

Pallor had become intense, and the pulse was extremely rapid and almost imperceptible; the dulness in the left flank now extended almost to the middle line. He was quite conscious, and readily consented to operation, which, however, it was explained to him gave him but a slight chance of recovery.

After consultation with our colleagues, we decided to operate, and previously transfused into the median basilic vein  $2\frac{1}{2}$  pints normal saline solution at a temperature of  $105^{\circ}$  F. This had a marked effect; the pulse became full and regular, 80, and the patient began to again complain of severe abdominal pain.

Under ether, administered by Dr. L. Glover, an incision over the linea alba, reaching from about 1 inch below the tip of the ensiform cartilage to the umbilicus, was made by Dr. Ware. On opening the peritoneum there was a gush of blood, clearly indicating positive pressure. The liver was first explored, and found to be intact, and after clearing out and tearing through large quantities of blood clot, the spleen was felt extensively ruptured on its anterior border. On attempting to bring the organ forward it was found to be firmly fixed, and to be of abnormal size. Adhesions were discovered between the convex surface of the organ and the adjacent thoracic wall, and, with considerable difficulty these were torn through—a procedure which necessitated a transverse incision extending to the costal arch at right angles to the vertical incision. At one spot on the convex surface the splenic substance was torn. The spleen was now brought forward, traction on the pedicle increasing markedly the already much collapsed condition of the patient. The pedicle having been tied with silk in three parts, and the spleen removed as rapidly as possible, the peritoneal cavity was cleansed by sponges of the immense quantity of clot and blood, and at the same time transfusion was again resorted to, and strychnine administered hypodermically. The patient, however, did not rally, and succumbed before the abdominal wound was entirely closed.

We venture to publish this case inasmuch as, owing to the condition of the patient, operative interference seemed urgently demanded, unlike the cases reported by Messrs. Pitts and Ballance in the *Clinical Society's Transactions*, vol. xxix.

Moreover, the adhesions present, which were an unexpected complication, rendered the operation unduly long. They were probably due to malaria, which the patient had contracted in India whilst in the army.

## MEMORANDA:

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

A NEW METHOD OF LOCALISING BRAIN LESIONS. I was very much interested in seeing in the BRITISH MEDICAL JOURNAL of April 3rd a paper by Mr. Robert Cox on what is there called a cerebro-graphometer. But I am afraid the instrument has been forestalled, for I have possessed for the last ten years an instrument so exactly like his that the illustration might have been taken from it, even to the extent of a tape measure with it. This was made for me by Messrs. Maw and Son (December, 1886) for the same purpose as Mr. Cox had in view.

But I thought the piece which is carried over the head from side to side would be more conveniently arranged as a soft metal, bougie-like rod passed through a swivel eye so as to indicate the position of the "fissure of Rolando." From this rod measurements could easily be taken, as also from the upper and from the circumferential parts of the instrument.

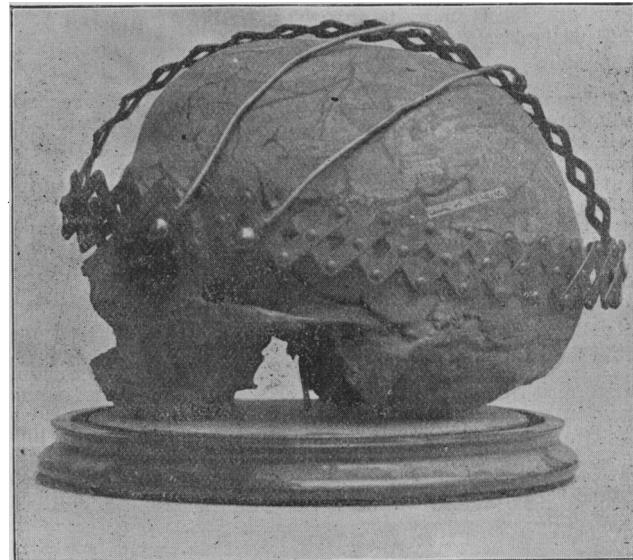
I called the instrument a "brain mapper," and this name I certainly prefer to "cerebro-graphometer" or to encephalograph. The distances along the main lines I also preferred to divide into hundredths rather than measuring by the fractions Mr. Cox uses.

This instrument was at the time submitted to my friends Professor Anderson, Dr. Sharkey, and Professor Reid, who were all interested in brain topography; and I should no

doubt have completed my observations had my health been spared.

My idea of using the instrument was to fit it over the patient's head, and measure the distance from the main lines to the various motor points, important vessels, etc., having at the same time by one's side a skull upon which had been marked out the important convolutions, fissures, vessels, etc. In this way it would be possible to localise any important points on the brain surface.

Mr. Cox seems to have drawn up a very useful scheme by which measurements can be made to particular points. But it will be very much easier to take these measurements from a soft metal rod representing the fissure of Rolando, than to measure from a lattice work crosspiece, as there is a tendency for the hairs to catch in that structure of the instrument. Whether a flat map plan of the surface of the brain would be a help is a question, but I think a marked skull would be preferable.



The accompanying illustration shows the instrument placed over a marked skull (though hardly arranged as it should be), and I think it will be obvious how very similar that of Mr. Cox is to it.

W. W. WAGSTAFFE, B.A., F.R.C.S.  
Purleigh, Sevenoaks.

### IMPERFORATE ANUS AND HYDROCEPHALUS COMPLICATING BREECH PRESENTATION.

On January 14th I was called to Mrs. E., who was expecting her third confinement about the middle of February. Irregular pains had been recurring at intervals of about three-quarters of an hour, and there had been a slight coloured discharge. Abdominal examination was rendered difficult owing to the large quantity of liquor amnii. The os had not commenced to dilate, and was almost out of reach.

I directed Mrs. E. to remain in bed, and prescribed ol. ricini  $\frac{3}{4}$  ss and tabellæ tr. opii gr.x (B. and W.) every four hours, which led to an action of the bowels and cessation of pains. Next morning the pains recommenced at shorter intervals, and soon produced dilatation of the os and bulging of the membranes, the latter rupturing soon after examination and a great rush of liquor amnii taking place. The anus was imperforate, the buttocks being well rounded and the perineum rendered tense by the pressure of contained meconium, etc.; the sensation to the examining finger was very similar to that presented by the rounded occiput and fontanelle. After a long delay, however, the breech was born, and then, the forceps having been applied with considerable difficulty, a markedly hydrocephalic head was delivered.

The scrotum was much distended with fluid, and the cord

was three times round the child's neck. The child died before the head was born.

I venture to publish this case, as I do not remember coming across a case mentioned in any textbook where the diagnosis of a breech presentation was rendered difficult owing to the condition of imperforate anus and hydrocephalus, although, of course, neither condition is uncommon in itself.

The following *post-mortem* notes, kindly supplied by my friend Mr. J. J. Clarke, of St. Mary's Hospital, may be of interest: "The head of the fetus showed typical hydrocephalus. The ventricles were greatly dilated; the fluid had escaped through the corpus callosum, and most of it was lying between the brain and the dura. The rectum reached to the lower end of the coccyx. It is interesting to note that the ischial tuberosities and the lower pelvic aperture generally were normal. When the rectum is undeveloped for a considerable extent in its lower part the parts at the aperture of the pelvis are crowded together."

HUBERT C. PHILLIPS, M.R.C.S., M.& L.S.A.  
Shirland Gardens, W.

