

chloroform was delivered to the intact animal vascular relaxation ensued, and inferred that vasomotor paralysis occasioned it. My experiments demonstrate that the results of both of these investigations are correct. They further show that Hill's results were from peripheral and not central paralysis, and that the amount of vascular relaxation that Hill demonstrated was the resultant of these two opposing factors. There appears nothing to justify the assumption of Dastre¹⁰ that vascular constriction is a result of the administration of chloroform.

The cause of the fall of blood pressure from the administration of chloroform is paralysis of the muscle cells of the heart and of the arterioles, the fall may be further augmented by slowing of the heart's rate.

4.—Failure of respiration in inhalation experiments is mainly due to fall in blood pressure. With a good blood pressure, failure of respiration by inhalation of chloroform is practically impossible.

Restoration of respiration is dependent upon restoration of blood pressure.

These conclusions are in accord with those of Gaskell and Shore¹² and Hill.¹ They are opposed to those of the Hyderabad Commission.⁸

Failure of respiration occurring in the induction or early period of anaesthesia happens as frequently after as it does before the heart stops.

This is in accord with the observations of Wood,⁶ Snow,³ the Glasgow Committee,⁵ MacWilliam,⁷ Gaskell and Shore,¹² Dastre,¹⁰ Morat and Doyen,¹¹ Richet,¹³ Hill,¹ Duplay and Hallion.¹⁶ It is opposed to the conclusions of the Hyderabad Commission⁸ and Hare and Thornton.⁹ Since sudden circulatory stoppage is due to the vagi inhibiting the heart, it is readily perceived that this may happen before the respiratory mechanism fails, as Tracings 8 and 9 show. In consequence of the Hyderabad Commission having taken no records of the period of induction or early anaesthesia, they obtained no instances of sudden heart stoppage from chloroform alone. For the same reason they never got an instance of heart stoppage before the respiration failed.

I have emphasized above (1) that the chances of dangerous vagus inhibition in chloroform administration, are greatly increased by imperfect respiration; (2) that respiration fails when the blood pressure falls greatly from cardiac inhibition or other causes.

In these two series of phenomena we have material for the formation of a vicious circle, for example, supposing (as happened in some cases) that from the inhalation of too strong vapour of chloroform cardiac inhibition occurs, this occasions (1) dangerous fall of blood pressure; (2) cessation of respiration, and the asphyxia consequent thereupon itself increases the inhibition. Or supposing (as happened in some other cases) the administration of too strong vapour occasions by its direct action upon cardiac muscle a rapid fall of blood pressure. This is followed by cessation of respiration, and the ensuing asphyxia is very liable to produce sudden and often fatal inhibition of the heart, which of course still further depresses the blood pressure.

I do not wish to discuss the practical application of these results at present, but one obvious moral is, use only weak vapour of chloroform (less than 1 per cent.) in the early stages, until the initial increased excitability of the vagus mechanism has given place to diminished excitability; in other words, take time in putting the patient under.

In conclusion, most gratefully I acknowledge my indebtedness to Professor C. J. Martin for his valuable advice and assistance throughout the course of this investigation; also for the use of his laboratory and his generous aid in the devising of the various new pieces of apparatus required in the course of the work.

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MEMORANDA:

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

THE SETON IN MIGRAINE.

I HAVE read with interest the article bearing on the use of the seton in obstinate cases of migraine, and can endorse the opinion on the value of the treatment. Some three months ago I had a chronic and obstinate case of migraine under treatment, a case where the pain had persisted in spite of all the drugs that had been used, and they had been many and various.

The patient was a peon in the Forest Service, and had been given six months leave on account of migraine. When he came under my care he was in a very reduced state of health on account of the almost constant and severe pain which he suffered and from want of sleep. He had also lost all appetite, and was very thin and weak. After the introduction of a seton in the back of his neck improvement was most marked and decided, and in three weeks he was almost well, had lost all pain, was able to sleep at night, his appetite had returned, and he was a different man. The seton was then removed; he was kept under treatment for about ten days afterwards, and was then returned to duty perfectly cured. He has come back to report once since then, and at that time had had no return of the old pain, and was looking in excellent health. This is the only case of the sort I have had, but is, I think, worth recording in the hope that others with more opportunities may give the treatment a trial in those obstinate cases of migraine which one gets occasionally.

Palamcottah.

T. E. WATSON, M.B., Captain I.M.S.

THE TREATMENT OF CHOREA BY LARGE DOSES OF FOWLER'S SOLUTION.

DR. MURRAY, of Newcastle-upon-Tyne, speaks highly of large doses of liquor arsenicalis in the treatment of chorea, and the following case may be cited as bearing out the correctness of his conclusions.

A boy, aged 9 years, of nervous disposition and rheumatic family history, was sent home from school by the teacher "because he could not sit quiet with the St. Vitus's dance." For eight days afterwards he attended the out-patient department of one local hospital, and for fifteen days at another, without much benefit, according to the mother's account.

When I saw him at the end of this time his movements were almost violent as regards the arms and head. He was at once put on 12-minim doses of liq. arsenicalis in sodium bicarbonate and syrup with his meals. He had a good appetite, and vomited only once on the third day. On the fifth day the eyes were affected, and there were slight cramps in the bowels, but the choreic movements were abating rapidly. "He could now feed himself without spilling, he did not knock his head against the furniture, and could now be left alone in the house." The dose of arsenic was then reduced to 5 minims, and discontinued on the eighth day. There were no further toxic signs, and the symptoms of chorea had entirely gone. The boy has now returned to school.

ROBERT TURNER.

Boothle.

M.A., M.D. Aberd., F.R.C.S. Edin.

ENTERIC FEVER IN AN INFANT 4½ MONTHS OLD.

ON December 10th, 1901, I was called to see a Dutch girl aged 17 years, and found her to be suffering from enteric fever at about the tenth day. She was then suckling a male child aged 4½ months; the child looked strong and healthy at that time. It was weaned at once, and I did not see it again till fourteen days later, when it looked extremely ill, had a temperature of 103°, a pulse of 112, very soft and compressible. There was a systolic murmur over the mitral area; the spleen

was enlarged, and could be palpated below the ribs; there was tympanites and tenderness over the right iliac fossa, and violent diarrhoea, about twenty motions in the twenty-four hours; the child also had acute bronchitis. These symptoms did not yield to treatment, and two days later five small rose-pink coloured spots appeared on the abdomen, and the child died the same night.

I may add that the child's aunt, a girl of 13, also had enteric at the same time, and the grandfather had it eleven months previously, both in the same house.

This case is of interest because, on looking up the literature on the subject, I find there have only been two recorded cases of enteric in infants under 1 year old.

R. J. LOVE, L.R.C.P. & S. Edin., L.F.P. & S. Glas.

Indwe, Cape Colony.

NOTCHING THE SOFT PALATE FOR CURE OF POST-NASAL OBSTRUCTION IN ADULTS.

I HAVE been very much struck with the fact that while children are greatly benefited by a well-planned operation for the removal of adenoids and excision of tonsils, adults suffering with similar symptoms of obstruction are seldom much relieved by a like operation. I propose to describe a simple operation I have found greatly beneficial to two patients who have come under my care during last year.

The symptoms persisting in spite of local and general treatment are, chiefly, dryness of the throat with constant desire to clear it, hoarseness, and a dry cough which gives no relief. These symptoms are trying enough during the day, but it is at night that the real trouble and terror begins; after sleeping for a few hours the sufferer is awakened by a feeling of tightness in the throat, choking and suffocation, which then usually lasts more or less for the remainder of the night, with perhaps occasional snatches of sleep. After a few weeks this interference with rest naturally produces serious results, the patient loses weight, is anxious and depressed, and is before long unfit for daily work.

