

Motor.—There was a general impairment of muscular co-ordination. Her gait was tottering. She could not feed herself, and fumbled in dressing. The articulation was thick and indistinct. There was a slight wrist and ankle drop; the knee-jerk was absent.

Trophic.—The muscles of the legs and arms were flabby; the thenar muscles were wasted. The feet and ankles were oedematous.

Sensory.—There was partial anæsthesia of the fingers and toes. There were spontaneous sensations of pricking and tingling in the hands and fingers; these sensations she attributed to nails and wires which she thought stuck to her hands. There was tenderness on pressure in several muscles of the arms and legs.

Mental.—There was great general weakening and derangement of the mental powers. The memory was a complete wreck. She repeated every remark she made after half a minute or so; and when asked a question that required some exercise of memory, she would return an absurd answer at once with the most cheerful confidence. There was an emotional exaltation of a childish kind. The mental symptoms continued to develop for some time, and formed a striking clinical group. All the special senses were hallucinated, and a distinct delusional judgment was based on each hallucination.

Light.—She saw persons moving about in the room at night, and believed that the phantoms were the figures of certain friends, and that these persons were really present.

Hearing.—She heard the voice of her late husband calling to her at night from the adjoining room, and believed that he was really there.

Smell.—She had a subjective sensation of smell, which she attributed to the vapour of chloroform. She believed the room to be full of the vapour.

Taste.—Certain articles of food tasted badly to her. This was due, she thought, to poison introduced into the food by a particular nurse, and she refused to be fed by this nurse.

Touch.—At first she attributed the tingling sensations in the hands and fingers to nails which stuck to her hands, then to wires, and finally, as the sensation increased in severity, to fish hooks. She would sit for an hour at a time, scraping the fish hooks off each hand alternately, and laying the handfuls of the barbed tormentors carefully on the table. She stated subsequently that she was half ashamed of this conduct, but so vivid was the sensation, and so well did the fish hook theory account for it, that, though no hooks were visible, she was constrained to believe that they were there.

There was a good deal of emotional disturbance. She was harassed by groundless fears, she fidgetted about, and would get up at night to start on some journey or other.

TREATMENT.

Alcohol was forbidden, and a sufficiency of digestible food was given regularly. Three minims of liquor strychninæ were given thrice daily, and half a drachm of liquor morphiinæ at night when required. The limbs were rubbed every morning by a *masseuse*.

In three weeks the power of co-ordination began to return in the lower limbs, where it had first been lost. The sleeplessness disappeared; then co-ordination in the hands and arms gradually returned.

The physical symptoms had improved considerably before the mind began to clear up. As the tingling in the hands became less distressing, the delusion that accompanied it was curiously modified. She thought that the tormenting fish-hooks were replaced by the milder annoyance of a watch buried in the substance of the hand, where she could feel it ticking. In six months all the physical symptoms had disappeared except a trace of numbness in the fingers. Of the mental symptoms, the delusions had entirely vanished. The memory had made an imperfect recovery, and the recollection of recent events was uncertain. There was some weakening of volition. Her judgment in impersonal matters was good, but she could not realise, with regard to her own state, that she was mentally crippled to some degree.

COMMENTARY.

The following are the chief points of interest in the case:

1. It exemplifies the risk attending the exhibition of

alcohol as a habitual medicine in chronic disease. The risk was increased in the present case by the facts that the patient was a woman at the climacteric, and that the disease for which alcohol was prescribed was a functional nervous one.

2. The moderate quantity of alcohol sufficient to produce such serious effects when taken habitually for a long time. The exact amount was not ascertained, but it was probably not large, as no sign of intoxication was ever observed.

3. The two falls, especially the second. It was just after the second fall that distinct symptoms appeared, and these were at first attributed to the shock of the accident. The history proves, however, that the falls were not the cause of the disease, but a symptom. At the same time, it was no doubt the fall that caused the obscure and insidious symptoms to explode in an acute form. A case of alcoholic neuritis, in this particular curiously parallel to the present, has been reported by Dr. James Taylor.² Attention has been called by Dr. Savage in his paper on The Warnings of General Paralysis of the Insane to the significance of falls in that disease. They occur in the early and insidious stages, as they did in these alcoholic cases, and, as in these, they are liable to be mistaken for the exciting cause of the disease.

4. The prominence and complexity of the mental symptoms. So great was the mental disorder and weakening that a prognosis adverse to mental recovery was given. In six months, however, all the more obvious mental symptoms had disappeared; but some enfeeblement of memory and volition will probably be permanent.

MEMORANDA:

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

A CASE OF IODOFORM POISONING.

THE patient, W. W., aged 32, a foreman mechanic, met with an accident on January 10th last. The middle finger of his left hand was lacerated, laying bare the bone of the second phalanx. I examined the wound, and found that the periosteum was not in any way injured. I then washed it out well with carbolic solution, and having brought the parts together I dressed it with iodoform and boracic lint. All went well for three days, when I noticed blisters form on the first and third fingers, which at first I attributed to friction of the bandage on the injured finger. I continued the iodoform dressing a little longer. The external surface of the hand then commenced to swell, the skin peeled off the fingers, a rash as of measles appeared, and a glairy exudation showed itself; this was infectious, for when the patient touched it with the opposite hand a blister and rash appeared on it. The temperature of the hand was very high, and I applied lotio plumbi to cool it, but without effect. Every treatment failed to stay the swelling from advancing up the arm, till the iodoform was discontinued, and Lassar's ointment applied instead. The swelling then rapidly subsided, the rash disappeared, and the temperature of the part also fell. The wound quickly healed, and the hand is now perfectly well.

Otley.

H. McCORMACK, L.R.C.P.I., etc.

PEPSIN IN ENURESIS.

THE notes of treatment of enuresis in the BRITISH MEDICAL JOURNAL of February 8th and 15th have caused me to wonder if others have found pepsin of value. The treatment by belladonna and bromides does not appear rational for a phenomenon probably associated with digestion, and it having failed utterly in the case of a boy, aged 6, under my care, with extreme diuresis and incontinence (both by day and night), I gave him: R Liq. ferri perchlor. ℥ij; acidi nitro-hydrochlorici dil. ℥ij; glycerini ℥x; essence pepsin (Armour's) 3ss; aquam ad. 3j, t.d.s. There had been a small quantity of sugar in the urine for some months. Specific gravity varied from 1010 to 1025. While taking the mixture the sugar disappeared, and the boy improved much in weight and appearance. At the end of a fortnight he seemed

² The Phonographic Record of Clinical Teaching and Medical Science for October, 1894.

cured, but, on stopping the medicine, a relapse occurred. The prescription was repeated for a month longer, and the boy seemed well.

In a second case a boy, aged 4, presented similar symptoms. He took the mixture for three weeks. His mother now says that he is cured.

A third case was that of a gentleman, aged 35. The urine was normal, except that the specific gravity was low. He had profuse diuresis, which he said was nervous, and which prevented his going anywhere. A similar but stronger formula relieved the condition, which had lasted for years.

N. E. NORWAY, M.R.C.S., L.R.C.P.

Newquay, Cornwall.

DEFORMITY OF THE HANDS IN CHRONIC RHEUMATOID ARTHRITIS.

THE accompanying illustration exhibits a good example of this rare asymmetrical deformity of the hands in chronic rheumatoid arthritis, referred to in an able article by Dr.



Ernest Reynolds, published in the *BRITISH MEDICAL JOURNAL* of February 15th, 1896. The case was seen by Dr. Frank, of Cannes, by Dr. Mitchell Bruce and Dr. Robson Roose of London, who confirmed my diagnosis of chronic rheumatoid arthritis.

St. Leonard's-on-Sea. G. VICKERMAN HEWLAND, M.D. Edin.

ERUPTION FOLLOWING AN OVERDOSE OF STRYCHNINE.

I THINK the following case deserves recording, as others may have noticed a similar occurrence, and also been puzzled over it:

Mrs. S., tailoress, consulted me one evening. She was evidently under the influence of alcohol though not drunk. She told me she had not felt well for the last day or two, and had taken some whisky to obtain relief. Her symptoms were very vague and suggestive of influenza. Temperature 101° , pulse rapid and feeble, tongue furred, pharynx somewhat inflamed, lungs and heart normal. I told her to go home to bed, and prescribed an \mathfrak{z} viij mixture containing \mathfrak{mxxx} of the liquor strychninæ hydrochloratis, with instructions to take one tablespoonful every two hours. Early the following morning she sent for me in a great hurry, as she was much worse. I found her in reality no worse in all respects except that her face, chest, neck, and arms were covered all over with an eruption just like that of scarlet fever. She seemed in great distress, as she had several garments in the house ready to go to the shop she was working for, and wanted me to tell her whether she had the fever. At first I really did not know what to say. Her temperature 101° , sore throat, and eruption made me incline to agree with her apprehension, and I was going to give a guarded opinion, when I observed that the bottle of medicine was nearly

empty. The patient had swallowed nearly \mathfrak{mxxx} of liquor strychninæ hydrochloratis in the course of a little over ten hours, and this eruption was one of those acute erythematata following the administration of some drugs.¹ I have once before seen a similar eruption after the use of moderate doses of strychnine, and some textbooks mention that this has been frequently observed. I told my patient that in all probability the rash was due to her not taking the medicine as directed, and reassured her that she need not be afraid of its being scarlet fever. My assumption was right. In less than twenty-four hours the erythema had all but disappeared; the temperature came down to normal, and the case is progressing satisfactorily.

Manchester.

JOSEPH DULBERG, M.D.

HÆMOGLOBINURIA IN MALARIA.

BEFORE giving brief details of a case having a bearing upon the above subject, I desire to pay my tribute of admiration to the truth with which Dr. Patrick Manson has enumerated and described the pernicious varieties of malarial fever in his late lecture.² Owing to the absence of such knowledge from the textbooks and teaching hitherto available, many of us have been compelled to purchase it at the cost of human life. There are conditions which allow no time for independent thought, and to deal successfully with which it is essential that a man should be forewarned and forearmed.