#### AN ANENCEPHALOUS MONSTER.

ON February 6th I was sent for to attend a lady in her second confinement. The case was not expected till the middle of April, but there had been a slight "show" for two days, and labour pains were present. On palpation I found the enlargement of the abdomen asymmetrical; a rounded mass occupying the right iliac fossa was slightly tender to the touch. No fetal heart sounds could be detected. On vaginal examination the right arm was found to be prolapsed. The case being thus of transverse presentation I turned by external manipulation, with the result that the face presented. As the patient now complained of much pain, my partner, Dr. R. H. Darwent, kindly gave chloroform. On examining the presenting part I could distinguish the various features of the face, the finger impinged on a soft mass in the occipital region, which felt like the scrotum. We now felt sure of some abnormality in the fetus, and applied forceps, but the blades slipped, as the head was evidently too small to be thus grasped. My partner, after some difficulty, got the whole fetus within the blades of his forceps, and thus delivery was effected. The mother was given sublimate douches, and has made an excellent recovery.

The fetus was about six months old, the limbs being perfect. The parietal, supra-occipital, and occipital bones were entirely wanting, and the upper cervical vertebrae were unclosed (crano-rachischisis). The eyes projected, giving the fetus a toad-like appearance. There was no brain, the base of the skull being covered by a vascular mass of connective tissue with cyst-like structures. The inferior maxilla on the right side was rudimentary (partial agnathia). The anterior abdominal wall was unclosed in great part. On dissection we found the heart occupying the right thorax.

Both the father and mother are healthy and well developed. No history could be obtained of monstrosity in any ancestor. The mother told me she had been attacked by a large retriever dog when three months pregnant, and that a month after she fell from a chair on her face, hurting and bruising the lower abdomen. According to Lebedeff anencephalous monsters are produced by an abnormally sharp cranial flexure in the embryo. The medullary canal is not formed, owing to the non-closure of the medullary plate, or the canal formed is obliterated. On this theory the injuries sustained by the mother will explain the monstrosity.

Hull. A. C. DUTT, M.B.Cantab.

#### CONGENITAL TEETH.

HAVING read the article on this subject in the BRITISH MEDICAL JOURNAL of March 20th, I thought a case which recently occurred in my practice might interest some of your readers.

The child, a boy, was born at 8 P.M. on February 15th. The next morning the mother drew my attention to the fact that he had got a tooth, the left lower central incisor, projecting above the gum and only covered by thin mucous membrane. She had noticed that he bit when first put to the breast. In the evening the tooth was quite through, but I learnt after-

wards that the nurse had assisted Nature by rubbing it with a sixpenny bit.

Bournemouth. W. HUBERT S. FOSBERY, M.A., M.D.Camb.

## REPORTS

ON

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

#### LIVERPOOL ROYAL INFIRMARY.

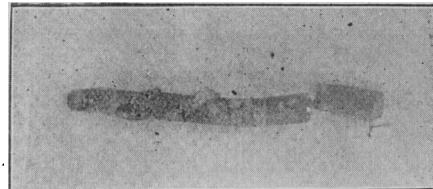
##### CASE OF RETAINED CATHETER EXTRACTED WITH LITHOTRITE AFTER CRUSHING AND REMOVING ADHERENT CALCULUS.

(Under the care of Mr. RUSHTON PARKER.)

H. P., aged 70, a farmer, was brought to Liverpool on August 17th, 1896, by Dr. D. R. Jones, of Corwen, suffering from great irritability of bladder and ammoniacal urine, which had always to be drawn off by catheter. Seven years previously he had had a stone crushed, after which the only drawback was the necessity for catheterism, which he applied in a somewhat rough and ready method, by lubricating the instrument in his mouth. Four months previously a piece of catheter broke off, and remained in his bladder, since which event the present symptoms had come on.

He was taken at once into hospital as a private patient for the purpose of extracting the foreign body—by lithotrite through the urethra if possible; but if not thus, by opening the bladder. Operation was undertaken the same day under chloroform, and on sounding with a lithotrite a calculus was felt. This was crushed, and many small fragments, with several rounded concretions, removed through an evacuating catheter by means of a washing bottle. These are whitish, phosphatic, and weigh 40 gr. dried. About three-quarters of an inch of red rubber catheter was brought out with the lithotrite during the crushing process, and afterwards a piece 2½ inches long was fished up and also pulled out. The bladder continued irritable, and was frequently washed with salt solution and boracic lotion, and with very dilute nitric acid. But he only remained a week, after which he persisted in returning home.

The accompanying illustration, half the natural size, was



photographed by Mr. W. T. Thomas, and shows the two pieces of catheter, with encrusted phosphates remaining after the bulk of the calculus had been crushed off.

#### WOMEN'S HOSPITAL, MELBOURNE, AUSTRALIA.

##### CASE OF Puerperal PLEURO-PNEUMONIA.

(By FRANK A. NYULASY, M.B., Ch.B., Honorary Obstetric Surgeon.)

WELL-MARKED cases of this description are, it seems to me, sufficiently interesting and uncommon to merit a special record. Their course also is dangerous and uncertain, and their pathology more or less veiled in obscurity.

Mrs. C., aged 39 years, 3-para, was delivered at the Women's Hospital of a living child, weighing 7½ lbs., on July 28th, 1896. Labour was normal, but the placenta was noted in the casebook as "doubtful." The patient went on fairly well till the fifth day, when her temperature rose to 102° F. Then I removed a small piece of edematous placenta by curetting. This was followed by a rigor and rise to 104° in the evening. Two days later she was again doused and curetted, and the temperature fell to 101° by the following day. In the evening of this day, however, the patient complained of sudden severe pain in the right axilla. With this

## SURGICAL CASES.

It is not within the scope of this paper to deal with the surgical aspects of the campaign, but I cannot conclude without recording a protest against the *canard* which has been circulated by certain laymen in the colony, and I believe also in England, to the effect that no amputations performed during the fighting in Rhodesia recovered. The number of artificial limbs ordered by the Compensation Committee will alone testify to its falseness.

Owing to the paralysis of transport, equipment in special departments, notably the medical, was at the commencement very deficient, and was never at any time complete. The Medical Staff Corps, though willing, were very inexperienced in nursing. The pressure at the base in Buluwayo necessitated overcrowding, and the hospital staff was inadequate. The so-called Matabele "pot-leg," consisting of a quartz core surrounded with lead, and fired out of elephant guns, introduced a most disturbing element. These balls on striking bone behaved like explosive bullets, lacerating and destroying the tissues far beyond the seat of injury, and in one or two cases giving rise to necrosis of the stumps.

Such are a few only of the difficulties encountered, and it is not too much to say that, taking them into consideration, our primary operations were remarkably successful.

## LITERARY NOTES.

THE April number of the *Phonographic Record of Clinical Teaching and Medical Science* contains one of the interesting and instructive Problems in Practical Diagnosis, by the President of the Society of Medical Phonographers, Dr. Gowers. The problem in question was Haemoptysis: A Mistake, and those who take an interest in life assurance work would do well to read it. Mr. Lamming Burton continues his graphic and practical account of a ship surgeon's life; it certainly will not be time lost for any man thinking of becoming a ship's surgeon to read this contribution. Mr. Peyton T. Beale gives a practical and useful article on Flat Foot. In Humours in Patients we are afforded some amusing incidents between doctor and patient. Under Phonographic News there is an account of what has been done and is being done for shorthand in the medical preliminary examination, with a notice that the Society of Medical Phonographers has been invited to co-operate with other phonographic societies in arranging some scheme for celebrating the sexagenary of phonography this year. A public dinner of medical phonographers at the time of the celebration of the Queen's accession in June has been proposed, and seems to find some favour.

The *Archiv für Schiffs- und Tropen-Hygiene* is a new periodical to be issued every two months, and devoted, as its name imports, to naval and military hygiene, with special reference to pathology and therapeutics. It is edited by Dr. C. Mense, of Cassel, and published by Th. G. Fisher and Co., of the same place. Its title page bears the names of a strong staff of collaborators, including Dr. Baelz of Tokio, Professor Cohn of Breslau, and Professor Rosenbach of Berlin. Among the original articles are one on the examination of the blood in tropical febrile processes and its practical importance, by Dr. Albert Plehn, and one on the etiology and clinical course of beri-beri, by Dr. M. Glogner. The *Archiv für Schiffs- und Tropen-Hygiene* promises to be a valuable publication.

