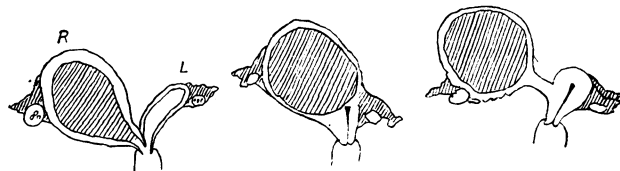


accident at her fourth pregnancy, which terminated in a miscarriage at four and a-half months, and it was due to this and during the manipulative interference necessary to remove the retained placenta and cast that the condition was discovered. Three full-time children had been born without the condition being suspected. In each case the pregnancy had probably formed in the better-developed right side.

The difficulty experienced in the hospital with regard to coming to a direct diagnosis of the nature of the swelling, which eventually proved to be the pregnant right horn, could thus be explained, and it is a thing to be thought of in the diagnosis of extrauterine gestation, and in a way it much resembles it; in fact, the diagnosis of this condition from interstitial and rudimentary horn pregnancies before the abdomen is opened is very difficult. The three conditions may be represented in the following diagrams:



Pregnancy in one half of uterus bicornis unicollis. Pregnant right half is well developed.

Interstitial pregnancy (Taylor).

Rudimentary horn pregnancy (Taylor).

In the diagnosis of the last two conditions the recognition of the point of insertion of the opposite Fallopian tube is of value, being low down in interstitial and relatively higher in rudimentary horn pregnancy; also the rudimentary horn pregnancy is sharply bounded everywhere, though connected by a band to the uterus, while in interstitial pregnancy the uterus is distended at one angle only.<sup>3</sup> In this particular case quoted the diagnosis of extrauterine pregnancy was raised, and the true nature of the case was not discovered till the patient miscarried.

A point which should have led, perhaps, to a correct diagnosis was the occurrence of the well-marked raphe along the anterior vaginal wall from the vestibule to the cervix, suggesting a doubling of the vagina and consequent probable division of the uterine body, as of course the uterine septum could not be seen or felt till the cervix dilated during the miscarriage.

The urethral diverticulum was only an accidental coincident peculiarity, congenital or acquired. Abnormalities of the uterus are very manifold, and a great many variations in type exist, for which textbooks may be referred to. All deformities of the uterus are due to want of development of the ducts of Müller. Generally, during the first eight weeks the ducts are separate, at the end of the twelfth week the septum is absorbed, and at the end of the twentieth week the horned shape of the uterus disappears, the arbor vitæ can be seen, but the vagina is smooth. At birth the vagina is rugose and the uterus more or less rounded and firm.

Herman<sup>4</sup> makes two classes of uterine deformity: (1) Those due to defect in the growth of the uterus; (2) those due to imperfect union of its lateral halves.

A complete summary of the subject would be out of place in the present article, but generally speaking uterine deformities may be classified somewhat as follows:

1. Absence of the uterus.
2. Rudimentary uterus—a mere nodule, from which fibrous bands run out laterally to the sides of the pelvis, partly horns and partly tube, the division being marked by the insertion of the round ligament as first pointed out by Virchow.
3. Fetal and infantile uterus, probably the commonest developmental defect, in which the body is very small in proportion to the cervix, or the uterus is all too small, or too thin, or there is no cavity to the uterine body, or the vaginal portion is very small and the body normal.
4. Absence or deficiency of one half (uterus unicornis).
5. Double uterus, of which there are three types.
  - (a) Uterus diadelphus—two halves quite separate, vagina double always.<sup>5</sup>
  - (b) Uterus septus or bilocularis (uterus normal externally but with two cavities). If septum between there is incomplete uterus subseptus.
  - (c) Uterus bicornis—union below but uterus double above; one horn is often better developed than the other, as in present case. A similar case is reported by Blondel<sup>6</sup> of a case of uterus bipartitus unicollis and double vagina, which was only accidentally discovered after her second child was born. In this case there was a complete septum only at the lower part of the vagina; diagrams are given (p. 304).

In the *Archiv für Gynäk.*, vol. li, part i, 1899, another very interesting case is reported by Halban of uterus bicornis bicollis in Schauta's clinic, in which the fetus, developed in the left uterus, forced its way through the uterine septum, and was delivered through the right os. The empty cavity of the right uterus had been dilated with a laminaria tent, and scraped about the second month of the pregnancy in the left uterus without the least sign of threatened abortion following this treatment. During labour the lower edge of the torn septum was pressed by the fetal head on to the middle of the right os, which was taken for two, the true left being taken for a third os. The error was detected during involution, when the right os was seen to be torn, the "third os" found to be simply the left, whilst the middle os had disappeared; the laceration of the septum was now discovered.

1. With double cervix (bicollis).
2. With single cervix (unicollis).

With all these abnormalities of the uterus itself are combined defects in the vulva, vagina, ovaries, and tubes, which may be very complex.

It is to be remembered that defects in the uterus need not necessarily prevent uterine function; in the case mentioned in this paper pregnancy occurred four times.

Double uterus itself may give rise to very important complications, such as obstruction to delivery of the displaced empty half, obstruction due to the vaginal septum, double vaginitis or endometritis (one-half being overlooked), curious cases of alternating menstruation from each half with or without unilateral atresia and retained menstrual products, retained and undiscovered products of conception in one half in cases of double pregnancy, etc.

It is worth remembering that when pregnancy occurs in one half a decidua forms in the other; this was shed in the case related above before the miscarriage took place from the pregnant half.

#### REFERENCES.

- <sup>1</sup> Routh, *Obstet. Soc. Trans.*, p. 152, vol. xxxvi, 1894.
- <sup>2</sup> Routh, *Urethral Diverticula*, *Obstet. Soc. Trans.*, vol. xxxii, 1890, p. 69.
- <sup>3</sup> Taylor, *Extrauterine Pregnancy*, pp. 140-141.
- <sup>4</sup> *Diseases of Women*, 1898, p. 605.
- <sup>5</sup> Giles, *Uterus Diadelphus*, *Obstet. Soc. Trans.*, vol. xxxviii, 1899.
- <sup>6</sup> *La Gynécologie*, August 13th, 1899.

