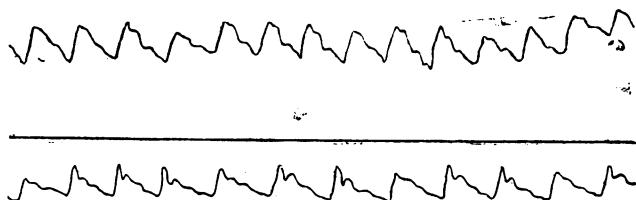


but these are very much less marked in Fig. 3. This latter pulse tracing is almost normal.



Figs. 2 and 3.

The patient died about forty-eight hours after operation, and *post mortem* very extensive membranous inflammation was found, extending from the larynx to the bronchi. The fauces were unaffected.

## MEMORANDA:

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

### HÆMORRHAGE INTO PONS SIMULATING OPIUM POISONING.

THE patient, who was supposed to be asleep, was found to be unconscious, and I was then sent for. On examination I found the pupils were equal and minutely contracted and insensible to light; the breathing was slow and laboured; the pulse was 68, full and laboured. It was impossible to rouse the patient. The pupils dilated one hour before death. I was told that she had taken some pills for the relief of pain, as she had been suffering from gall stones.

On making a *post-mortem* examination I found a large clot in the pons Varolii. The case is interesting as showing the impossibility of diagnosing some cases of hæmorrhage into the pons Varolii from opium poisoning. I found, on subsequent inquiry, that the pills she had taken did not contain any opium.

Hendon.

F. W. EDRIDGE-GREEN, M.D., F.R.C.S.

### COMA AND CONVULSIONS ASSOCIATED WITH INFLUENZA.

THE following case is perhaps worth recording beside Dr. McCaw's interesting one reported in the *BRITISH MEDICAL JOURNAL* of April 6th, p. 752.

I was called to A. H., aged 2 years. He was, till the occurrence of the present illness, a particularly robust child of healthy young parents. The mother told me he had been suffering for a few days from feverish cold, cough, etc. As a matter of fact, the majority of the children in the locality were suffering from the recent mild epidemic of influenza, and so no doubt was this one. The child when first seen was quite unconscious, with a good deal of muscular rigidity. The face was rather flushed; the temperature in the groin was 101°. Two hours previously, at 6 p.m., the child was noticed to be "scalding hot," and while under observation was seized with violent convulsions, beginning probably on one side but soon becoming general. During the two hours before I saw him there had been no return of consciousness; spasmodic muscular contractions had been incessant, and violent convulsions occurred several times; some urine had been passed. I put him in a tepid bath for a few minutes without apparent effect, and then went for the necessary remedies. On my return I was told that almost immediately after coming out of the bath convulsions recurred very violently; this time both rectum and bladder were emptied. It was by this time just 2½ hours since the attack commenced; all the muscles of trunk and limbs were perfectly flaccid, but some of the facial muscles were twitching slightly. The eyes were staring widely open, the pupils much dilated, and the corneæ perfectly insensitve even to a rough touch. The face was a dull white colour, and the surface of the body felt cold; the pulse could not be accurately counted because

of marked intermission; it was between 150 and 200; in fact, the child was to all appearances moribund. I gave 10 grains of bromide of potassium by the rectum, and then put the patient under chloroform. In about a minute, or perhaps two, from the commencement of inhalation the eyelids suddenly dropped over the eyes; the breathing, which had been very shallow, became deep and slightly stertorous, the face became at the same instant flushed; deep coma was evidently replaced by sleep. The child slept for several hours before waking, disturbed by the cough; he had a fairly good night, and next morning was quite well except for his cough and a slightly dazed mental condition. In a few days he was in his usual health.

South Petherton, Somerset.

SYDNEY W. MACILWAINE.

### THE EFFECT OF UNILATERAL CASTRATION ON THE PROSTATE.

DR. J. WILLIAM WHITE, in the *BRITISH MEDICAL JOURNAL* of March 2nd, requests surgeons to report cases of unilateral castration in which an examination of the prostate is made. On March 7th I removed from a young man of 17 an imperfectly-developed right testicle, which was lying just over the pubes and was surrounded by a "congenital hydrocele." Probably it had been retained within the inguinal canal in childhood, and had thus failed to develop. It was in constant danger of pressure against the pubes, the hydrocele only filling when he moved about and disappearing again during recumbency.

I removed the testicle and hydrocele sac together. Seven weeks after the operation, and when he came to show himself at the hospital on April 25th, I examined the prostate and found most decided atrophy of the corresponding side. There was, indeed, nothing on the right side at all corresponding to the lobe on the left, which is very well developed. It is difficult to say whether this is due to the imperfect development or removal of the testicle. When we remember the rapidity with which atrophy has occurred in enlarged prostate after bilateral castration, it is quite possible that the small size of the right side in this case is due to atrophy following the operation, and I am inclined to think that this was the case, as, although the right testicle was much smaller than the left, yet it contained a fair amount of gland tissue which appeared normal in structure.

CHARLES A. MORTON, F.R.C.S.  
Surgeon to the Bristol General Hospital.

### ACETONÆMIA COMPLICATING ENTERIC FEVER WITH CONCURRENT PERITONEAL EFFUSION IN A CHILD.

J. R., aged 11 years, came under my care in November, 1889, suffering from constipation and swelling of the abdomen. Up to three weeks before he was running about. He gradually failed, complaining of headache and vomiting, and was then put to bed, and dieted on beef-tea, milk, and grapes. He was very pale and drowsy, with a puckered forehead and dark rings round his eyes; the pupils were normal. The knees were drawn up as he lay on his left side. The abdomen was very prominent, especially below the umbilicus, where a distinct comma-shaped protrusion was seen moving downwards from right to left obliquely across the abdomen. This was dull on percussion, and had a decidedly boggy feeling. The small intestines were dilated, the cæcum and ascending colon packed with fæces, and there was some ascites. The tongue was dry, and coated with a thick brown crust anteriorly, elsewhere the surface had a white fur. On the skin there were numerous rose-coloured spots, which did not disappear even after a lapse of six days. The temperature was 103° F., the respirations 48; expiration was prolonged, especially in the right lung, with small crepitant râles. There was herpes on the right upper lip. The heart sounds were good; the pulse 108, serous in character. He slept almost continuously for forty-eight hours. The bowels acted unconsciously three times during the first twenty-four hours; the motions smelt acid, with black hard lumps about the size of the terminal phalanx of the little finger floating in an orange-coloured liquid mixed with greenish masses of gelatinous consistency. The urine was loaded with indol, acid, dark amber, specific gravity 1022, no albumen. On the

day after an enema he passed three large motions, deep yellow ochre in colour, smelling strongly and irritatingly of acetic acid, with a fermented scum on the surface of each motion. I then tested the urine with nitro-prusside of soda, and was rewarded with a typical reaction of acetone in large quantity.

For four days this condition of body continued, the temperature reaching as high as 104.6°, the acetone being present in the urine all the time. The drowsiness continued more or less marked for two days after the acetone had disappeared, and during this period he had eighteen motions, the result of enemata, without which there was no tendency towards defaecation. As the colon was cleared out the comma-shaped protrusion disappeared, also the peritoneal fluid, but the tenderness over the site of the tumour remained for a long time. The case gradually resolved itself into a typical instance of enteric fever, and the child ultimately recovered.

I am led to publish this case owing to the appearance of Dr. L. Henry's paper read before the Victorian Branch of the British Medical Association, advocating the use of fruit pulps, etc., in typhoid fever. I may state that the relatives of the child stated positively that every grape was deprived of its skin before being given to the child. Acetonuria is present sometimes in enteric fever, but never before or since have I come across a case where the patient was so obviously intoxicated with the poison.

Market Drayton.

ARMSTRONG TODD, M.B.

