

here was much thinner and less dense, and this disc was soon cut through. On reflecting the bone it was first noted that a considerable branch of the middle meningeal artery ran across the upper third of the opening. At first the dura mater seemed normal here also, but on feeling it carefully all over with the finger, a point "of increased resistance," to use Dr. Russel's phrase, was detected in the lower third. The dura was here incised, and immediately black clotted blood began to exude with each pulsation.

The clot was gently broken up, the cavity syringed and dried very carefully, and, a drainage tube having been inserted, the wound was sewn up and dressed. It may be remarked that the edges of the wound in the dura approximated closely, and so they were not sewn together.

The operation lasted ninety minutes, and immediately afterwards he moved his right arm a little. He swallowed much better that afternoon, and was able to make signs when he wished to pass urine. The wound healed by first intention, except where the tube emerged, and the temperature did not rise above 99°, except early in the morning of the 17th, when it rose to 101.6°, owing to blocking of the tube.

At our morning visit on that day we found the temperature normal, and the tube, together with a quantity of bloody serum, expelled. After this the temperature did not rise above normal, and the wound was firmly healed fourteen days after the operation, and he now has a cicatrix which shows no sign of bulging.

On measuring his head on May 4th I found that the first trephine hole was further back than had been intended, owing to the liability to err when the flaps are reflected. The convulsion laid bare by the dural incision ran horizontally backward, and was presumably the third frontal.

In conclusion, I wish to say that Dr. Russel was strongly in favour of the operation from the morning of March 6th, and I have to thank Mr. Popert for his valuable assistance during the operation.

As regards the aphasia, improvement was noticed on the fifth day after the operation; it slowly advanced till the eleventh day, and then rapidly, so that by the twenty-fifth day, when he went to the country, he could speak fairly well, but still used many wrong and altered words and was at a loss for the names of places and things.

When seen on June 6th he was not entirely free from aphasia, but had no practical difficulty in expressing himself. His intellect had not apparently suffered. The movements of the right arm were free, but he could not use it behind his back. The pupils were so contracted that we were never able to get a view of the fundus oculi.

### THE TREATMENT OF FRACTURES.

By EDWARD DEANESLY, M.D., B.Sc.LOND.,  
F.R.C.S.ENG.,

Honorary Casualty Surgeon, Wolverhampton General Hospital.

WHILE agreeing entirely with Mr. Arbuthnot Lane's views on the importance of preserving the correspondence of the axes of the fragments, and on the fallacy of the vertical foot-piece in the treatment of fractures of the lower limb; I deny that the results obtainable by the ordinary methods of treatment are so imperfect as he represents. Mr. Lane has asserted that the average financial depreciation of the labourer as a machine after such an injury as an oblique fracture of the tibia and fibula sustained after middle life amounts to nearly 70 per cent. I do not know on how many cases this generalisation is based, but that it represents the average result of the ordinary treatment of this injury is entirely opposed to my own experience as House-Surgeon and Honorary Casualty Surgeon to the Wolverhampton General Hospital, where between sixty and seventy cases of fracture of the leg are admitted every year. The necessity of obtaining club certificates kept the great majority of these cases under my observation until they were able to return to work, and I cannot recall a single case that was unable to return to the same employment as before on account of imperfect recovery from the effects of the injury.

Neither does my experience bear out Mr. Lane's condemnation of the use of plaster-of-paris. During the two years that

I occupied the post of house-surgeon every case of simple fracture of the leg was treated by the application of a plaster case within a few hours of admission—generally within an hour or two. This was applied with the patient lying on his back with the knee and hip flexed to a right angle, while an assistant maintained traction on the foot; the vertical position of the thigh was maintained by a padded sling attached to the head of the bedstead, and serving as a counter-extension. In this way the most oblique fracture usually falls into position without difficulty, and by placing the sound limb in a corresponding position it is easy to satisfy oneself by comparison that the foot is in proper position as regards rotation. The plaster having set, the limb was kept in the same position in a sling-cradle until the fourth or fifth day, when, the swelling having subsided, the leg was allowed to lie in any position on the bed for another week or ten days, when the patient was allowed to go about with crutches. In cases in which the fracture was at or above the middle of the leg, the plaster was continued a little above the knee as soon as the limb was allowed to lie straight on the bed.

That this method is capable of giving perfect results even in very oblique fractures of the tibia and fibula I have often proved, so that only very exceptional reasons would induce me to adopt the exposure and screwing together of the fragments recommended by Mr. Lane. Quite apart from the risk of wound infection, which varies with the personal equation of the surgeon but can never be entirely eliminated, Mr. Lane does not conceal the mechanical difficulties of the procedure, and any surgeon who has attempted to do it (as I have done in a case of compound fracture) will admit that it is most difficult to wire or screw the fragments sufficiently firmly to resist the powerful displacing forces at work in a recent fracture. I am quite sure that any surgeon who is skilful enough to perform the operation recommended by Mr. Lane could obtain an equally good result by less risky means.

## MEMORANDA:

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

### A CASE OF DIPHTHERIA TREATED BY ANTITOXIN SERUM.

ON March 30th, 1895, I was sent for 13 miles up country. I found two children—a girl, aged 4, and a boy, aged 2½—with well marked diphtheria; the cervical glands were slightly swollen, and the tonsils of both children were covered with membrane. They were ordered ½ gr. of iodide of mercury every three hours. On April 1st the girl seemed slightly better; the boy had then nasal diphtheria, a profuse discharge issuing from both nostrils. On April 4th, at 3 p.m., the girl was quite well, the membrane quite gone from the tonsils, and the glands quite reduced. The boy, however, was very ill and exhausted; the pulse was rapid and very weak, the breathing loudly stridulous, the lips cyanotic, the face of an ashy grey colour, there was recession of the chest walls and epigastrium. Seeing that the child was practically *in extremis*, and having heard the day before that the Government had just landed some antitoxin, I drove hurriedly back, and telephoned to the Wellington Hospital. Dr. Ewart promptly sent me a tube out by train, and I drove back to my patient, and at 9 p.m. injected about a drachm into the skin of the abdomen, using a new Koch's tuberculin syringe—the only one I had handy. I had intended to inject 3 drachms altogether. Unfortunately the child struggled a great deal, and as the father, who helped to hold it, was very nervous I had to desist after the first syringe. I saw the child again at 10 a.m. on April 5th. It was a little better, though still very ill; the pulse was still rapid and weak, the breathing still markedly stridulous. I now injected 2 drachms, using with antiseptic precautions an ordinary new 20 minim hypodermic syringe.

