

MEMORANDA:

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

THE OCCURRENCE OF ARSENICAL NEURITIS IN
MODERATE DRINKERS: A DETERMINING
CAUSE.

IN the many accounts of arsenical poisoning recently published, various observers have noted that well-marked neuritis has developed in some cases where the amount of beer consumed was very small, and where consequently the daily dose of arsenic—judging from the published analyses—would seem insufficient to produce such a result.

Dr. Mouncey of Earlestown has observed that all his cases of neuritis had previously suffered from sore throat, chiefly follicular tonsillitis; but the inference he draws therefrom is not quite clear. The following case throws a new light on the incidence of neuritis. I may say that in this village the cases have been few, from the fact that the public-houses are all "tied" in the hands of Brewery A, whose products have been proved free from arsenic.

Of the 4 well-marked cases, 3 derived their supplies from Brewery B, some miles distant, where the beer was proved to contain arsenic. Moreover, all 3 were fairly heavy drinkers, so that the causation in those cases was clear. The fourth case, however, insisted that the only beer he drank came from A, and for a time this case was puzzling.

C. D., aged 49, a collier, formerly in very good health, had an attack of influenza on October 15th, 1900. The symptoms were typical, the disease being then rather prevalent in this district. On October 17th he was convalescent, and had got up. On October 20th he had severe epistaxis, which recurred on the following day. He now developed marked muscular weakness and trembling, took to bed, and suffered also from sleeplessness and mental depression, and delusions at night. The temperature was normal. On November 1st he felt better and got up, but complained of "pins and needles" in his hands and feet, and in the course of the following week developed the characteristic symptoms of arsenical neuritis, with hyperkeratosis of palms and soles, erythema of skin followed by desquamation, and other signs which I need not detail.

He informed me that he took one glass of beer daily, sometimes two, obtained from A, where the beer was free from arsenic. By making detailed inquiry, however, I afterwards found that formerly he had his beer from B, but about two months before his attack of influenza, thinking that the beer was sour, and did not agree with him, he gave it up, and had not tasted it since. Meanwhile he continued well and regularly at work till his attack of influenza. In this case it would appear that a moderate indulgence in the poisonous beer was insufficient alone to produce symptoms, but that when the arsenical poison latent in the system was reinforced by the toxins of influenza—themselves capable of producing peripheral neuritis—a toxic combination was formed sufficiently powerful to determine a typical attack of arsenical neuritis.

A similar explanation—whether the adjuvant nerve poison comes from a tonsillitis, as in Dr. Mouncey's cases, or from a definite attack of influenza—will probably show how even very moderate beer drinkers have fallen victims to the present epidemic.

Haydock, Lancashire.

R. G. HENDERSON, M.A., M.B.

PUERPERAL ECLAMPSIA AND ITS TREATMENT BY
MORPHINE.

REFERRING to Mr. Fitzgerald's cases of puerperal eclampsia and their treatment by morphine in the *BRITISH MEDICAL JOURNAL* of November 24th, 1900, p. 1496, I can adduce two cases in which the same drug gave good results.

In October, 1895, I saw a patient, aged 20, primipara eighth month, whose legs and labia were enormously swollen, and the urine was loaded with albumen. Diaphoretics and a purgative were ordered. Convulsions set in at 7 P.M. the same evening. Chloroform was given continuously, and labour induced with a bougie. The patient was unconscious until the child

was born at 11 P.M. Chloroform was then withheld but the fits returned. Morphine $\frac{1}{4}$ gr. was then given hypodermically and shortly afterwards the fits moderated. The last fit occurred about ten hours after the onset. The child and mother both did well.

The second case occurred after the delivery of twins in a 7-para, aged 37. No chloroform was given, and after one injection of morphine the fits, of which there had been six, ceased, and the patient recovered without any other bad symptom.

Exmouth.

CLARENCE BEESLEY.

ACUTE PUERPERAL SEPSIS TREATED WITH
ANTISTREPTOCOCCUS SERUM.

A. B., aged 23, was delivered very rapidly of her second child at 11 P.M. on September 29th, 1900, one vaginal examination having been made by a nurse before the birth of the child. She was first seen by her medical attendant on the 30th; he discovered a rupture of the perineum, which was sutured, under antiseptic precautions, with two silk sutures. On October 1st the patient had a rigor; on the 2nd the lochia were offensive, and the temperature rose to 105.6° F. in the evening. Some portions of putrid clot and pieces of placenta were removed by the hand from the uterus, and its cavity douched with iodic-hydrarg. solution (1 in 1,000), and the temperature fell about 2° after this had been done. Brandy, $\frac{3}{4}$ ss every hour, was given, and quinine grs. v every three hours.

On the morning of the 3rd, 10 c.cm. of antistreptococcus serum (B. W. and Co.) were injected between the scapulae, and this dose was repeated on October 4th, 5th, and 6th. Vaginal douches three times a day of izal and water were used, and on the morning of the 7th the temperature was below 100°. From this date it gradually rose, until on October 15th it reached 106°. Thrombosis of the veins within the pelvis on the right side took place, with great oedema of the right leg. Serum was used on October 10th and 13th, and on each occasion seemed to produce first an increase and then a fall of a temporary nature in the temperature. No local effect other than some slight aching was caused by the injections. Death took place from exhaustion on October 19th.

It seems evident that the serum had a reducing effect on the temperature, and that possibly a more frequent use of it might have been carried out with advantage. An expert bacteriological examination revealed the fact that streptococci were present in the blood.

Aylesbury.

T. G. PARROTT, M.D. Durh.

COMPLETE INVERSION OF THE UTERUS.

CASES of this kind are sufficiently rare to warrant me in recording an instance that came under my observation recently. What the exact number of labours which I have attended is I cannot tell, but the number certainly exceeds 2,000, and this is the first complication of the kind which I have witnessed.

A medical friend called upon me on the evening of November 27th, 1900, being desirous that I should see with him a secundipara whom he had delivered about 4 P.M. of that day. On the way to the case he informed me that the patient had been in labour some hours, that he had waited a reasonable time for the placenta to come away, and that when, being expressed and slightly pulled upon by means of the funis, it did appear externally, the appearance it presented was very unusual. My friend soon recognised that inversion had taken place, and without delay proceeded to peel it off the uterine wall, and then, so he informed me, he replaced the uterus. "Not feeling quite confident whether the membranes had entirely been removed" was his chief reason for requesting me to see the patient. It was 7 P.M. (three hours after delivery) when we saw her together. She was lying on her back in a state of collapse, her face was pale, of a leaden hue, and covered with a cold clammy sweat. Her pulse was very small, between 130 and 140. On examining the abdomen the uterus was not easily felt, and my first impression was that she was suffering from loss of blood and probably still bleeding.