#### OXYGEN IN CATARRHAL PNEUMONIA OF CHILDREN.

THE following case, I think, well illustrates the usefulness of oxygen in severe cases of catarrhal pneumonia in children:

I was called to see a child, aged 13 months, on February 23rd, 1895. He had been suffering from a cough and feverishness for four or five days, and now had the usual signs of acute catarrhal pneumonia. The temperature was 103°. He went on favourably for three days, but then developed worse symptoms; had cyanotic turns with very rapid breathing; and on the evening of March 1st he appeared, so the mother said, to faint and became livid. The temperature rose rapidly, and by 9 P.M. was 105°. He seemed to be getting rapidly worse, and was very cyanotic. I sent for oxygen, as it seemed the only chance of tiding him over the crisis. It could not be obtained before morning; meanwhile the child passed a very restless night, with a temperature slightly over 105° and great difficulty in breathing; the pulse could not be counted, and the urine was very scanty.

By the morning of March 2nd the child was rapidly sinking, being quite collapsed and cyanotic. Unless the oxygen worked wonders I could see no chance of recovery. It arrived at 10 A.M., and was at once applied in a gentle stream to the mouth and nostrils. The pulse soon showed signs of increased force and steadiness. Before two hours' application the child was breathing steadily instead of the rapid and intermittent respirations; the pulse was steadier (I made it 140); the temperature was still between 104° and 105°, and he lay quite still without opening the half-closed eyes.

The oxygen was now applied at intervals when any collapse seemed imminent. Before long the child could look up, the pulse was very irregular, sometimes 130, sometimes quite beyond counting. He now took a spoonful of milk and brandy. Before 2 P.M. he had taken almost half a cup of warm milk with a teaspoonful of brandy. When the oxygen was removed for any length of time he seemed to fall back into the collapse. It was now administered every hour and whenever the pulse wavered, and was continued for about ten minutes at a time. At 3 P.M. he took a small quantity of beef soup, and a little more milk and brandy later on. The treatment was kept up all night, and at hourly intervals all next day. The child began to look about and would swallow the food given. The pulse now kept about 130, and the temperature fell to 103°, the cyanosis had quite gone, and there seemed good hopes of recovery.

The oxygen was continued at hourly intervals, and when weak for a day longer, then only when the pulse was weak or signs of cyanosis came on. The father was able to give me excellent help, and could judge the signs and apply the oxygen when required. I was also indebted to Drs. Rutherford and Auburn for help.

On March 6th, unfortunately, when everything else seemed to be so well, tonsillar inflammation set in, and he refused all food. The temperature, which had fallen to 102°, again rose to 103.5°. He did not, however, relapse much; inhalations of steam and turpentine were used, and by next day he took food well. The oxygen was now discontinued altogether, and the chest was clearing up, and on March 7th, when I called, the child was playing with a toy, and seemed rapidly improving.

I have not the least doubt that in this case the oxygen was the means of saving life by supplying the blood with its necessary food, which it could not extract from the atmosphere. It seems to me to deserve much more extended use, and I have submitted those notes with the hope of encouraging its use in such cases.

Morpeth.

J. P. PHILIP, M.D.

## REPORTS

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

#### THE LONDON HOSPITAL.

ENEMATA IN A CASE OF INTUSSUSCEPTION CAUSING RUPTURE  
OF AN ULCER IN THE TRANSVERSE COLON.

(Under the care of Mr. HURRY FENWICK, F.R.C.S.)

[Reported by HAROLD L. BARNARD, M.R.C.S. and L.R.C.P.,  
House-Surgeon.]

On March 15th, 1895, H. B., aged 6 months, was admitted to the London Hospital with a diagnosis of intussusception. The mother stated that the illness commenced with vomiting two days before, and that the child had been sick ever since at short intervals. There had been blood in the motions, and a little wind had passed, but she had noticed no slime. The pain had been paroxysmal at the onset, as the child had had attacks of screaming with quiet intervals.

On admission the child, a male, looked collapsed, and his pulse was rapid and feeble; but the nose and ears were not very cold, and the temperature was 101°. He did not vomit after admission, and neither blood nor slime passed. On palpation a sausage-like tumour could be felt in the left lumbar region. When the finger was introduced into the rectum a nipple-like body could be felt high up, the examining finger being smeared with blood and slime by the contact.

*Treatment.*—Mr. Fenwick determined to distend the colon with warm water. The child was accordingly placed under chloroform, inverted, and turned somewhat on the right side. A small soft rectal tube, with funnel attached, was used, the drop employed to distend the colon being never more than three feet. Three pints of fluid in all were injected, a pint at a time, the colon being thrice distended and allowed to relieve itself. During the first distension the intussusception moved round from the left to the right lumbar region, and after the third it could no longer be felt there. As the child recovered from the anæsthetic only a portion of the last enema was returned and the distension of the belly was greater than before. Within a quarter of an hour the intussusception was again touched in the right iliac fossa. The child's condition was now very serious; his breathing had become irregular and shallow, and his nose and ears were cold. Brandy was given, but he died after a convulsion an hour later.

*Post-mortem Examination.*—On opening the abdomen, a considerable quantity of grumous fluid was found in the peritoneal cavity. The intussusception, not fully reduced, was an ileo-cæcal one, and, on opening it, the intussusceptum was found purple, intensely congested, and 3 inches in length. In the ileum, Peyer's patches were exceedingly prominent, as if in an early stage of typhoid; one or two showed loss of substance and congestion, but none had actually ulcerated; the reverse peritoneal surface showed no tubercles, nor were the mesenteric glands affected; the lungs and bronchial glands were both clear of disease. In the

explain in what conceivable way these titles can be so considered? They were granted after a full consideration by the Secretary of State for War of the recommendations made by Lord Camperdown's Committee after the Egyptian war, and the writer seems to have quite overlooked the leading article in the *Times* of September, 1890, supporting the claims of army medical officers to substantive rank and titles. The writer in the *Times* might profitably devote his attention to a minute written by Lord Dalhousie (Governor-General of India) on the rank question, which appears in Lord Herbert's Committee report of 1858. Emphasis is given by the Herbert Commissioners to this minute, on which they express the following opinion: "It seems impossible to deny the justice of Lord Dalhousie's observations. In the military service rank is everything; there exists no authority without it." We go a step further, and state that only combatant titles convey such rank to the officer, non-commissioned officer, and soldier. Discipline cannot be attained without such recognition of rank.

2. The *Times* writer alludes to the "drilling of hospital attendants as if they were infantry soldiers," having apparently lost sight of the fact these "hospital attendants" are men of "the Medical Staff Corps," a recognised body of disciplined soldiers as essential to the army as the Royal Engineers or Army Service Corps. We fail to see how efficiency can be acquired without adequate drilling. The training of the corps is not confined to drilling only, but includes a host of other important details, such as sick nursing, minor surgery, and the general routine of hospital work.

3. The writer ironically refers to the plea of medical officers "to sit on courts martial" being "probably soon admitted," being evidently ignorant of the fact that all commissioned officers are not only eligible, but are required to sit on courts martial, the president being the only person on the court who must be a combatant officer. Further, for years past army medical officers have been called on to sit as members of such courts when their services were required.

4. The writer says "Surgeon-major-generals require medical officers attached in a staff capacity to act as the medium of communication between themselves and other departments." No such arrangement exists, but it would be to the benefit of the medical service if every principal medical officer had a secretary (a medical officer), who would carry on the confidential correspondence of his office in place of the sergeant-clerk now appointed, who is practically the secretary. As to the remarks on professional pride being in danger if young officers address their military medical attendant as "doctor," they can only be pronounced feeble and full of such blind prejudice as to require no refutation.

The final observations of the writer may be quoted as showing the unfair and prejudiced spirit in which army medical affairs generally are discussed by military writers:

"In striving to be what he is not the army doctor will inevitably fail in the exercise of his rightful, honourable, and indispensable functions. To fighting rather than to saving life his ambitions will tend."

These observations are made in the very issue of the *Times* which contains an account of the excellent services rendered by two medical officers, namely, Surgeon-Major Robertson and Surgeon-Captain Whitchurch, the latter of whom has undoubtedly earned the Victoria Cross for his conduct in the double capacity of soldier and doctor. It should also not be forgotten that the only V.C.s won in Burma and the Chin Hills were gained by army surgeons in the gallant performance of professional duties.