On April 6th, at 11 a.m., I saw the child again; it was decidedly better, the face of a fair colour, the breathing not

stridulous, and the recession of chest wall gone; it was still voiceless. The tonsils were still covered with membrane, though not to such a marked extent, and it seemed in a crumbling disorganised state. An emetic of ipecacuanha wine was given, and the child vomited a quantity of membrane.

On April 8th the membrane had quite gone from the throat, the nasal discharge had ceased, and the child was practically quite well, up, and playing. The temperature was not taken, owing to the struggling of the child. No urine could be obtained. Diphtheria had been raging in the immediate neighbourhood for the previous six weeks. I had seen eleven cases, all of which recovered under iodide of mercury, one of them only developing paralytic symptoms; the disease, however, never passed the tonsillar stage. There had, however, been two deaths, one of them on March 24th, in a house about a hundred yards from the case in question. Both children died from croupous diphtheria, and were not seen until too late.

JAMES R. PURDY, M.B., C.M.

Lower Hutt, New Zealand.

#### RHEUMATIC APPENDICITIS.

DR. BRAZIL, in the BRITISH MEDICAL JOURNAL for May 25th, records two interesting cases of rheumatic appendicitis. These cases are not, in my experience, as rare as is generally supposed.

A few years ago, when acting as house-physician for Dr. Haig, the probability of the occurrence of typhlitis (as I prefer to call it) depending on uratic deposition was made evident to me. Since then I have been looking out for these cases, and have seen a fairly large number. I have not, it is true, seen articular rheumatism as a complication, as in Dr. Brazil's first case, but this no doubt is due to the fact that the patients were treated with salicylate of sodium from the first. They all presented symptoms more or less similar. A temperature of 101° to 102°, vomiting, pain, and tenderness in the right iliac region, at or near McBurney's point, and pain on raising the thigh, with resistance on palpation in the fossa. Constipation was not a constant symptom, nor do I remember seeing œdema of the limb. The effect of salicylate of sodium was, as Dr. Brazil says, "magical."

Dr. Brazil's first case has a peculiar interest for those who are conversant with Dr. Haig's view in regard to the excretion and retention of uric acid. The use of morphine is strongly contra-indicated in the treatment of these cases; it hinders excretion of urates, and can only be of use secondarily through the prostration that follows when it is left off. I have thought sometimes that the use of morphine may be responsible for some of the graver forms of this disease, as by its use in a "rheumatic" case the inflammatory condition is kept up, and in a short time an infective process is added to a primarily simple one.

Tonsillitis and pains in various parts of the body are not uncommon in these subjects, but definite articular affection is, in my experience, very rare, as I have already remarked; in Dr. Brazil's case it seems as if it might have been indirectly due to the administration of morphine.

If a case is treated according to Dr. Haig's views, there does not seem to be any objection to using saline aperients, as Professor White recommends, and morphine if necessary, provided that salicylate of sodium is given at the same time in sufficient doses.

Ventnor.

J. ERNEST FRAZER.

#### REDUCTION OF DISLOCATIONS OF THE LOWER JAW.

As all the authorities I have studied direct the manipulations essential to reduce this luxation to be carried on within the cavity of the mouth I beg to bring before your readers a method I have found very much simpler.

The hands have free play outside the cheeks, which act as a pad. The forefingers rest in the hollow at either side on the anterior border below the coronoid process of the ascending ramus, the middle fingers on the external border of the angle below the ear allowing firm gentle pressure backward and downwards to antagonise the tension of the muscles whilst the other fingers are brought under the horizontal rami of the jaw with the thumbs on either side the symphysis, so giving the counter action. Anterior, posterior, or

lateral force can be so commanded as to allow the parts by combined gentle manipulation to glide gradually into apposition.

No inconvenience as to snap need take place, as in the ordinary method, and that I recommend takes less time, is unattended with any risk to patient or operator, and is certainly much more delicate, as no undue force need be exerted and success is attained with perfect ease.

Longton, Staffordshire.

G. T. MOCKETT.

## REPORTS

ON

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

#### LEICESTER INFIRMARY.

A CASE OF DIPHTHERIAL PARALYSIS: FORCED FEEDING UNDER CHLOROFORM FOR TEN DAYS: RECOVERY.<sup>1</sup>

(By F. M. POPE, M.B. Cantab., M.R.C.P.L.)

A. S., aged 6 years, was admitted on March 27th, 1895. She had had diphtheria eight weeks earlier, which lasted about three weeks. Food was regurgitated through the nose at that time. For the last six days she had been unable to retain either liquid or solid food.

On admission she appeared very emaciated; she lay flat on her back, was fretful and groaning, and was unable to move any limb. The diaphragm did not act, and the abdomen was retracted during inspiration. The respirations were 14. The muscles of the neck were quite paralysed. The knee-jerks could not be obtained, but the superficial reflexes were exaggerated. Soft palate was motionless. Pupils were dilated, reacting neither to light nor accommodation so far as could be made out. There was no strabismus. The voice was nasal or twangy in character, and very faint. The pulse was 120, small and regular. The temperature was 96°. The urine, which was passed in fair quantity, did not contain albumen.

For the first night, as no food could be swallowed, but returned immediately, she had nutrient enemata, and milk and beef tea peptonised (3ij), with brandy (3ij) every three hours. These were not well retained.

On March 28th she was feebler, and looked worse in every way. An attempt was made to feed her with a soft tube; 3viij of fluid nourishment were introduced into the stomach without difficulty, but immediately after the tube was withdrawn the fluid returned, and overflowed into the air passages. The patient choked, became blue, and finally pulseless. Two minims of liquor strychninæ and half a drachm of ether were injected hypodermically, and artificial respiration carried on for half an hour, when she rallied slowly. The enemata were continued, and liquor strychninæ mjj hypodermically ordered every four hours.

On March 29th, the patient being very feeble and collapsed, another attempt was made to feed with the tube, but with the same results as on the first occasion.

Though somewhat alarmed as to the possible effects on the heart of the anæsthetic, I resolved to try to feed the patient under chloroform. She was anæsthetised, the tube passed, and the following food given: beef-tea 3iij, milk 3iv (peptonised), port 3j, and half the yolk of an egg. This was retained, no bad symptoms occurred, and she had mjjss of liquor strychninæ hypodermically at the same time.

