

retained and not irritating, therefore 90 grams may be introduced during the twenty-four hours. From personal observation I can assert that 30 grams are absorbed without the production of glycosuria; I have not had the opportunity of making observations when 90 grams have been given.

Fat is not easily absorbed by the mucous membrane of the large intestine; of the 18 grams in the milk, invariably some has been returned in the wash-out enemata; the quantity has usually been extremely small (the apparatus at my disposal did not permit of my making an accurate estimate).

The heat value of the above diet is 578 calories. This may be increased by another 300 calories by the subcutaneous injection of sterilised olive oil; 30 or 40 c.cm. may be given daily. Those who have adopted this method of supplying the fat element of the diet have never observed any untoward symptoms, but have noted that the nitrogen metabolism has decreased, which proved conclusively that the fat had been absorbed and utilised. By the above methods half the necessary energy can be supplied, and the loss in weight can be reduced to 750 grams a week.

NOTE.

¹ Messrs. Parke, Davis and Co. have supplied serum, and are, I believe, prepared to supply it in future.

THE VALUE OF DIPHTHERIA ANTITOXIN IN THE TREATMENT OF MEMBRANOUS NON-DIPHTHERIAL TONSILLITIS.

By J. N. D'ESTERRE.

Eastbourne.

THE following instance of the same affection occurring within an interval of six months in the same patient seems worthy of recording:

History.—M. N., aged 35, with a good family history, in 1886 had rheumatic fever, and has also had influenza, pneumonia, pleurisy, and several bad attacks of muscular rheumatism and constantly recurring sore throat.

History of Present Condition.—On April 27th, 1900, she complained of headache, of shooting pains in the joints, sore throat, and general malaise. Her temperature was 102° in the evening. On April 28th, after a very bad night, with severe headache and aching in every limb, her throat was so bad and the difficulty in swallowing so great, and the general condition of affairs such that her husband, a medical man, asked me to see the case, as he questioned if it was not diphtheria.

Anamnesis.—On April 29th I saw her for the first time, this being the third day of disease. Upon examining the throat, I found both tonsils considerably swollen, and all but completely covered with a distinct yellowish membrane-like deposit, which had not touched the faucial pillars or the uvula. The pharynx was hyperæmic, the submaxillary gland was enlarged and very tender; the post-cervical chain was enlarged, but not tender. Her temperature was 103.8°. The heart sounds were normal, and the pulse regular. From the appearance presented, we came to the conclusion that if the case was not diphtheria pure and simple, it had a diphtherial element, and therefore decided to use antidiphtherial serum. The case was seen by the medical officer of health, who agreed with us on our line of treatment, and I notified the case. A swab was taken from the throat exudate for bacteriological examination. At 10 P.M. that evening she had a subcutaneous injection of 1,500 units of antidiphtheria serum (B. W. & Co.) in the interscapular region.

Progress.—On April 30th, about 10 A.M., after a much better night, she could swallow much more easily. Upon examining the throat, the condition of the tonsils was highly satisfactory; instead of a continuity of the membrane-like deposit, the deposit was now patchy; at 10 P.M. that evening her tonsils were absolutely clear, that is, within twenty-four hours from the time of injection, and she felt almost herself again. In another twenty-four hours she was up and about, and all she complained of was feeling very weak. The result of the bacteriological examination was negative as regards the diphtheria bacillus, but an abundant growth of streptococci were present.

Second Attack.—On September 23rd, 1900, I was asked to see the patient again. This time the cause of her throat trouble was traced definitely to a chill. The throat presented the following appearance: The tonsils were swollen, and in and around the orifices of the lacunæ were seen yellow, cheese-like deposits. I diagnosed the case as one of acute follicular tonsillitis, and ordered her sodii salicylatis, gr. xv, t.d.s., with a Listerine and carbolic acid spray for her throat.

On the following evening the husband asked me to see her. Her throat symptoms were again suggestive of diphtheria. I found both tonsils completely covered—I use the word “completely” advisedly—with a yellowish, membrane-like deposit, with a suspicion of its spreading up the faucial pillars; the uvula was adherent to one tonsil and the pharynx congested. There was more difficulty in swallowing in this attack than in the first. The submaxillary and cervical glands were enlarged and tender. Her temperature was 104°. She was sweating profusely, and the general phase of the case was such that we could not make up our mind as to a definite diagnosis, and, having due regard to the nature of the last bad throat and the rapid and brilliant result, we decided to adopt the same treatment. A swab from the throat was taken and sent up for

examination, and at 10.30 P.M. she received a subcutaneous injection of antidiphtherial serum (1,500 units) in the interscapular region. At the same time her mixture was changed to one of liq. hydrarg. perchlor. and liq. ferri perchlor., and her spray to 1 in 1,000 mercury solution.

On September 25th I saw her about 10 A.M., when I found that she had passed a fairly good night; that at midnight her temperature had fallen to 102.6°, at 6 A.M. it was 100°, and that at that hour her tonsils were noticed to be clearing up. On examination now her tonsils were patchy, but the general condition was one of marked improvement. At 6.30 P.M. the membrane-like deposit had vanished—that is, in twenty hours from the time she received the injection, and she felt practically well. She made a rapid recovery, and was up and about in a couple of days. The result of bacteriological examination was again negative—after twenty-two hours' incubation—only large colonies of streptococci being found.

I take it that these were two attacks of membranous non-diphtherial tonsillitis, the only definite predisposing cause for which in the second attack was a chill. We know that the diphtheria bacillus is not the only micro-organism capable of giving rise to a fibrinous exudation. Under suitable conditions the streptococcus, staphylococcus pyogenes, the colon bacillus, and the pneumococcus of Fraenkel produce inflammatory sore throats with fibrinous exudations. The greatest difficulty must therefore exist in making a definite diagnosis clinically, especially as the characters of the pseudo-diphtheria bacillus remains unsettled. Hence I maintain that in cases similar to these antidiphtherial serum should be used, judging from the results obtained.

MEMORANDA:

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

TRACHEOTOMY IN CASES OF THORACIC ANEURYSM.
In opening a discussion at the Medical Society on The Diagnosis and Treatment of Thoracic Aneurysm,¹ one of the points I suggested for discussion was, For what condition should tracheotomy be advised? The answers that were given to this question afforded little or no practical assistance, and as it is oftentimes a matter of the utmost urgency to settle whether tracheotomy should be performed, I was very glad to read the case recorded by Mr. F. W. Jollye.²

The only satisfactory way of deciding this important point is by the collection and examination of cases of aneurysm with laryngeal symptoms. Stenosis of the main air passage due to aneurysm may be brought about by spasm of the adductors of the vocal cords, paralysis of the abductors (these two conditions are often combined, there being a permanent state of abductor palsy with attacks of spasm) or by direct pressure of the aneurysm on the trachea.

