

of the tenement, no fewer than twenty of whom died before the history was closed. R. H. was admitted to hospital on September 14th, with a history of three days fever. He had one day's fever in the hospital with no delirium and no albumen. The bubo, a small one in the right groin, suppurated but healed quickly, and he was ready for discharge on October 2nd, 1900.

CASE V.—One other case, S. M., from the David Sassoon Hospital, was said to have been inoculated there on October 3rd, 1900, plague having appeared among the hospital servants. She was admitted on October 5th with a history of two days fever. She was very ill, with a temperature of 103° to 105°, restless and delirious, with constant vomiting, and died on October 6th, within twenty-four hours of admission.

Thus it will be seen of 5 cases who were living in highly infected centres at the time of inoculation, and who probably had plague on them, in at least 2 cases where inoculated there was one death only, that is, a recovery-rate of 80 per cent.

THE TREATMENT OF DYSENTERY BY RECTAL INJECTIONS.

By CECIL F. LILLIE, M.A., M.D.CANTAB.,
Late Civil Surgeon to H.M. Field Force, S. Africa.

This form of treatment does not appear to be very warmly supported. I have tried it myself in several cases in South Africa and found it most useful.

The method I employed was as follows: I used an apparatus composed of a soft oesophageal catheter, attached by a piece of glass tubing to some soft rubber tubing about 3 feet in length; to this was fixed a large glass funnel. The patient was placed on his left side and the hips drawn over to the edge of the bed. The knees being flexed, the end of the catheter, smeared with vaseline, was introduced into the rectum with the greatest care, the patient being directed to strain meanwhile. Cocaine was used for the anus if required. The catheter was introduced about 4 inches without using any force. The patient then being placed gently on his face, the hips well raised on pillows, and the head and shoulders placed low, the warm lotion was introduced without any difficulty into the bowel. The apparatus was previously filled with lotion, and a clamp applied so as to avoid injecting air into the bowel. By raising or lowering the funnel the rate of injecting the solution was readily regulated. Small quantities only were allowed to run in slowly at a time—an ounce or so every few seconds. The enema was retained if possible for a few minutes. I gave these injections usually two or three times a day. It is an important point to give them often enough. I generally used boracic acid—to grs. to the ounce—sometimes other antiseptics.

Using injections in this way, I never found them displeasing to the patients; several in fact expressed a wish to have them repeated. The pain often felt at first was soon overcome by allowing only a small quantity of the solution to pass into the bowel slowly at one time. The bulk of the enema was never less than a pint and a-half. Smaller ones are useless.

The value of injections in chronic cases is well known. In mild acute cases I found them uniformly successful. The stools were diminished in frequency and became faeculent and semisolid within three days. Relapses were uncommon. In the malignant cases, occurring generally in epidemics, the use of injections is somewhat doubtful, but it is difficult to get hold of these cases early enough to hope for good results. Unfortunately the process is so rapid that when they come under treatment there is already much destruction of tissue, and a satisfactory cure is impossible. In severe cases, however, injections are not useless; one case showed this very well. The patient was very ill on admission. He was passing horribly offensive stools which contained sloughs and a good deal of blood. He died some nine days after admission from hepatic abscess. Rectal injections of boracic acid had been given regularly, and the stools were reduced in number to two a day; the blood disappeared from them, and they ceased to be offensive. At the necropsy twenty to forty dysenteric ulcers were found; they were all looking healthy, and presented signs of healing. There were no sloughs, their bases were smooth, and the edges were spreading over the raw surfaces. The liver was full of large abscesses. In this case the condition of the ulcers bore striking testimony to the usefulness of the injections.

The objections raised to this form of treatment are that it is dangerous and often impracticable. The danger of causing perforation by giving injections only applies in those cases where the bowel is extensively and deeply ulcerated. However, in such a condition it is too late to expect much good to come from any treatment. Such cases are obviously hopeless, and their clinical appearance is a sufficient safeguard from a rash use of injections. It is before this last stage of the disease is reached that good may be expected from them.

With regard to perforation in dysentery, I found that out of 2,711 cases whose records I examined perforation had only occurred five times. In these, too, the perforations were small and surrounded by dense adhesions which completely shut them off from the peritoneal cavity. In all the cases I examined *post mortem* myself I noticed marked thickening of the bowel generally, and more especially at the seat of ulceration. Injections are said to be impracticable owing to the pain caused by forcing apart the walls of the inflamed gut. By administering the injections with due care I think this can be largely avoided.

The saline treatment of dysentery acts, I believe, on the same principle as this. In both cases the bowel is flushed out and the toxic substances removed, and with them the griping and tenesmus which they induce. Injections possess the advantage of introducing the fluid for this flushing from without instead of draining it from the patient's already weakened system. Another advantage is that antiseptics can be directly applied to the focus of the disease.

In addition to injections the patient must of course be kept absolutely at rest in bed and fluid nourishment given in small quantities at frequent intervals. Milk diluted is best. Chicken broth is often useful. Stimulants are generally required.

MEMORANDA:

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

OBSERVATIONS DURING A RESIDENCE OF EIGHTEEN MONTHS IN EAST AFRICA AND UGANDA.

SINCE my arrival in Africa on April 27th, 1900, the following methods of treating such tropical diseases as I have come across, having been found very successful by me, may be of use to others.

In malarial fever, with dry brown tongue and constant vomiting, with a temperature of 104° or more, I have not withheld quinine until the pyrexia has abated, as is taught, but, instead of giving it by the mouth to be vomited up again, I find that three or four 5-grain tablets, with two of phenacetin, greased with vaseline, and inserted into the rectum, brings the fever quickly under control. I have noticed in those places where I have been stationed, the *Anopheles* type of mosquito has been conspicuous by its absence, and to bear out the theory that this noxious insect is the vehicle for conveying the malarial parasite to man, I have been unable to discover one case of malarial infection directly traceable to these districts.

Dysentery.—I have so far found that powdered ipecacuanha ʒi, with laudanum ℥xx to xxv, mixed with water ʒij, and injected into the rectum, works wonders, one to three such injections I have found sufficient, my patients' diet being rice water and albumen water. Native cooking pots are made of copper, tinned over very indifferently. This tin quickly wears off, and dysenteric symptoms may be produced by copper oxide poisoning. Iron pots are the safest and I have banished all native utensils made of copper from my kitchen.

Ulcers from Chiggers.—I saw a vast number of these and on my arrival at Samu was told that iodoform ointment was the treatment. It does not, however, remove the cause. Caustics such as carbolic acid to kill the ova are required. Toes infiltrated with the eggs invariably ulcerated down to the base and then dropped off. The best treatment I found was that which I have used for carbuncle, guinea worm ulcers, etc., namely, hypodermic injections of mercury biniode or perchloride all round the infected zone.

Chiggers in Houses.—Of these pests I have had bitter per-

sonal experience. My boy has taken as many as ten out of my feet of a morning and three or four from my fingers; they do not confine themselves to the feet, but are found fixed in all parts of the body. I have removed four one evening from the abdomen and two from the thigh. The best treatment to adopt after extracting a chigger in order to prevent a nasty little ulcer forming is to swab out the cavity with a little carbolic acid applied by means of a small piece of wool wound round the end of a match cut into a point. The method in vogue to banish chiggers from a house adopted by the residents in Uganda is to smear the floor over with a layer of cow dung. The missionaries here inform me that they put down a fresh layer every ten days. My house now is quite free, and the means I have adopted I can recommend. (1) See that no natives enter your house suffering from chiggers; (2) have the floors well swept daily; (3) see that there are no dark corners; (4) once a week or fortnight sprinkle mats and blankets with spirits of turpentine—a very effective antidote against a great variety of insects.

