

bably the exercise or irritation of one limb may improve or damage its fellow. More than this, I believe eczema often behaves like urticaria—a widely-spread or general outburst being due to a local, perhaps distant, irritation or intoxication of the nerves supplying quite a small area of skin.

3. *Circumoral Eczema.*—The eczema in this case affected the face for a considerable distance around the mouth; the inside of the mouth appeared to be in an exactly similar pathological condition, but, of course, not dry and crusted like the skin, but covered by an almost milk-white exudation. I strongly suspect that the condition of the mouth was brought about by the use of a too irritating dentifrice, and that soaking from the mouth kept up this chronic eczema.

4. *Circumoral Eczema.*—A somewhat similar case was sent to me recently by a medical friend. I wrote to him as follows: "I think electrolysis would do good, and reduce the thickening of the lip as you have suggested, but I think it more important that we should remove what I believe to be the cause of the chronic inflammatory thickening of the lip and neighbouring skin. Bad teeth have caused a thickened ridge on the buccal mucous membrane. Just inside the lip there is a similar inflammatory ridge produced, I believe, by the decayed canine and bicuspid against which the lip lies in repose. I would advise the removal of all stumps, and the clearing and filling of all teeth worth preserving, and the brushing of the teeth with a saturated solution of borax night and morning; for a long time to come I would use a medicated lip salve to prevent saliva soaking into the skin around the mouth."

5. O. T., a boy, semi-idiotic, had had a red eczema of his scalp since infancy. Three years after I commenced treatment, by perseverance with the application occasionally of strong antiseptic lotions, followed by the constant protection afforded by mild pastes, this obstinate case of eczema of the scalp, eyelids, ears, and other parts of the body made a surprisingly satisfactory recovery. Some credit I give to cod-liver oil and malt extract; but I suspect most of the credit was due to mercurials, as I almost accidentally discovered that he had probably inherited syphilis.

6. A lady had five scattered patches of chronic lichenization from eczema of eight years duration; her life was a misery, she had a worn expression, injected conjunctive, and told me that if she did not have sleeping draughts she spent the whole of the night in scratching, tossing about in bed, or walking about her bedroom. In six weeks the patches almost entirely disappeared, and she was practically cured by the application of mercurial plaster-mull.

MEMORANDA:

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

RESTRICTION OF DIET IN DIABETES.

I SEND for publication the following case. It is a fair illustration of the benefit from a rational method of treatment, as contrasted with the too common so-called scientific methods of the present day. It is, however, not a whit more satisfactory than I have found in innumerable cases of various ailments, specimens of which I have given in a *Plea for a Simpler Life and Fads of an Old Physician*, published in 1895 and 1897.

Mr. T., aged 38, had resided for several years in a tropical but not unhealthy climate. He came home early last year as the heat did not seem to suit his health. He was living in North Berwick where he could enjoy his favourite game of golf. He consulted a medical man there for an immoderate degree of thirst, and was told by him that he was suffering from diabetes. The specific gravity of his urine was found to be 1037. He was advised to consult a famous specialist for such disease in London, who ordered him the usual treatment.

He was to abstain absolutely from everything containing starch or sugar, and he was given a long list of flesh and other albuminous foods as gluten biscuits, etc. No restriction whatever was put on the quantity of these which he might take. He was also recommended to take fatty substances at his discretion, with the view of restricting the waste of tissue which was going on very rapidly. He soon found that the fats, which he took in large quantity, did not agree with him, and his Edinburgh doctor advised him to stop them, which he did much to his comfort.

I first saw Mr. T. about the middle of October. He had got reduced from his natural weight of about 12 st. to 10 st., but he still had considerable strength and was able to enjoy a game of golf. He had an intense craving for food and liquid, and was passing a very large amount of water. I recommended him to reduce as rapidly as he could the nitrogenous food, and by-and-by to try bread in small quantity. I saw him again three weeks later. He had reduced his food to a very moderate amount, and for a week he had taken at breakfast a couple of ounces of bread, which

he enjoyed amazingly. The craving for food and water had disappeared. The amount of urine was now 2 to 2½ pints. An analysis of the urine gave the following: Specific gravity 1019, albumen nil, sugar 0.32.

His weight had increased in three weeks by 6 lbs., which, as I pointed out to him, was no doubt from his retaining more water in his system, which demanded a large quantity of water to force the huge amount of nitrogenous matters through his kidneys. He had now resolved to return to the tropics and resume his duties, which he thought he had finally relinquished.

I again saw Mr. T. two months later (January 6th), and found him preparing to leave in the middle of the month; but in the meantime he had had a slight return of his former symptoms. He had gradually, while still reducing his flesh food, indulged too freely in everything else, and even in sweets. On strictly avoiding these for a short time the symptoms entirely disappeared, and he means to carry out his original intention of returning to his duties in the middle of the month.

Currie, Midlothian.

GEORGE S. KEITH.

RHEUMATIC JOINT PAINS: CHOREA: RHEUMATIC NODULES: ENDOCARDITIS OCCURRING IN SUCCESSION.

A GIRL, M. C., aged 16, was admitted to the Salford Union Infirmary on August 21st, 1900, complaining of "rheumatism" in both knee-joints. The joints, on examination, presented nothing abnormal; there was no elevation of temperature; and the heart sounds were pure. There was nothing of importance in the family history.

A week in bed, coupled with antirheumatic treatment, caused the pains to disappear, and on August 28th the patient was allowed to get up for an hour. The following day she was noticed to be restless and fidgety, and on the morning of August 30th choreic movements of both hands and arms had developed. A few days later the patient was in the grip of a severe attack of generalized chorea, involving not only all the limbs but the trunk and head, and necessitating isolation, padded sides to the bed, and sedatives in the shape of hot packs and chloral. The speech was much affected, and at the height of the attack it was quite unintelligible.

When the choreic movements first developed an unusually plentiful crop of rheumatic nodules made its appearance. These were first noticed on the head and, the scalp having been shaved, several nodules varying in size from a hazel nut to a split pea could be seen. From first to last there were probably a dozen nodules on the scalp, fresh ones appearing at intervals. Similar nodules appeared over the cervical and dorsal spines, along the spines of the scapulae, over the elbow joints, the patellae and the malleoli. Along the extensor tendons of both wrists numerous smaller nodules, the size of millet seeds, could be felt, and two a little larger than these could be felt under the skin of the abdominal wall, to the left of the umbilicus.

Several days after the onset of the above-mentioned symptoms a soft systolic *bruit*, following on the first sound, could be heard over the heart's apex.

In a week from the time of the onset of the chorea the severity of the symptoms had considerably abated, and the patient, from being dull and apathetic, became gradually bright and cheerful. Speech improved slowly and the appetite returned. With the decrease of excitability, I by degrees withdrew the sedatives, and began to administer liq. arsenic-alis, starting with $\frac{1}{16}$ thrice daily in water with food, and increasing the dose until $\frac{1}{16}$ were being taken thrice daily.

In about a month from the first eruption all the nodules had disappeared, and at the end of October the patient was discharged at her father's request.

Three weeks later she was readmitted suffering from a mild attack of right hemichorea, and a fresh crop of nodules was discovered in similar situations to those of the first attack, but less in size and fewer in number. The first cardiac sound at the apex was entirely replaced by a loud, blowing, systolic *bruit*, conducted to the left and heard behind at the angle of the scapula. The temperature, which had remained normal during the first attack, rose occasionally at night to 101° F. to 103° F. without apparent cause. On this account, and also

remembering the severity of the first attack, the patient was kept rigorously in bed until February, 1901, when she was again discharged at her own request.

EVA MCCALL, M.D.Glasg.,

Late Resident Medical Officer, Salford Union Infirmary.
Union Infirmary, Birkenhead.

INTRAUTERINE DEATH FROM SUPER-ATROPHY OF THE CHORIONIC VILLI.