Without delay I removed the saturated diaper, and pro-

ceeded to examine *per vaginam*, when my fingers impinged on a large, hard globular mass, close inside the vulva. No cervix could be felt. I at once concluded I had to deal with an inverted uterus, and after grasping, compressing, and pressing upwards with my right hand, and steadying externally over the pubes with my left hand, I succeeded in securing complete reduction. After the reduction I was able to detect and remove a piece of membrane 4 or 5 inches long. Unfortunately we had no syringe with us, so had to rely upon outward cleanliness, but my friend had a small iodoform bougie with him, which, at his request, I left in the uterine cavity.

I applied no binder, and, instead of ergot as recommended in textbooks, I suggested a dose of laudanum combined with ether. This dose was repeated two hours or so afterwards. With the exception of a slight rise of temperature for the first couple of days the patient's recovery was uninterrupted.

Everton, Liverpool.

O. BOWEN, M.R.C.S.

EXTRAORDINARY WEIGHT OF FŒTUS AT TERM.

ON October 30th, 1899, I saw, with Dr. Smith, Mrs. W., aged 33, the mother of three children. The other confinements had been normal, and the children not unusually large. She is rather above the medium height, not by any means big; the father is a thickset man.

When I saw her she had been in labour about eighteen hours, with fairly strong pains, the membranes having ruptured some hours previously. The head was presenting in the first vertex position and well in the pelvis. We administered chloroform, applied forceps, and delivered with great difficulty in about an hour. There was no laceration of the perineum and the patient did very well. The child (a male) was stillborn.

It weighed $17\frac{3}{4}$ lbs.

Measured in length 23 inches.

Measured across the shoulders $11\frac{1}{2}$ inches.

Measured across the hips $10\frac{1}{2}$ inches.

Although a large child it is not by any means a record, as I find the following cases reported in Neale's *Medical Digest*—namely:

Dr. Chubb (in the *BRITISH MEDICAL JOURNAL* of 1879) reports a case which he attended in 1852. Weight of child 21 lbs., born alive.

Dr. Beach (in *New York Record*, 1879) reports one of a Mrs. Bates. Weight of child $23\frac{3}{4}$ lbs., length 30 inches.

Dr. Gordon (in *BRITISH MEDICAL JOURNAL*, 1884), child weighed 18 lbs., stillborn.

Dr. Eddowes (in *Lancet*, 1884), weight of child 20 lbs. 2 ozs.

Dr. Warren (in *Lancet*, 1884), a case of twins which weighed $17\frac{1}{2}$ lbs. and 18 lbs. respectively.

Bradford.

THOS. WILMOT, L.R.C.P.Lond.

AN UNUSUAL CAUSE OF VAGINITIS.

SOME time ago an unmarried lady, aged about 50, was sent to me on account of a very offensive and irritating discharge from the vagina. In years past the patient had gone through three operations: one not connected with the abdomen, the others being a hysterectomy for fibroid, and an attempt to cure a ventral hernia resulting from the operation. This last had not been altogether a success, as there was still one weak spot, the size of a sixpence, through which omentum could pass. The offensiveness of the discharge made one think of the possibility of cancer. Local examination was neither very easy nor very satisfactory, as the vagina was so narrow that it only admitted the finger with difficulty. I was able, however, to satisfy myself that nothing abnormal was to be felt. On account of the small size of the vagina, it was impossible to pass anything but a small rectal speculum; a Sims's was not satisfactory, as the vagina had evidently been lengthened when the fibroid was removed.

The usual remedies were tried one after the other; all had the effect of giving relief for a day or two, or as long as they were being used. At last, on one of her visits to town, I felt something hard on the left side of the vagina, fully 3 inches from the outlet. With the rectal speculum I was able to see that the mucous surface was destroyed at this point to perhaps the extent of an eighth of an inch in diameter. Inside this there was a hard black substance, which gave the idea that the hard mass was probably a concretion round a ligature. The patient, after her experience of three operations,

naturally was not in a hurry to have a fourth, but it was arranged that if there were no improvement soon she should come back to town and see what could be done. However, in a very short time a small packet arrived containing an oval concretion rather larger than a horse bean, and accompanying it was the information that the discharge and irritation had completely disappeared.

The specimen crumbled easily, and no trace of a nucleus could be seen.

Charles Street, W.

SKENE KEITH, M.B., F.R.C.S.Edin.

THE HYDROSTATIC TEST OF STILLBIRTH.

DR. DILWORTH'S case in the *BRITISH MEDICAL JOURNAL* of December 1st, 1900, is very similar to one that occurred in my own practice some time ago. A married woman, the mother of a family, was delivered of a 7 months child. The infant was washed and dressed; it did not cry, but the nurse said "made a moaning noise"; it lived a little over seven hours. When they saw it was dying, as they generally do, they sent for the doctor, but as I was out at the time I did not see it alive. The coroner held an inquest and I made a *post-mortem* examination. The lungs were collapsed as in Dr. Dilworth's case, and had all the appearance of those of a child who had never drawn a breath. I could see no developed air cells or vermillion spots. As a whole they sank in water; I cut them up into very small pieces, and every piece went to the bottom immediately it was thrown into the basin. There was no doubt whatever that the infant had lived and breathed, though probably very feebly, for over seven hours, and the case goes with Dr. Dilworth's to confirm the fact (if, indeed, any confirmation of this statement is necessary) that though every minute portion of the lungs may sink immediately in water, this is no proof that the child was not born alive and had not lived for hours.

CHARLES RANDOLPH, M.R.C.S.Eng.

Milverton.

INSOMNIA: ITS CAUSES AND CURE.

I HAVE read Sir James Sawyer's lectures on the above with very great interest, and the directions for treatment are full and helpful. Still I would venture to suggest one or two things which, I think, will occasionally be found exceedingly useful.

In somewhat chronic cases, and those resulting from worry, great benefit often results from frequent cold packs followed by Turkish baths, such as is adopted in hydropathic establishments. Then 25 grs. of chloralamide well rubbed up in a mortar and made up into a cachet, if taken at bedtime with a tumblerful of milk, will produce a quiet and refreshing sleep and leave no unpleasant after-effects or dulness of the mental powers. Sleep comes on, usually speaking, within half an hour of its administration, whereas with sulphonal no result is obtained under four or six hours.

Again, as regards the delirium and insomnia of old age, according to my experience, nothing tends to produce quiet sleep like small doses of the iodides and bromides, 1 or 2 grs. of the former and 2 to 4 of the latter at bedtime, but I think an old person should always have a small quantity of Benger's food or corn-flour at the same time—that is, on retiring to bed.

It is curious to note what effect habit has in bringing about sleep; for instance, if a person is regularly accustomed to have heavy bedclothes sleep will not come about if they happen to be light and *vice versa*. A strange room and strange surroundings too will often drive away sleep.

Kew.

F. P. ATKINSON.

FOREIGN BODY LONG RETAINED IN THE EXTERNAL AUDITORY MEATUS.

It is astonishing how long a foreign body may lie in the external auditory meatus without setting up inflammatory action.

