

## THE TOLERATION OF ARSENIC.

By ROBERT W. MACKENNA, M.A., M.B., CH.B. EDIN.,  
Clinical Assistant to the Liverpool Skin Hospital.

IN connection with the epidemic of arsenical poisoning at present so widespread, a few statistics as to the tolerance of arsenious salts administered through a long period in regular doses may be of value. To Dr. Stopford Taylor, Honorary Attending Physician to the Liverpool Skin Hospital, I owe the suggestion to compile these statistics, and I am deeply indebted to him for permission to make use of the records of patients attending the outdoor department of that institution.

Table of Statistics.

No.	Number in Hospital Register.	Sex.	Age.	Duration of Administration.		Amount of Donovan's Solution taken per Diem.	Equivalent in Grains of As <sub>2</sub> S <sub>3</sub> per Diem.	Symptoms of Intolerance.
				Months.	Minims.			
1	9	M.	37	5	45	0.409	(a)	
2	12	F.	32	6	30	0.272	o	
3	24	F.	—	4	30	0.272	o	
4	70	F.	21	3	15	0.136	o	
5	75	M.	42	11	45	0.409	(b)	
6	115	M.	52	12	15	0.136	o	
7	187	F.	34	1	45	0.409	o	
8	245	F.	55	11	15	0.136	o	
9	256	M.	50	5	30	0.272	o	
10	262	F.	33	4	45	0.409	o	
11	265	F.	44	10	45	0.409	(c)	
12	295	M.	26	6½	45	0.409	o	
13	419	M.	40	5	45	0.409	o	
14	514	F.	46	10	30	0.272	o	
15	562	F.	24	6	30	0.272	o	
16	600	M.	56	8	30	0.272	o	
17	660	F.	50	1	15	0.136	o	
18	693	M.	21	8	30	0.272	o	
19	757	F.	52	7	15	0.136	o	
20	770	F.	32	7	15	0.136	o	
21	775	F.	33	7	30	0.272	o	
22	789	F.	54	8	30	0.272	o	
23	846	F.	—	8	30	0.272	o	
24	858	M.	28	3	30	0.272	o	
25	862	M.	40	7	45	0.409	(d)	
26	881	M.	19	6	15	0.136	o	
27	1,380	F.	4	3	9	0.081	o	
28	1,369	M.	37	3	30	0.272	o	
29	1,394	F.	22	3	15	0.136	o	
30	1,398	F.	54	1	15	0.136	o	
31	1,399	M.	36	1	30	0.272	o	
32	1,443	M.	15	1	15	0.136	o	
33	1,444	M.	11	3	15	0.136	o	
34	1,448	M.	34	3	15	0.136	o	
35	1,504	M.	32	1	30	0.272	o	
36	1,506	M.	41	1	30	0.272	o	
37	1,487	F.	23	3	30	0.272	o	
38	1,496	F.	22	1	30	0.272	o	
39	1,477	M.	30	3	15	0.136	o	
40	1,451	F.	10	2	15	0.136	o	
41	1,552	F.	7	1	9	0.081	o	
42	932	F.	16	5	15	0.136	o	
43	992	F.	31	5	30	0.272	o	
44	1,047	F.	17	4	15	0.136	o	
45	1,098	F.	11	3	15	0.136	o	
46	1,108	F.	13	6	22½	0.204	o	
47	1,113	M.	49	3	30	0.272	o	
48	1,137	M.	21	4	30	0.272	o	

## NOTES.

(a) Donovan's solution stopped because eyes suffused and patient sick after food.

(b) Patient was a sailor, and therefore attendance was irregular.

(c) After three months' administration of Donovan's solution it was stopped for 8 weeks, not, however, because of any toxic symptoms. It was again renewed and continued till now.

(d) Pigmentation of arms and legs.

o signifies that no symptoms of intolerance were observed.

A considerable proportion of the patients attending the hospital clinics suffer from skin diseases, for which the administration of arsenic is indicated; and the preparation which Dr. Taylor usually employs is the double iodide of arsenic and mercury, better known as Donovan's solution. So well is arsenic in this form tolerated by the patients, that toxic symptoms are of extreme rarity. As the figures show,

some patients have taken daily for months 45 minims of Donovan's solution (corresponding to 0.409 gr. of arsenious iodide) without any untoward symptom appearing. Facts of this kind give one reasonable ground for wondering if the infinitesimally small amount of arsenic found in impure beer can justly be held responsible for all the cases of peripheral neuritis at present laid to its charge; but I shall postpone discussion of the matter until I have quoted the statistics. The cases are drawn at random from the large external clientèle of the hospital.

The table of statistics shows what large amounts of arsenious iodide patients can tolerate. Some of the cases were taking into their systems for long periods nearly half a grain of the salt per diem without any results but beneficial ones. To consume as much arsenic as these patients did, the drinker of arsenical beer would have to swallow an ocean of the beverage, for, so far as I am aware, the greatest amount of the poison found in any sample did not exceed 0.28 per gallon.<sup>1</sup>

It is a matter of common knowledge that arsenic and its salts exhibited for a time in small doses establish a tolerance, and the arsenic eaters of the Austrian Tyrol are the classical proofs of the fact. How is it, then, that the small quantities of the poison found in beer have not produced a like effect? Is it because the alcoholic medium, in which the arsenic is, intensifies its action? It might do this in several ways. First, there might be a chemical action between the menstruum and the salt, increasing the toxicity of the latter. Or it may be that there is a combined toxic effect, for both alcohol and arsenic can produce peripheral neuritis. Or possibly the alcohol interferes with the proper elimination of the drug by producing degenerative changes in various organs. This last hypothesis would explain why Donovan's solution is so well borne; for since it is a double iodide, and a potent alternative, its elimination must be greatly facilitated.

A consideration of the statistics forces one to the conclusion that an undue importance has been attached to the arsenic in the beer. Only those cases should be ascribed to arsenic in which there is a well-marked clinical picture of arsenical toxæmia, or in which arsenic has been found in the excretions, or *post mortem* in the organs of the body.

Dr. Taylor informs me that of the 2,000 patients who have passed through his hands at the hospital during the last fourteen months, only one could fairly be said to suffer from arsenic poisoning. The statement is of interest, for as many of the symptoms of chronic arsenical poisoning appear on the skin,<sup>2</sup> it is likely that if the epidemic were as widespread as the alarmists would have us believe, the dermatologists would have seen more of its effects.

## REFERENCES.

<sup>1</sup> BRITISH MEDICAL JOURNAL, December 1st, 1900, p. 1538. <sup>2</sup> *Ibid.*, December 8th, p. 1630.