The only instruments required are a mouth gag, tongue depressor, straight uterine vulsellum (or other form of catch forceps) and a pair of blunt-pointed scissors. The patient having been anaesthetized, the mouth is held open by an assistant with gag, the operator uses a tongue depressor with the left hand, so as to get a good view of the soft palate, the margin of which is seized midway between the anterior pillar of the fauces and the uvula, with the vulsellum forceps held in the right hand; then, with the vulsellum forceps in the left hand and taking the scissors in the right, the soft palate is cut through on either side of the vulsellum, removing a wedge-shaped piece, the apex extending upwards for fully half an inch into the substance of the soft palate; this frees the vulsellum, which is removed, holding the portion so cut away, and there is a good-sized notch to be seen on one side of the soft palate. The postnasal space can then be scraped if this is deemed needful.

After operation there has been no more difficulty in swallowing than occurs with a slight sore throat, but for a few days mild antiseptic mouth washes may be used. The patient is instructed to breathe through the nose. After two or three days in bed he can be allowed to get up; in a week the cut edges of the soft palate have healed. The voice loses much of its hoarseness; the most marked symptom that the patient notices is that he can sleep (even the first night after the operation) better than for weeks previously.

A cleft palate of small degree is produced by the above operation, and it will be instructive to know if those born with a similar degree of cleft palate are free from postnasal obstruction, and also much less liable to asthma or hay fever than other people. In some instances asthma is cured by scraping adenoids from the postnasal space and for some obstinate cases of asthma or hay fever, especially where the postnasal space is contracted. I venture to think that performance of this operation is likely to relieve the nasal obstruction which may cause these diseases. The effect of the operation is to increase the width of margin of the soft palate and to shorten its length from below upwards, thus affording a freer passage for nasal respiration, and making it much less likely that the postnasal space will be glued up with tenacious mucus and so obstruct respiration through the nose.

Retford, Notts.

J. M. THORNE, M.R.C.S., L.R.C.P.

REPORTS

ON

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

ST. MARY'S HOSPITAL.

FRACTURE OF FIFTH CERVICAL VERTEBRA IN A HAEMOPHILIC WITH FATAL BLEEDING INTO POSTERIOR MEDIASTINUM.

(Under the care of EDMUND OWEN, F.R.C.S.)

[Reported by Mr. HUGH RAVEN, House-Surgeon.]

A CARMAN, aged 49 years, was brought in on March 23rd at midnight with a history that he had fallen backwards downstairs and cut his head, and that he had been unconscious about ten minutes. He was found to have a scalp-wound over the left parietal bone, which was bleeding freely. He was somewhat under the influence of drink, and gave a rambling statement that he always bled a lot when he was cut. The wound was sewn up, but the haemorrhage was difficult to arrest; it was stopped eventually, however, by gallic acid applied under a firm dressing. The man was then well enough to return home.

Next day he walked up to the hospital complaining that his bandage was too tight round his neck, and also that he had a cough; there was difficulty in breathing and some haemoptysis. His tongue, which had been bitten, was still bleeding, as were his gums, and he was expectorating a little blood-stained mucus. His neck was a good deal swollen. He now gave a clear history of haemophilia, and he said that all the males of his family suffered from that condition. He was kept under observation, and in a few hours the neck was found to be much more swollen. The swelling, which extended from the lobes of the ears down to the clavicles, was hardish but not tender. The difficulty of breathing was especially marked with inspiratory stridor. On examining the throat all the tissues were markedly oedematous, the tonsils almost meeting across the middle line; the pharyngeal wall was bulging. There was oedema of the glottis, and his voice was husky. The knee-jerks were present, and he could walk and could turn his head freely. He complained of no pain. The urine was free from albumen; the temperature was 98° F., the pulse 100 and feeble, and the face pallid.

During the night of March 24th he had an attack of dyspnoea which called for instant laryngotomy. This was done under cocaine by a very small incision. He was better after that, but his pulse and strength were failing, and in spite of feeding with milk and brandy by an oesophageal tube—a proceeding made very difficult by the oedema of the parts—he died next evening.

Necropsy.—There was a transverse fracture of the body of the fifth cervical vertebra, with no displacement and no damage to the spinal cord, and with only a little meningeal haemorrhage. Blood had been extravasated, however, behind the retropharyngeal layer of cervical fascia, and had found its way down into the posterior mediastinum, into which he had bled to death. There was also an enormous blood clot in the neck, preventing the return of blood from the pharynx and larynx.

BETHNAL GREEN INFIRMARY.

SUDDEN DEATH DURING CATHETERIZATION: NECROPSY.

(By W. H. PELLE, M.R.C.S., L.R.C.P., Senior Assistant Medical Officer.)

A MAN, aged 82, was admitted on December 29th, 1901, on account of being unable to pass water. On examination the bladder was found to be distended and the prostate enlarged, but no abnormal physical signs could be detected in the other organs; a coude catheter of moderate size was passed without difficulty, and a quantity of light coloured but perfectly healthy urine was drawn off.

From this date the catheter was used regularly night and morning until January 9th, 1902, when after the instrument had been passed, and about half a pint of urine had escaped,

"what annoys us colonels of the combatant branch is that we are placed in the same category as medical, veterinary, militia, and volunteer colonels by the general public, who do not know the difference." He says truly that this fully explains itself.

THE RESERVE AND THE NEW WARRANT.

A CORRESPONDENT asks what has become of the officers of the Old Reserve in the New Warrant? There is no mention of them, yet they have come up well in the time of great need and done much good work. Should they not receive some recognition from the War Office?

MEDICO-LEGAL AND MEDICO-ETHICAL.

AN UNCOMMON DENTISTRY CASE.

A CASE of considerable interest came before Mr. Justice Kennedy and a special jury on April 10th at the Glamorgan Assizes in the form of a claim for damages against Mr. J. C. Oliver, consulting dental surgeon at the Cardiff Infirmary, for alleged unskilful extraction of a tooth. The tooth in question was an upper canine, and it was alleged that "unnecessary force was used, with the result that the tooth was forced upwards into the cavity of the cheek, and became embedded in the cheek-bone and the cartilage of the nose, just below the lachrymal duct." There was no doubt subsequently that the tooth was not extracted, but the forceps slipping over the conical part of the tooth, forced it up under the skin near the corner of the eye. Swelling and pain followed, and the patient was seen by several medical men, who at first failed to diagnose the unique condition, and were, moreover, misled by the statement of the patient that the tooth had been extracted. The use of the Roentgen rays, however, clearly demonstrated the condition, and the tooth was removed by a simple skin incision. The evidence of the four medical men who examined the patient was against there having been any negligence in the attempted extraction, though it appears that the dentist in question had not ascertained whether the tooth was out or not.

His Lordship held that if there was no negligence in the operation proper it did not matter about the failure to find the tooth.

The jury gave a verdict for the defendant.

PROSECUTION UNDER THE NOTIFICATION ACT.

ACCORDING to a report in the *Tottenham Weekly Herald* of April 4th, Dr. Andrew Rostant, of Northumberland Park, Tottenham, was summoned at the instance of the Edmonton Urban District Council for wilfully aiding and abetting a man named Woods in exposing himself while suffering from small-pox. According to the prosecution, the man Woods had attended at the defendant's surgery for three days, on the last of which he was given a notification form to take to the house of the medical officer of health, stating that he was suffering from small-pox. It was alleged that the patient had not been told he was suffering from that disease, or given any directions as to precautionary measures. The defendant said he first formed the opinion that Woods was suffering from small-pox on January 16th, when he was attending at the surgery. Defendant then wrote out a notification form and told the man to drop it into the M.O.H.'s letter-box on his way home. He (defendant) thought thus to facilitate matters, so that the patient might be immediately removed. The Bench were of opinion that the case had been properly brought before them, but held that there could be no conviction under the circumstances.

*** The result is satisfactory, but before such prosecutions are instituted there ought to be at least evidence of gross neglect. If every practitioner who behaves, perhaps, a little unwisely, and in the hurry of professional work, gives a notification to the patient to drop into the post-box on his way home, or fails to tell him all the precautions he ought to take, is to be summoned before a magistrate, another worry will be added to professional life.