The *Castor-oil Tree* attracts a small black fly which the natives say gives fever. I relieved myself from much suffering by having all those within the vicinity of my house cut down.

RALPH STONEY.
Medical Officer, Uganda.

Masindi.

A NOTE ON THE DIAGNOSIS OF YELLOW FEVER.

I HAVE been able to confirm the observations of Christophers and Stephens as to the increase in the number of large mononucleated leucocytes in malarial fever, and would suggest that if a similar increase does not take place in yellow fever, we possess in this circumstance a valuable means of differential diagnosis in doubtful cases.

Within the last week I have had an opportunity of testing this particular point, for a few cases of yellow fever have occurred among the white troops of the garrison stationed here. Through the courtesy of the officers of the R.A.M.C., Majors Will and Bent, I was enabled to take blood films in three cases. In the first of these the patient had had large doses of quinine, as the case had been diagnosed as malarial fever until the occurrence of black vomit. In my examination I included many doubtful leucocytes among the large mononucleated, hoping to establish a diagnosis of malarial fever, but I could not bring the percentage higher than 11 per cent. In the other 2 cases the percentages of large mononucleated leucocytes were 7.66 and 8.33. Neither of these two patients had had quinine, and a very careful examination of both fresh and dried and stained preparations of their blood failed to reveal any malaria parasites or pigmented leucocytes. All 3 cases terminated fatally. They were typical cases of yellow fever as described in the textbooks, and I do not think there could be the slightest doubt as to the diagnosis.

In my malarial cases the lowest percentage of large mononucleated leucocytes that I have as yet observed was 19, while in some it has gone as high as 36.

From these three cases I conclude that in yellow fever there is a slight increase in the number of large mononucleated leucocytes, but that this increase is by no means so great as it is in malaria.

Before these cases occurred here I had written to Havana for information on this point, and received a reply from Major Gorgas, the chief sanitary officer of that city, in which he stated that such an increase in the number of large mononucleated leucocytes had not as yet been observed in cases of yellow fever, but that the subject would be investigated, and that he would let me know the results of the investigation.

Should my observations be confirmed by others an important point in the differential diagnosis of yellow fever and malaria will have been established.

Of course it would be rash to make a sweeping assertion that the difficulties of the question of diagnosis had been solved by the examination of three cases, so I hope that others who have more opportunities than I have of seeing yellow fever will follow up the subject, and be able to confirm or refute what I have said.

ST. GEORGE GRAY, M.B., B.Ch.Dubl.,
Colonial Assistant Surgeon, St. Lucia.

THE ABSENCE OF *ANOPHELES* IN BARBADOES, W.I.
In a paper on Malarial and Filarial Diseases in Barbadoes, W.I., read at the meeting of the British Medical Association at Cheltenham, 1901, I pointed out that mosquitos of the genus *Anopheles* were not found in that island, and gave a description of a swamp situated at Worthing, a place three miles south of Bridgetown, stating as probable that, from its close similarity to infested swamps in other islands, *Anopheles* larvae might be able to exist in it. On revisiting Barbadoes, after an absence of two months, a careful search of this swamp and the other collections of water at different parts of the island was again made, the examination giving the same negative results as before.

When leaving Barbadoes for St. Vincent, one of the adjacent islands, a plentiful supply of water was collected from the Worthing swamp and taken to St. Vincent to determine if there was anything prejudicial in the composition of this water to the life and growth of *Anopheles* larvae. The result of the experiment proves that there is not, as larvae of *Anopheles albipes*, the common West Indian *Anopheles*, taken from a swamp at Calbaqua, three miles from Kingstown, the chief town of the island, live perfectly well in it, and develop and mature satisfactorily.

This indicates that it will be a very serious thing for Barbadoes if by any chance *Anopheles* mosquitos are ever introduced into the Worthing swamp; but as this place is three miles distant from the small harbour of Bridgetown and the shipping in the bay opposite it, there is not much danger of such a calamity.

GEORGE C. LOW, M.A., M.B., C.M.,
Craggs Scholar, London School of Tropical Medicine.

SUPRARENAL EXTRACT IN HAEMOPHILIA.

DURING the last twelve months two or three cases of alleged successful treatment of haemophilia with suprarenal extract have been recorded. Mr. Thomas¹ states that I assume that Immerman's theory is correct, and from his concluding remarks, "the immediate action of the remedy on this patient should encourage a resort to it, notwithstanding any theory as to the pathology of haemophilia," leads one to suppose that I disapprove of its use. This is far from being the case.² I wrote:

If we accept the theory that congenital hypoplasia of the vessel walls is associated with haemophilia, we should not expect that in that pathological condition suprarenal extract would be followed by satisfactory results. In no single instance in which this condition has been treated with the drug have I been able to satisfy myself that benefit has accrued.

My reason for referring to the theory was to explain observed facts, namely, the inefficiency in the treatment in the half-dozen cases which had come under my observation.

For some years its trial has been recommended in all cases of capillary oozing when it is possible to reach the bleeding surface with the preparation. The following advantages are claimed for it: It is the most powerful vasoconstrictor known; it acts in very dilute solutions; its constricting effect is not followed by a reactionary dilatation; it does not kill tissue, and therefore does not necessitate the formation of an increased quantity of new material, and thus lengthen the period of healing.

Recently the disinclination which one has to use suprarenal gland when tablets alone were available, tablets which not rarely contained micro-organisms, has been removed by a standard sterile solution of the crystalline body, named adrenalin by its isolator Takamine, having been put on the market. Recognising that there was a danger of a new preparation falling into disuse if its limits of action were not defined, it seemed to me advisable to record my observations on haemophilics, anticipating, it is true, the reports of a few exceptions. However, my, possibly biased, mind is not satisfied that the cases reported by Dr. Mackenzie³ and Mr. Thomas¹ are conclusive.

It would materially assist one in arriving at a definite decision as to the value of the preparation in haemophilia if all cases treated with the drug, with or without success, were

¹ BRITISH MEDICAL JOURNAL, November 23rd, 1901.

² *Ibid.*, November 3rd, 1900.

³ *Ibid.*, April 27th, 1901.

recorded. Observers agree with Bates's statement, "the suprarenal extract, when it controls haemorrhage locally or by internal administration, does so in less than a minute." This must be borne in mind when attributing the arrest of bleeding to the haemostatic influence of the drug.

The internal administration of the extract in cases of haematemesis was suggested by me two and a half years ago,³ and was accompanied by the *rationale* of the treatment; more recently I was able to record² its successful result, which Dr. Soltan Fenwick⁴ has been so good as to confirm.

The *rationale* of the internal administration of the drug to control external haemorrhage and haemoptysis is to me a mystery. Kenworthy,⁵ however, has recorded 14 cases of haemoptysis always followed by good results, haemorrhage ceasing within five minutes of administration of the drug.

O. F. F. GRÜNBAUM, M.B.

Henrietta Street, W.

REPORTS

ON

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

MILITARY STATIONARY HOSPITAL, ORANGE RIVER.

MALARIA TREATED BY THE HYPODERMIC INJECTION OF QUININE.

(Reported by H. P. W. BARROW, Lieut. R.A.M.C.)

A. McE., aged 29, a man who had never lived in tropical or malarial countries before 1901, was sent to Komati Poort on duty in March, 1901. After residing there a little over two months he developed malaria of a severe type. He was transferred to a hospital ship, and remained in hospital until the end of June, being continually under treatment during this period. He was treated with quinine in solution in powders in conjunction with arsenic, and with Warburg's tincture, with little or no effect on the fever.