I would add a single point only to Dr. Manson's description of the distribution of hæmoglobinuric malaria. He writes: "It is not known in our colonies in the Malay country." If he intends to exclude Borneo from its area of distribution, he does so under a misapprehension. Hæmoglobinuric malaria occurs in Borneo, although but rarely. I will shortly quote one such case, which is interesting as tending to show that an ordinary malarial attack may become hæmoglobinuric in type.

J. L., 36 years of age, stated that he had suffered from severe quotidian malarial attacks for upwards of a week, about which he noted nothing peculiar excepting only their severity, on account of which he was impelled to come down to me. His temperature was normal at 4.30 P.M. At 7 P.M. he was feeling too unwell to eat dinner, and the temperature had commenced to rise. Five minutes after I had been conversing with him my attention was attracted by his stertorous breathing. He was carried to bed with a temperature of 103° F., which rapidly rose to 105° F., whereabouts it remained, in spite of treatment, for the next forty-eight hours; during this time the coma continued unbroken and the urine was suppressed. At the end of fifty-one hours from the onset the temperature was 106.5° F., the respiration becoming perceptibly more rapid, and a fatal termination was imminent. In addition to the antipyretic measures in use I then pressed the quinine to the extreme limit, giving it by hypodermic injection and introducing a drachm into the rectum. An hour later the crisis came, and the temperature steadily fell, reaching nearly normal by the following morning. The patient then passed urine for the first time for sixty-three hours, in quantity about a pint, in colour as black as tar, in constitution hæmoglobinuric.

The case recovered without a relapse, but there was much debility and some peripheric neuritis as a sequela.

Dover Street, W.

KENNETH STEWART, M.D. Edin.

TETANY IN GRAVES'S DISEASE.

In the abstract of Steinlechner's paper³ the author is quoted as remarking on the rarity of tetany as a symptom in Graves's disease. It is, however, far from rare. Dr. Hector Mackenzie⁴ first described the occurrence of painful cramps, which in several cases assumed the persistent form known as tetany. This observation I have frequently verified. Ordinary tetany is usually associated with disturbances of the alimentary canal, and is supposed by many authorities to be due to auto-intoxication by ptomaines producing peripheral neuritis.⁵ All my cases of Graves's disease showing

¹ As the strength of liquor strychninæ hydrochloratis is about 1 in 100, the patient had taken rather less than $\frac{1}{4}$ grain.

² *BRITISH MEDICAL JOURNAL*, February 1st, 1896.

³ *BRITISH MEDICAL JOURNAL* EPITOME, February 1st, 1896, page 17.

⁴ *Lancet*, 1890, ii, p. 546.

⁵ Vide Ross and Bury, *Peripheral Neuritis*, p. 398.

tetany have had excessive gastro-intestinal disturbances of the usual type. Tetany, however, is such a common result of removal of the thyroid, and also of the injection of mucin into the circulation of animals (Wagner and Hammerschlag), that it is possible that these tonic spasms are the result of thyroid disturbance by which some poison, perhaps mucin, remains in excess in the circulation.

Westerham.

A. MAUDE.

REPORTS

ON

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

CARDIFF INFIRMARY.

SATISFACTORY PALLIATIVE TREATMENT OF A CASE OF
ACROMEGALY.

(By J. LYNN THOMAS, F.R.C.S. Eng., Assistant-Surgeon to the Infirmary.)

THE history of this case was published in the BRITISH MEDICAL JOURNAL of June 1st, 1895, on account of its possessing Wernicke's and other symptoms pointing to an enlarged pituitary body pressing upon the optic chiasma. I wish at the present time to record the result of the treatment then suggested, because I am not aware of any recorded cases in which a similar procedure has been adopted, although Horsley has long taught us that the cure of headaches of a certain type, and the establishment of a euthanasia in particular conditions can be effected by like means. "None of the numerous methods of treatment hitherto applied in acromegaly have proved of the slightest use" is Godlee's conclusion in *Quain's Dictionary of Medicine* (1895).

There are some reports of cases of acromegaly improving under the internal administration of thyroid gland and of pituitary body. My patient has refused to take pituitary body on account of its making her "feel queer." We tried nearly all the remedies recommended in Starr's *Diseases of Children* without appreciable result. For about four years prior to the operation the patient had hardly been out of doors on account of her having lost all interest in life, and living had become an actual burden to her. I would ask permission to remind your readers of the following notes:

For about four years she had violent pains in both temples, lost self-control, sang and whistled at odd times, and became dull, forgetful, and lost control over the sphincters. She suffered a great deal at times from temporal and occipital headaches, lassitude, and *tædium vite*.

Many of these symptoms were attributed to intracranial vascular storms supervening upon an already abnormal *plus* tension, or, in other words, a mild, chronic, general compression of the convolutions of the brain with exacerbations.

Through the kindness of my colleague, Dr. Hardyman, I was allowed to treat the patient at the infirmary, and on June 11th I removed a parallelogram from the left side of the skull, measuring 4 inches antero-posteriorly by 3 inches transversely, by means of a small trephine, amputating saw, and bone nippers (one of Horsley's methods). The patient went home twenty days after the operation feeling well, and the scalp wound healed. The cranial vault was much thicker and softer than normal, the inner and outer plates were very thin, and the intervening diploë was coarsely cancellous and very vascular.

It is important in cases where we wish to establish a permanent soft safety-valve in the skull to leave the pericranium attached to the bone we remove.

The effect of the above treatment upon the patient has been very gratifying; the headaches were cured from the date of the operation; she only once urinated in bed the night after the operation (it was of nightly occurrence before); she has had complete control over the sphincter and ever since; the acuity of her visual fields has greatly improved, but the bitemporal hemianopsia is still complete. She attends to her household duties and goes out shopping; in short, she is transformed from being a miserable imbecile into a useful intelligent being for the last six months. It is interesting to note that the scalp over the bony hiatus is on a level with that over the bone; there is no falling in as in

defect of the skull from injury, and her mother has noticed "violent beatings" of this region at periods of the day coinciding with those periodic attacks of headache and despondency she suffered from before the operation. Her complexion is clearer, and the pigmentation of her trunk is much less. As far as one can judge there is no alteration in the size of the enlarged parts.

GOVERNMENT HOSPITAL, COROSAL, BRITISH HONDURAS.

CASE OF HEPATIC ABSCESS: OPERATION: RECOVERY.

(By P. T. CARPENTER, M.R.C.S., Assistant Colonial Surgeon.)

J. B., aged 30, a negro from Barbadoes, a powerful-looking man, was admitted on July 14th, 1895, under Dr. Gann, Assistant Colonial Surgeon, suffering from great pain in the right hypochondrium and fever. On July 15th I took over charge of the hospital. The patient had been suffering from "dysentery" off and on since April, 1895. For a week or so he had been suffering acute pain in the liver region, and had been getting very weak. His previous health had been good. He lay from choice flat on his back with the knees bent, and was disinclined to move. He complained of great pain in the right hypochondrium, and was very sleepless and restless. On the previous night the temperature had risen to 102°. In the morning it was 100°, and the pulse 116. The motions were very loose and clay-coloured—in fact, almost quite white and not dysenteric in character. The tongue was dry and furred and red at the tip and edges. There was no vomiting. The urine contained a large amount of urates. The abdomen was somewhat tense and distended. The liver was much enlarged and very tender; it reached four fingers' breadths below the costal arch, its upper limit in the mammary line reached to the upper margin of the sixth rib; the surface was hard and smooth, with no noticeable bulging. There was slight oedema over the ribs below the right nipple.

He was ordered belladonna fomentations, the following mixture, and a simple diet: R Quin. sulph. gr. iij; tinct. nucis vom. ℥x; acid. nitro-hydrochlor. dil. ℥x; inf. gentian. ad 3j. Mist. t.d.s.

The temperature rose nightly, and there was no improvement. On July 22nd a decided fullness was noticed in the right hypochondrium. Under chloroform the aspirator was inserted in the seventh interspace just behind the mammary line. The needle was inserted very deeply before pus was discovered. An incision between 1 and 2 inches long was made over the site of puncture, but the scalpel had to be inserted almost to the hilt before any pus came away, the aspirator having been previously withdrawn. Two pints of pus escaped, and the cavity was thoroughly washed out with carbolic lotion 1 in 50. A drainage tube, half an inch in diameter, was inserted to the extent of 8 inches, and secured by passing it through a pad of carbolic oiled lint and fixed with a harelip pin. Iodoform and marine tow were used to dress the part.

The patient rallied well after the operation, and the temperature dropped to normal. The cavity was washed out daily with carbolic. He was discharged on August 6th, nothing but a scar over the seat of puncture remaining. He had not had a bad symptom during convalescence. The tube was shortened day by day, and the patient was taking taraxacum and nux vomica until the fæces were normal, about the fifth day after the operation.

REPORTS OF SOCIETIES.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF OBSTETRICS.

LOMBE ATTHILL, M.D., President, in the Chair.

Friday, March 6th, 1896.

RUPTURED TUBAL PREGNANCY, WITH HÆMATOCELE OF THE OPPOSITE SIDE.

DR. ALFRED SMITH read notes of a case successfully operated on by him in St. Vincent's Hospital. There was no history of pregnancy; the menstruation was quite regular up to the very day when the patient was first seized with the abdominal

possibilities which had been forecast by his academic career. Cheerful in disposition, modest and unassuming, thoughtful and self-sacrificing in the interests of others, as well as warm-hearted and constant in his friendships, his early death will be a lasting loss to those who had the privilege of intimate friendship with him; whilst the profession will be much the poorer for the premature removal of a member endowed with such unusual ability and zeal.

MR. HENRY THOMAS BUTTENSHAW BURFORD died at Kilburn in his 91st year, on April 1st. He was apprenticed to Dr. Grantham, of Crayford, was a pupil at Guy's and St. Thomas's, afterwards studying medicine at Rome, Florence, and Bologna. He became Demonstrator of Anatomy at Grainger's School (Guy's), M.R.C.S. in 1829, and L.S.A. in 1830. After acting as Assistant to Dr. Wetherall, of Highgate, he practised in Lisson Grove, and afterwards in Hamilton Terrace for thirty-four years. The deceased was an ardent geologist, enthusiastically working with Professor Morris, Drs. Bowerbank, Sowerby, and Wetherall; he has left a geological collection unique of its kind. He had been a pledged abstainer for twenty-one years. Mr. Burford was buried at Nunhead Cemetery.