## MEMORANDA:

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

## HERPES FOLLOWING THE ILIO-HYPOGASTRIC AND ILIO-INGUINAL NERVES.

ON April 2nd I saw Mrs. A., aged 50 years, a small and very anæmic woman. She complained of great weakness and of "pain in the left side." There was a well-marked vesicular rash, mapping out the course of the ilio-hypogastric and ilio-inguinal nerves. The rash began behind in a group of vesicles lying just to the left of the vertebral spines at the level of the first lumbar. After the first couple of groups posteriorly the vesicles were arranged in two rows, the upper representing the course of the ilio-hypogastric nerve and the lower that of the ilio-inguinal. These sloped obliquely downwards until they reached the crest of the ilium, about its middle point. Here were several isolated vesicles descending over the gluteal region, and mapping out the course of the iliac branch of the ilio-hypogastric nerve, while the two rows still continued their course round the body, a little above the iliac crest. The upper row terminated about an inch above the pubes, and several single vesicles crossed the middle line, re-

presenting no doubt a communication existing between the nerves of either side. The lower row ran parallel with Poupart's ligament, reached the external abdominal ring, and ran down the thigh for about one-fifth of its length on the inner side. Two or three scattered vesicles were seen on the labium majus and several single vesicles again crossed the middle line over the pubes and went as far as the spine of the right pubes. The course of the two nerves with their terminal branches was thus accurately mapped out.

*History of the Case.*—The patient explained that the rash had begun four days previously, had first come out on her back, and spread gradually forwards. For about a week previous she had pain over the course of the two nerves affected. Now that the rash had come out there was no abatement of the pain, and the tenderness was so extreme that the patient could not bear the bed clothes to touch her skin. She had no fever, or indeed any constitutional symptoms due to the herpes. During the four days on which the rash had been present the patient's appetite had improved, and the dyspeptic pain previously experienced had disappeared.

On the seventh day the vesicles began to shrink, but the pain lasted for three months, during which time she suffered acutely and had to be given morphine.

The interest of the case lies in the extraordinary accuracy with which the nerves were picked out and represented. It would have formed an excellent illustration at an anatomy lesson. The disappearance of the dyspepsia concomitant with the onset of the rash may have been a coincidence, but somewhat similar cases have been known. In this case the patient considered the cure worse than the disease.

GRACE HAXTON GIFFEN, L.R.C.P., etc.,  
Senior Demonstrator in Anatomy in the Women's Medical College,  
Edinburgh.

#### A CASE OF PUERPERAL FEVER TREATED BY ANTISTREPTOCOCCUS SERUM: RECOVERY.

On October 24th, 1900, I attended Mrs. B., aged 26 years, in her second confinement, which was premature (6 months). She complained of excessive pain in the abdomen, although the labour was normal, the placenta coming away without any trouble. At the time there was a very foul discharge, although the child was not in the least decomposed, but showed signs of life. The patient gave a history of having had a loss a few days previously, which had been followed by the foul discharge. Her temperature at the time of confinement was  $103^{\circ}$  F., and the pulse 120.

By means of douching with 1 in 2,000 perchloride the temperature and pulse became normal by October 28th. On the evening of that day I was called to her and found her suffering from great abdominal pain, and great tenderness, with a considerable amount of distension. Morphine and castor oil was ordered, but next day the temperature rose to  $102^{\circ}$  F., although the very slight amount of discharge had absolutely no odour. The following day the patient's condition became worse. The temperature was  $103^{\circ}$ . There was very great tenderness of the abdomen, especially on the right side, where an extremely hard mass could be felt, extending from the edge of the liver to the level of the umbilicus. On the morning of October 31st (the temperature being  $102.8^{\circ}$ , the pulse 130, and the respiration 36) I gave an injection of 10 c.cm. of antistreptococcus serum (Parke-Davis). At 3.30 P.M. the temperature was  $104^{\circ}$  F., and the pulse 130. At this time she was seen by my colleague, who also realised the extreme gravity of her condition.

On November 1st at 8 A.M. the temperature was  $101^{\circ}$ , the pulse 105. The tenderness was much less. A simple enema was given. As the temperature at midday was  $100^{\circ}$ , the pulse 100, and the condition generally improved, I decided not to give another injection, but on the morning of November 2nd the temperature was  $101.5^{\circ}$  F., and at midday  $102^{\circ}$  F. I gave another injection of 10 c.cm. antistreptococcus serum, and from that date her condition steadily improved, except for a slight rise of temperature on November 9th and 10th, which was quickly corrected by a full dose of castor oil.

The injection of antistreptococcus serum was followed by a troublesome attack of urticaria, but with no other bad symptom whatever. Nor do I think that the patient would have been pulled through if it had not been for the serum.

Saxmundham.

J. C. RYDER RICHARDSON, M.A., M.B.

## REPORTS

ON

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

BARRACK HOSPITAL, PRESTON.

A CASE OF PYÆMIA SIMULATING ACUTE RHEUMATISM.

(By H. W. BERNARD, M.B., B.Ch., Civil Surgeon to the Hospital.)

ON November 26th, 1900, a private of the Lincoln Regiment, aged 24, reported himself "sick" at the Barrack Hospital. He had returned from furlough a few days previously, and had been drinking heavily. He complained of a neuralgic pain in the left side of his face and temple. He was of a florid complexion, had a past history of rheumatism, and his face wore a somewhat peculiar expression. He was put to bed, and given 15-gr. doses of sodium salicylate night and morning. That night his temperature was  $102^{\circ}$  and his pulse 100. Next morning his throat was sore, the pain in the left temple was better, and an erythematous rash covered the upper part of the front of his chest; his right knee-joint looked puffy, but there was no pain in it, and the skin over it was not red-den. His tongue was slightly furred, his conjunctivæ suffused, and his face wore a dusky look. The pulse was regular, with a small wave. That night his temperature was  $102^{\circ}$  and his pulse 108. There was no pain in his face or temple, but the right knee looked more swollen, although there was no fluid in the joint; the skin was hot and dry, and the urine contained a small amount of albumen. Next day, November 28th, his sore throat had disappeared, but his right wrist was swollen and red, and that evening one of the small joints of the middle finger of the left hand was red and swollen, the affected joints were covered with cotton-wool, and the patient said that he felt better. At 8 P.M. he became delirious; the salicylate was at once stopped, but in six hours he was comatose, with a temperature of  $105^{\circ}$ , respirations 30, weak and shallow, and pulse 130, small and feeble. Three ice-bags were applied to the front of the abdomen and chest, and in two hours his temperature was  $103^{\circ}$ , he spoke a few words, but soon fell back into the same condition. While the patient lay in this state he moved his left arm and leg in a restless manner, but his right arm and leg remained immovable; with his left hand he pawed the air and picked the bedclothes; he resisted the opening of his eyelids, his pupils reacted to light, and his eyeballs moved in a restless manner. His tongue was dry and brown, and sordes covered the lips; he swallowed readily, and passed urine when shouted at. There was no stiffness at the back of the neck, but he lay with his head retracted. His left plantar reflex was increased. He lay in this state until the night of December 1st, when he died. During this time his temperature was never lower than  $104^{\circ}$ , except when icebags were applied.