#### ADMINISTRATIVE CHANGES, A.M.S.

**SURGEON-COLONEL T. F. O'DWYER**, now principal medical officer, Dover, is under orders for Halifax, in relief of Surgeon-Colonel S. Archer, who is due to retire by age on July 9th. The officer in Surgeon-Colonel's rank who is now first for foreign service is Surgeon-Colonel H. Skey Muir, at Chester.

It is reported that the Devonport principal medical officership, vacant by Surgeon-Colonel Welch's retirement, will remain open till Surgeon-Colonel W. Taylor's return from special employment in China.

#### THE HEALTH OF THE CHITRAL EXPEDITIONARY FORCE.

The health of the troops under General Low is reported to be remarkably good. Out of a force of 5,506 British troops there were 80 sick, and of 9,420 native corps there were 82 sick; that is, 162 sick in a force roughly calculated at 15,000. The British infantry regiments are up to a full war strength—that is, about 800 rank and file.

In the *Pioneer Mail* of April 18th ample testimony is borne by correspondents to the complete arrangements for field hospitals, which seem to have been mobilised in every detail so that each section with its complement of officers and servants, etc., would be available in case of need with detachments.

#### POSTINGS IN INDIA.

The more important postings of medical officers senior in rank is as follows: Brigade-Surgeon H. T. Brown to be P.M.O. Peshawar District, *vice* Davis, to be P.M.O. Punjab Frontier Force, in relief of Surgeon-Colonel Spencer, Acting P.M.O. Punjab Army Corps, gazetted temporarily in place of Surgeon-Colonel Harvey, home on sick leave.

Brigade-Surgeon-Lieutenant-Colonel R. de la C. Corbett, A.M.S., to be officiating P.M.O. Oudh and Rohilkund District, *vice* Surgeon-Colonel W. T. Martin, invalided to England.

Brigade-Surgeon C. F. Pollock, in medical charge Station Hospital, Rawul Pindi, to officiate as P.M.O. *vice* Surgeon-Colonel T. Maunsell, appointed P.M.O. Chitral Relief Force, *vice* Martin, sick.

Brigade-Surgeon-Lieutenant-Colonel Riddick, in medical charge Station Hospital, Agra, to charge of European Base Hospital (Chitral Expedition), at Cherat and Peshawar.

Surgeon-Lieutenant-Colonel W. A. May, in medical charge Hospital, Calcutta, to be officiating P.M.O. Presidency District, *vice* Raye, appointed officiating Inspector-General Civil Hospitals, Punjab.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE.

**APPOINTMENT.**—Mr. W. G. P. Ellis, M.A., has been appointed an additional Demonstrator in Botany.

**ZOOLOGICAL LABORATORIES.**—The University's tables at Naples and Plymouth will be vacant after the end of May. Applications to occupy these for the purpose of biological research are to be sent to Professor Newton by May 23rd.

**HONORARY DEGREE.**—The degree of Doctor of Science *honoris causa*, is to be conferred on Mr. Francis Galton, F.R.S., in recognition of his services to science and to the University.

**ADDENBROOKE'S HOSPITAL.**—The Court of Governors, on May 7th, resolved to appoint a committee to confer with the Vice Chancellor on the possibility of forming a closer and more regular connection between the hospital and the teachers in the department of medicine in the University.

### THIRD EXAMINATION FOR M.B., EASTER TERM, 1895.—Part II (Medicine):

A. P. Beddard, Trin.; Burrell, Gonv. and Cai.; W. G. Clark, Down; J. W. Cornwall, Trin.; L. G. Davies, Non Coll.; H. J. Davis, Trin.; Dobie, Gonv. and Cai.; Eichholz, Emm.; Garrad, Cla.; Langmore, Joh.; S. H. Long, Gonv. and Cai.; McCardie, Gonv. and Cai.; Murphy, Gonv. and Cai.; Ormerod, Trin.; W. G. Richards, Christ's; Sedgwick, Cla.; Smallwood, Gonv. and Cai.; C. B. Stewart, Christ's; Tatham, Gonv. and Cai.; Trethewy, Gonv. and Cai.; J. McD. Troup, Pemb.; H. F. B. Williams, Gonv. and Cai.; G. V. Worthington, Pemb.; Wrangham, Emm.

### UNIVERSITY OF LONDON.

**MEETING OF CONVOCATION.**—At the meeting of Convocation, to be held on Tuesday, May 14th, three names will be chosen for submission to the Crown. The Crown will choose one out of these, according to custom the first on the list for appointment to the Senate. The candidates are Mr. Cozens-Hardy, Q.C.; Mr. J. W. Greig, LL.B.; and Dr. T. B. Napier, LL.D. The contest will lie between Mr. Cozens-Hardy and Dr. Napier. The report of the Annual Committee will be presented, but the most important business will be a resolution standing in the names of Mr. H. M. Bompas, Q.C., and Dr. H. L. Hart, which invites Convocation to rescind its resolution of January 22nd, 1895, and to express the opinion that "if a local teaching university for London be desirable, it ought to be constituted apart from the University of London."

The Committee of Graduates favourable to the Scheme of the Gresham University Commission request members to attend the meeting and negative the motion which Mr. Bompas will propose.

### UNIVERSITY OF DURHAM.

**FIRST EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE.**—The following candidates have satisfied the Examiners:

*Elementary Anatomy and Physiology, Chemistry with Chemical Physics, and Botany with Medical Botany.*—J. R. McKinlay, Westminster Hospital; B. C. Stevens, St. Thomas's Hospital.

*Anatomy and Physiology.*—T. H. Gibbs, College of Medicine, Newcastle-upon-Tyne.

*Chemistry with Chemical Physics, and Botany with Medical Botany.*—V. Burrow, St. Mary's Hospital; F. W. Crossman, St. Bartholomew's Hospital; H. R. Ellis, St. Bartholomew's Hospital; T. H. Hulme, London Hospital; S. Southam, Owens College, Manchester.

*Botany with Medical Botany.*—C. H. Dickens, M.R.C.S., L.R.C.P., St. Thomas's Hospital.

**FIRST EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE.** (New Regulations.)—The following candidates have satisfied the Examiners:

*Elementary Anatomy and Biology, Chemistry, and Physics.*—Honours—Second Class: K. L. Routledge, College of Medicine, Newcastle-upon-Tyne; C. W. Von Bergen, College of Medicine, Newcastle-upon-Tyne. Pass List: A. S. Arthur, College of Medicine, Newcastle-upon-Tyne; T. F. Cann, College of Medicine, Newcastle-upon-Tyne; H. E. Davison, College of Medicine, Newcastle-upon-Tyne; T. S. Elliott, Cooke's School of Anatomy; H. Eggleston, College of Medicine, Newcastle-upon-Tyne; J. A. Hartigan, College of Medicine, Newcastle-upon-Tyne; J. McConnell, College of Medicine, Newcastle-upon-Tyne; E. S. Wilkinson, St. Bartholomew's Hospital.

*Elementary Anatomy and Biology.*—W. C. Brown, College of Medicine, Newcastle-upon-Tyne; H. A. Fielden, College of Medicine, Newcastle-upon-Tyne; L. F. Hemmans, College of Medicine, Newcastle-upon-Tyne; E. Inman, College of Medicine, Newcastle-upon-Tyne; H. R. Kendal, College of Medicine, Newcastle-upon-Tyne; G. B. Pickett, College of Medicine, Newcastle-upon-Tyne.

*Chemistry and Physics.*—T. B. Watson, College of Medicine, Newcastle-upon-Tyne.

*Biology and Physics.*—W. H. I. Bathurst, King's College.

*Elementary Anatomy, Chemistry, and Physics.*—F. G. H. Cooke, Cooke's School of Anatomy.