DR. PIO RENGIFO, who died recently at Panama, aged 70, was for many years one of the medical notabilities of the Republic of Colombia. Born at Cali in 1835, he received his professional education in London; in due course he became a Member of the Royal College of Surgeons, after taking the degree of M.D. at St. Andrews. After a further period of study in Paris under Velpeau, Trousseau, Malgaigne, and other celebrities of the day, he graduated in the *Faculté de Médecine* in 1863. Colombia being then in the throes of civil war, Rengifo betook himself to Peru, and practised with success at Lima for some years. He afterwards settled at Bogotá, and he was the first lecturer on pathological anatomy in the University of that city. He was also one of the founders of the *Sociedad de Medicina de Bogotá*, and he was for some years editor of the *Revista Médica*, which is the organ of that society. Domestic affliction after a time made Bogotá unbearable to him, and he went to New York. At the International Medical Congress, held at Washington in 1887, Rengifo was a delegate from the Republic of Colombia. In 1891 he went to Panama, where he practised till his death. He was a man of singular integrity of character, with a high sense of the dignity of his profession. He contributed to medical literature papers on diseases of the liver, waxy degeneration, leprosy, etc.

DR. JOSEPH SPAETH, the well-known gynaecologist, of Vienna, who died on March 29, in the 73rd year of his age, had retired from active academic work some ten years before his death. Born at Bolzen, in the Tyrol, in 1823, he studied at Vienna, where he took his doctor's degree in 1849. He received his bent towards gynaecology from Chiari, whose assistant he was, and after acting for some time as substitute in the Chair of Obstetrics at Salzburg, he was appointed Professor of the subject in the *Josephs-Akademie* in 1856. In 1873 he was appointed head of the newly-established second clinic of midwifery and gynaecology in the University of Vienna, a post which he continued to hold till 1886. In 1865-70 he was Dean of the Medical Faculty, and in 1872-73 he was Rector of the University, and he took as the subject of his inaugural address "The Study of Medicine and Women," denouncing the ambition of the ladies to enter the profession as contrary to nature, and therefore foredoomed to failure. He was the author of numerous works, among which may be mentioned the *Klinik der Geburtshilfe und Gynäkologie* (written in collaboration with Chiari and Carl Braun, 1855); the *Compendium der Geburtshilfe für Studierende*, 1857; and the *Lehrbuch der Geburtshilfe für Hebammen*. He was a man of fine character, and very popular with his colleagues and pupils. He has bequeathed 250,000 florins to the Students' Sick Fund, and 40,000 florins to be applied for the benefit of poor students unable to pay their university fees.

DR. JAMES FANNING NOYES, who recently died at Providence, Rhode Island, aged 78, was one of the pioneer

ophthalmologists in the north-west of the United States. He was born in 1817, and studied medicine at Harvard and afterwards at Jefferson Medical College, where he graduated. He practised at Waterville, Maine, and later at Detroit, in the Medical College of which he was Professor of Ophthalmology. He contributed largely to medical literature, and was an active member of various medical and other societies.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. Joaquin Theotonio da Silva, Emeritus Lecturer on Midwifery in the *Eschola Medico-Cirurgica* of Lisbon, and one of the leading obstetricians in Portugal; Dr. Francisco Ossorio y Bernard, for nearly forty years Physician to the Maternity Hospital, Madrid, and author of numerous publications on subjects related to obstetric medicine; and Dr. Michael Bjelin, Chief Police Surgeon of Moscow, Prosecutor in the University of that city, and translator (in collaboration with Dr. Otschnewski) of Linhardt's *Operative Surgery* into Russian, aged 52.

NAVAL AND MILITARY MEDICAL SERVICES.

THE NAVY.

THE following appointments have been made at the Admiralty: JOHN A. MCADAM, Fleet-Surgeon, to the *Victory*, additional, for the *Duke of Wellington*, April 11th; GEORGE W. BELL, Staff-Surgeon, to the *St. Vincent*, April 11th; ERNEST C. LOMAS, M.B., Surgeon, to the Portsmouth Division of Royal Marines, April 1st; JULIUS CESAR, to be Surgeon and Agent at Sheerness and Queenborough, in addition to the places already under his charge, March 31st; CHARLES W. BUCHANAN HAMILTON, Staff-Surgeon, to the *Penelope*, additional, for Ascension Hospital, April 7th; WILLIAM G. K. BARNES, M.D., Staff-Surgeon, to the *Australia*, April 13th; EDWARD COOPER, Surgeon, to Malta Hospital, April 7th; RICHARD H. WAY, Surgeon, to the *Skipjack*, April 7th; FREDERICK F. MAHON, Surgeon, to the *Magpie*, April 7th.

ARMY MEDICAL STAFF.

SURGEON-COLONEL C. F. CHURCHILL, M.B., is appointed Principal Medical Officer, Allahabad and Narbudda Districts, Bengal Command.

INDIAN MEDICAL SERVICE.

BRIGADE-SURGEON-LIEUTENANT-COLONEL G. HUTCHESON, M.D., is granted the temporary rank of Surgeon-Colonel from January 28th.

SURGEON-LIEUTENANT-COLONEL P. J. FREYER, M.D., Civil Surgeon of Allahabad, is permitted to retire from the service from May 3rd. He was appointed Assistant Surgeon September 30th, 1875, and Surgeon-Lieutenant-Colonel September 30th, 1885.

SURGEON-MAJOR ARTHUR FRANCIS SARGENT, 3rd Bombay Light Infantry, died at Nice on March 27th, at the age of 43. He was a son of the late Rev. John Baine Sargent, vicar of Cauldon, Staffordshire, and entered the service as Surgeon, October 1st, 1877, and became Surgeon-Major twelve years after. He served with the Zhoob Valley expedition in 1884.

MILITIA MEDICAL STAFF CORPS.

MR. WILLIAM KENNETH STEELE is appointed Surgeon-Lieutenant, April 1st.

THE YEOMANRY AND OTHER VOLUNTEERS.

SURGEON-LIEUTENANT L. DRAGE, M.D., Herts Yeomanry, is promoted to be Surgeon-Captain, April 4th.

The undermentioned Surgeon-Lieutenants have resigned their commissions, April 4th: R. B. WRIGHTSON, M.D., 1st Norfolk Artillery (Eastern Division Royal Artillery); J. MACDONALD, M.D., 1st (Cumberland) Volunteer Battalion the Border Regiment; J. W. EKENS, 1st Volunteer Battalion the Hampshire Regiment.

The undermentioned gentlemen are appointed Surgeon-Lieutenants in the corps specified, dated April 4th: VICTOR JOHN BLAKE, M.B., 1st Hampshire Artillery (Southern Division Royal Artillery); LEWIS WALTER POKETT, 1st Lincolnshire Artillery (Western Division Royal Artillery); SIDNEY REGINALD DYER, M.D., late Captain, 1st London Engineers, Fortress and Railway Forces, Royal Engineers; GEORGE MELVILLE, M.B., 6th Volunteer Battalion the Royal Scots; THOMAS WILSON BANKS, M.B., 9th Lanarkshire Rifles.

SURGEON-CAPTAINS A. CHAWNER, 2nd Volunteer Battalion the Derbyshire Regiment, and E. M. GARSTANG, 2nd Volunteer Battalion the Loyal North Lancashire Regiment, are promoted to be Surgeon-Majors, April 4th.

VOLUNTEER MEDICAL STAFF CORPS.

THE Norwich Company having been disbanded from March 31st, Surgeon-Major T. W. RICHARDSON is permitted to resign his commission from that date, retaining his rank and uniform.

* THREE officers of the Indian Medical Staff, namely, Surgeon-Captain Basu, 9th Bombay Infantry; Surgeon-Lieutenant P. Kilkelly, 28th Bombay Pioneers; and Surgeon-Lieutenant B. H. Leumann, 2nd Bombay Lancers, have been detailed for service in East Africa. They will be attached to the native field hospital, which is being sent to Mombassa.

INDIAN MEDICAL SERVICE.

THE remnant of the old Presidential system which still lingered on the *Army List* in the separate medical establishments of Bengal, Madras, and Bombay, disappeared on April 1st, on which date these services were amalgamated into one under the administrative control of the Government of India.

IRELAND AND THE ARMY MEDICAL SERVICE.

THE following memorial has been presented by the Medical Faculty of the Queen's College, Belfast, to Lord Lansdowne, Secretary of State for the Army Department:

"Queen's College, Belfast,
March 27th, 1896.

"To the Right Honourable the Marquis of Lansdowne, Her Majesty's Principal Secretary of State for the Army Department.

"MY LORD.—The Medical Faculty of the Queen's College, Belfast, respectfully submit for your Lordship's consideration their views on the Army Medical Service, and beg to support certain changes in this service advocated by the members of the deputations from Trinity College, Dublin, and the Royal College of Surgeons of Ireland, which had the honour of a personal interview with your Lordship on March 9th.

"The causes that have led to the recent very marked decrease in the number of candidates from Ireland have engaged our serious attention, more especially as formerly a large number of the students who received their education in the Queen's Colleges entered the Army Medical Service; indeed, fully one-third of the present medical officers in the army holding Irish degrees or diplomas were educated in the Queen's Colleges of Ireland.

"Our experience regarding the causes that have given rise to the diminution in the number of our students now seeking entrance into the Army Medical Department is similar to that stated by the deputations already mentioned.

"The most important cause of the present unpopularity of the service is undoubtedly the position which the Army Medical officers hold relative to the other branches of the army, and we would support most strongly the establishment of a Royal Medical Corps.

"The conditions in the Army Medical Department are, as a rule, very unfavourable to scientific work by the Army Medical officers, more especially in the case of those stationed abroad, and we consider that every encouragement and assistance ought to be given, so far as it is consistent with the public service, to officers anxious to engage in original research, or to keep themselves abreast with the constant advances in medical science.