A *post-mortem* examination was made on December 3rd. The right knee-joint was filled with pus; a small quantity of pus exuded from amongst the extensor tendons of the right wrist-joint. On removing the skull-cap the veins of the dura mater were congested, the convolutions of both hemispheres flattened, and the vessels of the pia congested; over the convexity of the left hemisphere the dura mater was adherent in places, but its inner surface still preserved its satiny polish. The anterior two-thirds of the convexity of the left hemisphere was covered with pus, as was also the tip of the right frontal lobe. When the brain was removed the entire surface of the left base was found to be covered with pus, which extended on the anterior surface of the medulla into the spinal canal. The petrous part of the left temporal bone was healthy; the left lateral ventricle was distended with a dirty brownish fluid, its walls softened, and the choroid plexus injected. The pericardial sac was normal, the wall of the right ventricle was infiltrated with fat, and the left ventricle hypertrophied; the valves were competent. The other organs were not examined, the examination being made against time. The case was at first thought to be one of acute rheumatism

proof of the facts, to be dealt with by the General Medical Council as having been guilty of infamous conduct in a professional respect," mean that registered dentists are liable as well as registered medical practitioners? In Ireland some dentists actually employ a number of unqualified assistants and send them round country towns and villages to represent them on market days, without ever putting in an appearance themselves.

\*.\* The resolution quoted was passed in response to a communication sent up by one of the Branches of the British Medical Association, mentioning the prevalence of, and condemning, the practice referred to. It seems not to be precisely applicable to a dentist employing unqualified assistants in a branch practice, but complaints of this have been heard by the Council, and have been dealt with on similar lines to analogous medical cases. We are not aware that the name of any dentist has, up to the present time, been removed from the *Register* for covering alone, but a dentist who employed an unqualified assistant to perform operations otherwise than under his immediate *bond fide* personal supervision would be liable to be found guilty of infamous conduct in a professional respect, and in one case the charge was held to have been proved, and judgment was postponed till the next session. Had the dentist in question not then produced evidence that he had at once discontinued the practice, it is probable his name would have been removed.

#### PROFESSIONAL SECRECY.

A CORRESPONDENT asks our opinion under the following circumstances: The body of a newly born child having been found by the roadside and a coroner's jury having brought in a verdict of wilful murder against some person or persons unknown, he was visited by the superintendent of police and asked whether he had been engaged to attend a stranger who had lately come to the town, and having answered in the affirmative, he was further requested to call at the house and find out whether the baby had been born or not. He refused to go. Further, the police went to all the medical men in the town and asked them to be on the look-out for any woman recently confined and if such a case came under observation to report it. Should this request be complied with?

\*.\* We think not. It is not the duty of a medical practitioner to act as an agent for the police, and our correspondent is perfectly justified in refusing to undertake such inquiries. On page 62 we have already referred to other aspects of the same subject.

#### ARRANGEMENTS WITH MIDWIVES.

RUSTICUS draws our attention to the case of a practitioner who has a branch surgery at the house of a midwife. This woman is stated to do the greater part of the midwifery of the district and to send for this practitioner whenever she is in difficulties, even although the women may be in ordinary illnesses the patients of other practitioners.

\*.\* We have already on many occasions commented on the unsatisfactory relations of medical practitioners with midwives and monthly nurses (see *BRITISH MEDICAL JOURNAL*, December 12th, 1899; December 2nd and December 23rd, 1899; March 31st, 1900). We know of no authoritative pronouncement upon this point. It is very questionable, to say the least, whether a charge of covering would succeed so long as the midwife kept herself to her own line of practice.

#### MEDICAL ADVERTISING.

A CORRESPONDENT sends a card which contains the information that at a certain address a legally qualified and experienced physician and surgeon attends at stated hours, and that the fees are moderate. The advertiser does not give his name. We think this is a case which might be brought before the licensing authority.

#### AMERICAN DRUGGISTS.

MR. GEORGE DICKINSON (Leamington) writes to complain of the treatment which he finds advocated in a pamphlet circulated by a firm of American chemists in support of the use of their preparations.

\*.\* It should not be necessary to warn educated medical practitioners against accepting the statements which they find in such trade publications, but it is evident that it pays to circulate them, and therefore we must suppose that they are read and accepted as guides by some. We suppose that it is ignorance rather than indolence which accounts for this.

#### SECRET COMMISSIONS.

A CORRESPONDENT writes to us complaining of the Century Thermal Bath Cabinet Company, but we have already published quite enough upon this subject, and can only recommend him to leave the matter in the hands of his solicitor.

#### SALE OF PRACTICE.

BRIGHTONIAN writes: A. assigns goodwill and connection of practice after an agreed period of introduction to B. A. agrees not to practise within eleven miles, but after an absence of two years starts again in practice at a distance of twenty miles from his former residence. Can A. be consulted at his home or within the distance limit by any or all of his former patients?

\*.\* Under his agreement A. may see any or all his former patients if they choose to come to him beyond the eleven miles radius, but he

may not visit them within that distance. It would, however, be very unethical on A.'s part to encourage any patients of the practice he had sold to B. to come to him again.

#### PROFESSIONAL ATTENDANCE UPON THE FAMILIES OF MEDICAL MEN.

DOCTOR (India).—We may refer our correspondent to the answer to "Rishworth," published in the *BRITISH MEDICAL JOURNAL* of January 5th, p. 62.

DISGUSTED.—We would refer our correspondent to the paragraph headed "The Labelling of Medicines containing Poisons by Registered Medical Practitioners" published in the *BRITISH MEDICAL JOURNAL* of October 27th, 1900, p. 1292.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF EDINBURGH.

#### ANNUAL REPORT.

*Number of Students.*—During the past year the total number of matriculated students (including 252 women) was 2,754. Of this number 1,338 (including 13 women) were enrolled in the Faculty of Medicine. Of the students of medicine, 592, or fully 44 per cent., belonged to Scotland; 332, or nearly 25 per cent., were from England and Wales; 111 from Ireland; 68 from India; 209, or fully 15½ per cent., from British Colonies; and 26 from foreign countries. The number of women attending extra-academical lectures, with a view to graduation in medicine in the University, was 92.

*Degrees.*—Among the degrees conferred during 1900 were: Bachelor of Medicine and Master in Surgery (M.B., C.M.), 15; Bachelor of Medicine and Bachelor of Surgery (M.B., Ch.B.), 180 (including 18 women); Doctor of Medicine (M.D.), 53. The General Council of the University now numbers 8,883.

*University Fellowships and Prizes.*—The total annual value of the University fellowships, scholarships, bursaries, and prizes now amounts to about £17,820. The value of those in the Faculty of Medicine is £3,500. In addition, a sum of upwards of £600, being the income of the Earl of Moray Endowment Fund, is annually available for the encouragement of original research.

