

in their care of the patients, and never seemed to be able to do enough for them. Too much cannot be said in praise of the nurses who worked hard night and day doing their utmost to relieve the sufferings of their patients, to whose welfare they seemed to be devoted. They infused the same spirit into their orderlies, who one and all did most excellent work under the most trying circumstances.

ENTERIC FEVER IN SOUTH AFRICA: EFFECTIVE STERILISATION OF EXCRETA.

By MAJOR H. A. CUMMINS, R.A.M.C.,
In Charge of No. 1 Model Military School, Pretoria.

[SECOND REPORT.]

IN my paper on the above subject published in the BRITISH MEDICAL JOURNAL of November 10th, 1900, p. 1369, I stated that further investigations would be made regarding the efficiency of the process there described. Since that time the system has been largely used.

Surgeon-General Wilson, Principal Medical Officer of the Army in South Africa, and Dr. Turner, Medical Officer of Health, South Africa, approve of the method, consequently it has been introduced, and with success, into several hospitals, of which I may mention the following: The Imperial Yeomanry Branch Hospital, Pretoria; 19 General Hospital (late Model School Hospitals, Pretoria; two sterilisers in use); No. 7 General Hospital, Johannesburg; and No. 11 General Hospital, Kimberley. It is also used at the Pretoria Civil Hospital, and I believe it is to be introduced into the hospitals connected with the refugee camps.

Dr. R. W. Dodgson, on special service for bacteriology in South Africa under the War Office, was kind enough to make the two following series of experiments on the contents of the sterilising cauldron:

First Series.—One tube of broth was inoculated half a minute after an enteric stool had been emptied into the boiling cauldron. This tube showed an extensive growth of bacterial colonies. After twelve minutes four tubes were inoculated. They remained absolutely sterile. The same was the case with a tube done after thirteen minutes.

Second Series.—A fair quantity of enteric faecal matter was poured into the cauldron. One minute later a culture was taken, and so on every minute for five minutes. The tube infected after one minute showed a pure culture of large bacilli in chains. The other tubes were incubated for several days at blood heat, but remained absolutely sterile.

These experiments are interesting, inasmuch as they show that in these cases at least many bacteria survive for half a minute, while after one minute only one species remained alive; at two minutes all forms of life had become extinct. Even spores lost their vitality in spite of their usual tenacity of life.

The contents of all bed-pans, slop-buckets—in fact, anything likely to carry infection—are thrown into the cauldron. The multitude of organisms destroyed in this way is, of course, enormous, and the power of reducing these dangerous organisms to harmless organic matter on a large scale, as is done, is a matter of the greatest importance. The so-called “destructor” is unnecessary, as the sterilised matter can be disposed of like normal excreta.

The cauldron in use in this hospital has a capacity of 40 gallons. It is emptied every evening for cleansing purposes; 20 gallons of a solution of izal or crude carbolic acid in water, 3 ss to the gallon, is poured into it, and when this has been heated to near boiling point the apparatus is again fit for use. I desire again to point out that no nuisance is caused. Smell from the boiling cauldron is practically absent, and flies do not approach it. If the contents are not kept sufficiently fluid, charring takes place, with the evolution of ill-smelling gases. This can only occur through carelessness on the part of the attendants.

The sterilised matter taken from the apparatus during the day, and when it is completely emptied for cleansing purposes at night, has no smell, as the putrefactive bacteria in the original matter have been destroyed, while those introduced from the air, buckets, etc., after the matter has been removed from the apparatus, take over twelve hours to produce any fermentative action which could give rise to noticeable odour.

VENESECTION IN THE TREATMENT OF GUNSHOT WOUNDS OF THE CHEST.

By CAPTAIN F. J. W. PORTER, R.A.M.C.,
Colonel White's Column, De Aar.

LIEUTENANT R. was shot through the right chest on January 3rd when the force was ambushed by the Boers about 4 P.M. When I picked him up at 8 P.M. he was rather collapsed and very breathless, and his condition was critical. We reached camp by 10 P.M., and it was seen that there had been a good deal of hæmorrhage into the right pleural cavity. At noon on the following day he was put into an ambulance and taken across country towards Heilbron. He complained greatly of the jolting of the waggon, and one had to inject morphine to relieve his pain and discomfort. At 6 P.M. he was very livid and quite delirious.

At 8 P.M. his condition was so bad that I arranged to halt for the night. His pulse was small and the heart's impulse diffuse. The lividity was very great. I opened the median basilic vein and withdrew about 10 ounces of very dark blood. The stretcher was replaced in the waggon, and he immediately turned on the wounded side and went to sleep. Next morning he was quite rational and expressed himself greatly relieved. We marched until 4.30 P.M. and then reached Heilbron. We had trekked over 50 miles in 28½ hours. Next morning he was taken by train to No. 3 General Hospital at Kroonstad and has made an uninterrupted recovery.

I am perfectly certain that he would have died on the night of January 4th but for the venesection. His heart was unable to drive the blood through the undamaged lung, and was relieved by the reduction of the volume of blood in circulation. I cannot help thinking that many cases of this sort might be treated with great benefit in the same way, and also that many cases of ordinary pneumonia occurring in strong, full-blooded men might be treated by venesection with advantage.

MEMORANDA:

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

CONCLUSION OF A CASE OF REMOVAL OF SCAPULA FOR SARCOMA IN THE INFRASPINATUS MUSCLE.

IN the BRITISH MEDICAL JOURNAL of August 21st, 1897, I recorded the case of a girl, aged 8, in whom I had treated a sarcoma in the infraspinatus muscle by removal of the scapula. The tumour, which was reported on by Professor L. R. Sutherland, was composed of spindle cells mostly; there were also present round cells and multinucleated masses of protoplasm. The girl remained well till December, 1897 (twelve months after the operation), when she developed a cough. This continued till April, 1898, at which time there was evidence of consolidation of the left base. In the course of the following month she had hæmoptysis, and complained of “cramps” in the abdomen; ascites was detected. There was also some rigidity of the spinal column. Pleural effusion on the left side was noted on May 27th, and she died on the following day with dyspnoic symptoms just seventeen months after the operation.

Post-Mortem Examination.—Nodules of sarcoma were present in the heart and right lung and right third intercostal muscle; the upper lobe of the left lung had been transformed into a bulky tumour. The peritoneum and abdominal lymphatic glands were extensively involved. Tumours were found in the kidneys, adrenals, pancreas, stomach, intestines, liver, diaphragm, right ovary, and in the bodies of the last lumbar and first sacral vertebrae.

The Microscopical Examination was carried out by Dr. M. L. Taylor, of the Pathological Department of the University of Glasgow. He finds characters resembling, on the whole, those of the primary tumour in the scapular muscle (*vide supra*). All gradations are present, from spindle to round-celled growth. In the heart nodules some of the large spindles show transverse striation; there are also some multinucleated giant cells present. The giant cells largely predominate in the adrenal tumours, and some of them do not show nuclei. In the retroperitoneal glands, ovary, and intestines spindles predominate, while in the lung and intercostal tumour round cells are present in almost equal number with the spindles.

This case, from its clinical course, points to the scapular

muscle as having been the primary seat of disease. It is, I think, very unlikely that if this tumour had been secondary to those in the adrenals there would have been for so long no signs pointing to the abdomen.

GEORGE HENRY EDINGTON, M.D., F.F.P.S.G.,
Surgeon to the Dispensary of the Western
Infirmary, Glasgow.

REPORTS

ON

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

NO. 7 GENERAL HOSPITAL, PRETORIA.

ABSCESS OF THE LUNG: OPERATION: RECOVERY.

(By WILFRED WATKINS-PITCHFORD, M.B.Lond., F.R.C.S.Eng.)
M. J. T., aged 29, a trooper in Bethune's Mounted Infantry, was admitted in August, 1900.

History of Present Illness.—In the preceding May, while taking part in the Queen's birthday parade, his horse fell with him, and in the fall the butt of the carbine which he was carrying in his right hand was driven with great violence against the lower part of the right side of his chest. He was told that two ribs had been broken. On the second day after the accident he began to expectorate blood-stained pus, and this sanguineo-purulent expectoration had continued ever since.