**SECOND EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE.**—The following candidates have satisfied the Examiners:

*Anatomy, Physiology, Materia Medica.*—Second Class Honours: J. R. McKinlay, Westminster Hospital; F. W. Rix, Westminster Hospital; J. A. Swindale, Mason College, Birmingham. Pass List: T. G. D. Adams, College of Medicine, Newcastle-upon-Tyne; W. O. Arnold, College of Medicine, Newcastle-upon-Tyne; C. H. Dickens, St. Thomas's Hospital; F. C. Ford, St. Bartholomew's Hospital; T. H. Hulme, London Hospital; H. H. Markham, College of Medicine, Newcastle-upon-Tyne; D. W. Patterson, College of Medicine, Newcastle-upon-Tyne; W. A. Beverley, College of Medicine, Newcastle-upon-Tyne; T. J. Phillips, College of Medicine, Newcastle-upon-Tyne; C. S. Smith, Mason College, Birmingham; R. A. Wilson, College of Medicine, Newcastle-upon-Tyne; T. Woodman, College of Medicine, Newcastle-upon-Tyne.

## ROYAL UNIVERSITY OF IRELAND.

THIRD EXAMINATION IN MEDICINE. SPRING, 1895.—The Examiners have recommended that the following candidates be adjudged to have passed the above-mentioned examination:

*Upper Pass Division*.—R. P. Farnan, Catholic University School of Medicine; \*T. Finucane, Queen's College, Cork; T. H. Gloster, B.A., Queen's College, Cork; P. J. Hamilton, Catholic University School of Medicine; A. W. Montgomery, Queen's College, Galway; \*G. Ross, Queen's College, Cork.

Candidates marked with an asterisk may present themselves for the Further Examination for Honours.

*Passed*.—R. Allan, Queen's College, Belfast, and Catholic University School of Medicine; H. F. Browne, Queen's College, Belfast; W. Caldwell, Queen's College, Belfast; W. Canning, Queen's College, Belfast; E. O. B. Carbery, Queen's College, Galway; S. Conner, Queen's College, Cork; J. Cowan, Queen's College, Belfast; H. Currell, Queen's College, Belfast; J. H. C. Daly, Queen's College, Galway; R. S. A. Drought, B.A., Queen's College, Cork; D. Fleck, Queen's College, Belfast; J. St. L. Kirwan, B.A., Queen's College, Galway; J. Lennox, Queen's College, Belfast; A. L. McCully, Queen's College, Belfast; F. J. McGlade, Catholic University School of Medicine, and Queen's College, Cork; H. J. McNabb, B.A., Catholic University School of Medicine; M. T. Moran, Queen's College, Belfast; K. Morrow, Queen's College, Belfast; R. Nevin, Queen's College, Belfast; T. P. O'Carroll, Catholic University School of Medicine; J. O'Neill, Catholic University School of Medicine; H. H. Orr, Queen's College, Belfast; E. F. O'Sullivan, Catholic University School of Medicine; H. Paterson, Queen's College, Cork; W. Porter, Queen's College, Belfast; R. C. Stuart, Queen's College, Belfast; J. F. Whelan, Catholic University School of Medicine.

## ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, IRELAND.

FINAL PROFESSIONAL EXAMINATION (CONJOINT SCHEME).—The following candidates have passed:

*Completed the Examination*.—C. Cavanagh, H. G. F. Dawson, J. W. Griffin, J. T. Harold, T. H. La N. Hewitt, E. C. Hodgson, E. J. K. Hogan, H. T. J. Kennedy, A. L. E. Orme, H. E. Stone, R. G. S. Whitla.

*In Medicine*.—P. J. M'Hale, H. S. Roberts.

*In Surgery*.—T. J. Crean, W. M. Cummins, E. F. L'Estrange, P. J. M'Hale, H. S. Roberts, M. G. Sterling, J. Thomson, J. S. Watson.

*In Ophthalmology*.—J. P. Cassidy, W. M. Cummins, E. F. L'Estrange, P. J. M'Hale, H. S. Roberts, M. G. Sterling, J. Thomson, J. S. Watson.

*In Midwifery*.—M. A. J. J. M. Caraher, T. J. Crean, H. S. Roberts, J. E. P. Shera, M. G. Sterling, J. Thomson.

*In Forensic Medicine*, etc.—J. Thomson.

Omitted from Pass List Third Professional Examination, A. N. M'Kelvey.

## ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

THE following candidates were enrolled as Licentiate in Medicine and Midwifery of the College on Friday, May 3rd, 1895: C. Cavanagh, H. G. F. Dawson, J. W. Griffin, J. T. Harold, T. H. La N. Hewitt, E. C. Hodgson, E. J. K. Hogan, H. T. J. Kennedy, A. L. E. Orme, H. E. Stone, R. G. S. Whitla.

The undermentioned Members of the College have been admitted to the Fellowship: R. Gray, L.R.C.P.I. 1873, M.R.C.P.I. 1893; E. H. Tweedy, L.R.C.P.I. 1885, M.R.C.P.I. 1894; A. K. F. McCutcheon, L.R.C.P.I. 1887, M.R.C.P.I. 1894, B.A., M.D., Univ. Dubl.; R. A. Flynn, L.R.C.P.I. 1887, M.R.C.P.I. 1894.

## THE SOCIETY OF APOTHECARIES OF LONDON.

MR. FRANK HAYDON, L.R.C.P., Assistant Surgeon to the West London Ophthalmic Hospital, has been appointed Secretary to the Court of Examiners of the Society of Apothecaries, in succession to the late Dr. C. E. A. Sample.

## MEDICO-PARLIAMENTARY.

## HOUSE OF COMMONS.

*Quarantine in South America*.—Sir E. GREY, in answer to Sir J. FERGUSON, said that the South American Republics had been approached in the sense indicated; but none of them had as yet expressed themselves willing to adopt the principles of the Dresden Sanitary Convention. Mr. Phipps, Her Majesty's Minister at Rio de Janeiro, had been specially instructed on proceeding to his post to make earnest efforts for improvement in the quarantine arrangements in Brazil, and a conference was now sitting at Rio to consider the question. It was understood that the Brazilian Government had promised to provide three fresh quarantine stations, besides some other reforms in their regulations.

*Fever Patients*.—Mr. BARTLEY asked the President of the Local Government Board whether his attention had been drawn to a report, dated April 6th last, from the medical officer of health for Islington, concerning the premature discharge of fever patients from the Metropolitan Asylum Board's hospitals, especially in the cases of residents of 32, Essex Road, and 21, Cromwell Road; and whether he would allay public anxiety on the subject by appointing a committee to inquire into the question. Mr. SEAW LEEVER said in reply that he had communicated with the Metropolitan Asylum managers with respect to the report mentioned in the question, and he was informed that they had referred to their General Purposes Committee for consideration and report, not only this particular report, but also the whole question raised in the annual report for 1894 of the Medical Superintendent of the North-Eastern Hospital as to the outbreak of illness in households after the return from hospital of recovered patients. Allegations had been made as to similar outbreaks where patients had been discharged from the

hospitals of other bodies, and the subject had recently received the attention of the Medical Department of the Local Government Board, who hoped shortly to issue a report with respect to it.

*Aldershot Water Supply*.—Mr. HANBURY asked the Secretary of State for War whether, under War Office instructions, the Professor of Military Hygiene at Netley, Brigade-Surgeon Notter, made a sanitary inspection of the water supply and other matters at Aldershot in March last; and whether this officer's report thereon had been received and would be published. Mr. CAMPBELL BANNERMAN said that the water supply to the new barracks at Aldershot had been recently investigated, and the water had been analysed by the Professor of Military Hygiene at Netley. The steps to be taken on that report were now under consideration. It was not usual to publish such a report.

PUBLIC HEALTH  
AND  
POOR-LAW MEDICAL SERVICES.

## THE REGISTRAR-GENERAL'S QUARTERLY RETURN.

THE Registrar-General has just issued his return relating to the births and deaths registered in England and Wales during the first, or winter, quarter of this year, and to the marriages during the three months ending December last. The marriage-rate was equal to 17.2 per 1,000 of the population, and was slightly below the mean rate in the corresponding periods of the ten preceding years.