## MEMORANDA:

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

#### TWO CASES OF BROMOFORM POISONING: RECOVERY.

CASES of poisoning by bromoform are somewhat rare, and as this drug is frequently used in the treatment of whooping-cough the following may be of interest:

A number of children in the same house, and of nearly the same age, were being treated by me for whooping-cough with half-minim doses of bromoform three times a day, suspended in mucilage of tragacanth. When called to two of the children about 12.30 P.M. I found them unconscious, lying side by side, with breath smelling strongly of bromoform, with faces pale, eyes closed, pupils contracted, and limbs flaccid. The respiration was feeble in the elder child (aged 4) and stertorous in the younger (aged 2); about 12.40 P.M. respiration ceased in the younger child, and artificial respiration was resorted to, and a few minutes later artificial respiration had to be resorted to for the elder. I gave each of the children about half a teaspoonful of brandy hypodermically, and then three injections of strychnine each at intervals of 15 minutes, to the elder  $\frac{1}{100}$ th of a grain and to the younger  $\frac{1}{200}$ th of a grain each time. I thoroughly washed out their stomachs two or three times with hot water, followed by strong coffee, some of the latter being allowed to remain in the stomach. The younger child rallied first, and began to breathe spontaneously after an hour and a half's artificial respiration. The interval was about the same in the case of the older child, but he remained drowsy and stupid for some hours. According to the nurses's account the children had their doses about 8 A.M., but these were the last in the bottle. Shortly after this they were put to bed, and on being awakened about 11 A.M. they were giddy and confused, and staggered in their gait. From this time onwards the symptoms gradually developed until 12.30 P.M., when I arrived.

The bromoform must have accumulated at the bottom of the bottle through its not having been properly shaken up

each time; but even on this hypothesis it is hard to see how the children could have had more than 3 or 4 minims each of pure bromoform in a dose of a teaspoonful.

Chard, Somerset.

C. E. STOKES, B.A Camb., M.D. Dub.

#### INFECTIOUSNESS OF ACUTE RHEUMATISM.

As instances tending to support or destroy this theory are interesting I give the following in support.

Last June a healthy page boy in a hotel here bathed in the river, and had a moderate attack of tonsillitis. A week later, after being up and about for a couple of days, he developed acute rheumatism, from which he slowly recovered. His companion in an adjoining bed, the boots of the hotel, a very strong man, with no rheumatic family history, ten days after the page boy's first breakdown was attacked by tonsillitis. He recovered from this, but about ten days later he also developed acute rheumatism, and was ill for six weeks. Both cases subsequently developed serious cardiac symptoms, the page boy very soon, his companion, notwithstanding great care and almost absolute rest for three months, at the end of that time, and not till then, showed signs of a damaged aortic valve.

Whether both contracted the disease from the same cause, the bathing not being a factor, or one gave it to the other, it would still suggest an infectious origin; it could scarcely be a coincidence.

Against my preconceived ideas I begin to be persuaded that some cases at least are of infectious origin.

Gilsland, Carlisle. C. W. LAWSON, M.A., L.R.C.P. and S. Edin.

#### CHRONIC ECZEMA CURED BY AN ABSCESS.

A., male, aged 31 years, had a patch of chronic eczema for eight years, as big as a crown piece, situated in the popliteal region, over the biceps femoris tendon. He had tried various treatments: Arsenic and dieting, abstaining from alcoholic stimulants entirely for a time; "complete" rest and change of air, but treatment seemed of no avail. The patch slowly increased in size; and the skin became cracked and fissured. One day the patient scratched it; an acute abscess formed, accompanied by a good deal of cellulitis and lymphangitis. The abscess was opened, and he was well in a week. A month later the patch of eczema was found to have entirely disappeared.

I attribute the cure to the increased vascularity of the surrounding area, produced by the inflammation. This of course does not apply to the cicatrix. I venture to suggest that counter-irritation of the skin, by increasing the vascular supply, might prove a beneficial method of treatment.

PERCY AUGUSTUS LONGHURST, M.R.C.S., L.P.C.P. Lond.

Old Burlington Street, W.

## REPORTS

ON

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

#### RADCLIFFE INFIRMARY, OXFORD.

##### A CASE OF ACUTE INTUSSUSCEPTION: LAPAROTOMY: REDUCTION AND RECOVERY.

(By G. W. FARMER, M.A., M.B., M.Ch. Oxon., F.R.C.S.,  
Surgeon to the Infirmary.)

THE high mortality of intussusception treated by laparotomy justifies me, I think, in recording the following successful case:

S. D., a male child, aged 10 months, was admitted on the evening of November 30th, 1899, with the following history. The child had enjoyed very good health up to the previous morning (November 29th) when, at about 9.30 A.M., the mother noticed that it looked "pinched" and cried as if in pain. Shortly afterwards it vomited. During the whole of that day the child vomited from time to time, and the bowels, which had previously been very regular, became confined. A powder was administered that evening. On the following morning a motion was passed "mixed with blood." The child became rapidly worse, was noticed to keep its legs drawn up. A doctor was sent for, who at once sent up the child to the infirmary with a diagnosis of intussusception.

The following note was made on admission: "Child well nourished, pale, with sunken eyes. Lies on its back with knees drawn up. Gives

short cries at frequent intervals. Abdomen distended. Distinct resistance felt in the right inguinal and lumbar regions. Pulse very rapid, scarcely perceptible. Respiration 30 per minute, shallow; temperature 98°. Almost directly after admission mucus and blood were passed *per rectum*."

I saw the child very shortly after admission. Its condition struck me as being so critical that I determined to perform laparotomy without delay. Chloroform was administered, and the abdomen opened in the middle line below the umbilicus, under the strictest aseptic precautions. On introducing two fingers into the peritoneum, and exploring the right iliac fossa and lumbar region, a typical sausage-shaped mass could be felt, extending from the site of the ileo-cæcal junction upwards into the ascending colon. This mass was about 2 inches in length, convex to the right. The ascending colon had no mesentery. On gently kneading the mass from above downwards the intussusception was felt to slip down gradually, and finally disappear. The abdomen was then sutured with sterilised silk, and an aseptic dressing applied. The effects of the operation were almost instantaneous. The pulse improved; vomiting ceased. A faecal motion free from blood was passed about two hours after the operation. The child made a rapid and uneventful recovery. Sutures were removed on the seventh day, the wound having healed by first intention.