MEDICAL ETIQUETTE.

S. writes: 1. A person was suffering from scarlet fever, and was being attended at home. The medical officer of health, on making his call, informed the parents that there was an isolation hospital, and the parents desired to avail themselves of it. Has the practitioner in attendance any complaint against the medical officer of health? 2. A practitioner, A., being laid up, and his *locum tenens* not giving satisfaction, a certain patient calls in another medical man, B. Can B. continue in charge of the case after A. is about again?

*** 1. We cannot see that the medical officer of health in any way exceeded his duty. (2) If B. is attending the case for A., then it would be his duty to resign it into A.'s hands when the latter returned to his work. If, on the other hand, the patient, being dissatisfied with A.'s deputy, engaged B. to take over the case, B. would be justified in continuing his treatment of it, although it would be an act of courtesy on his part to offer to resign it to A. on his convalescence if the patient were willing.

EMPLOYERS' LIABILITY ACT.

H. W. asks: (1) Does a coachman living on his employer's premises come under the provisions of the Employers' Liability Act? (2) If not, can the employer insure the coachman at the ordinary rates, so as to be able to give the man, as an act of charity, compensation in case of accident?

*** (1) We believe that coachmen to medical practitioners do not come under the provisions of the Act. (2) It is doubtful whether our correspondent can do this; he had better let the coachman insure himself, and pay the premiums for him.

FEE FOR FRACTURE OF FOREARM.

FRACTURE wishes to know what would be a reasonable fee for putting up a fracture of the middle third of the radius, in a working man, earning about £2 per week, and for subsequent attendance at the writer's surgery, the number of attendances being 22.

*** If our correspondent were to charge an initial guinea for setting the fracture, and 2s. 6d. for each subsequent consultation, we think the charges would be reasonable.

PATENTING SURGICAL INSTRUMENTS.

R. T. T.—We should advise our correspondent to let the instrument maker register or patent the design, and secure by agreement with him his interest in it, in very much the same way as is done in the case of books with publishers. The instrument maker would probably be able to give him all the information he requires; but if he desires expert advice, he should consult a patent agent.

CONSULTATIONS WITH HOMOEOPATHS.

Y.—We believe it to be the rule for surgeons to meet homoeopaths in consultation.

UNIVERSITIES AND COLLEGES.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council was held on April 10th, Mr. H. G. Howse, President, in the chair.

Court of Examiners.

Sir William H. Bennett, K.C.V.O., was readmitted and Mr. Frederic S. Eve, and Mr. W. Watson Cheyne, C.B., were admitted members of the Court.

Jacksonian Prize Essay.

The subject determined for the year 1903 is: The Various Forms of Conjunctivitis, their Pathology and Treatment.

Telephonic Communication.

It was determined that the College should be connected with the public telephone system, and that the arrangement of paying an annual fee of £5, with an additional charge for each message sent, be adopted (non-official messages being charged for at the time by the College).

The Holding of Special Classes by Examiners.

The following recommendations made by the Nomination Committee were adopted by the Council: (1) That it is inexpedient that any member of the Court, or of any Board, of Examiners of the College should conduct, or assist in conducting, any preparatory or special course of instruction or tutorial class—either with or without emolument—in the subject in which he is an examiner, other than his recognized and regular course. (2) That a copy of the resolution be sent to every member of the Court and of the Boards of Examiners of the College. (3) That on receipt of any application for an examinership the Secretary be instructed to forward a copy of the resolution along with the formal acknowledgement of the receipt of such application.

Examiners in Dental Surgery.

Sir William H. Bennett, K.C.V.O., and Mr. H. Cuthbert Golding-Bird were elected to the Court of Examiners in place of Mr. H. W. Page and Mr. W. J. Walsham, retired.

Members of Twenty Years' Standing.

The following were elected Fellows of the College, under Section v of the Charter of the 15th Victoria: William Henry Power, Whitehall; George Bagot Ferguson, Cheltenham.

Royal Institute of Public Health.

Mr. F. Richardson Cross was appointed delegate to represent the College at the meeting of the above, to be held in Exeter from August 21st to 26th, 1902.

Cancer Research Scheme.

The Council gave its general approval of the Draft Scheme for Cancer Research submitted by a Conjoint Committee and adopted by the Royal College of Physicians on March 24th. The scheme was published in the *BRITISH MEDICAL JOURNAL* of April 12th, page 921.

UNIVERSITY OF ABERDEEN.

At the graduation ceremony on April 10th the following degrees and diplomas were conferred:

Degree of Doctor of Science (D.Sc.).—J. Moir, M.A., B.Sc.—Thesis—Researches on (1) Amarine and (2) New Derivates of Pyridine.

Degree of Bachelor of Science (B.Sc.).—P. Fraser (with distinction in mathematics and natural philosophy); H. W. Malcolm (with distinction in mathematics and natural philosophy); W. H. Wishart, M.A.

Degree of Doctor of Medicine (M.D.).—A. C. Barron, M.B., C.M.—Thesis: Intestinal Sand, its Genesis and Clinical Interest; R. S. Black, M.A., M.B., C.M.—Thesis: Leprosy in South Africa, with Researches and Observations, Clinical and Pathological; H. Fraser, M.B., Ch.B.—Thesis: (1) Experiments with the Schamburg Method of Water Sterilization, (2) Hepatic Cirrhosis in Association with Multiple Adenomata [under the new regulations]; F. T. Keyt, M.B., C.M.—Thesis: Bush Therapeutics in vogue in British Honduras; A. G. Milne, M.B., C.M.—Thesis: Asthma and Allied Conditions considered with reference to Nasal Disease; J. W. Myers, M.B., C.M.—Thesis: Tobacco Amblyopia, with Analysis of 92 Consecutive Cases; J. F. Philip, M.B., C.M.—Thesis: Melancholia, an Analysis.

The Thesis of Mr. F. T. Keyt was considered worthy of "honours," and the theses of Messrs. R. S. Black and H. Fraser of "commendation."

Degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.).—L. D. Cruickshank, First Class Honours; R. D. Keith, M.A., Second Class Honours; A. C. Reid, M.A., Second Class Honours; L. Coetzee, J. B. Elder, H. W. Elwell, G. B. Killoh, Jeannie Charlotte Macleod, A. Mahomed, J. B. Rae, A. Robertson, R. B. Robson, J. S. Rose, T. S. Slessor, M.A., J. Souter, M.A., A. Watt.

Diploma in Public Health.—W. F. Bisset, M.B., Ch.B. (Aberd.); F. T. Keyt, M.B., C.M. (Aberd.); E. H. Nash, M.B., Ch.B. (Aberd.) (with credit).

The Lord Rector's Prize in the Faculty of Medicine was awarded to H. O. Nicholson, M.D., and that in the Faculty of Science to C. M. Kerr.

UNIVERSITY OF BIRMINGHAM.

At the recent Second Examination for the degree of M.B., Ch.B., the following candidates were successful: F. T. H. Davies, F. N. Walsh, H. H. Warren.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

PAROCHIAL MEDICAL OFFICERS IN THE HIGHLANDS.

THE *Northern Times* of March 22nd gives prominence to a report of a special meeting of the Parish Council of Clyne, Sutherlandshire, with reference to the request of certain ratepayers that the services of the parish doctor should be dispensed with. A deputation of the malcontents were present and stated their views in language not distinguished for its moderation. A second deputation of ratepayers was then received, who desired the services of the doctor to be retained. It appeared that a *plébiscite* of the ratepayers had been taken and that 200 voted for retaining the doctor, 14 were against and 32 neutral. The Chairman, in course of a statement read the following letter from the Local Government Board of Scotland:

Local Government Board, Edinburgh,
March 14th, 1902.

