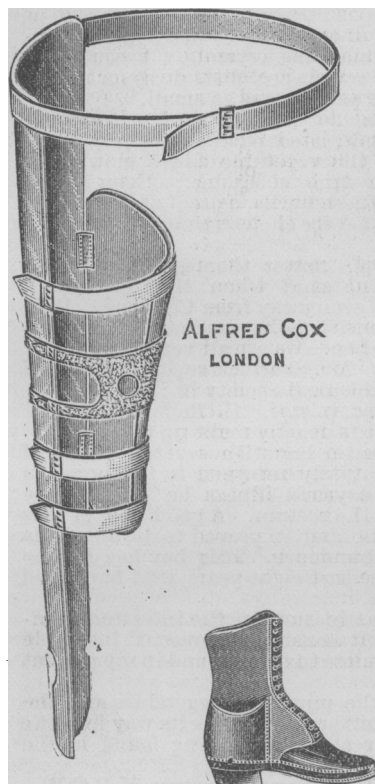


The splints are kept in their place by webbing straps and bandages and by the pocket on the boot, while correction of the deformity is effected by tightening the knee cap and thus pulling the knee outwards.



The pocket on the boot fulfils an important office in the ambulatory treatment. It is formed by a piece of leather sewn on to the outer side of the upper of the boot, and receives and protects the lower end of the long splint, and prevents its displacement forwards, which is very likely to occur without this protection, and then renders the appliance useless.

Children speedily become used to the splints and run about actively with stiff knees, and if the woodwork and straps are made of a dark hue they are not conspicuously unsightly. If it is desired, as usual, to maintain correction at night the same splints are applied, of course, without the boot. By these means the same results can be attained as by the use of "irons" and splints combined; with considerable saving of cost and weight.

I do not claim that there is anything novel in this method except perhaps the boot pocket;

but, having used it for some years and proved its usefulness, I find from inquiries that have been made of me that it is not widely known as regards important details, and I hope that its publication in the BRITISH MEDICAL JOURNAL may be of use to practitioners.

## A POLYPOID EXCRESCENCE OF THE TONSIL.

By EUGENE S. YONGE, M.D.,

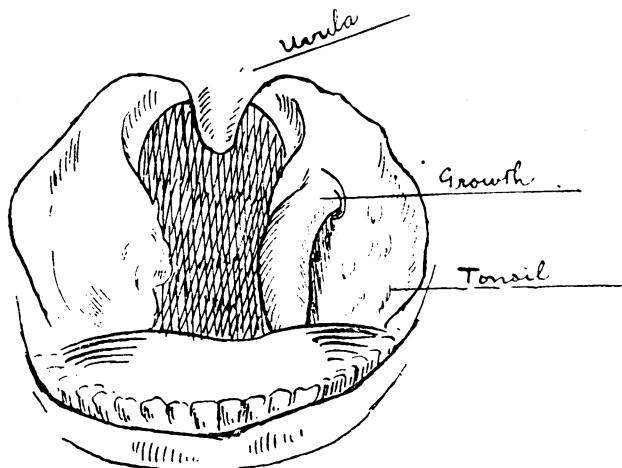
Honorary Assistant Physician, Manchester Hospital for Consumption and Diseases of the Throat.

THE rare occurrence of polypoid outgrowths bearing the characters described below, and springing from the tonsil, and the liability of such excrescences to be mistaken clinically for benign neoplasms of that gland, led me to think that the record of an example may possibly prove of some interest.

The patient was a girl, aged 18, who came under my care, at the Manchester Hospital for Consumption and Diseases of the Throat, complaining of recurrent attacks of sore throat. Both tonsils were found to be moderately hypertrophied, and to the upper and anterior surface of the left tonsil a smooth, pinkish, elongated, mobile structure was seen to be attached (see drawing). It lay close to the tonsil, and its tip was hidden by the upper surface of the tongue. The outgrowth, together with a portion of the tonsil, was removed by the guillotine.

On microscopic examination the structure was found to be covered by epithelium, which was squamous on the surface and cylindrical in its deeper layers, and which consequently was similar to the epithelium covering the tonsil. The main portion of the growth was composed of lymphoid tissue, arranged practically as in the tonsil, but in addition there were a large number of dilated lymph vessels.

The pathogenesis of the condition appears to have been that a portion of the follicular tissue of the tonsil developed a precociousness, in the direction of overgrowth, which was not shared by the remainder of the gland, although the whole



Annie Lord Eale

Polypoid growth of tonsil.

organ was in process of hypertrophy. The extruded portion, being helped in its exodus by the action of the faucial muscles, finally assumed a pedunculated form, and owing to the constriction at its base the lymph vessels became much dilated—to such an extent indeed that the condition might be designated a lymph-angioma of the tonsil.

I am much indebted to Professor Delépine, of Owens College, Victoria University, for his kindness in examining the outgrowth and for giving me his opinion as to its nature.

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

### THE TREATMENT OF DYSENTERY.

IN view of the varying methods of treatment of dysentery proposed during the recent correspondence on this subject, may I be allowed to refer to or revive one or two expedients—which have been found valuable by myself at least—in the amœbic variety of the disease?

I am unaware if local treatment is in any degree largely resorted to, but while doubtless some of the newer astringents might be adopted with an equal advantage, douches every four hours of a solution of tannic acid 3ss to a pint of warm water have been found of great use in rapidly diminishing the number of the evacuations and speedily mitigating the distressing tenesmus. Hot hip baths have value in relieving the hypogastric discomfort and local smarting. They may be resorted to before the douche is practised. The ordinary indiarubber syringe can be used where a douche or enteroclysm is unavailable. This, with perhaps a little opium by the mouth, rest in bed, and a strictly milky diet should comprise a routine which, in the lighter forms of the malady, affords prompt and permanent relief.

Sorrento, Italy.

H. B. TREHANE SYMONS.

### WOUND PRODUCED BY EXPLOSION OF A "SPARKLET."

THE following case illustrates the great explosive properties of the soda-water sparklet so much used in South Africa. During Lord Roberts's march through the Ventersburg district of the Orange River Colony, a Boer girl, aged 12, found what she took to be a cartridge, but which was in reality an ordinary sparklet, and in trying to open it with a sharp nail

it exploded in her left hand, blowing off the terminal and second phalanges of the ring finger and the terminal phalanx of the middle finger; at the same time severely wounding the palm and little finger. One of the medical officers attached to Lord Roberts's ambulances saw the child, trimmed the fingers, and dressed the wound in the palm. The hand healed readily. Five months after the accident, while visiting one of our outposts, I was asked to see the child. She complained of pain and of a small hard swelling in the palm. After examining the palm I told the parents that something, presumably a portion of the cartridge, was imbedded in it. At their request I operated under chloroform, and removed a piece of curved metal  $\frac{1}{2}$  by  $\frac{3}{4}$  inch, somewhat resembling a portion of the nickel casing of a Mauser bullet. The problem then was how could the nickel casing of a bullet become detached during the explosion of a cartridge in a child's hand? The child was most emphatic that she had only been tampering with an empty cartridge case. On discussing the subject with a number of officers, we readily agreed that the piece of metal removed from the hand was a portion of a sparklet. The child had obviously mistaken the latter for a bullet; but she still stuck to her opinion even when shown a sparklet. The soda-water sparklet of commerce contains carbon dioxide in a liquid form which, when highly heated, will explode with a loud report. Pricking the sparklet seems an insufficient cause to make it explode, excessive heat being necessary for this. The child does not remember if it was a particularly hot day when she met with her accident.

E. ARCHER-BROWN, M.B. Edin.,  
Orange River Colony. Civilian Surgeon attached to H.M. Forces.

#### INTESTINAL SAND.

I HAVE read the report of Sir Dyce Duckworth and Dr. Garrod's paper in the BRITISH MEDICAL JOURNAL of March 2nd and the memoranda of Dr. Mahomed and of Dr. Oswald Baker in the issue of March 23rd with interest. As further evidence in support of the exhortation of Sir Dyce Duckworth to a routine examination of the stools, I would record that I have met with two cases of this nature, but both differed from those recorded in being accompanied by constipation.

My first case was a female, aged 36, medium height, of gouty tendency, and for many years anæmic. At intervals of two to three months during two and a-half years previously to 1895 there was passed by the bowel on an average nearly a teaspoonful of reddish-brown river-sand-like substance gritty to touch. For one day and often two days previous to the discharge "a dull slow pain" across the abdomen was present. Twice during August, 1895, instead of the reddish sand, a tablespoonful of a black deposit, almost identical in appearance with very fine coal dust, was passed. This case culminated in October, 1895, in the passage of myriads of faceted hard stones the size of millet seeds, and in November of large gall stones. Since that year there has been an absence of pain, and the patient has not observed any sand.

My other case, also a female, aged 70, and gouty, had for thirty years every year severe abdominal pains accompanied with constipation, lasting for three or four months. Happening to visit her one day in her period of pain, just after her bowels had moved, I examined the stool and found a good sample of the reddish-brown sand.

The only examination I made of the sand in my first case was microscopically, but its appearance did not fit in with any given pictures of uric acid crystals, and I was never satisfied as to its nature, so that Dr. Garrod's analysis of what I believe to be the same kind of sand as I have mentioned is interesting. Dr. Garrod says calcium phosphate was the chief mineral present. I remember in my first case phosphates were very abundant in the urine. No doubt this discharge of sand from the bowel is more frequent in people than we have hitherto realised.

Dailly, N.B.

A. C. BARRON.

I HAVE recently had specimens of intestinal sand sent to me by a patient living abroad who was supposed to be passing sand from the gall bladder, and who had been through a course at Carlsbad for gall-stone colic.

To the naked eye the sand looked very like uric acid gravel (cayenne pepper type), with occasional small pieces suggestive of mica, granite, or quartz. These last transparent-looking bodies were proved to be free from any cholesterine, and there was absolutely no cholesterine in any of the specimens.

Under the microscope one of the samples was found to consist chiefly of some insoluble lime crystals. I could not determine the exact salt nor could specialists do so for me, as the quantity supplied by the patient was so small.

Another specimen was chiefly made up of microscopic masses of faecal-stained, undigested particles of vegetable matter. Under nitric acid the vegetable fibres slowly unravelled and betrayed their true character. Even strong nitric acid failed to destroy these fibrils, a proof of their indigestibility. Two experts tested for cholesterine with negative results.

I fancy a good many people flatter themselves they are passing gall and cholesterine sand when they are going through special courses at or even away from Carlsbad. It is only when search for gall stones is being made that the stools get carefully examined, and hence we are all very ignorant of the normal residue of faeces. Mr. Shattuck reported a case of intestinal sand at the Pathological Society in 1897 (BRITISH MEDICAL JOURNAL, vol. 1, 1897, p. 717). He finds undigested vegetable matter and lime salts usually make up this sand.

