

legs became icy cold, and it was some time ere warmth came back. Of course I suspected gangrene and treated it accordingly. On February 7th gangrene commenced to invade not only the foot but above both knees. On February 8th I met Dr. Parkin again, when it was still spreading up the thighs. There was not the slightest pulsation in either femoral artery. So things went on from bad to worse. On February 24th I had another consultation with my old friend, Mr. Teale, of Leeds. On February 27th septic symptoms set in, there were severe rigors, delirium, etc., whilst nourishment, which up to February 24th had been taken well, now was often refused. On March 1st uncontrollable diarrhoea set in, with occasional vomiting. On March 4th there was extreme tympanites, and from this day nothing but a little weak whisky and water was swallowed in teaspoonfuls only, until the end came on March 10th at 10.30 A.M. The urine was examined from time to time, the last taken two days before death, with the same result; specific gravity 1010. Copious albumen—in a column of urine 4 inches high in the test tube one-half would be albumen of such solidity that if turned upside down it would remain unbroken—no sugar. Before death the gangrene spread over the whole of both lower extremities, whilst from above the knees downwards mortification was complete.

I returned the causes of death: Chronic interstitial nephritis, two years; hypertrophy of the heart, ten months; occlusion of the lower part of the abdominal aorta, causing gangrene of both lower extremities, one month; and consequent exhaustion, six days. I must add that this gentleman was not in any way a drinker, in fact, he was most abstemious, but being an inveterate sportsman, he had over and over again been out shooting his own covers, and away with friends on wet days, and many a time had never changed his clothes. No post-mortem examination was obtained.

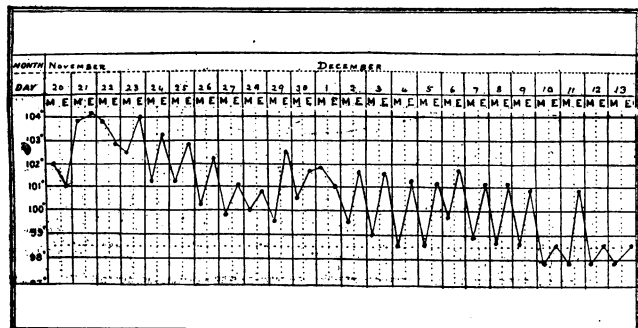
A CASE OF GLANDULAR FEVER ASSOCIATED WITH ERYTHEMA NODOSUM.

By BERTRAM THORNTON, M.R.C.S., L.R.C.P.,
Surgeon to the Royal Sea-Bathing Hospital, Margate.

THERE is a condition of enlargement of the glands of the neck, associated with certain definite symptoms, which is described by Dr. Dawson Williams in Allbutt's *System of Medicine* under the name of "glandular fever" (*Drüsenfieber*).

The clinical history of this disease is fairly familiar, but the causation still remains obscure. The general description of its course and symptoms, however, appears to suggest some constitutional infection. It is, of course, impossible to draw reliable conclusions from an isolated case, but the association of this disease with erythema nodosum in the case I am about to record was sufficiently remarkable to suggest that the poison of rheumatism may have produced both the enlargement of the cervical glands and the erythematous nodules.

G. W., a healthy girl, aged 23, with a family history free from tubercle or rheumatic fever, was accidentally found to have a mitral systolic *bruit* in March, 1899; this was attributed to a vague indisposition in the previous year for which no medical advice had been sought. On November 20th, 1899, the child was suddenly taken ill with stomach ache, severe pain in the neck, followed by enlargement of the glands in the anterior triangle on the left side, and a temperature of 102°. The throat was not then, or subsequently, either inflamed or injected, nor was there any other apparent source of irritation. On the second day the temperature rose to 104°, and the glands on the right side became enlarged. On the fourth day there appeared a few small erythematous papules on the legs, which increased in size and number till the eighth day, when they developed the characteristic nodules of erythema nodosum. Both conditions pursued the usual course, the temperature remaining elevated for



about 26 days, when the nodules disappeared and the glands began to subside. Anæmia was early and marked; perspiration was considerable and of distinctly rheumatic character; at first there was constipation and latterly slight mucous diarrhoea. Convalescence was slow, the debility and anæmia being very persistent, and it was fully three months before the child regained her normal health, the glands on the left side having completely subsided. Sodium salicylate was given on the first day the erythematous papules were observed, but without apparent effect. The marked anæmia and debility that persist after glandular fever are special features of this disease; they are also special

features of the convalescent stages of acute rheumatism. An acute local adenitis due to some obvious lesion in the throat, mouth, or elsewhere is not as a rule associated with such prolonged debility and anæmia, and it is usually unilateral. This leads one to search for some general systemic infection to account for the symptoms. Acute tuberculous enlargement of the cervical glands is, in my experience, not associated with such persistent anæmia and debility. Incidentally I should like to express my opinion that there seems to be too great a tendency to consider that most enlarged cervical glands are necessarily tuberculous; owing to this tendency operations are not infrequently urged before the glands have had a fair chance to subside with the assistance of good food, abundance of fresh sea or mountain air, and bright sunshine. Enlarged glands, whether tuberculous or otherwise, should have, if possible, several months of open-air treatment, unless there is some decided call for operation.

In the particular case which has been described above the rheumatic poison is, to my mind, strongly suggested as the cause of the typical attack of glandular fever; whether it may also be the source of the disease in other cases further observation will doubtless show.

MEMORANDA:

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

AMPUTATION WITHOUT ANÆSTHESIA.

IN the BRITISH MEDICAL JOURNAL of March 31st, page 761, is an interesting memorandum under this title from Mr. Jasper Cargill, L.R.C.P.Lond., of Monathie, Jamaica, in which he describes a case of amputation of the leg of a black woman, between 30 and 40 years of age, after the ill-effects of chloroform had passed off, and the natural sensibility had been restored.

Mr. Cargill reports that, on being informed "that the operation would not be proceeded with, and why," his patient calmly said, "Please cut it off, doctor; I can stand it without chloroform." The leg was afterwards removed, dressed, etc., without the slightest movement or the utterance of a groan from the woman.

Now some people may be ready to exclaim that in the negro race there must be some obtundity of sensibility, the colour of the skin indicating a less advanced development, and consequently less resolution or heroism is necessary for the endurance of acute suffering. But is it so? My experience is antagonistic to such a theory.

Unlike Mr. Cargill, my surgical days were in the "ante-anæsthesia," as well as since that wonderful evolution in the science and art of our noble calling; and I remember, after ether and chloroform were known as pain-annihilators, having to amputate the breast of a highly-refined lady of the pallid, nervous temperament, and nearly 40 years of age, who objected to take chloroform, fearing its lethal consequences.

During the operation she never moved and never said "Oh!" but simply compressed her lips. She quietly smiled or said "Thank you" when all was over. Did that lady not feel acutely? Certainly she did; and her suffering must have been intense, but her moral courage was so much under the influence of an invincible petticoat government which regulated all her actions that the operator could only wonder and admire, and wish that she and all such women were the mothers of all the masculine world.

One man I once saw with a kindred nerve, but he was a big athlete who had so injured one of his fingers that I deemed amputation imperative. When told so he replied, "You know best; get to work." I suggested ether, but he would have none of it, and the idea of pain he laughed at with scorn, and kept laughing and joking all the time I was operating, the legitimate minute being prolonged through the splitting of our sympathetic sides.

What is pain? Some of your very philosophic penmen can perhaps tell us, and guess what the people are made of who can suffer and smile at the same moment, and with apparently equal enjoyment or ease.

Hove, Sussex.

D. MACKINDER, M.D., F.R.C.S.E.

IN the BRITISH MEDICAL JOURNAL of March 31st Mr. Jasper Cargill reports having amputated the leg of a black woman below the knee without an anæsthetic. As I too have had to operate

under similar circumstances, a short report of the case may have some interest.

My patient was a large stout woman, 70 years of age, who had for years had a mitral obstructive murmur. In the year 1880 the late Mr. Young amputated her right leg above the knee for gangrene without an anæsthetic. Two years after she developed gangrene in the left leg produced by occlusion of the popliteal artery. She was not a person that could bear pain patiently, for during the development of the disease I was obliged to push opium until her daily allowance was 12 grs.

From her former experience she was fully aware that her leg could not be saved, and told me from the first that I was on no account to give her anything to "make her sleep."

As chloroform was the anæsthetic she dreaded, I did my best to persuade her on the evening before and on the morning of the operation to allow me to give her ether, as I did not at all relish the idea of operating without it; however, she stuck to her point, so there was nothing for it but to go ahead, which I did, amputating between the lower and middle thirds of the thigh, and from start to finish she never uttered a sound or moved in the very least.

She made a most excellent recovery, Strange to say—although I frequently tried to elicit some information from her as to her feelings during the operation—she absolutely refused to say one word on the subject to me or anyone else.

J. CAMPBELL HALL, M.B.,
Surgeon, co. Monaghan Infirmary.

REPORTS

ON

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

COLONIAL HOSPITAL, PORT OF SPAIN, TRINIDAD.

EXCISION OF KNEE-JOINT IN A MAN AGED 51 YEARS: RECOVERY,
WITH A USEFUL STRAIGHT LIMB.

(By E. A. GAYNES DOYLE, L.R.C.P., M.R.C.S.,
Resident Surgeon.)

The following case is of interest on account of the advanced age of the patient at the time of operation.

R. G., aged 51, was admitted into the hospital on December 10th, 1894, with a history of a chronic swelling of the right knee, which he had had for a long while. He had a fall and hurt the same leg a few weeks previous to his admission. He was a fairly nourished man, with chronic enlargement and thickening of the right knee-joint, which was in a semi-flexed position; motion was limited, extreme flexion or extension not being possible. Manipulation gave much pain. The urine contained neither sugar nor albumen, and there was no organic disease of lungs or heart. Local applications and internal administration of the usual drugs, with gradual extension, were tried from December 10th, 1894, to February 13th, 1895, when I found that the symptoms were getting aggravated. There was loss of sleep, constant pain in the joint and leg, and a daily rise of temperature. The patient had lost his appetite, was getting thin and weak, and the joint was not smaller.

Under an anæsthetic I opened the joint by an anterior curved incision below the patella. The joint was completely disorganised, and infiltrated with pulpy matter. I excised the ends of the tibia and femur, and also removed the patella, scraping away as far as I could all the degenerate tissue. Owing to the weak condition of the patient's heart the anæsthetic (A.C.E.) had to be suspended several times. I was therefore unable to remove all the pulpy tissue. The parts were thoroughly washed with mercurial lotion—1 in 500—and the wound closed. The limb was then put up securely on a straight splint, with an interruption at the joint. The temperature rose to 102°F. on February 16th, but fell soon after to 99°F.

The wound healed kindly, but several abscesses formed around, and later, in the incision scar. These had to be opened after giving rise to much constitutional disturbance. Some of these abscesses contained a considerable quantity of

thick pus. He was put on cod-liver oil, with syrup of the iodide and phosphate of iron.