Previous History.—His father had died of "disease of the lungs" at the age of 59. The previous history of the patient was somewhat remarkable. His calling was that of a professional jockey, and up to the year 1885 he had enjoyed perfect health. In this year while riding a race in Melbourne his horse fell and rolled upon him, crushing both sides of his chest and fracturing both clavicles. There was no hæmoptysis, but his very serious injuries necessitated his detention in the Melbourne Hospital for a period of eighteen months. He was discharged suffering from a cough, but otherwise restored to health. Thirteen years after this (that is, in 1898), at Lucknow, he was thrown in a steeplechase, and injured the right side of his chest. The accident was immediately followed by hæmoptysis, but in a few weeks' time he was following his business once more. He now noticed that the cough, the commencement of which dated from his accident in 1885, had become considerably aggravated, and upon applying for relief at the European hospital in Calcutta he was told that he had "consumption." It will thus be seen that on three separate occasions—in 1885, 1898, and in May of last year—the man had received more or less grave injuries to his chest. He stated that he had never suffered from pain in the region of the liver, jaundice, or dysentery.

Condition on Admission.—He was profoundly emaciated with that waxy pallor of the skin suggestive of lardaceous disease. There was almost incessant cough accompanied by profuse sanguineo-purulent expectoration. The expectoration had for many weeks averaged about three pints in each twenty-four hours. The temperature chart showed that for some weeks the temperature had remained continually above the normal. There were occasional night sweats but these had not been severe. Appetite and digestion were much impaired, and sleep, owing to the harassing cough, almost impossible without sedatives. The patient expressed the conviction that the expectoration came from a part of the chest below the right nipple. The right side of the thorax was tender to percussion, the greatest tenderness being over the fifth rib outside the nipple line. Surrounding the right nipple was an area about the size of the palm of the hand in which the percussion note was very dull, breath sounds absent, voice sounds much diminished, and vocal fremitus abolished. Below, this area of dullness became continuous with that due to the liver. Over the base of the lung behind and at the side percussion resonance was impaired and breath sounds extremely faint. Percussion resonance over the upper part of the lung was skodaic. No râles could be detected in the right lung and the physical signs of the left were normal.

The heart gave signs of being displaced $\frac{3}{4}$ inch to the left; its sounds were natural. No enlargement or tenderness of either liver or spleen could be detected. The urine was loaded with urates and contained a trace of albumen. The expectoration, which was of a bright pink colour, when examined microscopically proved to consist of much ill-defined granular *débris*, a few pus cells and many red blood corpuscles. The tubercle bacillus could not be discovered although searched for on two or three occasions.

Diagnosis.—The physical signs rendered it quite evident that there existed a collection of fluid near the base of the right lung, either localised in the pleural cavity or contained within the substance of the lower lobe. The condition of the patient being critical, I recommended that an immediate attempt should be made to reach and drain the collection. Major R. Porter, R.A.M.C., undertook the operation.

Operation.—When the patient had been anaesthetised with A.C.E. mixture, and the surface of the chest prepared for operation, an exploring needle connected with an aspirating bottle was thrust in just below the right areola. Pus was reached at a depth of $3\frac{3}{4}$ inches from the surface. The needle being withdrawn, the fifth rib was exposed and about 1 inch of it resected. Upon the pleura being incised, the surface of the lung presented itself. The finger could detect at some distance from the wound a line of adhesion between the visceral and parietal pleuræ, thus showing that a loculus of the pleural cavity had been opened. The lung was again punctured with the aspirating needle, and upon pus being reached a closed pair of sinus forceps was introduced beside the needle, and withdrawn when opened. By these means a free communication with the abscess was obtained without any hæmorrhage from the lung tissue. About $4\frac{1}{2}$ ounces of thick, grumous pus escaped; it was not offensive. The index finger being introduced into the cavity discovered it to be, in the words of the operator, "large enough to hold the closed fist, and surrounded on all sides by lung substance." No aperture could be detected in any direction. A large, fenestrated drainage tube was inserted to the fundus of the cavity, and the cutaneous wound closed around it. The dressing consisted of much cyanide wool.

After-History.—The temperature had fallen to normal and the cough had ceased an hour after the completion of the operation. For four days the patient did well, but on the fourth day the temperature rose suddenly to 103° , and cough with expectoration returned. At first it was difficult to account for this; although the discharge had become yellow in colour, the cavity in the lung was evidently draining freely. The patient complained that his expectoration was very bitter to his taste; he had never before experienced this, and, following the clue thus given, a chemical examination of the discharge from the wound and of the expectoration disclosed the presence of bile pigment in both. In four or five days the temperature had again become normal, and bile could no longer be detected in the discharges. The urine was now found to be free from albumen, and from this time onward a rapid recovery was made. The tube was shortened daily, and could be left out altogether at the end of another week; in a fortnight the sinus had closed. When seen at the convalescent dépôt at Howick, three months after the operation, the patient appeared in robust health and showed no signs of his former trouble.

REMARKS.—The question of greatest interest in this case is that of the mode of origin of the abscess. Was it due to injury sustained by the lung either in 1885 or 1898, or was it primarily a hepatic abscess, which, finding its way through the diaphragm into the lung, had failed for some reason to discharge itself from that situation? The history of hæmoptysis after the accident in 1898 is in favour of the former theory, but the appearance of bile in the discharge from the abscess cavity after the operation is difficult to explain except by the latter theory. A bacteriological and microscopical examination of the abscess contents had showed it to be free from organisms, and, like the expectoration, to be composed of a few leucocytes, many red blood corpuscles, and much granular *débris*. This granular *débris* had been derived apparently either from broken-down pus cells, or perhaps from the disintegration of liver cells. The characters of the abscess contents were certainly such as would favour the theory of the hepatic origin of the abscess. Our present knowledge of

MEDICO-LEGAL AND MEDICO-ETHICAL.

THE ELECTRICAL TREATMENT OF LEAD POISONING IN WOLVERHAMPTON.

A CORRESPONDENT sends us a copy of the *Wolverhampton Express and Star*, which contains a somewhat sensational article upon lead poisoning under the title of "The Horror of the Potteries," and with the subtitle, "Wolverhampton Doctor and the Electricity Cure." This article seems to be based upon one which had appeared in the *Daily Dispatch*, and, after giving some statistics, describes a mode of treatment of electricity which the article associates with the name of Dr. Armitage of Wolverhampton. Two days later the *Express and Star* contained a letter headed "Lead Poisoning: Honour to Whom Honour is Due," signed by F. James, who writes from the Electric and Turkish Baths, Wolverhampton. This person claims that it was he who twenty years ago introduced electricity as a cure for lead poisoning, and that he treated many cases free of charge which were sent to him from the Potteries by the Women's Trade Union League. When he had demonstrated the curative effects of his treatment, he desired to institute a small charge, and the Women's League then expressed a wish to have the cases periodically examined by a medical man. Mr. James says that he recommended Dr. Armitage, who has since examined the cases every Thursday morning, but has had nothing to do with the actual treatment; and adds, "I may state that I never allow anyone to interfere with the methods of treatment, be he doctor or layman, as I consider such methods peculiarly my own, having never entirely divulged them to anyone." If the facts are stated correctly in this letter, Dr. Armitage does not occupy a specially dignified position in relation to the treatment, and he might consider whether he is acting prudently in covering with the mantle of his professional responsibility a method of treatment which is not entirely divulged, and over which he has not complete control.

FALSE CERTIFICATE BY A MIDWIFE.

FROM the report in the *Times* it appears that Mrs. Nora Lunn, a midwife, appeared before Mr. Paul Taylor at the Southwark Police-court, charged with making a false declaration that a certain child born alive was still-born, knowing it to be false. The defendant pleaded guilty, saying that she did not know she was doing wrong, that the child did not live an hour, and that the mother was anxious not to lose parish relief. The magistrate remarked that the giving of false certificates by midwives might lead to wholesale crime, and ordered the defendant to pay £10, the maximum penalty, or undergo six weeks' imprisonment.

A VILLAGE MIDWIFE.