"The claims of Ireland and Scotland to representation on the Board of Examiners for the Army Medical examinations are so evident, and were so ably and fully stated by the deputations from Dublin, that it is not necessary for us to enlarge upon this important reform. Nothing would be more calculated to encourage our best students to enter for the army than the conviction that the Board of Examiners was thoroughly representative of the various medical institutions in the three kingdoms; and that it was both unnecessary and useless to spend extra time and money in cramming the special methods or views of any particular school.

"We believe that the adoption of these changes would remove the serious discontent which at present exists amongst the Army Medical officers, and would restore the former popularity of the Army Medical Department amongst our students.

"Signed on behalf of the Medical Faculty,

"JOHNSON SYMINGTON, M.D., F.R.S.E.,
Professor of Anatomy and Secretary to the Medical Faculty,
Queen's College, Belfast."

MEDICO-LEGAL AND MEDICO-ETHICAL.

RECEIPTS AND EXPENSES DURING INTRODUCTION.

VENDOR asks for advice on the following matter: In the case of a short introduction (eight or nine weeks) what are the usual arrangements made between purchaser and vendor, when the former and his wife intend to board and lodge with the vendor. Is it usual for the vendor to pay something in the nature of a fixed weekly salary to the purchaser during the period of introduction?

. The usual custom, we believe, is that the purchaser pays for the board and lodging of himself and wife; and a careful record is taken of the receipts of the introductory period, and these are divided equally between the vendor and the purchaser.

EXPERT TESTIMONY.

THE New York State Medical Society has prepared a Bill to solve the difficulties in the way of presenting expert testimony. Without violating the fundamental principle of trial by jury the Bill provides for a special jury of experts, before which the court sends the medical issue presented, for instance, in a poisoning case, just as it sends other issues before special juries. The regular petty jury would decide upon the responsibility of the accused for the presence of the poison, while the expert jury would decide whether the existence of the poison had been proved.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.

THE Home Secretary has appointed Sir Henry Roscoe, Sir William Roberts, and Dr. Ransome to be a Committee to inquire into the working of the Cotton Cloth Factories Act, 1889, and into the question of steaming and the introduction of artificial moisture in cotton weaving sheds, and to report what amendments in the law, if any, are desirable. Sir Henry Roscoe will act as chairman, and Mr. Williams, one of Her Majesty's inspectors of factories, as secretary of the Committee.

The Certificate of the Sanitary Institute.—Mr. KNOWLES asked the President of the Local Government Board whether the Board had recognised the certificate of the Sanitary Institute as a certificate for a sanitary inspector under the Public Health (London) Act, 1891, section cviii (2) (d); whether any other public health bodies had applied for recognition of their certificates, and, if so, their names; whether such approval had been given, and, if not, the reasons for refusal; and whether the Committee appointed by the Local Government Board three years since for drawing up a scheme for establishing one examining Board in England for the examination of sanitary inspectors did draw up such a scheme, and, if so, when would effect be given to it.—Mr. T. W. RUSSELL said the Local Government Board had approved, until they otherwise direct, of the Sanitary Institute as a body to grant certificates for the purposes of the section referred to in the question. The British Institute of Public Health applied for a similar approval, and the Board had reason to believe that application of a like character would be made by other bodies. The application of the British Institute of Public Health was not complied with, as the Board thought it desirable that a joint Board should be formed consisting of representatives of various bodies interested in the subject, who should hold examinations and grant certificates for the purposes of the section. A Committee was appointed in 1894 to draw up a scheme for establishing a joint examination Board, and they had framed a scheme accordingly. The scheme adopted contemplates that the examination Board should be incorporated under the Companies Act, 1862, and application was accordingly made to the Board of Trade. The Board were communicating with the Board of Trade on the subject.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF EDINBURGH.

THE following candidates have passed the second professional examination for the degrees of M.B. and M.Ch. under the new regulations (those marked with an asterisk have passed with distinction):

A. Goodall, T. E. Hincks, *H. T. Holland, C. A. B. Horsford, W. J. Jones, G. E. J. King, G. de Labat, E. W. Lewis, *G. Lyon, J. C. McConaghey, E. McCulloch, J. W. McIntosh, D. V. McIntyre, M.A.; J. W. McKenzie, T. D. McLaren, J. A. Murray, B.Sc.; W. M. Paul, M.A.; C. M. Pearson, R. Pugh, J. A. Raeburn, H. H. Roberts, A. C. Sandstein, *R. J. M'N. Scott, J. A. C. Smith, W. Smith, D. Woodport, W. C. Wilson, M.A.; G. J. Young, W. C. McDonald, and J. W. Mathewson.

J. F. Strickland and F. S. Harper have passed under the old ordinances.

A. A. Gunn and E. Somerville have passed in Anatomy and Physiology. The following candidates have passed in all the subjects of the First Professional Examination for the degrees of M.B. and M.Ch.:

Violet G. S. Adams, T. H. W. Alexander, Eliza M. Anderson, S. A. Ballantyne, J. W. Barrack, J. A. Black, G. H. Boydson, L. P. Brassy, G. Brogden, L. Bruce, A. Brydon, M. Campbell, R. Carr, W. J. Collinson, J. Craig, T. A. Davies, H. B. Dodds, J. P. Douglas, D. R. Evans, *E. Ewart, A. S. Frank, W. Girdwood, J. L. Green, R. Hamilton, H. Harris, A. E. Henton, Katie W. Hogg, Edith J. Hudson, J. Jamieson, T. Johnstone, L. Laurie, R. G. Leach, E. A. Lock, G. Lowther, C. B. McConaghy, Bessie G. Macdonald, J. M. Macdonald, A. F. Mackay, T. A. Mackenzie, H. J. McLean, A. G. M'Leod, R. A. M. Macleod, J. Macpherson, L. W. Macpherson, A. A. Martin, H. Mason, E. T. Melhuish, Mary J. Menzies, M. C. Morgan, Janet A. S. Mouat, A. C. Neethling, H. C. Nixon, C. F. Noble, L. D. Parsons, Winifred J. Pierce, S. C. Pritchard, W. Purves, F. G. Raiston, T. E. Richards, Catherine M. Richardson, D. Robertson, G. H. W. Robertson, *R. A. Ross, R. Rutherford, H. D. Shepherd, F. D. Simpson, C. E. Smith, C. E. Southon, B. Stracey, Esther M. Stuart, F. T. Thompson, G. R. Turner, C. Vartan, D. L. Wall, W. Wallace, C. H. Watson, P. D. Whiriskey, W. G. Williams, M. Ruth Wilson, T. J. G. Wilson, F. Young.

* With distinction.

The University of Edinburgh has signified its intention to confer the Degree of LL.D. (*honoris causa tantum*) on Dr. D. Argyll Robertson, Surgeon Oculist to the Queen for Scotland, formerly Lecturer on Diseases of the Eye in that University, and President of the International Ophthalmological Congress of 1894.

UNIVERSITY OF ABERDEEN.

THE following degrees have been conferred in the Faculty of Medicine:

Degree of M.D.—W. H. Clark, M.B., C.M.: Thesis—Nervous Phenomena due to Gastro-intestinal Disorder, with Special Reference to Constipation. D. M. Davidson, M.B., C.M., Surgeon-Captain I. M. S.: Thesis—Malarial Fevers, their Causation and Prevention. A. W. Mackintosh, M.A., M.B., C.M.: Series of theses embodying results of studies and researches as Thompson Fellow, 1893-95: (1) Pseudo-Bulbar Paralysis; (2) Lesions of the Optic Thalamus; (3) The Cerebellum in Relation to Voluntary Movement and the Knee-jerk; (4) New Growth and Cavity Formation in the Spinal Cord; and (5) The Occipital Lobe in Man and Monkey. C. J. Mansfield, M.B., C.M., Surgeon R.N.: Thesis—Mediterranean Fever. A. H. Rideal, M.B., C.M.: Thesis—The Intratracheal Injection of Drugs in the Treatment of Pulmonary Diseases. W. Ross, M.B., C.M.: Thesis—A Study of Acute Rheumatism, its Etiology, Pathology, and Affinities. J. Wilson, M.A., M.B., C.M.: Thesis—General Paralysis of the Insane. J. T. Wilson, M.B., C.M. (Under the New Ordinances): Thesis—A Contribution to the Natural History of Scarlet Fever, obtained from Official Statistical Records of Mortality and Morbidity.

The theses of A. W. Mackintosh were considered worthy of "Highest Honours," and those of J. Wilson and J. T. Wilson were considered worthy of "Commendation."

Degrees of M.B. and C.M.—C. T. Bell, G. Brown, D. Buchan, W. J. Byres, M.A.; R. F. Campbell, G. Chalmers, C. I. Ellis, W. A. I. Fortescue,

A. T. Gage, M.A., B.Sc.; J. L. G. Gillanders, J. L. Gordon, J. A. A. Gordon, M.A.; P. Grant, M.A.; T. Harper, F. Irvine, J. G. Jones, C. A. B. Laing, M.A.; J. A. Mearns, J. A. Milne, M.A.; H. Osborne, A. Presslie, A. Ramsay, A. Richardson, G. B. Scott, H. Sinclair, J. R. Smith, M.A.; G. Stephen, G. I. T. Stewart, M.A.; A. Thomson, *A. G. A. Thomson, M.A.; F. M. Tindall, A. Watt, T. D. Webster, C. F. Weinman, J. S. Wilson.

J. G. Pirie has passed the examinations for the degrees of M.B. and C.M., but will not graduate until he has attained the necessary age.

* With honourable distinction.

Degrees of M.B. and Ch.B. (under the New Regulations).—P. Mackesack, B.Sc.

Diploma in Public Health.—W. E. G. Duthie, M.A., M.B., C.M.; A. Robb, M.A., M.B., C.M.; C. L. Swaine, M.D., I.M.S.

CONJOINT BOARD IN ENGLAND.