On March 14th he had an attack of influenza, small abscesses still showing themselves. On May 22nd he had another attack of influenza, but on June 12th he was walking about, and was discharged June 25th, 1895, well.

I saw the patient some time in December, 1895, and again in 1896; he had picked up flesh, and was then apparently in good health, doing his work as manager of a sugar estate, having to be in the saddle the greater part of the day. The joint was quite straight, and I could not detect any movement between the bones. The appearance of the parts was highly satisfactory.

REPORTS OF SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

ALBAN DORAN, F.R.C.S., President, in the Chair.

Wednesday, April 4th, 1900.

INCARCERATED RETRO-DISPLACED GRAVID UTERUS.

DR. J. MUNRO KERR (Glasgow) read a paper in which he pointed out that three varieties of backward displacement of the gravid uterus might be met with, namely, "retroflexion," "retroversion," and "partial or incomplete retroversion." Each form was illustrated by a case.

CASE I.—An incarcerated, retroflexed, gravid uterus, which after several fruitless attempts at replacement righted itself. This occurrence was pointed out to be not very uncommon. CASE II.—This case was reported in full by Professor Murdoch Cameron, in the BRITISH MEDICAL JOURNAL, October 31st, 1896. It was one of incarceration of the retroverted gravid uterus, in which the uterus could not be replaced until Professor Cameron opened the abdomen, then performed cystotomy and emptied the bladder of a large quantity of blood-clot. He then stitched up the bladder and abdomen. The pregnancy continued to full time. The treatment adopted in this case was discussed. CASE III.—Partial retroversion (sacculation) of the gravid uterus caused by a myoma in anterior wall. Reduction of the displacement; continuance of pregnancy. The causes of this form of retro-displacement were described. CASE IV.—Extrauterine pregnancy simulating and mistaken for a retroflexed gravid uterus. Some reported cases were referred to, and the differential diagnosis of the two conditions discussed.

The PRESIDENT had seen a case of retroverted gravid uterus in which the cervix was to the right and the elastic fundus to the left, exactly simulating extrauterine pregnancy, but a few days' delay cleared up the diagnosis. When examining such a doubtful case under anæsthesia, care should be taken lest a gravid tube be palpated roughly. He referred to Unterberger's case, where a gravid uterus, displaced by a fall in the first month, caused distension of the bladder, which forced open the urachus and allowed the urine to flow from the umbilicus. Rupture of an ovarian cyst through the umbilicus was diagnosed, but Unterberger emptied the suspected cyst by passing a catheter through the umbilical opening and another through the urethra. The uterus, retroverted and retroflexed, sacculated, and partially incarcerated, righted itself, and delivery occurred at the fifth month.

DR. ARTHUR GILES had reported to the Society two cases in which extrauterine gestation had been mistaken for retroversion of the gravid uterus, and he now narrated a case which he had seen with Dr. Martin, of Olapham, where a retroverted uterus simulated ectopic gestation. The mass in Douglas's pouch was reduced under anæsthesia, and was then found to be distinctly bilobed, the left lobe feeling like a gravid tube. In a fortnight's time, however, the uterus had recovered its normal shape, and abortion ensued two months later.

DR. LEWERS criticised the treatment of the author's second case. He did not consider abdominal section should be recognised as a method of treatment. He had seen many cases at the London Hospital where the retention of urine had been extreme, over five pints of urine having been drawn off, and in at least two of these there was hæmaturia, but in none had abdominal section been suggested. His treatment was, after emptying the bladder, to replace the uterus, preferably under anæsthesia, or to encourage the uterus to rise spontaneously by rest in bed and regular evacuation of the bladder. Such spontaneous reposition was not unusual. In Professor Cameron's case (Case II) he suggested that the urethra might have been dilated and the clots removed by forceps and irrigation, and if the bladder had been kept empty for a few days,

Dr. John Smith writes :

The social aspects of Maclagan's life were by no means the least interesting. His genial and warm-hearted disposition gathered around him a coterie of the old school practitioners of Edinburgh, now all but passed away. It was, however, to such men that the great Edinburgh Medical School owed many of its peculiar characteristics, and when Maclagan was elected to the "Æsculapian" in 1843, he found then and subsequently as his colleagues such men as Pulteney Alison, John Thatcher, Thomas Stewart Traill, Charles Bell, Nasmyth, John Burt, Balfour, James Syme, Andrew Wood, James Gillespie, J. Y. Simpson, Matthews Duncan, Haldane, Sanders, Lister, and others of a kindred spirit, but too numerous to mention here. Verily there were giants in those days. Among the many original contributions by the members of these social medical clubs so distinctive of Edinburgh, Maclagan's was at times as full of festive humour as at others beautiful in their touching pathos, while in either case, especially when sung by himself, they were always welcome and delightful. In many of these there is shown his love of field sports, both the rod and the gun being with him favourite pastimes. Even in his later years any one who has "been out" with him must have been struck by the light and athletic figure of the old man as he would "blithely tread the bloomin' heather," as his own song has it. It may just be added that Sir Douglas Maclagan was at the period of his death the senior member of the "Æsculapian," and honorary member of the Medico-Chirurgical Club; the only one upon whom this distinction had been bestowed.

Sir Douglas Maclagan's last illness was mercifully painless. He took to his bed some seven weeks ago, and died of exhausted powers. He had been dealt a heavy blow by the death of his daughter some years ago. He was never the same man again. He was attended by his old and devoted friend and former University student of 1869-79, Dr. Affleck.

The funeral took place on April 9th, from St. Stephen's Church to the Dean Cemetery. During the time the mourners were taking their places in the church, the Pipe-Major of the 3rd Battalion Gordon Highlanders, by wish of the deceased, played on the bagpipes the plaintive wails of "The Flowers of the Forest" and "Lovat's Lament." The Senatus of the University was represented by the Principal and others; the Royal College of Physicians by, among others, the President (Dr. James Andrew), and the Vice-President (Sir John Batty Tuke); the Royal College of Surgeons by Dr. Hume Maclaren, Dr. Dunsmure, Dr. John Smith, Dr. Douglas Argyll Robertson, and others; the Royal Society of Edinburgh was represented by Professors Crum Brown and Sir William Turner.

Among the pall-bearers were Dr. R. C. Maclagan, son; and the Archbishop of York, brother.

MAJOR WALTER KIDDLE, M.D., R.A.M.C.

MAJOR WALTER KIDDLE, who was murdered by Frontier tribes at Mongkaw, Upper Burmah, on February 9th, whilst serving with the Burmah-China Boundary Commission, was born in 1864, and received his education at the Royal Naval School, New Cross (now Eltham), and afterwards at Trinity College, Dublin. His record at the University was a brilliant one, as he carried off many prizes, and obtained his B.A. with honours and the gold medal of Senior Moderator. He qualified in medicine in the autumn of 1884, and then was elected House-Surgeon to Sir Patrick Dun's Hospital, Dublin, where he had obtained the clinical medal for Surgery.

He entered the service in February, 1886, obtaining his commission in July of same year, and winning the Parkes memorial medal for Hygiene. He obtained the diploma of Public Health, Dublin, as well as D.P.H. Glasgow and D.P.H. Edinburgh, besides taking the B.A.O., M.D., and qualification in State Medicine of Dublin University. He became L.R.C.P.I. in 1885. He was promoted Major in July, 1898.

At the time of his death Major Kiddle was in medical charge of the escort of the Burmah-China Boundary Commission which left Mandalay last November, and is now operating in the "Wa" country, a rugged unsurveyed district inhabited by head-hunting savages. The news which was transmitted by helio and runner from Mongkew through Lashio and Maymyo,

is to the effect that Major Kiddle and Mr. Sutherland (a political officer) were murdered, and Mr. Fitton (our new consul at Ssumao) wounded by "Was" on February 9th.

A fellow officer in a letter dated Mandalay, February 14th, writes: Major Kiddle was well known and much liked in Mandalay, where he had been stationed for the last year. Personally I knew him well, as we had several tastes in common, and there are few places of interest round Mandalay that we have not visited in our antiquarian rambles. Only last week I got a letter from him, in which he speaks of the anticipated troubles having evaporated. A cultivated gentleman and a most able and energetic officer, his opinion carried weight not only in professional matters but in the manifold questions of everyday life, where his shrewd common sense, his courteous manner, and a fund of quiet humour would carry conviction in cases where tact and judgment were required to overcome prejudice and obstruction. He was a generous man, a well-known Freemason, and his charities will be missed by many in Mandalay. Perhaps his most prominent characteristics to those who knew him well were his fine sense of duty and honour, and a punctilious courtesy which, joined to a rather reserved manner, gave him an air of somewhat old-world formality. In him the service loses a brilliant officer, and the Royal Corps a trusty, well-beloved comrade. That a man of his gifts, the highly-trained product of civilisation, should be cut off in his prime by the chance arrow of a barbarous savage is one of "life's little ironies" that illustrate the incongruities of our age.

..... Sed improvisa leti
Vis rapuit rapietque gentes.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Pasquale Sgrosso, Professor of Clinical Ophthalmology in the University of Naples, and author of numerous contributions to the literature of his speciality, aged 43; Dr. Wilhelm Marcuse, of Berlin, whose name is associated with original work in physiology, aged 40; and Dr. Marchal, one of the most respected practitioners of Lorraine, author of works on medical hydrology, aged 74.

UNIVERSITIES AND COLLEGES.

ROYAL COLLEGE OF PHYSICIANS.

AN extraordinary general meeting of the Fellows was held on Monday, April 9th, the President, Dr. W. S. Church, in the chair.

THE PRINCE OF WALES.

The President communicated to the College the terms of a telegram sent by him in the name of the College to H.R.H. the Prince of Wales, congratulating him on his escape from assassination.

THE UNIVERSITY OF LONDON.

A report received from the Council on a reference as to the way in which the two representatives of the College on the Senate of the reconstituted University of London should be elected was adopted, and it was resolved that the two following by-laws appended to the report be enacted for the first time and then submitted for the approval of counsel.

By-Law XXV. B.—The two persons appointed by the Royal College of Physicians of London to be Members of the Senate of the University of London, pursuant to the statutes made by the Commissioners appointed under the University of London Act of 1838, shall always be Fellows of the College.

By-Law XXIX. B.—The Members of the Senate of the University of London, appointed by the College, shall be elected at a general meeting of the College in the manner following:

"For each vacancy the Council shall nominate a Fellow of the College whom they recommend for the office, and the nomination shall appear on the summons to the College meeting at which the election is to take place.

"At the time of the election the names of any other Fellows may be proposed by any present, and, if duly seconded, these shall be added to the name or names recommended by the Council, and from the list so formed each Fellow present, when voting, shall write on a slip of paper and place in the urn the name of one Fellow for each vacancy to be filled. If more names are written than there are vacancies, the vote shall be null and void. The Fellow or Fellows who shall be found on a scrutiny to have the highest number of votes shall be declared elected.