For the next nine days she was fed three times in the twenty-four hours—namely, at 9 A.M., 4 P.M., and 12 midnight—under chloroform. The amount of food was shortly increased to 3xij, and nutrient enemata were given at night, liquor strychninæ as before. The tube (a No. 12 gum elastic catheter) was more difficult to introduce under the anæsthetic as the œsophagus was baggy and limp, and some care was necessary to avoid the insensitive glottis. No bad symptoms due to the chloroform occurred. The pulse improved during the administration. If regurgitation seemed to be likely as the patient was coming round, a few extra whiffs of the anæsthe-

<sup>1</sup> Read before the Midland Branch of the British Medical Association, June 13th, 1895.

Surgeon-Captain G. A. EDSSELL, 2nd Volunteer Battalion the Oxfordshire Light Infantry, has resigned his commission, May 29th.

Surgeon-Lieutenant H. J. MACKAY, M.B., 2nd Volunteer Battalion the Duke of Edinburgh's Wiltshire Regiment, is promoted to be Surgeon-Captain, May 29th.

Surgeon-Captain J. MALPAS, 2nd (Duke of Connaught's Own) Volunteer Battalion the Hampshire Regiment, is appointed Second Lieutenant in the same corps, June 5th.

Surgeon-Lieutenant-Colonel J. G. HALL, 3rd Glamorgan Rifles, has resigned his commission, with permission to retain his rank and uniform, June 5th.

Surgeon-Lieutenant C. H. POWERS, 1st Cumberland Artillery, has resigned his commission, June 12th.

Mr. GEORGE LYON, M.B., is appointed Surgeon-Lieutenant to the 6th Volunteer Battalion the Gordon Highlanders, June 12th.

Surgeon-Lieutenant-Colonel J. K. ANDERSON, M.D., 2nd Volunteer Battalion the Royal Highlanders, is appointed Brigade-Surgeon-Lieutenant-Colonel Tay Brigade Volunteer Infantry.

**THE QUEEN AND THE VOLUNTEER MEDICAL STAFF CORPS.**  
HER Majesty the Queen paid a visit to the Aberdeen Company of the Volunteer Medical Staff Corps, who are at present undergoing their annual training under canvas on a spot beside the Muick on Her Majesty's estate of Birkhall.

#### CHANGES OF STATION.

THE following changes of Station amongst the officers of the Army Medical Staff have been officially notified to have taken place during the past month:

	From	To
Brig.-Surg.-Lt.-Col. N. B. Major	Aldershot	Strts. Settlements.
Surg.-Major J. J. Morris, M.D.	—	Alderney.
" F. Mulvaney	Jamaica	Dublin.
" J. O. G. Sandiford, M.D.	Waterford	Glenbeigh.
" W. B. Thomson	—	York.
Surg.-Capt. A. Dodd	Woolwich	T. Sch.-Aldersht.
" J. R. Barefoot	Portsmouth	Trowbridge.
" J. R. Forrest	Exeter	Waterford.
" G. E. Hale, D.S.O.	Beaumaris	Manchester.
" S. Hickson, M.B.	Dublin	C. of G. Hope.
" H. J. Fletcher, M.B.	Burnley	Altcar.
" A. F. H. Griffiths	Chester	Wrexham.
" F. T. Skerrett	Carnarvon	Lowther Dock.
" F. W. G. Hall, M.B.	Woolwich	W. Africa.
" H. H. Brown, M.B.	Barry Links	Lanarkmuir.
" J. S. Davidson, M.B.	Devonport	Brecon.
" J. Will, M.B.	Edinburgh	Barry Links.
" C. J. MacDonald, M.B.	Cork	Kilkenny.
" T. H. F. Clarkson	Dover	Aldershot.
" J. Keatly	Bengal	Longford.
" D. M. Saunders, M.D.	Manchester	Chipping.
" H. A. Cummins, M.D.	Fermoy	Clonmel.
" J. F. Donegan	Cork	Madras.
" E. S. Marder	Devonport	Oakhmtn. Cmp.
" T. Browning	Limerick	Nenagh.
" G. F. H. Marks, M.D.	Dover	N. Romney Cmp.
" R. Holyoake	Colchester	Tower of Londn.
" S. MacDonald, M.D.	—	Portsmouth.
" E. Corcoran	—	Gt. Yarmouth.
" J. C. Weir, M.B.	Bengal	Dublin.
" C. W. Duggan, M.B.	W. Africa	Woolwich.
" G. E. Hughes	Madras	Dublin.
Surg.-Lieut. G. S. Walker, M.B.	Cork	Kinsale.
" J. H. Rivers	Pembroke Dock	Devonport.
" A. E. C. Keble	Freston	Brackham Mr.
" G. Dansey-Browning	Maryhill	Ayr.
" A. E. Milner	Alderney	Portsmouth.
" W. S. Harrison, M.B.	Chester	Burnley.
" L. E. Staddon	Cork	Limerick.
" L. P. Tomlinson	Dover	Lydd.
Quartermaster W. J. Blackman	London	C. of G. Hope.
" H. G. Hasell	—	Netley.
" D. Dallas	—	Devonport.

FURLOUGH 1838.—The number and date of the general order promulgating in India the first publication of the furlough rules of 1868 are Number 613, and date June 19th, 1868, taking effect from July 1st, 1868.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF CAMBRIDGE.

**LONG VACATION COURSES.**—Lectures and practical courses in Osteology, Chemistry, Physics, and Medicine are announced for the ensuing Long Vacation. They will begin on or about July 6th.

**DEGREES.**—At the congregation on May 30th the following medical and surgical degrees were conferred: *M.D.*—A. G. Phear, B.A., of Trinity College; and F. M. Turner, B.A., of Trinity College. *M.B. and B.C.*—J. W. Cornwall, B.A., Trinity; L. Powell, B.A., Trinity; G. H. Field, B.A., Clare; E. T. Fison, B.A., Corpus; L. C. Burrell, B.A., Caius; J. N. Dobie, B.A., Caius; R. P. Smallwood, Caius; H. F. B. Williams, B.A., Caius; C. E. Hedges, B.A., Sidney Sussex. At the congregation on June 6th the following degrees were conferred: *M.D.*—F. C. Martley, Trinity; C. Wyman, Trinity. *M.B. and B.C.*—E. W. Ormerod, Trinity; E. Ransome, Clare.

**VICE-CHANCELLOR.**—Mr. Charles Smith, Master of Sidney Sussex College, and Alex. Hill, M.D., Master of Downing College, were on May 31st nominated by the Council for the office of Vice-Chancellor in the next academical year, and on June 1st Mr. Smith was duly elected.