REMARKS.—It is, I think, of first importance to bear in mind that success in the operative treatment of intussusception depends almost entirely upon the duration of the condition before operation. In the present case the symptoms appeared at about 9.30 A.M. on November 29th, and the operation was performed at about 9.15 P.M. on November 30th, making an interval between the onset of symptoms and the operation certainly not more than thirty-six hours. The credit of the happy result in this case is primarily due to the promptitude of Dr. Prall, of Bampton, who first saw the child, in diagnosing the trouble and sending the patient for operation without delay. The operation itself presented no difficulties. One point of interest is worth noting, however. The type of intussusception was that known as ileo-colic, an uncommon form as compared with the ileo-cæcal, the former constituting only 8 per cent. of all cases of intussusception, the latter 40 per cent. I determined this point by carefully feeling the cæcum, which, with regard to form and position, was normal. In the ileo-cæcal variety this could not have been the case. An ileo-colic intussusception is also more acute than the ileo-cæcal. I did not feel justified, after reduction, in drawing out the ileum and examining the condition of the reduced gut. Such a procedure would have prolonged the operation and added to the shock; besides, the ease with which the reduction was accomplished was a sufficient indication that the gut was not beyond recovery. Lastly, there arises the question as to whether such measures as inflation should not first have been tried before resorting to laparotomy. I performed laparotomy at once in preference to other means, upon the following grounds: (a) The child's condition demanded rapid relief; (b) inflation is uncertain, and may leave one in doubt as to whether the intussusception is completely reduced or not; it is said also that intussusception is more liable to recur after reduction by this method; (c) laparotomy under strict asepsis, carefully performed, is absolutely free from risk, and, when unattended by the unnecessary pulling about of intestines, free from shock. The high mortality of laparotomy in intussusception is simply due to the fact that the patient comes too late in most cases.

MOSCOW BACTERIOLOGICAL INSTITUTE.—According to a recently-published report, the Bacteriological Institute of the University of Moscow, which is under the direction of Dr. Gabritschewski, has in the last five years sent out about 100,000 flasks of therapeutic serum, of which 88,805 contained antidiphtheria serum. In 1899, 6,000 flasks of antidiphtheria serum were distributed gratuitously to the municipal hospitals and to necessitous patients in Moscow, and about 8,000 to provincial hospitals. The institute, which was founded by private efforts, has received since 1896 a subsidy of 8,040 roubles from the Ministry of Education, and since 1895 one of 8,500 from the Municipality of Moscow. In addition to these sources of income the institute has an annual revenue of 11,000 to 12,000 roubles from the sale of serums. Besides manufacturing serums, the institute gives instruction in bacteriology to medical practitioners.

## DEATH CERTIFICATES AND FRIENDLY SOCIETIES.

J. H. B., the resident medical officer of a union infirmary, writes that he is often requested by friendly societies to furnish particulars as to the cause of death of patients dying in his institution, such patients having been insured in the said societies. He states that either no fee is offered or a nominal one such as half a crown. Would he be justified in refusing to give any report unless the societies paid a minimum fee of half a guinea?

\*.\* There can be no doubt that reports of this kind ought to be paid for, but it is not so easy to fix the scale of payment. If our correspondent's institution is a Poor-law infirmary it is not likely that many of his patients would be heavily insured. If the amount assured is hardly more than burial money, a fee of half a guinea would certainly seem excessive to the public. Where, however, the amount assured is £50 or more, at least half a guinea should be paid. Many insurance offices pay half a guinea for reports where the sum assured is over £50, and one guinea where the sum exceeds £100.

## THE REGISTRATION OF DEATH AND MEDICAL CERTIFICATES.

J. R. states that he was called to see a child, and on arrival found it to be dead. The parents informed him that it had recently suffered from measles, but, as our correspondent had never attended the child during life, he declined to give a certificate stating the cause of death. The parents were informed by the registrar that the doctor should have certified the cause, and that he had received certificates where no doctor had attended during life.

\*.\* We are of opinion that our correspondent did quite right to decline to certify in the case mentioned; and we feel sure that, had the registrar been resident in England instead of Scotland, such certificates as those mentioned would have been referred to the coroner before registration of the death.

## THE CORONER AND MEDICAL WITNESSES.

A MEMBER writes to complain that in a recent case in which he was called in to see the deceased immediately after death the coroner summoned the police surgeon to give evidence, and he inquires if this is the usual course.

\*.\* As a rule the coroner usually summonses as medical witness the medical practitioner who last attended the deceased or who may have seen the body first after death, but it is in the discretion of the coroner to decide to whom he may send the *post-mortem* order and summons to give medical evidence. We would advise our correspondent, should similar circumstances occur, to forward a report direct to the coroner instead of verbal intimation to the local police.

## THE PROHIBITION OF TOUTING.

R. G.—The touting forbidden by the General Medical Council which our correspondent read of in a speech by Dr. Glover at the Conference on Medical Organisation at Manchester can be seen from the context to refer to medical aid societies, and has so far not been extended to any other bodies or persons.

## THE COMMENTS OF THE PRESS.

E. B.—The information conveyed in the paragraphs to which our correspondent draws our attention is obviously of interest to the readers of the newspapers in which they appear; and as there is nothing to show that the medical practitioners in question had anything to do with their insertion, we should be very unwilling to suggest that they are to blame. It is obviously out of the power of the medical profession to prevent the insertion in newspapers of matters relating to the medical profession which are deemed to be of interest to newspaper readers.

## DOCTORS' SIGNS.

TYKE.—1. The use of a lamp with red or otherwise coloured glass is a matter of taste. 2. When a house is situated as described, there can be no actual impropriety in putting a plate at the corner of the thoroughfare. 3. It is quite allowable to arrange with a chemist to do all dispensing, provided that the doctor pays the chemist, but to share any profit with the chemist or to receive commission from him is wrong. 4. The best means of ascertaining the usual fees would be from those already in practice, but in all probability the fees to be charged do not differ from those obtainable elsewhere.

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF CAMBRIDGE.

*University of Sydney.*—The Special Board for Medicine have recognised the University of Sydney as a medical school for the purposes of medical study away from Cambridge.

*Pharmacology and Therapeutics.*—Professor Bradbury announces a special course of lectures and demonstrations on this subject to be given during the Long Vacation, beginning on July 6th.

## ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

*Licences and Diplomas.*—At a stated business meeting of the President and Fellows held on Friday, May 11th, 1900, the President admitted as a Licentiate in Medicine, H. M. Eustace, M.D., B.Ch., B.A.O. Univ. Dub., and as a Licentiate in Midwifery, F. P. Vieyra, L.R.C.P. Lond., M.R.C.S. Eng. A letter was read from the Secretary of the Committee of Management of the Conjoint Scheme with the Royal College of Surgeons in Ireland, informing the College that P. C. Walker, M.D. Univ. Dub.; G. Q. Lennane, L.R.C.P. and S.I.; and J. C. M'Walter, L.R.C.S.I., L.A.H., had passed the examina-

tion for the Diploma in Public Health. John Brown, L.R.C.P.I., 1863, was granted admission to the Membership. The President admitted W. J. Anglim, R. A. Campbell, B. McM. Coffey, J. E. Hannigan, D. L. Harding, P. J. McGinn, J. H. O'Connell, J. F. Smyth, E. R. Townsend, and H. G. Westropp to the Licences in Medicine and Midwifery.