Dear Sir,—I have to acknowledge receipt of your letter dated 10th inst. in regard to the resolutions passed at public meetings against the medical officer, and to say that a parish council has no concern with their medical officer except in so far as he is medical attendant of the paupers under their charge; and, consequently, if the paupers are duly and punctually attended by the medical officer (which the Board gather from your letter is the case) they do not think that the parish council would be justified in summarily dismissing him. At the same time the parish council, from their knowledge of the circumstances, are quite entitled to consider whether it is desirable to retain any medical officer whose habits are irregular any longer than the end of the year for which he holds office; and if they consider that he should then cease to hold office, they may terminate his engagement on giving him due notice of say six weeks, or two months. The parish council are not required to state their reasons to the medical officer for their action.—I am, Rev. Sir, your obedient servant,

(Signed) G. FALCONER STEWART, Secretary.

A vote was taken, and by a majority the services of the doctor were retained.

We regret the terms of the letter of the Local Government Board to the Chairman. The first part of the letter was a complete and sufficient answer, and explained the position of that Board. We do not think it was necessary to refer to matters outside their cognizance, or to explain how simple a matter it is to get rid of a parochial medical officer. The grievances of Highland parochial medical officers are very many, and deserve the sympathy of all in authority.

HEALTH OF ENGLISH TOWNS.

In seventy-six of the largest English towns, including London, 9,494 births and 4,971 deaths were registered during the week ending Saturday last, April 12th. The annual rate of mortality in these towns, which had been 18.2 and 17.6 per 1,000 in the two preceding weeks, further declined to 17.4 per 1,000 last week. The rates in the several towns ranged from 5.5 in Hornsey, 7.8 in Reading, 9.1 in Newport (Mon.), 10.1 in Leyton, 10.8 in Bury, 11.0 in Bournemouth, 11.1 in Wallasey, and 11.2 in Warrington to 22.1 in West Bromwich, 22.2 in South Shields, 22.3 in Barrow-in-Furness, 25.2 in Huddersfield, 25.9 in Hanley and in Merthyr Tydfil, 26.0 in Burnley, and 28.5 in Huddersfield. In London the death-rate was 17.3 per 1,000; while it averaged 17.5 in the seventy-five other large towns. The death-rate from the principal zymotic diseases averaged 2.1 per 1,000 in the seventy-six large towns; in London this death-rate was equal to 2.6 per 1,000, while it averaged 1.9 in the seventy-five other large towns, among which the highest zymotic death-rates were 3.3 in Hanley, 3.4 in Tottenham and in Middlesbrough, 4.0 in Stockton, 4.8 in Blackburn, 4.9 in West Ham, 5.4 in Barrow-in-Furness, and 8.0 in Burnley. Measles caused a death-rate of 1.9 in Oldham and in Rochdale, 2.1 in Willesden, 2.4 in Grimsby, 2.7 in Barrow-in-Furness, 2.8 in Blackburn, and 5.8 in Burnley; scarlet fever of 1.0 in Burton-on-Trent, 1.1 in Stockport, and 1.6 in West Bromwich; diphtheria of 1.1 in Portsmouth and in Burnley, 1.3 in Rhondda, 1.7 in Middlesbrough, and 3.3 in Hanley; whooping-cough of 1.1 in Wolverhampton, 1.4 in Devonport, 1.8 in Barrow-in-Furness, and 2.0

in Aston Manor, in Stockton, and in South Shields; and diarrhoea of 1.2 in Walsall, and 1.7 in King's Norton. The mortality from "fever" showed no marked excess in any of the large towns. Of the 94 fatal cases of small-pox registered last week, 73 belonged to London, 15 to West Ham, 3 to Tottenham, 2 to Swansea, and 1 to Walthamstow. There were 1,437 cases of small-pox under treatment in the Metropolitan Asylums Hospitals on Saturday, April 12th, against 1,567, 1,526, and 1,522 at the end of the three preceding weeks; 274 new cases were admitted during the week, against 449, 389, and 376 in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had declined from 3,137 to 2,126 at the end of the fifteen preceding weeks, had risen again to 2,146 at the end of last week; 264 new cases were admitted during the week, against 253, 250, and 228 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, April 12th, 1,030 births and 715 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 20.3 and 21.3 per 1,000 in the two preceding weeks, further rose to 22.1 per 1,000 last week, and was 3.7 per 1,000 above the mean rate during the same period in the seventy-six large English towns. The rates in the eight Scotch towns ranged from 13.9 in Leith and 20.1 in Edinburgh, to 25.1 in Aberdeen and 26.5 in Greenock. The zymotic death-rate in these towns averaged 1.7 per 1,000, the highest rates being recorded in Aberdeen, Leith, and Greenock. The 338 deaths registered in Glasgow included 2 from small-pox, 4 from measles, 4 from scarlet fever, 2 from diphtheria, 7 from whooping-cough, 3 from "fever," and 2 from diarrhoea. Three fatal cases of measles, 2 of whooping-cough, and 2 of diarrhoea were recorded in Edinburgh. Two deaths from measles and 2 from whooping-cough occurred in Dundee; 8 from whooping-cough in Aberdeen; 3 from diarrhoea in Leith; and 3 from scarlet fever in Greenock.

A PUBLIC BACTERIOLOGIST FOR NOTTINGHAM.

IN view of the increasing importance of bacteriological work for municipal sanitary administration, the Health Committee have recommended the City Council of Nottingham to create a special post for the execution of work of this kind. They point out the necessity for routine investigations in a bacteriological laboratory when dealing with samples of suspicious butchers' meat and other food supplies, and with a view to facilitating the diagnosis and notification of infectious diseases. Hitherto these duties have been carried out by the City Analyst and the Medical Officer of Health, who have been assisted for some time past by Dr. F. H. Jacob, Assistant Physician to the General Hospital, and have lately, owing to the pressure of other duties, been compelled to entrust the bacteriological part of the work almost entirely to Dr. Jacob. Acting on the recommendation of the Health Committee, the City Council has now appointed that gentleman bacteriologist and pathologist to the Corporation. At the Corporation Laboratory, which has already been opened, the bacteriologist is prepared to make, at the instance of registered medical practitioners, gratuitous examination of pathological material from cases of diphtheria, enteric fever, and tuberculosis (one initial examination) and such other diseases as the Health Committee may from time to time determine. Examination in respect of diseases, or suspected diseases, other than those scheduled on the gratuitous list, will also be made at a fixed scale of charges. Instructions are issued, for the benefit of those desirous of utilizing the laboratory, concerning the putting up of samples of suspected tuberculous sputum, the method of using diphtheria swabs, and the precautions to be observed in collecting blood from cases of suspected enteric fever. Outfits for the reception and transmission of infected material are to be obtained at the laboratory. For the performance of his duties to the Corporation Dr. Jacob is given a salary of £100 per annum.

COMMISSION ON ARSENICAL POISONING.

THE Royal Commission on Arsenical Poisoning met on April 12th, under the presidency of Lord Kelvin, the other Commissioners present being Sir W. Hart Dyke, Sir William Church, Professor Thorpe, and Dr. Whitelegge. A representative of a Halifax firm of brewers, in the course of his evidence, stated that since the Manchester "scare" his firm had employed an analyst to analyse all the materials which had gone into the brewery, and since cases had occurred in Halifax they had taken further precautions in the way of using better fuel for malting purposes. He also stated that since the cases in Halifax they had had their beers analysed by different analysts, whose reports had differed considerably, and that brewers were dissatisfied with the present system of having a varying standard of analysis. The Medical Officer of Health for Halifax gave it as his opinion that the beer which was responsible for the cases of arsenical poisoning that occurred in the town about four months ago was contaminated by the malt, and that in the future great care should be exercised in regard to the fuel used for malting. The managing director of another firm of Halifax brewers stated that his firm were now only using anthracite for malting purposes. A maltster from Elland further said that there appeared to be a general opinion in the trade that gas coke was unsuitable for malting, and that since he had used anthracite his analysis had shown an improvement in the amount of arsenic present.