Some years ago I attended a boy with several attacks of mild appendicitis. He eventually returned to his home in the Canary Islands. After a year's illness he passed very large quantities of sand by the rectum. A good deal of this was sent to me for analysis, and it proved to be ammonia magnesium phosphates in abundance. This boy has had no abdominal trouble during the past eight years, for I happened to see him not long since.

In making microscopic examinations of the intestinal contents of certain fish, I find constantly present insoluble crystals of lime salts very similar to those found in my patient from Carlsbad.

One has only to think of the unwashed vegetables and the numerous ways much insoluble matter finds its way into the stomach to cease to wonder at "sand" being found in the faeces.

Courtfield Road, S.W.

J. KINGSTON BARTON, M.R.C.P.

#### BILHARZIA HÆMATOBIA IN CAPE COLONY.

IN the BRITISH MEDICAL JOURNAL for January 26th, 1901, you publish a report by Dr. Lillie of a case of bilharzia hæmatobia which he met with in the Orange River Colony, South Africa. He further states that in the Cape Colony and the Orange River Colony the disease is apparently unknown.

I wish to mention that in this he is in error, as the disease is frequently met with in the Eastern District of the Cape Colony, and Dr. Lillie will find a full account of the disease in a paper by Dr. Chute, of King William's Town, in the *South African Medical Journal* for 1885, and also in the same journal a paper on the subject by Dr. Spencer, formerly of this town.

The disease is not by any means uncommon in this part of the colony, and is very unamenable to treatment, lasting for a number of years—and reducing the patient to a state resembling pernicious anæmia. I have met with cases in which suppuration in the kidney, chronic cystitis, and stone in the bladder were apparently caused by the presence of the parasite.

The treatment I have found most useful is a mixture of quinine, arsenic, and buchu.

CHARLES J. EGAN, A.B., M.R.C.S.E., L.R.C.P.I., etc.  
King William's Town, South Africa.

#### PULMONARY ABSCESS FROM AN IMPACTED TACK: DRAINAGE: RECOVERY.

ON August 5th, 1900, I found W. C., aged 5 years, living in Rufane Vale, suffering from left basal lobar pneumonia. No true crisis occurred. On August 14th, the twelfth day of her illness, from signs and symptoms, I suspected empyema, and had her removed to the provincial hospital.

On August 15th a needle inserted found pus. Dr. Raeburn administered chloroform, and assisted by Dr. R. M. Leith I resected a rib and opened the pleura. No empyema or adhesion was found. A needle passed into the lung drew off

pus. The visceral and parietal pleuræ were sutured together a free opening made into the lung, and a drainage tube inserted. A large amount of fetid pus escaped. The temperature fell promptly.

On October 6th, the temperature rising, drainage being imperfect, more rib was excised and the cavity explored by the finger.

Intermittent coughing continued, and on October 22nd the patient went home, the sinus discharging, slight coughing continuing. On December 22nd the child had wasted considerably, still coughing. On December 27th she complained of pain and a feeling of constriction in the throat. On December 29th she coughed up an eroded tack about one-third of an inch long. The coughing then ceased, and the wound and sinus were soundly closed and healed in the middle of January, 1901, five months after the first operation. To-day the child is fat, rosy, and healthy.

The father of the child tells me that the tack was swallowed in April, 1899, two years ago, causing a violent attack of choking and coughing. From that day to December 29th, 1900, never a day passed without one or more attacks of coughing varying in severity.

G. PORTER MATHEW, M.D. Cantab.

Port Elizabeth, Cape Colony.

#### A "SIGN" OF MUMPS.

OUTBREAKS of true mumps are rare. It is not at all such a common disease as either measles or scarlet fever, and it is much more frequently a doubtful disease. We have recently had an outbreak of true endemic parotitis in this district, in which the disease was typical. Not only the parotid but the submaxillary glands were always affected, and in many cases the sublingual. In one case metastasis to the testicle occurred.

The point I wish to put is, that generally the opening of Stenson's duct on the inner surface of the cheek outside the second upper molar is hard to discover in children; in most of these cases of mumps it was a bright red papilla, and lasted as such for a week or more. Salivation likewise occurred in many cases. I could not discover any similar papillary enlargement of Wharton's duct, the common opening of the submaxillary and sublingual glands.

I have looked up books within my reach, and find no mention of this point in any.

Enfield. FRED. TRESILIAN, M.D., M.R.C.P. Edin.

## REPORTS

ON

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

HOLBERTON HOSPITAL, ANTIGUA, W.I.

IMPERFORATE HYMEN: RETAINED MENSES (HÆMATOKOLPOS).

(Reported by W. McDONALD, M.R.C.S., L.R.C.P.)

M. H., negress, aged 17, on August 8th, 1900, came into hospital, as she had "never seen anything, and for swelling in abdomen and abdominal pains."

*History of Case.*—She was seen by Dr. Mackie of St. John's, Antigua, about thirteen months previously for the same conditions. There was a history of feeling unwell, and of having monthly pains. On vaginal examination Dr. Mackie found that the hymen was imperforate. The patient refused to have anything done, and nothing more was heard of her for thirteen months, when she returned to Dr. Mackie, who sent her on to the Holberton Hospital, Antigua.

*Condition on Admission.*—The patient was a negress, fairly well developed and nourished, and had no trouble with micturition. A large oval swelling was visible in the right hypogastric and umbilical regions, rising as high as the umbilicus, and extending entirely to the right of the middle line. It was firm, elastic, regular, and movable. There was no tenderness. It was dull on percussion. The urine was drawn off by catheter, but this did not alter the swelling.

The hymen was imperforate, tough, thick, and bulging, and had two small ulcers on its surface. There was distinct fluctuation between the abdominal swelling and the hymen. On pressing the abdominal swelling there was marked bulging of the hymen and perineum. No rectal examination was made.

*Operation.*—On August 9th the pubes were shaved, and the vulva, hymen, thighs and pubes thoroughly cleaned and washed with biniodide lotion 1 in 5,000. This was repeated next day and again on the third day. On August 11th the patient was put under chloroform. I was assisted by Dr. W. H. Edwards, of Port Elizabeth, and by Dr. Mackie, of St. John's. An incision was made through the centre of the hymen, when characteristic thick, dark chocolate-looking material, which was quite colourless, escaped. The hymen was very tough, and about  $\frac{1}{2}$  inch thick. A piece about the size of a threepenny-bit was removed. The thick fluid escaped very freely, and the abdominal swelling gradually diminished, steady pressure being kept up abdominally until the swelling could just be felt in the middle line above the pubes. On vaginal examination the vagina, cervix, and uterus appeared to form one continuous cavity, but high up as far as the finger could reach a ridge could be felt, marking perhaps the external os. The retained menses measured 3xxvi; one long dark stringy clot was passed. The vagina and uterus were very gently washed out with biniodide lotion 1 in 10,000, and all clots and fluid removed; then both vagina and uterus were gently packed with cyanide gauze wrung out in hot water; the vulva was dressed with cyanide gauze and wool.

*After-History.*—On August 12th the temperature was normal. There was no pain or tenderness over the uterus, which could be felt halfway between the umbilicus and the pubes in the middle line. The packing with gauze enlarged the uterus, showing that it must have been very lax and toneless, as the packing was very light. All the packing was removed this day, and not replaced; it was dark stained. No more fluid escaped. The vagina and uterus were gently washed out with biniodide lotion, 1 in 10,000. The urine was drawn off with a boiled silver catheter every six hours, and all the parts thoroughly cleaned with biniodide lotion, 1 in 5,000, and the dressing changed. August 13th the temperature was normal. There was no pain or tenderness, and the uterus was much smaller. The patient was kept strictly on her back. On August 14th the temperature was normal. The washing out with biniodide lotion was stopped. The uterus could be felt only just above the pubes, hard and firm. The patient made an uninterrupted recovery, and began menstruating about two months after the operation, when the os was normal except for being patulous.

*Comments.*—This case is interesting for the following reasons: (a) The rarity of this class of case; (b) the long history—the condition was diagnosed thirteen months before operation, and at that time there was a definite abdominal tumour; (c) absence of any constitutional symptoms during the above period; (d) success of the operation of complete evacuation of the retained menses, and the advantage of strict asepsis.

## REPORTS OF SOCIETIES.

### ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF PATHOLOGY.

Professor A. C. O'SULLIVAN, M.D., C.B., President, in the Chair.

Friday, January 11th, 1901.

PSAMMOMA OF THE OPTIC NERVE.

MR. SWANZY and Dr. EARL presented this communication. Mr. Swanzy had removed a tumour of the optic nerve, leaving the eyeball intact in the orbit, by Knapp's method. The tumour measured  $1\frac{1}{2}$  inch long by  $\frac{3}{4}$  inch wide. It filled the orbit, and had caused very marked proptosis of the eyeball. The eye was blind from optic atrophy. The microscopic examination by Dr. Earl showed the following structure of the tumour:

The cellular elements of the tumour are principally small, round mononuclear cells. There is very little fibrous connective tissue present. The fibres of the optic nerve can be traced through and over the surface

W. ATKINS, R. W. COLLUM, W. TARR, W. H. ROWELL, H. D. W. MCKENZIE, W. A. HARLAND, W. ASHFORD, H. E. PACE, A. BALFOUR, H. R. RAMSDEN, T. STEVENSON, T. C. LETTER JONES, T. H. MOYLES, A. TRETHEWY HAYDEN BROWN, T. A. HAWKSWORTH, W. A. HUBERT, J. W. E. COLE, R. C. DUNN, H. C. BRAWN, G. A. WRAITH, C. CAMPBELL JENKINS, J. T. S. ALEXANDER. Returning invalided.—Majors PATTERSON, G. COUTTS, T. B. A. TUCKER, and H. J. R. MOBERLY, Lieutenant McDONNELL, Civil Surgeon SKEVINGTON.

The date of the grant of local rank in South Africa to Colonel R. EXHAM is September 16th, 1899, and not as stated in the *Gazette* of November 17th, 1899.

Civil Surgeon JAMES H. R. WINDER, M.D., serving in South Africa, is appointed Lieutenant, February 27th.

Captains G. A. MARSHALL and J. MARSHALL, and Lieutenant A. HORSFALL, of the New South Wales Medical Staff Corps, and Civil Surgeon A. WATSON have left Capetown for Australia.

Inspector-General RICHARD MARTIN DANE died on March 28th, at Southampton, aged 88. He entered the service as Assistant-Surgeon July 17th, 1835, became Surgeon July 21st, 1846; Surgeon-Major, May 25th, 1855, and Inspector-General March 4th, 1868. He retired on half-pay July 24th, 1872. He served in the Punjab campaign of 1848-49 (medal with clasp) and as Principal Medical Officer of the Expeditionary Force in China in 1858, for which he was mentioned in despatches, and received a medal. On retirement he received the Companionship of the Bath and a special pension for distinguished service.