**EXAMINERS.**—Dr. W. H. Dickinson, Dr. J. K. Fowler, Dr. L. Humphry, and Dr. Sidney Martin have been appointed Examiners in Medicine; Dr. Walter Griffith and Dr. J. Phillips Examiners in Midwifery; and Mr. F. Treves, Mr. H. Clutton, Mr. Howard Marsh, and Mr. W. H. Bennett, Examiners in Surgery.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

### "WORKING UP A PRACTICE."

**TWENTY-SIX.**—Not only would the suggested *locum tenencies* for the purpose indicated be a breach of medical etiquette, but in direct contravention of the moral law, and should not for a moment be entertained—even were it practicable—which it can scarcely be, in view of the general rule of exacting a penalising bond not to practise within a specified radius of the locality.

### EMERGENCY CALLS.

**TROJAN.**—If our correspondent had, instead of seeking to disprove the allegation referred to by a series of questions put hypothetically, explicitly denied the imputation that, when remonstrated with, he expressed the opinion that "in cases of accident it was first come first served," we should have been in a position to comment thereon.

### M.D. BRUX.

A. W. H. writes that he has just taken the title of "M.D. Brussels," and desires to be informed if there is any objection to his putting "M.D." after his name on his doorplate, or whether any legal steps could be taken against him for doing so; also whether there is any objection to placing "M.D. Brux." after his name.

\*.\* There can, we think, be no objection to the latter course, but placing the letters "M.D." alone might be held to imply the possession of a registrable degree, and we cannot say that legal proceedings could not be taken.

### THE CIRCULATION OF REPRINTS.

A CORRESPONDENT in the North of England writes to express the distaste with which he receives reprints, in pamphlet form, of papers published in the medical journals from the authors. He encloses a specimen received recently from a surgeon practising in a town in the North of England. He adds: "I would never send a patient to such a person."

\*.\* If our correspondent has not the personal acquaintance of the author of the paper, and if he be not known to take a special interest in the subject of the paper, we should be disposed to agree with him in thinking that a mistake has been made. The custom of circulating broadcast such reprints is open to abuse.

### CO-OPERATIVE ADVERTISEMENT.

**GRIMSBY.**—A correspondent in this town has sent us two handbills which have been recently issued by a dentist resident there. On the one side is an advertisement of "Prize Medal Artificial Teeth," and a portrait of a grinning patient "before" and "after" visiting the dentist. The astonishing part about the handbill is the reverse, which consists of a flaming testimonial to the skill, etc., of the dentist. This testimonial purports to be signed by "George Gresswell, M.A., Oxford and Cape, L.R.C.P. and S.E., L.F.P.S.G., late Lecturer in Physical Science under the Government of the Cape of Good Hope, author of various works." The testimonial is headed by the address of Mr. Gresswell in Grimsby, and it is difficult to understand how such a flagrant breach of professional custom with regard to the avoidance of advertising can have been perpetrated with his knowledge, but equally difficult to understand how it can have escaped his observation.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 5,425 births and 3,139 deaths were registered during the week ending Saturday, June 8th. The annual rate of mortality in these towns, which had declined from 17.7 to 17.2 per 1,000 in the four preceding weeks, further fell last week to 15.5. The rates in the several towns ranged from 10.4 in Portsmouth, 11.3 in Croydon, and 11.4 in Derby to 20.9 in Liverpool, 21.4 in Bolton, and 25.7 in Burnley. In the thirty-two provincial towns the mean death rate was 15.9 per 1,000, and exceeded by 1.1 the rate recorded in London, which was only 14.8 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.4 per 1,000; in London the rate was equal to 1.6 per 1,000, while it averaged only 1.3 in the thirty-two provincial towns and was highest in Plymouth, Salford, and Bolton. Measles caused a death rate of 1.0 in West Ham, 2.3 in Plymouth, and 3.5 in Bolton; whooping-cough of 1.1 in Gateshead; and "fever" of 1.0 in Burnley. The mortality from scarlet fever showed no marked excess in any of the large towns. The 51 deaths from diphtheria in the thirty-three towns included 33 in London, 4 in Birmingham, 3 in West Ham, and 3 in Wolverhampton. One fatal case of small-pox was registered in Bolton and 1 in Oldham, but not one in London or in any other of the thirty-three towns. There were 23 small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, June 8th, against 27, 29, and 22 at the end of the three

preceding weeks: 5 new cases were admitted during the week, against 4, 7, and 1 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 1,446, 1,503, and 1,524 at the end of the three preceding weeks, had further risen to 1,588 on Saturday last, June 8th; 179 new cases were admitted during the week, against 135, 214, and 187 in the three preceding weeks.

#### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, June 8th, 915 births and 567 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 20.2 and 21.4 per 1,000 in the two preceding weeks, declined again to 19.7 last week, but exceeded by 4.4 per 1,000 the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 15.7 in Leith to 16.3 in Aberdeen. The zymotic death-rate in these towns averaged 2.0 per 1,000, the highest rates being recorded in Paisley and Perth. The 277 deaths registered in Glasgow included 4 from measles, 3 from scarlet fever, and 6 from whooping-cough.

#### THE SALE OF UNSOUND MEAT IN THE HOLBORN DISTRICT.

WE have lately had brought under our notice how the most systematic inspection of meat may be rendered useless by the action, or rather inaction, of a neighbouring district. The Smithfield Market is under the Corporation, and the control of the meat trade is administered by the Commissioners of Sewers, who employ well paid and experienced inspectors to patrol the market. Just outside the market, in the neighbouring streets, are rows of retail butchers' shops, where, it is stated, meat that could not pass the market inspectors is unblushingly offered for sale, the dealers knowing that the chances of detection are few. This area is under the sanitary control of the Holborn Board of Works, which employs an inspector for two hours daily to examine the meat. This is manifestly insufficient; it is the easiest thing in the world to dodge the inspector, and, moreover, the employment of an inspector for two hours daily is not sufficient. We are therefore not speaking too strongly when we say that the Holborn Board offers facilities for the sale of unsound meat. This question is one of vital importance to the public health, and we trust that the Holborn Board will see its way to devising a more efficient system of inspection. We understand that there is a conjoint scheme suggested by Dr. Sedgwick Saunders, the Medical Officer of Health for the City, by which the Holborn Board could join forces with the Commissioners of Sewers; this scheme is at present under the consideration of the Board, but, by whatever means the end is reached, we are sure that the Holborn Board will hasten to shake off the odious reproach of being participators in this evil trade.

#### EXTRA FEE FOR MIDWIFERY.

J. H. writes: I was called to see a patient who had given birth to a child a few hours previously. The midwife in attendance had broken the funis and had failed to remove the placenta, which I found to be adherent, and this I removed in the usual way. The relieving officer gave an order which he marked "Attendance after childbirth." Can I claim an extra fee for this case, and, if so, how much?