NOTIFICATION BY PRINCIPAL AND ASSISTANT.

W. writes: Two medical men meet in consultation at a case which they conclude is small-pox. Should the case be notified by both of them where the medical men are: (1) Principal and assistant—principal receiving both fees; (2) principal and assistant—latter receiving his own notification fees; (3) partners; (4) working in different practices. If only one of them should notify which will be responsible for the notification, and is the one who does not notify liable to action by the public health authorities?

*** Strictly speaking, the law requires every practitioner called to a case of notifiable disease to notify the same, and such practitioner is liable to a penalty for omitting to do so. Where, however, a practitioner knows that a case has been notified there is no occasion for a

August, 1897, acted as Medical Officer at the Pilgrim's Camp at El Tor, on the Red Sea. After holding appointments at the Bristol Royal Infirmary he acted as Demonstrator of Physiology and Lecturer on Practical Histology at the Bristol Medical School, and then entered at St. Bartholomew's Hospital to work for the Second Fellowship Examination. It was only in this year that he was appointed Registrar at the Children's Hospital, Bristol, where he contracted the disease which ended his career in such a sudden and distressing manner. Mr. Chilton had recently undertaken the duties of Secretary to the Bristol Branch of the St. John Ambulance Association.

Wherever Mr. Chilton went he was able to make himself popular, not only with his patients and among his colleagues, but by the poorer classes, among whom much of his work while in hospital practice was done; he was beloved for his kindness, forethought, and gentleness. His untimely death was greatly felt by his colleagues, who looked forward with pleasure to his assistance for many years to come.

HARRY CECIL CHAPMAN, M.B.LOND., M.R.C.S., L.R.C.P.,

Late Medical Superintendent, Mill Road Infirmary, Liverpool.

To many old Bart's men the news of Dr. Harry C. Chapman's death, though not unexpected, must have caused the most sincere regret. The deceased was one of the most brilliant students of his year, and, indeed, was an ideal student. Good at his work, good at play, Harry Chapman was one of the most popular men in a year which abounded with talent. He took one of the open scholarships in science at St. Bartholomew's Hospital in 1880, the Harvey Prize in 1882, and in the same year was Brunton prizeman, the notes which he and others took being made use of by Sir Lauder Brunton in his well-known work on *Pharmacology and Therapeutics*. Having taken the diplomas of M.R.C.S., L.R.C.P.Lond. in 1884, he left London for Liverpool, and was appointed Junior and afterwards Senior House-Surgeon to the Stanley Hospital. Later he became Assistant Medical Officer to Mill Road Infirmary, and took the degree of M.B.Lond. In 1888 he was appointed Medical Superintendent of Mill Road Infirmary, a post which he held till 1897, when the state of his health compelled him to give up his work.

During his tenure of office the splendid infirmary and nursing home so well known amongst English Poor-law institutions was built, and there is no doubt that to Dr. Chapman much of the perfect organization of the new infirmary is due. He took the greatest interest in every detail during its erection, and his advice was made use of by the guardians, who had the fullest confidence in his judgment. Chapman's qualities gained for him a host of friends, and this was evident by the handsome testimonial presented to him when his failing health compelled him to leave England for South Africa. At most games Chapman excelled, and he was an enthusiastic exponent of the Rugby code. He played in his hospital fifteen, and was afterwards one of the finest forwards Lancashire possessed at a time when that county was most strongly represented.

For some time before resigning his duties at Mill Road his health began to give way, and at last he was obliged to retire from the post which he had filled so admirably, and with his wife and children sailed for South Africa. Here he eventually settled down at Estcourt, in Natal, as events turned out not the most comfortable place for an invalid on account of the restrictions brought about by the war. He lived there for four and a-half years, dying of the disease from which he never really rallied. His illness at the end was a painful one, but was borne with that patience and self-control which all who knew him would expect from one who in every sense of the word was a man.

DR. ROBERT, a prominent member of the Spanish Chamber of Deputies, and formerly Alcalde de Barcelona, died suddenly on Thursday evening while speaking at a banquet of the municipal medical staff of Barcelona. Before he embarked on a political career Dr. Robert was Professor of Internal Pathology in the University of Barcelona. In politics he was an ardent "Regionalist," contending strongly for a very advanced form of "Home Rule" for Catalonia. Headvocate not only the political administrative and economic autonomy

of the province, with a local Parliament, but the official use of the Catalan language and the right of coining money. He was an eloquent speaker in Catalan, as well as in Spanish, and was greatly respected by men of all parties. In him the "Catalanista" party has lost its acknowledged leader. His death has caused universal mourning in Barcelona and throughout Catalonia.

It is with regret that we record the death of Dr. RICHARD NELL, of Penarth, Glamorganshire. He was born in Manchester and educated at King's College, London, where he obtained the M.R.C.S.Eng. in 1865. For over thirty years he was in practice at Penarth, where he was widely known and greatly respected, and where, in addition to a number of public appointments, he had an extensive practice. When Penarth became a separate local authority he was appointed Medical Officer of Health to the town, an office which he held until his death. He took a great interest in all public health matters, and constantly urged the erection of a permanent infectious diseases hospital for the town. Such a hospital is now about to be built. He was a past-President of the South Wales Branch of the British Medical Association. Dr. Nell had a serious illness three years ago, and never fully recovered. He died from heart failure after an illness of a week's duration.

It is with regret that we have to announce the death of Mr. THOMAS CASTLEY BAILEY, M.R.C.S., L.R.C.P., J.P., which occurred on April 10th at Crewe somewhat suddenly from angina pectoris. He had been in poor health for nearly two years, and was known to have been suffering from a weak heart, but he was able to continue his work, and his death occurred while he was on his way to visit a patient. He was born at Penrith in 1840. He received his medical education in Dublin, Liverpool, and London, qualifying as M.R.C.S.Eng. and L.R.C.P.Edin. in 1867. After qualification he commenced practice in Welldon, Northamptonshire. In 1871 he removed to Crewe and became before long one of the best-known surgeons in the district. He was medical officer of health for Crewe for many years, until indeed the post was made a whole-time appointment. He was Medical Officer for the Southern Division of the Crewe District of the Nantwich Union, Certifying Surgeon under the Factory and Workshop Acts, Medical Officer to several Friendly Society lodges, and had an extensive practice not only in the borough but throughout a large surrounding district. He was for several years a member for the South Ward in the Crewe Town Council, and he was a Justice of the Peace for Crewe down to the time of his death. He was a liberal supporter of every philanthropic movement of the town, and was recognized as one of the leading townsmen, who had deservedly gained a widespread esteem. He leaves a widow, three sons, and a daughter. His eldest son is at present on active service as a surgeon in South Africa, and his second son, who had only just returned from South African service, had been assisting his father in his profession.

THE death of Dr. ANDERSON at Stonehaven, Kincardineshire, on April 12th, at the age of 47, is regretted by a wide circle of patients and friends. For eighteen years he had practised in Stonehaven, and had held many official appointments. A useful and enthusiastic Volunteer, as well as an excellent cricketer, his position in the town was not connected only with his professional abilities, but with his excellent qualities as a man. Much sympathy will be felt for his widow and only child.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Giovanni Inzani, sometime Professor of Pathological Anatomy in the Medical Faculty of Parma; Dr. J. Schoebl, Professor of Ophthalmology in the Czech University of Prague; Dr. A. H. Gallatin, of New York, who after serving as a medical officer in the Civil War devoted himself to scientific pursuits, and at different times was Professor of Chemistry in Cooper Union, the Rensselaer Polytechnic Institute of Troy, and the University of the City of New York, aged 63; and Dr. Ivan Balinski, a leading authority on mental diseases in St. Petersburg.

MEDICAL NEWS.