*Teachers of Public Health.*—The first ordinance of the University Court, which relates to the separation of the teaching of forensic medicine and public health, has received the approval of the Queen in Council, and arrangements are being made to bring its provisions into operation at an early date. The construction of the John Usher Institute of Public Health, for which the University is indebted to the munificence of Sir John Usher, Bart. (Norton), has during the past year made considerable progress. When finished the institute will afford much ampler accommodation for the public health department of the University than is now available, and will provide a full laboratory training in the branches of study required by medical officers of health.

*Benefactions.*—Among numerous benefactions of which, as in previous years, the University has to make grateful acknowledgments, the following, in addition to those above noted, may be mentioned:—Sums amounting in all to £2,800, donated by Mrs. Harriet G. Cox, widow of the late Mr. Robert Cox, M.P. (Gorgie), for the building of the Hughes Bennett Laboratory of Physiological Research, in memory of her father, the late Dr. John Hughes Bennett, Professor of the Institutes of Medicine and of Clinical Medicine in the University. A gift by Sir Thomas Gibson-Carmichael, Bart., of a sum of £100 a year for two years for the purpose of carrying on research in the zoological department of the University. Gifts by the Rev. Professor Gwatkin, D.D., Cambridge, of collections of molluscan redupæ for the microscope to be added to the collections formerly presented by him. A bequest by the late Emeritus Professor Sir Douglas MacLagan of a marble bust of himself, the work of John Hutchison, R.S.A.

*Library.*—Although the University library has not received during the year any great bequest, there have been among the 1,400 donations many works of considerable value. A portion of the Sir William Fraser Bequest was set apart to meet a much felt want, namely, the recataloguing of the University library, and this work is now being carried out under supervision by a special staff of eight cataloguers, who have catalogued about half the contents of the library. The want of sufficient funds for the increasingly large number of works and periodicals connected with scientific research is much felt; and it is found almost impossible to purchase expensive books in many branches of science which a well-equipped University library ought to possess. A large special fund for the purchase of standard works is a pressing necessity.

*The War in South Africa.*—In connection with the war in South Africa, it may be mentioned that the University accepted the invitation of the Secretary of State for War to nominate candidates for commissions in various branches of the military service; that special privileges have been granted by the University authorities to students who volunteered for active service; and that the Senatus is proposing to erect a memorial tablet in the M'Ewan Hall to those who fell in the war.

### UNIVERSITY COLLEGE, LONDON.

*Calendar.*—The new Calendar of University College, London, for the session 1900-1901 contains references to several new developments in the work of the College. Among others are courses on experimental psychology, consisting of a laboratory course and an elementary course of physiological demonstrations on the nervous system and the sense organs; arrangements for instruction in spectroscopy, with especial reference to the spectra of gases, the laboratory being a subdepartment of the chemical laboratory; and the institution of subdepartments of physiological chemistry and histology, with the organisation of special

post-graduate courses in chemistry, physiology, pathological chemistry, and other subjects. The volume also contains the speech of the President (Lord Reay) at the annual general meeting held on February 28th, 1900, which deals with the development of the University of London, and lists of original publications by members of the different faculties.

#### SOCIETY OF APOTHECARIES OF LONDON.

**PRIMARY EXAMINATION, Part II.**—The following candidates passed in

*Anatomy*.—J. Bromley, Guy's Hospital; J. Jones, Manchester; K. Knowles, Royal Free Hospital; D. J. Lewis, London Hospital; C. G. Martin, St. Bartholomew's Hospital; H. G. Peel, Leeds; K. A. Platt, Royal Free Hospital; G. H. Rains, Bristol and Westminster Hospital; A. Rogers, Cardiff; C. C. Rushton, Manchester and University College Hospital; D. A. Stepney, Royal Free Hospital; M. B. Taylor, Guy's Hospital; J. M. Wall, St. Thomas's Hospital; A. L. Walters, St. Thomas's Hospital; J. S. Ward, Sheffield.

*Physiology*.—J. Bromley, Guy's Hospital; J. Jones, Manchester; K. Knowles, Royal Free Hospital; D. J. Lewis, London Hospital; E. H. McMahon, Charing Cross Hospital; C. G. Martin, St. Bartholomew's Hospital; S. Northwood, Birmingham; C. H. Osmond, Glasgow; H. G. Peel, Leeds; W. V. Pegler, Leeds; A. Rogers, Cardiff; C. C. Rushton, Manchester and University College Hospital; M. B. Taylor, Guy's Hospital; A. L. Walters, St. Thomas's Hospital; J. S. Ward, Sheffield; S. H. K. Welch, Charing Cross Hospital.

**PRIMARY EXAMINATION, Part I.**—The following candidates passed in:

*Biology*.—C. H. Colley, Royal Free Hospital; J. G. Lewis, Cardiff.

*Chemistry*.—E. C. Curtis, Aberdeen; F. G. Dobson, Leeds; F. W. March, Durham; W. B. Skelton, Guy's Hospital; P. B. Whittington, London Hospital.

*Materia Medica and Pharmacy*.—R. S. Dollard, Royal College of Surgeons, Ireland; K. Knowles, Royal Free Hospital; K. A. Platt, Royal Free Hospital; W. B. Skelton, Guy's Hospital; M. C. Vivian, Royal Free Hospital; C. Watson, Westminster Hospital.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### THE HEALTH REPORT OF THE GLOUCESTER COUNTY COUNCIL.

A PAMPHLET has reached us containing a title page, 26 pages of letterpress, and 6 folded sheets of tabular matter, printed on very thin paper 21 by 17 inches. Thus the most important part is put into the form least convenient for reference. The wording of the title page is, to say the least of it, amusing. On its outer cover and title page the booklet claims to be the "Annual Report of the Medical Officers of Health (Reports) and Sanitary Committee, together with abstracts from the various M.O.H. reports, with statistics, for 1899." A hasty glance would have led us to suppose that the Gloucester County Council, alive to the needs of the times, had appointed more than one medical officer of health to assist it in its important work. A second glance, however, dispels that illusion. The bracketed word "(Reports)" bars this interpretation. The "Report of the Medical Officers (Reports)" is rather a staggerer; but it is still more perplexing to find that the report of the reports and the Sanitary Committee is accompanied by "abstracts from the various M.O.H. reports, with statistics." Confusion worse confounded. Passing, however, to the inside—the safest way in dealing with a document with an unintelligible superscription—we begin to discern dim glimmerings of sense.