THE following gentlemen passed the Second Examination of the Board in the subjects indicated on Monday, March 30th:

Anatomy and Physiology.—T. W. Tetley, of Yorkshire College, Leeds; T. Higson, of Owens College, Manchester; H. H. Hollick, A. E. F. Wilkes, H. J. Orford, J. F. Harvey, L. E. Orton, H. W. Freer, and J. A. L. Peirce, of Mason College, Birmingham; J. R. Frost, H. M. Thomas, of University College, Bristol; J. G. Churton, A. P. Hope-Simpson, of University College, Liverpool; P. H. Scholberg, of Cambridge University; C. W. Pilcher, of Oxford University.

Anatomy only.—E. G. Bunbury, of University College, Bristol; W. S. Boothman, of Owens College, Manchester; F. R. Eddison, of St. Bartholomew's Hospital; A. B. Passmore, of Durham University, and Guy's Hospital.

Physiology only.—E. Holt, of Royal College of Surgeons of Ireland and Mr. Cooke's School of Anatomy and Physiology; F. Cooper, of Mason College, Birmingham; S. M. Dowling, of the Catholic University, Dublin; J. Harris, of Sydney and Durham Universities; P. B. Spurgin, of St. Mary's Hospital, and C. T. McClure, of London Hospital.

Eighteen gentlemen were referred in both subjects, 3 in Anatomy only, and 2 in Physiology only.

Tuesday, March 31st:

Anatomy and Physiology.—B. W. Mass, H. M. Reeve, W. B. Hope, E. T. Jensen, and A. G. G. Plumley, of Guy's Hospital; H. St. C. Elliott, Cambridge University; H. C. Woodcock, of St. Mary's Hospital; G. P. Tayler, L. A. Walker, and J. M. Collings, of St. Bartholomew's Hospital; C. J. Mahew and C. A. Sprawson, of King's College, London; J. B. Davey, A. J. Knowlton, of Middlesex Hospital; H. Stuart, of University College; A. G. H. Anthonisz, of University College, London, and Mr. Cooke's School of Anatomy and Physiology; J. Taplin, of Mason College, Birmingham; A. T. Abadjian, of London Hospital; and J. F. Cunningham, of St. Thomas's Hospital.

Anatomy only.—V. S. A. Bell, of Cambridge University and St. Bartholomew's Hospital; J. S. Gayner, of St. Bartholomew's Hospital; and E. O. Dean, of University College, London.

Fourteen gentlemen were referred in both subjects and 3 in Physiology only.

Wednesday, April 1st:

Anatomy and Physiology.—T. H. Gandy, S. R. Scott, H. W. Leonard, R. H. Vincent, of St. Bartholomew's Hospital; A. Thompson, of Cambridge University and St. Bartholomew's Hospital; W. D. French, of University College and Mr. Cooke's School of Anatomy and Physiology; S. J. Evans, of Guy's Hospital; W. J. Waters, P. L. Hope, and B. Fawcett, of St. Thomas's Hospital; W. L. Griffiths, W. H. Davis, of University College, London; A. G. Eldred, of London Hospital; F. F. Elwes, of Middlesex Hospital; and W. H. Passmore, of Charing Cross Hospital.

Physiology only.—B. N. Molineux, of St. Thomas's Hospital.

Twenty gentlemen were referred in both subjects and 1 in Anatomy only.

Thursday, April 2nd:

Anatomy and Physiology.—A. D. B. Von Rosen and G. D. Maynard, of St. Mary's Hospital; J. N. Dyson, D. J. Munro, T. M. Walker, E. J. Davis, A. G. Osborn, A. M. McLochlan, R. H. J. Swan, J. Taaffe de Coteau, and F. R. Hutchinson, of Guy's Hospital; H. R. Beale, Y. Takaki, and A. W. Jones, of St. Thomas's Hospital; J. M. A. Olivey, of Cambridge University and St. Thomas's Hospital; E. L. Lilley, of Charing Cross Hospital; F. H. Foulds, of St. Mungo's College, Glasgow and Charing Cross Hospital; C. S. Frost, of St. Bartholomew's Hospital; W. R. Dunstan and A. Orme, of London Hospital; T. H. Davies, of Middlesex Hospital and Mr. Cooke's School of Anatomy and Physiology; W. A. S. Lamborn, of St. Mungo's College, Glasgow, and Middlesex Hospital; A. J. V. Betts, of Westminster Hospital; A. J. Tayler, P. Vosper, of King's College, London; and M. P. Taw, of the Medical College, Calcutta, Rangoon General Hospital, and King's College, London.

Anatomy only.—A. J. B. Adams, of St. Thomas's Hospital and Mr. Cooke's School of Anatomy and Physiology.

Physiology only.—M. B. Oliver, of University College, London; J. Cater, of King's College, London; J. H. Yearsley, of St. Thomas's Hospital; A. H. M. Mitchell, of St. Mary's Hospital.

Eight gentlemen were referred in both subjects, 4 in Anatomy only, and 1 in Physiology only.

Saturday, April 4th:

Anatomy and Physiology.—F. D. Turner, R. M. Barron, G. S. Simpson, of Guy's Hospital; E. B. Dowsett, of King's College, London, and Guy's Hospital; A. E. Softly, H. Calvert, H. S. Libby, and A. Bevan, of St. Thomas's Hospital; W. H. Unwin and B. L. Daniel, of Charing Cross Hospital; Q. B. de Freitas, of King's College, London; W. E. G. Maltby, R. E. H. Woodforde, of St. Bartholomew's Hospital; E. A. Parsons, of Mason College, Birmingham, and Westminster Hospital; L. Cook, E. J. Budd-Budd, of Westminster Hospital; E. Merry and T. Chetwood,

of London Hospital; P. M. Heath, of University College, London; H. St. A. Agate and O. R. Ennion, of St. Mary's Hospital. Fourteen gentlemen were referred in both subjects.

Monday, April 6th:

Anatomy and Physiology.—J. H. Sanders, H. D. Pollard, and A. F. Tredgold, of London Hospital; H. T. D. Acland, J. Gaff, H. H. R. Clarke, T. Perrin, and E. C. Bourdas, of St. Thomas's Hospital; W. E. Peck, D. P. Rockwood, and J. E. Simpson, of University College, London; T. W. S. Browne, A. Densham, J. J. Rodell, and A. Reid, of Guy's Hospital; C. D. Bishop, of Charing Cross Hospital; W. H. McMullin, A. Brown, of King's College, London; W. S. Danks, H. S. Thomas, and J. A. Willett, of St. Bartholomew's Hospital; C. T. Baxter, of Middlesex Hospital; and A. S. Morley, of St. George's Hospital.

Thirteen gentlemen were referred in both subjects.

Tuesday, April 7th:

Anatomy and Physiology.—W. T. Hillier, of Middlesex Hospital; J. Sherren, of London Hospital; J. F. Paul, and H. G. Drake-Brockman, of St. George's Hospital.

Anatomy only.—C. A. Scott, of Charing Cross Hospital; S. J. Welch, of London Hospital and Mr. Cooke's School of Anatomy and Physiology; W. M. B. Sparkes, of King's College, London; T. H. Body and G. M. Brown, of Guy's Hospital.

Physiology only.—B. Isaac, of Guy's Hospital.

One gentleman was referred in both subjects, 2 in Anatomy only, and 2 in Physiology only.

ROYAL COLLEGE OF SURGEONS IN IRELAND: SCHOOLS OF SURGERY.

CLASS PRIZES, Winter Session, 1895-96.

Descriptive Anatomy.—Junior: W. J. Trembath, 1; S. S. P. Stewart, 2; Senior: D. A. Fitzgerald, 1; W. J. Anglim, 2.

Practical Anatomy.—First Year: Miss R. F. Lynn, 1; F. G. Fitzgerald, 2. Second Year: G. W. Little, 1; J. J. Huston, 2. Third Year: M. W. Falkner and D. Hadden (equal), 1; P. H. Falkner, 2.

Physiology.—W. Gavin, 1; P. S. O'Reilly, 2.

Practice of Medicine.—D. Hadden, 1; F. J. Palmer, 2.

Surgery.—F. A. Benson, 1; W. H. May, 2.

Midwifery.—S. G. Longworth, 1; Miss L. F. S. Strangman, 2.

Theoretical Chemistry.—C. B. Vance and S. L. Worthington (equal), 1; J. S. P. Stewart, 2.

Pathology.—F. J. Palmer, 1; S. G. Longworth, 2.

Physics.—J. S. P. Stewart, 1.

The Schools opened on Tuesday, April 7th, for the three months' courses of Operative Surgery, Practical Chemistry, Practical Pharmacy, Public Health and Forensic Medicine, Materia Medica, Practical Histology, Biology, and Dissections.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,544 births and 3,814 deaths were registered during the week ending Saturday April 4th. The annual rate of mortality in these towns, which had declined from 20.7 to 18.8 per 1,000 in the four preceding weeks, further fell to 18.3 last week. The rates in the several towns ranged from 17.7 in Portsmouth, 12.2 in West Ham, and 12.0 in Huddersfield, to 22.1 in Manchester, 24.3 in Salford, and 26.7 in Birkenhead. In the thirty-two provincial towns the mean death-rate was 18.6 per 1,000, and was 0.7 above the rate recorded in London, which was 17.9 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.9 per 1,000; in London the rate was equal to 3.7, while it averaged 2.5 per 1,000 in the thirty-two provincial towns, and was highest in Manchester, Plymouth, Sunderland, and Birkenhead. Measles caused a death-rate of 2.0 in Burnley, 2.4 in Manchester, 4.5 in Sunderland, and 6.2 in Birkenhead; scarlet fever of 1.3 in Bolton; whooping-cough of 1.2 in London and Plymouth, 1.4 in Sheffield, 1.5 in Birmingham, and 1.9 in Leeds; and "fever" of 1.2 in Blackburn and 1.4 in Norwich. The 68 deaths from diphtheria included 45 in London, 5 in Birmingham, 4 in West Ham, and 3 in Liverpool. No fatal case of small-pox was registered last week, either in London or in any of the thirty-two provincial towns. There were 23 cases of small-pox under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday, April 4th, against 42, 43, and 33 at the end of the three preceding weeks; 2 new cases were admitted during the week, against 4, 9, and 2 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 2,754, 2,773, and 2,744 at the end of the three preceding weeks, had further declined to 2,676 on Saturday last, April 4th; 186 new cases were admitted during the week, against 217, 277, and 244 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, April 4th, 884 births and 545 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 19.6 and 18.9 per 1,000 in the two preceding weeks, further declined again to 18.7 last week, but exceeded by 0.4 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 10.5 in Leith to 22.2 in Aberdeen. The zymotic death-rates in these towns averaged 2.1 per 1,000, the highest rates being recorded in Glasgow, Aberdeen, and Greenock. The 274 deaths registered in Glasgow included 13 from whooping-cough, 5 from "fever," 4 from measles, and 2 from diphtheria. Two fatal cases of scarlet fever were recorded in Edinburgh, and 3 of measles in Greenock.