\*.\* It has been decided by the Local Government Board that the removal of an adherent placenta constitutes a claim for the extra fee of £2.

#### COMPULSORY REMOVAL TO HOSPITAL.

DELTOID asks whether a medical officer of health has power to remove a child suffering from an infectious disease to the local hospital, forcibly and against the will of its parents, who are well-to-do and who would prefer to have the child treated at home by their usual medical attendant.

\*.\* If the consent of the parents be refused, the medical officer of health might apply to a magistrate for an order, but would have to satisfy him that the patient was without proper lodging and accommodation. Short of such an order, there is no power of compulsory removal under circumstances at all approaching those described by "Deltoid."

#### IRISH WORKHOUSE MEDICAL OFFICERS AND CORONERS' FEES.

W. R. D. writes: Will you kindly say if it is your opinion that workhouse medical officers in Ireland are on the same footing as those in England with regard to the question of inquest fees; and, if so, could you quote me any cases which might serve as precedents? Some time ago I consulted a solicitor about this, but he did not give me any encouragement, quoting some cases where judges had refused to give fees.

\*.\* The proceedings of the coroner's court in Ireland are governed by the 9 and 10 Vict., cap. 37, and 44 and 45 Vict., c. 35 (1881). Our correspondent will find all information in Kinkead's *Irish Practitioner's Guide* (Dublin, John Falconer). It is there laid down that no medical officer of any public hospital or infirmary, whether supported by endowments or subscriptions, is entitled to fees or remuneration for attendance at an inquest if it was his duty to attend the deceased person as a medical officer of such institution. It has been contended, however, that a workhouse is not an infirmary, the latter being merely wards in an institution for destitute poor; and Mr. Beetham, Q.C., of Gray's Inn, has advised that, in his opinion, the section does not apply to workhouse infirmaries. We do not know of any case in which the question has been decided.

#### DUTIES OF M.O.H. UNDER THE NOTIFICATION ACT.

M.D.—It is scarcely necessary to repeat that it is no part of the duty of the medical officer of health to verify notified diagnoses under ordinary

circumstances. Assuming that direct communication with the medical officer of health has failed to bring about a satisfactory adjustment, the best course would seem to be a temperate letter to the district council or to the Local Government Board explaining briefly the grievance, and asking for the recognition of the principle stated above as a guide to the medical officer of health in future cases.

## OBITUARY.

### KARL THIERSCH, M.D.,

Professor of Surgery in the University of Leipzig.

PROFESSOR THIERSCH, the eminent surgeon of Leipzig, who died on April 28th at the age of 73, was the son of the great philologist Friedrich Thiersch, and was born at Munich in 1822. He studied medicine in the University of his native city, and afterwards at Berlin, Vienna, and Paris. In 1848 he was appointed Prosector of Morbid Anatomy at Munich. He was a most dexterous microscopist in the days when section cutting and staining were in their infancy, and we are informed that five-and-thirty years ago he was introduced to Messrs. Smith and Beck, of Cornhill, and supplied them for some years with marvellous slides of injected and stained specimens, both of healthy and diseased structures. Any of our readers who happen to possess these beautiful slides may like to know who was their author.

In 1854 Thiersch was appointed to the Chair of Surgery in the University of Erlangen. He did splendid service in the Schleswig-Holstein war, where he worked under Stromeyer, earning the warmest commendation from that distinguished military surgeon. In 1867 he was called to the Chair of Surgery at Leipzig, which he continued to occupy till his death. During the Franco-Prussian war he was attached as Senior Surgeon to the 12th Army Corps. His name is identified with several improvements in the art of surgery, notably with the healing of extensive wounds by transplantation of epidermis. He was throughout his career a pathologist as well as a surgeon, and his work on the pathology of cancer, *Der Epithelial-Krebs, namentlich der Haut*, Leipzig, 1865, laid the foundation of much of our present knowledge on the subject. He also contributed largely to surgical literature in other directions—for example, on phosphorus necrosis, the antiseptic treatment of wounds, etc. He suggested the use of salicylic acid as less dangerous than carbolic acid, and he obtained excellent results by treating operative and other surgical cases in open tents.

WE regret to have to record the death of Mr. GEORGE ERNEST ALFORD, of Weston-super-Mare. The deceased, who was born at Tewkesbury in January, 1853, was educated at Clifton College, at the Bristol Medical School, and at University College, London. He took the diplomas of M.R.C.S. Eng. in 1875, L.R.C.P. Edin. and L.M.K.Q.C.P.I. in 1878. In 1875 he was House-Surgeon at the Royal Westminster Ophthalmic Hospital, and subsequently he was Surgeon to the Union Steamship Company's ss. *Syria*. In 1876 he was appointed House-Surgeon to the Weston-super-Mare Hospital, of which institution he was one of the honorary surgeons at the time of his death. The funeral took place on June 1st.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. G. Coppola, Professor of Medical Pathology in the Medical Faculty of Palermo; Dr. S. Fernandez de la Vega, formerly Professor of Anatomy in the Medical Faculty of Saragossa; Dr. J. Godoy y Rico, Professor of Operative Surgery in the University of Granada; Dr. A. Maklakoff, Professor of Ophthalmology in the University of Moscow; Dr. Reich, one of the oldest and most esteemed practitioners of Berlin, aged 88; Dr. Morris H. Henry, a prominent member of the profession in New York, and formerly editor of the (now defunct) *American Journal of Syphilography and Dermatology*; Dr. Bernhard Wölfler, Imperial Councillor and Director of the Rothschild Hospital for Jews in Vienna, aged 79; Dr. Ottomar Reich, the oldest practitioner in Berlin, and a former assistant of Dieffenbach's, aged 88; Dr. A. Brun, General Treasurer of the French Medical Association; and Dr. Jean Champouillon, some time Professor in the Val-de-Grâce Military Medical School, aged 85.

## MEDICAL NEWS.

HER MAJESTY THE QUEEN has graciously become patron of the Grand Bazaar in aid of St. Mary's Hospital, which is to be held at Portman Rooms on June 27th, 28th, and 29th, which the Princess of Wales will open, and at which the Duke and Duchess of York will be present.