#### ARMY MEDICAL RESERVE.

SURGEON-CAPTAIN R. S. SMITH to be Surgeon-Major, April 10th.

#### INDIAN MEDICAL SERVICE.

SURGEON-GENERAL R. HARVEY, M.D., C.B., D.S.O., Bengal Establishment, Director-General Indian Medical Service, and Sanitary Commissioner with the Government of India, is granted leave out of India for eight months, combined with privilege leave for one month and 21 days, from March 15th.

Surgeon-General L. D. SPENCER, M.D., C.B., Bengal Establishment, Principal Medical Officer Punjab Command, is appointed to officiate as Director-General Indian Medical Service, and Sanitary Commissioner with the Government of India.

Two of the medical officers of the old East India Company have just died in Scotland.—Dr. A. FLEMING and Dr. C. DOUGLAS. Dr. A. Fleming was 79 years of age. He retired from the Indian army as a Deputy Surgeon-General in April, 1874. Dr. C. Douglas died on the same day at Woodside, Kelso, also at an advanced age, having retired from the medical service of the Hon. East India Company as a Staff-Surgeon in May, 1854.

#### THE VOLUNTEERS.

MR. MURRAY B. STEUART, M.B., is appointed Surgeon-Lieutenant in the Royal 1st Devon Yeomanry, April 3rd.

Surgeon-Major W. K. BULLMOORE, M.D., 1st Cornwall Artillery (Duke of Cornwall's) (Western Division Royal Garrison Artillery), retires, retaining his rank and uniform, April 3rd.

The undermentioned gentlemen are appointed Surgeon-Lieutenants in the corps respectively cited, dated April 3rd: PERCY J. S. BIRD, M.D., 1st West Riding of Yorkshire Artillery (Western Division Royal Garrison Artillery); ALEXANDER WAUGH, M.B., 3rd Volunteer Battalion the Duke of Wellington's (West Riding Regiment); GEORGE W. COATS, M.B., 2nd (Renfrewshire) Volunteer Battalion the Princess Louise's (Argyll and Sutherland Highlanders).

The promotion of Surgeon-Major E. L. FREER to be Surgeon-Lieutenant-Colonel (supernumerary), announced in the *London Gazette* of June 26th, 1900, bears date December 24th, 1899, and not as therein stated.

Surgeon-Lieutenant D. SMART, M.B., and Volunteer Battalion the King's (Liverpool Regiment), is promoted to be Surgeon-Captain, April 3rd.

Surgeon-Captain G. BELL TODD, M.B., 5th (Glasgow Highland) Volunteer Battalion the Highland Light Infantry, is promoted to be Surgeon-Major, April 3rd.

Brigade-Surgeon-Lieutenant-Colonel P. F. ROBERTSON, M.D., 1st Dumbartonshire Rifles, resigns his commission, retaining his rank and uniform, vacating at the same time his appointment of Senior Medical Officer to the Clyde Volunteer Infantry Brigade, April 3rd.

#### GENERAL HOSPITALS.

IN a lecture delivered recently by Surgeon-General Evatt, Principal Medical Officer of the district, on the duties of the Royal Army Medical Corps in time of war, he pointed out that it was strange that when the unification of the Army Medical Service took place the department was never carried out to the logical basis of placing the equipment for bearer companies, field hospitals, and field general hospitals in possession of the department. These articles were held by the Ordnance Department, and the personnel of the several bearer companies and field hospitals had to be collected from Penzance to the extremity of North Britain and from Bantry Bay to Donegal, the result being that there was no cohesion. Not only so, but the sick attendants were so few that, whereas in a civil hospital there was one sick attendant to three and a half patients, in an army hospital in the field there was only one sick attendant to seven and a half wounded or enteric patients. Result, deaths ensued that could be prevented. To remedy this state of things was the object of his lecture. But he emphasised that, above all, in an army preventive measures were the chief work of the army doctor, as an ounce of prevention was worth a ton of cure. Moreover it was efficient that generals commanding wanted, not sick, hence the necessity for the greatest attention being paid to the hygiene of the army, and the absolute necessity for increasing the personnel of the general hospital of to-day from 122 to 384 non-commissioned officers and men.

#### VITAL STATISTICS OF THE FRENCH ARMY.

THE medical statistics of the French Army for the year 1898 (*Statistique Médicale de l'Armée pendant l'Année 1898*. Paris: Imprimerie Nationale, 1900) have been published in one large volume with short

annexes, forming together nearly 500 closely printed pages of letterpress and tables. The care and accuracy displayed in these French statistics are beyond praise, but we doubt if they are more interesting or instructive than our own simpler reports. The volume is divided into two parts: first, the numbers sick and causes of sickness; secondly, statistical tables on almost every conceivable point on the health of the army in corps and garrisons. The total number of men dealt with was 610,722, of whom two-fifths were very young, or under a year's service. The vital statistics of each Corps d'Armée in France is displayed and illustrated by charts and shaded maps, which show at once the amount of sickness in the different provinces, as well as the incidence of the chief epidemic or zymotic diseases, extending over at least quinquennial periods. Thus, although the incidence of typhoid fever is very irregular, comparing one year with another, yet it is broadly more prevalent in the northern and south-eastern provinces. Influenza was more common in the Atlantic or western, than in the eastern or Mediterranean, provinces; scarlatina and lung affections generally in the north-eastern provinces; venereal diseases in the extreme north. Of the Corps d'Armée, the 1st in Lille, and the 2nd in Amiens, have the healthiest record, while the 3rd adjoining them in Rouen has, curiously, an inferior record.

The general death-rate in 1898 was 4.98 per 1,000 cases, but in Tunis and Algeria it went up to 9.03. Typhoid fever was by far the most fatal disease, accounting for 25 per cent. of the total deaths; after it came in order tubercle, pneumonia, suicides, accidents; 677,535 men were vaccinated or revaccinated; there were only 22 cases of small-pox and 1 death. This was very different from 1877, which gave 1,042 cases and 92 deaths from that disease.

The statistics in Part II, if very complete and admirable for reference, are somewhat too elaborate, and overlap each other at many points.

#### MEDAL AND CLASPS FOR THE SOUTH AFRICAN WAR.

AN Army Order has been issued awarding the medal and clasps for the South African war still being waged. The clasps number twenty-four, and are as follow: "Belmont," "Modder River," "Paardeberg," "Driefontein," "Wepener," "Johannesburg," "Diamond Hill," "Belfast," "Wittebergen," "Defence of Kimberley," "Relief of Kimberley," "Defence of Mafeking," "Relief of Mafeking," "Cape Colony," "Orange Free State," "Transvaal," "Rhodesia," "Talaana," "Elandslaagte," "Defence of Ladysmith," "Tugela Heights," "Relief of Ladysmith," "Laing's Nek," and "Natal." No individual can have both the defence and relief clasps for either Kimberley, Mafeking, or Ladysmith.

#### CIVIL SALARIED OFFICERS OF NAVAL ESTABLISHMENTS AND NAVAL HOSPITALS.

A PARAGRAPH appeared recently in a contemporary to the effect that the Admiralty had recently decided that in future civil salaried officers of dockyards and other Admiralty establishments are not as a rule to be admitted to the Royal Naval Hospital. We are however informed that there must have been some misunderstanding on this matter. Civil salaried officers of naval establishments have still all the privileges they have previously enjoyed.

#### MILITARY TITLES.

SURGEON-MAJOR RETIRED PAY writes: I am surprised more comment has not arisen on Mr. Brodric's statement to the effect that "the new titles have not had the best results." Are these titles thereby imperilled? Is this a recrudescence of hostility to them on the part of regimental officers? or, did Mr. Brodric mean that the titles had not attracted a sufficient number of candidates? His sneering allusion to the medical title of "Admiral" hardly indicated that. If there is any retrograde movement with regard to the military status or titles of medical officers, the disorganisation and collapse of the Medical Service will soon be complete.

#### VOLUNTEER MEDICAL ASSOCIATION'S CHALLENGE SHIELD.

SURGEON-MAJOR JOHN J. DE ZOUHE MARSHALL, A.M.R., 3rd Volunteer Battalion East Surrey Regiment, Honorary Secretary (Shortwood, Teddington, S.W.), writes: I shall be glad to forward particulars of this year's competition for our challenge shield to any Volunteer medical officers who have not already received our circular. We have this year distributed the latter through officers commanding regimental districts or brigades (for yeomanry and infantry), and for other branches through officers commanding units.

## UNIVERSITIES AND COLLEGES.

#### UNIVERSITY OF CAMBRIDGE.

*Examinations for Medical and Surgical Degrees.*—Parts I and II of the Third Examination for the degrees of M.B. and B.C. will commence on Tuesday, April 23rd. The examination for the degree of M.C. will commence on Thursday, April 25th. The names of candidates must be sent to the Registry on or before Saturday, April 13th.

#### UNIVERSITY OF EDINBURGH.

*FIRST PROFESSIONAL EXAMINATION.*—The following candidates have passed this examination in the subjects undernoted:

*Botany.*—J. B. Alison, W. F. Archibald, G. Banks, Elizabeth H. Brook, A. G. Cook, D. C. Crole, J. Dundas, S. C. Fernando, O. M. Gericke, G. H. R. Gibson, O. C. Greenidge, T. A. Gregg, J. T. Gunn, J. F. James, A. A. Jardine, Olive T. Leonard, A. B. Macbeth, C. I. McFarlane, J. B. Mackenzie, H. G. Marshall, W. Martin, C. E. S. Mitchell, G. O. Norrie, W. J. Patterson, J. R. Robertson, A. Ross, D. M. Smith, A. A. Spence, A. N. J. Vizarat, R. W. L. Wallace, J. A. von W. Wiehe, R. M. Wishart.

*Physics.*—J. C. D. Allan, W. H. Armistead, R. G. A. Bagnall, F. Baillie, C. F. Bainbridge, G. S. Banks, D. M. Barker, G. G. Bartholomew, M. M. S. Beg, J. F. Berry, D. P. Blair, A. Brown, H. Brown, J. W.