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF CAMBRIDGE.

EXAMINATION IN SANITARY SCIENCE.—The following candidates have satisfied the examiners in both parts of the examination:

C. H. B. Adams, O. W. Andrews, F. J. Brakenridge, G. T. Cattell, G. B. Courtney, J. Donald, G. G. Genge, B. B. Ham, C. P. Handson, W. A. Justice, J. T. Leon, F. Pershouse, J. Pringle, F. A. Rogers, T. H. Smith, H. H. Woods.

## SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, April, 1897.—The following candidates passed in: *Surgery*.—H. A. Belbin, Sheffield; W. F. Chrispin, Leeds; H. M. Church, McGill University; E. C. Flint, Royal Free Hospital; P. C. Maitland, Middlesex Hospital; A. F. Millar, St. Thomas's Hospital; J. C. Müller, Calcutta; J. Owen, Liverpool; M. Pantin (Section I), Royal Free Hospital; R. W. C. Pierce (Section I and II), St. Thomas's Hospital; G. Renshaw, Manchester; A. W. S. Sheldon, St. Bartholomew's Hospital.

St. Bartholomew's Hospital; J. Spencer, Leeds; H. de P. B. Veale, Leeds.

*Medicine, Forensic Medicine, and Midwifery*.—E. C. Flint, Royal Free Hospital; J. C. Müller, Calcutta; J. Owen, Liverpool; M. Pantin (Section I), Royal Free Hospital; E. J. Parry, St. George's Hospital; R. W. C. Pierce (Section I and II), St. Thomas's Hospital; G. Renshaw, Manchester; A. W. S. Sheldon, St. Bartholomew's Hospital.

*Medicine and Forensic Medicine*.—P. M. Brittain, St. Bartholomew's Hospital; A. J. Hayes, Middlesex Hospital; A. E. Seller, London Hospital; J. M. Wood, Middlesex Hospital.

*Medicine*.—S. A. Stride, London Hospital.

*Forensic Medicine*.—A. Avent, St. George's Hospital.

*Midwifery*.—F. Athill, Charing Cross Hospital; A. R. Eates, Edinburgh; G. F. May, McGill University; A. P. Square, Middlesex Hospital.

The diploma of the Society was granted to Messrs. Belbin, Britain, Church, May, Owen, Pierce, Renshaw, Sheldon, and Veale; and to Miss Flint and Miss Müller.

## UNIVERSITY OF GLASGOW.

At the winter graduation ceremony in connection with the University of Glasgow on April 13th, Principal Caird presiding, the following medical degrees were conferred:

*Doctors of Medicine (M.D.)*.—With commendation: W. W. Don, M.B., C.M. (Thesis—"Thyroid Therapeutics"); W. K. Hunter, B.Sc., M.B., C.M. (Thesis—"A Contribution to the Etiology of Beri-Beri"). Ordinary Degree: J. F. Fergus, M.A., M.B., C.M. (Thesis—"Urea: Some Remarks on its Elimination in Health and Disease, with reference to Cases under Observation"); P. F. Macgregor, M.B., C.M. (Thesis—"Hysterotraumatic Paralysis: cases and comments"); R. Stevenson, M.B., C.M. (Thesis—"Scarlet Fever and Milk Supply, with notes of an epidemic"); J. P. Topping, M.B., C.M. (Thesis—"Notes and Remarks on Diphtheria").

*Bachelors of Medicine (M.B.) and Masters in Surgery (C.M.)*.—J. H. Rankin and J. M. Robertson.

## CONJOINT BOARD IN IRELAND.

FIRST PROFESSIONAL EXAMINATION.—Candidates have passed this examination as undernoted:

*Completed the Examination*.—Honours Division: C. R. Boyce and P. F. Dooley (equal). Pass Division: R. Allison, J. F. Brogan, R. A. Campbell, W. F. Cormack, W. H. Dodd, J. Dundon, T. Farrell, R. T. Gordon, H. E. Hayes, R. W. Hillis, T. F. Hurley, R. A. Johnston, C. R. Millar, R. W. F. Myles, J. J. O'Halloran, A. E. O'Reilly, J. F. Peart, J. M. Reynolds, J. J. H. Rainey, J. P. Ryan, H. H. Swanzy, J. J. Tallon, S. M. Tucker, C. B. Vane, R. O. White.

*In Anatomy*.—J. J. S. Carbery, H. T. Cookman, W. Davis, A. H. R. Duncan, J. Dwyer, W. F. Eustace, T. J. Galligan, J. Hennessy, T. E. Johnston, M. J. Loughrey, T. J. Nicholl, E. O'Grady, J. P. Symott, G. B. Wilkinson.

*In Chemistry and Physics*.—J. Dwyer, T. J. Nicholl, G. B. Wilkinson.

*In Biology*.—C. H. Bryan, H. T. Cookman, W. Davis, W. N. Eustace, T. J. Galligan, J. Hennessy, T. E. Johnston, G. W. Knight, M. J. Loughrey, M. E. Lynch, P. M. McGorey.

*In Pharmacy*.—C. H. Bryan, J. J. S. Carbery, H. T. Cookman, W. Davis, A. H. R. Duncan, J. Dwyer, W. N. Eustace, T. J. Galligan, A. A. W. Ganderton, B. D. Gibson, M. J. Loughrey, M. E. Lynch, P. M. McGorey, T. J. Nicholl, E. O'Grady, G. B. Wilkinson.

SECOND PROFESSIONAL EXAMINATION.—Candidates have passed this examination as undernoted:

*Completed the Examination*.—Honours: J. S. P. Steward. Pass: J. F. Allen, W. G. Anglim, E. S. Barnard, E. Bennett, W. S. D. Bird, R. A. Campbell, A. Daly, R. B. Daly, R. J. Franklin, J. Gordon, D. Harrington, A. W. A. Irwin, A. H. Jacob, C. A. A. Lever, H. R. Loverock, W. H. May, J. F. C. Megler, J. McDonald, T. O'Kelly, M. J. Russell, H. W. Spaight, R. J. White.

*In Anatomy*.—W. A. Cooke, S. W. Cumming, M. Gavin, D. L. Harding, R. Hughes, G. L. N. Miles, P. J. McGinn, H. G. Westropp.

*In Physiology*.—J. W. Clarke-Bayliss, R. B. Elliott, D. L. Harding, J. F. Kennedy, J. Whelan.

*In Materia Medica*.—R. J. Lane, W. A. Cooke, S. W. Cumming, R. Hughes, J. J. Huston, J. L. Jones, G. L. N. Miles, J. L. McCarthy, T. A. E. Cooke, A. B. Stephenson, A. L. Tyndall.

*In Histology*.—R. J. Lane, J. W. Clarke-Bayliss, S. W. Cumming, A. D. Dunwoody, M. Gavin, R. Hughes, G. L. N. Miles, A. B. Stephenson, H. G. Westropp, J. Whelan.

## UNIVERSITY COLLEGE, CARDIFF.

THE Council of University College, Cardiff, have appointed Mr. A. Francis Dixon to the Professorship of Anatomy, left vacant by the resignation of Professor A. W. Hughes. Mr. Dixon is a graduate of Arts and Medicine of Dublin University, and has held the post of Chief Demonstrator of Anatomy, under Professor Cunningham, for some years in the School of Physic, Dublin University. He is author of a paper on the Development of the Branches of the Fifth Cranial Nerve in Man, and also has done some good work at marine invertebrate zoology.