On arrival at this station in the beginning of July he presented the typical appearance of an old malarial subject. The cachexia was very marked, the spleen enlarged, and the edge of the liver palpable beneath the ribs. He had malarial attacks, the type of fever being regularly quartan.

Treatment by means of quinine in solution was commenced at once, and found to have no effect at all on his fever, and at the same time caused some digestive trouble. The treatment was then changed to quinine in effervescence, and this had likewise no effect on the attacks, but the digestive disturbance was relieved. I determined to try the effects of the hypodermic injection of quinine as described by Ferguson, of Cheltenham. Up to this time the attacks had been occurring regularly and undiminished. The first injection was given on July 27th, two injections were given the following day, and so on, until the patient had six injections in one day.

On July 30th he had another ague attack, and then remained quite well until August 7th, when he had another typical attack. The injections were therefore commenced again, but six injections were given on three successive days. From that date to this (over two months and a-half) he has had no further attacks of fever, and has wonderfully improved both in appearance and colour. He has lost the cachectic look and is putting on weight, and is eating and sleeping well; he is now being treated with tonics and a generous diet. It will be noticed that from the date of the first injection the periodicity of the fever was upset, and from that date recovery may be stated to have taken place. Ferguson's method is as follows:

Dissolve bihydrobromate of quinine in distilled water (1 in 6) by heat. Carefully sterilise the hypodermic syringe, and inject 20 minims of the solution into a carefully aseptically arm at blood heat; the best seat for inoculation I found was the upper arm, both for the convenience of the patient and the operator.

The only practical points I found out in carrying out this method were:

1. That the most convenient method of keeping the solu-

tion was in a test tube, previously carefully sterilised, as it is thus possible to heat up the solution to blood heat before injection, without transferring the solution from one vessel to another. A plug of cotton wool can be kept in the test tube, and this can be singed before removing, thus preventing the inoculation of germs into the solution during manipulation.

2. That alternating the arm injected, and sometimes if necessary injecting between the scapulae, prevents any feeling of bruising and soreness which otherwise might be set up.

Manson in his work describes an intermuscular rather than hypodermic injection of quinine, and states that very often abscesses arise from this treatment. In this case the injections were all given hypodermically without any bad results.

PINETOWN HOSPITAL, SOUTH AFRICA.

SNAKE-BITE TREATED WITH LARGE DOSES OF STRYCHNINE: RECOVERY.

(By W. ROUS KEMP, B.A.Camb., L.S.A.Lond., Civil Surgeon.)

History.—A Kaffir boy, aged 19 years, whilst sleeping in his tent had his right hand bitten by a puff adder at 1 A.M. on December 24th, 1900. He walked a distance of four miles to the hospital, carrying the snake with him, arriving at 7 A.M.

Condition on Admission.—The right arm was very much swollen, the swelling reaching as far as the point of the shoulder. The snake wound, which was situated at the inner border of the right hand, 2 inches from the wrist-joint, showed distinctly the marks of four fangs of a snake-bite. His pulse was regular (high tension) and 81 per minute. The temperature was normal. The boy could talk rationally and did not complain of being in any pain, but of stiffness in the elbow-joint and that the injured limb felt very heavy, so that he was obliged to support it with the other hand.

After-History and Treatment.—December 25th: Twelve hours after the poisonous venom had entered the system the boy became very drowsy, the swelling of the arm had increased, spreading up over the right shoulder and the region of the pectoral muscles on that side of the chest; the whole limb felt very tense, the pulse could not be felt in that limb; at the left wrist the pulse was feeble, 112 per minute, respirations 18. Numerous small punctures were made through the skin over the whole region of the poisoned limb, and hot lead acetate and boric fomentations frequently applied. Stimulants were freely given, together with the following mixture: R ammon. carb. gr. iv, tr. nuc. vom. ℥x, every three hours. He gradually became more drowsy during the day; the pulse was very feeble, 132; the temperature 96.4°. In the evening his medicine was changed to R liq. strychnine ℥x, tr. digitalis ℥x, ac. nit. hydrochloric. dil. ℥x every three hours. On December 26th, at 9 A.M., he was pulseless, the extremities very cold, the urine scanty and high coloured. The bowels were opened by a simple enema. Heart beats 124, respirations 44 per minute, temperature 95.8°. His face, chest, and extremities felt quite cold, although he stated that he felt very warm and continually threw the blankets off his body. Hot bottles were placed at his feet and the sides of the chest, and hot brandy and water given internally, in addition to liq. strychnine ℥v hypodermically. At 7 P.M. there was great improvement and the extremities were warm. The throat was swollen and he had difficulty in swallowing liquids. He had a very good night. The temperature was 98°, pulse 114 and respirations 28 per minute. The pulse on the injured side could now be felt, as the swelling of the forearm had subsided considerably. He was now able to move the fingers and wrist of the right hand slightly. On December 28th he complained of pain over both eyeballs; the tension was normal. The strychnine and digitalis mixture was stopped. During the last three weeks of convalescence he complained of shooting pains in the forehead. His temperature rose every evening to 99.8°–100° F., being normal in the mornings. There were no signs of chest complications. The evening temperature did not reach normal until the twenty-ninth day.

REMARKS.—No treatment was commenced until six hours after the bite. The great swelling of the bitten limb, the constant complaint of feeling hot, although the extremities to the touch felt cold, the rise of evening temperature during convalescence, the treatment by large doses of strychnine,

⁴ Medical Record, February 9th, 1901.

⁵ Proc. Physiol. Soc., March, 1899.

⁶ BRITISH MEDICAL JOURNAL, November 30th, 1901.

⁷ Medical Record, March 16th, 1901.

OBITUARY.

ALEXANDER MACDONALD, L.R.C.P., L.R.C.S. EDIN.,
Kirkoswald, Cumberland.

WE regret to have to record the death, at the age of 54, of Dr. Macdonald, of Kirkoswald, Cumberland, on January 6th, after a short illness. We are indebted to Dr. Roderick Maclaren, of Carlisle, for the following appreciation of Dr. Macdonald's life and character:

"In Alexander Macdonald Cumberland has lost a practitioner of the best class. Settled for many years in a somewhat isolated district among the fort hills of the Pennine range he was the trusted adviser of the whole country side, welcome alike in the ploughman's cottage and the country house. He was a man who read much and thought much; kindly, industrious, and genial. Somewhat conservative in most things, especially in matters appertaining to surgery, he retained a faith in remedies new and old which was perhaps more common in a past generation than in this, yet never sufficient to blind him to the vast field of therapeutics which lies outside the *Pharmacopæia*. Perhaps what was most foreign to his nature was pretence of all sorts. Devoid of it himself he could not tolerate it in others. For ever setting his patients' good before all other considerations, anything that savoured of posing always moved him to sometimes amusing wrath. A practice which contained many country houses necessarily brought him into contact in various ways with consultants, and he scorned alike the eminent physician who diagnosed 'eczema of the stomach' and the not less eminent authority who wrote his letters in two colours of ink to emphasise the important parts. He was a frequent attendee at the Branch meetings and it was one of the regrets of his life that he could not go to more. He was a terse but easy speaker, and was particularly at home when treating with good-humoured ridicule some proposition which seemed to savour of folly. The end came as a shock to his numerous friends. His appearance betokened nothing more than the normal changes which middle life brings—a three days' illness which presented no features of anxiety ended suddenly by a fall on his bedroom floor and death within a few minutes."

SURGEON-GENERAL WILLIAM NASH, M.D.