Some years ago a girl, an under nurse of about 16 years of age in my household, told me she was deaf in the right ear. On examination it appeared full of dark-coloured wax. I syringed it, and some wax came away, but a hard substance

that I could touch with a probe, and which filled the meatus, remained. With some difficulty, by means of forceps, I extracted it, and found that it was an acorn. She did not remember putting it into her ear, and as she had been deaf in that ear as long as she could remember, it must have been placed there when she was quite a child.

Hildenborough. J. B. CURGENVEN, M.R.C.S., etc.

A CASE OF TRAUMATIC ACHILLOTOMY: IMMEDIATE SUTURE.

THE following case, illustrating the rapid repair of tendon under antiseptic precautions, may prove of interest: A girl, aged 12, on July 10th, 1900, climbed into a washhand basin in order to wash her feet. The basin was cracked and gave way under her weight, with the result that the left leg was driven downwards and backwards against the sharp-edged stoneware. The tendo Achillis was completely severed in a slanting direction, commencing about $\frac{3}{4}$ inch from its insertion. The wound was irregular, deep, and about 2 inches in length. There was very little hæmorrhage or pain, but the tendon was completely retracted within its sheath for about $2\frac{1}{2}$ inches. The foot lay extended and much inverted. Firm squeezing of the calf failed (even when deeply under the anæsthetic) to bring the divided tendon into view. The tendon sheath was then slit up sufficiently and the foot forcibly extended. Four catgut sutures were then introduced by a curved Hagedorn's needle and the ends left long. Two sutures were long distance and two were short. The long ones were tied first and the two tendon ends became approximated. The two shorter sutures were then tied, after slightly trimming the edges. The skin wound was closed in the usual way and dressed with cyanide gauze. A straight, well-padded splint was applied from above the knee to the toes in front, so as to keep the foot in extension. The splint was discarded in three weeks. At the present date there is complete use of the tendon, union having taken place by first intention. There is only a slight limp in walking, but a stick is still used by way of precaution.

ROBERT TURNER, M.A., M.D. Aberd., F.R.C.S. Edin.
Bootle, Liverpool.

REPORTS

ON

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

GADAG DISPENSARY, INDIA.

A CASE OF LARGE OVARIAN CYST.

(By T. H. AQUINO, Acting Civil Surgeon, Sukkur.)

THE following case of ovarian tumour has many parallels with the one reported in the BRITISH MEDICAL JOURNAL of July 14th, 1900, by Dr. F. A. Baldwin, of Manchester:

B. C., a Hindu, aged about 40, was admitted on January 24th, 1895, for an enormous tumour of the abdomen.

History.—She was a mother of several children, the first being born when she was about 13 or 14 years of age. She had been a widow for fifteen years. The labours were said to have been natural; menstruation had also been regular up to about three years before admission, when it first became irregular for a year or so, and then ceased altogether. The general health was said to have been always good. The tumour was first noticed by the patient about five years before admission, but as its growth was slow and painless, it must have existed for some time before it made its presence felt. In consequence of the inordinate size which the tumour had attained the patient was quite unable to walk or even to stand. In the sitting position, which was the only one she could assume, she had to use the arms as props to the body, and bend the legs for further support. She was unable to lie down, and had to be propped up in bed to enable her to have some rest and sleep.

Condition on Admission.—The face looked small, with hollow cheeks and sunken eyes; the arms were as thin as sticks, the chest wasted, the legs somewhat oedematous, especially the right, the thighs thin. The abdomen was uniformly enlarged and quite dull all over on percussion; the veins over it were dilated and prominent; the circumference at the level of the umbilicus was 5 feet $7\frac{1}{2}$ inches (the height of the woman was about 4 feet 8 inches). The urine had to be drawn off. The bowels were costive.

Treatment.—The tumour was tapped on the evening of January 25th, 1895, and 40½ pints of fluid were evacuated; the operation was repeated next morning, when 35½ pints more were removed. The abdomen, however, still contained a considerable amount of fluid, probably quite as much, if not more, than was drawn off. The fluid was characteristic of

ovarian dropsy; it was thick, viscid, of a dark-brown colour, specific gravity 1.018, neutral in reaction, and highly albuminous. The patient felt somewhat relieved after the operation, and did well for a couple of days. Fever then set in, with a feeling of chilliness that was often repeated. She remained in this state for some days, the chilliness never amounting to rigors, and the fever never rising higher than 103° F. After these symptoms had passed off, the abdomen, which had filled again to almost its former size, was once more tapped. After the tapping the patient had a repetition of the chills and fever, and soon began to lose what little strength and flesh she had remaining, and died from sheer exhaustion on March 1st, 1895.

Necropsy.—The tumour filled the entire abdominal cavity. It arose by a short, broad, pedicle from the right upper corner and side of the uterus, and was extensively adherent to the abdominal wall on the right side, and to the omentum, liver, and spleen. The inner surface of the cyst, which was unilocular, was inflamed, and presented a rough, uneven surface; it was, in fact, an immense pyogenic membrane. The contents of the cyst consisted of a dirty yellowish fluid, very fetid, with thick flakes of lymph floating in it. Arising from the anterior and middle surface of the cyst wall, inside, were five tumours situated side by side, but quite distinct from one another. One of these, the largest, was roundish in form, and measured $4\frac{1}{2}$ inches in length and $3\frac{1}{2}$ inches in breadth; roughly, its size was that of a closed fist; two were of the shape and size of a kidney, and two were more or less round, and of the size of a lemon. These tumours, on section, were found to contain loculi which were filled with a pale yellow, jelly-like fluid, mixed with some purulent matter. The intestines were flat, narrow, and tape-like, they were displaced to the left side, and pressed against the spine. The diaphragm on the right side was very much vaulted, and reached as high as the third rib; on the left side as high as the fourth rib. The lungs were small, but healthy-looking. The apices were forced up into the supraclavicular regions. The weight of the right lung was 7½ ozs., of the left 5½ ozs.; the heart was also small and displaced upwards and to the right, but its tissues, valves, and orifices were normal, weight $\frac{1}{2}$ ozs. The right ureter was dilated and full of urine; its diameter was about 1½ in.; the left ureter was normal; the kidneys also appeared normal, and weighed about 3 ozs. each. The spleen was adherent to the cyst wall, but normal in structure, weight 6½ ozs. The liver was displaced upwards as high as the third rib; it had almost a globular shape, with its under surface hollow and cupped; weight 2 lbs. 0½ oz. Uterus normal in shape, size, and position; left ovary, Fallopian tube, and ligaments normal; the same structures on the right side were obliterated or absorbed in the sac. The rectum and vagina were normal. The cyst wall was very thick, and weighed, together with the five colloid tumours arising from it, mentioned above, 5 lbs. 4 ozs. It was sent to the Grant Medical College Pathological Museum, where it is preserved.

