

ing the back, etc., ought to be carefully studied and recorded. Those especially having any clear etiological bearing on the particular case, or giving any aid in suggestion of suitable treatment—indicating, say, the muscles or groups of muscles calling for special attention by massage or resisted exercises—should be preserved for future reference and comparison in estimating the progress of the case, and the effect, beneficial or otherwise, of the line of treatment adopted.

In his original paper von Mikulicz expresses very clearly the object before his mind in devising and applying the skoliosometer; they may well be quoted here.

I have the conviction that, in regard to the treatment of skoliosis, we shall first be able to arrive at a clear determination of reliable and generally applicable rules, when we have the means of making clear the value of any method we recommend by numerical proofs.

His object was

to devise and construct an apparatus for measurement which should be able to express in figures the most important alterations in form in skoliosis, and should make known to the surgeon himself any minute changes for the better or for the worse.

The main difference between his method and that I suggest is that, where he was satisfied with figures expressing the deviation from the normal—figures, as I have shown, not always reliable, and in my view unsatisfactory, as failing to give a clear picture of affairs—I prefer to adopt the simple plan of a readily made drawing to scale (or actual life-size if preferred) of the actual curve outlines.

This gauge can be employed, also, in estimating and recording rapidly other forms of asymmetry as well as spinal. It will be found of service in the investigation of fractures and dislocations, in comparative measurements of opposite sides of the thorax or abdomen, as in cases of thoracic or abdominal tumours, or any unilateral thoracic bulgings, from pleural collections, contraction changes following these, unequal muscular development, etc.

One of the most important of the uses to which such an instrument might be put would be in obtaining a reliable register of chest measurement and expansion for recruit examination and insurance work. Regarding the former, it is freely admitted that present methods are very imperfect, and certainly highly unsatisfactory. In some future paper I hope to take occasion to amplify this. Meanwhile, I merely mention that such an instrument as this would be found of considerable service. Lastly, the instrument I have described is of use in craniometric work.

REFERENCES.

- ¹ *Handbuch der prak. Chir.*, Lieferung 19 (II, Bogen 6). ² *Centralbl. für Chir.* May 19th, 1883.

MEMORANDA:

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

TWO CASES OF BUBONIC PLAGUE OCCURRING ON BOARD SHIP.

CASE 1.—A coal trimmer, reported ill on July 7th, 1901, complaining of swelling in the groin. I found an enlarged gland on the left side, about the size of a marble, hard, but with no surrounding induration, and little pain. The temperature and pulse were normal. There was no history of venereal disease, and I examined the foot and leg but found no sore. No severe constitutional symptoms appeared up to July 12th, when I found the gland had increased to about the size of a hen's egg, was uniformly hard, but without induration. On the right side were two enlarged inguinal glands. The temperature was 101°, and the pulse good, but rather frequent. I now concluded that I was dealing with a mild case of plague and had the man isolated, confined to bed, and put on strychnine. On July 14th, the conjunctivae were suffused. On July 16th a femoral gland on the left side was enlarged. On arriving at Marseilles I had a consultation with the health authorities, who confirmed the diagnosis of plague. On July 17th, the glands first affected were reduced in size, while a gland in the right popliteal space was enlarged. The temperature was 100°. On July 18th the temperature was 100.4° to 101°. The femoral gland had increased in size. From July 19th to the 22nd, the patient gradually

improved. On arrival at Plymouth the diagnosis was again confirmed.

CASE II.—An assistant baker, reported ill on July 17th (five days after the isolation of the first case). I found the conjunctivae suffused and slight swelling of the axillary glands on both sides, and of the submaxillary of the left side. There was a healed burn on the right hand. The pulse and temperature were normal, though the cutaneous surface was intensely hot. He was isolated and confined to bed as a second case of plague. On July 18th the femoral glands of both sides were enlarged, but without pain or induration. From July 19th to 22nd the patient's condition gradually improved. On arrival at Plymouth, after consultation with the health authorities, who confirmed the diagnosis, he, with the first patient, was removed to the hulk.

Tissue from glands of Case I was submitted for bacteriological examination at Plymouth with a positive result; a later examination, however, by Dr. Klein gave a negative one. I concluded from this that Dr. Klein's examination had been made at too late a date, for it must be remembered that both cases were convalescent on arrival at Plymouth, and that the bacillus disappears from the blood and later from the gland tissue during convalescence.