"In the event of any such Fellow declining to serve, the one who has received the next highest number shall be substituted for him. In the case of an equality of votes among two or more Fellows, a second ballot shall be taken to decide between them, and, this likewise failing, the President shall have a casting vote."

CONGRESS ON TUBERCULOSIS AT NAPLES.

A communication was received from the Home Office enclosing a letter from the President of a Congress on the Prevention of Tuberculosis to be held in Naples from April 25th to the 28th, and inviting observations from the College. It was resolved to be desirable that a representative of England should be present at the Conference.

PRESIDENT'S ADDRESS.

The President then delivered his annual address, in which, after referring to the professional honours conferred during the year, to the financial condition of the College, to communications received from the Government, and to many valuable gifts to the College and to the Library, he, according to custom, gave short obituary notices of the thirteen Fellows of the College deceased during the year.

On the proposal of Dr. Pavy a cordial vote of thanks was unanimously accorded, together with a request from the College to the President that he would permit the publication of his address.

Dr. Church then vacated the chair.

ELECTION OF PRESIDENT.

The ballot for the election of President took place, and Dr. W. S. Church was re-elected President by an almost unanimous vote.

COMMITTEE OF MANAGEMENT.

A report from the Committee of Management, dated March 12th, was received and adopted. The Committee recommended that the course of laboratory instruction in Public Health at the University College of South Wales, Cardiff, be recognised as fulfilling the requirements of the Regulations for Part I of the examination for the Diploma in Public Health. The Committee also recommended that the course of lectures on Pharmacology and Therapeutics at the University College of South Wales, Cardiff, be recognised as fulfilling the requirements of Clause 5 (e) paragraph 2, Section 1 of the Regulations of the Examining Board in England.

"RETURN CASES" OF SCARLET FEVER.

A communication was received from the Metropolitan Asylums Board, asking the guidance of the College on a question which has arisen with regard to certain cases of scarlet fever and diphtheria alleged to prove sources of infection on returning home. After some discussion, in which Sir Dyce Duckworth, Dr. Bridges, Dr. Simpson and others took part, it was resolved that the letter of the Board should be referred to a committee to be nominated by the President, such Committee being authorised to direct any clinical or laboratory work which may be required. The President nominated Dr. J. H. Bridges, Dr. Simpson, Dr. Sidney Phillips, and the Senior Censor (Dr. Pye-Smith) as members of this Committee.

INTERNATIONAL MEDICAL CONGRESS.

A communication was also received from the President of the 13th International Congress on Medicine, to be held in Paris from August 2nd to 5th, inviting the College to send a representative, and Dr. Pavy was appointed as the representative of the College.

COMMUNICATIONS.

Communications were also received from: (1) The Secretary of the College of Surgeons, reporting certain proceedings of the Council on February 8th; (2) the Secretary of the Incorporated Society of Medical Officers of Health; and from two gentlemen resigning their Membership and returning their diplomas.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council was held on April 5th, Mr. H. G. Howse, Vice-President in the Chair.

DONATION TO THE MUSEUM.

The thanks of the Council were given to Mr. N. C. Macnamara for his presentation of casts of portions of the skeleton of pre-historic man.

JACKSONIAN PRIZE.

The prize for the year 1899 on The Pathology, Diagnosis, and Treatment of Inflammatory Affections of the Nasal Fosse, and the associated Sinuses and Air-cells, was awarded to Dr. Lambert Lack, F.R.C.S. The subject chosen for the ensuing year, 1901, is The Diagnosis and Treatment of Bullet Wounds of the Chest and Abdomen.

JOHN TOMES PRIZE.

The prize founded by the dental profession in honour of the late Sir John Tomes, F.R.S., was awarded to Mr. J. H. Mummery, Member and Licentiate in Dental Surgery of the College.

ALTERATION OF BY-LAWS.

The Council approved the alteration in Section XX, given below. The by-laws have again to be submitted to the Council, after which they will be forwarded to the Government authorities for legal sanction. The alteration relates to the admission to the Fellowship by examination, and provides that a candidate who is not a Member, but possesses a qualification recognised by the Council for the purpose, may apply after four instead of after five years of professional study.

RESIGNATION OF MR. J. N. C. DAVIES-COLLEY.

The Council passed a resolution to the effect that in accepting the resignation of Mr. Davies-Colley, they expressed their deep regret that illness should be the cause of such resignation, and their appreciation of his services to the College both as a member of the Council and of the Court of Examiners.

ELECTION OF FELLOWS.

The following Members of twenty years' standing were elected Fellows: Surgeon-Major-General William Roe Hooper, C.S.I.; Frederick Page.

THE PRINCE OF WALES.

A telegram was sent to His Royal Highness the Prince of Wales expressing the congratulations of the Council at his recent escape from assassination.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

HONORARY FELLOWSHIP.

At the stated meeting of the Royal College of Physicians of Ireland, held on April 6th, the President admitted Sir James Reid, Bart. K.C.B., to the Honorary Fellowship of the College. The President having alluded to the distinguished undergraduate career of Sir James Reid at the University of Aberdeen, referred to the responsible position which he now occupied as personal physician to Her Majesty the Queen. Sir James Reid, in a few felicitous remarks, thanked the college for the honour which had been conferred upon him, and men-

tioned in particular the cordial relations which existed between the London and Irish Colleges of Physicians.

THE COMPANIES BILL, 1900.

When the Companies Bill of last year was under discussion, the Pharmaceutical Society of Ireland asked the support of the Royal College of Physicians of Ireland to a memorial praying that pharmacists should be included in the scope of the Bill. The College gave their approval to the Bill, but informed the Pharmaceutical Society that legislation in the direction which they advocated was inadvisable.

In connection with the Companies Bill which is now before Parliament, and which contains a clause (2) that to a certain extent protects the pharmaceutical chemists, the Society again approached the College of Physicians, this time to ask their interest in obtaining the entire exclusion of the said clause from the Bill, and the introduction of the words "pharmaceutical chemists" after dentists in the medical clause (3) of the Bill. To this request the College have replied that they are unable to accede, but in order to meet the objection which was raised to Clause 2 by the Pharmaceutical Society, namely, that companies would thereby be enabled to carry on any number of branch businesses under the nominal management of one qualified person, the College have decided that they will support an amendment that after the word business in Clause 2, line 3, there shall be inserted "as well as each separate branch of the same." This would require that a duly registered pharmaceutical chemist or chemist and druggist should be in charge of each separate branch, as well as of the chief business conducted by a company.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE QUEEN'S VISIT.—The Council of the Royal College of Surgeons in Ireland have decided that, in honour of the Queen's visit, the half Fellowship of the College shall be allowed to all students who have up to June next passed the ordinary Conjoint Professional Examinations in Anatomy, Physiology, and Histology, which are the only subjects required for the half Fellowship Examination.

UNIVERSITY OF EDINBURGH.

The following have passed the First Professional Examination in the subject undermentioned:

Chemistry.—Farhat Ali, M. I. Ali Khan, J. Allan, D. I. Anderson, K. G.

Archer, W. F. Archibald, M. Ashkenazie, M. Ashruff, C. T. Ayana, E. A. Aylward, J. W. H. Babington, F. Baillie, Agnes Balfour, J. M. Barkley, R. B. Barnettson, G. G. Bartholomew, W. J. Basson, B. Baty, W. P. Beattie, M. M. Sujjad Beg, C. M. Begg, A. R. Berrie, J. M. Beyers, A. S. L. Biggart, J. W. Bingham, F. T. Bowerbank, D. Brown, W. S. M. Brown, G. L. Brunton, R. R. Calwell, Mary T. Cameron, T. F. Campbell, T. E. Carlyle, R. A. Chapman, D. M. C. Church, J. Clarke, M. L. Cohen, A. G. Cook, T. E. Coulson, R. W. Craig, J. Craw, W. H. Davison, T. H. Easton, C. G. Edmondston, E. J. Elliot, H. Ferguson, J. J. H. Ferguson, J. M. R. Flament, F. S. B. Fletcher, W. H. Forsyth, W. J. Fraser, T. Gardner, N. J. H. Gavin, O. M. Gericke, H. M. Gillespie, J. A. Glover, W. Godfrey, H. V. Goldstein, Eleanor A. Gorrie, J. M. Graham, W. W. Greer, J. Grieve, E. J. Griffiths, J. R. Hall, P. A. Harvey, E. Henderson (M.A.), A. W. Hogg, M. A. Huk, M. M. Huk, K. U. A. Inniss, Ada Jackson, J. Jardine, W. Jarvis, W. W. Johns, S. A. Johnston, J. H. H. Joubert, F. Jung, J. Kirk, G. F. S. Landon, A. G. Leitch, A. J. Lewis, C. D. Lochrane, J. B. Lockerbie, A. P. G. Lorimer, D. H. C. MacArthur, A. D. McCallum, S. A. McClinton, W. McConaghy, J. S. M. Donald, J. McDonald, J. W. McEwan, H. R. Macintyre, J. Mackenzie, R. J. Mackessack (M.A.), N. McLeod, Elspeth M. Macmillan, A. Malseed, M. M. Mamourian, D. P. Marais, H. G. Marshall, J. B. Mears, L. S. Milne, K. A. Moody-Stuart, J. Morris, T. B. Mouat, Annie M. Mulholland, W. M. Munby, D. S. Murray, A. W. Neill, A. Oliver, C. D. O'Neal, A. Pampellone, W. J. Patterson, J. L. Pearce, Florence M. S. Price, L. Ram, D. G. Reid, A. O. P. Reynolds, Margaret H. Robertson, T. Robertson, J. Robertson (B.Sc.), C. S. Ryles, J. Saffley, Elsie B. Saunders, A. I. Shephard-Walwyn, F. R. Sinton, C. J. Smith, E. H. Smith, G. M. Smith, W. A. Wilson-Smith, R. A. L. van Someren, P. Steele, G. Stewart, H. A. Stewart, A. C. Strain, Annie F. Theobalds, H. M. Thompson, A. Todrick, Rose C. Townend, F. L. de Verteuil, A. N. J. Vizarat, R. W. L. Wallace, T. Walsh, R. H. Watt, J. D. Wells, D. C. Welsh, W. H. Welsh, D. P. D. Wilkie, T. Wright.

UNIVERSITY OF GLASGOW.