The births registered in England and Wales during the three months ending March last numbered 240,455, equal to a proportion of 32.1 per 1,000 of the population, estimated by the Registrar-General to be nearly thirty and a-half millions of persons in the middle of this year. This rate was very slightly above the mean rate in the corresponding period of the ten preceding years, and exceeded that recorded in the first quarter of any year since 1886. The birth-rates in the several counties during the quarter under notice ranged from 25.7 in Surrey and in Sussex, 26.3 in Rutlandshire, 26.9 in Huntingdonshire, and 27.0 in Dorsetshire to 36.8 in South Wales, 37.6 in Durham and in Monmouthshire, and 38.1 in Staffordshire. In thirty-three of the largest English towns the birth-rate last quarter averaged 33.5 per 1,000, and exceeded by 1.4 per 1,000 the general English rate. In London the birth-rate was 32.5 per 1,000, while it averaged 34.1 in the thirty-two provincial towns, among which it ranged from 22.2 in Huddersfield, 24.8 in Halifax, and 25.7 in Croydon to 38.4 in Sunderland, 39.6 in Liverpool, and 40.0 in Wolverhampton.

The births registered in England and Wales during the quarter ending March last exceeded the deaths by 69,954; this represents the natural increase of the population during that period. It appears from returns issued by the Board of Trade that 39,260 emigrants embarked during last quarter for places outside Europe, from the various ports of the United Kingdom at which emigration officers are stationed. Of these, 19,072 were English, 2,230 Scotch, and 6,279 Irish. Compared with the averages in the corresponding periods of recent years, the proportion of emigrants from England and from Scotland showed a considerable decline, while that from Ireland showed a slight increase.

During the first quarter of this year the deaths of 170,501 persons were registered in England and Wales, equal to an annual rate of 22.8 per 1,000 of the estimated population; this rate exceeded by 1.1 per 1,000 the mean rate in the corresponding periods of the ten preceding years, 1885-94. The lowest county death-rates last quarter were 17.0 in Westmorland, 18.1 in the North Riding of Yorkshire, 18.5 in Middlesex, and 19.0 in Leicestershire; while the highest rates were 24.4 in Lancashire, 24.6 in North Wales, 24.8 in Huntingdonshire, 25.1 in Herefordshire, and 25.4 in South Wales. In the urban population of the country, estimated at about twenty and a-half millions of persons, the rate of mortality during the quarter under notice was 23.4 per 1,000; while in the remaining and chiefly rural population of about ten millions it was 21.5 per 1,000. These rates were respectively 1.1 and 0.7 per 1,000 above the mean rates in the corresponding quarters of the preceding ten years. Among thirty-three of the largest English towns the mean death-rate was 25.2 per 1,000; in London the rate was 26.0 per 1,000, while it averaged 24.6 in the thirty-two provincial towns, and ranged from 18.3 in Leicester, 18.8 in Derby, and 20.4 in Croydon and in Norwich to 27.5 in Manchester, 27.9 in Preston, 28.2 in Wolverhampton, 28.8 in Brighton, and 34.1 in Liverpool. In sixty-seven other large towns, with an estimated aggregate population of about three and a-half millions, the mean death-rate was 21.9 per 1,000, or 3.3 per 1,000 below the mean rate in the thirty-three large towns.

The 170,501 deaths registered in England and Wales during the three months ending March last included 2,862 which resulted from whooping-cough, 2,150 from measles, 1,678 from diphtheria, 1,446 from diarrhoea, 983 from "fever" (including typhus, enteric, and ill-defined forms of "fever"), 883 from scarlet fever, and 43 from small-pox; in all, 10,045 deaths were referred to these principal zymotic diseases, equal to an annual rate of 1.34 per 1,000, against an average rate of 1.81 in the corresponding quarters of the ten preceding years. The mortality from diphtheria showed a slight excess, and that from diarrhoea corresponded with the average; while the mortality from each of the other principal zymotic diseases was below the average. Of the 43 fatal cases of small-pox registered in England and Wales last quarter, 10 belonged to London, 8 to Liverpool, 7 to Birmingham, 4 to Aston Manor, and 4 to Derby.

The rate of infant mortality in England and Wales last quarter, or the proportion of deaths under one year of age to registered births, was equal to 152 per 1,000, and slightly exceeded the mean rate in the corresponding periods of the ten preceding years. In London the rate of infant mortality was 159 per 1,000, while it averaged 179 in the thirty-two large provincial towns, among which it ranged from 125 in Derby, 138 in Sunderland, and 159 in Bristol and in Birkenhead to 188 in Swansea and in Salford, 190 in Preston, 197 in Oldham, and 203 in Huddersfield. The mean temperature of the air during last quarter at the Royal Ob-

servatory, Greenwich, was 35.2°, and was 3.7° below the average in the corresponding periods of 124 years; the mean temperature in January was 2.9°, and in February 9.9°, below the average, while in March it showed an excess of 1.7°. The rainfall during the quarter amounted to 3.27 inches, and was 1.68 inch below the average.

#### HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,893 births and 3,551 deaths were registered during the week ending Saturday, May 4th. The annual rate of mortality in these towns, which had declined from 35.0 to 18.9 per 1,000 in the eight preceding weeks, further fell to 17.5 last week. The rates in the several towns ranged from 10.6 in Nottingham, 11.9 in Portsmouth, and 12.4 in Leicester to 23.3 in Oldham, 23.9 in Manchester, and 26.7 in Burnley. In the thirty-two provincial towns the mean death-rate was 18.1 per 1,000, and exceeded by 1.5 the rate recorded in London, which was only 16.6 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.5 per 1,000; in London the death-rate was equal to 1.7 per 1,000, while it averaged 1.4 in the thirty-two provincial towns, and was highest in Plymouth, Salford, and Preston. Measles caused a death-rate of 1.1 in Manchester, 2.3 in Plymouth, and 2.6 in Bolton; and whooping-cough of 1.6 in Burnley, 1.8 in Wolverhampton, 1.9 in Preston, and 2.0 in Salford. The mortality from scarlet fever and from "fever" showed no marked excess in any of the large towns. The 49 deaths from diphtheria in the thirty-three towns included 29 in London, 5 in Birmingham, and 3 in Leeds. One death from small-pox was registered in London, but not one in any of the thirty-two large provincial towns. There were 34 small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, May 4th, against 47, 35, and 37 at the end of the three preceding weeks; 8 new cases were admitted during the week, against 9, 4, and 12 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 1,463, 1,514, and 1,469 at the end of the three preceding weeks, had further declined to 1,413 on Saturday last, May 4th; 107 new cases were admitted during the week, against 117, 162, and 132 in the three preceding weeks.

#### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, May 4th, 990 births and 602 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had declined from 24.7 to 20.6 per 1,000 in the three preceding weeks, was 20.9 last week, and exceeded by 3.4 per 1,000 the mean rate during the same period in the large English towns. Among these Scotch towns the death-rates ranged from 15.6 in Dundee to 25.7 in Perth. The zymotic death-rate in these towns averaged 2.5 per 1,000, the highest rates being recorded in Perth and Leith. The 299 deaths registered in Glasgow included 14 from whooping-cough, 6 from measles, 4 from scarlet fever, and 2 from diphtheria. Eight fatal cases of measles were recorded in Edinburgh, and 6 in Leith.

#### CONSUMPTION HOSPITALS IN SCOTLAND.

IN a paragraph which appeared on page 1014 of the BRITISH MEDICAL JOURNAL for May 4th, it was, by an oversight, stated that the hospital in process of erection at Bridge of Weir was the first consumption hospital in Scotland. This was an error, for the outdoor department of the Victoria Hospital for Consumption, Edinburgh, was opened in 1887, and has afforded outdoor relief to many thousands of consumptive patients. The hospital for the reception of indoor patients, situated in large grounds to the north-west of the city of Edinburgh, was made available for 15 patients in August, 1894. The Committee of Management have in contemplation further extension of the hospital, and only the other day a donation of £1,000 was given by an Edinburgh citizen towards this end. The hospital is devoted exclusively to the treatment of tuberculous patients. The outdoor department continues its operations, and it is only matter for regret that a greater percentage of the necessitous tuberculous patients cannot, for lack of space, be admitted to the benefits of indoor treatment.

#### THE NOTIFICATION OF DOUBTFUL CASES OF DIPHTHERIA.

VARIOLA.—A similar difficulty has occurred in many other towns. Sometimes it has been overcome by insisting upon scrupulous attention to minutiae of disinfection and quarantine, however slight the case may be. There could be no objection to a carefully-worded circular upon the lines suggested if the means of bacteriological examination are available.