Cairns, N. S. Carmichael, J. Chisholm, H. P. Cook, I. H. Cornelius, F. W. Oragg, F. S. Cumming, Irene B. Cunningham, A. B. Darling, Davidina R. Davidson, T. Davidson, M.A., J. T. Dickson, N. C. Dutt, C. E. Elliston, H. F. Fenton, F. E. Field, N. J. Finnigan, G. H. L. Fitzwilliams, R. S. Frew, W. G. Frohlich, L. P. M. Gardner, Jessie H. Gellatly, G. H. R. Gibson, J. Gilmour, J. M. Grant, T. Grant, D. G. Gray, O. C. Greenidge, J. Grieve, J. C. Grieve, J. Grimoldby, H. F. G. Hall, A. J. Harpur, Ada A. Hatchard, W. Henderson, W. M. Hewetson, H. S. A. Hogg, Jane S. Hogg, J. R. Holgate, J. C. Holm, F. O. Inglis, J. Ings, J. F. James, A. A. Jardine, J. M. C. Johnston, J. T. G. Jones, J. R. Kerr, Ethel Landon, Olive T. Leonard, J. Lindsay, J. A. Loughridge, F. J. Luck, A. D. M'Callum, C. I. M'Farlane, W. O. S. M'Gowan, J. D. M'Kelvie, D. F. Mackenzie, K. W. Mackenzie, Helen M. M'Millan, S. Macnaughton, D. L. M'Sweeney, A. S. Mactavish, N. N. G. C. M'Vean, W. Magill, W. J. Maloney, S. E. Martin, A. Mathieson, C. E. F. von Mengershausen, Ada E. Miller, V. Moralejo, H. B. Morris, H. L. Morrow, R. E. Moyes, E. B. Munro, R. E. U. Newman, R. H. Nolan, A. J. R. O'Brien, G. Ormrod, Agnes E. Porter, K. A. O. Quainoo, Mabel L. Ramsay, H. E. Rawlence, G. Y. Richardson, T. E. Roberts, J. R. Robertson, W. K. Sanderson, W. M. Scott, Alice C. Sharp, A. Simpson, E. S. Simpson, H. Smith, V. T. Smith, R. A. Spence, H. Stokes, S. H. S. Taylor, Nettie B. Turnbull, R. C. Walker, H. C. Weber, W. O. Welby, F. P. Wernicke, J. A. von W. Wiehe, Elsie B. Wilkie, R. Wilkins, Marian E. Wilson, J. Young.

**Chemistry.**—F. Atken, J. C. D. Allan, A. C. Alport, W. Anderson, G. S. Banks, D. M. Barker, W. J. E. Bell, A. M. Black, N. Black, R. Bladworth, D. B. Blair, G. Blair, H. Brown, T. Campbell, H. M. Cargin, N. S. Carmichael, J. Chisholm, Marjorie Duake-Cohen, I. H. Cornelius, F. W. Cragg, J. G. Craig, D. C. Crole, J. A. Cruikshank, Irene B. Cunningham, Davidina R. Davidson, L. F. Dawson, E. G. Deverell, J. M. Dickson, J. T. Dickson, G. T. Drummond, H. A. Edwards, C. E. Elliston, S. C. Fernando, F. E. Field, M. J. Finnigan, R. S. Frew, W. G. Frohlich, L. P. M. Gardner, Jessie H. Gellatly, J. M. Grant, D. G. Gray, O. C. Greenidge, T. A. Gregg, J. Grimoldby, G. Hadden, J. D. Harmer, A. J. Harpur, T. E. Hsrris, Ada A. Hatchard, A. S. Hendrie, W. M. Hewetson, R. W. D. Hewson, J. R. Holgate, J. C. Holm, G. H. Howe, J. G. Hume, F. O. Inglis, T. Scoresby-Jackson, J. F. James, J. P. S. Jamieson, J. R. Kerr, Olive T. Leonard, J. Lindsay, S. M. Livesay, W. L. Locke, J. A. Loughridge, W. Lumsden, P. M' Dermid, J. F. Mackay, J. D. M'Kelvie, A. C. M'Master, Helen M. M'Millan, S. Macnaughton, D. L. M'Sweeney, N. N. G. C. M'Vean, W. J. Maloney, S. E. Martin, W. Martin, A. Mathieson, H. Miller, A. J. Miller, H. P. Milligan, J. S. Mitchell, H. B. Morris, H. Mowat, R. E. Moyes, E. B. Munro, R. S. Murray, G. P. Norman, H. J. Norman, A. J. R. O'Brien, A. A. Ollivierre, J. S. Orwin, W. Patton, A. C. Pickering, Agnes E. Porter, K. A. O. Quainoo, H. E. Rawlence, H. D. Robb, J. R. Robertson, J. Z. H. Rousseau, W. M. Scott, S. C. Sen, Alice C. Sharp, D. W. Sibbald, E. M. Simmers, O. Smith, S. A. Smith, T. R. Smith, W. T. Smith, W. Stenhouse, H. G. Sutherland, W. J. Taggart, J. R. Tannahill, W. B. Tannahill, R. B. Thomson, F. J. G. Tocker, Nettie B. Turnbull, E. Valenzia, Frances M. Wakefield, R. C. Walker, H. E. A. Washburn, H. C. Weber, J. S. R. Weir, W. O. Welby, F. P. Wernicke, Elsie B. Wilkie, R. Wilkins, H. C. Wilson, R. M. Wishart, J. Young.

**SECOND PROFESSIONAL EXAMINATION FOR DEGREES IN MEDICINE AND IN SURGERY.**—The following candidates have passed this examination: J. A. Anderson, L. Atkinson, C. M. Begg, J. Bentley, A. W. Beveridge, J. C. Blackwell, F. H. Borthwick, E. C. Brown, G. L. Brunton, A. Buchanan, R. A. Chambers, C. H. Craig, R. W. Craig, C. S. Crichton, H. Carmen, A. Dangerfield, H. S. Davidson, J. Davidson, W. H. Davison, D. E. Derry, A. C. Devereaux, J. M. Dewar, J. Donaldson, M.A., A. M. Dryden, G. J. Fane, J. Findlay, J. Fortune, A. C. Geddes, C. R. Gibson (with distinction), J. D. Giles, J. Girdwood, A. Gray, M.A., A. A. Hall, M.A. (with distinction), C. R. F. Hartley, G. Henderson, M.A., R. L. Henderson, A. E. Hodgson, A. F. Hughes, J. MacP. Johnston, R. W. Johnston, J. H. Kay, J. W. Keay, I. C. Keir, J. M. Kirkness (with distinction), L. A. H. Lack (with distinction), F. W. Lundie, G. S. Mackay, W. H. Laren, J. B. Neill, J. M. Macrae, P. W. Mason, A. S. Millard, E. H. S. Milln, W. C. Morton, M.A. (with distinction), E. Muir, C. H. Muller, H. L. Munro, D. M'K. Newton, H. Overy, T. C. E. Parry, D. D. Paton, T. Peebles, J. A. Pottinger, W. Readman, J. A. Roux, B.A., N. C. Rutherford, D. G. A. Scott, G. H. Skinner, S. W. Smith, H. Speirs, A. B. M. Thomson, L. Turiansky, R. Veitch, W. R. S. Watkins, G. J. Wentzel, D. H. Wessels, W. D. Wright, G. W. Young. Old regulations: R. J. Irving, B.Sc., and J. O. Williams.

The following candidates have passed this examination in Anatomy and Physiology: C. Reece, F. G. Saleeby, W. Sanderson, J. Henderson-Smith, J. Tait, A. Chad, and T. Woodward.

**THIRD PROFESSIONAL EXAMINATION FOR DEGREES IN MEDICINE AND SURGERY.**—The following candidates have passed this examination:

L. Anderson, R. G. Archibald, J. Arthur, M. Ashruff, A. K. Baxter, B. Blacklock, C. H. Bosenberg, J. R. Bossmann, E. A. Braine, M.A.; G. B. Brand, R. D. Brown, W. A. Brown, B.Sc.; A. Brownlie, D. M. Callender, M.A.; C. M. Campbell, M.A., B.Sc.; G. S. Casey, J. C. G. Carmichael, T. F. Cavanagh, A. M. Caverhill, J. H. Connolly, T. M. Cuthbert, M. Davies, F. J. Dawson, I. Domisse, C. B. Drew, H. J. Dunbar, J. F. Duncan, J. Dunlop, S. A. Ellerbek, J. S. Elliott, S. C. Ellison, A. M. Fell, S. Gifford (with special distinction), J. Gillespie, D. P. Goil, W. Goodchild, T. Gowans, A. Grant, J. P. Grant, B.Sc.; Mabel D. Gulland, J. F. Haegert, T. B. Hamilton, D. J. Hamman, H. Harding, F. M. Harper, A. W. M. Harvey, A. W. Hanman, H. Herd, M.A.; M. Holmes, W. Hume, R. C. Irvine, H. Kerr, R. D. Kidd, J. Kirkwood, H. A. Knight, H. Kromer, V. Langmore, Nora Lenwood, W. Lilico, D. Lorimer, R. C. Low (with distinction), W. F. Macdonald, D. R. Macgregor (with distinction), J. N. M'Keand, W. M'Laughlan, S. W. Maclean, R. P. M'Neill, C. E. Marshall, W. E. Marshall, J. K. Matheson, P. Mathews, R. J. Mayberry, A. M. Moll, J. H. Montgomery, S. A. Moore, A. E. Morton, P. H. Mules, R. A.

Munro, D. A. W. Murray, W. Newlands, M.A., B.Sc.; T. H. Osler, Sophie Palmer, J. H. H. Pirie, B.Sc.; H. Porter, B.Sc.; Agnes M'Pringle, J. R. Redhead, A. B. Remedios, H. H. Roberts, A. B. Ross, M.A., T. W. E. Ross, A. J. Rowan, R. E. Russell, C. W. E. Rutherford, J. Scobie, J. S. Sewell, A. M'G. Sharp, M.A., E. S. Sharpe, C. J. Shaw (with distinction), M. Sinclair, W. F. Smeall, J. M. Smith, R. Sproule, E. Steyn, H. M. Stumbles, G. L. Thompson, P. Vickers, D. L. Wall, B. P. Watson, P. Weatherbie, J. Weir, S. A. K. Wilson, M.A., and E. E. Wood.