The following have passed the first professional examination for the degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.) in the subjects indicated (B., Botany; Z., Zoology; P., Physic; C., Chemistry):

S. C. Adam (Z., C.), A. R. Aitken (Z., C.), A. C. Amy (B., Z., C.), A. W. Anderson (Z., C.), H. G. Anderson (Z., C.), J. Bain (B.), A. R. Barrowman (Z., C.), G. Beattie (P.), E. D. Bell, M.A. (Z., C.), T. Bennett, M.A. (B., P.), D. Blackley (Z., P., C.), R. G. Bradford (P.), F. Brechin (Z., C.), T. Brodie (Z., C.), C. Brown (Z., C.), J. Brown (P.), C. Burns (Z., C.), G. Y. Caldwell (Z., C.), A. Campbell (B., C.), J. C. Christie (B., P.), A. E. Clark (P.), A. Connal (P.), W. S. Craig (Z.), J. C. Crawford (B., P.), D. Dickie (P.), A. C. Douglas (Z., C.), A. G. H. Elder (B., P.), H. H. Fulton (Z., C.), W. H. Gilliat (B., Z.), D. L. Graham (Z., C.), D. J. G. Grant (Z., C.), G. M. Gray (Z., C.), L. L. Greig (Z., C.), C. F. D. Hammond (Z.), A. R. F. Hay (C.), A. Innes (Z., C.), J. R. Kerr (Z., C.), J. Kerr (B., P.), G. N. Kirkwood (B., P.), R. W. Leckie, W. Main (B., Z.), W. B. M. Martin (Z., C.), A. Meek (Z., C.), G. D. Muir (B., C.), M. Munro (Z., J. Murdoch (Z., C.), A. A. Murison (Z.), F. A. Murray (Z., C.), T. S. Macaulay (Z., C.), D. C. Mc Cormick (Z.), J. F. Macdonald (Z., C.), N. McDougal (Z.), J. B. McEwan (Z.), T. D. McEwan (Z., C.), D. Macfadyen (Z., C.), J. Macfarlane (Z., C.), R. Macfarlane (Z., C.), J. D. Macfie (Z., P., C.), A. S. M. Macgregor (Z., C.), R. C. McGuire (Z., C.), J. M'Houli (Z., C.), R. Mackinnon (Z., P.), N. A. Macleod (B., Z.), C. R. Macleod (B., Z.), A. S. M'Millan (B.), A. B. M'Pherson (B., Z., P., C.), J. A. Macvey (C.), G. C. Nielson (Z., C.), T. Orr (C.), H. F. Patrick (Z., C.), J. Pearson (Z., C.), A. M. Pollock (Z., C.), J. Porter (Z., C.), W. M. Rae (Z., C.), D. R. Reid (Z., C.), D. S. Richmond (B., Z.), J. W. Richmond (B., Z.).

R. T. C. Robertson (Z.), F. D. Scott (C.), E. L. Sieger (B.), J. C. D. Simpson (Z.), J. M. Smith (P.), M. W. Smith (Z.), N. B. Stewart (C.), W. Stewart (B. P.), W. C. Stewart (B. Z. P.), M. K. Taylor (Z. C.), W. R. Taylor (Z. P.), J. W. Thomson (Z. C.), J. J. Townley (B. Z.), A. M. M. Watson (B.), T. M. Watt (Z.), A. C. West (Z. C.), G. J. Williams (B. Z.), P. C., G. Wilson (B. C.), R. M. N. Wilson (P. C.), J. Young (P. C.).

Women.—A. A. Baird (C.), A. M. C. Black (B. Z.), R. Campbell (P. C.), M. T. Gallagher (P. C.), A. W. Maclean (B.), C. R. Park (P. C.), H. R. L. Reid (B. Z.), J. K. Shaw (P. C.), A. M. Yates (P. C.).

The following have passed the Second Professional Examination for the degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.) in the subjects indicated (A., Anatomy; P., Physiology; M., Materia Medica and Therapeutics):

A. Anderson (M.), W. K. Anderson (P.), W. Armitage (A. M.), A. G. Banks (A. P.), R. Bryson (A. M.), E. C. Burnett (P.), J. M. H. Caldwell (M.), J. J. Y. Campbell (A.), D. L. Carmichael (A. P.), R. P. Cartwright (M.), W. B. Chapman (P.), H. W. Crawford (A. P.), D. W. Davidson (M.), A. R. Dow (P. M.), W. Elder (A. M.), J. Ferguson (P. M.), J. Ferguson, M.A. (A. M.), T. Forsyth (M.), W. Gemmill (A. P.), W. W. George (P. M.), J. R. Gilmour (M.), J. M. Gordon (A. P.), J. Guthrie (A. P.), J. M. J., J. A. Hagerty (A. P.), R. D. Hodge (A. M.), J. B. D. Hunter (A. P.), N. M. C. Hutchison (A.), E. D. Jackson (A. P.), G. R. Jeffrey (A. P.), W. F. Kay (A. P.), J. T. Kelly (M.), J. Kennedy (A.), A. M. Kerr (A. P.), W. H. Kirk (P.), S. E. Lewis (P. M.), A. Linn (P.), T. Lovett (A. P.), J. P. Lusk (M.), R. Makins (A. P.), M. R. Menzies (A.), J. G. Millar (A.), W. A. Milne (A. P.), J. A. Mitchell (A.), A. D. Mitchell (P.), J. Morrison (M.), J. Muir (P.), D. D. McDougall, M.A. (A. P.), A. A. MacFarlane (A. P.), A. Macintyre (A. P.), D. D. F. Macintyre (A.), T. M. Laren (A.), H. A. McLean (A. P.), J. Maclean (A. P.), D. H. Macphail (A. P. M.), J. S. Nicolson (M.), J. D. Nisbet (P. M.), R. Orr (P.), T. Rankine (A. P.), J. M. Reid (A. P.), J. W. Renton (A.), T. Richmond (A. P.), D. Kiddle (A. P.), W. R. Blackwood (A.), N. C. Rogers (P.), E. H. Ross (A. P.), J. Smith (A.), J. W. Smith (A. P.), R. C. Smith (A. P.), D. Spence (P.), J. R. Thomas (P.), J. Unsworth (A.), R. Wallace (A. M.), T. I. Wallace (A.), H. F. Warwick (P.), A. B. Watt (A. P.), P. M. Waugh (P.), A. S. Wilson (M.), J. Wilson (A.).

Women.—H. S. Baird, B.A. (M.), G. D. Bostock (A. P.), M. E. Bryson (P. M.), E. MacL. Lochhead (A. P.), J. S. MacEwen (A. P.), J. H. M'Ilroy, M.A. (P.), M. H. Scott (A. P.), E. C. Wallace (A.).

The following have passed the Third Professional Examination for the Degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.) in the subjects indicated (P., Pathology; M., Medical Jurisprudence and Public Health):

J. Anderson (P.), T. Anderson (P. M.), W. Archibald (P. M.), R. W. Auld (P.), J. S. Barr (P.), W. M. Brown (P. M.), P. T. Cairns (P. M.), S. J. Cameron (P.), R. D. Campbell (P. M.), E. S. Chapman (P. M.), G. H. Clark (P. M.), J. B. W. Cook (P. M.), J. S. Dale (P.), D. B. Davidson (P.), G. H. G. Davie (P.), A. Doig (P. M.), R. S. Dunlop (P.), G. B. Eadie (P. M.), G. Ferguson (P.), D. J. Fletcher (M.), A. Gow (P. M.), A. P. Granger (P. M.), J. Gregor (P. M.), G. E. Harlan (P. M.), F. J. Henry (P. M.), J. M. Henry (M.), C. M. Hope (M.), D. W. Hunter (P. M.), M. Hunter (P.), W. J. Isbister (P. M.), P. Jones (P. M.), D. R. Kilpatrick (P. M.), D. Kyle, M.A. (P.), J. Lambie (P. M.), J. F. Lambie (M.), F. J. Lochrane (P.), E. Magoveny (P. M.), W. A. Masson (P. M.), R. J. Mills (P. M.), W. A. Milne (P. M.), A. R. Moir (M.), A. H. Muir (P. M.), J. W. McDougall (M.), W. J. McFeat (M.), W. F. McGlashan (M.), A. Maclean (P. M.), J. Patton (P. M.), J. M. Pherson, M.A. (P. M.), R. Ramsey (P. M.), A. Reid (P. M.), P. M. Reid (M.), W. Robertson (P. M.), R. T. Rodger (P. M.), W. G. Rodger (P. M.), T. Ross (P. M.), C. J. Ross, B.A. (P. M.), D. Steed (P. M.), J. Stewart, M.A. (P. M.), J. N. Todd (P. M.), G. Tomkinson (P.), J. W. Turner (P. M.), W. Valentine (P. M.), A. E. Wainwright (M.), J. Walker (P. M.), G. S. Wallace (P. M.), M. W. William (P. M.), W. W. Wilson (P. M.), W. R. Wylie (P. M.).

Women.—J. B. Higgins (P. M.), C. S. Howden (P. M.), K. M. Myhre (M.), M. J. Pirret (P. M.), E. N. McB. Ross (P. M.), A. B. Sinclair (P. M.), E. H. Smith (P. M.), H. F. Young (P. M.).

* With distinction.

UNIVERSITY OF ABERDEEN.

At the Graduation Ceremony on April 4th the following degrees and diplomas were conferred:

Degree of Doctor of Medicine (M.D.).—F. Beaton, M.B.—Thesis: Enterocolitis of Infants: its Etiology and Treatment; H. G. Cowie, M.A., M.B.—Thesis: Clinical Notes on Diphtheria; A. B. Dalgetty, M.B.—Thesis: Water Itch; G. B. Scott, M.B.—Thesis: Asthma in Children: its Pathogeny and its Varieties, with two cases; D. Simpson, M.A., M.B., Major I.M.S.—Thesis: Elephantiasis Arabum. *Worthy of commendation.

Degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.) (New Ordinances).—H. Fraser† (First Class Honours), H. Peterkin†, M.A. (Second Class Honours), H. B. Tawse (Second Class Honours), A. Westernman (Second Class Honours), W. J. I. Bruce, W. J. Caie, M.A., R. Carnegie, J. Catto, A. R. Davidson, H. A. Davidson, J. W. Duncan, M.A., S. D. Fairweather, M.A., G. G. Farquhar, J. Forbes, J. McC. Fraser, M.A., K. Fraser, M.N. Houghton, W. E. Lawson, D. E. Macdonald, J. McKenzie, M.A., E. H. Nash, W. D. Pringle,† J. Richardson, J. A. Simpson, H. T. Skae, R. A. Slessor,† M.A., C. L. Smith, H. E. Smith, A. L. Sutherland, M.A., J. Taylor, M.A., J. M. S. Wood.

† Passed Final Examination with distinction.

Degrees of Bachelor of Medicine (M.B.) and Master in Surgery (C.M.) (Old Ordinances).—J. Hadfield, F. W. Moir, D. W. K. Moody, W. M. Smith, W. P. Young.

Diploma in Public Health.—J. McR. Cowie, M.B., J. Dawson,† M.A., M.B., A. J. Hynd, M.B., J. A. Stephen, M.A., M.B., A. Urquhart, M.A., M.B.

† With credit.