#### INQUEST FEES ON WORKHOUSE CASES.

R. B. D., who is a resident medical officer in a provincial workhouse, writes to ask whether this residence excludes him from claiming a fee for evidence at an inquest on a workhouse patient, as the coroner has refused him a fee on the ground that it could not be legally paid. He further asks whether on a future occasion he can decline to give evidence unless a fee is promised by the coroner?

\*.\* The question of residence or non-residence in the workhouse has no bearing on the subject. Our correspondent as a workhouse medical officer is entitled to the ordinary fee. It is now fairly decided that workhouse medical officers are not debarred from the receipt of inquest fees by Clause 22, Subsection 2, of the Coroners' Act of 1887. A medical witness, however, cannot refuse to give evidence if properly summoned, even if he believes that the fee will be refused by the coroner. He must give evidence, and take the necessary steps to obtain the fee afterwards. We should suggest that when next summoned R. B. D. should politely inform the coroner, before giving his evidence, that he intends to claim the usual fee.

## MEDICAL NEWS.

THE May dinner of the Aberdeen University Club will be held at the Holborn Restaurant on Wednesday, May 15th, at 7.30 P.M.

HER Royal Highness the Princess of Wales has graciously consented to open a grand bazaar, in aid of St. Mary's Hospital, Paddington, at the Portman Rooms on June 27th next.

MR. A. WYNTER BLYTH, M.O.H. for St. Marylebone and barrister-at-law, was on Wednesday elected Chairman of the Council of the Sanitary Institute, in succession to the late Mr. Ernest Turner, F.R.I.B.A.

THE Sixth Congress of the German Gynæcological Society will be held this year in Vienna on June 4th and three following days. The two chief subjects proposed for discussion are Endometritis and Rupture of the Uterus.

THE Hon. W. F. D. Smith, M.P., presided over the festival dinner in aid of the funds of the Royal Hospital for Children and Women, Waterloo Bridge Road, held on May 4th at the Hôtel Métropole. Subscriptions to the amount of £1,350, including 100 guineas from the chairman, were announced during the evening.

PRINCE NUSSEER, the second son of the Ameer of Afghanistan, is expected to arrive in England about May 12th or 14th. Colonel A. C. Talbot, C.I.E., the Deputy Foreign Secretary, will be in political charge, and Dr. Leahy has been selected by the Government of India to accompany the party as medical officer.

At the examination for inspectors of nuisances held by the Sanitary Institute in London on May 3rd and 4th, 161 candidates presented themselves, and 93 were certified, as regards their sanitary knowledge, competent to discharge the duties of sanitary inspectors. On the same dates the first examination in Practical Sanitary Science was held by the Institute, and certificates were granted to 9 candidates.

THE Emperor of Japan has conferred the Third Class Decoration of the Order of the Rising Sun upon Mr. William Anderson, of St. Thomas's Hospital. Mr. Anderson was for many years Professor of Anatomy in the University of Tokio, and is well known as the author of the most important existing work on the *Pictorial and Glyptic Arts of Japan*, of which he was one of the earlier students and is an accomplished expert. Mr. Anderson has also rendered services to Japan as the first chairman of the now flourishing Japan Society.

THE Glasgow Eastern Medical Society at a recent meeting adopted a series of resolutions touching the medico-legal relations of medical men in Scotland, the tenure of office of parochial medical officers, payment for certificates of death, and for those required by school boards, the regulation of dispensary treatment, the rate of pay by medical sick clubs and societies, and the constitution of the General Medical Council. As we understand that it is proposed to bring the resolutions under the notice of the Glasgow and West of Scotland Branch of the British Medical Association at an early date, we forbear from commenting upon them further than to say that any well-considered scheme for reforming abuses in connection with sick clubs and societies, and with dispensaries, as well as any proposal to ensure reasonable fixity of tenure of Poor-law appointments, is ensured warm sympathy and support.

MAMMERN HYDROPATHIC ESTABLISHMENT.—This is a pleasantly-situated "water cure," about 1,300 feet above the sea, and one of the most accessible in Switzerland, as it is situated only a few miles from Schaffhausen, between that place and the Lake of Constance. It lies in its own grounds on that expanse of the Rhine between Schaffhausen and Constance which is known as the Untersee. It is especially designed for the treatment of chronic affections of the nervous system—neurasthenia, hysteria, morphine craving, etc., as well as those affections of the digestive system in which careful and strictly-regulated dieting is essential. Baths, douches, gymnastics, massage, electricity, all under skilful medical supervision, can here be applied amidst tranquil and agreeable surroundings and at a moderate cost. Dr. O. Ullmann is the resident physician.



**MEDICAL EDUCATION IN THE UNITED STATES.**—According to the New York *Medical Record*, of the 140 medical schools in the United States there are only fourteen which absolutely require a four-year course of medical lectures. Nearly one hundred schools announce that they graduate on three terms of lectures, and about twenty-five on two terms, the length of the term varying from five to nine months.

**MEDICO-PSYCHOLOGICAL ASSOCIATION OF GREAT BRITAIN AND IRELAND.**—The next general meeting of this association will be held at 11, Chandos Street, Cavendish Square, on May 16th, under the presidency of Dr. Conolly Norman. The Council meeting will take place at 1.30 p.m. At 4 o'clock Dr. Mercier will read a paper on Collective Investigation on Mental Disease. Dr. Andriezen will read a paper entitled *Insomnia and Cephalalgia and their Correlated Brain Changes in Early Alcoholic Insanity*. Seven new members are down for election as ordinary members of the society.

**THE ZOOLOGICAL SOCIETY OF LONDON.**—The sixty-sixth anniversary meeting of this Society was held on April 29th, at the offices, 3, Hanover Square, W. The chair was taken by the President, Sir William H. Flower. The number of animals in the Society's collection on December 31st last was 2,563, of which 669 were mammals, 1,427 birds, and 467 reptiles. Among the additions made during the year were two young white-tailed gnu (born in the gardens), an eland of the striped form from the Transvaal (obtained by purchase), two giant tortoises, a young male Pleasant antelope, two Somali ostriches of the blue-skinned variety, ten Surinam water toads, a Pel's owl, and two tree kangaroos. About 30 species of mammals, 12 of birds, and one of reptiles had bred in the Society's gardens during the summer of 1894. The report was adopted, and Sir William H. Flower was re-elected President.

**MEDICAL MISSIONARY ASSOCIATION.**—The annual meeting of this association was held at Exeter Hall, on May 2nd, Dr. C. Y. Biss presiding. The report, presented by Dr. J. L. Maxwell, showed an income of £1,603, leaving a credit balance of £142. The students under training were drawn largely from the Church of England, but other churches were also represented. While preparing for foreign work they carried on medical missions in Islington and St. Pancras. The chief object of the association was to multiply medical missionaries, and during the year the number of those holding British qualifications had increased from 185 to 202. The rapid and striking progress of medical and surgical science had added enormously to the power of the medical missionaries. Among other signs of progress was the commencement at Ludhiana, in North India, of a school of medicine for native women. The need of fully qualified natives, not only to work with the foreign missionaries but to take up independent work, was so urgent that that every missionary body should welcome this new departure. The meeting was addressed by Dr. Margaret Pearse, of the Canning Town Medical Mission; Dr. Rigg, of Fuhning, China; Dr. Whitney, of Tokio; and Mr. Mackay, of the Antsihanaka Medical Mission, Madagascar.