C. H. Houghton has passed in the subject of Pathology in this examination.

#### UNIVERSITY OF GLASGOW.

**FIRST PROFESSIONAL EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE (M.B.) AND BACHELOR OF SURGERY (CH.B.).**—The following have passed this examination in the subjects indicated (B., Botany; Z., Zoology; P., Physics; C., Chemistry):

W. Allan (P.), W. S. Allan (P., C.), A. Allison (Z., C.), G. V. Anderson (P., Z.), D. Arbuckle (B., Z., C.), A. H. Arnott (B., Z.), J. H. Baird (Z., C.), T. Barbour (B., Z.), H. Barr (P., C.), G. D. M. Beaton (Z., C.), G. Beattie (B.), R. D. Bell, M.A. (B., P.), J. C. Bosworth (Z.), T. F. Bowie (C.), F. Brechin (B., P.), C. Brown (B.), C. Burns (B., P.), G. Y. Caldwell (P.), D. I. Carmichael (Z.), R. B. Carslaw, M.A. (B., Z.), D. Clark (Z., C.), A. D. Cowan (Z., C.), R. W. Dale (Z., C.), R. J. Driscoll (Z., C.), E. J. Dyke (Z.), H. W. Dyke (Z., C.), J. Fairley (Z., C.), H. F. Fairlie (Z., C.), A. B. Ferguson (Z., C.), E. J. Fitzgerald (B., P.), T. H. Forrest (Z., C.), T. S. Forrest (B., Z.), W. Gilchrist (B., P.), W. H. Gillatt (C.), J. Glaister (P., P.), W. G. Grier (Z., C.), C. F. I. Hammond (B.), J. D. Hart (Z., C.), F. Haxwell (Z., C.), J. W. Hay (P., C.), R. M. C. Hill (B., Z.), L. Hislop (P.), R. Howell (P.), J. Hunter (Z., C.), H. S. Hutchison (Z., C.), W. B. Jack (Z., C.), A. Jamieson (P.), J. T. Kirkland (B., Z.), W. L. Kirkwood (Z., C.), G. H. Logan (Z., C.), J. G. M'Cutcheon (P.), W. G. Macdonald, M.A. (Z., C.), D. M'Kean (Z., C.), H. A. Macewen (Z., C.), J. Macintyre (Z., C.), M. McIntyre (Z., P.), C. A. Mackay (P.), F. J. Mackay (B., Z.), J. H. M'Kay (Z., C.), R. Mackinnon (B., C.), N. H. W. Maclean (Z.), R. H. MacLeod (Z.), W. Macleod (Z.), M. T. D. M'Murich (Z., C.), H. MacNaught (Z., C.), W. H. Manson (Z.), R. May (Z., C.), H. J. Milligan (Z., C.), J. Moffatt (B.), M. Munro (P., C.), F. A. Murray (P., P.), J. O'Hare (Z.), J. C. Pickup (P., C.), H. S. Ranken (Z.), J. M. Renton (B., Z., P., C.), T. T. Rankin (Z., C.), J. Reid (Z., C.), J. M. Ross (B., Z.), C. J. W. Richmond (P.), A. Robertson (Z.), C. J. M. Ross (B., Z.), A. C. Russell (Z., C.), J. C. Russell, M.A. (Z.), E. L. A. Sieger (Z., C.), W. H. Sieger (Z., C.), P. C. J. C. D. Simps (B.), E. A. Slater (B., P.), M. W. Smith (C.), J. Stevenson (B., Z.), A. A. Stewart (B., Z.), D. Stewart (Z.), J. Stewart (B., P.), W. A. Stuart (Z., C.), J. R. Sutherland (Z., C.), J. Taylor (B., Z.), P. C. J. T. Thom (Z., C.), J. Townley (P.), W. Y. Turner (P., C.), W. L. Walker (C.), A. M. Watson (C.), T. M. Watt (B., P.), W. A. Wilson (Z., C.), G. Young (Z., C.).

**SECOND PROFESSIONAL EXAMINATION.**—The following have passed this examination in the subjects indicated (A., Anatomy; P., Physiology; M., Materia Medica and Therapeutics):

R. Adam (A., P.), W. K. Anderson (A., M.), J. W. Arthur (A., P.), R. J. Arthur (A., P.), T. Ballantyne (A.), A. F. Bell (A., P.), T. Bennett, M.A. (A., P.), A. G. Bisset (M.), A. Blair (P., M.), W. T. Bolton (A., P.), M. J. C. Bringan (P., M.), J. Brown (M.), R. Bruce (A., P.), J. M. H. Caldwell (P.), J. C. Campbell (A., P.), R. H. Campbell (P.), P. J. M. Cartwright (P.), C. Christie (A., P.), E. Clark (A., P.), M. D. W. Davidson (A., P.), H. C. Davies (P.), J. Dick (M.A.), M. I. Dick (A., P.), M. W. Dick (A.), D. Dickie (A., P.), H. M. M. Donaldson (P.), G. H. Downie (P.), D. G. Dykes (A., P.), J. Eadie (A., P.), M. C. C. Finlator (A., P.), E. D. Gairdner (A., P.), G. Garry (P.), W. W. George (A.), G. Gordon (M.), W. Harvey (A., P.), J. T. Kelly (P.), J. M. Kelly (P., M.), A. D. Kennedy (P.), R. D. Kennedy (M.), W. Ken (P.), R. Laurie (A., P.), A. Leggat (A.), M. A. Leitch (M.), W. J. Logie (A.), T. W. Love (A., P.), M. MacAnay (M.), J. D. M'Callum (A., P.), A. MacFarlane (M.), D. D. F. Macintyre (M.), J. M. MacKellar (A., P.), M. I. M'Kenzie, M.A. (M.), A. S. M'Millan (A., P.), J. R. M'Veil (M.), J. A. Macvea (A., P.), A. M. Whan (A., M.), J. R. Main (P.), A. Matheson, M.A. (A., P.), P. Miller (A., M.), J. Mitchell (P.), S. Mort (A., P.), G. Muir (P., M.), A. H. Napier (P., M.), D. Penman (A., P.), A. M. M. Pollock (A., P.), W. Rankin, M.A. (A., P.), M. D. F. Riddell, M.A. (A., P.), P. H. Robertson (A., P.), R. C. J. Schlomka (A.), F. D. Scott (A., P.), W. G. Shand (A., P.), L. D. Shaw (M.), J. B. Stevenson (A., P.), W. D. H. Stevenson, M.A. (A., P.), J. B. Stewart (A., P.), W. Stewart (A., P.), A. W. Sutherland, M.A. (A., P.), J. W. Sutherland (A., P.), P. L. Sutherland (A., P.), J. Walker, M.A. (A., P.), H. F. Warwick (A.), W. N. W. Watson (A., P.), R. T. Wells, M.A. (M.), J. F. Weston (A., P.), J. White, M.A., B.Sc. (M.), G. J. Williams (A., P.), J. Wilson (A., P.), E. Wright (B., H.), Young (A., P.), J. Young, Glasgow (A., P.), W. Young (M.).

**THIRD PROFESSIONAL EXAMINATION.**—The following have passed this examination in the subjects indicated (P., Pathology; M., Medical Jurisprudence and Public Health):

W. Armitage (M.), A. G. Banks (P., M.), R. Bryson (M.), G. F. Buchan (P., M.), J. Y. Campbell (P., M.), A. A. Carruthers (P.), W. B. Chapman (P., M.), E. H. Cramb (P., M.), H. W. Crawford (P., M.), A. Dick (P., M.), D. Douglas, M.A. (P., M.), A. R. Dow (P., M.), W. Dow (P.), J. Ferguson, M.A. (P., M.), T. Forsyth (P., M.), J. A. Garden (P., M.), J. R. Gilmour (M.), J. M. Gordon (P., M.), J. Guthrie (P., M.), J. Hagerty (P.), R. D. Hodge (P., M.), J. B. D. Hunter (P., M.), E. D.



Jackson (P. M.), G. R. Jeffrey (P. M.), W. F. Kay (P. M.), J. Kennedy (M.), A. M. Kerr (P. M.), S. E. Lewis (P. M.), J. P. Lusk (M.), D. D. McDougall, M.A. (P. M.), A. Macintyre (P. M.), J. C. McKenzie (P. M.), T. M. Laren (P. M.), A. Maclean (M.), J. Maclean (M.), D. H. MacPhail (P. M.), R. Makins (P. M.), R. H. Manson (M.), H. S. Martyn, M.A. (P. M.), R. Menzies (P. M.), J. G. Miller (P. M.), W. A. Milne (P. M.), J. Muir (P. M.), J. S. Nicolson (P. M.), R. Orr (P. M.), T. Rankine (P. M.), J. M. Reid (P. M.), T. Richmond (P. M.), D. Riddell (P. M.), W. Robertson (Blackwood) (P. M.), N. C. Rogers (P. M.), J. Russell (M.), M. B. G. Sinnette (P. M.), J. W. Smith (P. M.), R. C. Smith (P. M.), D. Spence (P. M.), J. Stevenson (P. M.), R. R. Swan (P. M.), W. W. Turner (P. M.), J. Unsworth (P. M.), T. I. Wallace (P. M.), A. B. Watt (P. M.), P. M. Waugh (P. M.), D. A. Willson (P. M.), J. Willson (M.).  
Women: H. S. Baird, B.A. (P.), J. S. MacEwen (P. M.).

## VICTORIA UNIVERSITY.

SECOND EXAMINATION IN MEDICINE.—The following candidates have satisfied the examiners in the subjects undernoted:—

*Anatomy and Physiology*.—J. Battersby, Owens; A. N. Benson, Owens; A. Boothroyd, Owens; A. Boyle, Yorks.; W. E. Brierley, Yorks.; H. Buck, Owens; L. Clay, Owens; E. Coates, Yorks.; T. Coogan, Owens; E. Cundall, Yorks.; A. M. Deane, Yorks.; D. Elder, Univ.; J. L. Falconer, Owens; E. Gibson, Univ.; T. Glover, Owens; J. W. Hartley, Owens; H. D. Haworth, Owens; S. L. Heald, Yorks.; J. P. Henderson, Univ.; A. Hendry, Univ.; W. E. Hewitt, Univ.; H. Hodge, Owens; C. A. Hughes, Univ.; A. D. Hunt, Univ.; H. R. Hurter, Univ.; H. Irving, Owens; J. M. H. Jones, Owens; G. H. Joseph, Univ.; G. Laurence, Univ.; J. T. Lloyd, Univ.; T. W. Lonsdale, Owens; H. J. Macvean, Yorks.; J. de V. Mather, Owens; H. J. Moon, Owens; D. J. Mulholland, Univ.; G. G. Parkin, Owens; E. G. Pell-Ilderton, Owens; R. N. Porter, Owens; W. B. Ramsdale, Owens; F. Robinson, Owens; F. H. Salisbury, Univ.; J. L. Schilling, Yorks.; W. G. Scott, Yorks.; H. Simms, Owens; R. T. Slinger, Owens; J. C. Smyth, Owens; R. H. Swindells, Owens; A. B. Sykes, Univ.; F. P. S. Thomas, Owens; H. G. Thompson, Univ.; L. Thorp, Owens; M. G. L. Walks, Yorks.; D. Wardleworth, Owens; S. H. West, Owens; E. M. Wilkins, Owens.

*Materia Medica and Pharmacy*.—A. Anderson, Yorks.; N. Bradley, Univ.; C. H. Bromhall, Owens; J. G. da Cunha, Owens; J. A. Davies, Owens; E. S. H. Gill, Univ.; H. E. Holmes, Owens; L. Hutchinson, Univ.; W. Longley, Yorks.; H. McManus, Univ.; D. J. Mulholland, Univ.; C. S. O'Neill, Owens; E. W. Reed, Yorks.; S. H. Ryan, Owens; W. F. Shaw, Owens; I. C. Thorburn, Univ.; W. F. J. Whitley, Yorks.