under the chief control of the civil surgeon. In municipalities vaccination is compulsory under the Vaccination Act, and a special staff of vaccinators is employed by these. Subordinates in charge of dispensaries also vaccinate on a small scale. The more systematic district system appears to give better results than what may be termed the old locust system, and seeing that vaccination is voluntary except in the municipalities, the results are satisfactory. A little over $1\frac{1}{2}$ million of successful operations were performed in 1894-95, being at the rate of 26.81 per 1,000 of population. Each vaccinator performed 1,717 operations, and the cost of each successful case was 1 anna 11 pies. These results are in advance of preceding years. The percentage of success in primary vaccination was 93.68, and the results of inspection by sanitary officials and civil surgeons confirmed this high proportion within a small fraction. The greatest defect in the results of the year was the small number of infants vaccinated in comparison with results and totals. Thirty per cent. of infants under 1 year is an inadequate number, but the figures improve year by year. The whole cost of vaccination in these provinces amounted to a little over $1\frac{1}{2}$ lakhs, of which Government paid about two-thirds and the remaining third was obtained from local funds, municipalities, and subscriptions. Small-pox was unusually mild throughout India in 1894; and these provinces shared in the general immunity in a remarkable, if not unprecedented, degree. The last epidemic (of 1888-91) was a comparatively moderate one, and the figures and diagram furnished by Dr. Hutchison, by whom this report has been compiled, indicate that the disease has come under the influence of vaccination during recent years. Lymph is obtained almost exclusively by the arm-to-arm system. Calf lymph is maintained on a small scale, and its use in hot weather emergencies is advocated. The local Government comments with approval on the successful administration and results of the year.

NEW ZEALAND.

CHRISTCHURCH HOSPITAL.—We have received the report of Dr. Giles which was presented to the New Zealand Parliament on August 3rd in reference to matters connected with the management of the Christchurch Hospital. It is a very full and careful account of the difficulties which have arisen at that institution. What is worth noting is that many of the complaints which had been made fell to pieces on investigation, and that with a stronger Board all the difficulties might have been settled without the expense of a Royal Commission.

MEDICAL NEWS.

MR. CHAPLIN, President of the Local Government Board, will receive a deputation from the Workhouse Infirmary Nursing Association on April 25th, at 2.30 P.M., at the House of Commons.

THE French Geographical Society has awarded a gold medal to Dr. Louis Lapique for his voyage along the coast of Beloochistan and in the Persian Gulf, and more especially for his ethnographical researches on the Negritos.

M. RENIER has bequeathed to the Belgian Treasury the sum of two million francs (£80,000), to be applied to the foundation of a medical institute to be called the "Institut Rommelaere."

THE Czar has placed his name on the list of the Russian Red Cross Society, as the first among the "active members," and the Czarina has become an honorary member of the Society.

EDINBURGH ROYAL INFIRMARY.—The following further appointments have been made by the managers: *Resident Physician*: Hugh M. Eyres, M.B., C.M. *Non-resident Clinical Clerks*: Walter Chapman, M.B., C.M.; H. H. Balfour, M.B., C.M.; James Scott, M.B., C.M.; Claude B. Ker, M.B., C.M.

THE appointment of medical officer to Her Majesty's prison at Holloway has been offered to and accepted by Dr. James Scott, Her Majesty's Prison, Stafford, and late of Dartmoor Convict Prison.

THE NEW PHOTOGRAPHY.—A sum of 5,000 roubles (£500) has been granted to the St. Petersburg Medical Academy for the purposes of experiments with the x rays. A committee, consisting of Professors Jegoroff (Rector of the Academy), Tavnezki, Bechtereff, and Ratimorn, has also been appointed to consider the question of the application of Roentgen's discovery to practical medicine.

DIPHTHERIA IN SWITZERLAND.—The Swiss Government has ordered an official inquiry into the question of diphtheria to extend from March 1st, 1896, to March 1st, 1898. Every case of the disease, whether under the care of a private practitioner or in a hospital, is to be notified to the local sanitary authority, and every week a report is to be sent to the Swiss Health Office at Berne. Forms for this purpose with addressed wrappers are supplied to each practitioner, and for each form duly filled up a fee of one franc is payable.

THE HUXLEY MEMORIAL.—It has been decided by the Huxley Memorial Committee to strike a medal for award by the Royal College of Science, London, and possibly for other purposes. The Committee desire to obtain the design for the medal, if possible, by competition. Further particulars will be furnished on application, which must be sent in before May 1st, to the Honorary Secretary of the Huxley Memorial Committee, Professor G. B. Howes, Royal College of Science, South Kensington, S.W.

HOSPITAL SATURDAY FUND.—The annual meeting of this fund was held on March 28th at the Mansion House. Alderman Sir Stuart Knill presided. The annual report presented showed that there had been continued progress in the work-shops' collection during the past year, but the street collection had slightly declined. The receipts from all sources had amounted to £20,354 os. 4d., while the expenditure had reached £2,498 3s. 1d. A sum of £17,650 had been awarded to 170 hospitals, dispensaries, convalescent homes, etc.

PROPOSED ABOLITION OF THE OFFICE OF CORONER IN NEW YORK.—A Bill has been prepared under the auspices of the Medical Society of the State of New York abolishing the office of coroner when the present term of those holding the office shall have expired. This Bill, which is to be presented to the State Legislature without delay, provides for the appointment by the appellate divisions of the Supreme Court of medical examiners and medical assistant examiners, four in each class, two of whom shall be an expert pathologist and an expert chemist respectively. The salaries of the principals are not to exceed \$5,000 (£1,000) a year, paid by the State, while the counties and different appellate divisions of the Supreme Court throughout the State pay the assistant examiners. The examiners and their assistants are to have all the powers and privileges which are granted to the present coroners.

THE NEW PRIZE OF THE ACADEMIE DE MÉDECINE.—A new prize has just been added to the long list of those awarded by the Paris Academy of Medicine. The prize is of the value of 24,000 francs (£960), the proceeds of a capital sum of 800,000 francs (£32,000), bequeathed by M^{me}. Audiffred for the purpose. It is to be called the "François-Joseph Audiffred Prize," and is to be awarded to any person, of whatever nationality and of whatever profession, who shall within twenty-five years from January 28th, 1896, discover a remedy, curative or preventive, recognised by the Academy as efficacious and specific for tuberculosis. In the meantime, the interest accruing from the bequest is to belong to the Academy, and can be applied in any way which that body may think proper.

PHYSICIANS AND THE CONFIDENCES OF PATIENTS.—The Circuit Court of Michigan has recently decided that a physician is obliged to testify in regard to the ailments of his patients in a court if called upon to do so. The question came up over the application of a life insurance company which had insured the person for 20,000 dollars. The company learned after the issue of the policy that the applicant had misrepresented his physical condition, and it began suit to annul the policy. Courts (adds our contemporary) have often discussed this question, whether physicians shall be compelled to disclose facts regarding the condition of their patients, and various decisions have been made, sometimes one way, sometimes another. The rulings in this State (New York) at one time were that the physician should be compelled to disclose things that did not in any way throw discredit or shame upon the patient; and this seems a reasonable method of dealing with the matter. No reputable physician in any event, whatever the law, would disclose to the public facts which were confided to him in confidence, and which would reflect injury upon his patient if made public. No human laws could compel physicians to do this, and therefore it would be much better to have laws that could be carried out.

MEDICAL VACANCIES.

The following vacancies are announced:

BATH URBAN SANITARY AUTHORITY.—Medical Officer of Health. Appointment for one year. Salary, £200 per annum. Applications addressed to the Chairman of the Sanitary Committee to be sent to F. H. Moger, Clerk, 1, Wood Street, Bath, by April 22nd.

BETHLEM HOSPITAL.—Two Resident Clinical Assistants. Appointments for six months. Apartments, board, and washing provided. Applications, endorsed "Clinical Assistantship," to the Treasurer, Bethlem Hospital, London, S.E., before April 13th.

CITY OF BIRMINGHAM.—Deputy Medical Superintendent for the City Hospital, Little Bromwich, under 40 years of age, unmarried, and doubly qualified. Salary, £175 per annum, with residence, rations, and attendance. Applications, endorsed "Deputy Medical Superintendent," to be sent to Mr. J. Keyte, Clerk to the Health Committee, Council House, Birmingham, by April 14th.

DENTAL HOSPITAL OF LONDON AND LONDON SCHOOL OF DENTAL SURGERY, Leicester Square.—Lecturer on Mechanical Dentistry. Applications to Morton Smale, Dean, by May 11th.

DONEGAL DISTRICT LUNATIC ASYLUM, Letterkenny.—Assistant Medical Officer; qualified in medicine, surgery, and midwifery; unmarried and not more than 30 years old. Salary, £200 per annum, with furnished apartments, rations, washing, fuel, light, and attendance, valued at £100 per annum. Applications to Dr. Moore, Resident Medical Superintendent, by May 5th.

EAST LONDON HOSPITAL FOR CHILDREN AND DISPENSARY FOR WOMEN, Glamis Road, Shadwell.—Resident Medical Officer, doubly qualified. Salary, £80 per annum, with board and residence. Applications to Thomas Hayes, Secretary, by April 18th.