UNIVERSITY OF DURHAM.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE (Old Regulations).—The following candidates have satisfied the examiners in the subjects undernoted:

Chemistry with Chemical Physics.—G. Fowler, L.R.C.P. and S., D.P.H. Lond., Madras University; A. M. Watts, M.R.C.S., L.R.C.P., University College, London.

Elementary Anatomy.—E. J. Miller, Middlesex Hospital and Cooke's School of Anatomy.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE (New Regulations).—The following candidates have satisfied the examiners in the subjects undernoted:

Elementary Anatomy and Biology, Chemistry and Physics.—W. Gibbons, College of Medicine, Newcastle-upon-Tyne (First-class Honours); F. Stoker, College of Medicine, Newcastle-upon-Tyne (Second-class Honours); J. A. Bennett, College of Medicine, Newcastle-upon-Tyne; W. Haward, College of Medicine, Newcastle-upon-Tyne; T. C. Hunter, College of Medicine, Newcastle-upon-Tyne; J. W. Lacey, College of Medicine, Newcastle-upon-Tyne; Constance Charlotte Robertson, College of Medicine, Newcastle-upon-Tyne; Janet Arthur Vaughan, London School of Medicine for Women; H. Wolfe, College of Medicine, Newcastle-upon-Tyne.

Chemistry and Physics.—A. H. Bateman, St. Bartholomew's Hospital; C. P. Burd, M.R.C.S., L.R.C.P., Mason College, Birmingham, and St. Bartholomew's Hospital; C. Fisher, M.R.C.S., L.R.C.P., St. Bartholomew's Hospital; W. W. Jones, Mason College, Birmingham; S. Nix, St. Mary's Hospital; P. M. Rivaz, St. Bartholomew's Hospital; W. Seymour, College of Medicine, Newcastle-upon-Tyne; W. F. Wilson, College of Medicine, Newcastle-upon-Tyne.

Elementary Anatomy and Biology.—F. D. Atkins, St. Thomas's Hospital; L. A. H. Bulkeley, College of Medicine, Newcastle-upon-Tyne; F. T. H. Davies, Mason College, Birmingham; H. E. Featherstone, College of Medicine, Newcastle-upon-Tyne; A. J. Gilbertson, College of Medicine, Newcastle-upon-Tyne; J. J. Grant, College of Medicine, Newcastle-upon-Tyne; A. H. Heslop, Oxford University and College of Medicine, Newcastle-upon-Tyne; Lizzie Evelyn Kendal, College of Medicine, Newcastle-upon-Tyne; F. W. Kemp, College of Medicine, Newcastle-upon-Tyne; R. V. Khedkar, Grant College, Bombay; G. E. Lloyd, College of Medicine, Newcastle-upon-Tyne; C. F. F. McDowall, College of Medicine, Newcastle-upon-Tyne; Bertha Mary Mules, London School of Medicine for Women; W. J. Phillips, B.Sc., College of Medicine, Newcastle-upon-Tyne; Mary Raw, College of Medicine, Newcastle-upon-Tyne; C. D. Reiton, College of Medicine, Newcastle-upon-Tyne; Olga Schiele, London School of Medicine for Women; F. R. Snell, St. Thomas's Hospital; F. J. Strachan, College of Medicine, Newcastle-upon-Tyne; W. L. Tindle, College of Medicine, Newcastle-upon-Tyne; T. Visser, College of Medicine, Newcastle-upon-Tyne.

Elementary Anatomy, Chemistry, and Physics.—A. Reid, Guy's Hospital.

CONJOINT BOARD IN ENGLAND.

The following gentlemen have passed the Second Examination of the Board in the subjects indicated:

Anatomy and Physiology.—S. Bazalgette, J. J. Armitage, F. R. E. Wright, and C. H. Latham, St. Thomas's Hospital; R. R. Garrett, W. H. D. Breton, St. Mary's Hospital; K. Black, C. H. Dawe, P. A. Peall, B. H. Wedd, E. J. Gaffney, Guy's Hospital; C. D. Pye-Smith, University College, Sheffield, and Guy's Hospital; W. L. M. Day, Oxford University and Guy's Hospital; F. R. Edmonds, H. B. Simpson, University College, London; W. B. Clark, King's College, London; C. L. Lakin, S. A. Boyd, Charing Cross Hospital; W. F. Jones, Charing Cross Hospital and Mr. Cooke's School of Anatomy and Physiology; H. H. Bashford, M. Culpin, London Hospital; D. A. H. Moses, St. Bartholomew's Hospital; T. Rose, J. W. Hele, Middlesex Hospital; E. W. Dewey, St. George's Hospital; J. S. Pearson, Cambridge University and St. George's Hospital; G. E. Aubrey, R. J. P. Thomas, F. M. Bishop, A. F. Forster, St. Bartholomew's Hospital; D. Brodie, H. S. Faber, St. George's Hospital; A. C. Birt, S. H. Pitcairn, and J. C. F. D. Vaughan, St. Thomas's Hospital; H. M. Goldstein, H. W. Wallis, R. Larkin, G. S. Robertson, Guy's Hospital; O. M. Bartlett, St. Mary's Hospital; R. L. Ridge, F. W. Jones, London Hospital; E. G. Kellgrew, Cambridge University; W. B. Davy, Middlesex Hospital; W. Garton, Westminster Hospital.

Anatomy only.—F. F. L. How, University College, London.

Twenty-one gentlemen were referred in both subjects and two in Physiology only.

SOCIETY OF APOTHECARIES OF LONDON.

PRIMARY EXAMINATION, PART II.—The following candidates have passed in:

Anatomy.—C. E. Adams, Guy's Hospital; C. M. L. Cowper, Guy's Hospital; L. Denny, Royal Free Hospital; E. M. de Wilton, St. Mary's Hospital; W. Garton, Westminster Hospital; W. Hunter, Durham; H. Jacques, London Hospital; F. H. Maberly, Birmingham; H. J. May, London Hospital; F. Murray, Royal Free Hospital; A. E. Phelps, Cambridge, and St. Thomas's Hospital; C. H. Pring, Bristol and Westminster Hospital; W. P. Taylor, Sheffield and Bristol.

Physiology.—C. E. Adams, Guy's Hospital; W. H. Bush, Guy's Hospital; P. S. Cooke, Charing Cross Hospital; C. M. L. Cowper, Guy's Hospital; L. Denny, Royal Free Hospital; A. W. Ellis, Edinburgh; H. R. Grellet, Guy's Hospital; H. Jacques, London Hospital; S. A. Mahmood, University College Hospital; H. P. Margetts, St. Bartholomew's Hospital; S. Newmark, Edinburgh; H. A. Parker, St. Thomas's Hospital; A. R. Phelps, Cambridge and St. Thomas's Hospital; C. H. Pring, Bristol and Westminster Hospital.

PRIMARY EXAMINATION, PART I.—The following candidates have passed in:

Biology.—E. Renouf, Royal Free Hospital; J. A. Renshaw, Manchester. *Chemistry*.—B. F. Board, Royal Free Hospital; L. V. Hill, Sheffield; B. L. Jones, Charing Cross Hospital; C. Kellgren, Royal Free Hospital; D. Mann, Royal Free Hospital; J. E. Mondon, Glasgow; E.

Renouf, Royal Free Hospital; J. A. Renshaw, Manchester; C. A. Sampson; J. M. Worswick, Manchester.
Materia Medica and Pharmacy.—T. M. Burton, Royal Free Hospital; W. H. Cotton, Dublin; A. T. Harvey, London Hospital; F. P. Jescelyne, Leeds; J. A. Renshaw, Manchester; C. M. Scott, Royal Free Hospital.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,802 births and 5,120 deaths were registered during the week ending Saturday last, April 7th. The annual rate of mortality in these towns, which had been 21.6 and 21.4 per 1,000 in the two preceding weeks, rose again last week to 23.0. The rates in the several towns ranged from 15.0 in Derby, 16.5 in Birkenhead, 17.2 in Gateshead, and 17.3 in Sunderland to 31.0 in Manchester, 31.6 in Liverpool, and 32.9 in Preston. In the thirty-two provincial towns the mean death-rate was 23.7 per 1,000, and exceeded by 1.7 the rate recorded in London, which was 22.0 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.2 per 1,000; in London the death-rate was equal to 2.0 per 1,000, while it averaged 2.4 in the thirty-two provincial towns, among which the highest zymotic death-rates were 4.0 in Salford, 4.4 in Preston, 4.7 in Wolverhampton, 5.3 in Blackburn, 5.9 in Cardiff. Measles caused a death-rate of 2.4 in Oldham, 2.5 in Huddersfield, 2.9 in Wolverhampton, 3.1 in Plymouth, and in Halifax, and 4.6 in Cardiff; scarlet fever of 1.7 in Nottingham, and whooping-cough of 1.7 in Wolverhampton, 1.8 in Manchester, 1.9 in Salford, and 2.3 in Norwich. The mortality from "fever" showed no marked excess in any of the large towns. The 18 deaths from diphtheria in the thirty-three towns included 22 in London, 13 in Sheffield, 5 in Portsmouth, 5 in Leeds, and 4 in Blackburn. Two fatal cases of small-pox were registered last week in Liverpool, but not one in any other of the thirty-three large towns. The number of small-pox patients in the Metropolitan Asylums Hospitals, which had declined from 11 to 3 at the end of the six preceding weeks, had further fallen to 2 on Saturday last, April 7th. The number of scarlet fever patients in these hospitals and in the London Fever Hospital at the end of the week was 1,712, against numbers decreasing from 3,578 to 1,696 on the twenty preceding Saturdays; 185 new cases were admitted during the week, against 181, 170, and 172 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, April 7th, 1,023 births and 672 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 22.2 and 22.8 per 1,000 in the two preceding weeks, declined again to 21.7 last week, and was 1.4 per 1,000 below the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 16.4 in Dundee, and 16.6 in Leith, to 24.3 in Glasgow, and 25.8 in Greenock. The zymotic death-rate in these towns averaged 2.0 per 1,000, the highest rates being recorded in Glasgow and Greenock. The 347 deaths registered in Glasgow included 9 from measles, 4 from scarlet fever, 3 from diphtheria, 10 from whooping-cough, 3 from "fever," and 8 from diarrhoea. Three fatal cases of diarrhoea were recorded in Edinburgh; 3 of measles in Dundee; 3 of whooping-cough in Aberdeen; and 3 of diarrhoea in Leith.

INDUSTRIAL LEAD POISONING.

HOUSE PAINTERS AND PLUMBERS.