ACCORDING to the *Yorkshire Evening Post* an inquest was recently held at East Ardsley, on the body of a labourer's wife, aged 25, who had died from puerperal fever after having been attended by a midwife. According to the evidence of a medical witness, if the case had been seen in its early stages by a medical man and the ordinary treatment adopted, the woman's life might have been saved. The midwife, who was 68 years of age, said she had attended confinements regularly during the last nine years, and occasionally since she was 20, but did not hold a certificate. The coroner expressed the opinion that she was not fit to attend such cases, and remarked that there was no law at present to prevent ignorant people employing ignorant persons on these occasions. The jury returned a verdict that the woman died from natural causes, and that no blame attached to the midwife.

THE PECULIAR PEOPLE.

A MAN and his wife, charged at the Stratford Police-court recently with the manslaughter of their son aged 6 months, and with neglecting the child in a manner likely to cause it unnecessary suffering and injury to health, have been committed for trial. The prosecution was at the instance of the National Society for the Prevention of Cruelty to Children, and had the approval of the Public Prosecutor. The parents belong to the sect known as the Peculiar People, and the following statement by the male defendant is interesting as showing the attitude of mind of these misguided people: "I wish to say that, proving the Word of God as I have done for nearly thirty years, God having saved me for that period, my reason for taking this course is wholly and solely to obey the Word of God. He has answered prayers and taken pains away from myself, my wife, and my children many times in less time than I could walk a quarter of a mile to fetch a doctor. I am not despising doctors, but having proved God's power above their power, I desire to obey His Word, and thus doing so I honour Him."

INSURANCE AGAINST MALPRAXIS ACTIONS IN AMERICA.

THE Fidelity and Casualty Company of New York proposes to insure medical practitioners against losses by malpraxis suits. It bases its action on the assumption that when it becomes generally known that physicians, surgeons, and dentists are thus protected there will be less inclination than there is at present on the part of speculative lawyers to bring such actions against members of the profession.

SALE OF SHARE IN PRACTICE.

PERPLEXED asks for information on the following points: (1) A partnership is desired in a large practice, the receipts from which are between £2,000 and £3,000 annually. For several years past the income has been increasing each year. In estimating the value of the practice should the receipts from the last year be taken, or would an average of the last three years be the proper basis? (2) The site where the practice is being carried on may be required for street improvement. What portion of the goodwill, if any, would fall to the junior partner? (3) The ground floor (four rooms) is used for the practice. What portion of the rent should the partnership pay for the same, the total number of rooms in the house being ten, and assuming the rent of the same to be £100.

*** (1) The proper basis would be the average annual receipts for the

last three years. (2) Where property is taken compulsorily for public purposes the compensation payable is the estimated value with an addition of 10 per cent. for the compulsory nature of the appropriation. This is payable to the owner of the property, and it is doubtful whether any claim could be made for the goodwill of a medical practice. Unless, therefore, the house were partnership property, the junior partner would have no claim to share in any compensation paid for its compulsory appropriation. (3) This entirely depends on the character of the rooms, and how far their use interferes with the convenience of the house as a residence.

RECOVERY OF CHARGES FROM EXECUTORS.

ABERDEEN writes that he at some considerable inconvenience attended a patient who resided at a distance from his house. This was done at the special request of the patient, and considerable gratitude was expressed at the time for his services. After the death of the patient he sent in his bill, but has hitherto been unable to get any payment, although the solicitor to the executors has told him that it will be attended to. What steps should he take to recover his charges; should he take out a summons at the county court against the executors?

*** This account will probably be paid in due course. No legal steps can be taken to recover the debt until a year after the death of the patient; then an action will lie against the executors.

HOSPITAL OFFICERS AND CORONERS' INQUESTS.

HOUSE-SURGEON wishes to know if he is compelled to fill in the answers to a printed form supplied by the coroner, and containing when complete all the particulars of a *post-mortem* examination ordered by the coroner previous to the inquest, and then attend the inquest and give evidence without fee or reward.

*** The form supplied to the medical witness previous to the inquest is one which is now extensively used by the metropolitan coroners and by others in cases in which *post-mortem* examinations are required. We do not know that the filling up previous to the inquest is compulsory, but by so doing the evidence to be given is clearly defined, and the time of the witness is saved at the court, and a permanent record of the *post-mortem* examination is obtained without going through all the details at the public inquiry. It was first instituted by the coroner for Central London and appears to be generally appreciated by medical witnesses who experience little or no difficulty in their case. With regard to the payment of hospital medical witnesses, that is regulated by the Coroners Act, 1887, which enacts that when a person dies in a public hospital or other medical institution, the medical officer whose duty it is to attend such person shall not be entitled to any fee at the coroner's court.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF EDINBURGH.

HONORARY DEGREE.

IN presenting Sir John Williams, Bart., M.D., F.R.C.P., for the honorary degree of Doctor of Laws, at the Spring Graduation of the University of Edinburgh, on Friday, April 12th, the Dean of the Faculty of Law (Sir Ludovic Grant) said: The roll of British gynaecologists contains no more honoured name than the name of Sir John Williams, and to the pre-eminent position which he holds in one of the most important departments of medical science he is entitled alike by his distinction as a teacher, by the importance of his published papers, and by the achievements of his clinical skill. For a number of years he filled with conspicuous success the Chair of Midwifery in University College, London. His contributions to obstetrical and gynaecological literature include many papers which are universally acknowledged to be of the highest practical and theoretical value. No more signal proof can be produced of his ability and resource in practice than the fact that princes have put their trust in him, and that he has acted as the chosen attendant of Her Royal Highness the Duchess of York. Nowhere can services such as Sir John Williams has rendered be more fittingly recognised than in a University with which the name of Sir James Simpson is inseparably associated, and it is therefore with peculiar pride that the University begs so distinguished a scientific expert to accept her highest academic imprimatur.

DEGREES IN PUBLIC HEALTH.

The Degree of B.Sc. in the Department of Public Health was conferred, at the Spring Graduation on Friday, April 12th, on Angus John Grant, M.D., Joseph Norris Marston, M.D., and James Adam Shoolbread, M.B., C.M.

FINANCE.

The abstract of accounts of the University of Edinburgh for the year ending August 31st, 1900, has just been published as a Parliamentary Return. The total funds at the beginning of the year were £690,159 10s. 10d., and at the end of the year £697,370 4s. 1d.

The Funds for Bursaries, Scholarships, Fellowships, and Prizes at the beginning of the year were £355,851 13s. 5d., and at the end £338,177 0s. 6d. The Moray Fund for Research at the beginning of the year was £20,286 3s. 7d. The Fee Fund and Salaries Account amounted to £35,977 17s. 4d. Matriculation fees amounted to £2,903 5s. and Graduation fees to £7,466 7s. 6d. The salaries to Principal and Professors amounted to £10,589 0s. 5d., pensions to retired professors to £5,000, to lecturers and assistants £9,795 13s. 3d., to examiners £2,346 4s. 11d., equipment and upkeep of laboratories, including class expenses, £3,459 7s. 6d.

Library.—On the equipment and upkeep of library £2,466 18s. 9d. was

expended, a sum inadequate to the purposes of a great University, as has been already pointed out in the *BRITISH MEDICAL JOURNAL*. Many of the smaller German universities yearly expend much larger sums, and the consequence is that when men wish to have access to a good modern library they have to go to some of the German university towns. Indeed, were it not for the presence in Edinburgh of the Advocates' Library, the Signet Library, and the Free Library, students would often find work well-nigh impossible for lack of books of reference. Moreover, the University Library is inadequately catalogued, and one is told from time to time that certain books do not find a place in the library, though one has had the use of the books in question in former years. No sufficient check is kept on the time that books are allowed to remain out, and one may inquire again and again in vain for books. Perhaps some of the professors are the greatest offenders in prolonged detention of books.

UNIVERSITY OF ABERDEEN.

HONORARY DEGREE.