The report it seems, when we get to it, is not the report of the medical officers, nor is it the report of their reports. It is the report of the Sanitary Committee. It begins by setting forth the duties delegated to that Committee by the County Council. It proceeds to state in detail how these have been discharged, in one or two instances, and goes on to give certain vital statistics for the county. On page 7 we find it stated that the births registered in the county were 8,802, and that the birth-rate for the entire county was 23.6. The deaths, we are told a little lower down on the same page, were 5,458 and the death rate 14.97. It will scarcely be credited that in this report of reports neither of these simple arithmetical sums is worked out correctly. This is a strong statement to make and we must therefore justify it. On the first of the very uncomfortable sheets we have already mentioned, we find the population of the county given as 357,587. This number does not, however represent the sum of the various populations of the districts printed above it, which total up to 358,587. Giving the county the benefit of the 1,000 lives they seem so careless about, the

rates of 23.6 and 14.97 become 24.5 and 15.22 respectively, while if we take the population with which they have credited themselves the rates are in both cases appreciably higher. We were for some time at a loss to know how the compiler of the statistics could have made such absurd blunders in a couple of simple rule-of-three sums. We tried unsuccessfully deducting the deaths of outsiders, and various other means of cooking the accounts to arrive at the printed result. At length a happy thought struck us, and we found to our astonishment that the ingenious editor had obtained the rate for the whole county by extracting the mean of the rates of the districts composing it, notwithstanding that the estimated populations of these varied from 1,000 in Horfield to 49,000 in Cheltenham. If the clerk who made this ridiculous blunder had the good fortune to have £49,000 invested in three per cent. Consols at par and £1,000 in a mine bringing in 9 per cent., he surely would not imagine that his £50,000 was yielding him 6 per cent. all round, and yet that is the way in which he has dealt with the rates of births and deaths per mille in Gloucestershire.

The report, however, does not seem to be entirely the work of a mere clerk, though there are numerous other equally ludicrous mistakes in it. It appears rather to be the work of a man with some knowledge, though a quite unprofessional knowledge, of sanitary matters. The real writer has read, and to some extent digested, the reports of the district health officers, and has a hazy sort of notion of what the duties of a county council ought to be in some of the cases reported upon, though it is seldom his good fortune to have to chronicle that the Council have really done very much. It is a frequently recurring lament that this and that district are without proper hospital accommodation for the treatment of infectious diseases. Speaking of scarlet fever generally, the reporter (page 10) remarks that "until district councils will consider it advisable to provide isolation hospitals for this disease, and adequate disinfecting apparatus, it is hopeless to expect other than periodical waves of epidemics throughout the county." The English is a little funny, but we approve what we conceive to be the meaning. Speaking at page 12 of an outbreak of typhoid fever at Coleford, the writer says: "Had the District Council provided an isolation hospital, as seven years ago they were urged by the Local Government Board to do, there seems reason to believe that the disease might have been promptly stamped out." At page 25, amongst what are, we presume, the "abstracts from the various M.O.H. reports," we find that at Barton Regis Dr. Crossman complains that "the district sadly needs an isolation hospital." At Dursley, Mr. Joynes desires *inter alia* "the provision of an isolation hospital for dangerous infectious diseases in lieu of The Moors, Coaley." Mr. Denning, at Stow, desires three things, the first a "small isolation hospital." Dr. Buchanan, at Coleford, and Mr. Peake, at Horfield, both express a similar desire. Eight of the rural and seven of the urban districts in the county are unprovided with isolation accommodation, and yet the County Council have power to require the provision of isolation accommodation; at least, they could have the power if they took the requisite steps.

As matters stand with them, they can act if application be made to them by a local authority or a parish meeting. As yet they have no initiative power; but that is entirely their own fault. If they had—as every self-respecting county council ought to have—a medical officer to advise them, they would be able, under Section VI of the Isolation Hospitals Act, 1893, to direct him to make inquiry as to the necessity of such hospital in any district of the county, and, if he reported that a hospital was needed, to take the necessary steps for its establishment. This first step of appointing a medical adviser they have not taken. Hence these tears.

In this report—which, though in some respects, as we have said, able, is a monument of wasted ability—there are many other matters which point with equal distinctness to the need the council have of proper professional advice in matters sanitary. Let us hope that the stimulus of the meeting of the British Medical Association next July at Cheltenham will have the effect of strengthening the hands of those amongst the council who see the better things that should be done, but as yet lack the support needed to carry them into execution.

## MEDICAL NEWS.

WE are asked to state that Mr. Edward East will be glad to receive and distribute on behalf of the British Medical Benevolent Fund warm clothing for men, women, and children. His address is 26, Linden Gardens, W.

THE Board of Health of the City of New York has decided to build a laboratory to be devoted to the study of the bubonic plague. It is contemplated to erect a building at an estimated cost of about £4,000 in the grounds of the Willard Parker Hospital.

MR. E. J. BUTLER, M.B., has been appointed by the Secretary of State for India, on the recommendation of the Director of the Royal Gardens, Kew, to the post of official botanist to the Indian Government at a salary commencing at £600 per annum. Mr. Butler was educated at Queen's College, Cork.

DR. HERBERT DAVIES MEMORIAL.—Alderman Davies, of Lancaster, father of Dr. Herbert Davies, whose death in South Africa while serving as civil surgeon with the army was recently recorded in the *BRITISH MEDICAL JOURNAL*, has decided to give £2,000 to the Preston Royal Infirmary as a memorial to his son. The gift is to be expended in any way the Board of Management may think proper.

NOTICE is given that the next award of the Weber-Parkes Prize and Medals of the Royal College of Physicians of London will be made in 1903. The subject of the essay sent in for competition is "The Channels of Infection in Tuberculosis, together with the Conditions, Original or Acquired, which render the Different Tissues Vulnerable." The essays must be received by the Registrar of the College during the last week of May, 1903.

SANITARY INSPECTION OF BARBERS' SHOPS.—The New York Board of Health proposes to enforce new sanitary regulations in all barbers' shops. An inspection will be made to see that all implements used are sterilised in antiseptic solutions every time after they have been used; that a clean towel is provided for each person; that pure soap and running water is furnished; and that head rests and shaving cups are cleansed. The use of sponges and powder puffs is to be prohibited.

STUDENTS OF MEDICINE IN PHILADELPHIA.—The following is a list of the total number of students enrolled in the colleges of Philadelphia for the year 1900-1901:—Jefferson Medical College, 752; University of Pennsylvania: Department of Medicine, 566; Department of Dentistry, 416; Medico-Chirurgical College: Department of Medicine, 416; Department of Dentistry, 120; Department of Pharmacy, 63; Woman's Medical College, 164; Philadelphia Dental College, 398; Pennsylvania Dental College, 298; Philadelphia College of Pharmacy, 442. This makes a total of 1,891 students of medicine, 1,224 of dentistry, and 505 of pharmacy.

HOSPITALS OF THE UNITED STATES.—In a paper read by Mr. D. T. Sutton at a meeting of the Association of Hospital Superintendents recently held in Pittsburgh, it was stated that within 3 years nearly £10,000,000 has been spent in the United States in the erection and equipment of new hospitals, in enlarging and improving old hospitals, and in general expenses. There are now some 2,500 hospitals and asylums proper in the United States. These employ about 65,000 persons in various capacities. The hospitals pay yearly in salaries about £4,666,400. Over 1,600,000 patients are treated annually, and 37,500 physicians and surgeons attend them. The hospitals make up among them a total of 300,000 beds.

