction it.

THE DUTIES OF M.O.H. IN INFECTIOUS CASES.

EAST SUSSEX.—Taking the circumstances as stated, we see no justification for the charges referred to, and the responsibility for delay would seem to rest elsewhere. Still it would have been much better to lose no time in acquainting Dr. A. with the facts, notwithstanding his omission to notify.

MEDICAL NEWS.

FOR the first time in Italian history a "Red Cross" hospital, with *personnel* and all requirements, has left Naples for Africa, to be ready for every eventuality. The whole expense will be paid by the Society of the Red Cross.

THE Duchess of Teck will, on Tuesday, July 9th, open the new buildings of the London Homœopathic Hospital, in Great Ormond Street, Bloomsbury, which contains 100 beds and has cost £45,000.

THE Marquis Camden will open a bazaar at the Athénæum, Camden Town, in aid of the North-West London Hospital, Kentish Town Road, on May 13th. Baron de Hirsch has forwarded an additional donation of £500 to the hospital.

LONGEVITY IN THE CAPITAL OF JAPAN.—Statistics recently published by the Japanese Home Department show that in Tokyo there were, at the end of 1894, 2 women over 105 years of age, 3 women over 100, 9 men and 11 women over 95, and 83 men and 109 women over 90.

THE late Mr. George Henry Strutt, of Belper, had instructed his executors to transfer to the district council the sum of £11,700 for their absolute use in improving the water supply. The deceased gentleman had previously lent the money free of interest to the authority. The local Waterworks Company is therefore transferred to the ratepayers without any cost.

NATIONAL HEALTH SOCIETY.—The annual distribution of medals and certificates of this Society will take place, by kind permission of the Duke of Westminster, at Grosvenor House, on May 11th. Her Royal Highness Princess Christian has consented to be present on this occasion, and several eminent speakers will address the meeting.

MEDICAL EDUCATION FOR WOMEN IN RUSSIA.—The applications for admission to the new School of Medicine for Women, which is to be opened in St. Petersburg at the beginning of the academic year 1895-96, are already so numerous that the Russian Education Department has decided that female medical students shall be admitted to the medical faculties of all the universities of the empire.

MEDICAL PRACTITIONERS IN SWITZERLAND.—Official statistics give the total number of medical practitioners in the 25 cantons of Switzerland in 1894 as 1,692, being an average of 1 practitioner to every 1,761 inhabitants. In the cantons of Geneva, however, the proportion was 1 in 887, and in that of Basel City 1 in 984, while in the canton of Freiburg it was 1 in 3,581, in Uri 1 in 3,450, in Wallis 1 in 3,437, and in Appenzell, Inner Rhodes, 1 in 3,224.

WILLS AND BEQUESTS.—The late Mayor of Kendal, Alderman W. Bindloss, has by his will bequeathed, among other sums, £1,000 each to the following: The Royal Albert Asylum, Lancaster; the Middlesex Hospital, St. George's Hospital, and King's College Hospital.—Mrs. Emma Mackenzie, of Bournemouth, who died on February 11th, has left £1,000 to the Jubilee Hospital at Bournemouth.—By his will, proved on March 25th, the late Mr. Thomas Walton Thompson, of Ampthill Square, has bequeathed £100 each to the University College Hospital, Gower Street, and to the Hospital for Incurables, Putney.

MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.—We are asked to state that the examination for the certificate in Psychological Medicine, granted by the Medico-Psychological Association of Great Britain and Ireland, will be held in London, Edinburgh, and Dublin in June; the exact date will be notified in due course. The examination for the Gaskell Prize, which is open to all who possess the certificate of the Association, will be held in London in June. Full particulars may be obtained from the Registrar of the Association, Dr. Spence, Burntwood Asylum, near Lichfield.

FEMALE MEDICAL OFFICERS OF GIRLS' SCHOOLS IN PARIS.—Mme. Chopin-Tourangin, who was recently appointed medical officer of the Lycée Fénelon in succession to the late Dr. Dujardin-Beaumetz, is not the only female member of the medical profession occupying a similar post in Paris. Mdlle. Benoit has medical charge of the Lycée Molière, Mme.