THE many friends of the late Surgeon-General Nash will have learnt with deep regret of his death. He had been ill for a week; a chill was followed by acute pneumonia, to which he succumbed early on the morning of January 19th. Surgeon-General Nash, who was 62 years of age, entered the army as Assistant-Surgeon in 1873, he was promoted Surgeon-Major in 1876, Brigade-Surgeon in 1888, Surgeon-Colonel in 1893, and Surgeon-Major-General in 1896. He retired from the service in November, 1899. A friend writes as follows:—

"Surgeon-General Nash saw much active service. In the Afghan war of 1878-80 he was present with Sir Frederick Roberts at the Peiwar and occupation of the Shutergarden. Subsequently he was in Egypt in 1882. Before his retirement he held the appointment of Principal Medical Officer at Netley. During his whole service he was ever distinguished by his kindly courteousness and thorough devotion to duty. From officers and men alike he earned respect and affection. He was ever ready with his counsel to any junior officer who consulted him. His strikingly handsome and kindly features of themselves would bring comfort to the sick. A more courteous or kindly English gentleman never adorned the ranks of the Royal Army Medical Corps."

Dr. STUART ELDRIDGE, who died recently at Yokohama, was a member of the Central Sanitary Board of Japan, and a Vice-President of the Sei-I-Kwai, or Society for the Advancement of Medical Science in Japan. Born at Philadelphia in 1843, he entered the United States Army at the age of 17, and from 1864 to 1866 he acted on the staff of General Thomas as Adjutant-General. He was next appointed to the staff of General O. O. Howard at Washington. He was the first Librarian of the Agricultural Department of the United States Government, and did a vast amount of work in getting its collection of books and papers into order. During his resi-

dence at Washington, and while still on General Howard's staff, the young officer entered on the study of medicine, and obtained the degree of M.D. from the old Georgetown Faculty. He was immediately appointed Demonstrator of Anatomy in his College, a post which he continued to hold till he went to Japan as Secretary of a scientific mission under General Horace Capron. The party reached Yokohama in August, 1871. Dr. Eldridge was appointed by the Japanese Government Surgeon-General of the Kaitakushi, and was stationed at Hakodate. There he established a medical school and educated many Japanese; he also treated patients in a hospital attached to the school. He also published a magazine entitled *Kinsei-I-Seton* (Modern Medical Science), which was distributed among the medical practitioners in Hokkaido, and served to advance medical knowledge in the northern part of Japan. In 1875 Dr. Eldridge settled in practice in Yokohama, where he remained in active work till his death. He held many offices, including that of Director of the General Hospital of Yokohama. He was appointed a Member of the Central Sanitary Board by the Japanese Government in 1883. His services to the cause of medical and sanitary progress in Japan were recognised by the Emperor of Japan, who conferred on him the Fourth Order of Merit in 1897, and the Third Order of Merit not long before his death. Among Dr. Eldridge's contributions to medical literature were papers on Beri-Beri, on the Arrow Poison of the Ainos, on Echinococci in the Female Bladder, on the Occurrence of Internal Aneurysm in European Residents in Japan, on the Ubiquitous Microbe, on Plague, etc.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Le Baron, of Paris, founder of the Syndicate of Medical Practitioners of the Seine Department, aged 46; Dr. Hugo Pernice, sometime Professor of Obstetrics and Director of the Obstetric Clinic in the University of Greifswald, aged 72; and Dr. A. Gouguenheim, of the Lariboisière Hospital, in Paris, one of the pioneers of laryngology in France.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

THE ORGANIZATION OF THE VOLUNTEER MEDICAL SERVICE.

THE following letter has been addressed to the Secretary of State for War by the Volunteer Medical Association:

Sir,—It having been notified to the Council of the Volunteer Medical Association that the Secretary of State for War "would be pleased to receive any proposition the Council desired to submit in reference to the Volunteer Medical Service, and that such proposition will be placed before the Advisory Board for its consideration," the Council has the honour to submit the following:

1. It is desirable that the Volunteer Medical Service should be assimilated to and affiliated with the Army Medical Service in the same way as the various volunteer corps are assimilated to and affiliated with their territorial units, the officers of such service retaining their present position in connexion with regiments or corps, with the exception of the brigade-surgeon, who should be on the staff of the brigade only.

2. A volunteer medical officer should be attached to the office of Director-General Army Medical Service as Staff Officer Volunteer Medical Service, and a representative of volunteers should have a seat on the Advisory Board for all matters affecting the Volunteer Medical Service.

3. As a rule, volunteer medical officers join the service later in life than other volunteers (probably about the age of 30), and with one or two small exceptions they are the only volunteers whose professional education gives them the technical knowledge and fits them at once to perform their duties; under these circumstances, it is suggested that the length of service for promotion should be as in the Royal Army Medical Corps, and not as in the Volunteer Service. This should apply to all branches of the Volunteer Medical Service.

4. The present titles are somewhat cumbersome, notably that of brigade-surgeon-lieutenant-colonel. These should be

MEDICO-LEGAL AND MEDICO-ETHICAL.

MEDICAL ADVERTISING.

F.R.C.S.E. asks: Is it considered a breach of professional etiquette and a professional advertisement to have one's name and qualification advertised in the local papers before a course of ambulance lectures are given for the St. John Ambulance Association?

. We frequently receive protests against advertisements of this kind, but nevertheless ambulance and health lectures with the names of the lecturers are commonly advertised in the columns of the newspapers, and even in a more objectionable way by posters and handbills. It is contended in support of these practices that it is the duty of the medical profession to take part in educating the public in such matters as are dealt with in these courses of lectures, and that to obtain an audience the lectures and lecturers must be advertised. It is maintained, on the other hand, that one effect of such lectures is to advertise the lecturer, and that their educational value is very small in comparison with the harm they do by affording opportunity for personal advertisement. We have no authority to decide the question; if the lectures are to be given they must probably be advertised, but we would advise our correspondent to take care that his name and qualifications are not unduly displayed. We think it is a pity that the Central Committee of the St. John Ambulance Association does not consider this question and adopt a form of advertisement which should be used uniformly throughout the country, by which the evils of the system might at least be reduced to a minimum.

LUNACY FEES.

CANTAB.—We are advised that a fee of five guineas and travelling expenses would be reasonable.

DISSATISFIED.—The fact that the patient is a pauper may rightly be fully allowed for, especially if the pension to which he is stated to be entitled be small. The minimum should be not less than a guinea and out-of-pocket expenses. A guinea and a-half would be a more suitable fee.

J. T. C.—We agree with our correspondent that to send out bills in the manner indicated is undesirable; to do so habitually would be open to serious objection.

I.E.X.—We think that under the circumstances stated our correspondent should give the prescriptions and the advice without extra charge.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

DR. BARCLAY-SMITH has been reappointed Senior Demonstrator of Anatomy for a term of five years.

Professor T. H. Middleton has been elected Professor of Agriculture in the place of Dr Somerville.

Additional Examination in Pathology.—It is proposed to hold in June an additional examination in General Pathology and Pharmacology (Third M.B., Part I), for students who desire to come at once under the new regulations.

Degrees.—At a congregation on January 16th the following degrees were conferred:—M.B.: J. W. Rob, St. John's; K. R. Hay, Caius; E. G. Wales, Downing. B.C.: A. G. Bate, King's; E. I. Claxton, King's; A. H. Greg, Trinity; J. W. Rob, St. John's; J. Wharton, St. John's; R. Rolfe, Clare; H. M. Wilson, Trinity Hall; C. de L. Carey, Emmanuel; E. G. Wales, Downing; F. E. Wood, Downing; F. H. M. A. Beckett, Selwyn Hostel.

UNIVERSITY OF LONDON.

A MEETING of Convocation took place on January 20th, at the University, South Kensington. Sir E. H. Busk, Chairman, presided.