The repeated chills and the persistent low fever seemed to indicate inflammation of the sac as the result of tapping, and the necropsy confirmed this supposition. The operation had to be undertaken as a matter of necessity in order to relieve the tension and other symptoms caused by the enormous amount of fluid—about 14 or 15 gallons—present in the abdomen. Ovariectomy in this case seemed to be quite out of the question.

CARDIFF INFIRMARY.

A CASE OF CYST OF THE BRAIN: SUDDEN DEATH.

(By W. MITCHELL STEVENS, M.D. Lond., Fellow of University College, London; Pathologist to the Cardiff Infirmary.)

THE following case seems to be one of sterile hydatid cyst (acephalocyst) of the brain:

The patient, a girl aged 18, who had been suffering for six months from symptoms pointing to a cerebral tumour, came to the out-patient ophthalmic department of the Cardiff Infirmary on February 13th, 1900, on account of failure of eyesight. After the girl had been sitting in the waiting-room about a quarter of an hour she suddenly screamed and immediately became partially comatose and her limbs rigid; this rigidity continued for ten minutes, she then became gradually more comatose and died in an hour and a half. At the necropsy I found a large cyst in the left cerebral hemisphere. On exposing the brain it was at once seen that the left hemisphere was much expanded and its convolutions flattened, and in it was found a large thin-walled cyst situated entirely in the white matter; its length from before back being $3\frac{1}{2}$ inches, and its breadth $1\frac{1}{2}$ to 2 inches. The cyst, which was oval in shape, was distended by a clear colourless fluid. The exact situation of the cyst was as follows: Its upper surface was on a level with the upper surface of the lenticular nucleus; its lower surface was $1\frac{1}{2}$ inch beneath the upper; its outer surface was separated from the cortex by only a thin layer of white matter; its inner surface pressed against the outer surface of the lenticular nucleus, causing the latter to be somewhat flattened; its anterior extremity extended into the white matter of the frontal lobe in front of the anterior part of the corpus callosum, and its posterior extremity formed a bulging projection into the descending cornu of the lateral ventricle. The cerebral matter round the cyst was markedly anæmic but not indurated. The ventricles of the brain were normal, except that the descending cornu of the left lateral ventricle was distorted from pressure. The wall of the cyst was a thin pellucid membrane, which was well defined. The fluid presented the physical and chemical characters of hydatid fluid, but no evidence of scolices could be obtained. All the other organs of the body were healthy.

Clinical History.—The following are the chief points which I was able to obtain: The patient seemed quite well until six months before her death. The first symptom was severe frontal headache, and this was followed by sickness, giddiness, and shooting pains on the right side of the body. Three months later she commenced to suffer from "fits," in which she did not become unconscious, but the limbs on both sides were affected

THE OBLIGATIONS OF A *LOCUM TENENS*.

ALPHA. — We have carefully read the correspondence submitted to us. A. and B. are two practitioners having a mutual arrangement to act as *locum tenens* for each other during their absence. B. saw Mrs. Z. as A.'s *locum tenens*, but was subsequently asked to attend the patient on his own account, and did so on the understanding that Mr. and Mrs. Z. had made up their minds to change their medical attendant and would communicate with A. Apparently they did not communicate with A., and when he did become informed of the facts he asked B. for an explanation. B. justifies himself on the ground that Mr. and Mrs. Z. had a perfect right to change their medical attendant. We are asked to express an opinion as to the correctness of B.'s conduct.

* * We cannot do better than quote in answer to this inquiry the opinion expressed in the BRITISH MEDICAL JOURNAL of September 29th, 1900: "A practitioner who has seen a case at the request of and as a substitute for a colleague should not subsequently accept the patient as his own, even though requested to do so, without calling upon the original medical attendant and obtaining his sanction."

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

At the meeting of Convocation to be held on January 21st, at the University's new building at South Kensington, the sole business will be the adoption of the Standing Orders, which have been revised by the Standing Committee so as to bring them into accordance with the new statutes. Amongst the new powers recently conferred upon Convocation is that of regulating its own proceedings, deciding the frequency of its meetings, etc. It is also to elect its future Chancellors, to elect and appoint members of the Senate, to appoint a Deputy Chairman of Convocation, and to express an opinion as to alterations proposed by the Senate in the statutes and regulations. For the future, also, the Standing Committee is to have upon it a graduate representing the registered graduates in Music, and another graduate representing those in Divinity. For these and a few other purposes the amended Standing Orders are required.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council was held on January 10th, 1901; Sir William MacCormac, Bart., K.C.V.O., President, in the Chair.

Court of Examiners.—Mr. George Henry Makins was elected a member of the above Court.

Removal from Membership.—A Member of the College, found guilty of disgraceful conduct in a professional respect, was deprived of his membership.

The College Site.—A letter from Viscount Esher was read, stating that there is no present intention to build over the forecourts in the vicinity of the College.

The late Professor Ollier, Hon. F.R.C.S. Eng.—The President stated that he had received a letter from Dr. G. Mondau, of Lyons, stating that a Committee had been formed to raise a fund for a public monument to the late Professor Ollier, and inviting Fellows and Members of the College to subscribe.

General Medical Council.—The thanks of the Council of the College were given to Mr. Thomas Bryant for his services during the late session as its representative on the General Medical Council.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

ENGLISH URBAN MORTALITY IN THE FOURTH QUARTER OF 1900.

[SPECIALLY REPORTED FOR THE BRITISH MEDICAL JOURNAL.]

THE vital statistics of the thirty-three large English towns dealt with by the Registrar-General in his weekly returns are summarised in the accompanying table. During the three months ending December last 79,249 births were registered in the thirty-three towns, equal to an annual rate of 27.4 per 1,000 of their aggregate population, estimated at 11,610,296 persons in the middle of last year. In the corresponding periods of the three preceding years the rates had been 30.1, 29.7, and 29.4 per 1,000 respectively. In London the birth-rate last quarter was 26.6 per 1,000, while it averaged 27.9 in the thirty-two provincial towns, among which the rates ranged from 20.2 in Huddersfield, 20.7 in Bradford, 22.0 in Blackburn, and 22.9 in Halifax to 31.8 in Sunderland, 33.3 in Gateshead, 33.5 in Sheffield, and 34.0 in Liverpool.

During the quarter under notice 49,993 deaths were registered in the thirty-three towns, corresponding to an annual rate of 17.5 per 1,000, against 19.0, 18.1, and 20.8 in the fourth quarters of the three preceding years. In London the rate of mortality was 16.5 per 1,000, while it averaged 17.8 in the thirty-two large provincial towns, among which the deaths ranged from 12.1 in Cardiff, 12.3 in Croydon, 13.0 in Norwich, and 13.7 in West Ham to 20.1 in Gateshead, 21.7 in Liverpool, 22.0 in Manchester, and 23.1 in Salford. The 49,993 deaths registered in the thirty-three towns last quarter included 5,402 which were referred to the principal zymotic diseases, equal to an annual rate of 1.87 per 1,000, against 2.34, 2.14, and 2.18 in the corresponding periods of the three preceding years. In London the zymotic death-rate last quarter was equal to 1.52 per 1,000, while it averaged 2.10 in the thirty-two provincial

Analysis of the Vital and Mortal Statistics of Thirty-three of the Largest English Towns during the Fourth Quarter of 1900.