At the graduation ceremony on April 6th the honorary degree of LL.D. was conferred upon Dr. Angus Fraser, of Aberdeen. Professor Hay, in presenting Dr. Fraser, said: I have next to present to you Dr. Angus Fraser, an honours graduate of this University, and one of the most able and distinguished physicians in the north of Scotland. Dedicating his great talents to the service of his native city, Dr. Fraser early reached a leading position in his profession, and has long been one of the most trusted of our medical consultants. Perhaps the most noteworthy feature of his career has been his unselfish devotion to the interests of the Royal Infirmary, in which he has for many years been a physician and clinical lecturer. It was due largely to his courage and initiative that the reconstruction and reorganisation of this invaluable institution was undertaken, with the result that not only have the resources of the infirmary for its primary purpose—the care and cure of sick—been enormously increased, but its value as an essential adjunct to the medical teaching of the University has been greatly enhanced. Dr. Fraser has also within the University itself rendered signal service as a member of the University Court, and during its most difficult years as convener of the Finance Committee. The Court has already done him the honour of electing him for a term to represent the University in the General Medical Council of the United Kingdom. The Senatus also desiring to honour him requests you to bestow upon him the degree of Doctor of Laws.

The following degrees and diplomas were also conferred:

Degree of Doctor of Medicine (M.D.).—G. K. Gifford, M.B. Thesis: Clinical History, with Notes of Five Cases of Intussusception. A. D. Kelly, M.B., C.M. Thesis: Appendicitis, with Cases. T. W. Lumsden, M.B., Ch.B. Thesis: A Critical Review of Some Recent Work on Diabetes Mellitus. R. G. McGowan, M.B., C.M. Thesis: Epidemic Arsenical Poisoning. J. Pirie, M.B., C.M. Thesis: Acromegaly and Gigantism. D. Skinner, M.B., C.M. (Thesis for M.B. under old regulations.)

The theses of Messrs. A. D. Kelly and T. W. Lumsden were considered worthy of commendation.

Degrees of Bachelor of Medicine (M.B.) and Master in Surgery (C.M.) (Old Ordinances).—T. Bromilow, D. A. R. Farquharson, W. J. Flett, G. E. H. Le Fauu.

Degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.) (New Ordinances).—R. Aird, M.A. (with first-class honours), A. W. Cassie, M.A. (with second-class honours), W. Anderson, M.A., W. Cameron, J. W. Clyne, R. Cranna, J. G. Davidson, J. H. Duguid, C. Forbes, J. Gilchrist, M.A., A. C. Glashan, A. G. Gray, J. J. Johnson, J. Kerr, D. M. Mackenzie, N. W. Mackworth, W. McQuibban, W. G. Maydon, J. A. Mearns, W. Mulloy, H. W. Smith, E. M. Thomson, M.A., A. W. O. Wright.

Diploma in Public Health.—N. Davidson, M.B.; J. C. Galloway, M.A., M.B.; A. Ledingham, M.A., M.B.; C. Murray, M.A., M.B.; *James Ritchie, M.D.; A. M. Rose, M.B.; H. Sinclair, M.B.; *A. B. Walker, M.B. University Prizes in the Faculty of Medicine were awarded as follows:—Fife Jamieson Memorial Gold Medal in Anatomy—Margaret Duncan. The Livers Gold Medal in Anatomy—Archer T. Fortescue. Keith Gold Medal for Systematic and Clinical Surgery—R. D. Keith and J. S. Rose, "proxime accessit." Shepherd Memorial Gold Medal for Systematic and Practical Surgery—R. Aird, M.A. Dr. James Anderson Gold Medal and Prize in Clinical Medicine—A. W. Cassie, M.A. Matthews Duncan Gold Medal in Obstetrics—W. Cameron.

* With credit.

UNIVERSITY OF LONDON.

THE FUNDS AND EXPENSES OF CONVOCATION.

AN extraordinary meeting of Convocation was held at the University Building, South Kensington, on April 12th, to consider the following motion:

"That the life composition fees paid by the graduates in lieu of annual subscription to Convocation, being the capital of Convocation, ought not to be retained by the Treasury; and that the Senate of the University be hereby requested to represent to the Chancellor of the Exchequer that Convocation is the equitable owner of the same.

"That copies of this resolution be forwarded to the Vice-Chancellor and to the Member for the University, and to all the London M.P.s; and that all Members of Convocation be requested to draw the attention of their local representatives in Parliament to the just claim of Convocation to the sums thus accumulated."

The proceedings did not commence till eighteen minutes after the advertised time, as the requisite quorum (50) of members was not present until that time.

Sir E. H. Busk, Chairman of Convocation, who presided, explained that he had called the meeting because the next ordinary meeting of Convocation on May 14th would be too late to influence the decision of the Government.

Professor Silvanus Thompson said that Convocation required money for a great variety of expenses. Members had to pay an annual subscription of 5s. or a composition fee (before 1869) of £3, and since that date of £1, to cover the cost of postage, &c., during the graduate's life. Although the University had recently been reconstructed, those composition fees

belonged as much as ever to the University, which besides the new work of teaching had also to carry on the beneficent work of the old University. In other countries universities received their principal support from the State. Thus, the University of Paris, with 12,000 students, received £120,000 per annum from the Government. Berlin, with 5,140 students, had over £105,000 yearly from the State, or about £21 per student. Rostock, with its 514 students, had a subvention of £17,000, or about £33 per caput. Edinburgh had 2,780 students and a Parliamentary grant of £25,870, or about £9 per student. The University of St. Andrews, with 236 students, had a grant of over £10,800 per annum, that is £45 per student. This was the most highly supported University per caput in the United Kingdom. The expenses of the University of London would probably exceed the Government grant by £3,000 a year. Composition fees were always regarded as capital, and the Treasury should be asked to restore those paid by the members of Convocation. The case was almost too plain for argument.

Dr. Kimmins seconded the motion.

The Chairman said that the fees paid by members of Convocation since 1858 amounted to nearly £6,000, the bulk of that sum being for composition, and it had all been paid over to the Treasury, which until March 31st, 1901, paid all the expenses of the University. This arrangement had now ceased. The Senate had brought the matter before the Chancellor of the Exchequer, who had omitted it in his reply, though he had answered all the other questions submitted to him.

Sir A. Rolit, M.P., argued that the amount in question belonged to the University, and not to the Treasury. The University of Strasburg since 1870 had been endowed to the extent of nearly £1,000,000, and unless their University was largely endowed they would have great reason in the future to regret its poverty. This was not a question of general, but of specific, account. The amount was earmarked for a specific purpose, and paid over to the Government as to a trustee. It might possibly be subject to actuarial deduction, as some of the work for which it was paid had been done since it was handed over, but the bulk of it belonged of right to the University.

A discussion took place, in the course of which Mr. Dowse contended, on the other hand, that as the amount expended by the Government upon Convocation had in the past been three times as much as the amount paid by Convocation, the sum in question did not equitably belong to Convocation.

It was also objected that the motion attributed to Convocation what it did not possess—a separate corporate existence from the University; and it was suggested, as an amendment, that "University" should be substituted for "Convocation" in the motion.

This was seconded and carried.

The Chairman stated, in answer to a question, that, excluding printing and salaries, the allowed expenses of Convocation were £100 per annum, a sum which was probably in excess of the actual expenditure.

Professor Thompson replied, and the motion was carried by a large majority with the modification indicated.

UNIVERSITY OF DURHAM.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE (Old Regulations).—The following candidates have satisfied the Examiners in the subjects undernoted:

Chemistry, with Chemical Physics.—T. H. Bailey, L.S.A., King's College Hospital; J. G. H. Lane, M.R.C.S., L.R.C.P., Guy's Hospital.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE (New Regulations).—The following candidates have satisfied the Examiners in the subjects undernoted:

Elementary Anatomy and Biology, Chemistry and Physics.—D. T. Birt, College of Medicine, Newcastle-upon-Tyne; J. A. Bell, St. Bartholomew's Hospital; W. H. H. Croudace, College of Medicine, Newcastle-upon-Tyne; R. B. Reed, College of Medicine, Newcastle-upon-Tyne; A. B. Raffle, College of Medicine, Newcastle-upon-Tyne; R. Rutherford, College of Medicine, Newcastle-upon-Tyne; R. J. Willan, College of Medicine, Newcastle-upon-Tyne.