Election to the Senate.—The scrutineers of the ballot announced that Sir Joseph Walton, B.A., was elected a member of the Senate, having received 1,124 votes, against 381 recorded for Mr. James Easterbrook, M.A.

Metric System of Weights and Measures.—Mr. W. Pringle, B.A., moved: "That this House is of opinion that, in the interests of commerce, science, and education, legislation should be promptly undertaken to make compulsory in this kingdom, after a proper interval, the use of the metric system of weights and measures for all purposes." He said that the present system of weights and measures was not suited to the requirements of modern education and the daily needs of a busy age. The metric system was used by 483,000,000 of the civilised inhabitants of the world, and there was fear that our nation might soon stand absolutely alone in respect of this matter, an impossible condition in commercial relations, owing to the difficulty of trading with many countries. No single commercial body of any standing throughout the country had expressed itself unfavourably towards the change. Mr. H. Handford, B.A., seconded the proposal, which was approved by Sir P. Magnus. Sir A. Rolit, M.P., heartily supported the resolution. He said that at the next meeting of the Senate he would move that a degree in commerce should be established.

A Deputy Chairman.—Mr. R. M. Walmsley, D.Sc., moved: "That it is desirable that at the next ordinary meeting, to be held on May 13th, 1902, Convocation should elect a Deputy Chairman. Mr. Hinton, M.A., seconded the resolution, which was adopted.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Court was held on January 16th, 1902, Mr. H. G. Howse, President, in the chair.

Jacksonian Prize.—It was reported that no essay on the subject set for the past year—the Diagnosis and Treatment of Bullet Wounds of the Chest and Abdomen—had been received.

Hunterian Oration.—The President was appointed Hunterian Orator for 1903.

Board of Examiners.—The resignation of Mr. Page was accepted, and will take effect on the conclusion of the Pass Examination for the Membership to be held this month. The vacancy thus occasioned will be filled at the ordinary meeting of the Council in March, when two other vacancies will also be filled up. The two vacancies referred to are occasioned by the expiration on March 11th of the periods of office of Mr. W. J. Walsham and Sir William H. Bennett, K.C.V.O. Mr. Walsham is not applying for re-election, but Sir William Bennett is.

The Queen Victoria Jubilee Institute for Nurses.—Mr. Bryant was re-elected as the College representative on the Council of the Institute for the ensuing three years.

The late Sir William Mac Cormac.—A letter of December 27th, 1901, was read from the Secretary of the Medical Board of St. Luke's General Hospital, Ottawa, communicating a resolution adopted by the members of the medical staff of the hospital expressing regret at the death of Sir William Mac Cormac, and recording their appreciation of his efforts in the cause of science and the advancement of the best interests of the medical profession.

International Medica Congress in Madrid, 1903.—Mr. Edmund Owen was appointed the College delegate to this Congress.

Next Ordinary Meeting.—It was determined that the ordinary meeting of the Council in March should be held on Thursday the 20th.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, January, 1902.—The following candidates passed in:

Surgery.—J. W. W. Adamson (Section II), St. George's Hospital; A. G. H. Anthonisz (Section II), University College Hospital; A. H. Bell, Cork and Guy's Hospital; H. E. Darlington, Birmingham; A. Dewar, McGill and Westminster Hospital; F. M. Payne, (Section II), Royal Free Hospital.

Medicine.—J. W. W. Adamson (Section II), St. George's Hospital; A. E. Baptist, Calcutta; F. G. Bennett (Section I), Cambridge and University College Hospital; E. C. Curtis, Aberdeen and Charing Cross Hospital; C. J. Francis, Guy's Hospital; J. Hunter (Sections I and II), McGill and Westminster Hospital; W. Miles, Middlesex Hospital; R. Rees (Sections I and II), Cambridge and St. Mary's Hospital; H. Salomon, Manchester.

Forensic Medicine.—J. Hunter, McGill and Westminster Hospital; T. G. Miles, Guy's Hospital; R. Rees, Cambridge and St. Mary's Hospital; G. Roper, Cambridge; H. Salomon, Manchester.

Midwifery.—J. J. Anning, Leeds; F. G. H. Cooke, University College Hospital; F. I. M. Jupe, Cambridge; F. H. Maberly, Birmingham; E. J. Miller, King's College Hospital.

The qualifying diploma of the Society in Medicine, Surgery, and Midwifery was granted to J. W. W. Adamson, A. G. H. Anthonisz, A. A. E. Baptist, A. Dewar, C. J. Francis, F. M. Payne, and R. Rees.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

VITAL STATISTICS FOR ENGLAND AND WALES, 1901. As all medical officers of health are now required to complete their annual reports to the Local Government Board by the middle of February in each year, the following figures have been provisionally compiled for their convenience from the Quarterly Reports of the Registrar-General:

ENGLAND AND WALES, 1901.

Annual Birth-rates and Death-rates, and Rates from the Seven Chief Epidemic Diseases.

	Annual Rates per 1,000 Living.			Infant Mortality—Annual Death-rate of Infants under 1 year per 1,000 Births.
	Births.	Deaths from all Causes.	Deaths from Seven Chief Epidemic Diseases.	
England and Wales ...	28.5	16.0	2.05	151
Rural England and Wales ...	27.2	15.7	1.55	138
33 great towns ...	30.0	18.6	2.68	165
67 smaller towns ...	29.9	17.1	2.24	163

ENGLISH URBAN MORTALITY IN THE FOURTH QUARTER OF 1901.

[SPECIALLY REPORTED FOR THE BRITISH MEDICAL JOURNAL.]

The vital statistics of the thirty-three large towns which, till the commencement of this year, were dealt with in the Registrar-General's weekly returns are summarised in the accompanying table. During

MEDICAL NEWS.

THE first Sicilian Medical Congress is to be held at Palermo next April.

PRESENTATION.—Mr. W. Black Jones, M.D., B.S.Lond., D.P.H., was on January 17th presented with a copy of the engraving, *The Doctor*, handsomely framed, by the nursing class in connexion with the Beulah (Breconshire) Centre of the St. John Ambulance Association.

SUCCESSFUL VACCINATION.—Mr. S. H. Rentzsch, M.R.C.S., L.R.C.P.Lond., Week St. Mary, has received the Government grant for the second time in succession for successful vaccination.—Dr. Louis E. Delmege, Public Vaccinator of the Burton District of the Kendal Union, has been awarded the Government grant for efficient vaccination in his district for the second time in succession.

JUVENILE SMOKING IN THE ISLE OF MAN.—It is stated that at the next sitting of the Manx Legislature a Bill will be introduced providing that tobacconists selling tobacco to minors under 18 shall be liable to a fine not exceeding £10, or to imprisonment not exceeding one month, or to fine and imprisonment; while minors under 18 found smoking or otherwise using tobacco are subject to a fine not exceeding 40s., to imprisonment not exceeding seven days, or to be whipped.

FOLKESTONE MEDICAL SOCIETY.—The annual meeting of the Folkestone Medical Society was held on January 10th, by invitation of the President, Dr. Tyson. Twenty-two members were present. After the annual report had been adopted, Dr. Perry thanked Dr. Tyson for his services to the Society as its President during the past three years. Dr. Eastes was then unanimously elected President, Drs. Hackney and Tyson Vice-Presidents, and Dr. Sworder Honorary Secretary and Treasurer. A musical programme concluded the meeting.

THE SANITARY INSTITUTE.—The Sanitary Institute will hold a Congress at Manchester from September 9th to September 13th, 1902. Earl Egerton of Tatton will be the President of the Congress. Sir J. Crichton-Browne will preside over Section I (Sanitary Science and Preventive Medicine); Sir Alexander Binnie, M.Inst.C.E., over Section II (Engineering and Architecture); and Professor Sheridan Delépine over Section III (Physics, Chemistry, and Biology). Eight technical conferences will also be held in connexion with the Congress.