FINAL EXAMINATION IN MEDICINE.—The following candidates have satisfied the examiners:

Part I.—D. M. Alexander, Univ.; H. M. Berry, Univ.; J. E. Bolton, Yorks.; G. G. Buckley, Owens; R. N. Butterworth, Yorks.; W. H. Canter, Yorks.; R. B. Fletcher, Owens; A. C. Forsyth, Yorks.; D. G. Gellatly, Owens; W. S. Holmes, Owens; J. A. Johnson, Univ.; C. O. Jones, Univ.; R. J. Jones, Univ.; W. G. Kinton, Owens; W. L. Maccormac, Yorks.; S. Platts, Yorks.; A. H. Radcliffe, Yorks.; E. E. Roberts, Univ.; F. Sugden, Yorks.; S. W. Swindells, Owens.

Part II.—J. T. Bailey, Owens; J. W. H. Brown, Yorks.; C. W. Budden, Univ.; J. S. Byrke, Univ.; A. C. Clarke, Owens; C. H. Dawson, Owens; T. L. Fennell, Owens; R. F. Ferris, Owens; R. T. Forster, Yorks.; J. P. Good, Owens; R. Gordon, Owens; F. G. Hack, Owens; H. S. Lister, Owens; J. McIlraith, Owens; A. F. Martin, Yorks.; A. Ramsbottom, Owens; C. W. S. Saberton, Owens; H. Slater, Owens; T. Tierney, Owens; R. D. Willcocks, Univ.; H. M. Williamson, Owens.

The degrees of M.B. and B.Ch. were conferred on the successful candidates in Part II at the Degree Ceremony held at Owens College on Friday, March 29th.

\* University Scholarship.

## CONJOINT BOARD IN IRELAND.

PRELIMINARY EXAMINATION.—Candidates have passed this examination as undernoted:

*Honours*, in order of merit.—J. J. Hogan, A. Baker, [T. I. Alexander, J. Lynch; E. Hutchins and P. J. Rooney equal.  
*Pass*.—G. Barty, J. Burke, I. Clarke, E. V. Connellan, M. J. Coyne, W. G. Edwards, G. Francis, T. Fehily, M. J. Glaney, F. A. Heney, C. Hughes, B. C. A. Leeper, W. Maher, R. Martin, J. E. Moffatt, J. W. Moran, J. G. Morgan, W. H. McCarthy, F. J. H. Mackintosh, A. D. McMurray, E. R. Nichols, C. O'Beirne-Ryan, M. W. Phipps, J. S. J. Willan.

The following have passed the Conjoint Examination for the Diploma in Public Health: J. Beatty, M.D. Univ. Dub.; D. C. Moore, M.B., R.U.I.; E. S. Stokes, M.B. Sydney (Honours).

## SOCIETY OF APOTHECARIES OF LONDON.

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

*Anatomy*.—H. Bacon, Cambridge and Guy's Hospital; B. F. Board, Royal Free Hospital; J. M. Burke, Cork and Galway; P. Butler, Birmingham; W. R. Clarke, University College Hospital; E. M. Forsyth, Royal Free Hospital; A. F. Heald, Cambridge; H. Leach, Leeds; D. Mann, Royal Free Hospital; J. A. Renshaw, Manchester; J. H. K. Sykes, Leeds.

*Physiology*.—A. J. Ambrose, Westminster Hospital; B. F. Board, Royal Free Hospital; P. Butler, Birmingham; E. M. Forsyth, Royal Free Hospital; G. F. K. Grey, Middlesex Hospital; H. Leach, Leeds; D. Mann, Royal Free Hospital; J. A. Renshaw, Manchester; J. H. K. Sykes, Leeds; J. M. Wall, St. Thomas's Hospital.

NO PASSPORTS FOR LEPCERS.—In accordance with a convention recently made between Germany, Russia, and Roumania, no passport is to be granted by any of these countries that would enable a leper to travel from one to another. It is hoped by this means to prevent the spread of the disease.

PUBLIC HEALTH  
AND  
POOR-LAW MEDICAL SERVICES.

## HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,609 births and 4,450 deaths were registered during the week ending Saturday, March 30th. The annual rate of mortality in these towns, which had been 21.5, 19.6, 18.9, and 18.4 per 1,000 in the four preceding weeks, rose during that week to 19.7 per 1,000. The rates in the several towns ranged from 12.8 in Croydon, 13.0 in West Ham, 14.0 in Birkenhead, and 14.6 in Brighton, to 23.2 in Huddersfield and in Newcastle, 23.4 in Birmingham, 28.2 in Liverpool, and 29.7 in Plymouth. In the thirty-two large provincial towns the mean death-rate was 20.5 per 1,000, and exceeded by 2.1 the rate recorded in London, which was 18.4 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.9 per 1,000; in London this death-rate was equal to 1.8 per 1,000, while it averaged 1.9 in the thirty-two provincial towns, among which the highest zymotic death-rates were 3.1 in Birkenhead, 3.2 in Gateshead, 3.6 in Liverpool, and 3.9 in Hull. Measles caused a death-rate of 1.7 in Hull, 2.2 in Liverpool, and 2.3 in Gateshead; scarlet fever of 1.7 in Preston; and whooping-cough of 1.2 in Wolverhampton and in Salford, 1.3 in Nottingham, 1.4 in Bristol and in Sunderland, 1.5 in Swansea and in Hull, and 2.2 in Birkenhead. In none of the thirty-three towns did the death-rate from "fever" exceed 1.0 per 1,000. The 59 deaths from diphtheria in the thirty-three towns included 16 in London, 6 in Bristol, 6 in Leicester, 6 in Sheffield, and 5 in Salford. No fatal case of small-pox was registered during the week ending March 30th, either in London or in any of the thirty-two large provincial towns, and no small-pox patients were then under treatment in any of the Metropolitan Asylums Hospitals. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had declined from 2,535 to 1,598 at the end of the thirteen preceding weeks, had further fallen to 1,568 on Saturday, March 30th; 167 new cases were admitted during that week against 140, 130, and 151 in the three preceding weeks.

In thirty-three of the largest English towns, including London, 6,593 births and 4,341 deaths were registered during the week ending Saturday last, April 6th. The annual rate of mortality in these towns, which had been 18.4 and 19.7 per 1,000 in the two preceding weeks, declined again last week to 19.2 per 1,000. The rates in the several towns ranged from 9.7 in Croydon, 11.8 in Birkenhead, 12.5 in Brighton, and 13.6 in West Ham, to 24.3 in Manchester, 24.7 in Salford, 24.8 in Wolverhampton, and 27.7 in Liverpool. In the thirty-two provincial towns the mean death-rate was 20.2, and exceeded by 2.6 per 1,000 the rate recorded in London, which was 17.6 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.7 per 1,000, and slightly exceeded the death-rate from the same diseases in London; in the thirty-two large provincial towns the highest zymotic death-rates were 2.6 in Liverpool, 2.7 in Sheffield, 4.5 in Sunderland, and 6.5 in Gateshead. Measles caused a death-rate of 1.3 in Bolton, 1.6 in Liverpool, 1.7 in Sunderland, and 4.6 in Gateshead; scarlet fever of 1.1 in Blackburn; whooping-cough of 1.0 in Bristol and in Derby, 1.2 in Wolverhampton, 1.4 in Sunderland and in Gateshead, and 1.9 in Swansea; "fever" of 1.0 in Halifax, and diarrhoea of 1.0 in Halifax. The 64 deaths from diphtheria in the thirty-three towns included 21 in London, 8 in Sheffield, 4 in Leicester, and 4 in Salford. No fatal case of small-pox was registered last week in any of the thirty-three large towns, and no small-pox patients were under treatment in any of the Metropolitan Asylums Hospitals on Saturday last, April 6th. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had declined from 2,535 to 1,568 at the end of the fourteen preceding weeks, had risen again to 1,572 on Saturday last; 180 new cases were admitted during the week, against 130, 151, and 167 in the three preceding weeks.

## HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, March 30th, 945 births and 678 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had declined from 24.5 to 21.1 per 1,000 in the four preceding weeks, rose again in the week ending March 30th to 21.6, and was 1.9 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 15.7 in Perth and 18.1 in Dundee, to 22.8 in Glasgow and 24.0 in Edinburgh. The zymotic death-rate in these towns averaged 3.0 per 1,000, the highest being recorded in Leith and in Paisley. The 331 deaths registered in Glasgow included 10 from small-pox, 5 from measles, 3 from scarlet fever, 14 from diphtheria, 14 from whooping-cough, 2 from fever, and 8 from diarrhoea. Eight fatal cases of measles, of diphtheria, 5 of whooping-cough, and 2 of diarrhoea were recorded in Edinburgh. Eight deaths from whooping-cough and 2 from diarrhoea occurred in Dundee; 3 from measles and 2 from diarrhoea in Aberdeen; 3 from whooping-cough in Leith; and 5 from whooping-cough and 2 from diarrhoea in Paisley.

During the week ending Saturday last, April 6th, 899 births and 757 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 21.1 and 21.6 per 1,000 in the two preceding weeks, further rose last week to 24.1 per 1,000, and was 4.9 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 13.1 in Leith and 20.1 in Edinburgh, to 26.7 in Greenock and 28.1 in Paisley. The zymotic death-rate in these towns averaged 3.3 per 1,000, the highest rates being recorded in Glasgow and Edinburgh. The 360 deaths registered in Glasgow included 5 from small-pox, 2 from measles, 5 from diphtheria, 31 from whooping-cough, 4 from "fever," and 5 from diarrhoea. Eight fatal cases of measles, 3 of diphtheria, and 13 of whooping-cough were recorded in Edinburgh. Ten deaths from whooping-cough occurred in Dundee; 3 from measles in Leith; and 2 from "fever" in Greenock.

## MEDICAL NEWS.

**ALCOHOLISM IN MOSCOW.**—Dr. A. M. Korowin, Director of an asylum for inebriates at Moscow, has recently expressed his belief, based on a careful study of facts in regard to the consumption of alcohol in St. Petersburg, Moscow, and Kasan, that the Moscow Government holds the bad eminence of being first. In the course of ten years about 20,000 men and 5,000 women have been under treatment in the municipal hospitals of Moscow for the effects of inebriety.

**PRESENTATION.**—Dr. Sergeant, M.O.H. Lancashire, was presented recently with a silver tray, silver fruit knives and forks, subscribed by the medical officers of health of the administrative county, together with an album containing the names of the subscribers on the occasion of his marriage, which took place last December. The presentation was made by Dr. Berry (Wigan) at a meeting held in Manchester, presided over by County Councillor Chadwick, M.O.H. Milnrow, and attended by a number of medical officers of health.