PRESENTATION.—On the last day of the century the Marquis of Hertford, on behalf of the subscribers to a testimonial to Dr. Nason, on his resigning the position of honorary medical officer to the General Hospital, Stratford-on-Avon, after forty years' service, presented him with his portrait in oils, a service of plate, and an address. He was asked to accept them as a mark of the appreciation of his services so long ungrudgingly and gratuitously rendered to the hospital, as an acknowledgment of the indebtedness of the administration of the hospital and the subscribers to the testimonial, and as a token of their sincere regard and

esteem. Dr. Nason has been appointed Honorary Consulting Surgeon to the hospital.

IT is announced that Sir Henry Wentworth Acland has left personal estate of the net value of £49,929 13s. 4d. By his will he desired that all his papers relating to his profession as a physician should be destroyed unread. The will ends:—"And now, with a deep sense of the mercy and goodness of God to me and mine through parents, children, and friends, and by the saintly life of my dear wife gone before, I commit my soul to my Heavenly Father in the faith and love of Christ, and hope for forgiveness of my shortcomings in my holy profession, and I pray that the faithful study of all Nature may in Oxford and elsewhere lead men to the knowledge and love of God, to faith and to charity, and to the further prevention and relief of the bodily and mental sufferings of all races of mankind."

MEMORIAL TO THE LATE DR. LEWIS, OF LLANDOVERY.—On January 2nd Sir John Williams unveiled a granite fountain which has been erected in Llandoverly to the memory of the late Dr. F. Williams Lewis. The fountain is of Aberdeen granite, and stands 18 ft. high. It has two basins, is richly moulded and carved, and is surmounted by a graceful cross. The cost of the memorial was £600. The fountain bears the inscriptions: "In lasting memory of Dr. Frederick William Lewis, M.R.C.S., L.S.A. (London). Born May 8th, 1851; died November 25th, 1899. This fountain is erected by his friends, the Rev. Thomas Evans, J.P., and Mrs. Evans, of Henllys, 1900." "Blessed are ye merciful." "The Beloved Physician." "Inasmuch as ye have done it unto one of the least of these My brethren, ye have done it unto Me."

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.—The twelfth annual report of the Scottish Branch has been issued. There are now 199 Queen's nurses in Scotland working under 111 associations. During the year ending October 31st, 1900, the Scottish Council was responsible for 52 nurses and probationers. Of these 13 were undergoing six months' district training, 4 had completed training, and 28 were in various hospitals for training. Twenty-eight nurses have, on the completion of their training, been engaged from the home by local committees. Six new branches have been affiliated to the institute. In Edinburgh and Leith 4,429 cases have been on the books, and 92,788 visits have been paid by the nurses. The year closed with a deficit of nearly £344, which has been met out of capital. This deficit is about £550 less than last year. It is hoped that it will become less and less each year.

THE MEDICAL PROFESSION IN GERMANY.—According to Dr. J. Schwalbe's *Reichsmedizinisch-Kalender*, which has recently appeared, the total number of medical practitioners in the German empire in the middle of October, 1900, was 27,374, being 685 more than in the previous year, an increase of 2.6 per cent. The increase, therefore, is not so marked as in the years from 1894 to 1898, when it was between 3.6 and 3.9, or in 1899 when it was 3.6. In Prussia alone the number of practitioners was 16,498, being 395 or 2.4 per cent. more than the year before. In 1899 the corresponding ratio was 4.2. In Bavaria the number of practitioners was 3,036, 3 per cent. more than the previous year; in the kingdom of Saxony 2,048, an increase of 80; in Württemberg 881, an increase of 11; in Baden 1,087, an increase of 60; in the Grand Duchy of Hesse 683, an increase of 22; in Alsace-Lorraine 770, an increase of 4. The proportion of practitioners to every 10,000 inhabitants was in the German empire 5.24, in Prussia 5.18, in Bavaria 5.22, in Saxony 5.41, in Württemberg 4.23, in Baden 6.30, in Hesse 6.57, in Mecklenburg-Schwerin 4.52, in Alsace-Lorraine 4.69, in Hamburg 8.58, in Bremen 7.18, in Lübeck 8.52. In the smaller States the proportion varied from 6.41 in Waldeck, where there are a number of health resorts, to 2.67 in Reuss. In the large cities the numbers were as follows: Berlin 2,360, being 1 practitioner to 798 inhabitants; Breslau 545, 1 to 775; Cologne 338, 1 to 1,097; Frankfurt-on-the-Main 334, 1 to 862; Königsberg 275, 1 to 681; Halle 213, 1 to 735; Magdeburg 179, 1 to 1,283; Düsseldorf 159, 1 to 1,339; Danzig 145, 1 to 953; Altona 92, 1 to 1,783; Dortmund 80, 1 to 1,780; Elberfeld 74, 1 to 2,215; Barmen 72, 1 to 1,964; Crefeld 59, 1 to 1,812; Dresden 428, 1 to 924; Leipzig 416, 1 to 1,094; Strassburg 213, 1 to 705; Stuttgart 193, 1 to 913; Nürnberg 157, 1 to 1,661; Chemnitz 116, 1 to 1,781; Brunswick 104, 1 to



1,212. The overcrowding of the profession in Germany therefore still continues, and although the number of medical students shows a slight falling off, it appears that no great change is at present likely to take place in this direction.

### MEDICAL VACANCIES.

The following vacancies are announced:

- BAENSTAPLE NORTH DEVON INFIRMARY.**—House-Surgeon. Applications to the Committee by January 21st.
- BIRMINGHAM GENERAL HOSPITAL.**—(1) House-Physician. Salary, £70 per annum. (2) House-Surgeon. Appointment for six months. No salary. Residence, board, and washing provided in each case. Applications to the House Governor by January 26th.
- BIRMINGHAM AND MIDLAND EYE HOSPITAL.**—Assistant House Surgeon. Salary, £60 per annum, with apartments and board. Applications to the Chairman of the Medical Board by January 14th.
- BIRMINGHAM: QUEEN'S HOSPITAL.**—Resident Surgeon. Salary, £50 per annum, with board, lodging, and washing. Applications to the Secretary by January 23rd.
- BOIVON INFIRMARY AND DISPENSARY.**—Senior House-Surgeon; age not to exceed 30 years. Salary, £120 per annum, with furnished apartments, board, and attendance. Application endorsed "Senior House-Surgeon," to the Secretary by February 12th.
- BRIDGNORTH AND NORTH SHROPSHIRE INFIRMARY.**—House-Surgeon. Salary, £80 per annum, with board and lodging. Applications to the Hon. Secretary by January 23rd.
- Bristol City Hospitals.**—Resident Medical Officer at the Ham Green Fever Hospital. Salary, £150 per annum, with board, lodging, and washing. Applications to Dr. D. S. Davies, Public Health Officer, 40, Prince Street, Bristol, by January 30th.
- BURNLEY: VICTORIA HOSPITAL.**—Resident Medical Officer. Commencing salary, £50 per annum, with residence, board, and washing. Applications, endorsed "Medical Officer," to the Honorary Secretary, 7, Grimshaw Street, Burnley, by January 16th.
- CHESTER GENERAL INFIRMARY.**—Second Resident Medical Officer. Salary, £80 per annum; with residence and maintenance. Applications to the Chairman of the Board of Management, 23, Eastgate Row, N., Chester.
- DAELINGTON HOSPITAL AND DISPENSARY.**—House-Surgeon; unmarried. Salary, £500 per annum, with board and lodging, and allowance for cab hire. Applications to the Secretary, St. Boniface, Darlington.
- EAST LONDON HOSPITAL FOR CHILDREN.** Shadwell, E.—Pathologist and Registrar. Applications to the Secretary by January 15th.
- EVELINA HOSPITAL FOR SICK CHILDREN.** Southwark Bridge Road, S.E.—(1) Senior Resident Medical Officer. Salary, £70 per annum, with board and washing. (2) Pathologist. Salary, 100 guineas per annum. Applications to the Committee of Management by January 22nd.
- GLOUCESTER COUNTY ASYLUM.**—Junior Assistant Medical Officer; unmarried, and not over 30 years of age. Salary commencing at £120, rising to £150, with board, lodging, and washing. Applications to the Medical Superintendent by January 19th.
- GREAT NORTHERN CENTRAL HOSPITAL.**—(1) Senior House-Surgeon; (2) Junior House-Physician. Appointments for six months. Salaries at the rate of £80 and £30 per annum respectively, with board, lodging, and washing. (3) Additional Surgeon to the Out-patient Throat Department. Applications to the Secretary for (1) and (2) by January 14th; for (3) by January 15th.
- HEMEL HEMPSTEAD: WEST HERTS INFIRMARY.**—House-Surgeon; unmarried. Salary, £100 per annum, with furnished rooms, board, etc. Applications to the Honorary Secretary by January 23rd.
- HOSPITAL FOR SICK CHILDREN.** Great Ormond Street, W.C.—House-Surgeon; unmarried. Appointment for six months. Salary, £20, with board and residence. Applications on forms provided to the Secretary by January 25th.
- HOSPITAL FOR WOMEN.** Solio Square, W.—(1) Assistant Physician. (2) Assistant Surgeon; must be F.R.C.S. Eng. Applications to the Secretary by January 26th.
- HULL: ROYAL INFIRMARY.**—Junior Assistant House-Surgeon. Salary, £40 per annum, with board and lodging. Applications to the Chairman, House Committee, by January 18th.
- LEICESTER INFIRMARY.**—Second Assistant House-Surgeon. Salary, £80 per annum, with board, apartments, and washing. Applications to the Secretary, 24, Friar Lane, Leicester, by January 21st.
- LIVERPOOL DISPENSARIES.**—Assistant Surgeon. Salary, £100 per annum, with board and apartments. Applications to Mr. E. E. Greene, Secretary, Leith Offices, Liverpool.
- MARGATE ROYAL SEA BATHING HOSPITAL.**—Assistant Resident Surgeon. Salary, £32 per annum, with board and residence. Applications to the Secretary at the office, 30, Charing Cross, London, S.W., by January 19th.
- MIDDLESEX HOSPITAL MEDICAL SCHOOL.**—Lecturer on Anatomy. Applications to the Secretary by January 15th.
- MILLER HOSPITAL AND ROYAL KENT DISPENSARY.** Greenwich Road, S.E.—Junior Resident Medical Officer. Post tenable for six months, with prospect of re-election as Senior. Salary, £60 per annum, with board, attendance, and washing. Applications to the Secretary by January 14th.
- NORTHAMPTON GENERAL INFIRMARY.**—House-Physician; unmarried, and not under 23 years of age. Salary, £100 per annum, with furnished apartments, board, attendance, and washing. Applications to the Secretary by January 17th.
- NOTTINGHAM GENERAL DISPENSARY.**—Assistant Resident Surgeon; unmarried. Salary, £140 per annum, and all found except board. Applications to the Secretary.
- TINGHAM GENERAL HOSPITAL.**—House Physician. Salary, £100 per annum, rising to £120, with board, lodging, and washing. Applications to the Secretary by February 2nd.
- OXFORD: RADCLIFFE INFIRMARY.**—Honorary Assistant Surgeon. Applications to the Secretary by January 16th.
- CHMOND, HESTON AND ISLEWORTH ISOLATION HOSPITAL.** Mogden, Twickenham.—Medical Officer; unmarried; not under 25 or over 40 years of age. Salary, £200 per annum, with furnished house, etc. Applications, on forms provided, to the Clerk to the Committee, Hounslow, Middlesex, by January 22nd.
- ROXBURGH DISTRICT ASYLUM.** Melrose, N.B.—Assistant Medical Officer. Salary, £110 per annum, with board, lodging, and washing. Applications to the Medical Superintendent.
- SALISBURY: FISHERTON HOUSE ASYLUM.**—Assistant Medical Officer; unmarried and not more than 30 years of age. Salary, £150 per annum, with board, lodging, and washing. Applications to Dr. Finch, Salisbury.
- SCHOOL BOARD FOR LONDON.**—Lecturers and Examiners in First Aid and Home Nursing. Fee, 6 guineas for course of six fortnightly lectures. Applications to the Clerk of the Evening Continuation Schools Committee, School Board for London, Victoria Embankment, W.C., by February 2nd.
- SHEFFIELD ROYAL HOSPITAL.**—Honorary Physician for Mental Diseases. Applications to the Secretary by January 21st.
- SHEWSEBURY COUNTY ASYLUM.**—Junior Assistant Medical Officer. Salary, £130 per annum, rising to £150, with board, lodging, and washing. Applications to the Medical Superintendent by January 25th.
- SUNDERLAND: MONKWEARMOUTH AND SOUTHWICK HOSPITAL.**—House-Surgeon; unmarried. Salary, £100 per annum, with board, residence, and washing. Applications to the Honorary Secretary by January 22nd.
- TIVERTON INFIRMARY AND DISPENSARY.**—House-Surgeon. Salary, £80 per annum and all found. Applications to the Honorary Secretary.
- WARRINGTON INFIRMARY AND DISPENSARY.**—Junior Resident House-Surgeon; unmarried. Salary, £100 per annum, with furnished residence and board. Applications to the Hon. Secretary by January 19th.
- WESTMINSTER GENERAL DISPENSARY.**—Honorary Physician. Applications Secretary, 9, Gerrard Street, Soho, W., by January 25th.

**WEST RIDING OF YORKSHIRE COUNTY COUNCIL.**—Bacteriologist. Salary, £250 per annum, rising to £400. Applications, marked "Bacteriologist," to be sent to the Clerk to the Sanitary Committee, County Hall, Wakefield, by January 26th.