THE RED CROSS SHIP "CARTHAGE."—Dr. W. D. Arnold, of the United States Navy, in a letter to the *Oriental Medical Times*, gives an account of a visit to the British Red Cross Hospital Ship, *Carthage*, off Taku. The ship, a P. and O. liner, had been converted in three weeks, and the medical arrangements were in charge of Major Dawson, I.M.S. Dr. Arnold, who disclaims "Anglophilism," expresses a very favourable opinion of the way in which she had been adapted, and states that she was not "materially deficient in any particular compared with what hospital and ambulance ships" he had "had the opportunity to visit."

AN ITALIAN MEDICAL PRESS CONGRESS.—A National Congress of the Italian Medical Press is to be held in Rome this year during the Easter holidays under the presidency of Professor Durante, Senator of Italy. The object of the Congress, which is organized by the Italian Medical Press Association, is stated to be to afford to all without distinction who help in the increase of the Italian medical press an opportunity of meeting, fraternizing, and discussing their moral and material interests. Among the subjects to be discussed are the relations of the medical to the political press. Arrangements are to be made for periodical meetings of the Congress.

THE SOCIETY OF MEDICAL PHONOGRAPHERS.—This Society will hold its next annual shorthand examination early in May, 1902. Two prizes will be offered, each of the value of £5, one for first-year students and one for students of more than one year's standing. The competition will be open without entrance fee to any registered medical student in the United Kingdom who has not taken a first prize at one of the Society's previous examinations. It will be held simultane-

ously in London, Edinburgh, Dublin, and at any provincial medical centre in the United Kingdom at which not fewer than three candidates shall offer themselves. Intending candidates should send in their names as early as possible, and in any case before April 15th, to Dr. P. G. Griffith, Bonhams, Farnborough, Hants, who will supply a detailed prospectus of the examination.

We are asked to state that the St. Luke's Lodge of Instruction held its first meeting on January 20th at the Criterion Restaurant. This lodge is the result of the work done by a Committee representing the various medical lodges of the metropolis which was appointed last session to consider the subject. The principal business of the evening was the passing of the by-laws, at the conclusion of which a vote of thanks to Brother Rowell, the Secretary of the original Committee, upon whom has fallen the brunt of the work in connection with the preliminary organization of the lodge, was received with acclamation, and ordered to be entered on the minutes. The St. Luke's Medical Lodge of Instruction proposes to meet each Monday in the month from October to May inclusive, with the exception of those falling in the Christmas vacation, Easter Monday, and Whit Monday. The Secretary is Brother Eyre, of Embankment Chambers, Villiers Street, W.C.

THE COLLAPSE OF A MILL AT BELFAST.—A very serious accident, involving considerable loss of life, occurred on January 20th at Belfast. The side wall of one of the four-storied buildings of the Smithfield Flax Shirting Company gave way during working hours. There was heavy machinery in each of the floors, and a large number of operatives, chiefly girls, were buried in a huge mass of bricks, concrete, and machinery. Up to the present it is impossible to ascertain the exact cause and the number killed. Dr. M'Crea and Mr. Bright, from the Royal Victoria Hospital, and Dr. Ritchie, Shankill Road, were called at once, and gave all the aid possible. Nine cases were brought by the three Corporation ambulances to the Royal Victoria Hospital, but were found to be dead on arrival; eleven were admitted alive, of whom one died soon afterwards. Several of the remainder are most severely injured. The injuries are for the most part fractures of all kinds, contusions, scalp wounds, intense shock, and suffocation due to the breaking of a steam pipe; fortunately, the patients seemed to have escaped scalding. Few operations were possible, and the immediate treatment was directed to the marked condition of shock.

MEDICAL VACANCIES.

The following vacancies are announced:

- BAENSTAPLE NORTH DEVON INFIRMARY.**—House-Surgeon. Salary, £81 per annum, with board, residence, and washing. Applications to the Honorary Secretary by January 31st.
- BIRMINGHAM: GENERAL HOSPITAL.**—(1) Three posts of House Physician. Appointment for six months, but eligible for re-election. (2) House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with residence, board, and washing in each case. Applications to the House Governor by February 1st.
- BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.**—Resident Surgical Officer. Salary, £60 per annum, with board, washing, and attendance. Applications to the Secretary, Children's Hospital, Steelhouse Lane, Birmingham, by February 5th.
- BOLTON INFIRMARY AND DISPENSARY.**—Junior House-Surgeon; not exceeding 30 years of age. Salary, £80 per annum, with furnished apartments, board, and attendance. Applications, endorsed "Junior House-Surgeon," to be sent to the Honorary Secretary, Mr. W. W. Cannon, 20, Mawdsley Street, Bolton, by February 12th.
- BRADFORD ROYAL INFIRMARY.**—Dispensary Surgeon; unmarried. Salary, £100 per annum, with board and residence. Applications to the Secretary.
- BRECON INFIRMARY.**—Resident House-Surgeon; unmarried. Salary, £100 per annum, with furnished apartments, board, attendance, fire and gas. Applications to the Secretary, 6, Bulwark, Brecon, South Wales, by February 19th.
- BRISTOL ROYAL INFIRMARY.**—Casualty Officer. Appointment for six months. Salary at the rate of £50 per annum, with board, lodging, and washing. Applications to the Secretary by February 4th.
- CENTRAL LONDON OPHTHALMIC HOSPITAL.** Gray's Inn Road, W.C.—House-Surgeon. Salary at the rate of £50 per annum, with board and residence. Applications to the Secretary by January 25th.
- CHESTER: COUNTY ASYLUM.**—Third Assistant Medical Officer; unmarried, and not more than 30 years of age. Salary, £160 per annum, with board, lodging, and washing. Applications to Dr. Lawrence, County Asylum, Chester, by February 12th.
- COLCHESTER: ESSEX AND COLCHESTER HOSPITAL.**—Assistant House-Surgeon (male); unmarried. Appointment for six months, but renewable. Salary at the rate of £50 per annum, with board, lodging, and washing. Applications to the Secretary by February 7th.
- DEVONPORT: ROYAL ALBERT HOSPITAL.**—Assistant House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with board, lodging, and washing. Applications to the Chairman of the Medical Committee by January 28th.
- DOUGLAS: NOBLE'S ISLE OF MAN GENERAL HOSPITAL AND DISPENSARY.**—Resident House-Surgeon; unmarried. Salary, £85 per annum, with board and washing. Applications to the Honorary Secretary, 25, Athol Street, Douglas, Isle of Man, by January 28th.
- DURHAM COUNTY ASYLUM.**—Junior Assistant Medical Officer. Salary £140, rising to £160 per annum, with board, laundry, and attendance. Applications to the Medical Superintendent, Durham County Asylum, Winterton, Ferryhill.

EASTERN DISPENSARY, Ieman Street, E.—Resident Medical Officer. Salary, £140 per annum, with furnished residence, coals, and attendance. Applications to the Secretary by January 28th.

EDINBURGH ROYAL INFIRMARY.—Pa'ho'g'st. Salary, £400 per annum. Applications to Mr. W. S. Caw, Treasurer and Clerk, by January 31st.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—House Surgeon unmarried. Appointment for six months. Salary, £20, washing allowance (£2 10s.), with board and residence. Applications, on forms provided, to be sent to the Secretary by January 28th.

HULL: VICTORIA CHILDREN'S HOSPITAL.—Lady Assistant House-Surgeon. Salary, £40 per annum, with board and laundry. Applications to the Honorary Secretaries by January 31st.