GENERAL HOSPITAL, Birmingham.—Assistant House-Surgeon. Appointment for six months. No salary, but residence, board, and washing provided. Applications to Howard J. Collins, House Governor, by April 25th.

HALIFAX INFIRMARY AND DISPENSARY.—Assistant House-Surgeon; unmarried; doubly qualified and registered. Salary, £50 per annum, with residence, board, and washing. Applications to Oates Webster, Secretary, by April 22nd.

HEREFORD COUNTY AND CITY ASYLUM.—Medical Superintendent. Salary, £400 per annum, with furnished house, coals, gas, vegetables, and washing. Applications to the Chairman, Asylum Committee, Shirehall, Hereford, by April 28th.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, S.W.—Several Clinical Assistants to Out-patient Department and Clinical Clerks to In-patient Department. Applications to the Secretary.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Bloomsbury.—Surgical Registrar. Appointment for one year. Honorarium, £40. Applications to the Secretary by April 28th.

LIVERPOOL NORTHERN HOSPITAL.—Assistant House-Surgeon, doubly qualified. Salary, £70 per annum, with residence and maintenance in the house. Applications to the Chairman by April 17th.

MANCHESTER ROYAL EYE HOSPITAL.—House-Surgeon. Salary, £70 per annum, with residence, board, and washing. Applications, endorsed "House-Surgeon," to be addressed to the Chairman of the Board of Management by April 14th.

MIDDLESEX HOSPITAL, W.—Vacancy on the Honorary Staff. Applications to the Secretary.

NATIONAL DENTAL HOSPITAL, Great Portland Street, W.—Anaesthetist. Applications to Ed. Almack, Secretary, by April 15th.

OWENS COLLEGE, Manchester.—Junior Demonstrator in Anatomy. Applications to the Registrar by April 27th.

OWENS COLLEGE, Manchester.—Junior Demonstrator of Physiology. Applications to the Registrar by April 25th.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—Resident Medical Officer. Appointment for six months, but eligible for re-election. Salary at the rate of £100 per annum, with furnished apartments, board, and washing. Applications to the Secretary at the Hospital by April 13th.

ROYAL ORTHOPÆDIC AND SPINAL HOSPITAL, Birmingham.—Honorary Assistant Surgeon. Applications to E. J. Abbott, Honorary Secretary, 9, Bennett's Hill, Birmingham, by April 18th.

ST. MARY'S HOSPITAL, Quay Street, Manchester.—Resident Medical Officer. Appointment for six months, subject to re-election. Salary, £70 per annum, with board and residence. Applications to the Chairman of the Board of Management by April 24th.

SUSSEX COUNTY HOSPITAL, Brighton.—Fourth Resident Medical Officer; unmarried, and under 30 years of age. Emoluments are a salary not exceeding £30 per annum, with board, washing, and residence. Applications to the Secretary by April 22nd.

VICTORIA HOSPITAL, Burnley.—House-Surgeon. Salary, £80 per annum, with board, residence, and washing. Applications to the Honorary Secretary by April 13th.

WREXHAM INFIRMARY AND DISPENSARY.—House-Surgeon. Salary, £80 per annum, with furnished rooms, gas, coal, and attendance. Applications, upon forms to be obtained from the Secretary, to be addressed to Mr. George Whitehouse, 27, Regent Street, Wrexham, by April 22nd.

MEDICAL APPOINTMENTS.

AARONS, S. J., M.B., C.M., appointed Non-resident Clinical Clerk to the Edinburgh Royal Infirmary.

BENNETT, H. P., M.B., C.M., appointed Non-resident Clinical Clerk to the Edinburgh Royal Infirmary.

BENNETT, C. J., M.R.C.S.Eng., appointed Medical Officer of Health to the Disley and Hayfield Rural District Councils.

BUXTON, T., L.R.C.P.Édin., M.R.C.S., reappointed Medical Officer for the Kingsbury District of the Tamworth Union.

CATTANACH, J. G., M.B., C.M., appointed Non-resident Clinical Clerk to the Edinburgh Royal Infirmary.

CHRISTIE, M., M.B.Lond., appointed Junior Medical Officer of the Greenwich Workhouse.

COGHLAN, T., L.R.C.S.I., L.M., appointed Medical Officer for the Kilmacow Dispensary, *vice* Dr. Stephenson, retired.

CREAGH, William, L.R.C.S.I., L.S.A., reappointed Medical Officer for the Clifton District of the Tamworth Union.

CRINION, J. T. D., L.R.C.P., L.R.C.S.I., appointed Medical Officer for the Rathmore Dispensary District, *vice* D. P. Coady.

CUNNINGHAM, R. W., M.B., C.M., appointed Resident Surgeon to the Edinburgh Royal Infirmary.

DAVIDSON, A., L.F.P.S.Glasg., reappointed Medical Officer for the Austrey District of the Tamworth Union.

DICKSON, George, M.D., appointed Non-resident Clinical Clerk to the Edinburgh Royal Infirmary.

FOWLER, J. S., M.B., C.M., appointed Non-resident Clinical Clerk to the Edinburgh Royal Infirmary.

GARDNER, Frank Gower, M.R.C.S., etc., appointed Medical Officer to the Countess of Warwick's Home for Crippled Children.

GIBBS, Charles, F.R.C.S., appointed Assistant Surgeon to Charing Cross Hospital.

GILES, A. B., M.D., appointed Non-resident Clinical Clerk to the Edinburgh Royal Infirmary.

GRAY, James, M.A., M.B., C.M., appointed Resident Surgeon to the Edinburgh Royal Infirmary.

HENDERSON, J. H., M.B., C.M., appointed Non-resident Clinical Clerk to the Edinburgh Royal Infirmary.

HERBERT, B. H., M.R.C.S.Eng., L.S.A., reappointed Medical Officer of Health to the Uttoxeter Rural District Council.

HOFTON, Ralph, M.B., B.S.Lond., M.R.C.S., L.R.C.P., reappointed House-Surgeon to the Hospital for Women and Children at Leeds.

JOHNSTON, R. J., M.B., C.M., appointed Non-resident Clinical Clerk to the Edinburgh Royal Infirmary.

LE FANU, H. G. P., L.R.C.S., L.R.C.P.I., appointed Surgeon to the Derbyshire Hospital for Children, *vice* Frederick E. Taylor, M.R.C.S.Eng., resigned.

LIVINGSTON, G. R., M.B., C.M., appointed Resident Physician to the Edinburgh Royal Infirmary.

MACAULAY, D., M.B., C.M., appointed Non-resident Clinical Clerk to the Edinburgh Royal Infirmary.

MCLEAN, K., M.B., C.M., appointed Resident Surgeon to the Edinburgh Royal Infirmary.

MACMILLAN, N. H., M.B., C.M., appointed Resident Physician to the Edinburgh Royal Infirmary.

MARTIN, James S., M.B., C.M., appointed Non-resident Clinical Clerk to the Edinburgh Royal Infirmary.

MASON, William, L.R.C.P., L.R.C.S.Édin., reappointed Medical Officer for the No. 7 District of the St. Austell Union.

MOORHEAD, Robert L., M.B., C.M., appointed Resident Surgeon to the Edinburgh Royal Infirmary.

NATTLO, W. R., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer for Mafeking, Basutoland, South Africa.

NETTLE, William, M.R.C.S.Eng., reappointed Medical Officer of Health for the Liskeard Rural District.

ORR, John, M.B., C.M., appointed Non-resident Clinical Clerk to the Edinburgh Royal Infirmary.

PARK, A. J., M.B., C.M., appointed Non-resident Clinical Clerk to the Edinburgh Royal Infirmary.

RICHARDSON, Hugh, M.B., C.M., appointed Resident Surgeon to the Edinburgh Royal Infirmary.

SANKEY, J. Ivor, M.R.C.S., L.R.C.P., L.S.A., appointed Medical Officer and Public Vaccinator for the No. 6 (Brenchley) District of the Tonbridge Union.

SANTI, Philip R. W. de, F.R.C.S., appointed Assistant Surgeon (*vice* C. Stonham) and Aural Surgeon to the Westminster Hospital.

SCOTT, James, M.B., C.M.Édin., appointed Medical Officer to Her Majesty's Prison, Holloway.

SHEARER, R. P., M.B., C.M.Glasg., appointed Medical Officer for the Gotham District of the Basford Union.

SIMSON, H. J. F., M.B., C.M., appointed Resident Physician to the Edinburgh Royal Infirmary.

TAYLOR, W. Macrae, M.B., C.M., appointed Resident Physician to the Edinburgh Royal Infirmary.

TURNER, A. Logan, M.D., F.R.C.S.E., appointed Clinical Clerk to the Edinburgh Royal Infirmary.

VEITCH, I. O., M.B., C.M., appointed Non-resident Clinical Clerk to the Edinburgh Royal Infirmary.

WADDY, F. H., M.B., C.M., appointed Non-resident Clinical Clerk to the Edinburgh Royal Infirmary.

WALKER, E. G. A., M.R.C.S.Eng., L.R.C.P.Lond., reappointed Medical Officer of Health to the Wrotham Urban District Council.

WATSON, Douglas, M.B., C.M., appointed Non-resident Clinical Clerk to the Edinburgh Royal Infirmary.

WATT, James, M.B., C.M., appointed Resident Physician to the Edinburgh Royal Infirmary.

WEBB, C. Frere, M.D.Durh., F.R.C.S.Édin., reappointed Medical Officer for the First District of the Basingstoke Union.

WELLS, S. Russell, M.D., B.Sc.Lond., M.R.C.P., appointed Medical Registrar to St. George's Hospital.

WILSON, A. Robertson, M.A., M.B., C.M., appointed Resident Physician to the Edinburgh Royal Infirmary.

DIARY FOR NEXT WEEK.

MONDAY.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Clinical Cases. Dr. E. Cautley: Congenital Distensible Tumour of the Neck. Dr. de Havilland Hall: (1) Osteitis Deformans; (2) Great Enlargement of Leg; (3) Jaundice? Hydatid of Liver. Mr. W. H. Battle: (1) Lateral Spinal Meningocele; (2) The Result of Operation in a case of Spontaneous Dislocation of the Patella. Dr. Gilbert Smith: Carcinoma of Larynx. Mr. Clinton Dent: (1) Hairy Mole of Face; (2) Tumour of Abdominal Wall. Mr. G. R. Turner: Tumour of Neck.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN, 40, Leicester Square, W.C., 8 P.M.