When the obstruction is of laryngeal origin, as is the case in spasm or paralysis of the muscles of the vocal cords, then tracheotomy will be of use; but when there is direct pressure on the trachea, tracheotomy is of course useless. The difficult cases are those in which there is a double stenosis of the air passage, as for example, bilateral abductor paralysis combined with direct pressure on the trachea. If there be marked respiratory excursions of the larynx, the probability is that the obstruction is situated at the glottis, and consequently tracheotomy is indicated. The absence of respiratory excursions, on the other hand, points to tracheal stenosis. Unfortunately, this distinction is not uniformly maintained, hence the great difficulty of deciding as to the advisability of tracheotomy. It is therefore very important that cases of thoracic aneurysm, in which tracheotomy has been performed, should be recorded, and especially those cases in which the operation, as in the historical case of Earl St. Maur, has failed to relieve the patient.

Wimpole Street, W.

F. DE HAVILLAND HALL.

A CASE OF SPONTANEOUS VERSION.

THE following case may be of interest. I was called to Mrs. M. about 2 A.M., when she had been about six hours in labour. On examination I found the right hand protruding through the vagina, and the body of the foetus occupying the abdomino-anterior position. It was the thirteenth pregnancy, and the other twelve had been normal. I replaced

¹ BRITISH MEDICAL JOURNAL, 1900, vol. ii, pp. 1571 and 1710.

² *Ibid.*, February 9th, 1901, p. 339.

the arm and endeavoured to turn, but owing to the very frequent and powerful contractions of the uterus I was unable to do so without an anæsthetic. To obtain this I had to return to my house, and while getting the necessary apparatus a messenger arrived to say "something had happened." On arrival I found the legs of the fœtus protruding, but the head was retained above the brim. On delivery the child was dead, owing no doubt to the compression of the umbilical cord. The right hand and arm were very much swollen, due to the prolapsed position, but the fœtus otherwise was a very healthy specimen.

The mother's recovery was normal. She is a very intelligent woman, and explained how, after one "terrible" pain, she felt the baby turn right round. I think the case is interesting as showing to what a severe strain the healthy uterus may be subjected, and the great power it is capable of exerting on the fœtus in even such an unfavourable position.

London, W.C.

JAMES J. O'DONNELL, L.R.C.P. & S.I.

LARGE SALIVARY CALCULUS WITHOUT SYMPTOMS: SPONTANEOUS EXTRUSION.

Four years ago, A. D., aged at that time 45, drew the attention of the medical man then attending him, for an injury of the foot, to a small, indefinite, slightly painful swelling in the floor of the mouth, to the right of the frænum linguae. In view of the patient's age the question of a malignant growth arose, but the symptoms were too indefinite and too insignificant to warrant any interference. Nothing more was thought of the matter until the first week in February, 1901, when the patient noticed a small white spot on the floor of the mouth. On touching it with a needle it felt hard and gritty. A few minutes after, while taking a meal, a large hard mass, was suddenly, with some force, extruded.

The calculus is a large, white, ovoid mass, with outer surface smooth, but irregular. A transverse section is elliptical. As far as can be seen the stone is made up of successive layers. It weighs 45 grains, is $2\frac{1}{2}$ cm. long, $1\frac{1}{2}$ cm. thick, and 4 cm. in circumference at the thickest part. The floor of the mouth in the region of the sublingual and submaxillary glands is uniformly though only slightly thickened. There is no redness or inflammation, or any hardness. Wharton's duct is patent, the orifice admitting a large crowquill, and a probe passing backwards, outwards, and downwards along it for five-sixths of an inch.

The interest of the case lies in the size of the calculus and the absolute absence of any symptoms, subjective or objective, during the long period of over four years through which it was *in situ*. The man assures me that, with the exception of the first few days, he has never had even a passing feeling of discomfort, and certainly none of the tenderness and pain after a meal that are usually associated with this condition. I should add that the patient suffers from chronic and subacute rheumatism.

Richmond, Surrey.

GEORGE J. MAGUIRE, M.B., B.Ch.

ECLAMPSIA FOLLOWED BY TEMPORARY MENTAL DERANGEMENT.

So much has been written and so many theories advanced regarding the causation of eclampsia that the following case, which came under my care, may prove interesting:

Mrs. F., aged 37, multipara, six months pregnant, who had aborted several times, called on Dr. Willis, Baillieston, on May 9th. She informed him that she had felt no movements for three weeks. On examination he pronounced the child dead. On May 11th, Dr. Willis being from home, I was called to see her. She was in a comatose condition, breathing stertorously, a bloody froth exuding from her mouth, the pupils dilated and fixed. The temperature was normal, the pulse soft, full, and 51. Before I saw her she had had two fits rapidly following each other. No history of previous attack. Labour pains were absent, the os undilated, but the urine was loaded with albumen. I ordered her to be wrapped in blankets and surrounded with hot-water bottles, prescribing pulv. jalap. co. 3j. to be taken at once, and a mixture containing chloral hydrate gr. xxx. with potassium bromide gr. xl. to be taken every two hours. I saw her have a typical eclampsia fit two hours later, ending in the comatose condition in which I first found her. The temperature at this stage was 100.4°, the pulse 59. She was perspiring freely, and passing considerable quantities of urine. She rejected her medicine but allowed me to inject chloral gr. xxx. into the bowel.

Dr. Thomas, Carmyle, and I saw her again at 10 P.M. As she had had but one fit since last seen, was still perspiring freely, with temperature, breathing, and pupils normal, although the pulse was 59, we agreed that no operative interference was necessary, but the bowels not yet having operated we prescribed calomel gr. v, jalap gr. xxv, ginger gr. v. At 2 A.M. I again saw her, the husband informing me she did not recognise any per-

son, and had fiercely attacked her sister and himself, and would not allow him in the room. She was highly excited till I withdrew, maintaining that no strange men should be in her bedroom. She had one other fit, rather slight, and slept soundly till the morning, when I again saw her, the temperature, pulse (79), breathing, and pupils being normal. She was still perspiring freely, and drinking copiously of cold water, nor until May 14th could she be induced to take anything else. On that day she also began to recognise her surroundings and friends. The albumen in the urine had now sensibly decreased, and I handed the case over to Dr. Willis, who had returned.

He informed me that she steadily improved until on May 17th she was perfectly rational and all albumen had disappeared from her urine. On the following day a fœtus in a highly macerated condition was passed without appreciable pain. A week afterwards Mrs. F. was going about, and is still perfectly healthy. I examined microscopically various specimens of her urine, but could never detect any kidney detritus.