Schutz-Bertillon of the Lycée Racine, Mme. Edwards Pilliet of the Lycée Lamartine. All these ladies are French by birth with the exception of Mme. Schutz-Bertillon, who is French by marriage. According to the *Petit Journal*, most of the French ladies who have taken up medicine as a career are doing well in their profession. Among them are Mesdames Brès, Gaches-Sarraute, Guénot, Landais, Perrée, Pierie, Pilet, and Sollier-Dubois.

THE TUBERCULOSIS CONGRESS IN PORTUGAL.—The National Congress of Tuberculosis was held at Coimbra from March 24th to 29th, under the presidency of Dr. Da Costa Simoes, Rector of the University. The members of the Congress numbered 372. At the opening ceremony all the civil, ecclesiastical, and academic authorities were present, and there was a brilliant assemblage of ladies. An inaugural discourse setting forth the objects of the Congress was delivered by Professor Augusto Rocha, editor of the *Coimbra Medica*, to whose initiative the meeting was due, and who took the chief part in its organisation. A congratulatory telegram was despatched to Professor Robert Koch, who sent a gracious reply. Numerous papers were read, the meetings were throughout well attended, and the gathering was altogether, from the social as well as from the scientific point of view, a brilliant success. The next meeting of the Congress was fixed for 1898.

MEDICAL VACANCIES.

The following vacancies are announced:

BELFAST UNION.—Medical Officer for the No. 10 Sub-district of the Belfast Dispensary District. Salary, £145 per annum, exclusive of registration and vaccination fees. Must reside within the district. Election on May 6th.

CAMBRIDGE, ETC., ASYLUM, near Cambridge.—Clinical Assistant; must be qualified. Appointment for six months. Board and apartments provided, but no salary. Applications to the Medical Superintendent.

CHARING CROSS HOSPITAL.—Curator and Pathologist. Salary £100 per annum. Applications to Arthur E. Reade, Secretary, by April 29th.

DENBIGHSHIRE INFIRMARY AND GENERAL DISPENSARY, Denbigh.—Honorary Medical Officer, doubly qualified. Applications to the Chairman of the Committee of Management by May 14th.

FARRINGDON GENERAL DISPENSARY AND LYING-IN CHARITY, 17, Bartlett's Buildings, Holborn Circus.—Honorary Physician and Resident Medical Officer. Salary for the latter £100 per annum, with apartments and attendance. Applications to the Honorary Secretary by May 4th.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Bloomsbury, W.C.—Resident House-Physician also House-Surgeon. Appointments for six months. Salaries, £20, with board and residence in the hospital; unmarried, and possess a legal qualification to practise. Applications and testimonials to Adrian Hope, Secretary, before Tuesday, April 30th.

KENT COUNTY LUNATIC ASYLUM, Barming Heath, near Maidstone.—Fourth Assistant Medical Officer and Pathologist; unmarried. Salary, £175 per annum, rising £5 annually, with furnished quarters, attendance, coals, gas, produce, milk, and washing. Appointment for two years in the first instance. Applications to Francis R. Howlett, Clerk to the Subcommittee of Visitors, 9, King Street, Maidstone, by May 1st.

MIDDLESEX HOSPITAL, W.—Assistant Surgeon; must be Fellow (or have passed the qualifying examination for the Fellowship) of the Royal College of Surgeons of England. Applications to F. Clare Melhado, Secretary Superintendent, by May 1st.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Albany Memorial, Queen Square, W.C.—Registrar. Honorarium of 50 guineas is attached to the post. Appointment tenable for two years, and for a longer period subject to re-election. Applications to B. Burford Rawlings, Secretary and General Director, by May 3rd.

NATIONAL HOSPITAL FOR DISEASES OF THE HEART AND PARALYSIS, Soho Square, W.—Resident Medical Officer; doubly qualified. Appointment for six months, with board, residence, and an honorarium of £10 10s. Applications to F. Handley, Secretary, by April 27th.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, St. Oreditch, N.E.—Physician to the Out-patients; must be Fellows or Members of the Royal College of Physicians of London. Applications to the Secretary by May 14th.

ST. THOMAS'S HOSPITAL MEDICAL SCHOOL.—Lecturer on Physiology. Applications to the Dean by May 25th.