THE allantois, which is a very vascular structure, appears about 14 days after the ovum is fertilized. It grows rapidly, and towards the end of the third week of gestation the vessels of this structure have penetrated all the villi of the chorion. At this period, therefore, the ovum may be considered as universally placental, and by imbibition all the villi aid in nourishing the ovum. Towards the sixth week of pregnancy, however, that portion of the uterine mucosa which is destined to participate in the formation of the true placenta—the so-called decidua serotina—begins to be differentiated and simultaneously the chorionic villi correlated to this serotinal area become more and more enlarged whilst the non-placental villi gradually undergo atrophy. The atrophic change taking place in the chorionic villi may affect not only the non-placental but the placental villi. Atrophy of the non-placental villi is a natural phenomenon, but occasionally the process extends to and involves more or less extensively the placental villi as well. A parallel condition of affairs is sometimes noted in the case of the uterus after parturition when the dis-solutionary changes transcend the normal amount and produce a state of superinvolution.

The decidua serotina and the placental villi react mutually on each other, consequently the atrophic process extending to the placental villi causes the serotina to cease developing and sooner or later these two conditions will suffice to bring about the death of the ovum. Because of the insidious progress of this abnormal phenomenon the ovum may be retained for several months after its death.

JAMES OLIVER, M.D., F.R.S. Edin., F.L.S.
Gordon Square, W.C.

EXTRAVASATION OF BLOOD UNDER COLLES'S FASCIA SIMULATING URINARY EXTRAVASATION.

W.H., a young and healthy man, was crossing a barbed wire fence on July 23rd, 1901, and had one leg raised over it in the act to step across, when the foot on which he was standing slipped, and he came down astride the fence, one of the barbs piercing his fork. A large perineal swelling appeared almost at once, and, after walking a short distance, he was forced to lie down and wait for a vehicle to take him home.

When seen two hours after the accident there was a very small puncture in the perineum to the left of the raphe, midway between the anus and the root of the scrotum; the pouch of Colles's fascia was distended with fluid; the scrotum was enormously swollen, tense, and fluctuating; and fluid was being diffused under the skin of the lower part of the abdomen. It finally reached a point midway between the pubes and umbilicus. The patient was unable to make water. This symptom, together with the history of the case, caused a suspicion of ruptured urethra, but the absence of bleeding from the meatus, and the fact that a soft rubber catheter passed easily, led to this being negatived, and an absorbent lotion was applied and rest in bed enjoined.

In a few days micturition became normal, and the swelling over the abdomen became absorbed, leaving the skin much discoloured over the area of extravasation. At the end of a week, as the patient complained of much pain and loss of sleep, and had a slight rise of temperature, a free incision, under aseptic precautions, was made in the perineum, and a large quantity of clot turned out. This showed no signs of breaking down; indeed, the case ran an absolutely non-suppurative course from first to last. The incision was followed by immediate relief, but clots and blood-stained serum continued to be discharged from the opening for about three weeks, though no fresh bleeding took place. Recovery was uneventful, and the only sign of the injury left is the scar in the perineum and a small hard mass of organised clot at the bottom of the scrotum.

We have thought the case worth publishing, both as an example of a rare condition, and on account of its almost perfect simulation of ruptured urethra with extravasation, as regards history and site of injury, physical signs, and inability to pass water; although not only the urethra, but even the bulb (as was seen afterwards through the incision) had escaped laceration. From the rapidity of onset and the tenseness of the swelling we should judge that the bleeding was arterial, and was probably from the transverse perineal, though this was impossible to demonstrate. The inability to make water was probably due to the pressure of the effused blood on the bulbous portion of the urethra.

S. ENGLISH, M.B., C.M.,
Belfast.
R. J. JOHNSTONE, M.B., F.R.C.S.

CLINICAL VERSUS BACTERIOLOGICAL ASPECTS OF DIPHTHERIA.

IT is notorious that the clinical and bacteriological aspects of diphtheria do not always correspond. Hence cases arise which cause no small degree of anxiety in the matter of management, especially as regards isolation and the notification of the sanitary authorities.

Two cases which I recently saw compel me to adopt the view that all bad cases of membranous sore throat should be isolated and notified.

CASE I.—W. M., a girl aged 10 years, presented a typical wash-leather membrane on both tonsils, uvula, and soft palate, which on removal left a bleeding surface; the temperature was 104° F., pulse 150. I assured myself that this was a case of genuine diphtheria—that is, an infection with virulent Klebs-Loeffler bacilli, and consequently isolated and notified the case. A specimen of the membrane was sent to the Jenner Institute, and within twenty-four hours a report was to hand to the effect that no bacilli were found. Somewhat disconcerted by this report, I proceeded to make a culture from the membrane myself, and had a third cultivation made, through the kindness of the superintendent, in the clinical laboratory of St. Thomas's Hospital. Both of these last entirely confirmed the report of the Jenner Institute, and demonstrated streptococci in long chains.

The case proceeded as one of genuine virulent diphtheria, cardiac debility set in, and for a time the outlook seemed hopeless. The usual topical and constitutional remedies were adopted and closely pursued, and in three weeks the tide turned. About six weeks from the commencement of the disease typical pharyngeal paralysis was manifest, together with a degree of peripheral neuritis, most apparent in the lower limbs. Four months later paralysis and neuritis had disappeared.

CASE II.—D. G. D., a boy, aged 4 years, presented a buff-coloured membrane firmly fixed on the left tonsil, the left half of the soft palate, and the uvula. Swelling of the lymphatic glands, both anterior and posterior to the sternomastoid on the left side, was very marked. The remaining signs and symptoms were an almost exact counterpart of those of Case I. Four weeks from the commencement of the disease pharyngeal paralysis supervened and had gone at the end of ten weeks. Two bacteriological examinations demonstrated streptococci in pure growth and in long chains.

Both of these cases had been in contact with children suffering from "bad sore throats" some days prior to the onset of their illnesses. Had the "bad sore throats" been isolated the cases just described would doubtless not have occurred.

DAVID SOMMERSVILLE, B.A., M.D.
Great Marylebone Street, W.

DELIVERY IN A CASE OF ROBERT'S DOUBLE OBLIQUELY-CONTRACTED PELVIS.

THE patient, aged 25, a Polish Jewess, had been pregnant twice before, and was delivered—on the first occasion at seven months and on the second at term—with great difficulty, and on each occasion of a very small child. She was then carefully examined, and, finding the above defect, the obstetric physician who was consulted advised her in future to have labour brought on at the seventh month, or carry to term and then undergo operation (Cæsarean section or symphysiotomy).

She went to term, and only sent for me to attend her when labour was well advanced. By abdominal palpation a large-sized fetus was found lying dorso-anterior, with the head in the first position. *Per vaginam* the membranes were found ruptured, the liquor amnii practically all escaped, the head at the brim, and a caput succedaneum formed. The pains were strong and frequent, but without any effect. I put on Milne Murray's axis-traction forceps and pulled strongly, but the instrument, though screwed tight, gradually and slowly slipped out, leaving the head *in statu quo*. I then put on Simpson-Barnes's long forceps. This instrument showed no tendency to slip, though powerful traction was made, but the head remained immovable. The pulse was 100, the patient restless and excited, and the pains strong and regular. Another medical man was sent for, who gave chloroform, and he also tried with the forceps, but without success.

I then opened the head by means of Smellie's perforator, going through the bone in the usual way, and passing the instrument right into the cranium, broke up the brain and medulla. Simpson's cranioclast was then applied, but it constantly slipped, bringing away bone and scalp. The face was then brought down, but the instrument, again being applied, again failed as a tractor. I then performed internal version and brought down the legs and trunk. The extreme narrowing of the outlet rendered it quite impossible for either my colleague (a practitioner of great experience) or myself to insert the hand and bring down either the anterior or posterior arm. I therefore opened the child's body and removed the liver, lungs, and heart. The space thus gained enabled me to rapidly complete the delivery. The third stage was easy. An intrauterine douche of iodine was given, and two separate injections of $\frac{1}{10}$ gr. ergotinine.