## ROYAL COLLEGE OF PHYSICIANS OF LONDON.

At an extraordinary Comitia of the Fellows held on Thursday, May 17th, the President, Dr. W. S. Church, in the chair.

## ADMISSION OF FELLOWS.

The following Members, nominated by the Council and elected at the preceding Comitia, were admitted to the Fellowship: Clement Dukes, M.D. Lond.; Robert Bridges, M.B. Oxford; Seymour Taylor, M.D. Aberd.; Amand Routh, M.D. Lond.; Charles M. Handfield-Jones, M.D. Lond.; Richard Thomas Williamson, M.D. Lond.; Leonard George Guthrie, M.D. Oxford; Frederick Foord Caiger, M.D. Lond.; Herbert Morley Fletcher, M.D. Camb.; Henry Albert Caley, M.D. Lond.; Henry Head, M.D. Camb.

## INTERNATIONAL CONGRESS OF HYGIENE.

A communication was received from the President of the tenth International Congress on Hygiene and Demography, to be held in Paris from August 10th to 17th next, inviting the College to send a representative. Upon the nomination of the President, Dr. W. H. Corfield was appointed as the representative of the College.

## CONJOINT BUSINESS.

A letter from the Secretary of the Royal College of Surgeons was read reporting the proceedings of the Council of that body of date May 10th. A report dated May 7th from the Committee of Management was received and adopted. The Committee recommend that the following institutions, all of which have been visited by a member of the Committee and reported on as fulfilling entirely the requirements of the Board, be added to the list of institutions recognised by the Examining Board in England: (1) Berkhamsted—Berkhamsted School; (2) Blackburn—Stonyhurst College; (3) Bolton—Central Higher Grade Board School; (4) London—Merchant Taylors' School. The Committee of Management also recommend that the University of Manitoba be added to the list of recognised universities at which candidates may complete the curriculum of professional study for the examinations of the Board, and whose graduates may be exempted from the First and Second Examinations of the Board.

## AMENDMENT OF BY-LAWS.

Upon the motion of the Registrar, seconded by the Senior Censor, By-laws LXV and XXIX B, for the election of representatives of the College in the Senate of the University of London, were read and enacted for the second time. By-laws XIII and XXVIII were also amended and re-enacted or the first time.

## ROYAL COLLEGE OF SURGEONS IN IRELAND.

*Dental Examination.*—The following gentlemen having passed the necessary examination, have been admitted Licentiates in Dental Surgery of the College: A. L. Harrison, T. A. Rae, G. M. Sterling, and W. Wood.

## UNIVERSITY OF BRUSSELS.

*M.D. Degree.*—The following practitioners satisfied the examiners at the examination in May, and obtained the above degree, namely: K. de R. Bell, Miss Cotineau, G. Stead, Mrs. C. Hawkes, Miss Chase, R. C. McCleod, D. W. L. Soutter. There were seven candidates.

## ROYAL COLLEGE OF SURGEONS, EDINBURGH.

The following gentlemen, having passed the requisite examinations, were, at a meeting of the College held on May 16th, elected ordinary Fellows: A. Campbell, M.R.C.S. Eng., L.R.C.P. Lond.; W. H. Hunter, M.B., C.M.; J. B. Jamieson, M.B., C.M.; J. W. Leech, M.B., Ch.B., M.D.; and C. A. Owen, M.R.C.S. Eng., L.R.C.P. Lond.

## SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, MAY, 1900.—The following candidates passed in:—

*Surgery.*—W. P. Allen, Birmingham and London Hospital; R. H. Birtwell, London Hospital; H. Greenwood, London Hospital; J. E. Howroyd (Section II), Leeds; C. Johnson (Section II), Durham and London Hospital; J. Jones, Edinburgh and London Hospital; J. H. Kellgren (Section I), Cambridge and St. George's Hospital.

*Medicine.*—W. Archer, Leeds; A. St. J. Bateman (Section II), King's College Hospital; R. H. Birtwell, London Hospital; R. Brookes (Section II), Westminster Hospital; T. Burdakin, University College Hospital; P. J. Fitzgerald, Dublin; J. E. Howroyd (Section II), Leeds; F. S. Leech (Sections I and II), University College Hospital; C. A. C. Salmon, Guy's Hospital; C. V. Smith, University College Hospital; S. Southam, Westminster Hospital; T. R. Wilshaw (Section I), Birmingham.

*Forensic Medicine.*—W. Archer, Leeds; R. H. Birtwell, London Hospital; M. A. Curry, Bombay; F. S. Leech, University College Hospital; C. A. C. Salmon, Guy's Hospital; C. V. Smith, University College Hospital; S. Southam, Westminster Hospital.

*Midwifery.*—R. H. Birtwell, London Hospital; M. A. Curry, Bombay; E. N. de V. Dawson, St. Thomas's Hospital; P. J. Fitzgerald, Dublin; W. P. A. Hardwicke, Durham; F. A. Hort, Middlesex Hospital; J. Hunter, Toronto and Westminster Hospital; R. A. Jones, St. Mary's Hospital; J. H. Kellgren, Cambridge and St. George's Hospital; S. Southam, Westminster Hospital.

The diploma of the Society was granted to W. P. Allen, R. H. Birtwell, R. Brookes, H. Greenwood, J. E. Howroyd, J. Jones, F. S. Leech, C. A. C. Salmon, and S. Southam.

It is stated in the American journals that Professor Edwin Klebs has resigned the teaching appointments which he has held from some years in Chicago, and intends to return to Germany.

increased from 357 to 696 in the three preceding quarters, declined again to 533 during the three months under notice, and were slightly below the corrected average number. Among the various sanitary areas this disease showed the highest proportional fatality in Poplar, St. George Southwark, Newington, Bermondsey, Rotherhithe, and Lee. The number of diphtheria patients in the Metropolitan Asylums Hospitals at the end of March last was 1,236, against 1,273, 1,479, and 1,679 at the end of the three preceding quarters; 2,192 new cases were admitted during last quarter, against 1,953, 2,651, and 2,980 in the three preceding quarters.

**Whooping-cough.**—The fatal cases of this disease, which had declined from 681 to 216 in the four preceding quarters, rose again to 518 during the three months ending March last, but were 365 below the corrected average number in the corresponding periods of the ten preceding years. Among the various sanitary areas whooping-cough was proportionately most fatal in Clerkenwell, St. Luke, Bethnal Green, Poplar, St. Olave Southwark, and Bermondsey.