Towns.	Estimated Population middle of 1900.	Births.	Deaths.	Annual Rate per 1,000 Living.			Deaths from Principal Zymotic Diseases.	Small-pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping-Cough.	Fever.	Diarrhoea.	Deaths of Children under one year of age to 1,000 Births.	Rate per cent. of Uncertified Deaths.
				Births.	Deaths.	Principal Zymotic Diseases.										
33 Towns	11,610,296	79,249	49,993	27.4	17.5	1.87	5,407	1	631	435	1,131	807	830	1,567	165	1.3
32 Provincial Towns	7,021,167	48,834	31,100	27.9	17.8	2.10	3,664	—	388	325	725	517	555	1,149	172	1.8
London	4,580,129	30,415	18,893	26.6	16.5	1.52	1,743	1	243	110	406	290	275	418	155	0.5
West Ham	314,472	2,172	1,078	27.7	13.7	2.05	161	—	16	6	59	21	16	43	167	—
Croydon	131,186	758	402	23.2	12.3	1.41	46	—	6	2	10	7	7	11	136	—
Brighton	124,148	713	480	23.0	15.5	2.20	68	—	17	1	25	9	4	12	149	0.2
Portsmouth	194,955	1,183	778	24.3	16.0	2.07	101	—	1	2	37	5	32	24	138	2.3
Plymouth	102,161	641	387	25.2	15.2	1.14	29	—	1	—	3	2	14	9	106	0.5
Bristol	324,973	2,126	1,282	26.2	15.8	1.38	112	—	—	14	34	16	8	38	151	0.6
Cardiff	194,247	1,271	585	26.2	12.1	0.98	48	—	—	4	14	7	7	16	133	0.7
Swansea	105,472	670	447	25.5	17.0	3.38	89	—	50	—	12	4	4	16	188	1.8
Wolverhampton	82,598	691	399	30.9	17.9	2.23	50	—	—	—	—	2	17	24	192	1.0
Birmingham	519,610	3,807	2,425	29.4	18.7	2.03	263	—	28	28	11	40	74	82	189	2.5
Norwich	114,855	780	371	27.2	13.0	1.11	32	—	—	—	1	3	6	22	136	0.8
Leicester	219,169	1,402	807	25.7	14.8	2.76	151	—	—	5	98	5	6	37	150	2.7
Nottingham	242,676	1,462	1,091	24.2	18.0	2.66	161	—	5	10	—	55	42	44	205	—
Derby	107,991	686	444	25.5	16.5	2.04	35	—	—	7	6	23	11	8	184	—
Birkenhead	117,170	813	480	27.8	16.4	1.41	41	—	64	—	5	11	6	16	145	0.8
Liverpool	634,780	5,377	3,441	34.0	21.7	2.28	362	—	64	35	52	36	43	132	163	4.4
Bolton	164,240	1,126	711	27.5	17.4	1.89	77	—	6	6	11	6	16	32	176	0.7
Manchester	548,768	3,924	3,014	28.7	22.0	2.07	284	—	24	30	28	32	28	142	193	1.0
Salford	220,816	1,273	31.0	23.1	2.87	—	158	—	15	35	29	15	22	42	191	0.8
Oldham	153,297	922	655	24.1	17.1	1.29	49	—	3	7	3	11	6	19	171	0.2
Burnley	116,730	698	483	24.0	16.6	2.95	86	—	1	17	12	12	6	38	235	1.0
Blackburn	137,107	751	509	22.0	16.6	3.72	127	—	4	20	27	12	15	49	222	2.5
Preston	118,902	770	544	26.0	18.4	2.87	85	—	1	5	7	26	19	27	188	3.5
Huddersfield	104,484	527	385	20.2	14.8	1.03	27	—	5	4	—	3	5	10	139	2.6
Halifax	100,710	574	385	22.9	15.3	1.12	28	—	—	1	2	4	9	12	129	4.2
Bradford	291,535	1,502	1,084	20.7	14.9	1.11	81	—	14	13	17	6	21	10	157	0.6
Leeds	431,287	3,138	1,837	29.2	17.1	2.06	220	—	59	17	69	7	20	48	156	0.3
Sheffield	365,922	3,052	1,805	33.5	19.8	3.41	312	—	8	14	117	63	45	65	174	3.7
Hull	238,736	1,847	1,077	31.0	18.1	2.15	128	—	17	13	5	32	18	43	169	1.3
Sunderland	147,398	1,167	728	31.8	19.8	2.80	103	—	4	17	7	17	21	37	193	1.5
Gateshead	109,403	907	549	33.3	20.1	2.35	64	—	4	1	2	18	4	35	236	5.5
Newcastle-on-Tyne	234,369	1,668	1,104	28.5	19.0	1.13	66	—	26	5	17	4	3	11	182	0.9

towns, among which it ranged from 0.98 in Cardiff, 1.03 in Huddersfield, 1.11 in Norwich and in Bradford, and 1.12 in Halifax to 2.87 in Salford and in Preston, 3.38 in Swansea, 3.41 in Sheffield, and 3.72 in Blackburn. The 5,402 deaths referred to the principal zymotic diseases in the thirty-three towns during the quarter under notice included 1,572 which resulted from diarrhoea, 1,131 from diphtheria, 830 from "fever" (principally enteric), 807 from whooping-cough, 631 from measles, 435 from scarlet fever, and 1 from small-pox. The fatal cases of measles, which had been 1,908 and 829 in the two preceding quarters, further declined to 631 during the three months ending December last, and were equal to an annual rate of 0.22 per 1,000; in London the death-rate from this disease was 0.21 per 1,000, while it averaged 0.22 in the thirty-two provincial towns, among which measles was proportionally most fatal in Brighton, Swansea, Liverpool, Leeds, Hull, and Newcastle.

The deaths from scarlet fever, which had been 413, 406, and 304 in the three preceding quarters, rose again to 435 during the three months under notice, and were equal to an annual rate of 0.15 per 1,000; in London the scarlet fever death-rate was only 0.10 per 1,000, while it averaged 0.19 in the thirty-two provincial towns, among which this disease showed the highest proportional fatality in Derby, Salford, Burnley, Blackburn, and Sunderland.