**THE MEDICAL GUILD.**—The first quarterly meeting of the Medical Guild, the establishment of which in Manchester we recorded a short time ago, was held in that city on April 30th, under the presidency of Dr. Henry Simpson. It was reported that the Council of the Guild proposed to consider the following matters: The abuse of medical charities and its remedy; club practice and provident dispensaries; the irregular practice of medicine, surgery, and midwifery, including the improper employment of unqualified assistants; the possibility of fixing in districts a minimum fee for visits, consultations, and other forms of professional work; the right of parents to send their own medical attendants to see their children, when removed to a rate-supported (fever) hospital, in consultation with the medical superintendent; the dissemination of a knowledge of the essentials of medical ethics and the promotion of the teaching of ethics in medical schools. The Chairman said that the Guild sought to be a bond of union between members of the profession, and Dr. S. Woodcock and Alderman Walmsley insisted on the necessity for union and the dangers of the present disorganised state. A resolution was unanimously adopted expressing the

opinion that it was desirable that greater facilities should be given to the inmates of rate-supported fever hospitals to obtain consultations with medical practitioners not on the staff, and expressing the opinion that such facilities would increase the confidence of the public in such hospitals. The Honorary Secretary, from whom further information can be obtained, is Dr. Stewart, 27, Eccles Old Road, Manchester.

### MEDICAL VACANCIES.

The following vacancies are announced:

- ASYLUM FOR IDIOTS, Earlswood, Redhill, Surrey.**—Assistant Medical Officer. Salary, £150 per annum, with board and residence. Applications marked "Assistant Medical Officer," to the Secretary, 38, King William Street, London Bridge, E.C., by May 23rd.
- BARNSTAPLE UNION.**—District Medical Officer. Salary, £70 per annum and midwifery fees. Applications to William Henry Toller, by May 30th.
- BLACKBURN AND EAST LANCASHIRE INFIRMARY.**—Junior House-Surgeon, will be required to enter into an agreement not to commence private practice within the Borough of Blackburn for a period of three years. Salary, £50 per annum with board, washing, lodging, etc. Applications and testimonials to N. A. Smith, Secretary by May 23rd.
- BOROUGH OF STOCKTON-ON-TEES.**—Medical Officer of Health and Medical Superintendent for the Fever Hospital. Salary, £300 per annum. Applications and testimonials to Mat. B. Dodds, Town Clerk, by May 14th.
- BRECON INFIRMARY.**—Resident House-Surgeon, unmarried, doubly qualified. Salary, £70 per annum, with furnished apartments, board, attendance, fire and gas. Applications to W. Powell Price, Secretary, by May 15th.
- CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL, Gray's Inn Road.**—Clinical Assistants. Applications to the Secretary.
- COUNTY ASYLUM, Rainhill, near Liverpool.**—Assistant Medical Officer to act as *locum tenens* for about three months during the summer. Salary, £22 ss. per week with board and lodging. Applications to the Medical Superintendent.
- DARLINGTON HOSPITAL AND DISPENSARY, Darlington.**—House-Surgeon; doubly qualified, registered, and unmarried. Salary, £100 per annum, with board and lodging. Applications and testimonials to the Secretaries, 80, Bondgate, Darlington, by May 16th.
- DENBIGHSHIRE INFIRMARY AND GENERAL DISPENSARY, Denbigh.**—Honorary Medical Officer, doubly qualified. Applications to the Chairman of the Committee of Management by May 14th.
- DENTAL HOSPITAL OF LONDON, Leicester Square.**—Two Dental Surgeons. Candidates must be Licentiate of Dental Surgery of one of the licensing bodies recognised by the General Medical Council. Applications and testimonials to J. Francis Pink, Secretary, by June 10th.
- EAST LONDON HOSPITAL FOR CHILDREN, Glamis Road, Shadwell, E.**—Assistant Physician for the Out-Patients; must be F. or M.R.C.P.—House-Surgeon. Board, lodging, etc., provided, but no salary. Applications to the Secretary for the former appointment by May 25th, and for the latter by May 11th.
- EAST SUFFOLK AND IPSWICH HOSPITAL.**—Second House-Surgeon, unmarried, doubly qualified. Salary, £70 per annum, with board, lodging, and washing. Applications to the Secretary by May 14th.
- GENERAL HOSPITAL, Birmingham.**—Assistant House-Surgeon, must possess surgical qualification and be registered. Appointment for six months. No salary, but residence, board, and washing provided. Applications with certificate of registration and copies of testimonials to H. J. Collins, House Governor, by June 1st.
- GENERAL HOSPITAL, Nottingham.**—Assistant House-Surgeon and Assistant House-Physician. Appointments for six months. Board, lodging, and washing in the hospital. No salary. Applications to the Secretary by May 11th.
- GREAT NORTHERN CENTRAL HOSPITAL, Holloway Road, N.**—Pathologist and Registrar. Appointment for one year. Honorarium at the rate of fifty guineas per annum. Applications to the Secretary by May 27th.
- HALIFAX INFIRMARY AND DISPENSARY.**—House Surgeon, must be unmarried, doubly qualified and registered. Salary, £80 per annum, advancing £10 per year up to £100, with residence, board, and washing. Applications and testimonials to Oates Webster, Secretary, by May 22nd.
- KENSINGTON WORKHOUSE INFIRMARY.**—Second Assistant Resident Medical Officer, must be between 21 and 30 years of age, must possess both a medical and surgical qualification. Salary, £30 per annum, with apartments, board, and washing. Applications and testimonials to J. H. Rutherglen, Clerk to the Guardians, by May 25th.
- MANCHESTER SOUTHERN AND MATERNITY HOSPITAL.**—Resident House-Surgeon. Honorarium at the rate of £50 per annum and board. Applications and testimonials to G. W. Fox, Honorary Secretary, 53, Princess Street, Manchester, by May 15th.
- NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, Shoreditch, 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.
- PARISH OF ST. LEONARD, Shoreditch.**—Male Second Assistant Medical Officer, for the Infirmary, Hoxton Street, N. Doubly qualified. Salary, £40 per annum, with rations, furnished apartments, and washing in the Infirmary. Applications to the Medical Officer, 204, Hoxton Street, N.

**ROTHERHAM HOSPITAL AND DISPENSARY.**—Resident House-Surgeon; doubly qualified. Salary, £110 per annum, with rooms, washing, and commons. Appointment for three years. Applications to the Secretary by the end of May.

**ROYAL HOSPITAL FOR DISEASES OF THE CHEST,** City Road, E.C.—House-Physician. Appointment for six months. Salary at the rate of £40 per annum, with board and lodging. Applications to the Secretary by May 15th.

**ROYAL WESTMINSTER OPHTHALMIC HOSPITAL,** King William Street, West Strand. Clinical Assistants. Appointments for six months, must be duly qualified; and preference will be given to those who have had previous experience of ophthalmic practice. Applications and testimonials to T. Beattie-Campbell, Secretary, by June 1st.

**ST. LUKE'S HOSPITAL, E.C.**—Clinical Assistant, must be duly qualified to practise, and registered. Appointment for six months with board and residence. Applications and testimonials to Percy de Bathe, M.A., Secretary.

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

**WESTERN GENERAL DISPENSARY,** Marylebone Road.—Junior House-Surgeon, must be duly registered and unmarried. Salary, £50 per annum, with rooms and board. Applications and testimonials to the Honorary Secretary by May 24th.

**WESTMINSTER GENERAL DISPENSARY,** 9, Gerrard Street, Soho, W.—Honorary Surgeon. Applications and testimonials to J. J. Johnson, Secretary, by May 20th.

**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.

**WORCESTER GENERAL INFIRMARY,** Worcester.—Assistant House-Surgeon and Dispenser; fully qualified; unmarried. Salary £70 per annum, with board, residence, and washing. Office tenable for not more than two years. Applications and testimonials to William Stallard, Secretary, Worcester Chambers, Pierpoint Street, Worcester, by May 18th.

#### MEDICAL APPOINTMENTS.

**ADCOCK,** Dr. G. R., appointed District Medical Officer to the Hoxne Union.

**BAILEY,** Thomas R., M.D. Edin., reappointed Medical Officer of Health to the Bilston District Council.

**BAKEWELL,** R. Turtel, M.B., M.R.C.S., appointed Anæsthetist to the Hospital for Sick Children, Great Ormond Street.

**BODEN,** J. S., M.R.C.S., L.R.C.P., appointed House-Accoucheur to King's College Hospital.

**BOND,** N. Troughton, M.B., C.M. Edin., appointed Medical Officer for the No. 5 District of the Liskeard Union.

**BOUSFIELD,** A., B.A. Cantab., B.Sc. Lond., M.R.C.S., L.R.C.P., appointed Assistant House-Physician to King's College Hospital.