Elementary Anatomy and Biology.—H. Christal, College of Medicine, Newcastle-upon-Tyne; J. B. Cooke, College of Medicine, Newcastle-upon-Tyne; S. J. Fielding, St. Thomas's Hospital; J. G. Gibb, St. Bartholomew's Hospital; A. H. Hogg, College of Medicine, Newcastle-upon-Tyne; W. E. Hopkins, St. Mungo's College, Glasgow; F. H. Moxon, College of Medicine, Newcastle-upon-Tyne; E. J. Markham, College of Medicine, Newcastle-upon-Tyne; W. T. Sewell, College of Medicine, Newcastle-upon-Tyne; A. J. Turner, London Hospital; E. Tate, College of Medicine, Newcastle-upon-Tyne.

Chemistry and Physics.—F. W. Kemp, College of Medicine, Newcastle-upon-Tyne; C. D. Relton, College of Medicine, Newcastle-upon-Tyne; J. B. Williamson, College of Medicine, Newcastle-upon-Tyne; E. Young, St. Mary's Hospital.

Elementary Anatomy.—Sophia Bangham Jackson, University College, Cardiff; J. B. Thomas, St. Mary's Hospital, and Cooke's School of Anatomy.

UNIVERSITY OF BIRMINGHAM.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE AND BACHELOR OF SURGERY.—The following candidates have satisfied the Examiners in the subjects undernoted:

Elementary Biology (Part 1).—Class I: R. W. Aitken, W. Cook, A. E. R. Weaver, F. Wilkinson. Class II: R. H. Astbury, J. S. Austin, E. L. Bunting, H. Elwell, Helen Gertrude Greener, Edith Dora Grove, C. K. Gettings, H. S. Gettings, L. L. Hadley, R. J. J. Hawkes, L. C. Hayes, W. C. Horton, W. C. Houghton, E. H. Kenderdine, L. G. J. Mackey, V. G. Maitland, H. P. Pickerill, H. J. D'A. G. Price, G. Rollason, N. J. L. Rollason, H. P. Thomason, S. G. Walker, B. J. Ward, J. Wells, E. S. Whitcombe.

Chemistry and Physics (Part 2).—Class I: W. Cook, C. K. Gettings, R. J. J. Hawkes, T. H. Ravenhill, H. P. Thomason, A. E. R. Weaver, F. Wilkinson. Class II: H. Elwell, H. S. Gettings, J. R. E. Hescltine, L. G. J. Mackey, E. Osborne, B. J. Ward.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.
A MEETING of the Council was held on April 11th, Sir William MacCormac, Bart., K.C.V.O., President, in the chair.

OFFICE OF SECRETARY.

Mr. Sibert Forrest Cowell was officially admitted to the office of Secretary.

COLLEGE PRIZES.

The Jacksonian Prize was awarded to Mr. William McAdam Eccles; the subject of the essay was The Pathology, Diagnosis, and Treatment of the Diseases caused by and connected with Imperfect Descent of the Testicle. The College Triennial Prize was not awarded; nor was the Walker Prize for work done upon the subject of cancer during the last five years.

The subject chosen for the Jacksonian Prize for the year 1900 is Fracture of the Skull, its consequences immediate and remote, including Pathology and Treatment. The subject for the next College Triennial Prize is The Pathological Conditions arising from Imperfect Closure of the Visceral Clefts. It was determined that these essays must in future be typewritten.

ELECTION OF FELLOWS.

The following Members of 20 years' standing were elected Fellows: Mr. Priestley Smith and Major Ronald Ross, I.M.S.

UNIVERSITY OF LONDON.

It was determined to ask the Royal College of Physicians to appoint delegates to meet delegates of the Royal College of Surgeons for the purpose of considering the position of the two Colleges with regard to the reconstituted University of London.

DENTAL CURRICULUM.

A report of the Board of Examiners in Dental Surgery recommended that the Dental Departments of the Universities of Michigan, of Harvard, and of California should be recognised, but that the Royal College of Dental Surgeons of Ontario should not at present be recognised, pending certain modifications in the curriculum.

With reference to the Preliminary Examination in the case of students from the United States, the Board of Examiners in Dental Surgery further recommend that for the future no graduates in Dental Surgery of Universities or Dental Colleges in the United States be admissible to examination unless they show:

1. That they have passed some Preliminary Examination recognised by the General Medical Council for the purpose of registration as a medical or dental student.
2. That they have obtained a degree in Arts from one of the Associated Universities of the United States.
3. That they have completed a four years' high-school course in the State of New York, and obtained 48 "counts," substantially covering the subjects required by the Preliminary Examination in this country.
4. Or, that they have passed some other examination or obtained some Degree in Arts which, in the opinion of the Board of Examiners in Dental Surgery, may be considered satisfactory.

CONJOINT BOARD IN SCOTLAND.

The following candidates have passed examinations as under:

First Examination, Four Years' Course.—J. Gilmour and A. C. M. Macrae.

First Examination, Five Years' Course.—D. C. McCabe-Dallas, J. M. G. Ewing, H. E. Bolton, J. Wilson, J. Baillie, M. A. Gibbs, S. B. Legge, J. G. Cormack, N. J. Murphy, D. C. McNair, C. G. Dyer.

Two passed in Physics and three in Elementary Biology.

Second Examination, Four Years' Course.—Jessie Eleanor George and E. Saxton.

One passed in Materia Medica.

Second Examination, Five Years' Course.—Minnie Green, R. S. Walker, W. J. Purves, T. A. Mendes, L. P. M. Alexis, W. B. Hendry, L. F. Bianchi, J. Stark, G. A. Paulin (with distinction), W. Adams, J. St. A. Maughan, W. P. Cowper, Lillian Mary Grandin, E. Claye, A. M. Walsh, and E. R. Mumford.

Third Examination, Five Years' Course.—R. W. J. Pearson, J. C. Curtis, W. E. Knight, W. P. Grellet, J. S. Burton, W. S. R. Dick, L. W. Thomson, H. F. Walker (with distinction), C. A. Bruce-Whyte (with distinction), Katharine Charis Davies, F. E. McGee, W. G. Frost, and T. Gibbons.

Final Examination.—R. Rosenberg, J. Cotter, B. Swinden, A. C. Campbell, R. P. N. B. Bluett (with honours), D. S. E. Macnab, J. Levack, A. C. Lopez, G. W. Smithwick, L. H. Callander, W. S. Snell, G. B. Pearson, Catherine Frances Marianne Leach, W. H. Swaffield, G. W. Van Twest, F. C. Willmot, A. Brownlee, G. Dinkar-Ukidue, T. M. O'Driscoll, J. H. Rooney, R. P. Parker, and W. H. E. Brand.

Two passed in the division of Medicine and Therapeutics, three in Surgery and Surgical Anatomy, six in Midwifery, and three in Medical Jurisprudence.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

At a meeting of the Fellows of the College held April 15th, Messrs. R. Lane Joynt and P. W. Maxwell were elected members of the Council.

CONJOINT BOARD IN IRELAND.

FIRST PROFESSIONAL EXAMINATION.—Candidates have passed this examination as undernoted:

Honours in order of Merit.—H. N. Cole, J. McQuillan, T. J. Madden, C. Cooper.

In all Subjects.—L. A. Andrews, T. J. Brooke Kelly, T. W. Conway, P. V. Dolan, J. S. Dunne, W. Kelly, F. Lyburn, A. O'Reilly, H. E. Redmond, M. B. Talbot Crosbie, F. M. Moore.

Completed the Examination.—M. Antony, T. S. Blackwell, C. I. R. Clarke, W. I. Cowell, P. Graham, I. J. Healy, J. M. O'Connell, T. O'Donnell, D. de C. O'Grady, W. Roche, W. D. Sammon, W. Sheehan, J. Vasquez, P. D. Walsh.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

THE ANNUAL REPORT OF THE REGISTRAR-GENERAL FOR ENGLAND AND WALES.

THE sixty-second annual report of the Registrar-General relating to the vital statistics of England and Wales for the year 1899 has just been issued. Although the earlier publication of quarterly returns somewhat discounts the interest attaching to the more general statistical facts of the year, the report now published contains the detailed analysis which is necessary for the better appreciation of the true significance of those facts. In connection with marriage-rate, birth-rate, and death-rate for recent years, it should be noted that the estimates of population on which these rates are based are purely provisional, and are subject to revision according to the results of the recent census.