The patient suffered considerably from shock and the effects of the chloroform, though she seemed fairly comfortable until the evening of the second day, when the temperature rose to 102° . She complained of pain, felt particularly in the right groin and to the right of the uterus. She was ordered quinine gr. iiij every third hour, a mixture of belladonna, nux vomica, and hydrobromic acid every four hours; and trional gr. xxv in brandy and water at night. For nourishment, milk, milk and egg, beef-tea, meat juice, chicken broth, etc.; enemata for bowels when needed; brandy frequently and cold sponging. She was doused thrice daily for four days, and then twice daily, with carbolic lotion, and also with Condy's fluid. Great tympanites developed on the fifth day, which was well relieved by enema asafoetidae. A mixture containing magnesium sulphate was prescribed, and for the cough terebenum $\frac{1}{10}$ on sugar.

The temperature never fell below 101.8° , and during the last three days ranged between 102.4° and 103° . She died early on the morning of the eighth day.

Jewry Street. E.C.

GEORGE A. BRUCE, M.B.

REPORTS

ON

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

FORT NAPIER HOSPITAL, PIETERMARITZBURG.

HYPERPYREXIA IN RHEUMATIC FEVER, FOLLOWED BY TETANIC CONVULSIONS AND TEMPORARY LABIO-GLOSSOPHARYNGEAL PARALYSIS: RECOVERY.

(By Lieutenant G. CONSTANTINE PHIPPS, R.A.M.C.)

A SOLDIER patient of mine at Fort Napier, under treatment in January, 1900, for rheumatic fever, suddenly one afternoon sat up in bed with every appearance of terror and made a peculiar sound like a prolonged "A-h!". The nurse took his temperature, and, on finding it to be 107° F., at once sent for the orderly medical officer, who also took the temperature, which by this time had risen to 110.4° . The patient was immediately sponged, and wet cloths were applied while a cold bath was prepared. After five or six minutes immersion in the bath the temperature in the rectum fell to

101° , and the patient was put back to bed. The thermometer used was above suspicion, being used regularly in the wards and on this occasion by an experienced nurse and a medical man.

He rapidly fell into a condition of extreme collapse—skin cold, clammy, and sweating, pinched blue appearance, incontinence of urine and faeces, respiration shallow and sighing, pulse almost imperceptible, and, in spite of mustard and hot fomentations to the cardiac region, hot bottles, friction to the limbs, stimulants, etc., he appeared past all hope. He, however, did react to the above restorative measures after about ten minutes, but instead of consciousness a convulsive state set in, beginning by a series of jerky spasms of the right leg, and passing upwards until the whole body was involved. Clonic were succeeded by tonic spasms, and the patient became so rigid that his posture approached that of opisthotonus. The respiration, first a series of gasps, became suspended and the pulse imperceptible; the pupils did not react to light.

I administered ether and chloroform on a piece of lint as the quickest antispasmodic remedies available, and almost immediately the spasm relaxed and cyanosis disappeared as the respiration became regular, the pulse could be again felt at the wrist, the pupils reacted to light, and the patient passed into a condition resembling normal sleep; but no sooner had the effect of the anaesthetic passed off than the clonic spasm returned, first attacking the right leg and then rapidly passing over the whole body. As before, it was followed by tonic spasms, and again the patient appeared as in opisthotonus. Again I administered the anaesthetic with the same good result, but this time I pushed it a little further into narcosis; but a third time the convulsions returned after the effects of the anaesthetic had passed off. I had also administered chloral and potassium bromide *per rectum*, and later still I gave a hypodermic injection of morphine, but for five hours or so I kept the patient under the influence of the anaesthetic, administering it as soon as the jerking of the leg indicated a coming convolution, and hoping that the chloral, bromide, and morphine would produce a permanent effect, which they did about five hours from the first convolution; then the patient fell into a condition of sleep in which he passed the remainder of the night.

The temperature taken in the rectum showed a tendency to rise with the onset of the convulsions, but never exceeded 103° F. Nourishment was administered *per rectum*. The following morning the patient was terribly prostrated, but his mind was apparently quite clear, as he nodded or shook his head feebly in answer to a few questions I asked him; he showed that he knew he had been very ill, but that all the pains in his joints were gone. This much I made out by questions, but he appeared unable to speak properly. The next day (third from the hyperpyrexia) he was much stronger and attempted to speak, and then I noticed that he had great difficulty in articulation, and that saliva dribbled from the corners of his mouth. He was unable to pronounce such letters as *b*, *d*, *f*, *v*, *p*, *s*, *t*; for instance, "I want something to drink" sounded like "Ah wah hum-hin hoo hing," a labio-glosso-pharyngeal paralysis. He continued in this condition for several weeks until speech became almost normal; the swelling and pains of the joints returned as bad as before, but subsided in a few weeks; the heart throughout was not attacked. At this stage I lost sight of him, but shortly afterwards I heard that he had returned to England convalescent.

REMARKS.—The points I consider most interesting in this extraordinary case of so many phases and symptoms are: The peculiar sound—a prolonged "A-h," and frightened appearance at the onset; the hyperpyrexia, 110.4° F.; the success attending symptomatic treatment throughout the case; the curious temporary condition of labio-glossopharyngeal paralysis, resembling to a certain extent acute bulbar paralysis; and recovery.

As regards the pathology, I am inclined to think that it was a case of an acute toxæmia, a sudden overdose of the rheumatic toxin acting on the whole nervous system, but especially on the bulb, where possibly a slight oedema also existed, and that the symptoms passed off owing to the absorption of the oedema and the gradual elimination of the toxin from the system.

the meaning of the Act. After a very short statement by Mr. Dickens in reply, the learned Judges stopped the case, and in an elaborate judgement the Master of the Rolls and Lord Justice Mathew gave their decision, in which Lord Justice Romer concurred, that Dr. Joyce had exercised reasonable care and acted in good faith, and that therefore they dismissed the appeal with costs, and confirmed the decision of Mr. Justice Jeff.

This decision is of immense value not only to the profession, but to all persons who have unfortunately to take any part in causing to be certified those suffering from unsound minds. It has been generally considered that the protection afforded by the Lunacy Act in the Section referred to only had reference to those who actually certified the lunatic. By the present judgement protection is afforded to all who are in any way concerned "in doing anything in pursuance of the Act" as long as, it is perhaps needless to add, the acts done are bona fide and the result of the exercise of reasonable care. It is true that in Hodson and Another v. Parr, L. O. B., 1891, 455, the Court of Appeal decided that defamatory statements made in the course of proceedings under the Lunacy Act and set out in the petition and statement of particulars in the lunacy certificate were not actionable. Though this judgement could not be referred to in the Rixon case, as it was not strictly on all fours, the two judgements together form protection and relief to all concerned in the unpleasant duty of placing lunatics under proper care.

CORONERS AND UNCERTIFIED DEATHS.

WE are glad to be able to report that Mr. Holden, H.M. Coroner for the Birkenhead County Borough, has publicly announced his intention to hold an inquest upon the body of any person lying dead within his jurisdiction whose death is not certified by a registered practitioner of medicine.

The announcement was made at an inquest reported in the *Birkenhead News*, held on January 31st on the body of Mrs. Elizabeth Jones, who had been attended by an unregistered person named Alfred Pleavin. It appears from the report that Pleavin had assured the son-in-law of the deceased that he (Pleavin) "had never had a certificate [that is, certificate of death] refused in any part of the kingdom." This statement satisfied the relatives, and they permitted Mr. Pleavin to attend up to the death, but were surprised to find that the certificate given was not accepted by the registrar, and that an inquest was ordered.

At the inquiry Mr. Pleavin was present on subpoena, and gave evidence stating that although he had never been to America he held a doctorate of medicine from Buffalo and Ohio, United States of America; he also informed the Court that he was examined in England "by a professor appointed under the seal of the Attorney-General of Government House, Washington." The medicines given in the case were American, and were made up by his son, who was not a registered chemist. He also stated that his "certificate" had never been returned and that he had given them for twelve years. After medical evidence had been given showing that the cause of death was other than that given by Mr. Pleavin in his "certificate" the jury brought in a verdict of death from natural causes, and expressed themselves in sympathy with the coroner in his intention to hold inquests on all cases not certified by registered practitioners. The coroner in his summing up, told the jury that he had been in communication with the Registrar-General on the subject and that instructions had been given to the local registrars to notify all uncertified deaths at once to him so that all enquiries could be made. The coroner called the attention of the jury to the fact that inquests held in such cases as these would serve to show the public the stupidity and futility of seeking medical advice from people who were not qualified to give it.