**Fever.**—Under this heading are included deaths from typhus, enteric, and simple and ill-defined forms of continued fever. The deaths referred to these different forms of "fever," which had increased from 88 to 381 in the three preceding quarters, declined again to 204 during the three months ending March last, and were 76 above the corrected average number. No death either from typhus or from simple continued fever was registered during the quarter under notice. Among the various sanitary areas the "fever" death-rate was highest in St. Pancras, Stoke Newington, Mile End Old Town, Poplar, St. Saviour Southwark, and Battersea. The Metropolitan Asylums Hospitals contained 263 enteric fever patients at the end of March last, against 105, 252, and 406 at the end of the three preceding quarters; 498 new cases were admitted during last quarter, against 228, 453, and 816 in the three preceding quarters.

**Diarrhoea.**—The 132 fatal cases of diarrhoea registered in London during the three months ending March last were 42 below the corrected average number; this disease showed the highest proportional fatality in Fulham, Holborn, St. George Southwark, St. Olave Southwark, and Lewisham sanitary areas.

In conclusion it may be stated that the 2,074 deaths referred to the principal zymotic diseases in London during the first, or winter, quarter of this year were 545, or nearly 21 per cent., below the average number in the corresponding periods of the ten preceding years, 1890-1899. Among the various sanitary areas, the lowest zymotic death-rates were recorded in Paddington, Hampstead, Stoke Newington, St. Giles, St. Martin-in-the-Fields, and Strand; and the highest rates in Fulham, St. Luke, Bethnal Green, Poplar, St. Olave Southwark, Bermondsey, and Rotherhithe.

#### VEXATIOUS PROSECUTION OF A WORKHOUSE MEDICAL OFFICER.

A CASE of interest not only to Poor-law medical officers, but also to the profession generally, has recently come before the Kingsclere (Hants) Magisterial Bench, and so far as we are able to understand the facts from a report in a recent issue of the *Reading Mercury* and from other sources, they appear to be as follows:

Dr. Maples, Medical Officer to the Kingsclere Workhouse, had claimed £3 from the guardians of the Union for professional attendance on three midwifery cases in the workhouse, this being in accordance with a contract existing between him and them which entitled him to a fee of £1 for attendance at, or immediately after, each case of childbirth occurring in the workhouse.

Dr. Maples having in the usual way made a claim for these three fees was charged with attempted fraud for having done so, and the prosecutor, who conducted the case himself, was a Mr. Steed, lately a clerk in the employ of Mr. Barnes, solicitor, of Kingsclere, Clerk to the Board of guardians of that Union. Mr. Barnes declined to give evidence in support of the charge when called upon by Mr. Steed to do so, on the ground that he was the professional adviser of the Board.

The contention of Mr. Steed in support of the charge was that, as Dr. Maples was not actually present on either of the cases in question at the time of the birth of the child, a fraud had been attempted on the Guardians by making a charge for his professional attendance on these cases.

Mr. Holding, the Chairman of Board of Guardians, and a magistrate of the Kingsclere Bench (not acting as such in the case) was called as a witness, and stated that the medical account presented by Dr. Maples had been passed by the House Committee, and that no authority had been given by the guardians for the present prosecution.

The case for Dr. Maples was conducted by Mr. St. Serrans, barrister, who, when about to speak in defence of his client, was informed by the Bench that it was unnecessary for him to do so, as they had decided to dismiss the charge. The learned counsel, however, notwithstanding this decision in favour of his client, expressed a wish to address the court, and then proceeded to denounce the prosecution as most unfounded and unjustifiable. He asked the Bench to condemn the informer in costs. This was done, but these costs Steed refused to pay, saying he should prefer seven days' imprisonment at Winchester.

This case shows the facilities which exist for bringing charges against members of our profession, but we have no recollection of any similar charge having been made as that put forward by the prosecution in this case.

It is generally admitted in private medical practice, and expressly sanctioned by Poor-law regulations, that the usual fee for midwifery is fairly earned if professional attendance is given during labour, or as soon as possible after the birth of the child, and this would appear to have been done in all the cases for which Dr. Maples claimed remuneration, as Mr. Steed's attempted proof to the contrary completely failed.

That a lawyer's clerk, without instructions or any authority whatever, should have been able to institute such proceedings is to us a matter of no small surprise, but beyond this, the fact that any magistrate should on such an application as that made by Steed have been induced to grant a summons for Dr. Maples to be charged with an attempt of fraud, is quite incomprehensible.

#### DISTRICT MEDICAL OFFICER AS PARISH COUNCILLOR.

A. C., who is a Poor-law Medical Officer and Public Vaccinator, asks whether he is disqualified from acting as a Parish Councillor in the same union.

\*\*\* He is not disqualified. This question has been definitely settled.

#### RETURN OF CONTRIBUTIONS PAID UNDER SUPERANNUATION ACT, 1896.

B. S., who has just voluntarily resigned his appointment as a district medical officer, after two years' service as such, writes to ask "whether he is entitled to have the amount of the deductions for superannuation refunded to him."

\*\*\* By Section VII of the Superannuation Act, an officer who resigns forfeits all claim to superannuation, but the guardians may, if they see fit, return to him all or part of his contributions under the Act. It is doubtful whether guardians would make any return after two years' service only, and we should not recommend an application for any return under such circumstances.

## MEDICAL NEWS.

THE annual dinner of the Association of British Postal Medical Officers will be held at the Whitehall Rooms of the Hôtel Métropole, London, on Thursday, June 21st.

**AMBULANCE AND HOME NURSING.**—The Rev. Stewart Headlam, Chairman of the Evening Continuation Schools Committee of the School Board for London, informs us that the fee for lectures on ambulance and home nursing in Evening Continuation Schools has now been raised from half a guinea to one guinea an evening.

THE Guy's Hospital biennial dinner will take place on Friday, July 6th, at the Whitehall Rooms, Hôtel Métropole, at 6.30 p.m. The chair will be taken by Mr. Charles Higgins, F.R.C.S. Past and present students wishing to attend are requested to communicate with the Honorary Secretary, Mr. Charters Symonds, 58, Portland Place, W.

**PRESENTATION.**—On May 15th an illuminated album with a service of plate, and a purse containing 50 sovereigns was presented to Dr. Alfred Duke, of Whitley, who is leaving the town after five years' residence to practise elsewhere, by his former patients and friends. The album contains an inscription expressing their appreciation of his kindly and skill, and their good wishes for his future.