THE annual dinner of the Pharmaceutical Society of Great Britain will be held at the Whitehall Rooms, Hôtel Métropole, London, on Tuesday, May 27th.

MEDICAL MAGISTRATE.—At the Cornwall Quarter Sessions held at Bodmin on Tuesday, April 8th, Mr. J. Telfer Thomas, L.R.C.P., M.R.C.S., of Penven, Camborne, was sworn in as a Justice of the Peace for the county.

MIDWIVES IN NEW YORK.—The prevalence of the midwife in New York City is shown by recent statistical returns. In 80,735 births reported during the past year, the patients were ministered to in 42,253 cases by medical practitioners, and in 38,482 by midwives.

FRENCH MEDICAL CONGRESS.—At the close of the French Medical Congress held lately at Toulouse, it was decided that the next meeting should be held in Paris in 1904 under the presidency of Professor Jaccoud. The questions proposed for discussion are: (1) Mercurial injections; (2) clinical forms of obesity; (3) arterial pressure in disease.

THE SALE OF OPIUM AND DRINK TO SAVAGES.—According to *American Medicine*, negotiations are in progress between the American and British Governments, having for their object to extend an invitation to all commercial nations to forbid the sale of opium and all alcoholic liquors to savage and aboriginal peoples.

A NEW Royal Ark Mariners' Lodge was constituted by warrant from the Grand Lodge of Mark Master Masons of England at Umballa, India, on March 6th, under the title of "Lodge Blackham." The Lodge is named after its first Worshipful Commander N., Captain R. J. Blackham, Royal Army Medical Corps, who is the Master of the Mark Lodge to which the new Lodge is moored.

MCGILL UNIVERSITY, MONTREAL.—In McGill University there are 490 medical students in attendance on lectures during the present session. The Medical Faculty has decided to ask the Dominion Government in the present session of Parliament to enact a law making a five years' course in medicine compulsory. The present curriculum extends over four years.

PUBLIC WORK FOR WOMEN.—At a representative meeting recently held in Aberdeen, Dr. Farquharson, M.P., presiding, a resolution was adopted, on the motion of Principal Lang, declaring that women should be eligible to serve on educational Boards and authorities. A resolution was also passed in favour of women sanitary inspectors; and it was further agreed that an Association should be formed in Aberdeen for the formation and the enlarging of the sphere of women's public work. Officials and office-bearers were elected.

GERMAN OTOLOGICAL SOCIETY.—The German Otological Society will hold its annual meeting this year at Treves on May 16th and 17th. Among the subjects proposed for discussion are the Treatment of Acute Otitis Media (to be introduced by Professors Bezold of Munich and Korner of Rostock); Injuries to the Organ of Hearing and the Estimation of Damages for Loss caused thereby in relation to the Law of Assurance against Accidents (to be introduced by Dr. Ropke of Solingen). Communications should be addressed to the Permanent Secretary, Dr. Arth. Hartmann, 8, Roonstrasse, Berlin, N.W.

INTERNATIONAL CONGRESS ON ASSISTANCE FOR THE INSANE.—An International Congress on the Provision of Assistance for the Insane, especially in families, will be held at Antwerp, September 1st to 7th, under the presidency of the Belgian Minister of Justice, M. Van der Heuvel. Among the vice-presidents are M. Lejeune, formerly Minister of Justice; Count de Mérode-Westerloo, Senator and formerly Minister for Foreign Affairs; and M. V. Begerem, formerly Minister of Justice. All communications should be addressed to Dr. F. Sano, General Secretary of the Organizing Committee, 2, Rue Montebello, Anvers, Belgique.

THE report for 1901 of the London Mission Hospital and Leper Asylum at Hiau-Kau, Central China, states that the year began with famine, and that malignant small-pox fol-

lowed. The resources of the hospital were quite inadequate, but patients would not go away and had to be accommodated on forms or on the floor, anywhere they could find room. Dr. Henry Fowler, the medical superintendent, treated some 3,000 persons as out-patients and nearly 200 in patients during the year. Though asepsis is quite foreign to Chinese notions, the surgical cases, over 600 in number, gave satisfactory results. The 53 cases of opium poisoning were the least satisfactory. The abuse of this drug causes a moral obliquity which makes it very difficult to keep the patient from the drug, and only one of the cases could be called cured.

THE SPITTING NUISANCE IN AMERICA.—The municipal authorities of New York appear determined to apply the system of "thorough" in dealing with the spitting nuisance. At the end of March fifty persons charged with expectorating in public places were tried at special sessions. Eighteen were discharged because at the time of the arrest they had been locked up for six hours or longer. The remaining thirty-two were fined 5 dollars (£1) each. A Bill is now before the Maryland Legislature which makes it unlawful for any persons to spit on the floors, sides, seats, or platforms of any railroad or railway passenger cars in the State. It provides a penalty of 3 dollars and costs, or imprisonment for a period not exceeding five days. When the fine is paid, one-half of it goes to the person furnishing the evidence upon which the offender is convicted. Conductors and brakemen are given authority to arrest offenders and take them before the nearest justice of the peace at the end of their run, and such justices are given final jurisdiction in the case.

PRESENTATIONS.—Dr. Mark Jackson was recently, on the occasion of his leaving Barnstaple, presented with an artistic address enclosed in a handsome album by the pastor and fellow-deacons of Barnstaple Congregational Church. The members of the church also presented to Dr. and Mrs. Jackson a handsome silver inkstand, with cut-glass bottles and silver pen, "as a slight expression of their esteem." A number of residents of Barnstaple presented a complete set of table silver and a beautifully chased silver tea kettle (with spirit lamp), contained in a handsome oak cabinet, with a plate on the top bearing the borough arms and the following inscription: "Presented to Dr. Mark Jackson, for sixteen years Medical Officer of Health for the Borough of Barnstaple, on his leaving North Devon, by residents in the town and district, as a token of personal esteem and in recognition of his numerous public services, as well as of his kindly and sympathetic discharge of his professional duties as a medical practitioner." The presentation was made by the Mayor.—On April 3rd, Dr. John Bernard Gabe, of Morriston, South Wales, was entertained by a number of his fellow citizens at a banquet, when an address expressing high appreciation of his services during a professional career in the town of twenty-eight years was offered to him. A presentation was made at the same time, consisting of a silver tea and coffee service, silver kettle and tea tray, a case of twelve silver spoons and sugar tongs, a silver-mounted ebony walking stick, and an album with the autographs of the subscribers.—At a public meeting held in Salen on April 2nd, under the presidency of The MacLaine of Lochbuie, Dr. Duncan Macdonald, late Medical Officer for the Parish of Tovosay, Isle of Mull, was presented with an illuminated address, and a purse of 102 sovereigns, on the occasion of his leaving the district for Oban.

MEDICAL VACANCIES.

The following vacancies are announced:

ARGYLL AND BUTE ASYLUM, Loughbeghead.—Assistant Medical Officer. Salary, £280 per annum, and all found. Applications to the Medical Superintendent.
AYLESBURY, ROYAL RUCKINGHAMSHIRE HOSPITAL.—House-Surgeon; unmarried. Salary, £80 for first year, rising to £100, with board and furnished apartments. Applications to the Secretary by May 1st.
BIRMINGHAM AND MIDLAND SKIN AND URINARY HOSPITAL.—Surgical Assistant. Appointment for six months, but eligible for re-election. Honorarium at the rate of 50 guineas per annum. Applications to the Secretary.
BRENTFORD UNION.—Assistant Medical Superintendent of the Infirmary and Assistant Medical Officer of the Workhouse and Schools, unmarried. Salary, £120 per annum, with furnished apartments, rations, washing, etc. Applications on forms provided to be sent to the Clerk to the Guardians, Union Offices, Isleworth, by April 29th.
BRIDGWATER INFIRMARY.—House Surgeon. Salary £280 per annum, with board and residence. Applications to Mr. John Coombs, Honorary Secretary.
CAMBRIDGESHIRE, ETC. LUNATIC ASYLUM, Fulbourn.—Assistant Medical Officer, unmarried. Salary, £150 per annum, with board, lodging, and attendance. Applications to the Clerk to the Visitors, 18, Emmanuel Street, Cambridge, by April 24th.