MARRIAGE-RATE.

The marriage-rate during 1899 showed a further increase upon that recorded in recent years, and has not been exceeded in any year since 1876. The rise in the marriage-rate has been continuous since 1895.

BIRTH-RATE.

The births registered in England and Wales during the year under notice numbered 928,646, and were equal to an annual rate of 29.3 per 1,000 of the estimated population; this rate is slightly lower than that in the preceding year, which had hitherto been the lowest recorded since the establishment of civil registration in 1837. The highest birth-rates were, as usual, in the mining or manufacturing counties of Nottinghamshire, Warwickshire, Northumberland, Staffordshire, and Durham. To each 1,000 births of females there were 1,039 male births, which was slightly in excess of the average proportion.

DEATH-RATE.

The 581,799 deaths registered during the year 1899 were equal to an annual rate of 18.3 per 1,000, against an average of 18.4 per 1,000 in the ten years immediately preceding. The lowest county death-rates were 12.9 in Westmorland, 14.2 in Rutland, 14.7 in Middlesex, and 14.9 in Cambridgeshire; and the highest rates 19.5 in Warwickshire, 19.6 in Staffordshire, 20.1 in Northumberland, and 21.1 in Lancashire. With regard to the mortality at different age periods, the death-rates of both sexes at all age groups above 5 years were higher in 1899 than they had been in the preceding year. The proportion of deaths of infants under 1 year of age to registered births was 163 per 1,000, or 12 per 1,000 higher than the average. Infant mortality among males is greater than among females; out of equal numbers born, the deaths of males to the deaths of females during the first year of life were in the proportion of 119 to 100. The urban death-rate during 1899 was equal to 19.2 per 1,000, and the rural rate to 16.3 per 1,000, of their respective populations; the urban death-rate was equal to the average, but the rural rate showed a slight decline.

With reference to the causes of death in England and Wales during the year under notice the mortality from zymotic or specific febrile diseases was in excess of the average, mainly on account of the large number of deaths attributed to influenza and to diarrhoea. The mortality from diphtheria and from enteric fever was above the average, but that from small-pox, measles, scarlet fever, and whooping-cough was lower than the average in the ten preceding years. The fatal cases of small-pox, which had been 223, 541, 25, and 253 in the four preceding years, declined again to 174 during 1899, of which 141 were of persons belonging to the borough of Hull. Only 4 of the 174 persons who died from small-pox were returned as "vaccinated"; 5 were said to be "unvaccinated"; and in the remaining 165 cases (including all those belonging to Hull) no statement as to vaccination appeared in the certificates. The deaths directly attributed to influenza during 1899 numbered 12,417, against 3,753, 6,088, and 10,405 in the three preceding years. The year under notice is the first year on record in the course of which not a single death from hydrophobia is reported to have oc-

whooping-cough were recorded in Edinburgh. Six deaths from whooping-cough and 2 from diarrhoea occurred in Dundee; 4 from diarrhoea in Aberdeen; 2 from measles and 2 from whooping-cough in Leith; 4 from whooping-cough in Paisley, and 2 in Greenock.

WATER SUPPLY FOR COTTAGES.

G. writes: In a letter from an agent to a large estate I am informed that he is advised that a weekly supply of water to two cottages of 166 gallons is "ample." This supply gives to each cottage 83 gallons and will be used for all purposes, and each cottage, it is said, will be inhabited by man, wife, and two children, and perhaps more. A much larger supply with very little trouble and expense can be obtained.

. According to De Chaumont each person requires per diem 1 gallon of water for drinking and cooking, 2 gallons (not including a bath) for personal cleanliness, 3 gallons for a share of utensil and house washing, 3 gallons for clothes washing; and if a bath be used, 2½ to 3 gallons more; making a total of 12 gallons, to which 5 gallons must be added if there is a water-closet. On the other hand, Dr. Thresh says, "I have found that the amount used in country cottages could not have greatly exceeded 1 gallon per person per day. Of course neither perfect cleanliness nor health is possible under such circumstances." The amount mentioned by our correspondent works out at nearly 3 gallons per person per day, which in our opinion is insufficient for cleanliness and health.

SUPERANNUATION ALLOWANCE ON TWO DISTRICT APPOINTMENTS.

M. W. is 65 years of age, and is about to resign two district medical appointments which he has held in the same union, one for 40 years, and the other for 13 years. He asks whether his superannuation allowance is to be calculated differently on the two appointments, one for 40 years of service and the other for 13 years, or whether the two appointments may for this purpose be regarded as one, and so enable him to claim for 40 years' service in reference to both appointments.

. In deciding this matter the question is not how long each appointment has been held; it is for how many years the officer has been engaged in Poor-law practice. For this purpose the two appointments may be treated as one, as the calculation is to be made as if both appointments had been held for 40 years.

POOR-LAW MEDICAL OFFICERS AS URBAN DISTRICT COUNCILLORS.

M. C. asks whether a Poor-law medical officer is entitled to become a member of an urban district council, which council has (as he says) a representation of two members on the Board of Guardians, for whom he is medical officer?

. A Poor-law medical officer, whether appointed for a workhouse or district, is undoubtedly eligible for membership of an urban district council. An urban district council has no representation on the Board of Guardians. A specific number of guardians are appointed to represent the area of the urban district, but not as representatives of the council. This number is fixed by the Local Government Board.

MEDICAL NEWS.

THE King has consented to act as Patron to the Prince of Wales's Hospital Fund for London, and the Duke of Cornwall and York has accepted the office of President. The King has intimated that in his capacity as Patron he will continue to take the same interest in the work of the Fund as heretofore.

SMALL-POX IN GLASGOW.—The decrease of the present epidemic in Glasgow continues. The daily admissions are being steadily reduced, and on April 16th the number of cases under treatment was only 185. Since the beginning of the outbreak there have now been 1,720 cases and 222 deaths.

THE FORTHCOMING CONGRESS ON TUBERCULOSIS.—According to the *New York Medical News*, American medical scientists will be both numerous and prominent at the Tuberculosis Congress to be held in London in July. Professor William Osler, of Johns Hopkins University, has been invited to organise the American contingent. Among those who have already signified their intention of attending are Dr. Trudeau of New York; Professor Solly of Colorado; Dr. Herman Biggs of New York; and Professor McEachern of Quebec, head of the Dominion Veterinary Service.

MUNICIPALITIES AND SANATORIA IN CANADA.—A deputation from the National Sanatorium Association of Canada waited on the Government recently, seeking an amendment to the Sanatorium Act, which will allow municipalities to contribute

to the support of sanatoria outside the municipalities. If the Act were so amended the Association would immediately commence the erection of a sanatorium outside Toronto.

AN Institute for the Light Treatment and for Roentgen Ray Therapy has been opened in the Dermatological Clinic of the University of Berlin. Professor E. Lesser has been appointed Director.

FACTORY GIRLS' HOLIDAY FUND.—During the year 1900 some 2,680 women and girls were given board, lodging, and railway fares for a summer's holiday of about twelve days each by the Factory Girls' Country Holiday Fund. In 1888, when the first report of the fund was issued, only 39 were sent away. The Committee asks for early contributions to the Fund in view of the vast scope for increase in its good work. The Honorary Treasurer of the Fund is Miss M. Wyatt, of St. Peter's Rectory, Saffron Hill, E.C.

The spring meeting of the South-Eastern Division of the Medico-Psychological Association will be held at the Essex County Asylum, Brentwood, on Wednesday next. Members will be entertained at luncheon by Dr. Amsden, and at the general meeting at 2.45 P.M. communications will be read by Dr. Robert Jones on How should the Subject of Insanity be Taught to a Medical Student? and by Dr. Arthur H. Spicer on a Case of Spontaneous Fracture.