IPSWICH: EAST SUFFOLK AND IPSWICH HOSPITAL.—Second House-Surgeon; unmarried. Salary, £50 per annum, with board, lodging, and washing. Applications to the Secretary by January 28th.

JOINT COUNTIES LUNATIC ASYLUM FOR BRECON AND RADNOR.—Medical Superintendent for the new asylum at Talwarth. Not under 30 or over 45 years of age. Salary, £450 per annum, with partially furnished house etc. Applications, endorsed "Application for Medical Superintendent," to be sent to the Clerk to the Visiting Committee, County Hall, Brecon, by February 28th.

LONDON HOSPITAL, Whitechapel, E.—Assistant Director of the Pathological Institute. Salary, £200 per annum. Applications to the House Governor by February 1st.

MANCHESTER CLINICAL HOSPITAL FOR WOMEN AND CHILDREN.—Honorary Pathologist. Applications to the Secretary, Mr. H. Teague, 38, Barton Arcade, Manchester, by January 31st.

MANCHESTER: MUNSALL FEVER HOSPITAL.—Third Medical Assistant. Salary, £100 per annum, with board and lodging. Applications, endorsed "Appointment of Medical Assistant," to be addressed to the Chairman of the Sanitary Committee, Town Hall, Manchester, by February 1st.

METROPOLITAN ASYLUMS BOARD.—Assistant Medical Officers at the Fever and Small-pox Hospitals; unmarried, and must not exceed 35 years of age. Salary, £160 for first year, £180 for second, and £200 for the third and subsequent years, with board, lodging, and washing. Applications on forms provided to be sent to the Clerk of the Metropolitan Asylums Board, Embankment, E.C.

MOUNT VERNON HOSPITAL FOR CONSUMPTION, Hampstead and Northwood.—Senior Resident Medical Officer. Honorarium, £100. Applications to the Secretary by January 31st.

NEW HOSPITAL FOR WOMEN, 744, Euston Road, N.W.—(1) Pa'ho'g'st; (2) Senior Assistant to the Children's Out-patient Department; (3) Clinical Assistant. Candidates for (1) and (2) must be qualified medical women. Applications to the Secretary for (1) by January 28th, and for (2) and (3) by January 29th.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, N.E.—House-Surgeon. Appointment for six months. Salary at the rate of £80 per annum, with board, residence, and laundry all waived. Applications to the Secretary at the City office, 27, Clement's Lane, Lombard Street, E.C., by February 3rd.

RAINFORD COUNTY ASYLUM.—Assistant Medical Officer; unmarried, and not more than 30 years of age. Salary to commence at £150 per annum, with prospect of annual increase of £25 to £200, with furnished apartments, board, attendance, and washing. Applications to the Medical Superintendent.

SALFORD UNION.—Assistant Resident Medical Officer at the Union Infirmary, Hope, near Eccles. Salary, £150 per annum, with furnished apartments and attendance. Applications, endorsed "Assistant Medical Officer," to be sent to the Clerk to the Guardians, Union Office, Eccles New Road, Salford, by January 28th.

ST. MARY'S HOSPITAL, Paddington, W.—Casualty Physician. Salary, £75 per annum. Applications to the Secretary by January 30th.

ST. OLAVE'S UNION.—Dentist for the Children's Home at Peckham. Salary, £30 per annum. Applications on forms provided to be sent to the Clerk, Union Office, Tooley Street, S.E., by January 25th.

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

STROUD GENERAL HOSPITAL.—House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary by February 5th.

WALSALL AND DISTRICT HOSPITAL.—Resident House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications to Mr. E. J. Brookes, Chairman, Lister Street, Walsall, by January 27th.

WEST BROMWICH DISTRICT HOSPITAL.—Resident Junior House-Surgeon. Salary, £50 per annum, with board, lodging, washing, and attendance. Applications to Mr. T. F. Bache, Honorary Secretary, Churchhill House, West Bromwich.

WESTERN GENERAL DISPENSARY, Marylebone Road, N.W.—Honorary Surgeon. Applications to the Secretary by January 27th.

WESTMINSTER GENERAL DISPENSARY.—(1) Honorary Surgeon; (2) Resident Medical Officer. Salary at the rate of £120 per annum, with rooms etc. Applications to be sent to the Secretary, 9, Gerrard Street, Soho, W., for (1) by January 28th, and for (2) January 31st.

WOLVERHAMPTON: GENERAL HOSPITAL.—(1) Assistant House-Physician; (2) Assistant House-Surgeon. Appointments for six months. Honorarium at the rate of £75 per annum, with board, lodging, washing. Applications to the House Governor by February 1st.

WREXHAM INFIRMARY.—House-Surgeon. Salary, £100 per annum, with board, washing, etc. Applications to the Secretary by February 1st.

MEDICAL APPOINTMENTS.

ADAM, J. L., M.B., C.M.—Aberdeen, appointed District Medical Officer of the Hartley Wintney Union, vice C. J. Denny, L.R.C.P.I., M.R.C.S., resigned.

BRIDGARD, A. P., M.D., M.R.C.P.—appointed Physician to the West London Hospital, vice F. G. D. Drewitt, M.D., F.R.C.P., resigned.

BRIDGARD, E. H., M.R.C.S., L.R.C.P.—London, appointed Medical Superintendent of the Tooting Bec Asylum.

BUICK, Graham T. B., L.R.C.P.—London, M.R.C.S., L.S.A., appointed Medical Officer in charge of Broome Hospital.

BROADBENT, Walter, M.A., M.D.—Cambridge, M.R.C.P. London, appointed Assistant Physician to the Sussex County Hospital.

BROWNLOW, Harry L., F.R.C.S.—England, L.R.C.P., appointed Assistant Surgeon to the Royal United Hospital, Bath.

BUTLER, Frederick S., M.B.—Melb., appointed District Medical Officer and Public Vaccinator for Lawler, West Australia.

CASTLE, R. F., M.B., B.C.—Cambridge, appointed District Medical Officer of the Barnsley Union.

CHOLMELEY, W. F., F.R.C.S.—appointed Honorary Assistant Surgeon to the Wolverhampton and South Staffordshire General Hospital.

CLARK, N. Veitch, M.A., B.Sc., M.B.; Ch.B.—Edinburgh, appointed Assistant in the Physiological Department, Yorkshire College, Victoria University, Leeds.

COOPER, H. Spencer, L.R.C.P.—London, M.R.C.S. England, L.S.A., appointed Medical Officer and Public Vaccinator for the Yaxley District of the Peterborough Union.

DRANE, E. W., M.B., Ch.B.—Melb., appointed Officer of Health for the Borough of Carisbrook, Victoria.

DENT, Howard, M.B.—Durham, F.R.C.S. England, appointed Assistant Surgeon to the Wolverhampton and Staffordshire General Hospital.

DOUDNEY, Edwin, M.R.C.S.—England, L.R.C.P. Edinburgh, appointed Government Medical Officer and Vaccinator at Port Macquarie, New South Wales.

ESKINE, A. M., M.B., D.P.H.—appointed Medical Officer of Health to the Goole Urban District Council and Medical Superintendent of the Fever Hospital.

FETTERBURN, Richard H. J., M.D.—Edinburgh, L.R.C.S.I., appointed Certifying Factory Surgeon for the Metropolitan District of Melbourne.

FREAR, A., M.R.C.S., L.R.C.P.—London, appointed Resident Medical Officer to the Medway Union Workhouse.

GUEST, H. M., M.R.C.S., L.R.C.P.—London, appointed District Medical Officer of the Alcham Union, vice M. D. Taplin, M.R.C.S. England, L.R.C.P. Edinburgh, resigned.