Every medical practitioner will approve of the decision of Mr. Holden, and we cannot but hope that all other coroners will follow on the same lines if they have not previously acted in the same way. It has long been a scandal that many deaths have been registered without the cause of death being ascertained and certified by registered practitioners.

It is true that such deaths are registered as "uncertified," but burial orders follow, and practically the same course is adopted as if the information had been given by a qualified medical man. The course adopted by Mr. Holden will go far to put a check on this scandalous condition of things which we have protested against for many years and which was reported against by a parliamentary Committee in 1893.

FEE FOR TREATING COLLES'S FRACTURE.

S., WHILE at supper at a restaurant, was asked to treat a lady who had met with an accident at a ball then being held at that establishment, and had sustained a Colles's fracture. The patient's husband, who was a wealthy merchant, wished S. to continue with the case, but, finding his patient had a regular medical attendant, he advised that the latter should be called in. He was asked the amount of his fee, and named 5 guineas. He was told that it was exorbitant, and payment refused. He wishes to know whether his fee could be considered exorbitant under the circumstances.

. Certainly not. The Consolidated Orders of the Local Government Board allow the parish doctor £3 for attending to a Colles's fracture in the case of a pauper.

MEDICAL WITNESSES IN COURT.

MEDICAL WITNESS.—A medical witness had no right to remain in court when other witnesses were required to retire. The clerk was correct in his ruling, although in many cases, as a matter of courtesy, medical witnesses are permitted to remain.

CERTIFICATES OF UNREGISTERED PRACTITIONERS.

QUAERENS.—It is for the patient, who is the aggrieved party, to take action, as no certificate issued by an unregistered practitioner is valid. However, if the name of the person granting the certificate in question and the full particulars of the case were forwarded to the Secretary of the Medical Defence Union, 4, Trafalgar Square, W.C., we have no doubt that inquiries would be made, and that some action would be taken if any infringement of the Medical Acts was proved.

MEDICAL ETIQUETTE.

DUBIOUS.—As A. and B. appear to have made statements totally at variance with each other, C. should have disregarded both, and have requested B., if it was his intention to dismiss A., to do so by writing him a politely-worded letter telling him not to call again. After this had been done C. would have been free to take charge of the case.

REMUNERATION OF INVALIDED ASSISTANT.

Q. wishes to know what amount his assistant, who left him on account of illness, is entitled to.

. If notice was given at the time, the assistant could not claim more than a month's salary. Till such notice is given the assistant, although ill and unable to do his work, continues at law in the employment of the principal, and must be paid his usual salary. An assistant, when given a month's salary in lieu of notice, cannot, we are advised, claim the value of a month's board in addition.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

DR. J. REYNOLDS GREEN, F.R.S., Professor of Botany to the Pharmaceutical Society, has been elected a Fellow of Downing College.

Principal Griffiths, F.R.S., of Cardiff University College, has received the degree of Doctor of Science.

Professor Osborne Reynolds, F.R.S., of Manchester, will deliver the Rede lecture this year. Mr. W. N. Shaw, F.R.S., will lecture this month on the physics of the ventilation of buildings.

Research Studentships.—An election to the Allen research studentship of £250 for one year will take place at the end of this term. Candidates must be graduates of not more than 28 years of age, and be prepared to undertake research in certain specified departments, one of which is medicine.

Third M.B. Examination.—The Special Board for Medicine has issued schedules of the examinations in Pharmacology and General Pathology for the third M.B. Copies may be had on application to the Registrar. Dr. Bradbury, Dr. D. MacAlister, Professor Woodhead, and Professor Delépine have been appointed Examiners in Pharmacology and General Pathology for the Third M.B. Examination, Part I, to be held next June.

Electors to Professorships.—The following have been appointed electors to Professorships: Chemistry, Dr. Tilden, F.R.S., and Lord Rayleigh, F.R.S.; Anatomy, Dr. A. Hill; Botany, Mr. F. Darwin, M.B., F.R.S.; Jacksonian, Sir George G. Stokes, F.R.S.; Downing of Medicine, Dr. D. MacAlister; Zoology, Professor Ray Lankester, F.R.S.; Cavendish of Physics, Sir J. G. Stokes, F.R.S.; Physiology, Professor McKendrick, F.R.S.; Surgery, Professor J. Chiene, C.B.; Pathology, Lord Lister, F.R.S.

UNIVERSITY OF LONDON.

The Faculty of Medicine.—The Matriculation Examination.

It will be remembered that at a meeting of the Senate of the University on November 27th, 1901, a report from the Advisory Board on the Matriculation Examination was further considered, and was "referred to the Academic and the External Council for consideration and report to the Senate, with power to confer."

We are informed that the following are the terms of the reply adopted by the Faculty at its meeting on January 24th to a communication from the Academic Council with regard to matriculation:

1. The Faculty of Medicine, having considered the communication from the Academic Council with regard to matriculation, together with the report of the Advisory Board to the Senate thereon, and other documents relating to the same subject, begs to report as follows:

2. The Faculty reaffirms the opinion expressed in its communication to the Senate, dated November 8th, 1901, that "No scheme of matriculation will be satisfactory which does not permit a wide choice of subjects for examination, so as to meet the requirements of candidates, whether from the 'classical' or 'modern' side of secondary schools."

3. To meet such requirements the Faculty believes that the present Matriculation Examination must be materially altered.

It has come to the knowledge of the Faculty of Medicine, through the Deans of the London medical schools, that a considerable number of young men who desire to study medicine in London, and who naturally wish to graduate at the University, are discouraged from doing so by the character of the matriculation examination. While the matriculation examinations of most of the universities of Great Britain and Ireland are of such a kind that youths educated at the principal secondary schools are able to go up directly from their schools and pass the examinations, the character of the London Matriculation Examination is such that the teaching of the secondary schools has, for the most part, to be specially adapted to it. In fact, the candidate for matriculation in London must, if he will pass the examination, undergo a special preparation of from six to twelve months; and to provide this is so inconvenient to the masters of the principal secondary schools that they will not undertake to send their pupils up for this examination. Rather than do so they deliberately dissuade boys from entering the University of London. In most cases, if a boy persists in his determination to enter the University of London, he is obliged to leave his school and to study with assistance at home, or to betake himself to some special institution where candidates are prepared for the London Matriculation.

The dean of every London medical school is familiar with cases which occur year after year of young men who have been educated at one or other of the principal secondary schools in this country, who then come to London with the intention of studying medicine, and, making inquiries with the desire of becoming undergraduates of the University, find that they cannot do so without devoting at least six months to "cramming" for the Matriculation Examination. In these circumstances many of them elect to be content with a licence to practise medicine or betake themselves to some other university where the matriculation is more in accordance with the education they have received at school.

4. The Faculty of Medicine believes that the past experience of the London University proves beyond doubt that for a single university to

attempt to define the subjects which boys and girls should be taught at school by instituting a rigid matriculation test unduly narrows the scope of the University's work, starves the schools of the University, and has an almost inappreciable effect upon Secondary Education.

5. It is for these reasons that the Faculty desires that a Matriculation Examination should be instituted which shall ensure that an intending undergraduate has profited by the secondary education at present given by the best schools in this country, and that other means should be adopted to modify Secondary Education, where such modification is necessary.

6. The Faculty of Medicine believes that a Matriculation Examination of the kind required would be provided by the adoption of the Report of the Advisory Board for the Admission of Students, dated April 26th, 1901.

7. The Faculty would point out that it is only by allowing such a wide choice of subjects as is recommended in the report of the Advisory Board that it will be possible for teachers to induce their students to choose those subjects a knowledge of which is likely to be most useful to them in their university studies.

8. The Faculty of Medicine believes it to be very undesirable to establish a separate Matriculation Examination for each Faculty.