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: GENERAL HOSPITAL.—Assistant House-Physician. Applications to the House-Governor by April 27th.
- 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, £110 per annum, with furnished apartments, rations, washing, etc. Applications, on forms provided, to be sent to the Clerk, Union Offices, Isleworth, by April 30th.
- CAPTOWN: CITY CORPORATION.—Medical Officer of Health. Salary, to commence, £80 per annum, and fees possibly aggregating to about £200 per annum. Applications to Messrs. Davis and Soper, 54, St. Mary Axe, London, E.C., by May 2nd.
- CAPTOWN: BOWENSET HOSPITAL.—Assistant Resident Surgeon. Salary, £200 per annum, rations, and free passage. Applications, by letter, to Medical Officer, Cape Colony, 38, Victoria Street, London, S.W.
- CHELSEA, BROMPTON, AND BELGRAVE DISPENSARY.—Resident Medical Officer and Secretary. Salary, £35 per annum, with furnished rooms and allowances. Applications to the Secretary before April 24th.
- CHEERTSEY RURAL DISTRICT AND URBAN DISTRICTS OF CHEERTSEY, WALTON-UPON-THAMES, AND WEYBRIDGE.—Medical Officer of Health. Salary, £600 per annum. Applications to the Clerk to the Joint Committee, Walton-on-Thames, by April 30th.
- COSFORD UNION.—Medical Officer and Public Vaccinator for the Lavenham District. Salary, £22 2s. per annum, exclusive of fees. Applications to the Clerk of the Guardians, Union Offices, Hadleigh, Suffolk, by May 1st.
- DERBY BOROUGH ASYLUM, Rowditch.—Assistant Medical Officer. Salary, £120 per annum, with board and washing. Applications to Dr. Macphail by May 3rd.
- EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.—Assistant Surgeon to see Out-patients; must be F.R.C.S. Eng. Applications to the Secretary by May 8th.
- FAREINGDON 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.
- GLOUCESTER: BARNWOOD HOUSE HOSPITAL FOR THE INSANE.—Junior Assistant Medical Officer. Salary, £60 per annum, rising to £70, with board, etc. Applications to the Medical Superintendent.
- GUILDFORD: ROYAL SURREY COUNTY HOSPITAL.—Assistant House-Surgeon. Salary, £55 per annum, with board, residence, and laundry. Applications to the Honorary Secretary.
- HOSPITAL FOR DISEASES OF THE THROAT, Golden Square, W.—Senior Clinical Assistant. Applications to the Secretary by April 30th.
- 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.
- 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.
- LEEDS: GENERAL INFIRMARY.—House-Physician. Appointment for six months. Board, lodging, and washing provided. Applications to the Secretary of the Faculty by April 24th.
- LEWISHAM BOROUGH.—Medical Officer of Health and Public Analyst. Salary, £80 per annum. Applications on forms provided, and endorsed "Medical Officer and Public Analyst," to be sent to the Town Clerk, Town Hall, Catford S.E., by May 7th.
- LIVERPOOL INFECTIOUS DISEASES HOSPITAL.—Assistant Resident Medical Officer; unmarried, and age not exceeding 28 years. Salary, £120 per annum, with board, washing, and lodging. Applications, endorsed "Assistant Resident Medical Officer," to be sent to the Chairman of the Port Sanitary and Hospitals Committee, under cover to the Town Clerk by April 22nd.
- LIVERPOOL: ROYAL INFIRMARY.—Assistant Honorary Physician. Applications to the Chairman of the Committee by April 25th.
- LIVERPOOL: STANLEY HOSPITAL.—(1) House-Surgeon. Salary, £100 per annum. (2) Third House-Surgeon. Salary, £70 per annum, with board, residence, etc. Applications, endorsed "House-Surgeon," to the Chairman of the Medical Board, by April 25th.
- LONDON HOSPITAL, Whitechapel Road, E.—Obstetric Registrar. Applications to the House-Governor by April 25th.
- LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.—Assistant Surgeon. Honorarium 50 guineas a year. Applications to the Secretary by May 11th.
- MAIDSTONE: KENT COUNTY OPHTHALMIC HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board and residence. Applications to the Secretary by April 24th.
- MANCHESTER: COUNTY ASYLUM, Prestwich.—Assistant Medical Officer; unmarried. Salary, to commence at £150, increasing to £250 per annum with board, apartments, and washing. Applications to the Superintendent.

MANCHESTER ROYAL INFIRMARY.—(1) Honorary Assistant Surgeon, must be F.R.C.S. Eng. (2) Resident Surgical Officer, unmarried, and not less than 25 years of age. Salary, £150 per annum, with board and residence. (3) Assistant Director. Salary, £60 per annum. Applications to the General Superintendent for (1) and (3) by April 30th, and (2) by May 4th.

MANCHESTER ST. MARY'S HOSPITAL.—(1) Senior Medical Officer; (2) Junior Medical Officer. Salary, £70 and £56 per annum respectively, with board and residence. Applications to the Secretary by May 8th.

MARGATE ROYAL SEA BATHING HOSPITAL.—Assistant Resident Surgeon. Salary £60 per annum, with board and residence. Applications to the Secretary, at the offices, 30, Charing Cross, London, S.W., by April 24th.

MIDDLEBROUGH-ON-FEES: 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 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 £80 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.

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

NORTH LONDON HOSPITAL FOR CONSUMPTION, Hampstead.—Senior Resident Medical Officer. Honorarium £100. Applications to the Secretary, at the offices, 41, Fitzroy Square, W. by April 30th.

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

RAINFILL: COUNTY ASYLUM.—Assistant Medical Officer as locum tenens for about four months during the summer. Salary £44. per week, with furnished apartments and board. Applications to the Medical Superintendent.

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

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Four Examiners in Anatomy, and four Examiners in Physiology. Applications to the Secretary by April 30th.

ROYAL ORTHOPEDIC HOSPITAL, 237, Oxford Street, W.—Resident House-Surgeon and Registrar; unmarried. Appointment for six months, but eligible for re-election. Salary, £100 per annum, with partial board. Applications to the Secretary by May 15th.

SALFORD BOROUGH.—Assistant Medical Officer to the Ladywell Sanatorium for Infectious Diseases. Salary, £150 per annum, with board, lodging, etc. Applications to the Medical Superintendent by May 3rd.

SHEFFIELD CORPORATION.—Resident Medical Superintendent of the two Infectious Diseases Hospitals. Salary, £250 per annum, with board, lodging, and attendance. Applications, endorsed "Resident Medical Superintendent," to the Town Clerk, Town Hall, Sheffield, by April 29th.

SHEFFIELD JESSOP HOSPITAL FOR WOMEN.—House-Surgeon; unmarried. Salary, £75 per annum, with board, lodging, and washing. Applications to the Honorary Secretary, Medical Staff, Mr. P. E. Barber, Leavygreave House, Hounsfeld Road, Sheffield.

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

SOUTHPORT INFIRMARY.—Resident Junior House and Visiting Surgeon; unmarried. Appointment for six months, but renewable. Honorarium at the rate of £20 per annum, with residence, board, and washing. Applications to Mr. J. Worrall, Infirmary Offices, 24, King Street, Southport, by May 4th.

SOUTH SHIELDS BOROUGH.—Medical Officer of Health to act also as Medical Superintendent of the Infectious Diseases Hospitals and Bacteriologist. Salary, to commence, £300 per annum. Applications, endorsed "Application of Medical Officer," to the Town Clerk, Court Buildings, South Shields, by April 23rd.

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 28th.

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.

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.

TRURO: ROYAL CORNWALL INFIRMARY.—House-Surgeon; unmarried. Salary for first year £85, increasing by £10 a year, with board and apartments. Applications to the Secretary by April 30th.

WEST BROMWICH UNION.—(1) Workhouse Medical Officer. Salary, £100 per annum. (2) Assistant Workhouse Medical Officer. Salary, £100 per annum, 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.

WHITHAVEN 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.

WREXHAM INFIRMARY.—House-Surgeon. Salary, £100 per annum, with board and washing. Applications to the Secretary.

MEDICAL APPOINTMENTS.

ADAMS, A. J. Bowman, M.R.C.S., L.R.C.P., appointed Medical Officer for the Barnes District of the Richmond Union, and of the Children's Home, Barnes. Also, Divisional Surgeon Metropolitan Police, V. and Thames Divisions, stationed at Barnes.

AITKEN, Robert Y., M.D. Glasg., M.R.C.S. Eng., L.R.C.P. Lond., appointed Honorary Assistant Surgeon at the Blackburn and East Lancashire Infirmary.