**BURRIDGE,** H. A., M.R.C.S., L.R.C.P., appointed Assistant House-Accoucheur to King's College Hospital.

**CRAWFORD,** Raymond, M.A., M.B., B.Ch. Oxon., M.R.C.P. Lond., appointed House-Physician to King's College Hospital.

**DAVIDSON,** Dr., appointed Medical Officer for the Eaton District of the Macclesfield Union.

**EDMUNDS,** F., M.R.C.S. Eng., L.R.C.P. Lond., appointed Medical Officer for the Chesterfield District and the Workhouse of the Chesterfield Union.

**EDWARDS,** E. C., M.B., C.M. Edin., appointed Senior House-Surgeon to the East Suffolk Hospital, Ipswich.

**ENSOR,** H. C., M.R.C.S. Eng., L.S.A., appointed Assistant Ophthalmic Surgeon to the Cardiff Infirmary.

**GRUN,** Edward F., L.R.C.P. Lond., M.R.C.S. Eng., appointed Medical Officer for the No. 2 (Southwick) District of the Steyning Union, *vice* John Reeks, M.R.C.S. Eng., deceased.

**HOWIE,** Alexander, M.B. & C.M., appointed Medical Officer for the Alberbury District of the Atcham Union.

**JAMESON,** Joseph S., M.D., B.S., B.A. O. Dubl., appointed Medical Officer and Public Vaccinator to the Unions of Wix, Ardleigh, and Great Bromley.

**KEMPTHORNE,** A. E., M.R.C.S. Eng., L.S.A., appointed Medical Officer for the Second District of the Parish of St. Matthew, Bethnal Green.

**OLIVER,** Dr. G. H., appointed Assistant Surgeon to the Bradford Eye and Ear Hospital, *vice* G. H. Dodd, M.R.C.S., resigned.

**OLVER,** R. S., M.R.C.S., L.R.C.P., appointed House-Surgeon to King's College Hospital.

**PATERSON,** D. R., M.D. Edin., M.R.C.P. Lond., appointed Assistant Physician to the Cardiff Infirmary.

**PENNY,** F. S., M.R.C.S., L.R.C.P., appointed House-Surgeon to King's College Hospital.

**RICE,** T. E., L.S.A. Lond., appointed House-Surgeon to King's College Hospital.

**RUSHTON,** John L., M.D. St. And., M.R.C.S., reappointed Medical Officer for the Rainow District of the Macclesfield Union.

**SHEEN,** A. W., M.D. Lond., F.R.C.S. Eng., appointed Assistant Surgeon to the Cardiff Infirmary.

**SHEPPARD,** Amy, M.B. Lond., appointed Assistant Ophthalmic Surgeon to the New Hospital for Women, Euston Road.

**SMITH,** G. U., M.R.C.S., L.R.C.P., appointed Ophthalmic Clinical Assistant to King's College Hospital.

**TAYLOR,** J. W., M.R.C.S. Eng., L.R.C.P. Lond., appointed Medical Officer of Health for the Methley Urban District Council.

**THOMAS,** J. Lynn, F.R.C.S. Eng., L.R.C.P. Lond., appointed Assistant Surgeon to the Cardiff Infirmary.

**TREASURY WALL,** Edalju J., M.D., L.R.C.P. & S., appointed Assistant Electrician at St. Bartholomew's Hospital.

#### DIARY FOR NEXT WEEK.

##### MONDAY.

**LONDON POST-GRADUATE COURSE,** Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. W. Lang: Lachrymal Affections. London Throat Hospital, Great Portland Street, 3 P.M.—Dr. Edward Law: Examination of the Throat and Nose.

**MEDICAL SOCIETY OF LONDON,** 8 P.M.—General Meeting for the Election of Officers and Council. 8.30 P.M.—Ordinary Meeting: Mr. C. B. Lockwood: The Diagnosis of Retroperitoneal Sarcoma, with Cases. Mr. H. Allingham: A Series of Cases of Operations upon the Stomach.

##### TUESDAY.

**LONDON POST GRADUATE COURSE,** Bethlem Royal Hospital, 2 P.M.—Dr. Craig: Hypochondriasis.

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

**ROYAL MEDICAL AND CHIRURGICAL SOCIETY,** 8.30 P.M.—Adjourned Discussion on Dr. Felix Semon's paper on the Probable Pathological Identity of the Various Forms of Acute Septic Inflammations of the Throat and Neck.

##### WEDNESDAY.

**LONDON POST GRADUATE COURSE,** Hospital for Diseases of the Skin, Blackfriars, 1 P.M.—Dr. Payne: The Diseases called Lichen. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Stanford Morton: Retinal Affections.

**ROYAL METEOROLOGICAL SOCIETY,** 12, Great George Street, Westminster, 7.30 P.M.

**ROYAL MICROSCOPICAL SOCIETY,** 20, Hanover Square, W., 8 P.M.

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

##### THURSDAY.

**LONDON POST-GRADUATE COURSE,** Hospital for the Paralysed and Epileptic, Queen Square, 2 P.M.—Dr. Ormerod: Paraplegia. Hospital for Sick Children, Great Ormond Street, 3.30 P.M.—Dr. W. S. Colman: Stammering and other Speech Defects. Central London Asylum, Cleveland Street, 5.30 P.M.—Mr. Reginald Harrison: Cases in the Wards.

##### FRIDAY.

**LONDON POST-GRADUATE COURSE,** Bacteriological Laboratory, King's College, 3 to 5 P.M.—Professor Crookshank: Lecture, Examination of Air, Soil, and Water; Practical work, Plate Cultivations.

**EPIDEMIOLOGICAL SOCIETY OF LONDON,** 8 P.M.—Professor Lane Nottter: On Soil as a Factor in the Production of Disease.

##### SATURDAY.

**LONDON POST-GRADUATE COURSE,** Bethlem Royal Hospital 11 A.M.—Dr. Percy Smith: Melancholia.

#### 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.

**BEEVOR.**—On May 5th, at 18, Serjeant's Inn, Temple, E.C., Lady Beevor, of a daughter.

**CULHAM.**—On April 22nd, at 122, Mount Pleasant Road, Hastings, the wife of F. W. S. Culham, of a daughter.

**HURRY.**—On May 5th, at Abbotsbrook, Reading, the wife of Dr. Jamieson B. Hurry, M.A. Cantab., of a daughter.

##### MARRIAGES.

**ARCHER-SHAW.**—On April 30th, at St. Mary's and St. Michael's, Commercial Road, E. (by licence), Sidney Hugh Langston, L.R.C.P., L.R.C.S.I. Edin., L.S.A. Lond., son of the late Sidney James Archer, of Dartford, Kent, to Nancy Allen, daughter of the late James Allen Shaw, of Dublin.

**IRVINE-STAMPS.**—On May 1st, at Walmley Church, by the Rev. A. B. Irvine, M.A., vicar of Holy Trinity, West Bromwich, father of the bridegroom, assisted by the Rev. J. Westley Davis, M.A., vicar of Walmley, Arthur Gerard Cheyne Irvine, M.R.C.S., L.R.C.P., to Charlotte Ellen K. Stamps, youngest daughter of Thomas Stamps, Esq., of Berwood, near Erdington.

##### DEATHS.

**DURHAM.**—On May 7th, at 82, Brook Street, Grosvenor Square, Arthur Edward Durham, F.R.C.S., Consulting Surgeon to Guy's Hospital, Member of the Council of the Royal College of Surgeons—in his 62nd year. No flowers by request. The Funeral Service will be held at St. George's Church, Hanover Square, at 1 o'clock P.M., on Friday, May 10th. Funeral at the Crematorium, Woking. Train leaving Necropolis Station, L. & S. W. R., Westminster Bridge Road, at half-past 2.

**GUNNING.**—On May 1st Brigade-Surgeon-Lieutenant-Colonel James Davis Gunning, A.M.S., on board the troopship *Malabar*, one day out from Gibraltar, homeward bound. Aged 50.