**A TRIPLE MONUMENT.**—A strong and influential committee, largely composed of leading members of the medical faculty, has been formed for the purpose of erecting a triple monument in Heidelberg to Bunsen, Kirchhoff, and Helmholtz. Special appeals for contributions are to be issued to some of the learned societies and academies in the German Empire, as well as to personal friends and admirers of the late three famous scientists, but it is understood that the public at large will not be invited to contribute. The Chairman of the Committee is Dr. A. Kussmaul, Emeritus Professor of Medicine in the University of Strassburg, to whose suggestion the movement owes its origin.

## MEDICAL VACANCIES.

The following vacancies are announced:

**BEDFORD COUNTY HOSPITAL.**—(1) Senior House-Surgeon. Salary, £100 per annum, with apartments, board, and washing. (2) House Physician. Salary, £25 for six months, with board, lodging, and washing. Applications to the Secretary by April 22nd.

**BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.**—Resident Surgical Officer. Salary, £60 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.

**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, Parish Offices, Edmund Street, Birmingham, by April 13th.

**BRADFORD ROYAL INFIRMARY.**—Dispensary Surgeon, unmarried. Salary, £100 per annum, with board and residence. Applications, endorsed "Dispensary Surgeon," to the Secretary by April 23rd.

**BRENTFORD UNION.**—Assistant Medical Superintendent of the Infirmary and Assistant Medical Officer of the Workhouse and Schools, unmarried. Salary, £100 per annum, with furnished apartments, rations, washing, etc. Applications, on forms provided, to be sent to the Clerk, Union Offices, Isleworth, by April 30th.

**BRISTOL GENERAL HOSPITAL.**—Casualty Assistant House-Surgeon. Salary, £50 per annum, with board and residence. Applications to the Secretary by April 15th.

**CATBERHAM ASYLUM, Surrey.**—Medical Superintendent: not less than 30 nor more than 45 years of age. Salary, £600 per annum, rising to £800, with unfurnished house, coals, gas, etc. Applications, on forms provided, to be sent to the offices of the Metropolitan Asylums Board, Victoria Embankment, E.C., by April 20th.

**CENTRAL LONDON SICK ASYLUM DISTRICT.**—Two First Assistant Medical Officers for duty at Cleveland Street or H.R. Street. Salary, £120 per annum each, with board and residence. Applications to the Clerk, Cleveland Street Asylum, Cleveland Street, W.

**CHELSEA, BROMPTON, AND BELGRAVE DISPENSARY.**—Resident Medical Officer and Secretary. Salary, £38 per annum, with furnished rooms and allowances. Applications to the Secretary before April 24th.

**CHORLEY: RAWLIFFE 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, 38, Cannon Street, E.C., by April 19th.

**DUNDEE ROYAL INFIRMARY.**—Resident Medical Assistant. Appointment for six months. Salary at the rate of £40 per annum, with board and washing. Applications to Dr. Fraser, Medical Superintendent, by April 17th.

**FARRINGTON GENERAL DISPENSARY.**—Resident Medical Officer. Salary, £120 per annum, with residence, etc. Applications to the Honorary Secretary, Bartlett's Buildings, Holborn Circus, E.C., by May 7th.

**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.

**GREENOCK: SMITHSON ASYLUM AND POORHOUSE.**—Assistant Medical Officer. Salary, £120 per annum, with furnished apartments and attendance. Applications to the Acting Inspector of Poor, Parish Council Chambers, Greenock, by April 18th.

**INGHAM INFIRMARY AND SOUTH SHIELDS AND WESTON DISPENSARY.**—Junior House-Surgeon. Salary, £75 per annum, with residence, board and washing. Applications to the Secretary by April 30th.

**ISLE OF WIGHT COUNTY ASYLUM, near Newport.**—Assistant Medical Officer. Salary, £100 per annum, rising to £150, with board, lodging, washing, etc. Applications by April 22nd.

**LEICESTER: BOROUGH OF.**—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.

**LIVERPOOL ROYAL INFIRMARY.**—Assistant Honorary Physician. Applications to the Chairman of the Committee by April 25th.

**LONDON HOSPITAL, Whitechapel Road, E.**—Obstetric Registrar. Applications to the House-Governor by April 25th.

**LONDON OPEN-AIR SANATORIUM, Pinewood, near Braeknell, 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.

**MAIDSTONE: KENT COUNTY OPHTHALMIC HOSPITAL.**—House-Surgeon. Salary, £100 per annum, with board and residence. Applications to the Secretary by April 24th.

**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.**—Assistant Director. Salary, £60 per annum. Applications to the Superintendent by April 30th.

**MANCHESTER SOUTHERN MATERNITY HOSPITAL.**—Resident House-Surgeon. Honorarium at the rate of £50 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.

**MIDDLESBROUGH-ON-TEES: NORTH RIDING INFIRMARY.**—Assistant House-Surgeon. Salary, £75 per annum, with lodging, board, and washing. Applications, marked "Application for post of Assistant House-Surgeon," to the Secretary by April 24th.

**NATIONAL DENTAL HOSPITAL, Great Portland Street, W.**—Anesthetist. Applications to the Secretary by April 17th.

**NATIONAL HOSPITAL FOR DISEASES OF THE HEART, Soho Square, W.**—Resident Medical Officer. Appointment for six months. Salary at the rate of £40 per annum. Applications to the Secretary.

**NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square.**—(1) Senior House-Physician. (2) Junior House-Physician. Salaries, £100 and £50 per annum respectively, with board and apartments. Present Junior is candidate for Senior post. Candidates should therefore state if prepared to accept either office. Applications to the Secretary by April 22nd.

**NEWCASTLE-ON-TYNE DISPENSARY.**—Two Visiting Medical Assistants. Salary, £100 for first year, £180 afterwards. Applications, on forms provided, to the Honorary Secretary, 41, Mosley Street, Newcastle-on-Tyne, by April 20th.

**NORTHAMPTON GENERAL INFIRMARY.**—Assistant Medical Officer, not under 25 years of age. Applications to the Secretary by April 26th.

**NORWICH: HEIGHAM HALL ASYLUM.**—Assistant Medical Officer. Applications to the Medical Superintendent.

**PADINGTON GREEN CHILDREN'S HOSPITAL, W.**—(1) House-Physician. (2) House-Surgeon. Appointments for six months. Salaries at the rate of 50 guineas per annum, with board and residence. Applications to the Secretary by April 20th.

**PLYMOUTH, SOUTH DEVON, AND EAST CORNWALL HOSPITAL.**—Assistant House-Surgeon. Appointment for six months, but renewable. Salary at the rate of £50 per annum, with board and residence. Applications to the Secretary by April 26th.

**ROTHERHAM HOSPITAL.**—Assistant House-Surgeon. Salary, £80 per annum, with board, residence, and washing. Applications to the Secretary, Moorgate, Rotherham.

**ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.**—(1) Clinical Pathologist; (2) Assistant Pathologist; (3) Resident House-Physician; (4) Resident House-Surgeon; (5) House-Physician; (6) Casualty House-Surgeon. Salary for (1) £75, and for (2) £25 per annum. No salary for resident officers, but board, etc., provided. Applicants for (1), (2), (3), and (4) must be qualified medical women, and for (5) and (6) the appointments for which are for six months, qualified medical men. Applications to the Secretary by April 20th.

**SHEFFIELD ROYAL INFIRMARY.**—Vacancy on the Honorary Surgical Staff. Applications to the Secretary by April 24th.

**SOUTH SHIELDS BOROUGH.**—Medical Officer of Health to act also as Medical Superintendent of the Local Sanatorium and Bacteriologist. Salary, to commence, £300 per annum. Applications, endorsed "Appointment of Medical Officer," to the Town Clerk, Court Buildings, South Shields, by April 19th.

**STOCKPORT INFIRMARY.**—(1) House-Surgeon. Salary, £100 per annum. (2) Junior Assistant House-Surgeon. Appointment for six months. Salary at the rate of £24 per annum, board, washing, and residence provided in each case. Applications to the Secretary by April 23th.

**SUNDERLAND INFIRMARY.**—(1) House-Physician. (2) House-Surgeon. Salary, £100 per annum, increasing by £15 annually for three years, with board and residence. Applications, endorsed "Application for Resident Medical Appointment," to the Secretary by May 1st.

**SWANSEA GENERAL AND EYE HOSPITAL.**—Resident Medical Officer. Salary, £75 per annum, with board, apartments, etc. Applications to the Secretary by April 15th.

**TOXTETH PARK, TOWNSHIP OF.**—Two Assistant Medical Officers of the Workhouse and Infirmary. Salary, £100 per annum each, with board, washing, and apartments. Applications to the Clerk to the Guardians, 15, High Park Street, Liverpool, by April 24th.

**TURRO: ROYAL CORNWALL INFIRMARY.**—House-Surgeon; unmarried. Salary, £200 for first year, increasing by £10 a year, with board and apartments. Applications to the Secretary by April 17th.

**WEST BROMWICH UNION.**—(1) Workhouse Medical Officer. Salary, £100 per annum. (2) Assistant Workhouse Medical Officer. Salary, £100 per annum, and £75 in lieu of apartments, board, etc. Applications, endorsed "Medical Officer," or "Assistant Medical Officer," to the Clerk by April 26th.

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

**WHITEHAVEN AND WEST CUMBERLAND INFIRMARY.**—House-Surgeon. Salary, £120 per annum, and £30 for dispensing, with furnished apartments and attendance. Applications to the Secretary by April 22nd.

## MEDICAL APPOINTMENTS.

**ALLYNSON, H. C., M.R.C.S. Eng.**, appointed Medical Officer of Health for the Borough of King's Lynn, *vice* S. M. W. Wilson, M.R.C.S. Eng.

**ASHTON, George, M.B., Ch.B. Vict., M.R.C.S. Eng., L.R.C.P. Lond.**, appointed Senior House-Surgeon to the Bolton Infirmary.

**BELL, R. Hamilton, M.A., M.B., B.C. Cantab.**, appointed Physician to Out-patients, Samaritan Free Hospital for Women and Children.

**BEVILLE, F. W., M.R.C.S. Eng., L.R.C.P. Lond.**, appointed Medical Officer to the Uxbridge Union Workhouse, *vice* L. J. Winter, M.D. Brux., M.R.C.S., L.R.C.P. Lond., resigned.

**BRADSHAW, Thomas Robert, B.A., M.D. Univ. Dub., M.R.C.P. Lond.**, appointed Physician to the Liverpool Royal Infirmary.

**BYWATER, Harry Haward, M.B., Ch.B. Vict.**, appointed Senior House-Surgeon to the Preston Royal Infirmary.

**CHARPENTIER, A., M.D. Durh.**, appointed Medical Officer of Health for the Uxbridge Rural District, *vice* C. Roberts, M.R.C.S. Eng.