ANDERTON, W. B. M.B., M.R.C.S., appointed Senior Resident Medical Officer to the Manchester General Hospital.

BANNISTER, Marmaduke, M.B. Lond., M.R.C.S. Eng., appointed Honorary Assistant Physician at the Blackburn and East Lancashire Infirmary.

BOX, W. H., M.R.C.S., appointed District Medical Officer of the Arbridge Union.

BRICK, Michael, L.R.C.P., L.R.C.S. Irel., appointed Dispensary Medical Officer for the Tralee (No. 2) District.

CRAWFORD, A. D., M.B., C.M. Glasg., appointed Certifying Factory Surgeon for the Coleshill District of Warwickshire.

CUSHER, E., M.R.C.S. Eng., appointed District Medical Officer of the Stockbridge Union, vice J. Clapperton, M.D. and

FOSTER, Arthur, M.D. Edin., appointed Honorary Assistant Physician at the Blackburn and East Lancashire Infirmary.

GREENWOOD, Alfred, M.D. Vict., D.P.H., reappointed Medical Officer of Health for the Borough of Crewe.

JUDSON, J. E., M.R.C.S. Eng., L.R.C.P. Lond., appointed Second Resident Medical Officer to the Manchester Union Hospital, Crumpsall.

LAVAL, E., M.B. Edin., appointed Second Resident Medical Officer to the Brislington House Private Asylum, near Bristol.

ENDS, Charles G. S., M.B., L.R.C.P. Edin., appointed Assistant House-Physician to the Wolverhampton and Staffordshire General Hospital.

LEMPRIERE, L. R., M.B., Ch.B., B.A., appointed Junior Resident Medical Officer to the Manchester Union Hospital, Crumpsall.

MARTIN, William, M.B., C.M. Glasg., appointed Assistant-Surgeon to the Cardiff Infirmary, vice J. Lynn Thomas, F.R.C.S. Eng., appointed Honorary Surgeon.

MOORE, P. W., M.B. Lond., M.R.C.S. Eng., appointed District Medical Officer of the Sharnlow Union.

NUTBALL, Alex. W., F.R.C.S., appointed Resident Surgical Officer of General Hospital, Birmingham.

OLIVERT, J. M. A., M.R.C.S. L.R.C.P. Lond., appointed District Medical Officer of the Poole Union, vice H. W. Scratchley, L.R.C.P. Lond., M.R.C.S. Eng., resigned.

PALLET, T. E., M.D. Brux. J.S.A., appointed District Medical Officer of the Halstead Union, vice John Taylor, M.R.C.S. Eng., resigned.

PIERCE, E. W. C., M.B. Lond., D.P.H. Camb., appointed Medical Officer of the Joint Isolation Hospital of the Guildford Rural and Woking Urban Districts.

READ, Clarence, M.R.C.S., L.R.C.P., appointed an Honorary Officer to the North Shore Hospital, North Sydney, N.S.W.

REES, John A., M.B., C.M. Edin., appointed District Medical Officer of the Aberystwith Union.

RIGBY, Walter, M.B., C.M. Edin., appointed Honorary Assistant Surgeon at the Blackburn and East Lancashire Infirmary.

ROSS, Miss Marion J., M.D. Glasg., appointed Junior House-Surgeon to the Macclesfield Infirmary.

TEBB, W. Scott, M.D. Camb., D.P.H., appointed Medical Officer for the Penge Urban District.

TIGHE, John V. E., M.B., B.Ch., B.A.O.R.U.I., appointed Second Medical Officer to the North Riding Lunatic Asylum, Clifton, Yorks.

WORGER, R. G., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer for the Kilmerston District of the Frome Union, vice T. H. Worger, M.R.C.S. Eng., resigned.

DIARY FOR NEXT WEEK.

MONDAY.

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

Otolological Society of Great Britain, 20, Hanover Square, W., 8 P.M.—M. Messrs. C. S. Jones and W. H. Dolamore: Some Observations on the Movements of the Mandible. Communication by Mr. F. J. Bennett and Mr. Russell Barrett: and Casual Communication by Mr. J. G. Turner.

Medical Society of London, 11, Chandos Street, Cavendish Square, W., 8.30 P.M.—Mr. A. E. J. Barker: Case of Extensive Enterectomy. Mr. Mansell Moullin: Case of Intestinal Anastomosis for Prolonged Atony of the Colon.

TUESDAY.

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

Royal Medical and Chirurgical Society, 20, Hanover Square, W., 8.30 P.M.—Mr. Walter G. Spencer: Arterial Hemorrhage from the Ear and its Control by Ligation of the Common Carotid Artery. Dr. Arthur G. Peck: A Case of Acute Leukemia.

WEDNESDAY.

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

Hunterian Society, London Institution, Finsbury Circus, E.C., 8.30 P.M.—Mr. Claud Worth: The Modern Treatment of Convergent Squint.

THURSDAY.

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

Dermatological Society of Great Britain and Ireland, 20, Hanover Square, W., 8 P.M.—Informal exhibition of cases at 4.30 P.M.

British Gynecological Society, 22, Hanover Square, W., 8 P.M.—A Discussion on the Clinical and Pathological Consequences of Retroversion of the Uterus, their Preventive, Palliative, and Radical Treatment, in which the following are expected to take part: Dr. W. Alexander, Mr. John Taylor, Mr. Bowdman Jessett, Dr. Elder, Dr. Heywood Smith, Mr. W. D. Spanton, and Dr. Macpherson Lawrie.

FRIDAY.

Clinical Society of London, 20, Hanover Square, W., 8 P.M.—Exhibition of Clinical Cases, followed by Discussion. Patients will be in attendance from 8 P.M. to 9 P.M.

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

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 5s. 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.

LAMPLUGH.—On the 5th inst., at Chatteris, Cambs., the wife of Charles Lamplough, M.D., of a son.

POWELL.—On the 12th, at Manor Lodge, Upper Clapton, the wife of Herbert E. Powell, M.R.C.S., of a son.

WILKINSON.—On Friday, March 29th, the wife of Robert Wilkinson, M.D. Brux., M.R.C.S., L.R.C.P., 8, Hamlet Road, Norwood, S.E., of a daughter.

MARRIAGES.

ASHWIN—PHILLIPS.—On the 10th inst., at St. Helen's Church, N. Kensington, by the Rev. Forster Ashwin, assisted by the Rev. E. G. Ashwin, father and brother of the bridegroom, Richard Hamilton Ashwin, M.D. Lond., of Market Weighton, Yorkshire, to Mary, eldest daughter of C. B. Phillips, Esq., of Battle Lake, Alberta, Canada.

GOSAGE—ABBOTT.—On April 9th, at St. Margaret's, Westminster, by the Rev. Canon Scarth, Alfred Milne Gosage, M.B., M.R.C.P. of 54, Upper Berkeley Street, W., to Bertha Pillans, third daughter of the late Pillans Scarth Stevenson, and widow of the late Harry Abbott, Q.C., of Montreal, Canada.

JAMES—TERRY.—On April 11th, at St. James's, Kidbrook, by the Rev. Canon Leake, assisted by William James, M.R.C.S., L.R.C.P., of Hingham, Norfolk, younger son of the late Alfred James, M.D., of Forest Hill, to Dorothy Gostwyck, younger daughter of the late John Terry, of Blackheath.

MANNING—FLEMING.—On April 11th, at the Parish Church, Combe Martin, North Devon, by the Rev. H. W. Toms, M.A., rector, and the Rev. F. W. Toms, M.A., N.S. Manning, F.R.C.S., L.R.C.P., of Combe Martin, to Winifred Alice, only surviving daughter of the late Colonel Fleming, C.B., LL.D., F.R.C.V.S., Principal Veterinary Surgeon of the Army (retired), Higher Leigh, Combe Martin.

SIMMONS—ROWE.—On the 10th inst., at St. Michael's Church, Stonebridge, by the Rev. Herbert Newton, M.A., Stewart Septimus Simmons, M.R.C.S., L.R.C.P., of Portland Road, South Norwood, seventh son of Benjamin Day Simmons, of Albany Road, St. Leonard's, to Ellen Ward, second surviving daughter of John William Rowe, of Brecknock Road, N.