UNIVERSITY OF GLASGOW.—Two Examiners for Degrees in Medicine to examine in Clinical Medicine and Clinical Surgery respectively. Appointment to last till December 31st, 1898, at the rate of £50 annually. Applications to Alan E. Clapperton, Secretary of the Glasgow University Court, 91, West Regent Street, Glasgow, by May 1st.

WEST RIDING ASYLUM, Wadsley, near Sheffield.—Fifth Assistant Medical Officer. Salary, £100 per annum, rising £10 a year to £150, with board, etc. Applications to the Secretary by May 15th.

WESTON-SUPER-MARE HOSPITAL AND DISPENSARY.—Medical Officer to the Provident Dispensary; must possess a recognised medical and surgical qualification; must be registered under the Medical Act. Salary, £80 per annum, with board, lodging, and washing. Applications and testimonials to the Honorary Secretary before April 30th.

MEDICAL APPOINTMENTS.

ALLEN, Dr., reappointed Medical Officer of Health to the Whaley Bridge Urban District Council.
 ATKINSON, Dr., appointed Medical Officer for the Northern District of the Lancaster Union.
 BUCHAN, A. Hill, M.A., M.B., C.M., appointed House-Physician to the Leith Hospital.
 BUCHANAN, Peter, M.B., C.M.Glasg., reappointed Medical Officer of Health to the Coleford Urban District Council.
 BROWN, David, B.Sc., M.D.Lond., appointed one of the Physicians to the Taunton and Somerset Hospital.
 CAMERON, A. W., M.B., C.M., appointed House-Surgeon to the Leith Hospital.
 FINDLAY, Dr., reappointed Medical Officer of Health to the Campden District Council.
 FLOYER, Dr., appointed Medical Officer for the Thorpe District of the Chertsey Union.
 HANNAH, Nathan, L.R.C.P.Edin., L.F.P.S.Glasg., reappointed Medical Officer of Health for the Abram Urban District Council.
 HARSTON, L. de C. E., L.R.C.P.Edin., M.R.C.S., appointed Medical Officer for the Pirbright District of the Guildford Union.
 HELME, G. Edgar, M.B., C.M., appointed House-Surgeon to the Edinburgh Royal Maternity and Simpson Memorial Hospital.
 HUGHES, P. T. M.B., C.M., appointed House-Surgeon to the Edinburgh Royal Maternity and Simpson Memorial Hospital.
 JOHNSTONE, Dr., appointed Medical Officer for the Clayton District of the Prestwich Union.
 LAING, G. Campbell, M.B., C.M., appointed Medical Officer to Visit Outdoor Cases of the Leith Hospital.
 LEA-ARNOLD, W. W., M.D., B.S.Lond., F.R.C.S.Eng., appointed Assistant Lecturer on Obstetrics and Gynaecology to the Owens College, Manchester.
 MCCOULL, Stanley, M.B., B.S.Durh., appointed Medical Officer for the Eastern Division of the Bywell District of the Hexham Union.
 MILLER, Charles Booth, L.R.C.P., M.R.C.S., L.S.A., L.M., appointed Medical Officer and Public Vaccinator for the Bonvilston District of the Cardiff Union.
 MILNER, Cyril W., M.R.C.S.Eng., L.R.C.P.Lond., appointed Junior House-Surgeon to the Nottingham Dispensary.
 MILROY, J. Cunningham, M.D.Edin., appointed Junior House-Surgeon to the Royal Albert Edward Infirmary, Wigan, *vice* Richard S. Hardman, M.R.C.S., L.R.C.P., resigned.
 ORME, W. Bryce, M.R.C.S., L.R.C.P.Lond., reappointed Assistant Medical Officer at the Infirmary of the Parish of St. Pancras.
 PERCIVAL, Dr., reappointed Medical Officer of Health to the Knottingley Urban Council.
 ROBINSON, Henry, L.R.C.P., L.R.C.S.Edin., appointed Deputy Medical Officer for the Hasland District of the Chesterfield Union.
 SHARPIN, Walter Archdale, M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to the Royal United Hospital, Bath.
 SKINNER, Ernest William, M.D.Edin., appointed Coroner for the Rye District.
 SUNDERLAND, Oliver, L.R.C.P.Edin., M.R.C.S., reappointed Medical Officer of Health to the Bexley Urban District Council.
 TAYLOR, H. S., M.R.C.S., L.R.C.P., appointed Junior House-Surgeon to the Clayton Hospital, Wakefield, *vice* Mr. C. Hulley, resigned.