The foregoing case differs materially from the majority:

(1) The fits—followed by mental symptoms—occurred after the death of the fœtus; (2) recovery—the patient recovered almost completely before the birth of fœtus; (3) albumen had completely disappeared from the urine before the birth of the fœtus; (4) the urine was copious throughout, and no coincident kidney disease was detected; (5) the temperature never rose above 100.4°.

The patient is not of a hysterical nature; and although she has aborted before has not had any undue suffering at such times. I think until we can understand more thoroughly under what conditions albumen exists in the blood (with what substance or substances it is combined), what its functions are, under what circumstances it becomes dissociated from its combination or compound, and what different effects its slow or rapid withdrawal from the blood has upon the nervous system, there will always exist more or less doubt regarding several diseased conditions.

Uddingston, N.B. JOHN MCELROY, L.R.C.P. and S. Edin., etc.

BILHARZIA HÆMATOBIA.

In a communication to the BRITISH MEDICAL JOURNAL of January 26th, 1901, Mr. C. F. Lillie, speaking of bilharzia, states: "That some cases were reported in 1864 in Natal, but in Cape Colony the disease is apparently unknown." This is not in accordance with my own experience, as I have found that the disease is by no means rare, and is recognised not only by medical men but by the general public. In Fagge's *Medicine* it is stated that in 1863 Dr. John Harley detected the ova in the urine of a man who had become affected at the Cape of Good Hope, and in the *Medico-Chirurgical Transactions* he wrote that the complaint prevails in the Cape Colony. Dr. Guillemard, in Allbutt's *System of Medicine*, vol. ii, says: "In Cape Colony it seems confined to the Eastern Province, and there, in certain districts of Natal and beyond the Magaliesburg in the Transvaal, it is very common." The popular idea is that boys acquire the disease from bathing in the rivers near the coast through the armed embryos finding their way directly up the urethra. There is something to be said in favour of this theory, as the disease is scarcely known to occur in those who do not bathe in the rivers. The life-history of the parasite is apparently but imperfectly known, and the treatment of the disease of which it is the cause is very unsatisfactory.

Grahamstown, Cape Colony.

JAMES T. BAYS, M.D. Lond.

NOTE ON EPILEPSY AND HEART STOPPAGE.

On March 9th, while listening to the heart of a patient suffering from aortic regurgitant disease, I became aware that the heart had stopped beating, while almost simultaneously with the stoppage I felt great pressure on the stethoscope. I thought he was fainting, and seized him in my arms. I then found that he was stiff and rigid. I laid, almost dropped, him on the floor, when a general convulsion, intense though of short duration, ensued. He was quite unconscious; the lips were blue; there was no frothing at the mouth. In a few seconds the convulsion ceased, consciousness returned, and the patient sat up. He answered questions put to him, at once, quite coherently and lucidly, and on being requested to get up did so directly and without the least difficulty. The patient, who is 29 years of age, has had two similar attacks before, one in 1895 and one in 1898. In none was there any warning or aura. In 1897 he had rheumatic fever.

London, S.W.

R. G. HEBB.

hoc templo honoris libenter ornamus. Duco ad vos bacteriologiae cultorem acerrimum, Iosephum de Fodor."

Personally, von Fodor was a most amiable man and a delightful companion; his frank, open countenance and fine forehead are well shown in the photograph here reproduced. Of course he was a good linguist, as most educated Hungarians are, and he possessed in a high degree the charm of that very charming race.

We can ill afford to lose such a man in the full plenitude of his cultivated powers, and certainly by von Fodor's premature death the world has suffered a real loss.

A. K. F. M'CUTCHEON, M.D. UNIV. DUB., F.R.C.P.I.,
Physician, Drumcondra Hospital, Dublin.

It is with much regret we record the death of Dr. Arthur M'Cutcheon, of Dublin, which took place on March 27th. He was born in February, 1858, in the town of Longford, where his father was for many years minister of the Presbyterian Church. In possession of a sound education, but being one of a large family, the youth found it expedient at an early age to become assistant to an apothecary in Cavendish Row, Dublin. Nevertheless, while engaged in that capacity he contrived to enter Trinity College, and, still later, with singular industry and independence, he began to study in the now extinct Ledwich School of Medicine, so that eventually he graduated in Arts in the University of Dublin in 1882, and two years later secured the Licence of the Royal College of Surgeons in Ireland. For several years after obtaining the latter diploma he acted as assistant to the late Dr. Goddard, of Pentonville Road, London. His uncle, Dr. Henry Kennedy, who had been in the enjoyment of a large practice in Dublin, having died, Dr. M'Cutcheon returned to Ireland in 1887, and resided in his uncle's house. He now obtained the L.R.C.P.I. In 1891 he passed the qualifying examination for the M.B. of Dublin University, and proceeded at once to the degree of M.D. Meanwhile he had been appointed Visiting Physician to the Drumcondra Hospital. In 1894 he passed the examination for the Membership of the Royal College of Physicians of Ireland, and in the following year was elected to the Fellowship of that body. In 1897 he was elected an additional Examiner in Medicine to take the place of an absent Censor, and in the succeeding year he was chosen to be one of the Censors of the College.

During the years 1894-8 his practice increased so much that he was frequently overworked, and after an attack of influenza in 1898 his friends, on the recognition of certain peculiarities of manner, attributed to these causes what subsequently proved to be the initial symptoms of general paralysis.

A transient aphasia in March, 1899, however, first revealed the real nature of his condition, and although a prolonged holiday seemed to have rendered him again capable of work, he was obliged eventually in July of that year to give up

work, and after travelling for six months returned to Ireland last year. He was cared for by a devoted sister, whose skilful attentions, aided by the quiet of a country life, no doubt postponed the inevitable termination of the fatal malady.

Dr. M'Cutcheon was a man of undoubted ability and great common sense. To have won his way to the high rank which he finally occupied in his profession, and to have attained that position at the early age of 40 years, was in itself abundant testimony of the spirit in which he approached his work. He was a man who could scarcely have made an enemy, and certainly one who was unlikely ever to have lost a friend.

The onset of his illness was particularly sad, occurring as it did when he had reached the stage of life in which his early struggles were being compensated by the recognition of his talents and the emoluments derived from a successful practice. His death under the circumstances can only be regarded in the light of a release, but his removal will be mourned none the less by the many patients and friends to whom he had endeared himself, and not the least by the members of his own profession in Dublin, among whom he was held in high esteem.

Dr. JOHN RANDOLPH PAGE, who died recently at the age of 70, was educated at the University of Virginia, where he graduated Doctor of Medicine in 1850. He afterwards studied for some years in Paris. He was Chief Surgeon in the Confederate service, first with Magruder on the Peninsula, and afterwards in Lynchburg. After the war he practised medicine in Baltimore, and later he became Professor in the Louisiana Military Academy. From 1872 to 1882 he was Professor of Agriculture in the University of Virginia. Resigning his chair, he went to Birmingham, Alabama, where he resumed the practice of his profession.