**PROFESSOR SCHENK AND THE VIENNA INSTITUTE OF EMBRYOLOGY.**—The Austrian Ministry of Education has accepted the resignation of Professor Leopold Schenk, Director of the Embryological Institute of the University of Vienna. He has been granted a pension beginning from May 1st. Till a new director is appointed the duties of the office are to be discharged by Dr. Josef Schaffer, a pupil of the well-known histologist, Professor Ritter von Ebner.

#### MEDICAL VACANCIES.

The following vacancies are announced:

- BATH EASTERN DISPENSARY.—Resident Medical Practitioner. Salary, £130 per annum, with furnished apartments, etc. Applications to the Honorary Secretary, 10, Darlington Place, Bath, before May 31st.
- BIRKENHEAD BOROUGH HOSPITAL.—Resident Junior House-Surgeon. Salary, £75 per annum, and sum of about £25 is usually obtained by police and notification fees. Applications to the Chairman of the Weekly Board.
- BIRMINGHAM CITY (FEVER) HOSPITAL.—Assistant Medical Officer. Salary, £120 per annum, with board, residence, etc. Applications to the Medical Superintendent.
- BIRMINGHAM GENERAL DISPENSARY.—Three Resident Locums for two or three months' engagement. Terms 4 guineas per week, with furnished apartments. Applications to the Secretary by May 23rd.
- BIRMINGHAM AND MIDLAND EYE HOSPITAL.—Assistant House-Surgeon. Salary, £90 per annum, with apartments and board. Applications to the Chairman of the Medical Board by June 4th.
- BIRMINGHAM AND MIDLAND HOSPITAL FOR SKIN AND URINARY DISEASES, John Wright Street.—Clinical Assistant. Applications to the Secretary of the Medical Committee by June 4th.
- BIRMINGHAM QUEEN'S HOSPITAL.—Resident Physician. Appointment for one year. Salary, £50, with board, lodging, and washing. Applications to the Secretary by June 20th.
- BRECON INFIRMARY.—Resident House-Surgeon; unmarried. Salary, £90 per annum, with furnished apartments, board, etc. Applications to the Secretary, 6, Bulwark, Brecon, by June 7th.
- BRIGHTON, SUSSEX COUNTY HOSPITAL.—(1) House-Physician. Salary at the rate of £50 per annum with board, lodging, and residence. Unmarried and under 30 years of age when elected. Applications to the Secretary by May 30th.
- BUXTON: DEVONSHIRE HOSPITAL.—(1) House-Surgeon. Salary, £100 per annum, and washing provided in both cases. Applications to the Secretary.
- CARDIFF INFIRMARY.—Assistant House-Physicians. Appointment for six months, but renewable. Salary at the rate of £50 per annum, with board, washing, and apartments. Applications to the Secretary by June 5th.
- CARLISLE DISPENSARY.—House-Surgeon. Salary, £150 per annum, with apartments not board. Applications to the Honorary Secretary, 23, Lowther Street, Carlisle.
- CENTRAL LONDON THROAT AND EAR HOSPITAL, Gray's Inn Road.—Assistant Anaesthetist. Applications to the Secretary.
- CHELSEA HOSPITAL FOR WOMEN.—Pathologist. \*Applications to the Secretary.
- CHORLEY DISPENSARY AND COTTAGE HOSPITAL.—House-Surgeon. Salary commencing at £80 per annum, with board and lodging. Applications to the Honorary Secretary.

**CUMBERLAND AND WESTMORLAND ASYLUM**, Garlands, Carlisle.—Junior Assistant Medical Officer, unmarried. Salary, £130 per annum, rising to £150. Applications to the Medical Superintendent.

**DENBIGHSHIRE INFIRMARY**.—House-Surgeon. Salary to commence, £80, with board, residence, and washing. Applications to the Secretary.

**DENTAL HOSPITAL OF LONDON**, Leicester Square, W.C.—Two Assistant Dental Surgeons. Applications to the Secretary by June 11th.

**DINOWIC QUARRY HOSPITAL**.—Resident Dispenser and Surgical Dresser. Knowledge of Welsh essential. Applications to Dr. E. W. K. Jones, Llanberis, Carnarvonshire.

**EAST LONDON HOSPITAL FOR CHILDREN**, Shadwell.—House-Physician. Board, residence, etc., provided, and honorarium of £25 on completion of six months' approved service. Applications to the Secretary by June 9th.

**EDINBURGH: CRAIGLEITH FOOORHOUSE AND HOSPITAL**.—Resident Medical Officer. Salary at the rate of £100 per annum, with board and apartments. Applications to the Clerk to the Parish Council, Castle Terrace, Edinburgh, by June 11th.

**GATESHEAD DISPENSARY**.—Assistant Medical Officer. Salary, £130 per annum, rising to £160. Applications to the Secretary by June 9th.

**GATESHEAD UNION**.—Assistant Resident Medical Officer. Salary, £150 per annum, with furnished apartments, rations, and washing. Applications, endorsed "Assistant Medical Officer," to be sent to the Union Clerk, Poor-law Offices, Prince Consort Road, Gateshead, by May 29th.

**GREAT NORTHERN CENTRAL HOSPITAL**.—(1) House-Physician. (2) Junior House-Physician. Appointments for six months. Salaries at the rate of £80 and £30 per annum respectively, with board, lodging, and washing. Applications to the Secretary by June 15th.

**HALIFAX COUNTY BOROUGH OF**.—Medical Officer of Health for the Borough. Must be D.P.H. and between 35 and 45 years of age. Salary, £500 per annum. Applications to the Town Clerk by May 31st.

**HALIFAX ROYAL INFIRMARY**.—Third House-Surgeon; unmarried. Salary, £50 per annum, with residence, board, and washing. Applications to the Secretary.

**LEEDS PUBLIC DISPENSARY**.—Junior Resident Medical Officer. Salary, £85 per annum. Applications to the Secretary of the Faculty.

**LONDON (CITY OF) ASYLUM**, near Dartford.—Assistant Medical Officer for three months during the summer. Salary, £338. per week, with furnished apartments and board. Applications to the Medical Superintendent.

**LONDON COUNTY ASYLUM**, Banstead.—Junior Assistant Medical Officer, between 23 and 30 years of age. Salary, £150 per annum, with board, furnished apartments, and washing. Applications, on forms provided, to the Clerk of the Asylums Committee, 6, Waterloo Place, S.W., by June 8th.

**LINCOLN COUNTY HOSPITAL**.—Assistant House-Surgeon. Appointment for six months, but eligible for re-election. Board, residence, and washing provided, and honorarium of £25. Applications to the Secretary.