INTERMEDIATE EXAMINATION IN MEDICINE.—The following candidates have satisfied the Examiners:

Entire Examination.—*First Division*—A. J. Blaxland, University College; R. H. C. Gompertz, B.Sc., King's College; E. L. Holland, King's College. *Second Division*—H. Catling, St. Thomas's Hospital; F. B. Dalgliesh, St. Thomas's Hospital; Delia Davies, Lond. (R.F.H.) School of Medicine for Women; J. E. Dunbar, London Hospital; R. Felton, Guy's Hospital; W. Goodchild, University and Royal College of Surgeons, Edinburgh; C. H. M. Hughes, Westminster Hospital and King's College; F. P. Hughes, Guy's Hospital; D. Isaacs, Guy's Hospital; C. H. F. Johnston, Charing Cross Hospital; T. H. Jones, King's College; W. N. Kingsbury, Middlesex Hospital; G. Laurence, University College, Liverpool; J. L. Lawry, London Hospital; A. Leeming, Guy's Hospital; F. C. McCombie, King's College; J. B. McVail, London Hospital; S. H. Matson, St. George's Hospital; W. N. May, Guy's Hospital; R. H. Miller, St. Mary's Hospital; J. McF. W. Pollard, Guy's Hospital; T. Pratt, University College, Bristol; P. M. Roberts, University College; A. M. Roome, Guy's Hospital; W. M. Sadler, University College; J. L. Schilling, Yorkshire College; G. H. Shortridge, University College, Cardiff and St. Mary's Hospital; G. A. Soltan, London Hospital; L. Warren, London Hospital; S. Zobel, University College.

Excluding Physiology.—*First Division*—F. W. Higgs, St. George's Hospital; A. J. Malcolm, St. Mary's Hospital; C. S. White, University College. *Second Division*—C. H. Berry, University College; F. M. Bishop, St. Bartholomew's Hospital; A. C. Brown, St. Bartholomew's Hospital; J. Jones, Owens College; S. W. Millner, St. Bartholomew's Hospital; H. F. Whittall, University College; L. A. Wilson, Owens College.

Physiology only.—*First Division*—A. D. Hunt, Yorkshire College and University College, Liverpool. *Second Division*—L. Bathurst, St. Thomas's Hospital; L. H. H. Boys, Middlesex Hospital; C. N. Davis, St. Bartholomew's Hospital; W. J. Edgar, St. Thomas's Hospital; H. Farncombe, University College; Florence Erin Gubb, London (Royal Free Hospital) School of Medicine for Women; E. C. Hood, Yorkshire College; H. A. Kellond-Knight, St. Bartholomew's Hospital; J. T. Lloyd, University College, Liverpool; D. J. Mulholland, University College, Liverpool; F. W. Parry, St. Thomas's Hospital; J. M. Plews, St. Bartholomew's Hospital; T. P. Puddicombe, St. Thomas's Hospital; S. H. Sweet, University College, Cardiff; Barbara Tchaykovsky, B.Sc., London (Royal Free Hospital) School of Women for Medicine and Bedford College; L. L. A. W. Thomson, St. Mary's Hospital; F. H. Whitehead, St. Thomas's Hospital.

ROYAL UNIVERSITY OF IRELAND.

AT a meeting of the Senate, held on Friday, February 4th, the following Examiners (among others) were appointed for the year 1902:—*Natural Philosophy*: William Bergin, M.A. *Natural Science*: Alexander J. M. Blaney, M.A.; Marcus Hastof, D.Sc. *Medicine*: James A. Lindsay, M.D.; Joseph F. O'Carroll, M.D. *Ophthalmology*: Arthur W. Sandford, M.D.; Louis Werner, M.B. *Midwifery*: John W. Byers, M.D.; Alfred J. Smith, M.B. *Medical Jurisprudence, etc.*: Charles Y. Pearson, M.D.; Antony Roche, M.R.C.P.I. *Materia Medica*: Martin Dempsey, M.D.; William Whittle, M.D. *Physiology*: William H. Thompson, M.D. *Pathology*: Edmund J. McWeeney, M.D.; James Lorrain Smith, M.D. *Sanitary Science*: Sir Charles A. Cameron, C.B., M.D.

It was agreed to postpone appointing to Extern Examinerships until next meeting.

UNIVERSITY OF DUBLIN.

AT the Spring Commencements, Hilary Term, held on Shrove Tuesday, February 11th, the following degrees in Medicine, Surgery, and Midwifery were conferred by the University Caput in the presence of the Senate assembled in the Theatre of Trinity College:

Baccalaurei in Medicina, in Chirurgia, et in Arte Obstetricia.—F. J. Blackley, O'D. H. D. Browne, A. S. Chambers, R. E. Cree, F. J. Geoghegan, J. N. Laird, W. Ormsby, W. H. Somerville, H. T. Stack. *Dockores in Medicina.*—W. Bramwell, R. E. Cree, G. A. Pringle, H. Pringle.

VICTORIA UNIVERSITY.

THE PROPOSED DISRUPTION.

IT is announced that the following protest has been drawn up:

"We, the undersigned graduates of the Victoria University, hereby express our emphatic protest against the proposed disruption of the Victoria University; we are of opinion that the dissolution of the University would be injurious to the cause of higher education in the North of England, and would be seriously detrimental to the interests of the graduates."

It is stated that this has been signed by 302 graduates, of whom 186 are members of Owens College, Manchester; 89 of Yorkshire College, Leeds; and 27 of University College, Liverpool.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

A QUARTERLY meeting of the Royal College of Physicians of Edinburgh was held on Tuesday, February 4th, Dr. Fraser, President, in the chair.

The Fellowship.

Dr. D. J. Graham was introduced, and took his seat as a Fellow of the College. Frederick James Tresilian, M.D., R.U.I., M.R.C.P.E., and John Rutherford Gilmour, M.B., C.M. Edin., M.R.C.P.E., were admitted by ballot to the Fellowship of the College.

Membership.

On a ballot the following candidates were admitted to the Membership of the College after examination: Harry Oliphant Nicholson, M.D. (Edinburgh), Charles Porter, M.B., C.M. (Leith), and John Macaulay Bowie, M.D. (Edinburgh).

Licence.

The Registrar reported that since the last quarterly meeting 33 persons had obtained the licence of the College by examination.

Parkin Prize.

The Secretary reported that the Council had resolved to offer the Parkin Prize for competition during the current year, the subject to be, in terms of the bequest, On the Curative Effects of Carbonic Acid Gas or other forms of Carbon in Cholera, for different forms of Fever and other Diseases. Essays must be received by the Secretary up to December 31st, 1902.

Freeland Barbour Fellowship.

Intimation was made that the Council had determined to defer the award of the Freeland Barbour Fellowship from February to May biennially.

Congresses.

The President announced that the Council had nominated the President and Vice-President for the time being to be delegates to the International Medical Congress at Madrid on the invitation of the Organising Committee of the Congress. It was remitted to the Council to nominate delegates to the Sanitary Institute Congress to be held in Manchester in September, 1902.

Scottish Representation on Advisory Board of Royal Army Medical Corps.

The Secretary read a statement which had been prepared by the Council and transmitted to the Secretary for War and the Secretary for Scotland, protesting against the proposed representation of Scotland on the Advisory Board of the R.A.M.C. as not calculated to give the medical profession of Scotland, from whose medical schools a large percentage of successful candidates for the R.A.M.C. is annually supplied, the confidence that is desirable in the work of the Board. The conviction was expressed that the proposed appointment would lead to widespread dissatisfaction.

CONJOINT BOARD IN IRELAND.

DIPLOMA IN PUBLIC HEALTH.—The following candidates have passed this examination:

T. Hennessy, F.R.C.S.I.; J. O'Donoghue, F.R.C.S.I.; D. M. Saunders, M.D., Major, R.A.M.C.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

THE SUPPLY OF VACCINATION LYMPH.

We are informed that the following letter has been sent from the governing body of the Jenner Institute of Preventive Medicine, over which Lord Lister presides, to a correspondent who had written concerning the confusion existing in the public mind from the fact that there are two Jenner Institutes, in one of which—that at Chelsea—the Government lymph supplied gratis to public vaccinators is prepared, while in the other—that at Battersea—vaccination lymph is prepared and sold commercially. The Government lymph, as is known generally, cannot be purchased.