The ship was, I believe, infected at Fremantle, as plague was existent within 20 miles when we called on June 18th. The man reporting ill on July 7th gives an incubation period of nineteen days, or allowing 24 hours before I saw him, eighteen, which is the period the French recognize. From my experience of examining for plague in India, however, I believe most cases do occur within a ten days' incubation period. The second patient probably contracted the disease from the first (although the communication between the two was very slight) as we were twenty-four days out from Fremantle when he became ill. No dead rats were found on board the ship. The primary infection of the inguinal followed by enlargement of the femoral and popliteal glands in the first case was unusual. No rise of temperature was recorded during the second patient's illness, though the skin was most abnormally hot. Both cases were of the type *pestis ambulans*.

Effective isolation was difficult to procure on board. I put my patients in the afterpart of the ship, and prevented any communication by means of a barrier on contiguous part of deck, at which a sentry was placed, who also removed used utensils from the disinfectant and kept blankets, covering, doors and ventilation inlets damp with carbolic lotion. No further cases occurred among the ship's company.

H. NORMAN BARNETT,

Late Medical Officer P. and O. and Orient Services.
Knock, co. Down.

SUSPECTED RUPTURE OF THE LUNG FROM VIOLENCE WITHOUT FURTHER INJURY.

I was called to see a child, aged 8, by its father, who explained that the child had been playing with a relative, who had placed his hands under her arms and had suddenly raised her from the ground. The child immediately cried out, complaining of "something having given way" and of great pain in the right side. She had been in perfect health up to the time of the accident. I found her lying more or less collapsed, pale, and with a small, rapid pulse. The temperature, two hours after the accident, was a little over 100°. She was sweating and appeared very frightened, and complained of severe pain in the right side. I could detect nothing abnormal in the chest, though the breathing was very rapid and rather shallow. There was no fracture of any of the ribs, but the pain appeared to be localized around the sixth and seventh ribs in the axillary line on the right side.

On the next day the temperature had risen to 103°; the pulse was still small and rapid; the pain in the side continued, being worse during inspiration, and she had developed a slight, harsh cough. I thought I detected over the site of pain a small area of slightly increased resonance. There had been no bloody expectoration, nor was there any dullness between the posterior wall and the diaphragm to suggest hæmorrhage having taken place. During the next few days slight friction developed at the site of the pain, which had much decreased. The temperature ranged between 102° and 103°; after the first week it gradually fell to normal, the fric-

tion rub and pain disappearing, and the child recovering completely.

In this case the only obtainable facts were: (a) The history of the accident; (b) the collapsed condition of the child; (c) the severe localized pain and sweating; (d) the development of a short, harsh cough; (e) and the further development of a slight friction rub, with a few fine crepitations over the site of pain.

I think it is conceivable that there was a small rupture of the right lung in its inferior lobe, but not producing sufficient haemorrhage to give bloody expectoration or haemothorax, the blood possibly being infiltrated into the loose tissue of the lung; and should this infiltration have given rise to any dullness, that it was more than masked by a small localized pneumothorax.

Sheffield.

WALTER P. COCKLE, B.A., M.D. B.Ch.Dub.

QUININE IN BLACKWATER FEVER.

DURING a residence of three years in the Dooars, Bengal, 9 cases of blackwater fever came under my care; 8 occurred in Europeans, 1 having a second attack; the other case was in a Bengali; 3 of the Europeans died, 1 from a cause not connected with this complaint. With the exception of 1 fatal case they were all treated with quinine bihydrochloride hypodermically, in doses of from 2 to 3 gr. In no case did the colour of the urine become darker after its use.

The theory that quinine causes haemoglobinuria needs careful investigation. It should be remembered that in malarial districts Europeans are continually subject to attacks of malaria, and are in the habit of taking quinine in varying doses of from 5 to 30 gr. daily for periods of a few days to a few weeks. Thus, when cases of blackwater fever occur, it is the rule rather than the exception to find that quinine had been taken previous to the attack.

I believe I am correct in stating that blackwater fever, although common in the Dooars and Terai, and occasionally to be met with in a few other localities, is unknown in the majority of notoriously malarial districts of India, in all of which there must be a large consumption of quinine. It is a matter of daily observation that some of the most marked cases of blood destruction are to be seen in intense cases of anaemia due to malaria in coolies who have not had quinine or any other treatment. Such cases do not present "blackwater" symptoms, and quinine treatment does not, in my experience, produce them.

It is further noticeable that, after giving some 500 hypodermic injections of quinine, usually the bihydrochloride, in 3-gr. doses for adults and proportionately less for children, in various malarial conditions, I have never met with a case of haemoglobinuria consecutive to its use.

H. M. DOWLER, L.R.C.P.Lond., M.R.C.S.Eng.

Koppa, Kadur District, North Mysore, India.