The annual dinner of the Volunteer Medical Staff will take place at Limmer's Hotel, George Street, Hanover Square, on May 5th, at 7.30 P.M. Sir William Mac Cormac will preside, and among those who have accepted invitations are the Director-General, the Principal Medical Officer of the Home District, Sir Joseph Fayer, and Colonel Alt. It is hoped that there will be a good attendance of Volunteer medical officers. Those wishing to be present should send in their names to Surgeon-Captain Fletcher, Croome, Streatham Park, who is acting as Honorary Secretary.

THE death is reported of Mr. CHARLES GORE RING, Medical Officer of Health to the Keswick Urban District Council. He was taken ill while attending Crosthwaite Church, and died shortly afterwards. Mr. Ring, who took much interest in ambulance work, qualified as M.R.C.S.Eng. in 1865 and L.R.C.P. Edin. in 1866.

**DEATHS IN THE PROFESSION ABROAD.**—Among the members of the medical profession in foreign countries who have recently died are Dr. Andreas Anagnostaki, Professor of Ophthalmology in the University of Athens, of which he was more than once Rector, aged 71; Dr. Heinrich Winkel, of Olmütz, a distinguished archeologist and a recognised authority on prehistoric fauna, aged 76; Dr. Bury, Surgeon to the Hôtel-Dieu of Saumur, and sometime Mayor of that town, which he formerly represented in the Chamber of Deputies, aged 88; Dr. Edson Sewell Bastin, Professor of *Materia Medica* and Botany in the Philadelphia College of Pharmacy, aged 54; Dr. Peter Grossman, of Odessa, specialist in diseases of the throat and nose, aged 39; Dr. Giovannangelo Limoncelli, of Naples, the leading alienist in the South of Italy, author of a *Dizionario farmaceutico e terapeutico* (1862), of a translation of Taylor's *Medical Jurisprudence* and other works, and editor of *Il Manicomio Moderno*, aged 75; and Dr. Magidot, a pioneer of scientific odontology in France and a strenuous advocate of sanitary regulations in factories.

## NAVAL AND MILITARY MEDICAL SERVICES.

### ARMY MEDICAL STAFF EXCHANGE.

The charge for inserting notices respecting Exchanges in the Army Medical Department is 3s. 6d., which should be forwarded in stamps or post office order with the notice, not later than Wednesday morning, in order to ensure insertion in the current issue.

A SURGEON-MAJOR, who arrived in India in March, 1896, wishes to exchange home during the trooping season of 1897-98. Address, Surgeon-Major W. G. BIRRELL, A.M.S., Station Hospital, Poonamallee, Madras.

### THE NAVY.

DEPUTY-INSPECTOR-GENERAL THOMAS H. KNOTT has been appointed to Chatham Hospital, April 27th.

Inspector-General DUNCAN HILSTON, M.D., has been placed on the retired list, April 10th. He was appointed Surgeon, May 10th, 1860; Staff-Surgeon, November 18th, 1865; Fleet-Surgeon, May 3rd, 1877; Deputy-Inspector-General, October 29th, 1885; and Inspector-General, May 7th, 1892. He served at the attack on the rebel redoubt near Rangiriri, New Zealand, in 1863, and was specially mentioned for his services to the wounded while under fire and favourably noted at the Admiralty (medal).

### ARMY MEDICAL STAFF.

SURGEON-COLONEL N. B. MAJOR, on arrival from England, is appointed Principal Medical Officer, Secunderabad and Belgaum Districts, Madras Command.

### INDIAN MEDICAL SERVICE.

SURGEON-LIEUTENANTS A. GWTYTHON, M.B., and N. R. J. RAINIER, Bengal Establishment, are placed on plague duty in Sind, under the orders of the Commissioner in Sind, from February 14th and 15th respectively.

Surgeon-Lieutenant-Colonels A. N. ROGERS-HARRISON, Madras Establishment, is promoted to be Surgeon-Lieutenant-Colonel from April 7th; W. R. MURPHY, D.Sc., Bengal Establishment, from September 1st; and C. H. JOUBERT, Bengal Establishment, from October 1st. This cancels the promotions of the officers as notified in the *London Gazette* of August 14th, January 1st, and March 23rd respectively, and which were noticed at the time in the BRITISH MEDICAL JOURNAL.

Surgeon-Colonel ROBERT BOWMAN, Bombay Establishment, has retired from the service, which he entered as Assistant-Surgeon, March 31st, 1866, attaining the rank of Surgeon-Colonel, September 15th, 1892. He was in the Abyssinian war of 1867-68, in medical charge of the 3rd Sind Horse (medal).

Brigade Surgeon-Lieutenant-Colonel S. M. SALAMAN, M.D., Bombay Establishment, has also retired from the service, March 31st. He was appointed Assistant-Surgeon, October 1st, 1869, and Brigade-Surgeon-Lieutenant-Colonel, May 7th, 1894.

Surgeon-Lieutenant-Colonel E. G. RUSSELL, M.B., Bengal Establishment, has likewise retired, from December 21st, 1896. His first appointment bears date March 20th, 1872; that of Surgeon-Lieutenant-Colonel twenty years therefrom.

Surgeon-Captain J. MULVANY, Bengal Establishment, on duty in connection with famine relief at Mirzapore, is transferred to duty in connection with precautions against bubonic plague at Manikpore, Banda district.

Surgeon-Lieutenant C. D. DAWES, Bengal Establishment, on duty in connection with precautions against bubonic plague at Manikpore, in Banda district, is transferred to duty in connection with famine relief in Hamirpur and Jalauñ district.

Deputy-Surgeon-General CHARLES THICK EYES, late of the Madras Establishment, died at Cheltenham on April 26th, in his 69th year. He was appointed Assistant-Surgeon, February 20th, 1856; became Brigade-Surgeon July 23rd, 1883; and retired with the honorary rank of Deputy-Surgeon-General, August 6th, 1886. He served in the Deccan during the Indian Mutiny in 1858-59, and was in the action at Satpoorah Hills (medal).

### THE VOLUNTEERS.

SURGEON-MAJOR J. J. K. DUNCANSON, M.D., 1st Edinburgh (City) Artillery, is promoted to be Surgeon-Lieutenant-Colonel, April 24th.

The undermentioned gentlemen are appointed Surgeon-Lieutenants in the corps specified, dated April 24th: RICHARD EMMETT, 1st Hampshire Engineers; LLEWELLYN A. MORGAN, M.D., 1st Volunteer Battalion the King's Royal Liverpool Regiment; JOHN HOWARD-JONES, M.B., 4th Volunteer Battalion the South Wales Borderers.

Surgeon-Lieutenant T. HOLT, M.B., 2nd Volunteer Battalion East Lancashire Regiment, is promoted to be Surgeon-Captain, April 24th.

Surgeon-Lieutenant H. F. T. CHAMBERS, 1st Volunteer Battalion the Dorsetshire Regiment, has resigned his commission, April 24th.

Surgeon-Lieutenant G. R. J. FLETCHER, 2nd Middlesex Rifles (Central London Rangers), is promoted to be Surgeon-Captain, April 24th.

Mr. G. A. HAWKINS-AMBLER is appointed Surgeon-Lieutenant in the 1st Lancashire Engineers, April 28th.

Surgeon-Lieutenant E. HAYDON, M.B., 5th (the Hay Tor) Volunteer Battalion the Devonshire Regiment, is promoted to be Surgeon-Captain, April 28th.

Surgeon J. QUICK, of the same battalion, has resigned his commission, April 28th.