Jenner Institute of Preventive Medicine,
Grosvenor Road, Chelsea Gardens, S.W.,

February 11th, 1902.

Sir,—In reply to your letter, I am directed to inform you that no vaccine lymph is prepared at the Jenner Institute of Preventive Medicine under the direction of the governing body of the Institute, but that certain laboratories in the Institute are leased to the Local Government Board, and that the officers of the Board are engaged there in preparing glycerinated lymph for supplying public vaccinators only. The manufacture of calf lymph for sale is also carried on at another Institute, the Jenner Institute for Calf Lymph, situated in Battersea, but that Institute is in no way connected with the Jenner Institute of Preventive Medicine.

I am, etc.,
ALLAN MACFADYEN
(Secretary).

MEDICAL NEWS.

SENATOR GALLINGER has introduced into the Senate of the United States a Bill prepared by the American Society for the Regulation of Vivisection, which has its headquarters in Brooklyn, for the regulation of vivisection.

THE MUZZLING of dogs order has been reimposed upon the petty sessional divisions of Llanboidy and St. Clears, county Carmarthenshire, and the administrative county of Pembroke, except the petty sessional division of Kilgerran.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—The annual dinner of the Society will take place on Wednesday, February 19th, at Frascati's, at 7.30 P.M. The Presidents of the Royal Colleges of Physicians and Surgeons, the Medical and Clinical Societies, and other guests will be present.

EGYPTIAN CONGRESS OF MEDICINE.—The date of the first Egyptian Congress of Medicine to be held at Cairo this year has been altered from December 10th to 14th to December 19th to 23rd. The official languages of the Congress are French and Arabic, but the use of English, German, Italian, and Greek will also be permissible.

SMALL-POX IN THE UNITED STATES.—The Surgeon-General reports that during 1901 small-pox occurred in every State and Territory of the Union, with the exception of Arizona, from which no reports have been received. For the whole year the number of cases was 38,506 cases, with 689 deaths, showing a mortality of 1.79 per cent.

PRESIDENT MCKINLEY'S PHYSICIAN.—In recognition of the services rendered by him to the late President McKinley, Dr. Presley M. Rixey has been chosen chief of the Naval Bureau of Medicine and Surgery, with the rank of Rear-Admiral. He succeeds Rear-Admiral William K. Van Reypen, who at his own request will be retired with the rank of Senior Rear-Admiral.

A HYDROLOGICAL CONGRESS IN ITALY.—A Congress of Hydrology and Climatology will be held at Milan at Eastertide under the presidency of Dr. De Christoforis. The organization of the Congress has been carried out under the auspices of the Italian National Society of Hydrology. Among the members of the Organizing Committee are Professor Mangiagalli and Dr. Bordoni-Uffreduzzi.

A PATHOLOGICAL LABORATORY IN MANILA.—Dr. Sternberg, Surgeon-General of the United States Army, has made arrangements for the prosecution of pathological work at Manila, and the American Government has granted him every facility for the purpose. The laboratory is said to be equal in equipment to the best in the United States, and it has an excellent outfit for photomicrography.

CONGRESS OF GERMAN SCIENTISTS AND MEDICAL PRACTITIONERS.—The Congress of German Scientists and Medical Practitioners will be held this year at Carlsbad from September 21st to 28th. All classes of the population, particularly the municipality and the medical profession, whose number amounted to 130 during the last season, are already engaged in making arrangements for a worthy reception of the members of the Congress.

CARDIFF INFIRMARY.—On February 7th Dr. Herbert Vachell was appointed Physician to the Cardiff Infirmary in place of Dr. C. T. Vachell, who has been appointed Consulting Physician. The vacancy of assistant physician caused by the promotion of Dr. Herbert Vachell was filled by the appointment of W. Mitchell Stevens, M.D., M.R.C.P., Fellow of University College, London, and Honorary Pathologist to the institution.

TRAUMATIC BONE DISEASE IN THE GIRAFFE.—At the meeting of the Zoological Society of London on February 4th a communication from the Prosector, which contained some remarks on the recent death of the young male giraffe in the Society's Gardens, was read. Examination of the neck of the animal had revealed an injury to the fourth and fifth cervical vertebrae. This injury had caused the two bones to ankylose, and the bend in the neck, so noticeable in the living animal, was due to the epiphyses having grown only on one side of the bones.

INCREASE OF VACCINATING STAFF IN NEW YORK.—One hundred additional vaccinators have been appointed by the

New York City Board of Health at a salary of £20 a month. The gentlemen selected have all been taken from the list of medical school inspectors, in which capacity they have been receiving salaries of £6 a month. The Health Commissioner was also authorized by the Board to provide a disinfecting plant in each of the boroughs of the city at a cost of £1,000 each, and also to build an isolation hospital for contagious diseases on Staten Island.

JEWISH MEDICAL OFFICERS IN THE PRUSSIAN ARMY.—According to an official report recently issued by the Prussian War Office, only three Jews hold commissions as medical officers in the Prussian army. One is of the rank of surgeon-general, another is a staff surgeon-major, and the third is a staff surgeon. In the reserve there are 510 Jews, being 10.12 per cent. of the total number. Of the surgeons' assistants, 384, or 24.84 per cent., are Hebrews. The exclusion of Jews from the medical service of the Prussian army is an extraordinary relic of mediaevalism. The inconsistency of admitting them to the reserve makes it still more remarkable. If a Jewish surgeon is considered unfit for the service in time of peace, why should he be compelled to face the risks of war?

FRENCH SOCIETY OF THE HISTORY OF MEDICINE.—It was mentioned in the BRITISH MEDICAL JOURNAL a week or two ago that steps had been taken to form a French Society of the History of Medicine. The society was formally constituted at a meeting held on January 29th, when the statutes were adopted, and the office-bearers elected as follows:—President: Professor Raphael Blanchard, Member of the Academy of Medicine. Vice-Presidents: Drs. Motet, Member of the Academy; G. Ballet, Professeur Agrégé in the Medical Faculty of Paris; Dureau, Librarian to the Academy; and Triaire of Tours. Secretary-General: Dr. Albert Prieur, Editor of *La France Médicale*. Secretaries: Dr. MacAuliffe and M. Victor Nicaise, *Inténe des Hôpitaux*. Archivist: Dr. Beluze. Treasurer: M. A. Prévost, Rédacteur in the Secretarial Office of the Faculty.

MEDICAL SICKNESS AND ACCIDENT SOCIETY.—The usual monthly meeting of the Committee of the Medical Sickness Annuity and Life Assurance Society was held on January 31st, at 429, Strand, London, W.C. In the absence of Dr. De Havilland Hall, the chair was taken by Dr. Major Greenwood. As is usual at the January meeting the committee examined the special reports which are required annually from all those members of the Society who appear to be permanently incapacitated. Of these special reports eighteen were presented, and although in some few of them there is ground for hope that the member will recover his health, in the great majority it seems certain that he will never again be able to perform professional duties. Members thus afflicted are entitled to draw half-pay sickness allowance continuously until they reach the age of 65 years. This half-pay usually amounts to one hundred guineas per annum, and in some cases on the present list a cheque for £2 2s. has been sent to the member every week for more than ten years. At each valuation of the Society's business a special sum of money is reserved to make this important benefit absolutely secure. Prospectives and all particulars on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

MEDICAL VACANCIES.

The following vacancies are announced:

ASHTON-UNDER-LYNE: DISTRICT INFIRmary.—House-Surgeon. Salary, £120 per annum, with board and lodgings. Applications, marked outside "Application for the Office of House-Surgeon," to be sent to Mr. W. Bottomley, Honorary Secretary, 120, Stamford Street, Ashton-under-Lyne, by February 15th.

BELGRAVE HOSPITAL FOR CHILDREN.—(1) Ophthalmic Surgeon. (2) Assistant Physician. (3) Assistant Surgeon. (4) Sanitary Officer, must be D.P.H. Applications to the Secretary, 79, Gloucester Street, S.W., by March 1st.