CANCER HOSPITAL, Fulham Road, S.W.—Junior House-Surgeon. Salary at the rate of £70 per annum, with board and residence. Applications to the Secretary by May 12th.

CANTERBURY: KENT AND CANTERBURY HOSPITAL—Honorary Surgeon. Applications to the Secretary by April 25th.

CARLISLE: CUMBRELAND AND WESTMORLAND ASYLUM, Garlands—Junior Assistant Medical Officer, unmarried, and not over 30 years of age. Salary, £130 per annum, rising to £150, with board and lodging. Applications to the Medical Superintendent.

CHELSEA HOSPITAL FOR WOMEN, Fulham Road, S.W.—Registrar. Honorarium, £20 guineas per annum. Applications to the Secretary by May 10th.

CORNWALL COUNTY ASYLUM, Bodmin—Junior Assistant Medical Officer, unmarried. Salary, £120 per annum, rising to £150, with board, furnished apartments. Applications to the Medical Superintendent by April 25th.

COSFORD UNION—(1) Medical Officer and Public Vaccinator for the Bildeston District. Salary, £72 per annum, and fees. (2) Medical Officer of the Workhouse. Salary, £50 per annum, and fees. Applications to be sent to the Clerk to the Guardians by May 1st.

DUBLIN: SIR PATRICK DUN'S HOSPITAL—Assistant Physician. No salary. Applications to the Secretary of the Medical Board before May 1st.

DUDLEY: GUEST HOSPITAL—Assistant House Surgeon. Appointment for six months. Salary at the rate of £40 per annum, with residence, board, and washing. Applications to the Secretary by May 8th.

DURHAM COUNTY ASYLUM, Winterton, Ferryhill—Junior Assistant Medical Officer. Salary, £150 per annum, rising to £180, with apartments, board, laundry and attendance. Applications to the Medical Superintendent.

DURHAM COUNTY HOSPITAL—(1) House-Surgeon. Salary, £120 per annum. (2) Assistant House-Surgeon. Salary, £65 per annum. Board and lodging provided in each case. Applications to the Secretary, 68, Saddle Street, Durham.

GREENWICH UNION INFIRMARY—Junior Assistant Medical Officer; unmarried. Salary, £100 per annum, with board, lodging, washing, and attendance, and £3 in lieu of beer. Applications, on forms provided, to be sent to the Clerk to the Guardians, Union Office, Greenwich, S.E. by April 24th.

GUY'S HOSPITAL DENTAL SCHOOL—Travelling Scholarship of the value of £100. Applications to the Dean, Guy's Hospital, S.E. by June 1st.

HAMMERSMITH PARISH—Visiting Medical Officer for temporary Infirmary at Ducane Road, Wormwood Scrubs. Salary, £50 per annum. Applications, on forms provided, to be sent to the Clerk to the Guardians, 73, Fulham Palace Road, Hammersmith, W., by April 19th.

HOSPITAL FOR DISEASES OF THE THROAT, Golden Square, W.—Senior Clinical Assistant. Applications to the Secretary-Superintendent by May 10th.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—(1) House Surgeon; unmarried. Appointment for six months. Salary, £20. Washing allowance, £2 10s., with board and residence. (2) Medical Registrar. Honorarium, 50 guineas per annum. Applications on forms provided to be sent to the Secretary by April 29th.

ISLE OF MAN: KING WILLIAM'S COLLEGE—Medical Officer. Applications to the Secretary by May 1st.

KING'S LYNN: WEST NORFOLK AND LYNN HOSPITAL—House-Surgeon. Salary, £100 per annum, with board, residence and washing. Applications to the Chairman of the Weekly Board by April 25th.

LISCARD: WALLASEY DISPENSARY AND VICTORIA CENTRAL HOSPITAL—House-Surgeon, unmarried. Salary, £100 per annum, and board. Applications to Mr. Andrew Lindsay, Newbold, Liscard, Liverpool, by April 25th.

LIVERPOOL INFIRMARY FOR CHILDREN—Assistant House-Surgeon. Appointment for six months. Salary, £25, with board and lodging. Applications to the Hon. Treasurer by April 25th.

LONDON COUNTY ASYLUM, Horton, near Epsom—Junior Assistant Medical Officer; unmarried, between 23 and 30 years of age. Applications, on forms provided, to be sent to the Clerk of the Asylums Committee, 6, Waterloo Place, S.W., by April 19th.

LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.—Assistant Resident Medical Officer. Appointment for six months. Honorarium at the rate of 30 guineas per annum, with board, residence and washing. Applications to the Secretary by May 1st.

MANCHESTER SOUTHERN AND MATERNITY HOSPITAL—Resident House-Surgeon. Honorarium at the rate of £50 per annum and board. Applications to Mr. George W. Fox, 53, Princess Street, Manchester, by April 24th.

NATAL: BOROUGH OF DURBAN—Medical Officer of Health, must possess public health qualification (B.Sc. or D.P.H.). Salary at the rate of £750 per annum. Applications to Messrs. Webster, Steel and Co., 5, East India Avenue, Leadenhall Street, E.C.

NEWCASTLE-ON-TYNE DISPENSARY—Visiting Medical Assistant. Salary, £160 for first year, £180 afterwards. Applications, on forms to be obtained from the Resident Medical Officer, to be sent to the Honorary Secretary, Mr. Joseph Carr, 41, Mosley Street, Newcastle-on-Tyne, by April 21st.

NOTTINGHAM GENERAL DISPENSARY—Assistant Resident Surgeon, unmarried. Salary, £100 per annum, increasing £10 yearly, with furnished apartments, etc. Ladies not eligible. Applications to the Secretary, Mr. M. J. Preston, Journal Chambers, Nottingham.

NOTTINGHAM PARISH INFIRMARY—Assistant Medical Officer. Salary, £160 per annum, and furnished rooms. Applications to the Clerk to the Guardians, Poor Law Offices, Shakespeare Street, Nottingham.

PORTSMOUTH ROYAL HOSPITAL—Assistant House-Surgeon. Salary, £50 per annum, with board and residence. Applications to the Secretary by April 25th.

PUBLIC DISPENSARY, 59, Stanhope Street, Clare Market—Resident Medical Officer. Salary, £105 per annum, with furnished apartments, coals, and gas. Applications to Mr. J. Phillips, Secretary, 14 and 15, Portugal Street, Lincoln's Inn, W.C., by May 3rd.

ROYAL COLLEGE OF SURGEONS OF ENGLAND—(1) Four Examiners in Elementary Biology, first examination; (2) Four Examiners in Anatomy, second examination, must be F. or M.R.C.S.; (3) Three Examiners in Physiology, second examination; (4) Four Examiners in Midwifery, third examination; (5) Examiner for Part I. and Examiner for Part II. for the Examination in Public Health; (6) Four Examiners in Anatomy; (7) Four Examiners in Physiology. Vacancies 1 to 5 are for Conjoint Examining Board, and 6 and 7 are for the Fellowship. Applications to the Secretary by April 28th.

SCOTTISH PRISON SERVICE—Resident Medical Officer at Peterhead. Salary, £250 per annum, with house. Applications to the Prison Commissioners for Scotland, Rutland Square, Edinburgh, by April 21st.

STOCKPORT INFIRMARY—Assistant House and Visiting Surgeon. Salary, £80 per annum, with board, washing, and residence. Applications to the Secretary by April 29th.

SALISBURY: FISHERTON ASYLUM—Assistant Medical Officer; unmarried, and about 30 years of age. Salary, £150 per annum to commence. Applications to Dr. Finch.