Dr. WILLIAM H. EGLE, who recently died at Harrisburg, graduated at the University of Pennsylvania in 1859. He served as a surgeon during the Civil War, and subsequently as a brigade-surgeon in the National Guard of the State. His later years were almost entirely devoted to

literary work and historical research. He had been State Librarian in Pennsylvania since 1887, and brought the library to a very high degree of efficiency. He was a corresponding member of almost every historical society in the English-speaking world, and his contributions to the literature relating to local and State history and genealogy were numerous and valuable.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession who have recently died are Dr. Olavide, of Madrid, a distinguished dermatologist and founder of the Histo-Chemical and Bacteriological Museum and Laboratory of San Juan de Dios; Dr. Rufino Ferrando Fenoll, Lecturer on Anatomy in the University of Valencia, aged 70; Baron Albert Gamba, Member of the Royal Academy of Medicine of Turin; and Dr. Albrecht Berger, a distinguished ophthalmologist of Munich, aged 54.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF EDINBURGH.

FIRST PROFESSIONAL EXAMINATION.—The following candidates have passed in the subject under-mentioned:

Zoology.—T. Addis, F. Aitken, D. C. Alexander, A. C. Alport, W. Anderson, K. G. Archer, W. F. Archibald, R. G. A. Bagnall, C. F. Bainbridge, G. Banks, G. C. Bartholomew, A. M. Black, E. J. Black, G. Blair, R. A. Blake, Elizabeth H. Brook, J. W. Cairns, J. S. Caldwell, T. Campbell, H. M. Cargin, H. P. Cook, D. C. Crole, R. B. Davidson, L. F. Dawson, J. M. Dickson, P. Donald, J. Dundas, N. C. Dutt, H. A. Edwards, C. E. Elliston, T. Grant, J. Green, Charlotte R. Greenfield, G. Gunn, H. F. J. Hall, J. D. Harmer, Jane S. Hogg, G. W. Howe, T. S. Jackson, J. F. James, J. P. S. Jamieson, R. F. Johnson, W. L. Johnston, R. L. Jones, J. S. Kinross, J. Lindsay, W. Lumsden, P. M'Dermid, J. Mackenzie, I. R. Macleod, A. C. M'Master, W. Magill, A. Malseed, W. Martin, J. S. Mitchell, J. Morris, Anna M. Mulholland, G. P. Norman, H. J. Norman, A. A. Olivier, W. Patton, D. H. Paul, J. S. Peebles, A. C. Pickering, G. Raffan, J. Z. H. Rousseau, D. W. Sibbald, E. M. Simmers, O. Smith, S. A. Smith, T. R. Smith, H. G. Sutherland, F. J. G. Tocher, E. Valenzia, F. E. Wall, H. E. A. Washbourn, H. C. Wilson, R. M. Wishart.

ROYAL COLLEGE OF PHYSICIANS.

AN extraordinary Comitia was held on Monday, April 1st, the President, Sir William Church, Bart., in the chair.

Royal Address.

The President announced that on March 20th a deputation consisting of the President, the Censors, and the Registrar had attended at His Majesty's Court at St. James's Palace to present a humble address from the College. His Majesty had been pleased to return a gracious answer to the same, which was then read by the Registrar, all the Fellows standing.

President's Annual Address.

The President then delivered his annual address, in which notice was taken of the chief medical events of the past year, of various royal distinctions conferred, of scholarships and prizes awarded, and obituary notices were read of the following seven Fellows deceased during the year: Sir Wm. Overend Priestley, M.D., M.P., Sir Henry W. Acland, Bart., M.D., Dr. Nicholas Tyacke, Dr. Daniel J. Leech, Dr. John Cockle, Dr. Dennis Embleton, Dr. John Baptiste Potter. Upon the motion of Dr. Pavy, F.R.S., the thanks of the College were voted to the President, accompanied by a request that he would allow the publication of his address.

Election of President.

Sir William Church then left the chair, and the College proceeded to the election of President, Sir William Church being elected for the third time by an almost unanimous vote. The President having briefly returned thanks and given his faith to the College, the ordinary business was proceeded with.

Delegates.

The President announced that Sir William Church and Sir Dyce Duckworth had been appointed delegates to attend the celebration of the ninth jubilee of the University of Glasgow.

Communications were received from—

1. The Secretary of the College of Surgeons reporting certain proceedings of the Council on February 7th and March 14th last.
2. The President of the Annual Congress of the Royal Institute of Public Health, to be held at Eastbourne from July 25th to 30th, inviting the College to send delegates to take part in the proceedings.
3. The General Medical Council, announcing the expiration on May 14th, 1901, of the appointment of Sir Dyce Duckworth as representative of the College in that Council. A letter from Sir Dyce Duckworth upon the same subject was also read.

The President announced that the election of a representative upon the General Medical Council would take place at the Comitia to be held on May 6th. Upon the motion of the Second Censor, a cordial vote of thanks was accorded to Sir Dyce Duckworth for his services as representative of the College.

Report.

A report, dated February 25th, 1901, from the Committee of Management was received and adopted. The report contained: (1) A detailed return of exemptions granted in any part of the examinations of the Board during the years 1897, 1898, and 1899, in reply to a letter from the Registrar of the General Medical Council dated December 13th, 1900; (2) the new Regulations of the General Medical Council for the Diploma in Public Health; (3) a recommendation that the Croydon Borough Hospital be added to the list of fever hospitals recognised by the Board.

Alteration of By-laws.

The Registrar moved that By-law CXXXVI be amended and re-enacted for the second time as follows, to render it conformable to the regulations of the Conjoint Board, the alteration consisting in the addition of the words printed in italics:

"A candidate shall not be admitted to the Third or Final Examination till the expiration of five winter and five summer sessions from the date of registration as a medical student, and of four winter and four summer sessions after passing Parts I and III of the First Examination, and of two winter and two summer sessions after passing the Second Examination."

and that By-law CXLV be amended by the omission of the words printed in italics in the copy below to make it conformable to the regulations of the Conjoint Board, and re-enacted for the first time.

Any member of a Scottish or Irish University where it is required that not less than two of the five years' curriculum of professional education shall have been spent in residence at the University, who shall have passed such an examination or examinations at his University as shall comprise the subjects of the First and Second Examinations of the College, and who shall have completed the curriculum of medical

study required by the regulations of his University, shall, two years after having passed all the other required examinations, be eligible, on payment of the requisite fees, for admission to the Third or Final Examination.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

SMALL-POX IN CARDIFF.

A SMALL outbreak of small-pox has occurred in Cardiff. This town being a large and important seaport is always liable to sporadic cases of small-pox, and these are not very uncommon. In this case, however, the first developed in a boarding-house.