In a recent number of the BRITISH MEDICAL JOURNAL the attention of the medical profession was drawn to the necessity of notifying all instances of lead poisoning occurring in places covered by the Factory Acts. At that time lead poisoning in plumbers, for example, was not strictly included in the requirement, but the Home Office has now issued a Memorandum supplementing that of December, 1898, so as to include cases (1) occurring under certain condition in house painters and plumbers, and (2) recurring attacks in the same person. There is no country in the world where statistics of industrial lead poisoning are more complete than in our own. By extending the sphere of notification, information would be obtained of dangerous conditions that have hitherto escaped official notice, but the Home Office is handicapped by statutory limitations. Plumbism acquired through drinking contaminated water or caught in some industrial occupation outside the pale of the Factory Acts cannot be dealt with by the Home Office, nor can the usual fee under these circumstances be paid to the notifying medical practitioner. It is absolutely essential that the patient reported by the practitioner should have contracted lead poisoning in a factory or workshop. When a painter who is spending some part of his time in a factory or workshop, occupied by his employer grinding lead pigments or mixing lead paints, contracts plumbism, there is naturally some doubt as to whether the illness was contracted in the indoor work. The Home Office is now prepared to accept certificates dealing with these cases, and to pay the usual fee of half a crown on the assumption (a) that the practitioner is in a position to say that the patient is employed in connection with a given factory or workshop in which, from the nature of the work carried on, risk of lead poisoning may reasonably be anticipated; and (b) that no case will be notified in which this is not so. The notification certificate must state the particular factory or workshop. Reported cases of lead poisoning among plumbers and house-painters will be referred to the factory inspector of the district, and by him to the certifying surgeon when necessary, and these cases will be classed and published separately in the returns. A house-painter who contracts plumbism in outdoor work—in other words, away from the factory or workshop—does not therefore come under the above category.

RECURRING ATTACKS OF PLUMBISM.

Doubt has been felt by practitioners as to how far recurring attacks of lead poisoning in the same individual should be reported. The Chief Inspector of Factories now makes it known that where the affected person continues to work in lead, successive attacks, if clearly ascertained to be distinct from those preceding, are each to be notified. The utility of this requirement is obvious. Not only is that particular case watched, and its history preserved, but the attacks of plumbism recurring in the same individual would point to the need possibly for more stringent regulations or for a longer suspension from work of that individual should the certifying surgeon deem it necessary. It is different with persons who are suffering from chronic lead poisoning, and who have ceased to work. Since in these there has been no fresh exposure to lead, and in all probability these cases have been already notified, there is no further obligation on the part of medical men to report them, nor is it expected. This fresh memorandum of Dr. Whitelegge places medical practitioners in possession of the information that many of them wanted, and is a step in the right direction.

THE ISOLATION OF SCARLET-FEVER PATIENTS.

DR. EDWARD DEAN MARRIOTT (St. Ann's Wells Road, Nottingham) writes: In your review of my booklet (March 24th, p. 743), perfectly fair and just as all your criticisms are, I notice you fall back on the fallacious statistical method. You evidently do not share the growing scepticism regarding statistical information. Mr. Jonathan Hutchinson said quite recently: "I distrust all statistics—no one more than I," and I think most of us share his opinion. While it is impossible to dispense with statistics altogether, they cannot, I submit, be accepted as reliable argument unsupported by strong collateral evidence. The diminished zymotic mortality-rate is the one argument, and I shall show that it is a method of reasoning which cannot be leaned on very heavily.

It is beyond question that there has been a great saving of life in recent times so far as zymotic diseases are concerned. Marvellous, indeed, would it be were this not the case when we consider the gigantic sums of money which have been spent lavishly by the municipalities of this country on public health. Of the debt of £252,000,000 which has been raised by local authorities (thanks to the manner in which these same authorities have contrived to defeat the provisions of the Borough Funds Act, which was passed to give ratepayers control over reckless expenditure) immense sums have been spent on the sanitary betterment of our large towns and cities, apart altogether from the money expended on isolation hospitals. We had, therefore, a right to expect that the better hygienic conditions under which we have been living would bear fruit in diminishing mortality-rates. This we know to have taken place, but to attribute this saving of life to a system the universally admitted evils of which go to prove that by no chance whatever could it be a success, is illogical. Isolation hospitals have played no part in the diminution of zymotic mortality-rates. The saving of life commenced long before compulsory notification or hospital isolation were dreamed of. It has been maintained, *pari passu*, in towns under no system of notification and in notification towns where the percentage of removals has been so small as to be a negligible quantity. In places like Nottingham, where 93 per cent. of all notified cases have been segregated, and where as a consequence (for it will be found that the percentage of removals bears a definite ratio to the spread of the disease) we have, in a practically ascending scale, increased the number of notified cases from 384 in 1884 to 1,164 in 1894, and from this figure to 2,500 in 1899, the saving of life has been steadily maintained, in spite of this gigantic increase in the number of cases, in spite of secondary infection, in spite of comparatively large numbers of return cases, in spite of the high mortality-rate of these cases (as pointed out by the medical officer of health).

The Notification Act was passed in 1889. Let us take the Registrar-General's returns for England and Wales from 1856 to 1890 in quinquennial periods, and we shall see that there was a steadily progressive saving of life from scarlet fever in those periods, with which notification Acts and isolation hospitals could have little to do:

1856 to 1860	... 0.89	1876 to 1880	... 0.68
1861 to 1865	... 0.98	1881 to 1885	... 0.43
1866 to 1870	... 0.96	1886 to 1890	... 0.24
1871 to 1875	... 0.76		

In the same period there was a similar diminution in the death-rate from diphtheria, which was not maintained after the passing of the said Act.

So also may be observed the same lessening of the mortality-rate from phthisis and other tuberculous disease. The figures are:

1856 to 1860	... 2.57	1876 to 1880	... 2.04
1861 to 1865	... 2.53	1881 to 1885	... 1.82
1866 to 1870	... 2.45	1886 to 1890	... 1.63
1871 to 1875	... 2.22		

In these diseases, of course, isolation, as we understand it, was not practised at all. Finally, it is interesting to note that the same steady improvement is observable if we take the 7 principal zymotic diseases together:

1858 to 1860	... 4.03	1876 to 1880	... 2.94
1861 to 1865	... 4.22	1881 to 1885	... 2.32
1866 to 1870	... 4.08	1886 to 1890	... 2.25
1871 to 1875	... 3.76		

We are thus able to discern that the various Notification Acts were passed at a time when more legitimate methods were accomplishing great results, which results have been laid claim to by sanitarians as the triumph of these un-English compulsory enactments.

You concede the seriousness of the "return cases" question, but you are of opinion that such cases need not often arise; on the contrary "it passes the wit of man" to devise any scheme to prevent their occurrence. Premature discharge is not a factor in their production, for they occur most frequently as a result of lengthy detention. Want of air space must receive acquittal, because they arise in half-empty hospitals in slack times.

A question which urgently calls for a definite reply is this: Are hospital isolated scarlet fever cases ever anything else but a danger to the community on their discharge? I submit they are not. If

MEDICAL NEWS.

RUSSIAN UNIVERSITIES.—The total number of students on the books of the University of Moscow at the beginning of the present year was 4,025, of whom 1,148 belonged to the medical faculty. The University of Helsingfors has 1,174 students, of whom 152 are students of medicine.

A BILL providing for the appointment by the Governor of a New York State barbers' examining Board, also requiring the examining and licensing of barbers and the inspection of the sanitary condition of their shops, has been thrown out by the Legislature.

A POST-GRADUATE course of clinical demonstrations on diseases of children will be given by the medical and surgical staff of the Evelina Hospital for Sick Children, Southwark Bridge Road, S.E., on Wednesdays during the summer session, commencing on May 9th and terminating on July 11th. The demonstrations will be given at 4.30 P.M. The fee for the course is one guinea. Further particulars can be obtained from Mr. C. H. Fagge, F.R.C.S., at the hospital.

THE ROYAL INSTITUTION.—At the Royal Institution, after Easter, Dr. Alex Hill will give two lectures on Brain Tissue considered as the Apparatus of Thought; Professor Dewar, four lectures entitled a Century of Chemistry in the Royal Institution; and Dr. Alfred Hillier, two lectures on South Africa, Past and Future. The Friday evening meetings will be resumed on April 27th, when Lord Kelvin will give an address entitled Nineteenth Century Clouds over the Dynamical Theory of Heat and Light; and on May 4th Professor Thorpe will give a lecture on Pottery and Plumbism.

PRESENTATION TO A HOSPITAL SISTER.—A handsome testimonial, engrossed and illuminated on parchment, has been made to Miss May Anderson, the Sister in charge of the nursing at the Government Hospital in Fiji, by the medical officers of that colony. Miss Anderson, who began her training at the same hospital in 1894, has risen to be practically the matron of the institution, though the position is not so styled. After a trying season of tropical heat and rain, and a number of anxious cases to nurse from the naval squadron at Samoa, she was granted vacation leave to visit Australia. The parchment was accompanied by the gift of a free passage to Australia and back by mail steamer, together with a purse of sovereigns.

ASSOCIATION OF AMERICAN UNIVERSITIES.—An Association of American Universities was formally organised at Chicago recently. The Association has been founded for the purpose of considering matters of common interest relating to graduate study. It is composed of institutions on the North American continent engaged in giving advanced or graduate instruction. Its initial membership consists of the following institutions: University of California, University of Chicago, Columbia University, Harvard University, University of Michigan, Clark University, Cornell University, Johns Hopkins University, Princeton University, University of Pennsylvania, University of Wisconsin, Catholic University of America, Leland Stanford Jr University, Yale University. The Association will hold an annual conference at such time and place as the Executive Committee may direct.

THE BIRMINGHAM AND DISTRICT GENERAL MEDICAL PRACTITIONERS' UNION.—The objects of the Birmingham Medical Union are very praiseworthy, and the work already done is by no means unimportant. A vigorous attempt has been made to induce the Birmingham University Council to allow its proposed representatives on the General Medical Council to be elected by medical men only. The attempt was not successful, but Sir Walter Foster sympathises with the contention of the Union, and advises it to go to the Privy Council, and Mr. Jesse Collings has been communicated with. It was through a member of the Council that the police prosecuted "Professor" Wells, so that the Union has deserved well of the public, as of the profession. Another important work has been to take care that as far as possible the profession shall be well represented on local public bodies and charities. By means of its organisation five general practitioners were elected on the Council of the Birmingham Medical Institute in March last.

An Executive and an Ethical Committee have been elected; the former is completing the organisation of the Union, while the latter is ready to investigate complaints, and arbitrate between members. A medical club has been established at the Colonnade Hotel where members can meet socially and discuss matters affecting their welfare. The organisation of the Union, which already numbers 180 members, is very simple. Birmingham and District has been divided into fourteen wards, in each of which Branches have been formed. The chairmen and secretaries of each Branch form the Council of the Union. The following are the present officers: President, Dr. Parkes; Vice-Presidents, Drs. Leech and Newton; Honorary Secretaries, Drs. Kirby, Neal, and Robertson; Honorary Treasurer, Dr. Line.

MEDICAL VACANCIES.