The fatal cases of diphtheria, which had been 1,229, 841, and 824 in the three preceding quarters, rose again to 1,131 during the three months ending December last, and were equal to an annual rate of 0.39 per 1,000; in London the death-rate from this disease was 0.35 per 1,000, while it averaged 0.41 in the thirty-two large provincial towns, among which diphtheria was proportionally most fatal in West Ham, Brighton, Portsmouth, Leicester, Blackburn, and Sheffield. The deaths from whooping-cough, which had been 1,591, 1,568, and 1,227 during the three preceding quarters, further declined to 807 during the three months under notice, and were equal to an annual rate of 0.28 per 1,000; in London the death-rate from whooping-cough was 0.25 per 1,000, while it averaged 0.30 in the thirty-two provincial towns, among which this disease showed the highest proportional fatality in Nottingham, Derby, Preston, Sheffield, Hull, and Gateshead.

The deaths referred to different forms of "fever" (including typhus, enteric, and simple and ill-defined forms of continued fever), which had been 378 and 541 in the two preceding quarters, further rose to 830 during the three months ending December last, and were equal to an annual rate of 0.29 per 1,000; in London the "fever" death-rate was 0.24 per 1,000, while it averaged 0.32 in the thirty-two provincial towns, among which the highest mortality from these diseases occurred in Portsmouth, Wolverhampton, Birmingham, Nottingham, Preston, and Sunderland. The 1,572 fatal cases of diarrhoea were equal to an annual rate of 0.54 per 1,000; in London the death-rate from this disease was 0.37 per 1,000, while it averaged 0.66 in the thirty-two provincial towns, among which diarrhoea showed the greatest proportional fatality in Wolverhampton, Manchester, Burnley, Blackburn, Sunderland, and Gateshead.

Infant mortality in the thirty-three towns, measured by the proportion of deaths under 1 year of age to registered births, was equal to 165 per 1,000 during the three months ending December last, against 160, 159, and 159 in the corresponding quarters of the three preceding years. In London the rate of infant mortality was equal to 155 per 1,000, while it averaged 172 in the thirty-two provincial towns, among which it ranged from 106 in Plymouth, 129 in Halifax, 133 in Cardiff, and 136 in Norwich to 205 in Nottingham, 222 in Blackburn, 235 in Burnley, and 236 in Gateshead.

The causes of 655, or 1.3 per cent., of the deaths in the thirty-three towns during the three months ending December last were not certified, either by a registered medical practitioner, or by a coroner. The proportion of uncertified deaths in London was only 0.5 per cent., while it averaged 1.8 per cent. in the thirty-two provincial towns. The causes of all the deaths during the quarter were duly certified in Croydon and in Derby, and only 1 death was uncertified in Brighton, and 1 in Oldham; the largest proportions of uncertified deaths were registered in Liverpool, Halifax, Sheffield, and Gateshead.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,577 births and 4,442 deaths were registered during the week ending Saturday last, January 12th. The annual rate of mortality in these towns, which had been 16.1, 16.9, and 17.5 per 1,000 in the three preceding weeks, further rose last week to 19.6. The rates in the several towns ranged from 13.3 in Huddersfield, 13.7 in Halifax, 13.8 in Derby, and 13.9 in Croydon, to 22.7 in Nottingham, 22.8 in Manchester, 24.9 in Liverpool, and 27.3 in Salford. In the thirty-two provincial towns the mean death-rate was also 19.6 per 1,000, and was identical with the rate recorded in London. The zymotic death-rate in the thirty-three towns averaged 1.7 per 1,000; in London this death-rate was equal to 1.5 per 1,000, while it averaged 1.9 in the thirty-two provincial towns, among which the highest zymotic death-rates were 3.2 in Nottingham, 3.5 in Preston, 4.0 in Salford, and 4.1 in Blackburn. Measles caused a death-rate of 1.0 in Liverpool; whooping-cough of 1.2 in Salford, 1.6 in Bristol, 1.7 in Nottingham, and in Birkenhead, and 2.2 in Preston; and diarrhoea 1.0 in Swansea, and 2.2 in Blackburn. In none of the thirty-three towns did the death-rate either from scarlet fever or from "fever" exceed 1.0 per 1,000. The 81 deaths from diphtheria in these large towns last week included 25 in London, 9 in Liverpool, 8 in Sheffield, and 6 in West Ham. No fatal case of small-pox was registered, either in London or in any of the thirty-two large provincial towns; and only 1 small-pox patient remained under treatment in the Metropolitan Asylum Hospitals on Saturday last, January 12th. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had been 2,535 and 2,390 at the end of the two preceding weeks, had further declined to 2,277 on Saturday last; 156 new cases were admitted during the week, against 218, 167, and 163 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, January 12th, 1,006 births and 685 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 20.6 and 19.2 per 1,000 in the two preceding weeks, rose again last week to 21.9, and was 2.3 per

1,000 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 16.3 in Paisley and 18.1 in Greenock to 22.6 in Glasgow and 30.3 in Perth. The zymotic death-rate in these towns averaged 3.2 per 1,000, the highest rates being recorded in Glasgow and Aberdeen. The 328 deaths registered in Glasgow included 2 from small-pox, 3 from scarlet fever, 2 from diphtheria, 36 from whooping-cough, 2 from "fever," and 12 from diarrhoea. Five fatal cases of measles, 4 of diphtheria, and 4 of whooping-cough were recorded in Edinburgh; 6 deaths from whooping-cough and 4 from diarrhoea occurred in Dundee; 5 from measles, 2 from diphtheria, and 4 from diarrhoea in Aberdeen; and 2 from whooping-cough in Greenock.

DIPHTHERIA IN EDINBURGH.

DURING the three months ending December 31st, 1900, 178 cases of diphtheria occurred in the city of Edinburgh. The mortality was slightly over 11 per cent. Every case in the City Hospital was treated with antitoxin serum, and it continued to show most satisfactory results. Parke, Davis, and Co.'s serum was used for the most part, and generally 3,000 units were given. The cases of diphtheria came from all parts of the city. During 1900 some 5,300 deaths occurred from all causes; of these 818 were due to tuberculosis.

MEDICAL NEWS.

THE freedom of the burgh of Dumbarton was on January 7th conferred on Major W. Balfie, R.A.M.C., who was awarded the Victoria Cross for brave deeds at Colenso, which are fresh in the minds of all.

THE Governors of the Middlesex Hospital have received a further donation of £500 from Mr. W. Oxenden Hammond for the continuance of their scheme for the investigation of cancer.

THE College of Physicians and Surgeons of Baltimore has established a Pasteur Department for the preventive treatment of hydrophobia at the Baltimore City Hospital.

PRESENTATION.—Dr. and Mrs. Hunter Walker, Clapton, N.E., have been presented with a handsome silver inkstand and pens by the ladies of the Clapton Presbyterian Church in recognition of their services in conducting a course of ambulance lectures connected with the St. John Ambulance Society. All the members of the class succeeded in obtaining the Red Cross certificates.