ILEO-CAECAL INTUSSUSCEPTION WITH RETROGRADE INTUSSUSCEPTION OF THE DESCENDING COLON

IN AN INFANT: OPERATION: RECOVERY.

THE following case is of interest on account of (1) the rarity of secondary retrograde intussusception demonstrated during life; (2) the early age at which operation was successfully undertaken.

C. S., aged 4 months, who had always been a perfectly healthy breast-fed child, was seized on August 17th, 1901, with an attack of vomiting and severe diarrhoea which became dysenteric in character. Under the care of Dr. McDonald the vomiting at once yielded to bismuth and resorcin, but the diarrhoea continued, and on August 18th, about 5 p.m., a tumour could be made out. Enemata were freely administered but without benefit. Until 11.30 p.m. on August 18th the child appeared fairly strong, but from that time symptoms of severe collapse set in, and when I saw him at 5 a.m. on August 19th he was apparently dying; his eyes were sunken, his respiration feeble, and his pulse almost uncountable. Operation appeared almost hopeless, but his mother decided in favour of an effort to save his life. He was anaesthetized by Mr. R. J. Johnstone, and I opened the abdomen by a $2\frac{1}{2}$ -in. incision through the middle of the left rectus. The sigmoid and descending colon containing the intussuscepted mass were without difficulty drawn into the wound when a retro-

grade intussusception of the lower end of the descending colon about the junction with the sigmoid was at once demonstrated. It was about $2\frac{1}{2}$ in. in length, and was easily and rapidly reduced. The primary intussusception was then reduced by the method recommended by Hutchinson and Barker—two fingers of the right hand in the abdomen, the left hand on the anterior abdominal wall.

The last piece, however, required to be brought out through the wound, and gently compressed by a hot towel, when complete reduction was easily effected. The wound was rapidly sutured and dressed, and the child was returned to his mother 35 minutes after leaving her. There was little or no shock; he quickly rallied, and was at once put to the breast, which he now eagerly took for the first time since the onset of his illness. The bowels acted three hours after operation. Peristalsis was controlled by the administration of tr. camph. co. and small doses of Dover's powder. Recovery was uneventful, and he is now quite well and strong. No operative attempt was made to prevent recurrence, as this would have prolonged the operation, and rapidity appeared to be absolutely essential to success.

To Dr. McDonald's early and accurate diagnosis the life of the child is mainly due.

A. B. MITCHELL, M.B., F.R.C.S.I.,
Surgeon, Royal Victoria Hospital, Belfast.

REPORTS

ON

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

LEEDS CITY FEVER HOSPITALS.

CASE OF TYPHOID FEVER, WITH PERFORATION DURING RELAPSE: DEATH.

(Reported by E. S. G. FOWLER, M.R.C.S., L.R.C.P., Assistant Medical Officer to the Hospital.)

W. B., aged 19, male, was sent into the hospital about the sixteenth day of the disease.

Previous History.—The attack commenced gradually with headache and pain in the back, shivering, and vomiting. There was no diarrhoea. The patient took to bed on January 8th, 1902. He was a hawker by trade, and had been considerably exposed.

Condition on Admission.—The patient was anaemic and looked rather ill, but complained of nothing. His temperature was 100° , his pulse 80, and his respirations 24. His mind was quite clear. The tongue was rather furred, but moist and cleaning. The rash was well marked on abdomen and chest. The abdomen was not tender or distended. The spleen dullness was increased, but, beyond a sense of resistance in the neighbourhood, it could not be felt. The heart sounds were regular and clear, but not strong. The chest movement was good; the percussion note was moderately full. There were a few dry sounds at the bases behind; there was slight cough, and the voice was husky, probably due to a (trade) laryngitis. The stools were formed (requiring enema every other morning). The urine gave Ehrlich's reaction.

Progress.—The temperature for the next four days fell typically, and on the fourth morning (January 25th) was normal. The pulse, never higher than 96, was 80 on that morning; the respirations were 20. It was therefore apparently an ordinary case of typhoid progressing favourably.