**PRESENTATION.**—At a meeting of the general committee of the General Hospital, Birmingham, held on June 7th, a silver tea tray and a cheque were presented to Dr. Willoughby F. Wade, in recognition of the valued services rendered by him for many years as physician. The tea tray has the following inscription upon it: "Presented, with a cheque for £196 11s. 6d., to Willoughby Francis Wade, M.B., F.R.C.P., on his retiring from the office of Physician to the Birmingham General Hospital, which he had filled for twenty-seven years, as a token of appreciation of his valued services to the institution. The cheque was generously given by Dr. Wade to the building fund of the New General Hospital. 7 June, 1895."

At the recent meeting of the London School Board, some discussion took place about the appointment of six doctors in the West Lambeth division to examine cases of non-attendance at school in which the medical certificate produced is considered to be doubtful. Numerous cases have occurred in which non-qualified and qualified medical men have given certificates where children were not ill at all. The proposal to appoint medical referees has already been carried into effect in the Tower Hamlets division with excellent results; but Mr. Athelstan Riley moved an amendment to restrict the supervision to the cases of certificates given by non-medical men. The motion of the School Attendance Committee to appoint the doctors was eventually carried by 26 votes to 18.

**COTTAGE NURSES.**—The second annual conference of the Affiliated Benefit Nursing Associations was held on June 6th at the house of Lord Egerton of Tatton. The annual report was read by Miss Broadwood, who stated that through the office and registry (12, Buckingham Palace Road) 68 cottage nurses had been trained, 31 of them at Plaistow, and 10 nurses, not specially trained for cottage work, had been placed in permanent posts. At the present time 70 associations in various parts of Great Britain were working on the Holt-Ockley system started in 1883, and of these 53 were affiliated with the Association. The Medical Advisory Committee, after investigation, were satisfied that these cottage nurses did not make a common practice of acting in maternity cases without doctors, and the Association, while averse to supplying midwives, except with the assent of local practitioners, required their cottage nurses to know how to act if medical assistance failed to arrive in time. Dr. Holman, who was in the chair, congratulated the Association on their flourishing state. He thought it desirable that cottage nurses should be trained to be useful in midwifery cases. Dr. Robert Boxall spoke of the benefits which the Association conferred upon the poorer classes in country districts. There was, he said, a great difference between the duties of a nurse and of a midwife; the latter attended without direct medical control, but the nurse should be capable of recognising the signs of difficulty and danger. It would place the Association in a false position if they allowed nurses to attend cases in which neither a doctor nor a midwife was engaged, but they should have enough knowledge to act in an emergency. Subsequent speakers bore testimony to the good work done in various districts with which they were familiar.

### MEDICAL VACANCIES.

The following vacancies are announced:

**BRADFORD INFIRMARY AND DISPENSARY.**—Honorary Physician and Honorary Assistant Medical Officer. Applications to the Secretary for the former appointment by July 22nd, and for the latter, June 24th.

**CORK DISTRICT LUNATIC ASYLUM.**—Two Assistant Medical Officers, unmarried, and not more than 30 years of age, doubly qualified. Salaries, £100 per annum, with furnished apartments, rations, washing, fuel, light, and attendance. Applications to the Resident Medical Superintendent by June 29th.

**COUNTY LUNATIC ASYLUM, Lancaster.**—Assistant Medical Officer. Salary, commencing £100 per annum, with board, etc. Applications to the Medical Superintendent.

**DISTRICT INFIRMARY, Ashton-under-Lyne.**—House-Surgeon, doubly qualified. Salary, £90 per annum, with board and lodging. Applications marked "Application for the Office of House-Surgeon" to William Bottomley, Honorary Secretary, 120, Stamford Street, Ashton-under-Lyne, by June 25th.

**FLINTSHIRE DISPENSARY.**—Resident House-Surgeon. Salary, £120 a year, with furnished house, rent, and taxes free, also coal, lights water, and cleaning, or in lieu thereof the sum of £20 per annum. A knowledge of Welsh is desirable. Application to Thos. Thomas, Secretary, Board Room, Bagillt Street, Holywell, North Wales, by July 17th.

**GREAT NORTHERN CENTRAL HOSPITAL.**—Senior House-Surgeon. Appointment for six months. Salary at the rate of £80 per annum, with board, lodging, and laundry in the hospital. Applications on forms to be obtained from the Secretary to Lewis H. Glenton Kerr, Secretary, by June 24th.

**HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Bloomsbury, W.C.**—House-Surgeon to the Out-patients. Appointment for six months, but eligible for re-election for a further six months. Salary, 25 guineas. Applications to the Secretary by June 18th.

**KENT COUNTY LUNATIC ASYLUM, Barming Heath, near Maidstone.**—Fourth Assistant Medical Officer and Pathologist; unmarried. Salary, £175 per annum, rising £5 a year, with furnished quarters, attendance, coal, gas, garden produce, and washing. Appointment for two years. Applications to F. Pritchard Davis, Superintendent, by June 18th.

**KILBURN, MAIDA VALE, AND ST. JOHN'S WOOD DISPENSARY.**—Vacancy on the Honorary Medical Board. Applications to the Secretary, 13, Kilburn Park Road, N.W., by June 19th.

**LONDON COUNTY COUNCIL.**—Pathologist to the London County Asylums. Salary, £700 per annum, and travelling expenses. Applications (on forms provided), endorsed "Applications for Pathologist," to R. W. Partridge, Clerk of the Asylums Committee, 21, Whitehall Place, S.W., by June 17th.

**LONDON HOSPITAL, Whitechapel, E.**—Medical Electrician. Applications to the House Governor by June 29th.

**LONDON HOSPITAL MEDICAL COLLEGE, Mile End.**—Senior Demonstrator of Anatomy. Salary payable by a percentage of fees. Applications to Munro Scott, Warden, by July 8th.

**MANCHESTER ROYAL INFIRMARY.**—Resident Medical Officer; not under 25 years of age, unmarried, and doubly qualified. Appointment for one year, but eligible for re-election. Salary, £150 per annum, with board and residence. Applications to the Chairman of the Board by June 22nd.

**NORTH-EASTERN HOSPITAL FOR CHILDREN.**—Junior House-Physician; doubly qualified. Appointment for six months. No salary, but board and lodging (including washing) provided. Applications to the Secretary at 27, Clement's Lane, E.C., by June 21st.

**PARISH OF LAMBETH.**—Medical Officer for the Workhouses and Infirmary; doubly qualified; must devote his whole time to the duties of the office. Salary, £300 per annum, with furnished house and allowance of coals, gas, and water. Applications to W. B. Wilmot Clerk, Guardians' Board Room and Offices, Brook Street, Kennington, S.E., by June 17th.