The original source of infection seems to have been a sailor, who was one of the crew of a vessel, the *Ben Venue*, which, on arriving at Barry had 4 cases of small-pox on board. This man went to the north of England, subsequently returning to lodge in Cardiff. He left on February 25th, and going to sea apparently well, but there is some evidence that he subsequently became ill. The earliest intimation to the authorities was a notification of a case of small-pox in this house by Dr. J. D. Williams on March 15th.

Dr. Walford, M.O.H., at once visited the case, a sailor, and also found that two of the children of the people who kept the boarding house were suffering from small-pox. All 3 cases were speedily removed to the borough small-pox hospital, where the sailor died. Thorough disinfection of the house, destruction of clothing, and vaccination or revaccination of contacts were promptly resorted to. A house-to-house visitation of the district failed to discover any fresh cases at the time. No fresh cases developed until March 27th (that is, twelve days later), when one of the contacts, a woman who had been living in the house, developed the disease, but in a mild form, and had to be removed to the isolation hospital.

Subsequently 3 fresh cases developed, the first being the husband of the last patient, the second the father of the two children previously attacked, and the third an insurance agent who had visited the infected house during the incubation period. All were removed to the small-pox hospital. No cases have since been discovered, and it is hoped that the prompt and thorough measures taken will prevent any further spread.

SMALL-POX IN GLASGOW.

THE reduction in the number of cases of small-pox in Glasgow continues. During the week ending March 29th there were 54 new cases, 104 patients were dismissed well, and 11 deaths occurred, so that on March 29th there remained 319 patients under treatment.

THE NEW WORKHOUSE DIETARY ORDER.

DR. N. E. YORKE-DAVIES (Harley Street, W.) writes: Will you kindly allow me to entirely endorse the remarks of Dr. John Haddon on the above subject? It is no wonder that the paupers placed on such a dietary as had recently been drawn up for them should be the listless, miserable creatures they are. The amount of farinaceous food is out of all proportion to meat food, and as the bread of these days has all the most nourishing parts carefully cut out, it would be impossible to maintain robust health and condition on such a diet. I also quite agree with Dr. John Haddon with regard to the teaching of dietetics in medical schools. I have advocated this for many years. It is a pity that the majority of medical practitioners are not made more conversant with the dietetic values of food, not only in a state of disease but also in a state of health. I think I could explode an enormous number of fallacies with regard to food in diseased conditions of the system, and as I have the absolute record in ounces of the quantity of food taken daily for periods varying from one week to two years of many thousands, I may claim to know the exact amount of food required in different conditions of work and rest. In thousands of these cases a loss of weight of from a few pounds to 15st. has taken place, but the most absolute condition has been maintained from first to last. When I read in books on dietetics that 60 ozs. of moist food per diem is required to maintain health and condition it simply amazes me. Very few people would eat more than a third of this if they had it weighed out for them. Then, again, with regard to the diet of the soldier and sailor. Here the amount of farinaceous food is far too great and of meat food too little. Why, the food of the soldier in the reign of Henry VII was far more suitable as a fighting and condition diet than is the food in the reign of our present Most Gracious Majesty Edward VII. In the time of the Wars of the Roses the soldier had 2 lbs. of meat, 1 lb. of bread, and a pint of French wine a day—a rare fighting diet. The influence of diet under such conditions as Bright's disease, gout, obesity, and excessive leanness, and so on would form most interesting matter if I were allowed to give my experience at length. I do not know that I should have the time necessary to enter for the £200 prize suggested by Dr. John Haddon, but I should certainly give some startling facts on the subject. Health is maintained not by the food we eat, but by the food we assimilate, and thousands go through life eating a great deal too much, and still being mentally and physically starved the whole time. Such cases come under observation daily.

THE RELATIONS OF MEDICAL OFFICERS OF HEALTH TO THEIR PROFESSIONAL COLLEAGUES.

"CANTAB."—A complaint has reached us from the medical men in a certain town that the medical officer of health who resides some twenty miles away has delegated to the nurse in charge of the infectious hospital authority to refuse admission into the hospital of cases recommended by the local medical practitioners should she consider them unfitted to be moved. It is further alleged that he has stated to the

town council that he was prepared to accept the opinion of a nurse who had spent several years in a fever hospital as soon as, if not sooner than, the opinion of a general practitioner upon a case of diphtheria.

The medical officer of health, to whom we have submitted these statements, replies that 3 cases of diphtheria having died after having been in the hospital less than twenty-four hours, and this having tended to raise a strong objection in the minds of the public to the removal of patients to the hospital, he instructed the nurse who would go for the case, that if she considered the patient to be in a very serious or dying condition she was to ask the medical attendant if he would kindly see the case again before it was removed, and he adds that it must be remembered that some time must elapse between receiving the notice to move and the removal being carried out. He further explains that his remark, as to being willing to give weight to the opinion of a nurse, had special reference to small-pox, and what he said was that he would give weight to the opinion of an experienced nurse as against himself and not as against the local medical profession.

. We are glad to have elicited this explanation, as it is evident that on both points some misunderstanding has existed. It is obvious that the complaint is substantially true, as the nurse is invested with the power of refusing to admit cases until the doctor has reviewed his opinion, and even then it is not clear that the case will be admitted if the nurse disapproves. We cannot think it satisfactory that a fever hospital should be under the care of a medical practitioner living twenty miles away, and we think it would be far better if the town council in question would appoint a resident practitioner to take charge of the hospital, and so get rid of the present anomaly. The words used at the town council meeting would appear to have been part of an argument used in justification of setting up the opinion of the nurse as against the local medical profession. Accepting the wording admitted by the speaker, we think such views are inconsistent with the preservation of the harmony that ought to exist between those who have to administer the Public Health Acts and the rest of the medical profession whose co-operation is no less necessary. We should advise the local profession to seek an interview with the medical officer of health, and endeavour to come to an understanding with him. Failing that, their only course appears to be to memorialise the town council upon the subject.

HOSPITAL AND DISPENSARY MANAGEMENT.

INGHAM INFIRMARY, SOUTH SHIELDS.

THE twenty-eighth annual report of the Ingham Infirmary and South Shields and Westoe Dispensary gives evidence of much activity. The total number of patients treated during the past year was 11,744, and of these 504 were in-patients, as compared with 307 in the previous year. The Committee are making a praiseworthy effort to keep the hospital free from debt; nevertheless, the number of occupied beds has been increased from 20 to 40 during the year. There were 281 cases treated by operation during the year, of which 268 were either cured or relieved.

THE HAMPSTEAD HOSPITAL.