**LINCOLN HOSPITAL FOR THE INSANE**.—Assistant Medical Officer. Salary, £100 per annum. Applications to the Medical Superintendent, The Lawn, Lincoln.

**LIVERPOOL INFECTIOUS DISEASES HOSPITAL**.—Assistant Resident Medical Officer. Unmarried, and age not to exceed 26 years. Salary, £100 per annum, with board, lodging, and washing. Applications, endorsed "Assistant Resident Medical Officer," to be addressed to the Chairman of the Port Sanitary and Hospitals Committee, and sent under cover to the Town Clerk by May 28th.

**MANCHESTER ROYAL INFIRMARY**.—Temporary Honorary Assistant Surgeon. Applications to the Secretary by June 9th.

**MIDDLESEX HOSPITAL MEDICAL SCHOOL**.—Lecturer on Chemistry. Salary, £150 per annum, with special fees and allowance. Applications to the Secretary to the Council by May 31st.

**NEW HOSPITAL FOR WOMEN**, Euston Road, N.W.—(1) House-Physician. (2) House-Surgeon. (3) Two Assistant Anaesthetists. (4) Three Clinical Assistants. (5) Resident Obstetric Assistant. Candidates must be fully-qualified medical women. Applications to the Secretary for the first four by May 30th, and for the last by June 11th.

**NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC**, Queen Square, W.C.—Pathologist. Honorarium, 50 guineas. Applications to the Secretary by May 31st.

**NORTHAMPTON GENERAL INFIRMARY**.—Qualified Assistant to the House-Surgeon. Appointment for six months. Board, lodging, and washing provided, and honorarium of £25. Applications to the Secretary.

**NORWICH: NORFOLK AND NORWICH HOSPITAL**.—Assistant House-Surgeon. Appointment for six months. Board, lodging, and washing provided, and honorarium £20. Applications to the Secretary by June 12th.

**NOTTINGHAM GENERAL DISPENSARY**.—Assistant Resident Surgeon. Unmarried. Salary, £140 per annum, with all found except board. Applications to the Secretary.

**OLDHAM INFIRMARY**.—Senior House-Surgeon. Salary, £85 per annum, with board, residence, and washing. Candidates to state whether they would be willing to accept the Junior post at £70 per annum. Applications to the Honorary Secretary by June 4th.

**PONTEFRAC T DISPENSARY AND INFIRMARY**.—Resident Medical Officer. Salary commencing £100 per annum, with furnished rooms, etc. Applications to the Secretary by June 9th.

**PRESTWICH: COUNTY ASYLUM**.—Assistant Medical Officer. Unmarried, and under 35 years of age. Salary commences at £125, rising to £250, with board, apartments, washing, etc. Applications to the Superintendent.

**QUEEN CHARLOTTE'S LYING-IN HOSPITAL**, Marylebone Road, N.W.—Assistant Resident Medical Officer. Appointment for four months. Salary at the rate of £50 per annum, with board, residence, and washing. Applications to the Secretary by June 5th.

**READING: ROYAL BERKS HOSPITAL**.—(1) House-Surgeon. Salary, £60 per annum. (2) Assistant House-Surgeon. Salary, £50 per annum. Board, lodging, and washing provided in each case. Applications to the Secretary by June 4th.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND**.—(1) Two Examiners in Dental Surgery. (2) Hunterian Professors. (3) Erasmus Wilson Lecturer. (4) Arris and Gale Lecturer. Applications to the Secretary by June 4th.

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

**SOUTH SHIELDS: INGHAM INFIRMARY AND SOUTH SHIELDS AND WESTOE DISPENSARY**.—Junior House-Surgeon. Salary, £50 per annum, with board and residence. Applications to the Secretary.

**TIVERTON INFIRMARY AND DISPENSARY**.—House-Surgeon and Dispenser. Unmarried. Salary, £75 per annum, with board and residence. Applications to the Honorary Secretary by June 2nd.

**WESTERN GENERAL DISPENSARY**, Marylebone Road, N.W.—House-Surgeon; unmarried. Salary, £75 per annum, with board and residence, and allowance for washing. Applications to the Honorary Secretary.

**WEST HAM HOSPITAL**, Stratford.—Junior House-Surgeon. Salary, £75 per annum, with board, residence, etc. Appointment for one year, but eligible as Senior at £100. Applications, marked "Junior House-Surgeon," to be sent to the Secretary by May 30th.

**WEST HAM UNION**.—Resident Lady Assistant Medical Officer for the Workhouse and Schools. Salary, £100 per annum, with usual residential allowances. Applications, on forms provided, to be sent to the Clerk, Guardians' Offices, Union Workhouse, Leytonstone, N.E., by May 30th.

**WEST LONDON HOSPITAL**, Hammersmith Road, W.—(1) House-Physician. (2) House-Surgeon; (3) Assistant Physician. Must be F. or M.R.C.P. Lond. Applications to the Secretary-Superintendent for (1) and (2) by June 20th, and for (3) by June 6th.

**WOOLWICH UNION**.—Resident Assistant Medical Officer for the Infirmary at Plumstead. Salary, £100 per annum, rising to £130, with apartments, rations, and washing. Applications on forms provided to be sent to the Clerk by June 6th.

## MEDICAL APPOINTMENTS.

**BAXTER**, Stephen Edward, M.R.C.S., L.R.C.P., appointed Certifying Factory Surgeon for the civil parishes of Irchester, Wollaston, Great Doddington, Strixton, Bozeat, and Eastern Mauditt in Wellingborough Rural District.

**BEVAN**, T. Webb, L.R.C.P. Lond., M.R.C.S., appointed Certifying Factory Surgeon for the Nantyglo and Rhina Urban District, Monmouth.

**BOAKE**, S., L.R.C.P., L.R.C.S. (Irel.), appointed Medical Officer of Health for the Chard Rural District, vice E. Stephens, L.R.C.P. Edin., M.R.C.S. Eng.

**BORTWICK**, Thomas, M.D. Edin., appointed Medical Officer of Health of Adelaide.

**BUCKLEY**, T. W., M.R.C.S. Eng., appointed Certifying Factory Surgeon for the Thrapstone District.

**CROMMELIN**, Charles E., M.D., appointed Government Medical Officer and Vaccinator at Campbelltown, New South Wales, vice Dr. C. N. Simmons, resigned.