Relapse.—On the twenty-fifth evening the temperature rose to 100° , the pulse was 100, and the respirations 26. From that date the patient had a typical relapse. The temperature continued to rise until on January 31st it was 104° . This was maintained, with slight remissions, until the evening of February 3rd, and reductions due to spongings. On the morning of February 4th it fell to 102.5° , and came down gradually until 6th. The pulse and respirations, on the other hand, rose on the 5th and 6th, when fresh spots appeared and the spleen was felt. On February 4th, for the first time during the illness, the patient had four loose actions with some curds in them. The diet since admission had con-

wood), "A Well Wisher" (through Mrs. C. White), Mrs. Dallas Edge, Mrs. J. Irwin, Mrs. H. Stokes, Surgeon-General Preston and the following officers R.A.M.C.: Colonel W. T. Martin, Lieutenant-Colonels E. M. Wilson, Pratt, Bedford, J. G. MacNeece, R. Vacy Ash, N. McCreery, G. T. Trewhman, H. H. Stokes; Majors Horrocks, Cree, Elkington, Birt, James; Captains Carlyon, J. Clarke (M.); Lieutenant W. M. Power.

The Fund now amounts to £108.

We are asked to state that the subscriptions have been given in response to an appeal made privately to members of the profession for benevolent aid in a distressing case which has been described in a letter sent to a limited number of medical men. Should any reader desire further particulars, with a view to expressing practical sympathy, a copy of the letter will be forwarded on application to Surgeon-General Muir, 26, Kensington Garden Terrace, W.

MEDICO-LEGAL AND MEDICO-ETHICAL.

"QUALIFIED TO PRACTISE DENTISTRY."

AN unregistered and unqualified person practising as a dentist at Cardiff has been convicted under Section III of the Dentists Act upon an issue of considerable importance, which does not appear to have been raised in any previous case. The case was heard by the stipendiary magistrate, who inflicted the full penalty of £20, with £7 costs, and declined to state a case for a higher court. The Dentists Act contains the words "implying that he is registered under the Act, or that he is a person specially qualified to practise dentistry." The prosecution urged that his advertisements implied that he claimed to be specially qualified, that is to say, to be specially competent, whilst the defence attempted to show that the words in the Act were of limited and technical and not of general applicability—that is to say, that they meant a claim to the possession of a "qualification" in the sense of a diploma which has not been or perhaps could not be registered. The magistrate adopted the view that these words must be read in a general sense, and that the advertisements infringed them in making claims of special skill. Unfortunately the Medical Acts do not contain any similar phrase, the Dentists Act being in this, as in some other respects, rather stronger than the Medical Acts upon which, after experience of their shortcomings, it was modelled. The police stated that the man had been convicted of a similar offence in 1895, but we are under the impression that the issue then raised was not quite the same.

MEDICAL PRACTICE IN CEYLON.

We have received from Dr. Vanderstraeten, of Bellatta, Ceylon, a letter dated April 12th, in which he expresses his disagreement with the statement in the BRITISH MEDICAL JOURNAL of March 15th, p. 601, that his ineffectual endeavours to get the Ceylon Branch to take up the question of registration would seem to indicate that there were local difficulties of which we knew nothing, and says that a committee appointed by the Ceylon Branch to consider a resolution of his with reference to irregular practice, adopted unanimously at a Branch meeting on July 31st, 1898, never met. He fears our expression of opinion that it would not be reasonable to seek to apply the rules as to qualified and unqualified practice which are framed for the stage of civilization met with in Europe to every British colony and dependency will encourage the majority of those qualified medical men who now "cover" unqualified practitioners of medicine to do so to a greater extent. He is confident that an ordinance may be worded to meet the conditions which obtain in Ceylon as readily as Acts are framed to regulate medical practice in the self-governing colonies.

We have already in the note referred to expressed our sympathy with the desire to see a system of medical registration adopted in all Crown colonies which must be precedent to the regulation of medical practice; but we recognize the undesirability and even impossibility in India and Ceylon of attempting to interfere with the *vededales* or hereditary native practitioners by legal process. The Council of the Association has recently called the attention of the Colonial Branches and those of India and Ceylon to this question of registration and other questions which it is most important should be the subjects of legislation, and which the respective Branches, with their knowledge of local circumstances, are in a position to shape. The pages of the JOURNAL are as fully open to members of the Association in one part of the empire as another, but we venture to think that the class of grievances to which our correspondent refers are more properly subjects for submission to the Council, which is able to deal with them after communication with the Branches in the Colonies from which they come than for discussion in the columns of the JOURNAL.

THE CASE OF MR. C. A. BYNOE.

VINDEX writes: The case of Mr. C. A. Bynoe must excite considerable sympathy from members of our profession, as he is the victim of a terrible mistake. Would it not be possible to open a fund on his behalf? Could not the case be brought before the House of Commons by a medical M.P.? The action of the Bank of England authorities in this case is one deserving of the gravest censure. That they take refuge behind a thicket of legal quibbles reflects but little credit to them. Perhaps the reason of this may be that they are the Government bankers, and therefore "sans peur et sans reproche!" But surely such a case as this cries for revision just as much as that of Captain Dreyfus. If a mistake has been made surely it can be rectified. The jury described their verdict as "a miscarriage of justice," but the Bank of England authorities will not admit themselves in the wrong.