**POPULAR AND STEPNEY ASYLUM DISTRICT.**—Medical Superintendent for the Asylum at Bromley. Salary, £350 per annum, with rations, furnished apartments, washing, and service. Applications on forms provided to Robert Fosskett, Clerk to the Managers, by June 21st.

**RADCLIFFE INFIRMARY, Oxford.**—House-Physician. Appointment for six months. Salary at the rate of £60 per annum, with board and lodging. Applications, on printed forms provided, to be sent to the Secretary before June 19th.

**ROYAL GENERAL DISPENSARY, 25 and 26, Bartholomew Close, E.C.**—Physician. Must be Fellow or Member of the Royal College of Physicians of London. Applications to John Faulkner, Secretary.

**ROYAL HOSPITAL FOR WOMEN AND CHILDREN, Waterloo Bridge Road, S.E.**—Clinical Assistant and Anaesthetist for six months, doubly qualified. Salary at the rate of £30 per annum. Applications to E. Garrard Kestin, Secretary, by June 24th.

**ST. LUKE'S HOSPITAL, E.C.**—Clinical Assistant. Appointment for six months, with board and residence. Applications to Percy De Bathe, M.A., Secretary.

**ST. MARYLEBONE GENERAL DISPENSARY, 77, Welbeck Street, Cavendish Square.** Honorary Dental Surgeon. Applications to the Secretary by July 1st.

**ST. PANCRAS AND NORTHERN DISPENSARY, 126, Euston Road, N.W.** Resident Medical Officer; doubly qualified. Salary, £105 per annum, with residence and attendance. Applications to the Honorary Secretary, H. P. Bodkin, 23, Gordon Street, Gordon Square, W.C., by June 18th.

**SHEFFIELD GENERAL DISPENSARY.**—House-Surgeon and Senior Assistant House-Surgeon, doubly qualified. Salary for the former, £120 per annum, with a prospective advance of £10 per year for the second and third years; and for the latter £80 per annum, with board, lodging, and washing. Applications to the "Medical Staff of the Sheffield General Infirmary, to the care of the Secretary," by July 13th.

**SIR PATRICK DUN'S HOSPITAL, Dublin.**—Assistant-Surgeon to have charge of the Out-patient Department. No salary. Applications to Dr. Ball, Secretary of the Medical Board, by June 22nd.

**STOCKTON UNION.**—Medical Officer and Public Vaccinator for the Stockton District and the Workhouse. Salary, £170 per annum for the duties of Medical Officer for the Stockton District, £130 per annum for the duties of Medical Officer to the Workhouse and usual fees for vaccination; must reside within the borough. Applications to James Robinson, Clerk to the Guardians, Union Offices, Stockton-on-Tees, by 10 A.M. on June 17th.



**UNIVERSITY OF ABERDEEN.**—Eleven Examiners. Appointment for one year. The Examiners in Medicine and Surgery will receive grants of £50, and the other nine Examiners £40. Applications to Robert Walker, Secretary to the University Court, by July 3rd.

**VICTORIA HOSPITAL FOR CHILDREN**, Queen's Road, Chelsea, S.W.—House-Physician to the In-patients. Honorarium, £50 per annum, with board and lodging in the hospital. Applications to the Secretary by June 29th.

**WEST LONDON HOSPITAL**, Hammersmith Road, W.—House-Physician and House-Surgeon. Appointments for six months. Board and lodgings provided. Applications to R. J. Gilbert, Secretary-Superintendent, by June 19th.

**WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL**, Wolverhampton.—Resident Assistant. Appointment for six months. Board, lodging, and washing provided. Applications inscribed "Application for Resident Assistant" to the Secretary of the Medical Committee by June 24th.

### MEDICAL APPOINTMENTS.

**ACLAND**, Theodore Dyke, M.A., M.D.Oxon, F.R.C.P.Lond., appointed Physician to the Hospital for Consumption, Brompton.

**AMBLER**, Dr., appointed Resident Medical Officer to the Birkenhead Workhouse.

**BISS**, Cecil Yates, B.A.Cantab., M.D., F.R.C.P.Lond., appointed Physician to the Hospital for Consumption, Brompton.

**BOWHAY**, Albert, D.P.H.Camb., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer of Health to the Calstock Rural District Council.

**BUTLER**, Dr. P., appointed Medical Officer for the Chiddingfold District of the Hambledon Union.

**CHRISTMAS**, C. Denn, L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer for the Streatham District of the Clapham Union, *vice* W. J. T. Barker, L.R.C.P.Lond., M.R.C.S.

**DAVIDSON**, J. M.B.Lond., M.R.C.S., appointed Medical Officer to the Uxbridge Joint Hospital.

**DIXON**, Walter, M.B., C.M.Edin., reappointed Medical Officer for the Secoud Hougham District of the Dover Union.

**GARDNER**, Harold Bellamy, M.R.C.S.Eng., L.R.C.P.Lond., appointed Assistant Anesthetist to Charing Cross Hospital.

**GARDNER**, H. R., M.B., M.S.Aberd., appointed Second Assistant Medical Officer to the Waterloo Road Workhouse of the Bethnal Green Union.

**GILLAM**, T. H., L.R.C.P.Lond., M.R.C.S., appointed Medical Officer for the Sapey Pitchard District of the Martley Union.

**HARPER**, J. R., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the No. 2 District of the Barnstaple Union.

**LOCKWOOD**, B. S., L.R.C.P., L.R.C.S.Edin., appointed Assistant Medical Officer to the Leeds Union Workhouse.

**LONG**, Arthur, M.R.C.S.Eng., L.S.A., reappointed Medical Officer for the First and Second Districts of the Dover Union.

**MCKEITH**, Mr., appointed Medical Officer for the Ilfracombe District of the Barnstaple Union.

**MARTIN**, A. J., M.B., M.R.C.S., appointed Medical Officer for the Bloxwich District of the Walsall Union.

**MARTIN**, J. T., L.R.C.P., L.R.C.S.I., appointed Medical Officer of the Catholic training ship *Claspall*.

**MORRIS**, Frederic Hy., M.D.St.And., M.R.C.S.Eng., reappointed Medical Officer of Health to the Wellingborough Rural District Council.

**O'CONNOR**, C. J., L.R.C.P.I., F.R.C.S.I., appointed Dispensary Medical Officer for the Celbridge District.

**RISELEY**, Stanley, M.D.Edin., appointed House-Surgeon to the Rotherham Hospital and Dispensary.

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

**SCHORSTEIN**, Gustave, M.A.Oxon., M.B., M.R.C.P.Lond., appointed Assistant Physician to the Hospital for Consumption, Brompton.