The *London Gazette* announces that the Queen has approved of the Haddington Volunteer Artillery being amalgamated with the 1st Midlothian Volunteer Artillery, and of the officers of the former being considered to have received commissions in the latter of the same rank and date as those at present held by them. The medical officer affected by this announcement is Surgeon-Lieutenant W. B. MACDONALD, M.B., whose commission dates from January 8th, 1890.

### VOLUNTEER MEDICAL STAFF CORPS.

SURGEON-CAPTAIN I. J. E. RENSHAW, the Manchester Companies, has resigned his commission, April 28th.

### RANK OF MEDICAL OFFICERS.

A CORRESPONDENT sends us two cuttings from the Bangalore Garrison Orders, assembling "mixed Boards." In both cases the medical officers are placed last in the list; in one a surgeon-lieutenant-colonel is placed junior to a major, and in the other a brigade-surgeon-lieutenant-colonel is placed junior to two majors. As he remarks, this shows the manner in which rank as expressed in compound titles is interpreted. In both of these cases there is a clear setting aside, with contempt, the plain text of a Royal Warrant; and yet the authorities pretend to wonder why the army cannot obtain medical officers!

### CONDITION OF THE ARMY MEDICAL DEPARTMENT.

A CORRESPONDENT avers that the downward course of the Department has been very marked since the unsympathetic reception given by Mr. Campbell-Cannerman to the proposals of the Parliamentary Bills Committee. The present head of the Department is in no way responsible for the present condition of affairs, but it would be well if he plainly told the military authorities the true position of affairs.

### ARMY MEDICAL EQUIPMENT (INDIA).

AN interesting inspection was recently made at Lahore Fort of various ambulance appliances and tents by Surgeon-Major-General A. A. Gore, Principal Medical Officer, H.M.'s Forces in India, who was accompanied by Surgeon-Colonel Thompson, P.M.O., Lahore District, Brigade-Surgeon-Lieutenant-Colonel Calthorp, Medical Storekeeper, Mian Mir, and late P.M.O. Suakin Contingent, and Surgeon-Major W. A. Morris, A.M.S. Mr. Brooke Greville, Secretary to the Military Equipment Company, showed the "Tortoise" tent in its original form, and as adapted to Indian requirements; the newest pattern of jointed stretcher, specially designed for mule transport; the portable field "Congo" stove, etc. The inspection occupied about four hours. A complete field hospital had been pitched on the adjacent rest camp. The equipment was worked out with a view to its carriage by either wheel or mule transport. Breakfast was cooked on the ground in the new stove by a detachment of the Army Hospital Corps. After the inspection, Surgeon-Major-General Gore left for Sialkote to complete his second tour of inspection.

### THE PLAGUE AND VOLUNTEERS, ARMY MEDICAL STAFF.

A COMMUNICATION has reached us which pertinently points out that while the Indian Government calls for volunteers for plague duty from the Army Medical Staff, and offers them an inducement of Rs. 300 a month extra, the withdrawal of such volunteers from stations (with an already undermanned staff of medical officers) throws double duty on those not volunteering, who have not only extra work without extra pay, but are deprived of all chance of recreation leave. Our correspondent points out the difficulty of working station hospitals with an inadequate staff, and suggests that the Indian Medical Service might be increased, or civilians from home employed at a remuneration which would procure them for

births and 3,965 deaths were registered during the week ending Saturday last, April 24th. The annual rate of mortality in these towns, which had been 18.6 and 17.9 per 1,000 in the two preceding weeks, rose again to 18.8 last week. The rates in the several towns ranged from 10.1 in Derby, 11.2 in Croydon, 11.3 in Gateshead, and 12.5 in Brighton to 24.7 in Liverpool, 27.9 in Salford, 28.8 in Manchester, and 36.1 in Bolton. In the thirty-two provincial towns the mean death-rate was 19.7 per 1,000, and exceeded by 2.2 the rate recorded in London, which was 17.5 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.7 per 1,000; in London the rate was equal to 1.6, while it averaged 1.8 per 1,000 in the thirty-two provincial towns, among which the highest zymotic death-rates were 2.5 in Burnley, 3.3 in Manchester, 5.0 in Salford, and 8.2 in Bolton. Measles caused a death rate of 1.5 in Burnley, 2.0 in Manchester, 3.4 in Salford, and 7.3 in Bolton; and whooping-cough of 1.1 in Portsmouth, 1.2 in Salford and in Blackburn, and 2.1 in Plymouth. The mortality from scarlet fever and from "fever" showed no marked excess in any of the large towns. The 57 deaths from diphtheria in the thirty-three towns included 40 in London and 2 each in Birmingham, Liverpool, Salford, and Leeds. No fatal case of small-pox was registered during the week, either in London or in any of the thirty-two large provincial towns. There were 7 cases of small-pox under treatment in the Metropolitan Asylums Hospitals on Saturday last, April 24th, against 17, 16, and 11 at the end of the three preceding weeks; no new cases were admitted during the week. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had been 2,512, 2,449, and 2,406 at the end of the three preceding weeks, had risen again to 2,442 on Saturday last; 269 new cases were admitted during the week, against 219, 224, and 216 in the three preceding weeks.

#### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, April 24th, 1,010 births and 673 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 24.6 and 22.3 per 1,000 in the two preceding weeks, rose again to 22.6 last week, and was 3.8 per 1,000 above the mean rate during the same period in the thirty-three large English towns. The lowest rates in the eight Scotch towns were 14.4 in Greenock and 18.1 in Aberdeen, and the highest rates 29.0 in Perth and 29.2 in Edinburgh. The zymotic death-rate in these towns averaged 3.4 per 1,000, the highest rates being recorded in Glasgow and Edinburgh. The 302 deaths registered last week in Glasgow included 23 from whooping-cough, 14 from measles, and 2 from "fever." Twenty-three fatal cases of measles, 13 of whooping-cough, and 3 of scarlet fever were recorded in Edinburgh.

#### NOTIFICATION OF MEASLES AND WHOOPING-COUGH.

P.M., M.B., being desirous of obtaining information on the vexed question of the notification of measles, will do well to consult the report by Dr. Theodore Thomson on the subject contained in the annual volume of the Medical Officer of the Local Government Board for 1894-95, C. 7906, price 6s. 11d., and to be purchased from Messrs. Eyre and Spottiswoode, of East Harding Street, London, or Messrs. John Menzies and Co., of Hanover Street, Edinburgh. Both measles and whooping-cough are, we believe, notifiable at Ilkley, in Yorkshire, and at Colchester, and the former, also, at Lancaster, Hull, and in other north country towns. Dr. Kenwood has recently stated the arguments against the usefulness of the notification in a paper read before the Sanitary Institute, and referred to in the BRITISH MEDICAL JOURNAL of April 17th.

#### APPOINTMENTS OF DISTRICT MEDICAL OFFICERS AND FEES FOR NOTIFICATION OF INFECTIOUS CASES.

OMEGA writes asking the following questions:

1. What are the orders of the Local Government Board relating to appointments of district medical officers?
2. Have guardians power to appoint a district medical officer one (a) who is not resident within the district or union, (b) who resides more than seven miles from a parish within the district, (c) who is already a district medical officer in another union?
3. How long can guardians delay paying fees due for notification of infectious cases?

\* \* \* (1) These orders, which are too lengthy to be given here, will be found in full in Glen's *Poor-law Orders*, published by Knight and Co., or in Linley's *Medical Officers' Manual*—if not out of print—by the same publishers. (2) The guardians can, with the consent of the Local Government Board, make any of these three appointments. (3) Boards of Guardians, as such, have no power to pay notification fees; the claim for them is on the sanitary authority of the district. We believe they are usually paid quarterly.

## MEDICO-PARLIAMENTARY.

### HOUSE OF COMMONS.

#### RETURNS.

DURING the Easter Recess there was issued from the House of Commons for circulation a copy of the general abstract of the marriages, births, and deaths registered in England for the year 1896, and the fifty-eighth annual report (1895) of births, deaths, and marriages in England. A copy has been presented of rules with respect to Visiting Committees of Prisons in England and Wales.