ON March 16th, at the annual meeting of the governors and subscribers of the Hampstead Hospital, which was under the presidency of Sir Richard Temple, it was announced that through the influence of Sir Henry Harben, the council of the hospital had secured a site at Hampstead Green for the new building of the hospital. It was intended that it should contain 50 beds, and it was estimated that it would cost £20,000 for its erection and equipment, while the site would cost £6,000. The number of patients under care in the existing building was 330, including 78 cases of accident, and 2,687 cases attended the out-patient department. As the work of the hospital had been much hampered on account of want of space, it was felt that the proposed new building was urgently needed. Towards its cost over £9,000 had already been promised or paid.

INDIA AND THE COLONIES.

MALTA.

AMONG the addresses presented to the Duke and Duchess of Cornwall and York on the occasion of their visit to Malta was one from the medical profession, to which the Duke replied as follows:

"On behalf of the Duchess and myself I beg to thank the medical profession of Malta for the hearty congratulations and good wishes contained in their address. There are few, if any of us, who cannot personally testify to the skill and tender care of your noble profession, and the people of Malta are fortunate in possessing the services of men capable of maintaining the traditions of ability and self-sacrifice which the profession has won."

MEDICAL NEWS.

THE KING has consented to become patron of University College Hospital.

THE ROYAL INSTITUTION.—The Friday evening meetings of the Royal Institution will be resumed on April 19th, when Professor J. J. Thomson will deliver an address on the Existence of Bodies Smaller than Atoms. On April 26th Dr. Hans

Gadow will speak on Colour in the Amphibia, and on May 3rd Dr. Charles Mercier will give an address on Memory. Among the courses of lectures arranged to be given after Easter is one of six by Dr. Alan Macfadyen on Cellular Physiology; Professor Dewar will give three lectures on the Chemistry of Carbon; Professor J. B. Farmer two on Biological Characters of Epiphytic Plants; and Mr. J. Y. Buchanan three lectures on Climate, its Causes and Effects.

PRESENTATION.—On March 20th, at the Kent County Asylum, Barming Heath, Dr. Pritchard Davies was presented with a handsome silver epergne by the Chairman of the Committee of Visitors on behalf of the staff on the completion of twenty-five years of service as the superintendent of the asylum, and as a token of their great regard and esteem.

INTERNATIONAL CONGRESS OF LIFE ASSURANCE.—The second International Congress of Medical Officers of Life Assurance Companies will be held on September 10th and following days at Amsterdam. The programme includes discussions on several subjects relating to life assurance and accidents. Papers are promised on otitis media, arrhythmia cordis, phosphaturia, arterio-sclerosis precoc, the medical examination of women, appendicitis, glycosuria, albuminuria, etc. Under the heading of accidents the subject of hernia will be discussed. A committee consisting of the managers of insurance companies, actuaries, and medical officers will offer a definitive proposition for a universal form or blank to be adopted in medical examinations. The Congress will consider, and if possible formulate, the conditions on which it would be practicable to extend assurance to invalids and under-average-lives. Communications should be addressed to the General Secretary, Dr. E. Poëls, 2, Rue Marie Thérèse, Brussels. The first Congress was held in 1899.

CLASSICS IN MEDICAL EDUCATION.—A proposal is before the German Federal Council to admit to the medical classes in the University students who only bring certificates from "modern" schools, instead of insisting as heretofore upon the classical training of the Gymnasia. The Berlin Medical Society, at a recent meeting, discussed this question, and passed a resolution affirming that the certificate of classical instruction should alone give the right of admission to the medical examinations, and on the proposition of Professor Virchow it was agreed to add the declaration that the admission of pupils from modern schools to the medical classes should be subject to the same rules as in the other faculties. This rider suggests that the objection to the innovation was rather to throwing open only the medical university classes to pupils of what is at present considered an inferior educational course, and so placing medicine at a disadvantage with other higher courses of study, than to the proposed relaxation of the present rules. A few years ago the Berlin University expressed a very decided opinion upon the question, and furnished a series of reasons for maintaining classical studies as the basis of professional education.

A NEW DOUBLE MONSTER.—At a recent meeting of the French Academy of Medicine, M. Chapot-Prevost, of Rio de Janeiro, related a new case of xiphopagous twins in two Chinese boys, the brothers Lion-Sing-Sen and Lion-Tang-Sen, who are united by a bridge running from the xiphoid cartilage to the umbilicus. The boys are now 14 years of age. The mother was 20 years of age and a primipara. The father's age was 18, and both parents were in good health. The children were nursed at the breast by their mother for two years and a half. They began to talk at 18 months and to walk at 3 years. One now measures 1.352 m. and the other 1.313 m.; they each weigh 30 kilos. Their intelligence is normal, and all their functions are executed independently. The heart is situated on the left side in each. Four years ago they had small-pox, not quite simultaneously, the infection in one being a day later. The bridge which unites them measures 4 cm. in length above and 9 cm. at the lower border; the twins are therefore much less closely attached than were Marie-Rosaline. The vertical diameter of the bridge is 77 mm., the transverse diameter 34 mm. Its circumference measures 20 cm. in expiration and 21 cm. in inspiration. The bridge consists of the skin and a cartilaginous lamina which unites the lower extremities of the two sternums, and it contains prolongations of the peritoneal cavities. Below the bridge and in the middle line there is a single umbilical cicatrix.

MEDICAL VACANCIES.

The following vacancies are announced:

- BEDFORD COUNTY HOSPITAL.**—Senior House-Surgeon. Salary, £100 per annum, with apartments, board, and washing. Applications to the Secretary by April 12th.
- BIRKENHEAD BOROUGH HOSPITAL.**—Three Honorary Assistant Medical Officers for the Out-patient Department. Applications to the Secretary by April 8th.
- BIRMINGHAM AND MIDLAND EYE HOSPITAL.**—House-Surgeon. Salary, £60 per annum, with board, apartments, and attendance. Applications to the Chairman of the Medical Board by April 13th.
- BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.**—Resident Surgical Officer. Salary, £90 per annum, with board, washing, and attendance. Applications to the Secretary, Steelhouse Lane, Birmingham, by April 16th.
- BIRMINGHAM: GENERAL HOSPITAL.**—Assistant House-Physician. Applications to the House-Governor by April 27th.
- BOURNEMOUTH: NATIONAL SANATORIUM FOR CONSUMPTION AND DISEASES OF THE CHEST.**—Resident Medical Officer from April 13th to June 30th. Salary, £30, with board, residence, and washing. Applications to the Secretary by April 10th.
- BRADFORD POOR-LAW UNION.**—Junior Resident Medical Officer for the Hospital and Workhouse; unmarried. Salary, £100 per annum, with prescribed rations, apartments, and washing. Applications to the Clerk to the Guardians, 22, Manor Row, Bradford, by April 6th.
- BRIGHTON THROAT AND EAR HOSPITAL.**—Non-Resident House-Surgeon. Appointment for six months, but renewable. Salary at the rate of £75 per annum. Applications to the Secretary, Mr. E. W. Pilbeam, 10, Black Lion Street, Brighton, by April 13th.
- BRISTOL GENERAL HOSPITAL.**—Casualty House-Surgeon. Salary, £50 per annum, with board, residence, etc. Applications to the Secretary by April 10th.
- CATERHAM ASYLUM, Surrey.**—Medical Superintendent: not less than 30 nor more than 45 years of age. Salary, £300 per annum, rising to £350, with unfurnished house, coal, gas, etc. Applications on forms provided, to be sent to the offices of the Metropolitan Asylums Board, Victoria Embankment, E.C., by April 30th.
- CHORLEY: RAWCLIFFE HOSPITAL.**—House-Surgeon. Salary, £100 per annum, with board and lodging. Applications to the Hon. Secretary.
- CITY DISPENSARY, College Street, E.C.**—Physician; must be F. or M.R.C.P. Applications to the Secretary, 98, Cannon Street, E.C., by April 19th.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.**—(1) Pathologist. Salary, 100 guineas per annum. (2) Second House-Physician. Appointment for six months. Salary at the rate of £200 per annum, with board and residence. Applications to the Secretary by April 10th.
- FRENCH HOSPITAL AND DISPENSARY.**—Resident Medical Officer. Salary, £80 per annum, with full board. Applications to the Secretary, 172, Shaftesbury Avenue, W.C.
- GLASGOW UNIVERSITY.**—Two Additional Examiners for Degree in Medicine. Salary, £45 per annum. Applications to the Secretary of the University Court, 91, West Regent Street, Glasgow, by April 18th.
- GOVAN DISTRICT ASYLUM, Crookston, near Paisley, N.B.**—Senior Assistant Medical Officer. Salary to begin at £150 per annum, with rooms, board, laundry, and attendance. Applications to the Medical Superintendent by April 10th.
- GUILDFORD: ROYAL SURREY COUNTY HOSPITAL.**—Resident House-Surgeon. Salary, £80 per annum, with board, residence, and laundry. Applications to the Honorary Secretary by April 10th.
- HAMPSTEAD HOSPITAL, Parliament Hill, N.W.**—Resident Medical Officer. Appointment for six months, but eligible for re-election. Salary at the rate of £120 per annum, with rooms, coal, and gas. Applications to the Honorary Secretary by April 10th.
- INGHAM INFIRMARY AND SOUTH SHIELDS AND WESTOE DISPENSARY.**—Junior House-Surgeon. Salary, £75 per annum, with residence, board and washing. Applications to the Secretary by April 20th.
- LEICESTER: BOROUGH OP.**—Medical Officer of Health and Public Analyst. Total salary, £500 per annum. Applications, endorsed "Medical Officer of Health," to the Town Clerk by April 15th.
- LIVERPOOL HOSPITAL FOR CONSUMPTION.**—Resident Medical Officer for the new Sanatorium at Kingswood. Salary, £300 per annum, with board and apartments. Applications, endorsed "Sanatorium," to Mr. A. Shawfield, 77A, Lord Street, Liverpool.
- LONDON OPEN-AIR SANATORIUM, Pinewood, near Bracknell, Berkshire.**—Resident Physician; unmarried. Salary, £200 per annum, with furnished apartments, board, attendance, and washing. Applications to the Honorary Secretary, 30, Wimpole Street, W., by April 15th.
- MANCHESTER AND SALFORD HOSPITAL FOR SKIN DISEASES.**—Clinical Assistant in the Out-patient Department. Appointment for six months. Honorarium, £10. Applications to the Honorary Secretary, 19, Quay Street, Manchester.
- MANCHESTER ROYAL INFIRMARY.**—(1) Resident Surgical Officer; unmarried, and not less than 25 years of age. Salary, £150 per annum, with board and residence. (2) Assistant Director. Salary, £50 per annum. Applications to the Superintendent for (1) by April 13th, for (2) by April 30th.
- MANCHESTER SOUTHERN MATERNITY HOSPITAL.**—Resident House-Surgeon. Honorarium at the rate of £60 per annum, with board. Applications to Mr. G. W. Fox, 53, Princess Street, Manchester, by April 20th.
- METROPOLITAN ASYLUMS BOARD.**—Visiting Medical Attendant at Rochester House, Little Ealing. Salary, £100 per annum. Applications, on forms provided, to be sent to the Clerk of the Board, Embankment, E.C., by April 15th.
- METROPOLITAN HOSPITAL, Kingsland Road, N.E.**—Ophthalmic Surgeon; must be F.R.C.S. Eng. Applications to the Secretary by April 15th.
- MILLER HOSPITAL AND ROYAL KENT DISPENSARY, Greenwich Road, S.E.**—Junior Resident Medical Officer. Salary, £60 per annum, with board, attendance, and washing. Appointment for six months, with prospect of election as Senior. Applications to the Secretary by April 13th.
- NATIONAL DENTAL HOSPITAL, Great Portland Street, W.**—Anaesthetist. Applications to the Secretary by April 13th.
- NEWCASTLE-ON-TYNE DISPENSARY.**—Two Visiting Medical Assistants. Salary, £160 for first year, £180 afterwards. Applications, on forms provided, to the Honorary Secretary, 41, Mosley Street, Newcastle-on-Tyne, by April 20th.
- ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.**—House-Physician. Appointment for six months. Salary at the rate of £60 per annum, with furnished apartments, board, and washing. Applications to the Secretary by April 9th.
- ROYAL LONDON OPHTHALMIC HOSPITAL, City Road, E.C.**—Senior House-Surgeon. Salary, £75 per annum, with board, and residence. The Junior House-Surgeon is an applicant, and if appointed candidates must state whether they would accept the junior office. Applications to the Secretary by April 10th.
- SCARBOROUGH HOSPITAL AND DISPENSARY.**—House-Surgeon (to be Assistant for three months). Salary at the rate of £75, with residence, board, and washing; and, if approved, to be Senior for twelve months from August 1st. Salary, £80, with residence, board, and washing. Applications to the Honorary Secretary by April 9th.
- SEAMEN'S HOSPITAL SOCIETY (Dreadnought), Greenwich, S.E.**—House-Surgeon. Salary, £50 per annum, with board, residence, and washing. Applications to the Secretary by April 9th.
- STOCKPORT INFIRMARY.**—Junior Assistant House-Surgeon. Appointment for six months. Salary at the rate of £24 per annum, with board, washing, and attendance. Applications to the Secretary.
- TRURO: ROYAL CORNWALL INFIRMARY.**—House-Surgeon; unmarried. Salary, £85 for first year, increasing by £10 a year, with board and apartments. Applications to the Secretary by April 17th.