SHEFFIELD BACTERIOLOGICAL LABORATORY.—At a recent meeting of the Sheffield Medico-Chirurgical Society Dr. Robertson read a note on the work done at the bacteriological laboratory in connection with University College since its establishment. Courses of instruction for medical students, post-graduate courses, and D.P.H. courses have been held. During the past eighteen months 1,605 swabs have been examined for various sanitary authorities from patients suspected to be suffering from diphtheria, nearly 500 specimens of blood have been examined for serum reaction, and 663 specimens of sputum have been examined for tubercle. In addition to this, numerous articles have been received for bacteriological examination and certain research work was undertaken.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—A quarterly court of the directors of this Society was held on January 9th at 11, Chandos Street, the President, Mr. Christopher Heath, in the chair. Sixteen new members were elected, and the deaths of Dr. Potter, acting Treasurer, and Dr. Stewart were reported. A resolution proposed from the chair, seconded by Dr. Cullingworth, recording the court's regret at the recent death of Dr. Potter, acting Treasurer, a most energetic officer of the Society, and expressing to Mrs. Potter its deep sympathy with her and her family in their bereavement, was adopted. Fresh applications for relief were read from two widows, and grants at the rate of £50 a year were made. It was resolved that a sum of £1,229 10s. be distributed among the 49 widows, 12 orphans, and 6 recipients from the Copeland Fund now in receipt of grants. The Christmas presents, amounting to £531, had been given on December 17th. The expenses of the quarter were £78 9s.

MEDICAL VACANCIES.

The following vacancies are announced:

BARNSTAPLE: NORTH DEVON INFIRMARY.—House-Surgeon. Applications to the Committee by January 21st.
BERMONDSEY BOROUGH.—Medical Officer of Health. Salary, £500 per annum. Applications, endorsed "Medical Officer," to the Town Clerk, Town Hall, Spa Road, Bermondsey, by January 21st.

BIRKENHEAD BOROUGH HOSPITAL.—Honorary Dentist. Applications, endorsed "Election of Hon. Dentist," to the Secretary by January 23rd.

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: QUEEN'S HOSPITAL.—Resident Surgeon. Salary, £50 per annum, with board, lodging, and washing. Applications to the Secretary by January 23rd.

BIRMINGHAM WORKHOUSE INFIRMARY.—Assistant Resident Medical Officer. Salary, £100 per annum, with furnished apartments, rations, etc. Applications, on forms provided, to be sent to the Clerk to the Guardians, Edmund Street, Birmingham, by January 26th.

BOLTON INFIRMARY AND DISPENSARY.—Senior House-Surgeon: age not to exceed 30 years. Salary, £120 per annum, with furnished apartments, board, and attendance. Applications, endorsed "Senior House-Surgeon," to the Secretary by February 12th.

BRADFORD ROYAL INFIRMARY.—Dispensary Surgeon; unmarried. Salary, £100 per annum, with board and residence. Applications, endorsed "Dispensary Surgeon," to the Secretary by January 21st.

BRIDGNORTH AND SOUTH 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.

CAMBERWELL: PARISH OF ST. GILES.—Assistant Medical Officer at the Workhouse, Gordon Road, between 21 and 30 years of age. Salary, £120 per annum, with furnished apartments, and £1 1s. in lieu of board and washing. Applications, on forms, provided to the Clerk to the Guardians, 23, Peckham Road, S.E.

CHELSEA HOSPITAL FOR WOMEN.—Clinical Assistant, tenable for three months. Applications to the Secretary.

DARLINGTON HOSPITAL AND DISPENSARY.—House-Surgeon; unmarried. Salary, £100 per annum, with board and lodging, and allowance for cab hire. Applications to the Secretary, 84, Bondgate, Darlington.

DENTAL HOSPITAL OF LONDON AND LONDON SCHOOL OF DENTAL SURGERY.—Leicester Square, W.C.—(1) Demonstrator at the Hospital. Honorarium, £200 per annum. (2) Two Demonstrators to assist senior students. Honorarium, £100 and £80 per annum respectively. Applications to the Dean by March 15th.

DONCASTER GENERAL INFIRMARY AND DISPENSARY.—Assistant House Surgeon; unmarried. Board and residence provided. Applications, stating salary required, to be sent to the Hon. Secretary by January 23rd.

EVEING 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.

HEMEL HEMPSTEAD: WEST HERTS INFIRMARY.—House-Surgeon; unmarried. Salary, £120 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 29th.

HOSPITAL FOR WOMEN.—Soho Square, W.—(1) Assistant Physician. (2) Assistant Surgeon; must be F.R.C.S.Eng. Applications to the Secretary by January 26th.

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.

LINCOLN HOSPITAL FOR INSANE.—Locum Tenens for six weeks. £3 3s. a week. Applications to the Medical Superintendent.

LIVERPOOL STANLEY HOSPITAL.—(1) Junior House-Surgeon. (2) Third House-Surgeon. Salary in each case £70 per annum, with board, residence, and washing. Applications, endorsed "House-Surgeon," to the Chairman of the Medical Board.

LONDON LOCK HOSPITAL.—House-Surgeon to the Female Hospital. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary, Harrow Road, W., by January 25th.

LONDON THROAT HOSPITAL. 204, Great Portland Street, W.—Two Clinical Assistants. Appointments for three months, but eligible for re-election. Applications to the Hon. Secretary of the Medical Committee.

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, £90 per annum, with board, attendance, and washing. Applications to the Secretary by January 30th.

NOTTINGHAM GENERAL DISPENSARY.—Assistant Resident Surgeon; unmarried. Salary, £140 per annum, and all found except board. Applications to the Secretary.

NOTTINGHAM GENERAL HOSPITAL.—House Physician. Salary, £100 per annum, rising to £120, with board, lodging, and washing. Applications to the Secretary by February 2nd.

NOTTINGHAM PARISH INFIRMARY.—Assistant Medical Officer. Salary, £160 per annum, with furnished rooms. Applications to the Clerk to the Guardians, Poor-law Offices, Shakespeare Street, Nottingham.

QUEEN ADELAIDE'S DISPENSARY.—Resident Medical Officer; unmarried, and under 35 years of age. Salary, £100 per annum, with furnished apartments, coal, gas, and attendance. Applications to the Secretary, Pollard Row, Bethnal Green, E., by January 24th.

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 January 26th.

RICHMOND BOROUGH.—Medical Officer of Health. Salary £450 per annum. Applications, endorsed "Medical Officer of Health," to the Town Clerk, Town Hall, Richmond, Surrey, by January 23rd.

RICHMOND, 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 23rd.

ROXBURGH DISTRICT ASYLUM.—Melrose, N.B.—Assistant Medical Officer. Salary, £110 per annum, with board, lodging, and washing. Applications to the Medical Superintendent.

ST. THOMAS'S HOSPITAL.—Assistant Surgeon; must be F.R.C.S.Eng. Applications to Mr. E. M. Harris, Treasurer, Clerk, by January 26th.

SALISBURY: FISHERTON HOUSE ASYLUM.—Assistant Medical Officer; unmarried, not more than 30 years of age. Salary, £150 per annum, with board, lodging, and washing. Applications to Dr. Finch, Salisbury.