**CLINGAN, G., M.D. Toronto**, appointed Clinical Assistant to the Chelsea Hospital for Women.

**CROCKER, J. H., M.D. Vict., D.P.H.**, appointed Medical Officer of Health for the Borough of Richmond, Surrey, *vice* J. T. Rowlands, M.D. St. And.

**CROSS, R. G., L.R.C.P. Lond., M.R.C.S. Eng., D.P.H.**, appointed Medical Officer of Health for the Petersfield Rural District, and District and Workhouse Medical Officer of the Petersfield Union, *vice* C. S. Toehurst, M.R.C.P. Edin., M.R.C.S. Eng., resigned.

**EDMONDS, W. M.A., M.C. Cantab., F.R.C.S.**, appointed Honorary Surgeon to the Tottenham Hospital.

**EGGLINGSON, L., L.R.C.P. Edin.**, etc., appointed Medical Officer of Health to the Wells (Somerset) Rural District Council, *vice* J. O. Snyth, M.R.C.S. Eng., L.R.C.P. Lond., resigned.

GALT, Hugh, M.B., C.M., F.F.P.S.G., D.P.H.Camb., appointed Medico-Legal Examiner for the Crown in criminal cases occurring in Glasgow and the Lower Ward of Lanarkshire.

GREGG, Wilfrid, M.D., M.R.C.P. Edin., appointed Senior Resident Medical Officer to the Throat Hospital, Golden Square, London, W.

GRUBBART, O. F. M.A., B.C.Cantab., D.Sc.Lond., appointed Clinical Pathologist to King's College Hospital.

HAMILTON, Walter M., M.D., D.P.H., appointed Medical Officer of Health for the Borough of Eccles.

HILL, Philip Edward, M.R.C.S. Eng., L.S.A.Lond., appointed Medical Officer of Health for the Crickhowell Combined Districts.

HULME, G. F., M.B., C.M., appointed Medical Officer of Health for the Urban District of Follistown and Walton, vice C. G. Havell, M.D., resigned.

LAMBORN, W. A. S., M.B.C.S. Eng., L.R.C.P.Lond., appointed Assistant to the Medical Superintendent of the Highgate Hill Infirmary of the Parish of St. Mary, Islington.

LOVELESS, W. K., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer of Health for the Stockbridge Rural District, vice J. Clapperton, M.D.St. And.

MACDONALD, Philip, M.B., Ch.B. Edin., appointed Junior House-Surgeon to the Preston Royal Infirmary.

MIDDLETON, Basil, M.B., Ch.B. Vict., appointed Assistant House-Surgeon to the Preston Royal Infirmary.

NELSON, W. E., M.R.C.S. Eng., L.R.C.P.Lond., appointed Medical Officer for the Wootton Waven District of the Stratford-on-Avon Union, vice J. Arthur, M.R.C.S. Eng., resigned.

PRING, H. Reginald, M.R.C.S., L.R.C.P., L.D.S. Eng., appointed Demonstrator to the Dental Hospital of London and London School of Dental Surgery.

SEATON, Alan Butler (Parsley, Yorks), M.B., Ch.B. Edin., M.R.C.S., L.R.C.P.Lond., appointed House-Surgeon to the Hospital for Women and Children, Leeds.

SMITH, Lewis A., M.B.Lond., M.R.C.P., appointed Physician to Poplar Hospital.

SMITH, Miss Lucy E., M.B., B.Ch., F.R.C.O., B.U.I., appointed Junior Assistant Physician to the Brinville Lying-in Hospital, Col.

TAUNTON, E., M.R.C.S. Eng., L.R.C.P.Lond., appointed Senior Assistant Medical Officer of the St. Pancras Workhouse, Pancras Road, vice T. Evans, M.R.C.S. Eng., resigned.

TELFORD SMITH, T., M.D.Dub., appointed District Medical Officer of the Wimborne and Cranborne Union, vice C. H. W. Parkinson, M.R.C.S. Eng., resigned.

WALTER, W. H., M.D.Brux., L.R.C.P., M.R.C.S. Eng., L.S.A.Lond., appointed Medical Officer to the Brentford Cottage Hospital and Dispensary.

WATKINS, W. J., L.S.A., appointed Medical Officer of Health for the Bolsover Urban District.

WHITING, A. J., M.D. Edin., M.R.C.P.Lond., appointed Honorary Assistant Physician to the Tottenham Hospital.

## DIARY FOR NEXT WEEK.

## MONDAY.

**Medical Graduates' College and Polyclinic**, 22, Chancery Street, W.C., 4 P.M.—Dr. A. Whitfield. Consultation (Skin).

## TUESDAY.

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

**Society for the Study of Inebriety**, 11, Chandos Street, Cavendish Square, W., 4 P.M.—Dr. C. E. Drysdale: On Recent Doctrines concerning Alcohol: (1) Is it a True Food? (2) Is it a Good Remedy in Disease?

**Chelsea Clinical Society**, Holy Trinity Parish Hall, Pavilion Road, Sloane Square, 8.30 P.M.—Mr. J. Foster Palmer: Cystic Disease of the Chorion. Dr. Barry Blacker: Light Treatment

## WEDNESDAY.

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

**Royal Microscopical Society**, 20, Hanover Square, London, W., 8 P.M.

**Sanitary Institute**, Parkes Museum, Margaret Street, W., 8 P.M.—A discussion on Sewage Purification and Standards of Purity to be opened by Drs. Henry B. Kenwood and W. Butler.

**British Bacteriological and Climatological Society**, 20, Hanover Square, 8.30 P.M.—Dr. Symes Thomson: On the Climate of Algiers. Dr. Mahomed (Bournemouth): On Polypharmacy in Medicine.

## THURSDAY.

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

**Röntgen Society**, 20, Hanover Square, 8 P.M.—Exhibits by Dr. Dawson Turner and Mr. Russell Reynolds. Miss M. M. Sharpe, L.R.C.P., will open a discussion on X-ray Therapeutics.

**Harveian Society of London**, Stafford Rooms, Titchborne Street, Edgware Road, W., 8.30 P.M.—Mr. J. Jackson Clarke: Practical Observations on Antiseptic Surgery. 9 P.M.—Clinical cases.

## FRIDAY.

**Medical Graduates' College and Polyclinic**, 22, Chancery Street, W.C., 4 P.M.—Mr. Ernest Clarke: Consultation (Eye).

**Epidemiological Society**, 11, Chandos Street, Cavendish Square, W., 8.30 P.M.—Dr. Louis Sambon: On the Principles determining the Geographical Distribution of Disease.

**Society for the Study of Disease in Children**, North-Eastern Hospital for Children, Hackney Road, N.E., 5.30 P.M.—Cases by Dr. C. E. Sansom, Dr. James Taylor, Dr. J. H. Sequeira, Mr. A. B. Roxburgh, Mr. Douglas Drew, and Dr. J. Porter Parkinson. Paper by Dr. Theodore Fisher (Bristol): Brief Note on a Case of Swelling of the Eyelids after a Bath.

## BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office order or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

## BIRTHS.

COLBY.—On March 25th, at 10, St. James's Road, Surbiton, Surrey, the wife of Frank Colby, M.B., F.R.C.S., of a son.

MOSE.—At St. Helena, on February 25th, the wife of Lieutenant-Colonel C. G. D. Mosse, Royal Army Medical Corps, of twin daughters.

## MARRIAGE.

CAIRNS—COCHRANE.—On April 8th, at St. John's Wood Presbyterian Church, N.W., Peter Russell Cairns, L.R.C.P., and S.E. etc., of Hebden Bridge, Yorkshire, younger son of James Cairns, Esq., Langholm, E. to Marie Graham Cochrane, only daughter of the late S. E. Cochrane, Esq., and of Mrs. Reid, West Brighton, Staten Island, U.S.A.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 1, Agar Street, Strand, W.C., London; those concerning business matters, advertisements, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone, unless the contrary be stated.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Manager, 429, Strand, W.C., on receipt of proof.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

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

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

IN order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not at his private house.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Atiology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

## QUERIES.

CORNWALL asks for the best means of destroying hair growing on the chin of a young woman.

## EXOPHTHALMIC GOITRE AND PREGNANCY.

C. W. wishes to know if the current belief that a female suffering from Graves's disease is incapable of becoming pregnant has any foundation.

\*\* There are many cases recorded in which both mother and children have suffered from the disease. There does not appear to be any ground for the belief. References to these cases will be found in the second volume of the *Manual of Diseases of the Nervous System* by Sir William Gowers.

## LITERATURE OF DISEASES OF THE DIGESTIVE ORGANS.

C. H. J. wishes to be recommended a short, concise work treating of the chemistry and chemical pathology of the digestive organs, also of the diagnosis and treatment of diseases of the alimentary system.

\*\* He would probably find a *Manual of Modern Gastric Methods*, by Dr. A. Lockhart Gillespie (Edinburgh: Oliver and Boyd), satisfy his first requirement, and either Dr. Sidney Martin's *Functional and Organic Diseases of the Stomach* (Edinburgh and London: Young J. Pentland) or Ewald's *Lectures on Diseases of the Digestive Organs* (translated for the New Sydenham Society by Dr. Saundby) his second requirement, or either of the latter would probably satisfy both.

## ANSWERS.

NEWFOUNDLAND.—We believe that they have been discarded.

TRIANO.—We have no information about the quack remedies mentioned.

ANXIOUS INQUIRER.—No opinion of any value could be expressed without physical examination.

## SMALL-POX MORTALITY AMONG NATIVE RACES.

DR. H. HAVELOCK STURGE (Elgin Avenue, W.) writes: W. C., M.D. might be interested in an article I wrote in the BRITISH MEDICAL JOURNAL, p. 352, vol. ii., 1889, dealing with an epidemic of small-pox among Kafirs in the Transkei. Subsequently an account of this epidemic was given before the Royal Commission on Vaccination, and the evidence would be found in the Report of the Commission. The mortality was high—in one case at a small group of huts—all the youths and men died, and the girls had to bury the dead.

## INCOME TAX: THE THREE YEARS' AVERAGE.

W. S. C.—The Income Tax Repayment Agency, 6, Chichester Road, Paddington, W., answers that the law as it stands provides that the assessment shall be made on the three years' average. It is most unfair, as it multiplies persons whose profits may be decreasing. It is, the Agency argues, one of the greatest injustices of the Act. In making out the average the return should be made not on receipts, but on net profits. Special forms for the use of medical men are supplied by the Agency.

## ARSENIC IN DIABETES.

DR. W. A. HATTON (Westhoughton) writes in answer to "Chippenham" to draw attention to the views of Dr. W. Murray in *Rough Notes on Treatment on the Value of Arsenic in Diabetes*. Dr. Hatton adds that in a run of 6 cases of diabetes mellitus within twelve months, in which he used pancreatic tabloids, three daily, (B. W. and Co.), and a mixture of tr. camph. co. with ammonium citrate, the sugar entirely disappeared,