BIRKENHEAD BOROUGH HOSPITAL.—Junior Male House-Surgeon. Salary, £80 per annum, with board and washing. Applications to the Chairman of the Weekly Board.

BOURNEMOUTH: ROYAL BOScombe AND WEST HANTS HOSPITAL.—House-Surgeon. Salary, £90 per annum, with board, lodging, and washing. Applications to the Secretary by February 24th.

BRADFORD EYE AND EAR HOSPITAL.—Honorary Surgeon. Applications to the Secretary by February 22nd.

BRECON INFIRmary.—Resident House Surgeon; unmarried. Salary, £100 per annum, with furnished apartments, board, attendance, fire and gas. Applications to the Secretary, 8, Bulwark, Brecon, South Wales, by February 19th.

BRENTFORD UNION.—Assistant Medical Superintendent of the Infirmary, and Assistant Medical Officer of the Workhouse and schools at Isleworth; unmarried. Salary, £100 per annum, with furnished apartments, rations, washing, etc. Applications, on forms provided, to be sent to the Clerk to the Guardians, Union Offices, Isleworth, W., by February 25th.

BRIDGWATER INFIRMARY.—House-Surgeon. Salary, £80 per annum, with board and residence. Applications to the Secretary by February 17th.

BRIGHTON: SUSSEX COUNTY HOSPITAL.—House-Physician; unmarried, and under 30 years of age. Salary, £80 per annum, with board, residence, and washing. Applications to the Secretary by February 26th.

BRISTOL EYE HOSPITAL.—House-Surgeon. Salary, £80 per annum, with residence and maintenance. Applications to the Secretary by February 19th.

BURY INFIRMARY.—Junior House-Surgeon. Salary, £90 per annum, with residence, board, and attendance. Applications to the Honorary Secretary, Dispensary, Knowsley Street, Bury.

CANTERBURY: KENT AND CANTERBURY HOSPITAL.—House-Surgeon; unmarried. Salary, £100 per annum, with board and lodging. Applications to the Secretary by February 21st.

CITY OF LONDON ASYLUM, near Dartford.—Locum Tenens Assistant Medical Officer for six weeks, not exceeding 30 years of age. Applications to the Medical Superintendent.

DONCASTER RURAL DISTRICT.—Medical Officer of Health. Salary, £300 per annum. Application, endorsed "Medical Officer," to be sent to Clerk to the Council, Union Offices, High Street, Doncaster, by February 27th.

DUKE OF YORK ASYLUM.—Junior Assistant Medical Officer. Salary, £150 per annum, rising to £180, with board, apartments, laundry, and attendance. Applications to the Medical Superintendent, at the Asylum, Winterton, Ferryhill.

DURHAM COUNTY HOSPITAL.—(1) House-Surgeon. Salary, £100 per annum. (2) Junior House-Surgeon. Salary, £50 per annum. Board and lodging provided in each case. Applications to the Secretary by February 28th.

EDINBURGH ROYAL INFIRMARY.—Assistant Pathologist. Honorarium, 50 guineas per annum. Applications to the Treasurer by March 7th.

GLASGOW: ANDERSON'S COLLEGE MEDICAL SCHOOL.—Chair of Physiology. Applications to the Secretary, 50, West Regent Street, Glasgow, by February 22nd.

HAMPSHIRE: MOUNT VERNON HOSPITAL FOR CONSUMPTION.—Junior Resident Medical Officer. Appointment for six months. Honorarium at the rate of £80 per annum. Applications to the Secretary, at the Offices, 41, Fitzroy Square, W.

HASTINGS: ST. LEONARDS AND EAST SUSSEX HOSPITAL.—House-Surgeon (male); unmarried. Salary, £75 per annum, with residence, board, and washing. Applications to the Secretary by February 28th.

HOSPITAL FOR SICK CHILDREN.—Great Ormond Street, W.C.—House-Physician; unmarried. Appointment for six months. Salary, £220, washing allowance, £2 10s., with board and residence. Applications, on forms provided, to be sent to the Secretary by March 4th.

JENNER INSTITUTE OF PREVENTIVE MEDICINE.—Studentship of the value of £150 for the purpose of research in the Bacteriological Department of the Institute. Applications to Dr. Allan MacFadyen, Chelsea Gardens, S.W., by March 15th.

JOINT COUNTIES LUNATIC ASYLUM FOR BRECON AND RADNOE.—Medical Superintendent for the new asylum at Talgarth. Not under 30 or over 45 years of age. Salary, £250 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.

LEAMINGTON: WARNEFORD HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board, washing, and apartments. Applications, on forms provided, to be addressed to the Secretary by February 25th.

LEEK: CHEDDETTON ASYLUM.—Junior Assistant Medical Officer. Salary commences at £150 per annum, with board, lodging, and washing. Applications to the Medical Superintendent.

LIVERPOOL: DAVID LEWIS NORTHERN HOSPITAL.—Assistant House-Surgeon. Salary, £70 per annum, with residence and maintenance. Applications to be sent to the Chairman by February 28th.

LIVERPOOL INFECTIOUS DISEASES HOSPITAL.—Parkhill.—Assistant Resident Medical Officer; unmarried, and not exceeding 28 years of age. Salary, £120 per annum, with board, washing, and lodging. Applications, endorsed "Assistant Resident Medical Officer," to be addressed to the Chairman, Port Sanitary and Hospitals Committee, under cover to the Town Clerk, Liverpool, by February 24th.

MANDALAY MUNICIPALITY.—Health Officer. Salary, Rs. 600, rising to Rs. 800 a month by annual increments of Rs. 40. Applications to Mr. I. Calderarai, Secretary of the Municipality, by March 24th.

MARYKIRK AND LOGIE PERT.—PERT COUNCILS OF.—Medical Officer. Combined salary, £200 per annum. Applications to Mr. George Porteous, Clerk to the Parish Council of Mary Pert by Montrose, by February 19th.

MIDDLESEX HOSPITAL.—W.—Medical Registrar. Applications to the Secretary-Superintendent by March 14th.

PRESTON ROYAL INFIRMARY.—Assistant House-Surgeon. Salary, £60 per annum, with board, lodging, and washing, etc. Applications to the Secretary by February 20th.

QUEEN'S JUBILEE HOSPITAL EXTENSION.—Earl's Court, S.W.—(1) Physician, (2) Gymnecologist. (3) House-Surgeon. Salary, £50 per annum, with board, etc. Applications to the Secretary by March 1st.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Three members of the Court of Examiners. Applications to the Secretary by March 12th.

ROYAL HOSPITAL FOR LONDON AND LONDON SCHOOL OF DENTAL SURGERY.—Leicester Square, W.—(1) Lectures on *Materia Medica* in Relation to Dental Surgery. (2) Demonstrator. Honorarium, £100 per annum. Applications to the Dean by February 17th and March 17th respectively.

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, the Asylum, Salisbury.

SOUTH SHIELDS: INGHAM INFIRMARY, AND SOUTH SHIELDS AND WESTOE DISPENSARY.—(1) Senior House-Surgeon: salary, £100 per annum. (2) Junior House-Surgeon: salary, £75 per annum. Residence, board, and washing provided in each case. Applications to the Secretary by February 17th.

STOCKPORT INFIRMARY.—House-Surgeon. Salary, £100 per annum, with residence, board, and washing. Applications to the Secretary by February 18th.

WESTON-SUPER-MARE HOSPITAL.—House-Surgeon; unmarried. Salary, £100 per annum, with board, and residence. Applications to the Honorary Secretary by February 25th.

WESTMINSTER HOSPITAL, S.W.—Assistant Surgeon; must be F.R.C.S. Eng. Applications to the Secretary by February 22nd.

MEDICAL APPOINTMENTS.

BATCHELOR, F. S., F.R.C.S. appointed Assistant Surgeon to Dunedin Hospital, New Zealand.

DONALD, Wm., M.D.Aberd., C.M. appointed Certifying Factory Surgeon for the Banff District.

GABRETT, P. G., M.B., B.S.Durh. appointed Certifying Factory Surgeon for the East Shelton District of the county of Leicester.

GRANGE-EVANS, Jessie D., M.B., Ch.B.Glasg. appointed Clinical Assistant to the New Hospital for Women.