#### BOTTLING BEER AND THE FACTORY ACTS.

Mr. M'KENNA asked the Home Secretary whether the bottling of beer was such a process as to constitute any premises in which the same was carried on a factory or workshop within the meaning of the Factory and Workshop Acts, 1888 to 1895?—The HOME SECRETARY: The point raised by the hon. member is not free from difficulty; but I am advised that the

Acts do apply to the places mentioned, and they are actually enforced there.

#### THE ARMY MEDICAL DEPARTMENT.

Mr. BARTLEY: I desire to ask the Under-Secretary of State for War whether it is a fact that the effective Branch of the Army Medical Department is and has been for some time much below its authorised strength? Whether the cost of the non-effective Branch of the Army Medical Department is now nearly equal to, if it does not exceed, the cost of the effective Branch? Whether he is aware that many of the medical officers who now retire on a pension at the early age of 45 are willing to remain on the active list? And whether he will take steps to retain on the active list medical officers who now retire in the prime of life, but who are willing to remain on the active list? Mr. POWELL-WILLIAMS: The establishment of officers of the Army Medical Staff has been below strength, and there are now about forty vacancies. As to the second paragraph of the question, the non-effective charge is only about half of the effective charge. In regard to the third paragraph, medical officers who retire at the age of 45 do so voluntarily, and there is no power to retain them in the service against their will; but they are liable to be recalled to service up to the age of 55, if emergency arises.—Dr. FARQUHARSON: Is it not the fact that the compulsory clause as to retirement does not take effect until the age of 55 is reached?—Mr. POWELL-WILLIAMS: That is the fact. Those who retire at 45 retire voluntarily; but all who retire at 45 are liable to come up for service if emergency arises.

#### THE MEDICAL INSPECTORSHIPS OF PRISONS.

Mr. PICKERSGILL: I beg to ask the Home Secretary whether Dr. Gover has resigned the Medical Inspectorship of Prisons; and, if so, whether he will take the opportunity to appoint a medical man to be a member of the Prisons Board, in accordance with the recommendation of the late Committee on Prisons, and thus assimilate the constitution of the Prisons Board in England to that of the Prisons Board in Ireland? The HOME SECRETARY: It is the case that Dr. Gover has resigned his appointment, but I have already decided, after giving full consideration to the recommendation of the Prisons Committee, that it is not possible to dispense with the services of a medical inspector, and have therefore appointed Dr. Smalley, the medical officer of Parkhurst, in succession to Dr. Gover. This does not, of course, determine the question of the appointment of a medical member of the Board, but I do not at present contemplate making any such appointment.

## MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—Dr. Ambrose E. I. Birmingham, having passed the necessary examinations, has been admitted a Fellow of the College.

DR. PINKERTON has been presented with a silver salver by the members of the nursing class in connection with the South Norwood Polytechnic.

A SOCIETY for the Repression of Infectious Diseases has been founded in St. Petersburg by Princess Eugenie Maximilianovna von Oldenburg.

MR. WILLIAM COX, of Winchcombe, has been presented with a silver revolving breakfast dish by the members of the male and female Ambulance classes which he has instructed during the past winter at Brockhampton, near Cheltenham.

A MEETING of the Special Appeal Committee of Charing Cross Hospital was held in the Board Room recently, when donations amounting to £23,450 were announced, including £1,000 to endow a bed from a patient of Dr. Travers.

EPIDEMIC SKIN DISEASE.—A limited outbreak of epidemic exfoliative dermatitis has occurred in the City of London Infirmary, Bow Road. Dr. W. D. Bunccombe, the medical superintendent, informs us that there have been only eight cases, and that no fresh cases have occurred since April 1st. In all instances the attack has been a mild one; four patients have recovered, and four remain under treatment but are practically well.

SURGEON-MAJOR SIR GEORGE SCOTT ROBERTSON, K.C.S.I., late British Resident at Chitral, will read a paper on Kafristan, its Manners and Customs, before the Society of Arts on Thursday next, May 6th. The chair will be taken by Field-Marshal Lord Roberts at 4 P.M.

THE EAST LONDON HOSPITAL for Children, Shadwell, has been recognised by the Conjoint Board for England as a place of instruction for students at which six months of the fifth year under the new regulations may be spent in clinical work. Clinical clerks and dressers will be appointed for three months to each physician and surgeon, and will be eligible for reappointment for a further period of three months. The in-patient practice will be open to students holding these appointments. The out-patient practice will be open to students daily except Saturdays. Further particulars as to fees, etc., can be obtained on application to the Secretary.

DURING the summer session Dr. Patrick Manson will give a course of lectures on Diseases of Tropical Climates at the Medical School of St. George's Hospital. The course is intended for medical men who propose to practise in the tropics or in Eastern Asia. The first lecture will be given on May 18th, at 5 P.M., and succeeding lectures will be given at 5 P.M. on Tuesday and Friday in each week until July 23rd. Further particulars can be obtained from the Dean of St. George's Hospital, London, W.

THERE is only one picture of medical interest in the New Gallery, and that is the portrait of Sir Joseph Fayrer, by Sidney Hall. The distinguished physician is represented as sitting in his library. The attitude is reposeful, the hands lie folded on the knees, and the expression is meditative. The dulness of the black coat is relieved by brilliant stars and orders, which have been won by Sir Joseph in a long and distinguished career. In the background are seen rows of sombre-lined and learned books. The face and head seem rather larger than life, but the work is a fine portrait and an interesting picture.

THE vacancy for a physician to the Liverpool Northern Hospital, caused by the resignation of Dr. Barr, on his being appointed physician to the Royal Infirmary, has been filled by the election of Dr. Thomas Bushby. Dr. Bushby, who is a Bachelor of Medicine of the University of Edinburgh, has been seventeen years in practice in Liverpool, and is held in high esteem by all who know him. He has been for some years assistant physician to the Hospital for Consumption and Diseases of the Chest, and physician to the School for the Blind. He has filled the office of honorary librarian to the Medical Institution, and is one of the surgeons to the Liverpool Police. There were four other candidates for the appointment, all with high qualifications. It augurs well for the success of the new hospital that so many eligible candidates have applied for this office, and the trustees are to be congratulated on the excellent opportunity they have had to make good the loss they have suffered by the resignation of Dr. Barr.

#### MEDICAL VACANCIES.

The following vacancies are announced :

**BATH GENERAL OR ROYAL MINERAL WATER HOSPITAL.**—Resident Medical Officer, unmarried. Salary £100 per annum, with board and apartments in the Hospital. Applications to the Fred. W. Dingle, Registrar and Secretary, before May 11th.

**BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.**—Resident Medical Officer and Resident Surgical Officer. Salaries, £70 and £50 respectively, with board, washing, and attendance. Applications to the Secretary, Children's Hospital, Steelhouse Lane, Birmingham, by May 5th.

**BRIGHTON AND HOVE LYING-IN INSTITUTION AND HOSPITAL FOR WOMEN.**—House-Surgeon, unmarried, and under 30 years of age. Salary, £80 per annum, with furnished apartments, board, gas, coals, and attendance. Applications to A. F. Graves, Clerk, 76, West Street, by May 7th.

**CARDIFF INFIRMARY.**—Assistant Resident Medical Officer, doubly qualified. Appointment for six months, without salary, but with board, washing, and apartments. Applications to Geo. T. Coleman, Secretary, by May 11th.

**CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL AND DISPENSARY.**—Resident House-Surgeon. Appointment for two years. Salary, £100 per year, with board, apartments, and laundry. Applications to the Secretary at the Hospital, Chesterfield, by May 6th.