The following vacancies are announced:

- BIRMINGHAM GENERAL DISPENSARY.**—Resident Surgeon, unmarried. Salary, £150 per annum, with allowance of £30 per annum for cab hire and furnished rooms, etc. Applications to the Secretary by April 23rd.
- BIRMINGHAM GENERAL HOSPITAL.**—Assistant House-Physician. Appointment for six months. No salary, but residence, board, and washing provided. Applications to the House Governor by April 25th.
- BIRMINGHAM: QUEEN'S HOSPITAL.**—Assistant Ophthalmic Surgeon. Honorarium, £50 per annum. Applications to the Secretary by April 18th.
- BOOTLE BOROUGH HOSPITAL.**—Junior Resident. Salary, £50. Applications to the Secretary.
- CORWEN UNION.**—Medical Officer and Public Vaccinator for the Western District. Salary £20 per annum, with fees. Knowledge of Welsh necessary. Applications to the Clerk, Corwen, by April 25th.
- DENTAL HOSPITAL OF LONDON AND LONDON SCHOOL OF DENTAL SURGERY.**—Leicester Square.—Demonstrator at the Hospital. Honorarium, £50 per annum. Applications to the Dean by April 23rd.
- DOWNPATRICK: COUNTY DOWN INFIRMARY.**—Registrar. Compounder of Medicine, and Assistant to Surgeon, unmarried. Salary, 60 guineas, with board, fuel, and washing. Applications to Dr. Tate by April 19th.
- DUNDEE COMBINATION: EAST DOCK HOUSE AND HOSPITAL.**—Resident Medical Officer. Salary, £80 per annum, with board and furnished apartments. Applications to the Clerk of the Council, Parish Council Chambers, Dundee, by April 23rd.
- GREAT YARMOUTH HOSPITAL.**—House-Surgeon. Salary, £90 per annum, with board, lodging, and washing. Applications to Mr. R. F. E. Ferrier, Hon. Secretary, 33, Hall Plain, Great Yarmouth, by April 25th.
- INFIRMARY FOR CONSUMPTION, Margaret Street, W.**—Pathologist. No salary. Applications to the Secretary by April 23rd.
- ITALIAN HOSPITAL, Queen Square, W.C.**—House-Surgeon. Salary, £50 per annum, with board, residence, and laundry. Applications, marked "House-Surgeon," to the Secretary by April 18th.
- KIDDERMINSTER INFIRMARY AND CHILDREN'S HOSPITAL.**—House-Surgeon; unmarried. Salary, £140, increasing to £170 per annum, with rooms and attendance. Applications to the Secretary before April 23rd.
- KING'S COLLEGE, London.**—(1) Professorship of Materia Medica and Pharmacology. (2) Obstetric Registrar and Tutor at King's College Hospital. Applications to the Secretary by April 23rd.
- LANARK COUNTY ASYLUM, Hartwood, Glasgow.**—Third Assistant Medical Officer. Salary, £120, with fees, board, washing, and residence. Applications to the Medical Superintendent.
- LEICESTER INFIRMARY.**—Assistant House-Surgeon. Salary, £90 per annum, with board, apartments, and washing. Application to the Secretary, 24, Friar Lane, Leicester, by April 21st.
- LEEDS: GENERAL INFIRMARY.**—Resident Medical Officer. Salary, £100 per annum, with board, residence and washing. Applications to Mr. Moynihan, Secretary to the Faculty, by April 23rd.
- LEEDS: HOSPITAL FOR WOMEN AND CHILDREN.**—House-Surgeon, non-resident. Appointment for six months, but eligible for re-election. Salary, at the rate of £135 per annum. Applications to the Secretary of the Faculty by April 19th.
- LEEDS PUBLIC DISPENSARY.**—Junior Resident Medical Officer. Salary, £85 per annum. Applications to the Secretary of the Faculty.
- LINCOLN HOSPITAL FOR THE INSANE.**—Assistant Medical Officer. Salary, £100. Applications to the Medical Superintendent, The Lawn, Lincoln.
- LINCOLN UNION.**—Medical Officer (non-resident) for the Workhouse. Salary, £70 per annum, with fees. Applications to the Clerk by April 16th.
- LIVERPOOL, CITY OF.**—Assistant Resident Medical Officer at the Infectious Diseases Hospitals, unmarried, and not exceeding 26 years of age. Salary, £30 per annum. Applications, endorsed "Assistant Resident Medical Officer," to be addressed to the Chairman of the Port and Sanitary and Hospitals Committee, and sent under cover to the Town Clerk, Municipal Offices, Liverpool, by April 23rd.
- LONDON COUNTY ASYLUM, Horton.**—Medical Superintendent, not over 40 years of age. Salary, £1,000 per annum, with unfurnished house, etc. Applications, on forms provided, to be sent to the Clerk of the Asylums Committee, 66, Waterloo Place, London, S.W., by May 1st.
- MORPETH DISPENSARY.**—House-Surgeon, unmarried. Salary, £106 per annum, with furnished rooms, coals, gas, and attendance. Applications to Mr. N. I. Wright, Beechfield, Morpeth, by April 20th.
- NORTH RIDING COUNTY ASYLUM, Clifton, York.**—Senior Assistant Medical Officer; unmarried, age not exceeding 35. Salary, £150, rising to £200 per annum, with board, apartments, etc. Applications to the Medical Superintendent by April 20th.
- PADDINGTON INFIRMARY.**—Resident Clinical Assistant and Second Assistant to the Medical Superintendent. Appointment for six months. Board, washing, and residence provided, and no salary, at the rate of £50 per annum. Applications to Dr. M. F. Squire at the Infirmary, 285, Harrow Road, W., by April 23rd.
- PRESTON ROYAL INFIRMARY.**—Assistant House-Surgeon. Salary, £60 per annum, with board, lodging, washing, etc. Applications to the Secretary by April 21st.
- ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.**—(1) Senior Resident Medical Officer. Salary, £100 per annum, with board, residence, and washing. (2) House-Physician. Salary, £80 per annum, with board, residence, and washing. Applications for six months, no salary, but board, etc., provided for the three latter. Applications to the Secretary by April 23rd.
- ROYAL HOSPITAL FOR CHILDREN AND WOMEN, Waterloo Bridge Road, S.E.**—Two Assistant Physicians, must be F. or M.R.C.P. Lond. Applications to the Secretary by April 23rd.
- ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.**—House-Physician. Appointment for six months. Salary at the rate of £40 per annum, with furnished apartments, board, and washing. Applications to the Secretary by April 17th.
- ST. GEORGE'S AND ST. JAMES'S DISPENSARY, King Street, Regent Street W.**—Honorary Physician. Applications to the Committee by April 19th.
- ST. SAVIOUR'S UNION.**—Second Assistant Medical Officer at the Infirmary, East Dulwich Grove, S.E. Salary, £100 per annum, with residential allowances. Applications, marked "Applications for Second Assistant Medical Officer," to be sent to the Clerk, Union Offices, John Street West, Blackfriars Road, S.E., by April 19th.

SCARBOROUGH HOSPITAL AND DISPENSARY.—Senior House-Surgeon. Salary, £30 per annum, with residence, board, and washing. Applications to the Honorary Secretary by April 24th.

SHREWSBURY SALOP INFIRMARY.—Assistant House-Surgeon. Appointment for six months, but capable of renewal. Salary at the rate of £40 per annum, with board and washing. Applications to the Secretary.

HOREDITCH: PARISH OF ST. LEONARDS.—Second Assistant Medical Officer for the Infirmary. Appointment for six months. Salary, £30 per annum, with rations, washing, and furnished apartments. Applications, upon forms provided, to be sent to the Clerk to the Guardians, 215, Kingland Road, N.E., by April 23rd.

STOCKPORT INFIRMARY.—Assistant House and Visiting Surgeon. Salary, £70 per annum, with residence, board, and washing. Applications to the Secretary by April 17th.

SUNDERLAND INFIRMARY.—House-Surgeon. Salary, £30 per annum, increasing to £100, with board and residence. Applications to the Chairman of the Medical Board by April 28th.

TAUNTON AND SOMERSET HOSPITAL.—Assistant House-Surgeon. Appointment for six months. Salary at the rate of £30 per annum, with board, lodging, and laundry. Applications to the Hon. Secretary, Bank Buildings, Taunton.

UNIVERSITY COLLEGE, London.—(1) Professorship of Medical Jurisprudence. (2) Surgical Registrar in the Hospital. (3) Resident Medical Officer in the Hospital. Applications to the Secretary for the first by May 14th, and for the two latter by May 7th.

UWCHALED RURAL DISTRICT COUNCIL.—Medical Officer of Health. Salary, £20 per annum. Applications to the Clerk of the Council, Union Offices, Corwen, by April 26th.

WEST HAM.—Superintendent of the Borough Asylum. Salary, £600 per annum, with unfurnished house, light, washing, and garden produce. Applications, on forms provided, to be sent to the Clerk, Town Hall, West Ham, E., by April 25th.

WESTON-SUPER-MARE HOSPITAL.—House-Surgeon, unmarried. Salary, £100 per annum, with board and residence. Applications to the Honorary Secretary by April 17th.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—Assistant House-Physician. Appointment for six months. Honorarium at the rate of £50 per annum, with board, lodging and washing. Applications to the Chairman of the Medical Committee by April 18th.

WORKSOP VICTORIA HOSPITAL.—Honorary Surgeons. Applications to Mr. C. A. Whall, Worksop, by April 20th.

WREXHAM INFIRMARY.—House-Surgeon. Salary, £30 per annum, and washing. Applications, on forms provided, to be sent to the Secretary by April 21st.

YORK LUNATIC ASYLUM.—Assistant Resident Medical Officer. Salary, £110 per annum, with board, washing, and attendance. Applications to be addressed to the Committee and sent under cover to the Secretary by April 24th.

MEDICAL APPOINTMENTS.

BIRMINGHAM A. J. M.B. Edin., appointed Medical Officer for the Farnham Royal District of the Eton Union, *vice* W. S. Dible, M.B.C.S., L.R.C.P., resigned.

BURRELL, L. O. M.A., M.B., B.C. Camb., appointed Medical Officer for the Kew District of the Richmond Union, *vice* G. R. Cundell, M.D. Durh.

COOPER, C. E. M.B., B.C. Camb., appointed Medical Officer for the Second District of the Plympton St. Mary Union, *vice* J. M. Randle, L.R.C.P., M.R.C.S., resigned.

COOPER, C. E. M.B., B.C. Camb., appointed Certifying Factory Surgeon for the Urban District of Ivybridge, the civil parish of Upborough in Totnes Rural District, and the civil parishes of Cornwood, Harford, and Ermington in Plympton St. Mary, Rural District.

JONES, J. L.R.C.P. Edin., L.F.P.S. Glasg., appointed Medical Officer for the Dolgelly District of the Dolgelly Union, *vice* E. Jones, M.D. S. And.