**DANABER**, E. H. J., M.R.C.S., L.R.C.P. Lond., appointed Certifying Factory Surgeon for the Rainham District.

**GARSON**, W. R. J., M.B., C.M. Edin., appointed Certifying Factory Surgeon for the Berington District.

**HAYS**, A. G., L.R.C.P., L.R.C.S. Edin., appointed Certifying Factory Surgeon for the Woodford District.

**HENRY**, C. D., M.B., B.C. Camb., appointed Honorary Visiting Physician to the Wellington Hospital, N.Z.

**MAIDLOW**, W. H., M.D. Durh., appointed Medical Officer of Health for the Ilminster Urban District, vice E. Stephens, L.R.C.P. Edin., M.R.C.S. Eng.

**MALINS**, Herbert, B.A. Oxon., M.B., C.M. Edin., appointed House-Surgeon to the Royal Maternity and Simpson Memorial Hospital, Edinburgh.

**MORETON**, Frederick, M.R.C.S., L.R.C.P., appointed Medical Officer to the Warrnambool Hospital, Victoria, vice Dr. H. L. Miller.

**PLAYFAIR**, Hugh J. M., M.D., F.R.C.S., M.R.C.P., appointed Obstetric Tutor to King's College Hospital.

**RITCHIE**, R. H., M.B., appointed Health Officer for the Shire of Arapiles, Victoria.

**ROSEBY**, Edmund Rupert, M.B., Ch.M., appointed Assistant Resident Medical Officer at the Parkside Lunatic Asylum, and Medical Officer to the Adelaide Gaol.

**RYGATE**, C. D. H., M.R.C.S., L.R.C.P. Lond., appointed Government Medical Officer and Vaccinator at Wellington, N.S.W.

**STRETTON**, J. Lionel, L.R.C.P., M.R.C.S., appointed Medical Referee under the Workmen's Compensation Act for the Kidderminster Division of the County Court Circuit, No. 23.

**TEAGUE**, D. G. M., M.B., C.M., appointed Medical Officer of the Mount Garnett Hospital, Billiangee District, Queensland.

**TRWARRAS**, J. S., M.B., appointed Health Officer for the United Shire of Newham, Victoria.

## DIARY FOR NEXT WEEK.

## MONDAY.

**Medical Graduates' College and Polyclinic**, 22, Chancery Street, W.C. 4 P.M.—Mr. Malcolm Morris: Consultation. (Skin). 5-7 P.M.—Mr. R. Lake: Clinical. Practical Otolaryngology. Demonstration II.

**West London Post-Graduate**

Course, West London Hospital, Hammersmith Road, W., 5 P.M.—Dr. J. B. Ball: Throat and Nose Cases. Lecture I.

**London Throat Hospital**, 204, Great Portland Street, W., 4.30 P.M.—Dr. Furniss Potter: Examination of Ear.

## TUESDAY.

**Medical Graduates' College and Polyclinic**, 22, Chancery Street, W.C. 4 P.M.—Dr. C. T. Williams: Consultation. (Medical).

**Pathological Society of London**, 20, Hanover Square, W., 4.30 P.M.—Dr. Morley Fletcher: (1) A Hypertrophied Brain weighing 73 ounces; (2) Tumour of Posterior Mediastinum probably originating in the Sympathetic System. Dr. Morley Fletcher and Mr. Waring: Two Cases of Sacro-coccygeal Tumour, one with Recurrence after Operation. Dr. Smith: Acro-negatic Skull. Dr. Rolleston: Sarcoma of Esophagus. Dr. Cautley: Combined Anencephalia and Hydrocephalus. Mr. Edmunds: Thyroid of Puppy of Thyroidless Bitch. Dr. Saunders: A Duck with Webless Feet. Mr. Shattock: Anatomical. Rarities. Dr. Fawcett: A case of Fibroid Lung following Bronchopneumonia. Dr. Fawcett and Dr. Hale White: Fatty Heart in a boy aged 17 years. 5.30 P.M.—Annual general meeting for election of officers, report of Council, etc.

**National Hospital for the Paralyzed and Epileptic**, Queen Square, Bloomsbury, W.C., 3.30 P.M.—Dr. James Taylor: Cerebral Diplegia.

## WEDNESDAY.

**Medical Graduates' College and Polyclinic**, 22, Chancery Street, W.C. 4 P.M.—Sir W. H. Broadbent: Consultation. (Medical).

**British Bacteriological and Climatological Society**, 20, Hanover Square, W., 6 P.M.—Ordinary meeting to be followed by general meeting. 7 P.M.—Annual dinner (Limmer's Hotel), 9 P.M.—Conversation.

**Evelina Hospital for Sick Children**, Southwark Bridge Road, S.E., 4.30 P.M.—Mr. F. Willocks: Medical Cases. Post-Graduate Course.

## THURSDAY.

**Medical Graduates' College and Polyclinic**, 22, Chancery Street, W.C. 4 P.M.—Mr. J. Hutchinson: Consultation. (Surgical).

**Charing Cross Hospital**, Post-Graduate Course, 4 P.M.—Mr. Waterhouse: Surgical Cases.

**Hospital for Sick Children, Great**

Ormond Street, W.C., 4 P.M.—Dr. Still: Meningitis in Children.

**West London Post-Graduate Course**, West London Hospital, Hammersmith Road, W., 5 P.M.—Dr. J. B. Ball: Throat and Ear Cases. Lecture II.

## FRIDAY.

**Medical Graduates' College and Polyclinic**, 22, Chancery Street, W.C. 4 P.M.—Mr. H. Tilley: Consultation. (Throat).

**West London Medical Chirurgical Society**, West London Hospital, Hammersmith Road, W., 8.30 P.M.—Cases and specimens will be shown by Mr. G.

Pernet, Mr. S. Paget, Mr. Bidwell, Yr. McAdam, Eccles, and Dr. Ball and Dr. Abrahams.

**Laryngological Society of London**, 20, Hanover Square, W., 5 P.M.—Cases and specimens will be shown by Messrs. Butlin, Lake, Walker Downie, Lack, Parker, Steward, and Waggett.

## 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.

**BONNER**.—At Aberdovey, N. Wales, on 19th inst., the wife of Thomas Irvine Bonner, M.A., C.M., M.B., of a daughter.

**PEARSE**.—On May 10th, at 110, Cathedral Road, Cardiff, the wife of Athol S. J. Pearse, M.A., M.B. Cantab., M.R.C.S., L.R.C.P., of a daughter.

## DEATHS.

**NIVISON**.—On May 15th, at Woollec, Castle Douglas, N.B., John Nivison, M.D. Edin., and J.P. for the county of Kirkcubright.

**THOMAS**.—At Kirkbrae, Selkirk, N.B., on May 12th, James Thomas, M.D., aged 58.