HAMILTON, James A. G., M.B.Dub., L.R.C.S.Eng. appointed Gynaecologist to the Adelaide Hospital, vice E. W. Way, M.B. Eng.

HAY, John B., M.B. appointed Medical Officer of Health for the Shire of Bulla, Victoria, vice Richard Player, M.B., resigned.

LIDDLE, Percy Herbert, M.B., Ch.B.Melb., M.R.C.S.Eng. appointed Medical Officer of Health for the Shire of Glenlyon, Victoria, vice Harry Findlay Main, M.B.

LINES, David H. E., M.B., Ch.B.Melb. appointed House-Surgeon to the Hobart General Hospital, Tasmania, vice E. T. Macgowan, M.B. Melb., resigned.

LLOYD, J. Allden, M.B.Lond., M.R.C.S., L.R.C.P.Lond. appointed House Surgeon to the Strand Hospital.

MACKENZIE, Donald, M.B., C.M.Aberd. appointed Certifying Factory Surgeon for the Ullapool District of the county of Ross and Cromarty.

MOFFIT, J. E. J., L.K.Q.C.P., L.R.C.S.Irel. appointed Government Medical Officer and Public Vaccinator for Barbaland; vice P. J. Kelly.

OMOND, James S., M.D.Glas. appointed Medical Officer of Health for the town of Malvern, Victoria, vice C. J. Parkinson, M.B.Lond., resigned.

PADWICK, J. C., M.R.C.S., L.R.C.P.Lond. appointed Medical Officer of Health for the Bridgnorth Rural District, vice A. Bethell, M.R.C.S. Eng., resigned.

POWELL, W. Wyndham, F.R.C.S. appointed Surgeon to the Westminster General Dispensary.

SPENCE, Basil A., M.B., Ch.B.Eng. appointed Dispensary Surgeon to the Bradford Royal Infirmary.

SPOTT, Gregory, M.D.Glas., D.P.H. appointed Honorary Medical Officer to the Hobart Hospital, Tasmania, vice E. S. Bright, M.R.C.S. Eng.

STEVENS, W. Mitchell, M.D.Lond., M.R.C.P. appointed Assistant Physician to the Cardiff Infirmary.

VACHELL, Herbert E., M.D.Aberd. appointed Physician to the Cardiff Infirmary, vice C. T. Vacheil, M.D. Lond., appointed Consulting Physician.

VAUGHAN, Hamilton, M.R.C.S., L.R.C.P.Lond. appointed Second Assistant Medical Officer to the St. Marylebone Infirmary, Notting Hill, vice H. Brown, M.R.C.S., L.R.C.P.Lond., resigned.

WILSON, J. H., L.R.C.P., L.R.C.S.Eng. appointed Resident Surgeon and Dispenser at Trial Bay Prison, New South Wales.

WYSE, Thomas F., L.R.C.P., L.R.C.S.Irel. appointed Dispensary Medical Officer for the Philipestown Division of the Tullamore Union.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Society of London. 11, Chandos Street, Cavendish Square, W. 9 P.M.—Mr. A. Pearce Gould: Lettsomian Lectures on Certain Diseases of the Blood Vessels. Lecture I.—Varicose Veins: Nature; Influence of Heredity; Regurgitation from Deep Veins; Importance; the Value of Trendelenburg's Operation.

Royal College of Surgeons of England. 5 P.M.—Dr. T. G. Brodie: On the Pulmonary Circulation, more particularly in Relationship to Variations in Cardiac Activity. Lecture I.

TUESDAY.

Chelsea Clinical Society. Jenner Institute of Preventive Medicine, Chelsea Garden, Grosvenor Road, S.W. 8.30 P.M.—Mr. H. Albert: Oral Sepsis; with Bacteriological Demonstration by Professor R. H. Howlett, Dr. J. Woulf Flanagan: Tuberculosis and the Poor Law. Clinical Case by Dr. Wm. Ewart and Dr. Lee Dickinson: Relapse of Pernicious Anaemia after Radical Cure of Oral Sepsis by Complete Removal of the Teeth.

Pathological Society of London. 20, Hanover Square, W. 8.30 P.M.—Professor R. Muir: The Reactions of the Bone Marrow and other Leucocyte forming Tissues in Injections (Lantern Demonstration). Card Specimens will be shown by Mr. H. L. Barnard and Mr. Raymond Johnson.

WEDNESDAY.

Royal College of Surgeons of England. 5 P.M.—Dr. T. G. Brodie: On the Pulmonary Circulation, more particularly in Relationship to Variations in Cardiac Activity. Lecture II.

Royal Meteorological Society. 70, Victoria Street, Westminster, S.W. 7.30 P.M.

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

THURSDAY.

Harvelian Society of London. Stafford Rooms, Titchborne Street, Edgware Road, W. 8.30 P.M.—Clinical cases will be shown by Dr. James Taylor, Dr. Morison, Dr. Caley, Dr. Eddowes, and others.

Royal College of Physicians of London. 5 P.M.—Dr. Corfield: On the Etiology of Typhoid Fever and its Prevention. Milroy Lecture I.

FRIDAY.

Royal College of Surgeons of England. 5 P.M.—Dr. T. G. Brodie: On the Pulmonary Circulation, more particularly in Relationship to Variations in Cardiac Activity. Lecture III.

Society for the Study of Disease in Children. 11, Chandos Street, W. 8.30 P.M.—Cases by Dr. J. O. Hawthorne, Mr. Sydney Stephenson, Mr. J. Jackson Clarke, Mr. E. W. Goble, Dr. W. C. Chaffey, and Dr. George Carpenter. Papers.—Dr. C. N. Gwynne (Sheffield): Note on Congenital Dilatation of the Sigmoid Flexure of the Colon. Dr. J. Porter Parkinson: The Local Treatment of Adenoids.

POST-GRADUATE COURSES AND LECTURES.

Charing Cross Hospital, Thursday, 4 P.M.—Medical Cases.

Hospital for Sick Children, Great Ormond Street, W.C.—Thursday, 4 P.M.—Lantern Demonstration on Different Forms of Paralysis in Children.

Medical Graduates' College and Polyclinic, 22, Chenes 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, 3.30 P.M.—Lecture on Degenerative Diseases of the Nervous System.

West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 P.M. as follows:—Monday: Therapeutics. Tuesday: Appendicitis. Wednesday: Lantern Demonstrations on Hernia. Thursday: Medical Anatomy and Physical Diagnosis. Friday: Ectopic Gestation.

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.

BENNETT.—On January 30th, at 22, Broad Street, Birmingham, the wife of W. Edward Bennett, F.R.C.S. Eng., of a daughter.

MATHWIN.—On February 8th, at Nathalia, Victoria, Australia, the wife of Dr. Frank S. Mathwin, of a son. (By cable.)

STALKARTT.—On February 5th, at 28, Upper Merrion Street, Dublin, the wife of Captain C. E. Grey Stalkart, M.D., Royal Army Medical Corps, of a son.

MARRIAGES.

BIDWELL—FICHARDT.—On January 2nd, by the Venerable Archdeacon Balfour, at the Cathedral, Bloemfontein, South Africa, C. Hugo Bidwell, M.R.C.S., L.R.C.P., to Maude Geraldine, eldest daughter of the late Mr. G. A. Fichardt.

GOWLLAND—THORNHILL.—On February 10th, at the Church of St. Michael and All Angels, Chiswick, by the Rev. W. Kanter, St. Saviour's, Ealing, and the Rev. A. Wilson, Vicar of the Parish. Dr. Edward L. Gowlland, F.R.C.P., of Faversham, elder son of the late Dr. Edward S. Gowlland, of H. O. D. & Sons, Faversham, and Dorothy Mary, eldest daughter of Hubert Thornhill, of London Road, Bedford Park, W.

WABING—MILVAIN.—On February 10th, at Adwick-le-Street, near Doncaster, Alfred John Waring, M.B.Lond., of St. Derby Road, Nottingham, to Isabel Catherine Milvain, daughter of the late James Milvain, Newcastle-on-Tyne.