TUESDAY.

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

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.—Surgeon-Captain M. Louis Hughes: Note on the Endemic Fever of the Mediterranean. Mr. G. R. Barwell: On Spontaneous Dislocation of the Hip, with some remarks on a class of cases often mistaken for Rheumatism.

WEDNESDAY.

LARYNGOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 5 P.M.—Adjourned discussion on Foreign Bodies in the Upper Air and Food Passages.

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

BRITISH BALNEOLOGICAL AND CLIMATOLOGICAL SOCIETY, Limmer's Hotel, Conduit Street, W., 8 P.M.

ROYAL METEOROLOGICAL SOCIETY, 25, Great George Street, Westminster, 7.30 P.M.

THURSDAY.

HARVEIAN SOCIETY, Stafford Rooms, Titchborne Street, Edgware Road, 8.30 P.M.—Dr. Wm. Hill: Prognosis in Chronic Non-suppurative Catarrh of the Middle Ear. Mr. Raymond Johnson: Some Unusual Cases of Swelling of the Parotid Gland. Mr. Dodgson: A Demonstration of the Process of Photography by means of the Roentgen's Rays.

FRIDAY.

CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL, Gray's Inn Road, W.C., 4 P.M.—Dr. Dundas Grant: The Diagnosis and Treatment of Deafness, occasioned by the Residua of Suppurative Inflammation of the Middle Ear.

BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION, 11, Chandos Street, Cavendish Square, W., 3 P.M.—Cases will be shown by the President (Dr. George Stoker), Dr. W. M. Whistler, Dr. Macnaughton Jones, and Mr. Lake. Microscopical Sections by Dr. Pegler. Discussion on the Symptoms and Treatment of Atrophic Disease, introduced by Dr. Adolph Bronner (Bradford) and Dr. Dundas Grant. Demonstration of the Roentgen Ray Photography as applied to Laryngology, by Dr. John Macintyre (Glasgow).

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.

BULL.—On April 6th, at Sparkhill, Birmingham, the wife of Edwin G. Bull, M.B., of a son.

FOLKER.—April 7th, at 11, Havelock Place, Hanley, the wife of Herbert H. Folker, L.R.C.P., M.R.C.S., of a daughter.

MARRIAGES.

BOKENHAM—MAYO.—On April 8th, at the Parish Church, Cheshunt, by the Rev. F. Fox Lambert, Vicar of the Parish, assisted by the Rev. C. Bokenham, Vicar of Selhurst and uncle of the bridegroom, Thomas Jessopp Bokenham, M.R.C.S., L.R.C.P., of 10, Devonshire Street, Portland Place, W., son of T. C. Bokenham, Assistant Controller of Stamps, Somerset House, to Edith, eldest daughter of the late Charles W. Mayo and Mrs. Mayo, of Colesgrove, Cheshunt, Herts.

DUNN—HARPUR.—On April 2nd, at St. Stephen's, Dublin, by the Rev. Canon Walsh, D.D., William J. Robertson Dunn, L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glasg., second son of the late Hector Dunn, of Liverpool and Glasgow, to Annie Kathleen Cholmondeley, eldest daughter of the Rev. W. H. Harpur, of Liverpool, and granddaughter of the late Archdeacon Sheridan Harpur, Q.C.

GREEN—KERR.—On April 6th, at St. John's, Edinburgh, Herbert Melvill Green, M.B. Edin., of Sydenham, to Edith Allan Boyd Kerr, third daughter of John Kerr, LL.D., H.M. Chief Inspector of Schools for Scotland.

SMITH—BINDLOSS.—On April 8th, at Christ Church, Brondesbury, by the Rev. A. Scott, Vicar of St. Mary's, Paddington, J. Anderson Smith, M.D. Lond., eldest son of T. R. Smith, Esq., of Hull, to Amy Helen Maud, younger daughter of the late Rev. Edward Bindloss, of Archangel.

DEATHS.

THORNE.—On April 7th, at Cannes, Annette Maud, only daughter of William Bezy and Annette Mary Thorne, of 53, Upper Brook Street, London.

VERNON.—On April 3rd, at 7, Talbot Street, Southport, aged 36 years, May Lillian, eldest daughter of Henry H. Vernon, M.D., F.R.S. Edin.

WRE福德.—On April 4th, at Osborne Road, Newcastle, John William Ernest, only child of John Wre福德, M.R.C.S., L.R.C.P.

HOURS OF ATTENDANCE AND OPERATION DAYS
AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). Attendances.—Daily, 2. Operations.—Tu. F. S., 2.
CENTRAL LONDON OPHTHALMIC. Operations.—Daily, 2.
CHARGING CROSS. Attendances.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M., 1.30; Dental, M. W. F., 9; Throat and Ear, F., 9.30. Operations.—W. Th. F., 3.
CHLERSA HOSPITAL FOR WOMEN. Attendances.—Daily, 1.30. Operations.—M. F., 2.
CITY OPHTHALMIC. Attendances.—M. Tu. Th. F., 2. Operations.—M., 4.
EAST LONDON HOSPITAL FOR CHILDREN. Operations.—F., 2.
GREAT NORTHERN CENTRAL. Attendances.—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F., 2.30; Skin, W., 2.30; Dental, W., 2. Operations.—W., 2.
GUY'S. Attendances.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. F., 1.30; Ear, Tu. 1; Skin, Tu. 1; Dental, daily, 9; Throat, F., 1. Operations.—(Ophthalmic) M. Tu., 1.30; Tu. F., 1.30.
HOSPITAL FOR WOMEN, Soho. Attendances.—Daily, 10. Operations.—M. Th., 2.
KING'S COLLEGE. Attendances.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p. Tu. W. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. F., 9.30. Operations.—M. F. S., 2.
LONDON. Attendances.—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p. W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9. Operations.—M. Tu. W. Th. S., 2.
LONDON TEMPERANCE. Attendances.—Medical, M. Tu. F., 2; Surgical, M. Th., 2. Operations.—M. Th., 4.30.
METROPOLITAN. Attendances.—Medical and Surgical, daily, 9; Obstetric, W., 2. Operations.—F., 9.
MIDDLESEX. Attendances.—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p. M. F., 2; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4; Th., 9.30; Dental, M. W. F., 9.30. Operations.—W. Th. F., 2. Operations.—M. Th., 2.
NATIONAL OPHTHALMIC. Attendances.—M. Tu. Th. F., 2. Operations.—W., 10.
NEW HOSPITAL FOR WOMEN. Attendances.—Daily, 2; Ophthalmic, W. S., 9.30. Operations.—Tu. F., 9.
NORTH-WEST LONDON. Attendances.—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. Operations.—Th., 2.30.
ROYAL EYE, Southwark. Attendances.—Daily, 2. Operations.—Daily.
ROYAL FREE. Attendances.—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th., 9. Operations.—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
ROYAL LONDON OPHTHALMIC. Attendances.—Daily, 9. Operations.—Daily, 9.
ROYAL OPHTHALMIC. Attendances.—Daily, 1. Operations.—M., 2.
ROYAL WESTMINSTER OPHTHALMIC. Attendances.—Daily, 1. Operations.—Daily.
ST. BARTHOLOMEW'S. Attendances.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p. W. S., 2; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Ophthalmic, M., 2.30; Dental, Tu. F., 9. Operations.—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Tu., 2.
ST. GEORGE'S. Attendances.—Medical and Surgical, M. Tu. F. S., 12; Obstetric, M. Th., 2; o.p. Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Ophthalmic, F., 1.15; Dental, Tu. S., 9. Operations.—Th., 1; (Ophthalmic), F., 1.15.
ST. MARK'S. Attendances.—Fistula and Diseases of the Rectum, males S., 3; females, W., 9.45. Operations.—M., 2; Tu., 2.30.
ST. MARY'S. Attendances.—Medical and Surgical, daily, 1.45; o.p. 1.30; Obstetric, Tu. F., 1.45; Eye, Tu. F. S., 9; Ear, M. Th., 3; Ophthalmic, W., 10; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electro-therapeutics, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30. Operations.—Tu., 1.30; (Orthopedic), W., 11; (Ophthalmic), F., 9.
ST. PETER'S. Attendances.—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. Operations.—W. F., 2.
ST. THOMAS'S. Attendances.—Medical and Surgical, M. Tu. Th. F., 2; o.p., daily, 1.30; Obstetric, Tu. F., 2; o.p. W. S., 1.30; Eye, Tu., 1.30; Ear, Tu., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Electro-therapeutics, o.p. Th., 2; Mental Diseases, o.p. Th., 10; Dental, Tu. F., 10. Operations.—M. W. Th. S., 2; Tu. Tu., 3.30; (Ophthalmic), Th., 2; (Gynecological), Th., 2.
SAMARITAN FREE FOR WOMEN AND CHILDREN. Attendances.—Daily, 1.30. Operations.—W., 2.30.
THROAT, Golden Square. Attendances.—Daily, 1.30; Tu. F., 6.30. Operations.—Th., 2.
UNIVERSITY COLLEGE. Attendances.—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 2; Skin, W., 1.45; S., 9.15; Throat, M. Th., 9; Dental, W., 9.30. Operations.—Tu. W. Th., 2.
WEST LONDON. Attendances.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopedic, W., 2; Diseases of Women, W. S., 2; Electro, Tu., 10; F., 4; Skin, F., 2; Throat and Nose, S., 10. Operations.—Tu. F., 2.30.
WESTMINSTER. Attendances.—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, Tu. F., 9.30; Ear, M., 9; Skin, W., 1; Dental, W. S., 9.15. Operations.—Tu. W., 2.

LETTERS, NOTES, AND ANSWERS TO
CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY POST ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 429, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate beforehand with the Manager, 429, Strand, W.C.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

In order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not to his private house.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with duplicate copies.