DIARY FOR NEXT WEEK.

TUESDAY.

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

WEDNESDAY.

OBSTETRICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8 P.M.—Specimens will be shown by Dr. C. Hubert Roberts: On the Common Form of "White Leg" after Confinement.

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

THURSDAY.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, 8.30 P.M.—Card specimens at 8 P.M. Papers: Dr. P. H. Mules: A New Operation for Ptosis. Mr. E. Treacher Collins: On Blood-staining of the Cornea. Mr. W. H. Jessop: A case of Severe Haemorrhage from an Ulcer of the Palpebral Conjunctiva; and other papers.

HARVEIAN SOCIETY OF LONDON, 8.30 P.M.—Mr. Bernard Pitts: Some Remarks on the Surgery of the Rectum.

FRIDAY.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY, 8 P.M.—Case: Dr. Seymour Taylor: Abdominal Aneurysm of Aorta. 8.30 P.M.—Papers: Dr. Wm. Hunter: Antipyretics, their Use and Abuse. Dr. Cagney: Peripheral Neuritis, its Diagnosis and Treatment.

BIRTHS, MARRIAGES, AND DEATHS.

BIRTHS.

HAWES.—On April 15th, at 5, St. Stephen's Crescent, W., the wife of Francis Brunel Hawes, L.R.C.P., L.R.C.S.I., of Dolores, Pisagua, Chili, of a daughter.

HORSLEY.—On April 19th, the wife of Victor Horsley, F.R.S., of a daughter.

LAWSON.—On April 15th, at 46, Leytonstone Road, Stratford, London, E., the wife of Henry A. Wellesley Lawson, L.R.C.P. & S.Edin., etc., of a son.

MARRIAGES.

BEEDHAM—BROOK.—On April 18th, at St. Paul's Church, Dorking, by the Rev. H. B. Beedham, M.A., of Woodville, Cambridge, assisted by the Rev. H. C. Sturdy, M.A., Vicar, Henry William Beedham, M.A., M.B., B.C.Cantab., to Katharine Anne, third daughter of the Rev. James Brook, M.A., of Helme Edge, Huddersfield.

BERKELEY—FORDHAM.—On April 3rd, at St. George's, Hanover Square, by the Rev. H. W. Hodgson, M.A., late Rector of Ashwell, assisted by the Rev. David Anderson, M.A., Rector of the Parish, and the Rev. Euston J. Nurse, M.A., of St. John's, Ladywood, Birmingham, George Harold Arthur Comyns Berkeley, B.A., M.B. and B.C.Cantab., elder son of George Augustus Berkeley, Esq., of 72, Belgrave Road, S.W., to Ethel Rose, younger daughter of the late Edward King Fordham, Esq.; J.P., D.L., of The Bury, Ashwell, Herts. No cards. Indian and Colonial papers please copy.

BULL—WHITE.—On April 20th, at St. George's, Edgbaston, by the Rev. F. H. Ward, M.A., Vicar of St. John's, Sparkhill, Birmingham, Edwin George Bull, M.B., C.M.Edin., M.R.C.S.Eng., of Sparkhill, to Elizabeth Grace, daughter of William White, Lyndhurst, Chad Road, Edgbaston.

CLARKSON—WRIGHT.—On April 18th, at 14, Belhaven Terrace, Glasgow, by the Rev. Thomas Adamson, B.D., Robert Durward Clarkson, M.B., C.M., B.Sc., Falkirk, eldest son of Robert Clarkson, Esq., Taravon, Stirlingshire, to Emily Burlton, second daughter of William Wright, 14, Belhaven Terrace.

COOKE—GOODALL.—On April 18th, at St. Mark's, Regent's Park, by the Rev. Henry Frewer, uncle of the bride, assisted by the Rev. W. J. Sparrow-Simpson, Vicar, Cecil Whitehall Cooke, M.D.Lond., M.R.C.S., L.R.C.P., of 10, Cranleigh Villas, Willesden Green, son of the late Alfred Robert Cooke, of St. George's Terrace, Regent's Park, to Louie, fourth daughter of Edward Angels Goodall, R.W.S., of Fitzroy Road, Regent's Park.