**SEDDON**, H. B., L.R.C.P.Lond., M.R.C.S.Eng., appointed Honorary Out-patient Surgeon to the Newport and Monmouthshire Infirmary.

**STANSFIELD**, G. S., L.R.C.P., M.R.C.S., appointed Non-resident Medical Officer to the Birkenhead Workhouse.

**STEELE**, Jonathan, L.R.C.P.&S.Edin., reappointed Medical Officer of Health to the Kidsgrove Urban District Council.

**THOMPSON**, Reginald E., M.D.Cantab., F.R.C.P.Lond., appointed Consulting Physician to the Hospital for Consumption, Brompton.

**WEBB**, A. Lisle, M.R.C.S., M.R.C.P., appointed Resident Medical Officer to the National Hospital for Diseases of the Heart and Paralysis, Soho Square, *vice* T. W. Goldney, resigned.

**WEBBER**, H. W., M.D., M.S.Lond., appointed a Divisional Surgeon to the Herts County Police.

**WETHERED**, Frank J., M.D.Lond., M.R.C.P.Lond., appointed Assistant Physician to the Hospital for Consumption, Brompton.

**WILCOX**, E., M.D., appointed Medical Officer for the Ashburton District of the Newton Abbott Union.

**WILLIAMS**, Theodore, M.A.Oxon., M.D., F.R.C.P.Lond., appointed Consulting Physician to the Hospital for Consumption, Brompton.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**LONDON POST-GRADUATE COURSE**, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. R. Marcus Gunn: Cataract. London Throat Hospital, Great Portland Street, 8 P.M.—Mr. G. C. Wilkin: Nasal Polyp.

#### TUESDAY.

**LONDON POST-GRADUATE COURSE**, Bethlem Royal Hospital, 2 P.M.—Dr. Percy Smith: Insanity with Syphilis; Insanity with Organic Brain Disease.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON**, 5 P.M.—Dr. Marcet: The Croonian Lectures. A Contribution to the History of the Respiration of Man. Lecture I.

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

#### WEDNESDAY.

**LONDON POST-GRADUATE COURSE**, Hospital for Diseases of the Skin, Blackfriars, 1 P.M.—Dr. Payne: Syphilitic Affections of the Skin. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Quarry Silcock: Secondary Glaucoma, with Illustrative Cases.

**ST. GEORGE'S HOSPITAL MEDICAL SCHOOL**, 5 P.M.—Dr. W. H. Dickinson: On some Recent Observations relating to the Cardio-vascular Change of Renal Disease. Baillie Lecture I.

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

**NORTH-WEST LONDON CLINICAL SOCIETY**.—Clinical Meeting, 8.30 P.M.

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

#### THURSDAY.

**LONDON POST-GRADUATE COURSE**, Hospital for the Paralysed and Epileptic, Queen Square, 2 P.M.—Dr. Tooth: Diseases of Cranial Nerves. Hospital for Sick Children, Great Ormond Street, 3.30 P.M.—Dr. D. B. Lees: Cases from the Medical Wards. Central London Sick Asylum, Cleveland Street, 5.30 P.M. Dr. Frederick Taylor: Cases in the Wards.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON**, 5 P.M.—Dr. Marcet: The Croonian Lectures. A Contribution to the History of the Respiration of Man. Lecture II.

**WEST LONDON MEDICO-CHIRURGICAL SOCIETY**, Vestry Hall, The Broadway, Hammersmith, W., 8.30 P.M.—Sir J. Crichton Browne, M.D., F.R.S.: The Cavendish Lecture—On Dreamy Mental States. A *conversazione* will be held after the lecture.

#### FRIDAY.

**LONDON POST-GRADUATE COURSE**, Bacteriological Laboratory, King's College, 3 to 5 P.M.—Professor Crookshank: Lecture: Erysipelas and Suppuration. Practical work: Cultivations of Streptococci.

#### SATURDAY.

**LONDON POST-GRADUATE COURSE**, Bethlem Royal Hospital 11 A.M.—Dr. Hyslop: Insanity with Cardiac Disease, Gout, Phthisis, etc.

### 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.

**FOSTER**.—May 26th, at Bath Lodge, Reading, the wife of W. J. Foster, F.R.C.S., L.R.C.P., of a daughter.

**GRAY**.—On June 4th, at Nantwich Road, Crewe, the wife of Edward Gray, L.R.C.P.&S.Edin., of a daughter.

**MANSSELL**.—June 7th, at 44, Wellington Square, Hastings, the wife of E. R. Mansell, of a daughter.

#### MARRIAGES.

**HARVEY-WALLACE**.—On the 5th instant, at the Parish Church, Childwall, by the Rev. Canon Warr, M.A., Vicar of Childwall, Dr. Henry Harvey, of Wavertree, Liverpool, to Edith, youngest daughter of the late James Wallace, of Liverpool.

**HOPKINS-GARDNER**.—June 11th, at St. Seriol's Church, Penmaenmawr, by the Rev. William Flory, Incumbent of Holy Trinity, Leamington, uncle of the bride, assisted by the Rev. David Jones, Vicar, Thomas Hopkins, B.A., M.B., of Chester, to Ethel Alice, second daughter of W. A. Gardner, Redland House, Chester.

**MCKERRON-BRUCE**.—On June 11th, at Dingwall, Robert Gordon McKerron, 143, Union Street, Aberdeen, to Agnes Mary, second daughter of William Bruce, M.A., M.D., LL.D., The Castle, Dingwall.

**SHEPHEARD-OWEN**.—June 5th, at North Walsham Church, by the Rev. Canon Owen, LL.D., Vicar of the parish, Rural Dean, and father of the bride, assisted by the Rev. H. Wimble, M.A., Head Master of the Paston Grammar School, and the Rev. Walter Clements, B.A., Curate of the parish, John Shephard, B.A., M.R.C.S., L.R.C.P., North Walsham, eldest son of the late John Shephard, Esq., M.R.C.S., L.S.A., etc., J.P., of North Walsham, to Rose Annie, second daughter of the Rev. Canon Owen.

**SMITH-KIRK**.—June 11th, at Yarm, Alex. H. Smith, M.B., C.M.Edin., of Yarm, to Charlotte, daughter of Thomas Kirk, of Preston-on-Tees.

#### DEATHS.

**PERKINS-CASE**.—June 11th, at Wilton Lodge, Croydon, of pneumonia, P. W. Perkins-CASE, M.D., aged 41.

**THOMAS**.—On May 23rd, at the Grange, Coventry Road, Birmingham Hugh Thomas, M.R.C.S.Eng., L.S.A., aged 45.