**CORPORATION OF CROYDON.**—Resident Medical Officer at the Borough Hospital for Infectious Diseases. Appointment for one year. Salary £120 per annum, with board and lodging. Applications endorsed "Resident Medical Officer," to the Medical Officer of Health, Town Hall, Croydon.

**DENTAL HOSPITAL OF LONDON.**—Leicester Square.—Dental Surgeon and Assistant Dental Surgeon. Must be Licentiates in Dental Surgery. Applications to the Secretary by May 10th.

**DEVON COUNTY ASYLUM.**—Assistant Medical Officer. Salary, £120 per annum, with board, lodging, and washing; unmarried. Applications to A. E. Ward, 9, Bedford Circus, Exeter, by May 3rd.

**GENERAL HOSPITAL, Birmingham.**—Assistant House-Surgeon; must possess surgical qualification. Appointment for six months. No salary. Residence, board, and washing provided. Applications to H. J. Collins, House-Governor, by May 8th.

**GENERAL INFIRMARY AND DISPENSARY, Doncaster.**—Indoor Dispenser and Assistant to House-Surgeon. No salary, but board, lodging, and washing provided. Applications to Joseph Clark, Honorary Secretary, by May 10th.

**GLASGOW ROYAL INFIRMARY, GLASGOW OPHTHALMIC INSTITUTION, ST. MUNGO'S COLLEGE.**—Surgeon to the Glasgow Ophthalmic Institution; Ophthalmic Surgeon to the Dispensary of the Glasgow Royal Infirmary; Consulting Ophthalmic Surgeon to the

Wards of the Infirmary; and Professor of Ophthalmology in St. Mungo's College. By agreement the same person will be appointed to all these offices. Salary £100 per annum, with share of students' fees. Applications to Henry Lamond, Secretary, 93, West Regent Street, Glasgow, by May 25th.

**GUEST HOSPITAL, Dudley.**—Resident Assistant House-Surgeon. Appointment for six months. Board, lodging, and washing in hospital. No salary. Applications to the Secretary by May 6th.

**HEIGHAM HALL ASYLUM, Norwich.**—Assistant Medical Officer. Further particulars of the Medical Superintendent.

**HOSPITAL FOR DISEASES OF THE THROAT, Golden Square.**—Junior Resident Medical Officer. Salary, £50 per annum, with board, lodging, and washing. Applications to the Secretary by May 5th.

**HOSPITAL FOR WOMEN, Soho Square, W.**—House Physician, doubly qualified. Appointment for six months. Salary, £30 for that period. Applications to David Cannon, Secretary, by May 15th.

**LIVERPOOL INFIRMARY FOR CHILDREN, Myrtle Street.** House-Surgeon. Salary, £58 per annum, with board and lodging. Applications to the Honorary Secretary by May 10th.

**NATIONAL HOSPITAL FOR DISEASES OF THE HEART AND PARALYSIS, Soho Square, W.**—Resident Medical Officer, doubly qualified. Board, residence, laundry, and an honorarium of 10 guineas for the six months. Applications to the Secretary.

**PARISH OF CLYNE, Sutherlandshire.**—Medical Officer. Salary £60 per annum, with house and garden. Applications to Mr. M. F. Myron, Inspector of the Poor for Clyne, Brora, by May 14th.

**ROYAL LONDON OPHTHALMIC HOSPITAL, Moorfields.**—Assistant House-Surgeon in the Out-patient Department. Non-resident. Salary £50 per annum. Applications to the Secretary, by May 6th.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—Four Examiners in Anatomy and four Examiners in Physiology for the Fellowship. Candidates for the former must be F.R.C.S.Eng. Applications to the Secretary by May 3rd.

**ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.**—Resident Medical Officer. Appointment for six months. Salary at the rate of £100 per annum, with furnished apartments, board, and washing. Applications to the Secretary by May 4th.

#### MEDICAL APPOINTMENTS.

**ANNINGSTON, Bushell, B.A.Cantab., M.D.,** reappointed Medical Officer of Health to the Ely Urban District Council.

**BLAKISTON, Arthur Alex., M.R.C.S.Eng.,** reappointed Medical Officer of Health for the Borough of Glastonbury.

**BLOMFIELD, S. B., L.S.A.,** appointed Medical Officer for the Hurst Green District of the Ticehurst Union.

**CROCKER, J. H., M.D., D.P.H.,** appointed Medical Officer of Health of the Manchester Port Sanitary Authority.

**DAVIES, J. Edgar P., M.B., B.Sc.Lond., M.R.C.S., L.R.C.P.Lond.,** appointed Medical Officer to the South Wales Steel and Tinplate Works, Llanelli, vice J. A. Jones, M.D., deceased.

**DIXON, A. Francis, B.A., M.B.Dub.,** appointed Professor of Anatomy at the University College, Cardiff, vice A. W. Hughes, M.B., C.M.Edin., resigned.

**EATON, James, M.R.C.S.Eng., L.M.,** reappointed Medical Officer of Health to the Grantham Rural District Council.

**GODDARD, Charles Ernest, L.R.C.P.Lond., M.R.C.S.Eng.,** reappointed Medical Officer of Health to the Wembley Urban District Council.

**GRIFFIN, A. E., M.A.Cantab., M.R.C.S.Eng., L.R.C.P.Lond.,** appointed House Physician to the Dreadnought Seamen's Hospital, Greenwich, S.E.

**HAYES, W. A., M.R.C.S.Eng., L.R.C.P.Lond.,** appointed Medical Officer to the Cape Government Railways at Mafeking, British Bechuanaland.

**HENDERSON, Albert, M.A., M.B.Aberd.,** appointed Medical Officer to the Aberdeen Dispensary.

**KENNEDY, Mr.,** appointed Assistant Medical Officer to the Enniscorthy Lunatic Asylum.

**KNUTHSEN, L. F. B., M.B. and C.M.,** appointed Surgeon-on-Duty at the Falmouth Hospital.

**PORTER, Fred., M.B., C.M.Edin.,** appointed Assistant Medical Officer to Roxburgh District Asylum, Melrose.

**PRITCHARD, Wm. Bridgett, M.R.C.S., L.R.C.P.Lond.,** reappointed Assistant Medical Officer to the Royal Infirmary, Manchester.

**RODOCANACHI, A. J., M.D.Lond.,** appointed House-Surgeon to the District Infirmary, Ashton-under-Lyne.

**WATSON, W. D., M.R.C.S., L.R.C.P.,** appointed Medical Officer for the Leigh District of the Rochford Union.

**WRIGLEY, B.A.Oxon., M.R.C.S.Eng.,** reappointed Medical Officer for the Runham Vauxhall District.

**YOUNG, T. B., M.D.Brx., M.R.C.S.Eng., L.R.C.P., L.R.C.S.Edin.,** re-appointed Medical Officer of Health to the Halesowen District Council.

In the notice of the appointment of Medical Officer of Health to the Stowmarket Urban District, it should have read: "Low, Charles W. M.B., D.P.H., appointed Medical Officer of Health," and not Mr. H. Cecil Harper.

#### DIARY FOR NEXT WEEK.

##### TUESDAY.

**PATHOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.—** Dr. Parkes Weber: General Lymphadenomatosis of Bones.

Dr. Rolleston and Mr. E. L. Hunt: Dermatitis Maligna. Dr. A. Latham: Peculiar Specimens of the Vermiform Appendix. Dr. G. F. Still: Gumma of the Spleen in Children. Dr. R. Hingston Fox: Rupture of the Heart. Mr. S. G. Shattock: Mucosalysts in the Stratum Granulosum. Card Specimens: Dr. Parkes Weber and Dr. Rolleston.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C., 3.30 P.M.—Lecture by Dr. Beevor.