DONNELLY—FALLON.—On April 23rd, at the Church of the Assumption, Booterstown, by the Rev. T. A. Finlay, S.J., F.R.U.I., assisted by the Rev. J. F. Colahan, C.C., Thomas Donnelly, M.D., M.A.O., F.R.C.S.I., son of the late James Donnelly, to Daisy, daughter of Patrick Fallon (Melbourne), and grand-daughter of the late Alderman Fallon, of this city (Dublin).

GIDLEY—LUCAS.—On April 18th, at St. John's the Evangelist, Clifton, by the Rev. A. C. Anstey, assisted by the Rev. G. Forrester, of Cullompton, Gustavus G. Gidley, M.R.C.S.Eng., L.R.C.P.Lond., of St. Andrew's Villa, Cullompton, to Constance Mary, widow of the late Rev. W. F. Lucas.

HARCOURT—WRAY.—On Saturday, April 20th, at All Saints Church, Highgate, London, Charles Harold Harcourt, M.R.C.S.Eng., L.R.C.P.Lond., of Shirland, Alfreton, eldest son of Charles J. Harcourt, J.P., of Birchfield, Birmingham, to Florence Katherine, second daughter of the late William Wray, F.R.A.S., Highgate, London.

KANTHACK—HENSTOCK.—On April 17th, at Fairfield, Liverpool, Alfred A. Kanthack, M.D., second son of E. Kanthack, British Consul, Para, Brazil, to Lucie, second daughter of the late John Henstock, of Edgemount, Edge Lane, Liverpool.

MCCANN—BOWYER-GRAHAM.—On Tuesday, April 16th, at Marylebone Parish Church, F. J. McCann, M.B., C.M., M.R.C.P., 47, Welbeck Street, Cavendish Square, to Lady Charlotte Ellen Gwendolen Bowyer-Graham, of Fenne House, Leigh, Somerset, and Hawksley Hall, Devonshire.

MOYNIHAN—JESSOP.—On April 17th, at the Parish Church, Leeds, by the Rev. Canon Stratton, Vicar of St. Paul's, Leeds, assisted by the Rev. E. Spencer Gough, Rector of Birmingham, the Rev. Arthur Needham Claye, Vicar of Brigg, and the Rev. A. R. Light, Curate of St. Michael's, Headingley, Berkeley George Andrew Moynihan, M.S. Lond., F.R.C.S., of 5, Woodhouse Square, and 33, Park Square, Leeds, only son of the late Captain Moynihan, V.C., 8th (King's) Regiment, to Isabella Wellesley, second daughter of Thomas Richard Jessop, F.R.C.S., of Roundhay Mount and 32, Park Square, Leeds.

SORTAIN—NICHOLLS.—On April 17th, at the Parish Church, by the Rev. Prebendary Hannah, Vicar of Brighton, and the Rev. E. H. Nash, Edwin Lyddon Sortain, M.B., B.C., B.A.Camb., of 58, Old Steyne, Brighton, son of the late James Cornish Sortain, M.D., of Ceylon, to Susan Marguerite, elder daughter of William Howard Nicholls, M.R.C.S., of Waterloo Place, Brighton.

DEATHS.

MENZIES.—On April 18th, at Cambrian Villa, Worksop, of cerebral meningitis, Margaret Katharine, beloved and only child of James Menzies, surgeon, aged 1 year and 10 months.

PROBERT.—On April 21st, at Pencaebach House, Merthyr Tydfil, James Probert, J.P., M.R.C.S.Eng., L.S.A., aged 83 years.

STEPHENS.—On April 14th, at 3, Rubislaw Terrace, Janie Tydd Heuston, wife of William Stephenson, M.D., Professor of Midwifery, University of Aberdeen.

VINRACE.—On April 9th, at Bromford House, Six Ways, Birmingham, Selina Emelin, the beloved wife of John Vinrace, M.D. Interred at the Cemetery, Barnes, S.W., April 17th.