SHAMEN'S HOSPITAL SOCIETY.—Greenwich, S.E.—(1) Senior Dental Surgeon. (2) Junior Dental Surgeon. Applications to the Secretary by February 2nd.

SCHOOL BOARD FOR LONDON.—Lecturers and Examiners in First Aid and Home Nursing. Fee, 5 guineas for course of six fortnightly lectures. Applications to the Clerk of the Evening Continuation School Committee, School Board for London, Victoria Embankment, W.C., by February 2nd.

SHEWSDURRY 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.

SUNDEBLAND: 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.

WESTERN GENERAL DISPENSARY.—Marylebone Road.—Second House-Surgeon; unmarried. Salary, £75 per annum, with board and residence, and 10s. a month for laundry. Applications to the Hon. Secretary.

WESTMINSTER GENERAL DISPENSARY.—Honorary Physician. Applications to the 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 20th.

YORK DISPENSARY.—Resident Medical Officer. Salary £110 per annum, with board, lodging, and attendance. Applications to Mr. W. Draper, De Grey House, York, by January 22nd.

MEDICAL APPOINTMENTS.

BAILEY, Bernard E. G. M.R.C.S., L.R.C.P., appointed House-Physician to the East London Hospital For Children, Shadwell, vice Oswin Shields, M.R.C.S., L.R.C.P.

BESLEY, Clarence, L.R.C.P., L.R.C.S., D.P.H.Camb., appointed Medical Officer of Health to the Budleigh Salterton Urban District, vice Dr. A. W. Kempe, resigned.

BRISTOW, William Moss, appointed Honorary Medical Officer to the Victoria Central Hospital, Lisard.

CONSTANT, Frederick L.D.S.Eng., appointed Honorary Dental Surgeon to the Gravesend Hospital.

DICKENSON, G. O. M., M.B., B.S.Durh., appointed Assistant Medical Officer to the Northumberland County Asylum, Morpeth.

FORREST, J. G. S., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer to the Thingoe Union Workhouse, vice C. E. Priestley, L.R.C.P.Edin., M.R.C.S., resigned.

FABRY, A. H. M.B., C.M.Edin., appointed Certifying Factory Surgeon for the Diss District, Norfolk.

HEYWOOD, T. W., L.R.C.P.I., M.R.C.S.Eng., appointed Certifying Factory Surgeon for the Borough of Darwen.

KELLY, T. Gordon, B.A., M.D., appointed Medical Officer of Health to the Market Bosworth Rural District Council.

GOUGH, H. E., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer and Public Vaccinator for the Northwich District of the Northwich Union, vice Dr. Thomas Morton, resigned.

LANE, H. A., M.R.C.S., L.R.C.P.Lond., D.P.H.Camb., appointed Medical Officer and Public Vaccinator for the Western District of the Mile End Union, vice B. Keane, L.R.C.P., L.R.C.S.Eng.

LISTER, Thomas David, M.D.Lond., M.R.C.P.Lond., appointed Assistant Physician to the Royal Hospital for Children and Women, Waterloo Road.

JACOB, Edward Long, B.A.Lond., M.R.C.S.Eng., appointed Medical Officer of Health for the Reigate Urban and Rural Sanitary Districts.

MACNAMARA, J. T., L.R.C.P.Lond., L.R.C.S.I., appointed Medical Officer of the Ladywell Workhouse of the St. Olave's Union.

NIALL, Eugene M., M.B.Lond., appointed House-Surgeon to the West London Hospital.

PARRY-JONES, M., M.D.Lond., appointed Honorary Physician to the Derbyshire Royal Infirmary, vice G. H. Milnes, M.D.

RIGBY, Hugh Mallinson, M.B., B.S.Lond., F.R.C.S.Eng., appointed Surgeon to the War Hospital for Accidents.

TURNER, T. W., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the Deddington No. 1 District of the Woodstock Union, vice Henry Saunders, M.R.C.S.Eng., resigned.

WALKER, Hunter Urquhart, appointed Divisional Surgeon of the Police for Hackney, N.E.

WARBURTON, W. P., L.R.C.P., L.R.C.S.Eng., appointed Medical Officer to the Workhouse and for the Skirlaugh District of the Skirlaugh Union, vice C. Solomon, L.R.C.P., L.R.C.S.Eng., resigned.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C., 4 P.M.—Mr. Malcolm Morris: Consultation. (Skin.)

TUESDAY.

Royal Medical and Chirurgical Society, 8.30 P.M.—Adjourned discussion on address by Dr. Reynolds (of Manchester) on Some Recent Cases of Arsenical (Boer) Poisoning. (Lantern demonstration.)

Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C., 4 P.M.—Dr. R. L. Bowles: Consultation. (Medical.) 6 P.M.—Dr. Seymour Taylor Class. (Applied Anatomy.)

WEDNESDAY.

Hunterian Society, London Institution, Finsbury Circus, E.C., 8.30 P.M.—Dr. Arnold Chaplin, on the Treatment of Pleural Effusions.

Dermatological Society of Great Britain and Ireland, 20, Hanover Square, 5 P.M.—Informal exhibition of cases at 4.30 P.M.

Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C., 5 P.M.—Dr. A. Newsholme: Clinical Lecture. The Prevention of Tuberculosis.

THURSDAY.

Central London Throat, Nose, and Ear Hospital, 5 P.M.—Mr. Lennox Browne: Intranasal Obstructions (Hard).

London Temperance Hospital, 2 P.M.—Dr. Soltan Fenwick: Clinical demonstration.

Charing Cross Hospital. Post-Graduate Course, 4 P.M.—Dr. Galloway: Dermatological demonstration.

Neurological Society of London, 11, Chandos Street, W., 8.30 P.M.—Annual general meeting. Election of office bearers. Presidential address by Dr. W. J. Mickle. Subject: Mental Wandering.

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

FRIDAY.

Medical Graduates' College and Clinical Society of London, 20, Polyclinic, 22, Chancery Street, W.C., 4 P.M.—Dr. St. Clair Thomson: Consultation. (Throat.)

Hanover Square, W., 8 P.M.—Clinical evening.

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.

MARRIAGES.

LAVERY—DONNELLAN.—On January 9th, at St. Mary's Church, St. Helens, Dr. J. Lavery, fourth son of the late Dr. Lavery, J.P., Armagh, to Annie, eldest daughter of Dr. Donnellan, St. Helens.

ST. Leger—HUGHMAN.—On January 12th, at St. Matthew's, Sinclair Road, W., by the Rev. C. Shields, D.D., Anthony York St. Leger, B.A. Cantab., L.S.A., youngest son of F. Y. St. Leger, Esq., M.L.A., Capetown, to Edith Annie, third daughter of Newman R. Hughman, Esq., of 88, Sinclair Road, W. Address, Seapoint, Capetown, S. Africa.

DEATH.

SYMES.—On January 14th, J. G. Symes, M.R.C.S., etc., Southfield, Weymouth, in his 76th year.