WEST LONDON HOSPITAL, Hammersmith Road, W.—Assistant Surgeon. Applications to the Secretary-Superintendent by April 24th.

WEST HAM HOSPITAL, Stratford, E.—Junior House-Surgeon. Salary, £75, with board, residence, etc. Appointment for one year, but eligible for election as Senior for a further year. Salary, £100. Applications marked "Junior House-Surgeon" to the Secretary.

MEDICAL APPOINTMENTS.

- BURGESS, Arthur H., M.B., Ch.B., M.Sc., F.R.C.S. Eng.,** appointed Visiting Surgeon to the Manchester Union Hospital, Crumpsall.
- GIMSON, K. C., M.B., B.C. Camb.,** appointed Medical Officer of the Bridge School at Witham.
- GRIFFITHS, A. D., M.D. Brux., M.R.C.S. Eng., L.R.C.P.,** appointed Medical Officer to the Cottage Homes of the Isle of Thanet Union.
- JOHNSON, O., M.R.C.S. Eng.,** appointed District Medical Officer of the Lincoln Union, vice T. W. A. Daman, M.B., C.M. Edin.
- LOYD, J. A., M.R.C.S., L.R.C.P. Lond.,** appointed Second Assistant Medical Officer to the Lewisham Union Infirmary, vice A. H. Carter, M.B. Lond., resigned.
- LORIMER, J. A., M.R.C.S., L.R.C.P. Lond.,** appointed District Medical Officer of the Farnham Union.
- MCCLIVY, Miss Elizabeth, M.B., Ch.B. Edin.,** appointed House-Surgeon and Dispenser to the Tiverton Infirmary.
- MCFARLAND, B. M.D., R.U.I.,** appointed District Medical Officer of the Lincoln Union, vice Daman, M.B., C.M. Edin., resigned.
- MENZIES, J., L.R.C.P. and S. Edin.,** appointed District Medical Officer of the Holbeach Union, vice R. Parkhurst, M.B., C.M. Edin., resigned.
- MONK, H. G. H., M.R.C.S. Eng.,** appointed Medical Officer of Health for Kimberley.
- O'REILLY, Vincent, M.B., B.Ch., R.U.I.,** appointed District Medical Officer of the Ormskirk Union.
- PRABSON, A.,** appointed District Medical Officer of the Gainsborough Union, vice A. J. Bowditch, M.R.C.S. Eng., resigned.
- PERDRAU, J. A., L.S.A.,** appointed Second Assistant Medical Officer to the Whitechapel Union Infirmary.
- PINEO, E. G. D., M.R.C.S. Eng., L.R.C.P. Lond.,** appointed Medical Officer for the Churchill District of the Abxbridge Union, vice Dr. Box, resigned.
- RHYS, Owen L., M.B., Ch.B. Edin.,** appointed Resident Medical Officer to the Cardiff Infirmary.
- SASS, Wilfrid, M.R.C.S., L.R.C.P.,** appointed Junior House-Surgeon to the Great North-Western General Hospital.
- SHELDON, A. W. S., L.S.A.,** appointed Assistant Medical Officer of the Nottingham Workhouse, vice T. H. O'Shaughnessy, M.D., R.U.I., resigned.
- SKELDING, Henry, M.B., B.C. Cantab., M.R.C.S.,** appointed Honorary Surgeon to the County Hospital, Bedford.
- STEVENSON, W. B., M.R.C.S. Eng.,** appointed Medical Officer for the Aston Clinton District of the Aylesbury Union, vice V. Burrow, M.D. Durh.
- THOMPSON, Walter, F.R.C.S. Eng., L.R.C.P. Lond.,** appointed Honorary Surgeon to the Leeds Public Dispensary, vice E. B. Holwell, L.R.C.P. Edin., M.R.C.S. Eng.
- WATERHOUSE, Rupert, M.B. Lond., M.R.C.S., L.R.C.P.,** appointed House-Physician to the Bath Royal Union Hospital.
- YEOMAN, J. B., M.D. Edin.,** appointed Certifying Factory Surgeon for the Neston District of Cheshire.

DIARY FOR NEXT WEEK.

TUESDAY.

Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C. 4 P.M.—Dr. Harry Campbell: Consultation (Medical).

WEDNESDAY.

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

THURSDAY.

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

FRIDAY.

Clinical Society of London, 20, Hanover Square, W., 8.30 P.M.—Dr. J. H. Bryant: A Case of Volvulus of the Ileum, with Severe Intestinal Hemorrhage. Mr. F. J. Stewart: A Case of Uteral Calculus simulating Vesical Calculus. Dr. W. H. B. Brook: An Attempt at the Antenatal Treatment of Hemophilia. Dr. St. Clair Thomson: Poisoning from the External Use of Aniline Oil.

West London Medico-Chirurgical Society, West London Hospital, Hammersmith Road, W., 8.30 P.M.—Papers:

Mr. W. H. Jessop: One Hundred Consecutive Cases of Simple Extraction of Cataract. Dr. Arthur Whitfield: A Case of Peculiar Intolerance of the External Application of Mercury.

West Kent Medico-Chirurgical Society, Royal Kent Dispensary, Greenwich Road, 8.45 P.M.—Dr. Seymour Taylor will introduce a discussion on Typhoid Fever.

Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C. 4 P.M.—Dr. Dundas Grant: Consultation (Ear).

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.

BIRTH.

LOGAN.—On Wednesday, March 27th, at Ashby-de-la-Zouch, the wife of Roderic Logan M.R.C.S., of a son.

MARRIAGES.

ABBOTT-L'ESTRANGE.—On the 26th of March, at St. Gabriel's Church, Warwick Square, S.W., by the Rev. C. E. L. Beresford Knox, assisted by the Rev. Canon Morris, Vicar of the parish, Francis Charles Abbott, M.S. Lond., F.R.C.S., son of the late Rev. Arthur Robert Abbott, to Pauline, third daughter of the late Lieutenant-Colonel Harry Peisley L'Estrange, of Moystown, King's County.

MCCANDLISH-STOTT.—Thursday, 28th March, 1901, at 8 Aldous Church, Leeds, John Gordon McCandlish, L.R.C.P., L.F.P.S., son of John McCandlish, Esq., Leeds, to Minnie Victoria Stott, daughter of S. J. Stott, Esq., Leeds.

SIMPSON-VOTHONT.—On March 26th at St. Luke's, West Norwood, by the Rev. H. Stansfield Prior, Henry Simpson, B.A., M.B., B.C. Cantab., M.R.C.S., L.R.C.P., The Church House, Brencley, Kent, to Alice Norton-Wight, of West Norwood, daughter of the late Henry Vothont, of Rochester, U.S.A.