TAUNTON AND SOMERSET HOSPITAL—Assistant House Surgeon. Appointment for six months. Salary at the rate of £60 per annum, with board, lodging, and laundry. Applications to the Honorary Secretary.

TOWER HAMLETS DISPENSARY, White Horse Street, E.—Resident Medical Officer. Salary, £150 per annum, with furnished rooms, etc. Applications, marked "R.M.O.," to be sent to M. C. Corner, Esq., J.P., at the Dispensary.

TYNEMOUTH INFIRMARY—Two House-Surgeons, one on May 1st and the other on October 1st. Salary at the rate of 50 guineas per annum, with rooms, board, and washing. Applications to Dr. F. C. Mears, 11, Northumberland Square, North Shields.

WARRINGHAM LUNATIC ASYLUM—Medical Superintendent. Salary, £450 per annum, with unfurnished house, etc. Applications, endorsed "Applications for Medical Superintendent, Lunatic Asylum," to be sent to the Clerk to the Visiting Committee, Town Hall, Croydon, by May 7th.

WEST END HOSPITAL FOR NERVOUS DISEASES, Welbeck Street, W.—Honorary Dental Surgeon. Must be L.D.S. Eng. Applications to the Secretary by April 22nd.

WESTERN GENERAL DISPENSARY, Marylebone Road, N.W.—Second House-Surgeon; unmarried. Salary, £50 per annum, with board, residence, and laundry. Applications to the Honorary Secretary.

WEST LONDON HOSPITAL, Hammersmith Road, W.—Honorary Officer in charge of X-Ray Department, must be registered. Applications to the Secretary-Superintendent by April 23rd.

WESTMINSTER HOSPITAL, S.W.—Surgical Registrar. Salary, £50 per annum. Applications to the Secretary by April 30th.

MEDICAL APPOINTMENTS.

ASHDOWN, Geo. W. W., M.D. Edin., appointed District Medical Officer of the Belper Union.

BALLACHRY, H. H., L.R.C.P. Edin., M.R.C.S. Eng., appointed District Medical Officer of the Sleaford Union.

BOURNSON, O. M.D., C.M. Manitoba, appointed Clinical Assistant to the Chelsea Hospital for Women.

BRANDSON, B. J., M.D., C.M. Manitoba, appointed Clinical Assistant to the Chelsea Hospital for Women.

HORNE, Maynard, M.A., M.B., B.C. Cantab., M.R.C.S., L.R.C.P., appointed Assistant Anaesthetist to the National Orthopaedic Hospital, Great Portland Street, W.

HUNTER, Miss Jessie S. B., M.B., appointed Assistant Medical Officer of the Lawn Hospital for Insane, Lincoln, vice Mr. K. D. Cooper, resigned.

JARDINE, Robert, M.D. Edin., M.R.C.S. Eng., F.F.P. & S. Glasg., F.R.S. Edin., reappointed Obstetric Physician to the Glasgow Maternity Hospital.

JEFFERY, H., Foster, M.B., Ch.B. Vict., appointed Honorary Surgeon to Bury Infirmary and Police Surgeon for Heywood.

JUDSON, J. E., M.B.C.S., L.R.C.P. Lond., appointed House-Surgeon to the Ashton-under-Lyne Infirmary.

M'GREGOR, J., M.D. Glasg., appointed Medical Officer to the Kyle Union Poorhouse Board, vice G. M. Kerrow, M.B., C.M. Glasg., retired.

MATSON, J. A. B.A., M.D. Univ. Dub., L.R.C.P.I., appointed Assistant Physician to the Richmond, Whitworth, and Hardwicke Hospitals.

MOORE, J. T., L.R.C.P., L.R.C.S. Edin., appointed Assistant Medical Officer to the Liverpool Parish Workhouse.

ORMEROD, Arthur Latham, M.D., D.P.H. Oxon., appointed Medical Officer of Health for the City of Oxford, and Superintendent of the Corporation Hospitals.

ROBERTSON, Edward S., M.R.C.S., L.R.C.P. Lond., reappointed Medical Officer of Health to the Stourport Urban District Council.

ROBSON, R. B., M.B. Durh., appointed Medical Officer of Health to the Alnwick Urban District Council.

SIMMONS, G. A., M.D. Lond., appointed District and Workhouse Medical Officer of the St. George's Union.

TAYLOR, F. E., M.B., Ch.B. Vict., M.A., M.Sc., M.R.C.S., L.R.C.P., appointed Pathologist to the Chelsea Hospital for Women.

DIARY FOR NEXT WEEK.

TUESDAY.

Royal Medical and Chirurgical Society, 20, Hanover Square, W., 8.30 p.m.—Dr. William Ewart and Mr. A. S. Morley: On the Possibility of Recovery from the Active Stage of Malignant Endocarditis, illustrated by cases and specimens. With adjourned Discussion on a Contribution to the Study of Malignant Endocarditis.

THURSDAY.

Dermatological Society of Great Britain and Ireland, 20, Hanover Square, W., 5 p.m.

Harveian Society of London, Stafford Rooms, Titchborne Street, Edgware Road, W., 8.30 p.m.—Mr. K. Johnson: Some Points in the Treatment of Tuberculous Disease of the Knee. Dr. L. Guthrie: Congenital Hereditary Haematuria. Clinical Cases.

FRIDAY.

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

Epidemiological Society, 11, Chandos Street, Cavendish Square, W., 8.30 p.m.—Dr. Thresh: Small-pox Hospitals and the spread of infection.

POST-GRADUATE COURSES AND LECTURES.

Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C.—Demonstrations will be given at 4 p.m. as follows:—Monday, skin; Tuesday, medical; Wednesday, surgical; Thursday, surgical; Friday, throat.

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.

BIRTH.

THOMSON—On April 14th, at 14, Coates Crescent, Edinburgh, the wife of John Thomson, M.D., F.R.C.P. Edin., of a daughter.

MARRIAGES.

ADDISON-STUTFIELD—On Saturday, the 12th April, at St. Lawrence, Wormley by the Rev. F. W. Greenstreet, Rector, Hugh Cecil Addison, M.R.C.S. Eng., L.R.C.P. Lond., of 104, Midland Road, Bedford, only son of William Addison, of Broxbourne, to Margaret Mary, eldest daughter of the late Barton Stutfield, of Wormley.

DAY-COCHRANE—At St. Peter's Church, Dublin, by the Rev. S. Robinson, M.A., Lieutenant-Colonel J. D. Day, late R.A.M.C., son of the late A. M. Day, Dublin, to Margaret Louisa, daughter of Sir Henry Cochrane, D.L., Woodbrook, co. Dublin.

RUTHERFORD-MITCHELL-WITHERS—On the 10th instant, at St. Michael's, Bedford, by the Rev. Canon Gray, M.A., assisted by the Rev. C. V. Collier, F.S.A., Allan Freer Rutherford, M.B., of Barrow-in-Furness, second son of James Rutherford, M.D., J.P., Crichton House, Dumfries, to Beatrice, younger daughter of the late J. B. Mitchell-Withers, of Parkhead, Sheffield.

SUTCLIFFE-SMITH—On the 9th instant, at St. Catherine's Church, Old Colwyn, North Wales, by the Rev. J. Griffiths, M.A., assisted by the Rev. Ellis Davies, B.A., John Sutcliffe, Surgeon, Cheadle, Cheshire, to Antoinette Emma, only daughter of John Salmon Smith, Old Colwyn.

DEATHS.

ANDERSON—At Lochnagar, Stonehaven, N.B., on the 12th April, John Hector Anderson, M.D., Aberdeen, aged 48.

MACGREGOR—Suddenly, at 8, Queen Street, Berkeley Square, London, on April 12th, Alexander MacGregor, M.D. Aberd., M.R.C.P., London, J.P.

MAYO—On April 7th, at Spitalgate House, Grantham, Eleanor, wife of A. C. Mayo, St. George's Park House, Great Yarmouth, aged 50 years.