### MEDICAL APPOINTMENTS.

- BISSET, Ernest, M.B., Ch.B. Aberd.,** appointed Assistant House-Surgeon to the Royal Portsmouth Hospital.
- CHRISTIE, Margaret M. Traill, M.D., B.S. Lond., D.P.H. Cantab.,** appointed Medical Superintendent of the Victoria Dufferin Hospital, Calcutta.
- CUNNINGHAM, John, M.B., C.M.,** appointed Visiting Medical Superintendent to the Gergenti Inebriate Home, by the Glasgow Town Council.
- DARBYSHIRE, Douglas E., M.B. Viet., M.R.C.S., L.R.C.P.,** appointed District Medical Officer, Carnarvon, Western Australia.
- GOSTWYCK, C. H. G., M.B., Ch.B. Edin.,** appointed Third Assistant Medical Officer to the Kent Lunatic Asylum, Chatham.
- INGLE, C.D., M.R.C.S., L.R.C.P. Lond.,** appointed District Officer of the Langport Union, vice R. L. Hildyard, M.R.C.S. Eng.
- JONES, Arthur Webb, F.R.C.S. Eng.,** appointed House-Surgeon to the Royal Portsmouth Hospital.
- NICHOLLS, A. R., M.R.C.S., L.R.C.P.,** appointed Medical Officer of Health to the Langport Rural District, vice John Morgan, F.R.C.S., L.R.C.P., L.S.A.
- PALMER, W. M., M.R.C.S. Eng., L.R.C.P. Lond., L.S.A.,** appointed Medical Officer to Linton District and Workhouse, vice J. A. Nealon, B.A., M.D., resigned.
- PERRY, S. Herbert, M.D. Lond., M.R.C.P. Lond.,** appointed Casualty Assistant Physician to the General Hospital, Birmingham.
- PHILLIPS, John, M.B. Edin.,** appointed Physician to the Royal Portsmouth Hospital, vice E. J. Wallace, M.A. Glasg., resigned.
- SARJANT, F. P., M.B., M.R.C.S.,** appointed District Medical Officer of the Chorlton Union, vice B. J. Massiah, M.D. Edin.
- SARJANT, A. M. D. Edin.,** appointed Medical Officer and Public Vaccinator for the St. Mellon's District of the Newport Union.
- THOMSON, A., M.B., C.M. Edin.,** appointed Medical Officer for the Alveston District of the Stratford-on-Avon Union, vice H. Lupton, L.R.C.P. Lond., M.R.C.S. Eng. resigned.
- TURNER, Philip Dymock, M.D. Lond.,** appointed Honorary Medical Officer to the Royal Isle of Wight Infirmary and County Hospital.
- WHITTON, Arthur, M.B.,** appointed House-Surgeon to the North Eastern Hospital for Children, Hackney Road, N.E.

### DIARY FOR NEXT WEEK.

#### MONDAY.

- Medical Society of London, 8.30 P.M.**—Dr. Hugh Walsham and Dr. Clifford Beale: On the Diagnostic Value of Skiagraphy in Chest Diseases, with Skiaseopic and Lantern Demonstrations.
- Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C., 4 P.M.**—Dr. T. Colcott Fox. Consultation. (Skin.)

#### TUESDAY.

- Pathological Society of London, 20, Hanover Square, W., 8.30 P.M.**—Mr. S. G. Shattock: Chondro-sarcoma of Tibia, associated with Pendulous Bodies. Dr. Morley Fletcher: Chronic Cholangitis in a Child. Dr. H. D. Rolleston: Primary Carcinoma in a Cirrhotic Liver. Mr. P. De Santi: Adenomatous Papilloma of the Sigmoid Flexure. Mr. G. Permet: The Bacilli of Leprosy—are they Intracellular or Extracellular?
- Chelsea Clinical Society, Parish Hall, Pavilion Road, Sloane Square, S.W., 8.30 P.M.**—Mr. C. A. Morris: Tubal Pregnancy. Dr. Blumfeld: After-effects of Anaesthetics. Dr. C. J. Harrison: Acute Rheumatism of Childhood.
- Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C., 4 P.M.**—Sir W. Broadbent. Consultation. (Medical.)

#### WEDNESDAY.

- Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C., 4 P.M.**—Mr. James Cantlie. Consultation. (Surgical.)
- Royal Microscopical Society, 20, Hanover Square, W., 8 P.M.**
- Royal Meteorological Society, Institution of Civil Engineers, Great George Street, Westminster, 7.45 P.M.**—Annual General Meeting. The President (Dr. C. Theodore Williams): The Climate of Norway and Its Factors, illustrated by lantern slides.

#### THURSDAY.

- Charing Cross Hospital Post Graduate Course, 4 P.M.**—Mr. Gibbs: Surgery in South Africa.
- Central London Throat, Nose, and Ear Hospital, 5 P.M.**—Mr. Lennox Browne: Intranasal Obstructions (Soft).
- Hospital for Sick Children, Great Ormond Street, W.C., 4 P.M.**—Dr. Colman: Demonstration of Selected Cases.
- Harveian Society of London, Statute Rooms, Titchborne Street, Edgware Road, W., 8 P.M.**—Annual Conversazione and General Meeting.
- Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C., 4 P.M.**—Mr. J. Hutchinson. Consultation. (Surgical.)

#### FRIDAY.

- Society for the Study of Disease in Children, East London Hospital for Children, Shadwell, E., 8.30 P.M.**—Cases will be shown by Dr. Morley Fletcher. Mr. H. Betham Robinson, Dr. Graham Little, and Mr. F. C. Abbott. Papers: Dr. Leonard Guthrie: Chronic Interstitial Nephritis. Mr. Sidney Spokes: The Immediate Regulation of Children's Teeth.
- Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C., 4 P.M.**—Mr. Holmes Spicer. Consultation. (Eye.)

### 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.

- MCMICHAEL.**—On January 6th, 1901, at the Croft, Vowchurch, Hereford, the wife of Arthur W. McMichael, M.R.C.S., L.R.C.P., of a daughter.
- SIMPSON.**—At 5, Randolph Crescent, Edinburgh, on the 6th inst., the wife of Dr. G. F. Barbour Simpson, of a son.

#### MARRIAGES.

- MACAULAY-RAMSDEN.**—On January 9th, at Hanover Chapel, Halifax, by the Rev. J. W. Sims, of Stockport, Donald J. Macaulay, M.D., L.R.C.P., L.R.C.S.E., L.F.P.S.G., of Ashfield, Kingston's Road, Halifax, son of the late John Macaulay, of Benbecula, Inverness-shire, to Edith Kingston, only daughter of the late Alfred Ramsden, J.P., and of Mrs. Ramsden, of Kingston, Halifax. "At home," at Ashfield, Wednesday, Thursday, Friday, February 13th, 14th, and 15th.
- ELVINS-COLES.**—On the 8th inst., at Berkeley, Gloucestershire, R. Sedgley Elvins, L.R.C.P., of Tollerston, Yorkshire, to Katharine Mildred, youngest daughter of the late Rev. G. L. Coles and the late Mrs. Coles, of College Green, Gloucester.