GARRETT, P. G., M.B., B.S.—Durham, appointed District Medical Officer for the Hinckley Union, vice W. S. Fulshaw, L.R.C.P., L.R.C.S. Edinburgh.

JACKSON, Arthur M., M.D.—Oxford, appointed Medical Superintendent of the Notts County Asylum.

LACH, Frederick, F.R.C.S.—appointed Surgeon to the Royal United Hospital, Bath, vice F. K. Green, F.R.C.S., resigned.

LITTLEWOOD, J. O., M.R.C.S., L.R.C.P.—London, D.P.H., appointed Visiting Medical Officer to the Nottinghamshire Asylum for Treatment of Consumption, Sherwood Forest.

LOVERGAIN, Thos. J., M.R.C.P., L.R.C.S.—Edinburgh, appointed District Medical Officer and Public Vaccinator for Northampton, West Australia.

MANLY, Richard A. A., M.B.—Melb., appointed Medical Officer of Health for the Shire of Lanceland, Victoria.

MATERN, H., L.R.C.P.—Edinburgh, M.R.C.S. England, appointed Medical Officer of Health for the Hartley Wintney Rural District, vice C. J. Denny, L.R.C.P.I., M.R.C.S. England, resigned.

PERRY, S. H., M.D.—London, appointed Medical Officer of Health to the Spalding Rural District Council.

PETHYBRIDGE, W. L., M.D., B.Sc.—London, M.R.C.S., L.R.C.P., appointed Honorary Anaesthetist to the Royal Eye Infirmary, Plymouth.

RAY, John Howson, Ch.M.—Victoria, F.R.C.S. England, appointed Surgeon to the Manchester Children's Hospital, vice G. A. Wright, F.R.C.S. England, appointed Consulting Surgeon.

SPITTA, E. R., D. M.B., B.S.—Durham, M.R.C.S., L.R.C.P., I.P.H. Cambridge, Assistant Lecturer on Bacteriology in St. George's Hospital Medical School, appointed Assistant Lecturer on Public Health.

THOMPSON, William Atkin, M.R.C.S.—England, L.R.C.P. London, appointed House-Surgeon to the Rochdale Infirmary.

TWIST, F. W., M.R.C.S., L.R.C.P.—London, appointed Assistant Bacteriologist to the London Hospital and Medical College.

WALL, R. C., Edward, M.R.C.S., L.R.C.P., L.D.S.—appointed Dental Surgeon to Rochester House Asylum under the Metropolitan Asylums Board.

DAIRY FOR NEXT WEEK.

MONDAY.

Odontological Society of Great Britain, 20, Hanover Square, W., 8 P.M.—Communications will be given by Mr. Ernest B. Dowsett, Mr. C. W. Glassington, Mr. F. W. Collingwood, Mr. E. Lloyd-Williams, and Dr. E. A. Peters.

Medical Society of London, 11, Chandos Street, Cavendish Square, W., 8.30 P.M.—Discussion on the Nature and Treatment of Obesity, to be opened by Sir Lauder Brunton.

TUESDAY.

Royal Medical and Chirurgical Society, 20, Hanover Square, W., 8.30 P.M.—Adjourned discussion on Modern Methods of Vaccination and their Scientific Basis. Speakers: Dr. Greenwood, Dr. Sidney Coupland, Dr. Louis Parkes, Dr. Eddowes, Mr. H. A. Stonham, Dr. Albert E. Cope, and Dr. J. Loane.

WEDNESDAY.

British Bacteriological and Climatological Society, 20, Hanover Square, W., 8.30 P.M.—Business:—Dr. Ivor Murray: Note on Hayling Island. Mr. W. Armstrong on Adjuncts to Spa Treatment.

THURSDAY.

Ophthalmological Society of the United Kingdom, 11, Chandos Street, London, W., 8.30 P.M.—Cases and specimens by Messrs. Keeling, Hickman, Roll, Ormond, Parsons, and Taylor. Papers:—Dr. C. O. Hawthorne: On Intracranial Thrombosis as the Cause of Double Optic Neuritis in Chlorosis. Dr. G. C. Berry: (1) On so-called Muscular Asthenopia; (2) Note on the Treatment of Cystoid Oedema following Cataract Extraction. Mr. Simeon Smith: (1) Endothelium of the Orbit occasioning a peculiar Varicosity of Vessels on the Surface of the Eyeball; (2) a case of Ringworm of the Eyelids in an Adult due to a Large-spored Trichosporium, probably of Animal Origin. Dr. F. L. Edridge-Green: Some Observations on the Visual Purple.

POST-GRADUATE COURSES AND LECTURES.

Charing Cross Hospital, Thursday, 4 P.M.—Demonstration of Surgical Cases.

Hospital for Sick Children, Great Ormond Street, W.C.—Thursday, 4 P.M.—Lectures on Torticolis.

Medical Graduates' College and Polytechnic, 52, Chancery Street, W.C.—Demonstrations will be given at 4 P.M. as follows:—Monday, skin; Tuesday, medical; Wednesday, surgical; Thursday, surgical; Friday, ear.

National Hospital for the Paralysed and Epileptic, Queen Square, W.C.—Tuesday, 8.30 P.M. Lecture on Paralysis of the Cranial Nerves.

West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 P.M. as follows:—Monday: Surgical Emergencies. Tuesday: Plaster of Paris Splints. Wednesday: Lantern Demonstrations on Hernia. Thursday: Rectal Fistula. Friday: Preparation of Patients before an Anæsthetic.

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 orders or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

BIRTHS.

CROSSWELL.—On December 10th 1901, at Grand Turks, Turks Island, B. W. Indies, the wife of Dr. L. O. Crosswell (née Martha H. Stredwick (May)), Croydon, Government Medical Officer, of a son.

OVEREND.—On January 5th, at 49, Montgomery Terrace Road, Sheffield, the wife of Wilkinson Overend, B.A., M.B. Oxon, of a daughter.

WILLIAMS.—At Fishkill-on-Hudson, New York, U.S.A., on December 23rd, 1901, the wife of Geo. H. Williams, M.D., M.R.C.S. England, L.R.C.P. Edinburgh, formerly of Warrington, Lancashire, of a son.

MARRIAGES.

DALE-NIXON.—On January 8th, at St. Saviour's Church, S.W., Cuthbert Bracony Dale, M.R.C.S., L.R.C.P., of 106, Bristol Road, Birmingham, to Winifred, younger daughter of the late Lieutenant-Colonel A. J. Nixon, Rifle Brigade.

MURRAY-MACDONALD.—At Rubislaw Parish Church, Aberdeen, on January 9th, by the Rev. C. C. Macdonald, D.D., assisted by the Rev. Robert Thoms n. William Murray, M.B., Ch.B. Edinburgh, eldest son of James Murray, Glenburnie Park, to Mary D. M. Macdonald, elder daughter of the late Dr. A. Macdonald, B.Sc.

WALLWORK-ROYE.—On January 22nd, at Providence Congregational Church, by the Rev. W. H. Rothergill, James Wallwork, M.R.C.S. England, L.R.C.P. London, eldest son of Joseph Wallwork, M.P., of Rydale, to Anne Roye, elder daughter of Councillor Mark Roye, Kirkhill, Middleton. Address letters, etc., Cross Hill Cottage, Rydale, Fifeshire.

DEATH.

WINGATE.—At Eastington, co. Durham, suddenly, aged 88 years, Donald Wingate, M.B., Medical Officer for Eastington Union. Interment at Eastington, Wednesday, January 22nd, at 3 o'clock. Friends please accept this intimation.