KNOWLES, Miss B., M.B. Lond., appointed Assistant Medical Officer to the Bethnal Green Workhouse, *vice* G. Gatenby, M.B. Edin., resigned.

MARTIN, E. T. M.D., appointed Medical Officer for the Southport District of the Ormskirk Union, *vice* A. Storr, resigned.

MASON, G. B. M.R.C.S., L.R.C.P., appointed Medical Officer for the Sixth District of the Lutterworth Union, *vice* H. N. Baron, L.R.C.P., M.R.C.S., resigned.

MUIR, J. C. M.B., B.C. Camb., appointed Senior Assistant Medical Officer at the Crumpsall Workhouse, Manchester, *vice* H. J. Crossley, M.R.C.S., resigned.

PATTON, J. M.B., C.M. Edin., appointed Medical Officer for the Stamford Bridge District of the Pocklington Union, *vice* F. Wright, L.S.A., resigned.

SEDDON, A. L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Frome District of the Frome Union, *vice* E. B. Pearce, M.D. St. And.

SISSONS, A. T. M.B., B.Ch. Vict., appointed Second Resident Medical Officer at the Crumpsall Workhouse, Manchester, *vice* J. C. Muir, M.B., B.C. Camb.

SMITH, F. J. M.D., F.R.C.P. Lond., appointed Physician to the National Orthopedic Hospital.

WREGG, J. L.R.C.P. Lond., appointed Medical Officer for the Second Ward of the Parish of St. Pancras, *vice* L. B. Claremont, M.B.C.S., resigned.

YOUNG, Meredith, M.D., Mast. Surg., D.P.H., appointed Medical Officer of Health for the County Borough of Stockport, *vice* Dr. Charles Porter.

DIARY FOR NEXT WEEK.

THURSDAY.

Harveian Society of London.—ware Road, 8.30 P.M.—Clinical even-
Staford Rooms, Tichborne, Street Edg.—ing.

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.

MASON.—On April 6th, at 45, George Street, Portman Square, the wife of G. A. Mason, M.A. M.B., B.C. Cantab., of a daughter.

STEPHENS.—On April 8th, at 1st ynt, N. Devon, the wife of D. R. P. Stephens, M.B., F.R.C.S., of a daughter.

MARRIAGE.

BUTLER-REED.—On March 20th, at the Cathedral, Capetown, by the Dean Thomas Harrison Butler, B.A., M.B., B.Ch. Oxon., M.R.C.S. Eng., L.R.C.P. Lond., of Port Elizabeth, South Africa, eldest son of Rev. G. W. Butler, of Broad Mayne, Dorchester, to Ellen, second daughter of W. H. Reed, Esq., M.R.C.S., L.S.A., of Allersleigh, Westbury, Wiltshire.

DEATHS.

GRUMPELT.—On January 9th, at Barkly West, Cape Colony, Sophia Chamney, M.D. Bern L.R.C.P., and L.R.C.S. Edin., wife of Albert Grumpelt, in her 42nd year.

OLDHAM.—On April 4th, at Hazelmere, Thornton Avenue, Streatham Hill, S.W., the residence of the deceased, after a long illness, George St. John Oldham, L.R.C.S., L.R.C.P., late of Oldham, eldest son of the late George St. John Oldham, M.D., of Castleknock, co. Dublin.

MACKECHNIE.—On April 2nd, at Bransstone Road, Burton-on-Trent, David Mackechnie, J.P., L.R.C.P.S., L.F.P. & S.G. L.M., aged 73, formerly of Bute Cottage, West Harlepool.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). *Attendances.*—Daily, 2. *Operations.*—Tu. W. F., 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.*—1. p., Tu. 3.30; o.p., F., 2.

CHARING CROSS. *Attendances.*—Medical and Surgical, daily, 1; Women, W., 1; S., 9.30; Skin, M. Th., 1; Dental, M. Th., 8.45; Throat and Ear, F., 9.30; Electro-Therapeutics, Tu. Th., 9.30; Children, Tu. F., 1; Roentgen, W., 9.45; Orthopaedic, Th., 1. *Operations.*—W. Th. F., 3; S., 2.

CHELSEA HOSPITAL FOR WOMEN. *Attendances.*—Daily, 1.30. *Operations.*—M. Th. F., 2. CITY OPHTHALMIC. *Attendances.*—O.p., M. Th. F., 2. *Operations.*—M. Th. F., 2.

EAST LONDON HOSPITAL FOR CHILDREN. *Operations.*—M. Th. 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., 2.30. *Operations.*—M. W. Th. F., 2.

GUY'S. *Attendances.*—Medical, 1. p., M. Tu. Th. F., 1.30; o.p., M. W. Th. F., 12; Surgical, 1. p., daily, 1.30; o.p., M. W. Th. F., 12; Obstetric, 1. p., M. Tu. Th. F., 1.30; o.p., Th. S., 12; Eye, 1. p., M. Tu. Th. F., 1.30; o.p., M. Tu. Th. F., 1.30; o.p., M. Tu. Th. F., 1.30; Throat, F., 12; Dental, daily, 9.30. *Operations.*—Tu. F., 1.30; (Ophthalmic), M., 1.30; Th., 2.

HOSPITAL FOR WOMEN, Soho. *Attendances.*—O.p., M., 9; Tu. W., 12; Th., 8; F. S., 12. *Operations.*—M. Th., 2; Th. S., 9.30.

KING'S COLLEGE. *Attendances.*—Medical and Surgical, daily, 2; Obstetric, daily, 2. o.p., daily, 1.30; Eye, M. W. Th., 1.30; Ear, Th., 2.30; Throat, M., 1.30 F., 2; Dental, M., 10. *Operations.*—W. Th. F., 2.

LONDON. *Attendances.*—Medical, daily, 1. p., 2; o.p., 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, W., 9; Skin, Th., 9; Dental, M. Tu. Th. F., 9. *Operations.*—Daily, 2.

LONDON TEMPERANCE. *Attendances.*—Medical, 1. p., M., 2.30; Tu. F., 3.30; Th. 2.0; O.p., M. Tu. W. F., 1; Surgical, 1. p., M., 2; Th., 3; O.p., M. Th., 1.30. *Operations.*—Th., 4.

LONDON THROAT, Great Portland Street. *Attendances.*—Daily, 2; Tu. F., 6. *Operations.*—Daily, 2.

METROPOLITAN. *Attendances.*—Medical and Surgical, daily, 2; S., 9; Obstetric, W., 2; Eye, M., 2; Throat and Ear, Th., 2; Dental, Tu. Th. S., 9. *Operations.*—Tu. W., 2.30; Th., 4.

MIDDLESEX. *Attendances.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., 1.30; o.p., M., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu. F., 9; Skin, Tu., 4; Th., 9.30; Dental, M., 10. *Operations.*—Daily, 1.30.

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; Th., 2.

NORTH-WEST LONDON. *Attendances.*—Medical, daily, exc. S., 2; S., 10; Surgical, daily, exc. W., 2; W., 10; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations.*—Th., 2.30.

ROYAL EAR, Frith Street. *Attendances.*—M. S., 3; Tu. F., 9; W., 2.30; Th., 7.30. *Operations.*—Daily, 2.

ROYAL EYE, Southwark. *Operations.*—Daily, 2.

ROYAL FREE. *Attendances.*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Skin, Th., 9.30; Throat, Nose, and Ear, W., 9.30. *Operations.*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.

ROYAL LONDON OPHTHALMIC. *Attendances.*—Daily, 9. *Operations.*—Daily, 10.

ROYAL ORTHOPEDIC. *Attendances.*—Daily, 2. *Operations.*—O.p., M., 2.1; p., Tu. Th., 2.30.

ROYAL WESTMINSTER OPHTHALMIC. *Attendances.*—Daily, 1. *Operations.*—Daily, 2.

ST. BARTHOLOMEW'S. *Attendances.*—Medical and Surgical, daily, 1.30; Obstetric, M. W. F., 2; o.p., W., 2; S., 9; Eye, M. Tu. Th. F., 2; o.p., M. Tu. Th. F., 2; Ear, Tu. F., 2; Skin, Tu. F., 2; Larynx, M. Th., 2; Orthopaedic, Tu. 1.30; Dental, Tu. F., 9; Electrical, M. Tu. Th. F., 1.30. *Operations.*—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariectomy, W., 2.

ST. GEORGE'S. *Attendances.*—Medical and Surgical, daily, 1. p., 1; o.p., 12; Obstetric, 1. p., Tu. F., 1.45; o.p., M. Tu. S., 1.30; W., 2.30; Skin, M., 2.45; Throat, F., 2; Dental, M., 2.30; W., 9. *Operations.*—Daily, 1.30; Ophthalmic, W., 1; Dental, Tu. F., 9.

ST. MARK'S. *Attendances.*—Fistula and Diseases of the Rectum, males, S., 2; females, W., 9.30. *Operations.*—Tu., 2.30; Th., 2.

ST. MARY'S. *Attendances.*—Medical and Surgical, daily, 1.45; o.p., 12.45; Obstetric, Tu. F., 1.45; o.p., M. Th., 1; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 3; Skin, M. Th., 9; Dental, W. S., 9; Electro-Therapeutics, W. S., 10; Children's Medical, M. Th., 9. *Operations.*—M., 2.45; 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.*—1. p., 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, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Th., 1.30; Children, W., 10.30; Electro-Therapeutics, Th., 2; Dental Diseases, Th., 10; Dental, F., 10; X-Rays, Tu. F., 4; Vaccination, W., 1.30. *Operations.*—Daily, 2; (Ophthalmic), Th., 2; (Gynecological), Th., 2; (Throat), M., 9.30; (Ear), Th., 9.30.

SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances.*—Daily, 1.30. *Operations.*—Gynecological, M., 2; W., 2.30.

THROAT, Golden Square. *Attendances.*—Daily, 1.30; Tu. F., 6.30. *Operations.*—Daily, exc. M., 10.

UNIVERSITY COLLEGE. *Attendances.*—Medical and Surgical, daily, 1.30; Obstetrics, M. F., 1.30; Eye, M. W., 1.30; Ear, M. Th., 9; Skin, Tu. F., 2; Throat, M. Th., 9; Dental, Tu. F., 9.30. *Operations.*—Tu. W. Th., 2.

WEST LONDON. *Attendances.*—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, M. Th., 2; Ear, Tu. F., 2; Orthopaedic, W., 2; Diseases of Women, W. S., 2; Electric, M. Th., 3.15; Skin, Tu. F., 2; Throat and Nose, Tu. F., 2; S., 10. *Operations.*—Daily, about 30; F., 10.

WESTMINSTER. *Attendances.*—Medical and Surgical, daily, 2; Obstetric, M. Tu. F., 2; Eye, Tu. F., 9.30; Ear, Tu., 2; Skin W., 2; 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 ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 1, Agar Street, Strand, W.C. London; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 422, Strand, W.C. London.

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

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