#### WEDNESDAY.

THE CLINICAL MUSEUM, 211, Great Portland Street, 4 P.M.—Demonstration by Mr. Jonathan Hutchinson.

OBSTETRICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8 P.M.—Specimens will be shown by Mr. J. Bland Sutton and Mr. J. H. Targett (both with Lantern Demonstrations). Papers—Dr. Thomas Wilson: Chronic Axial Rotation of an Ovarian Cyst giving rise to Extreme Twisting of the Elongated Uterus. Mr. John W. Taylor: On a second case of so-called Abdominal or Ventral Pregnancy at full term; Operation at the twelfth month; Removal of Child and Placenta; Recovery.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, S.W., 4 P.M.—Dr. Mitchell Bruce: On Enlargement of the Heart in relation to various Diseases.

#### THURSDAY.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, 11, Chandos Street, Cavendish Square, W., 8.30 P.M.—Clinical Evening. Mr. Priestley Smith: Ophthalmic Specimens mounted in Formol Solution. Mr. Eve and Dr. F. J. Smith: A case of Obstruction of the Cavernous Sinus. Mr. Hartridge: Unusual (Congenital) Defect of the Crystalline Lens. Mr. Ernest Clarke: Three specimens of Detachment of the Retina.

#### FRIDAY.

EAST LONDON HOSPITAL FOR CHILDREN, 3 P.M.—Mr. R. W. Parker: Demonstration on Surgical Cases.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C., 3.30 P.M.—Lecture by Dr. Colman.

WEST-LONDON MEDICO-CHIRURGICAL SOCIETY, West London Hospital, W., 8.30 P.M.—Mr. Bidwell: Laparotomy in doubtful Abdominal Cases. Dr. Snow: Anticipatory Gland Excision. Mr. Lake: Anterior Turbinectomy.

#### 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 and stamps with the notice not later than Wednesday morning in order to insure insertion in the current issue.

#### BIRTHS.

MICKLE.—On April 12th, at 549, Commercial Road, E., the wife of Arthur W. T. F. Mickle, M.D., of a son.

MOYNIHAN.—On April 27th, at 5, Woodhouse Square, Leeds, the wife of B. G. A. Moynihan, M.S.Lond., F.R.C.S., of a daughter.

#### MARRIAGES.

CALLENDER—STEPHENS.—On April 22nd, at St. Mary Abbott's, Kensington, by the Rev. Douglas Stephens, cousin of the bride, assisted by the Rev. Canon Pennefather, Vicar of Kensington, Eustace Maude Calleender, M.D., fourth surviving son of the late Mr. S. P. Calleender, of Whalley Range, Manchester, to Adelaide Frances, eldest daughter of the late Mr. John Beeching Stephens, of Ardenlee, Maidstone, and of Mrs. Beeching Stephens, of 15, De Vere Gardens, Kensington.

GROVE—STEVENSON.—On the 27th April, at St. John's, Brixton, by the Rev. R. Abbey, Rector of Earl Soham, assisted by the Rev. C. J. R. Cooke, the Rev. A. G. Bowman, and the Rev. C. H. B. Williamson, Vicar, William Reginald Grove, M.B., B.C.Cantab., of St. Ives, Hunts, to Clara Hilda, second daughter of Thomas Stevenson, M.D., F.R.C.P., of Sandhurst Lodge, Gresham Road, S.W.

PAPILLON—FORD.—On April 24th, 1897, at St. Peter's Church, Belsize Park, Hampstead, by the Rev. Duncan Papillon, M.A., Vicar of Hadley, Wellington, Salop, brother of the bridegroom, assisted by the Rev. Gerard J. Ford, M.A., Rector of Ideford, Chudleigh, South Devon, cousin of the bride, Thomas Alexander Papillon, of 3, Pevensey Road, St. Leonards-on-Sea, son of Major A. F. W. Papillon, R.A., of Reading, to Emma Louise Wharton, younger daughter of Wharton Ford, of 49, Fellows Road, South Hampstead, N.W.

PENFOLD—DIXON.—On the 24th inst., at St. Mildred's, Lee, Kent, by the Rev. Francis Helder, Ernest A. Penfold, M.B., Surgeon R.N. (Plymouth Division R.M.L.I.), to Ada, elder daughter of Richard Dixon, of Lee.

ROUW—D'ALMAINE.—On the 14th inst., at the Parish Church, Sutton Courtney, by the Vicar, the Rev. H. Rice, assisted by the Rev. E. Harrington, R. Wynne Rouw, M.R.C.S., L.R.C.P., L.D.S., of 7, Wimpole Street, W., youngest son of W. J. Rouw, J.P., of Ruthin, Denbighshire, to Beatrice Mary, youngest daughter of H. D'Almaine, of Sutton Courtney, Berks.

#### DEATHS.

ANDREW.—At Moorland House, Tavistock, James Andrew, M.D.Oxon, Consulting Physician to St. Bartholomew's Hospital, aged 67 years.

COLMER.—On April 5th, at South Street House, Yeovil, Ptolemy Samuel Henry Colmer, M.D., J.P., aged 55 years.

O'BRIEN.—On March 1st, at Catchgate, Annfield Plain, co. Durham, Thomas Mitchell O'Brien, M.D., aged 42.

#### HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). Attendances—Daily, 2. Operations—Tu. F. S., 2.

CENTRAL LONDON OPHTHALMIC. Attendances—Daily, 1. Operations—Daily.

CENTRAL LONDON THROAT, NOSE, AND EAR.—Attendances—M. W. Th. S., 2; Tu. F., 5. Operations—Daily.

CHARING 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., 5.

CHELSEA HOSPITAL FOR WOMEN. Attendances—Daily, 1.30. Operations—M. Th. F., 2.

CITY ORTHOPEDIC. Attendances—M. Tu. Th. F., 2. Operations—M. 4.

EAST LONDON HOSPITAL FOR CHILDREN. Operations—F., 2.

GEAT 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—M. W. Th. F.

GUY'S. Attendances—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu. F., 1; Skin, Tu. F., 1; Dental, daily, 9; Throat, F., 1. Operations—(Ophthalmic) M. Th., 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; Tu. W. F., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 1.30. Operations—M. F. S., 2.

LONDON. Attendances—Medical, daily ex. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 9; Eye, S., 9; Ear, S., 9; Skin, Tu., 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.

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., 9; 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., 1.30; S., 2; (Obstetrical), Th., 2.

NATIONAL ORTHOPEDIC. 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; Skin, Th., 9; Throat, Nose, and Ear, S., 3; 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.

ROYAL ORTHOPEDIC. 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., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 9. Operations—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.

ST. GEORGE'S. Attendances—Medical and Surgical, daily, 12; Obstetric, M. Th. 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W. S., 2; Throat, F., 2; Orthopaedic, W., 2; Dental, Tu. S., 9. Operations—M. Tu. Th. F., 5.

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; o.p., M. Th., 1.30; Eye, Tu. F., 9; Ear, M. Th., 3; Orthopaedic, W., 10; Throat, Tu., 3; Skin, M. Th., 9.30; Electro-therapeutics, M. Th., 2.30; Dental, W. S., 9.30; Children's Medical, Tu. F., 9.15; Children's Surgical, S., 9.15. Operations—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.

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. F., 2; o.p., daily, ex. 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., 1.30; Mental Diseases, o.p., Th., 10; Dental, Tu. F., 10. Operations—M. W. Th. S., 2; Tu. Th., 3.30; (Ophthalmic), Th., 2; (Gynaecological), 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., 9; 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; Orthopaedic, W., 2; Diseases of Women, W. S., 2; Electric, 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. Th., 9.30; Skin, W., 1; Dental, W. S., 9.15. Operations—M. 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.