INTERPRETATION OF PARTNERSHIP DEED.

A CORRESPONDENT sends us some clauses taken from his deed of partnership, and asks an opinion as to their interpretation with regard to the following point: His partner has bought a sixth share of the practice, and has the option, under certain conditions, of purchasing a further share up to one-third. If the value of the practice at the time of the

exercise is more or less than £—, the original value, on what basis would the value of the additional shares be determined?

. According to the clauses submitted, the price of the additional share is to be two years' purchase, calculated on an average of net profits from the commencement of the partnership up to the last general annual account. But our correspondent would do well to consult a solicitor and place the whole deed before him, as the above clauses are somewhat involved, so that their intention is not quite clear.

MEDICAL ADVERTISING.

A CORRESPONDENT sends us the following cutting from the Dundee Advertiser, which speaks for itself:

DR. R. MILLER,

M.A., M.B., C.M.(Glasg.), D.P.H.(Camb.),

PHYSICIAN, SURGEON AND OCULIST, DUNDEE.

RESIDENCE—ELMBANK VILLA, FAIRMUIR (Car Terminus). At Home —9 a.m., 12.30, 5, 8.30 p.m. Telephone 1546.

OFFICE—80, NETHERGATE (Opposite the Steeple). Consulting Hours —9.30 a.m., 1.30 to 3, 6 to 8 p.m. Telephone 01945.

Also by Appointment.

. A good many examples of gross advertising have been sent to us recently from Scotland, and we think more notice of these professional irregularities should be taken by the Scottish Universities, whose graduates are the chief offenders.

DISGUSTED.—Our correspondent writes commenting very strongly upon a paragraph which appears in the North Bucks Advertiser, reporting an operation upon a local clergyman by a well-known London specialist, assisted by two local medical practitioners.

. We deprecate the publication of such paragraphs most earnestly, but there is nothing to suggest that the gentlemen concerned have been in any way responsible for this announcement, which is unfortunately of a kind with which we are quite familiar as appearing in connexion with illnesses of almost all prominent persons. We therefore do not think it fair to endorse the censure he would bestow upon the gentlemen whose names appear in this paragraph unless it could be shown—which we do not believe—that they had any responsibility for its publication.

FALSE REPORTS.

THAMES VALLEY complains that he is persecuted by the circulation of false rumours such as that when he first came into the district he was not going to practise, that he was a specialist and practised in town, and now that he is leaving the district. He says that he cannot get at the source of these reports, and asks whether he would be justified in having a paragraph inserted in the local newspaper to contradict them.

. We should advise our correspondent to endeavour to contradict the reports in question through his friends, and he might in addition write a brief letter to the editor of the local newspaper asking to be allowed to contradict the rumour that he was about to leave the district, but a paid advertisement is not to be recommended.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

Examinations for Medical and Surgical Degrees.—The first examination for the degree of M.B. will commence on June 9th, and the second examination on June 12th. The third examination, Part I (new regulations) will begin on June 9th. The certificates of candidates must be sent to the Registry on or before Wednesday, June 4th.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following gentlemen have passed the First Professional Examination for the Diploma of Fellow:

P. E. H. Adams, B.A. Oxford, Oxford University and London Hospital; R. Aird, M.B., Ch.B. Aberd., Aberdeen University; G. Arthur, M.B., Ch.B. Glas., Glasgow University and King's College, London; J. G. Atkinson and T. Bates, St. Bartholomew's Hospital; A. J. Blaxland, University College, London; F. Barnes and J. H. Claxworthy, Guy's Hospital; F. Coleman, M.R.C.S. Eng., L.R.C.P. Lond., Charing Cross, King's College, and St. Bartholomew's Hospitals; A. W. D. Coventon, B.A. Camb., Cambridge University and St. Bartholomew's Hospital; H. T. Doble, M.R.C.S. Eng., L.R.C.P. Lond., St. Mary's and King's College Hospitals; R. Felton, Guy's Hospital; C. I. Graham, M.R.C.S. Eng., L.R.C.P. Lond., St. Mary's Hospital; P. M. Heath, M.B. Lond., M.R.C.S. Eng., L.R.C.P. Lond., University College, London; H. T. Hicks, M.R.C.S. Eng., L.R.C.P. Lond., Guy's Hospital; E. C. Hughes, B.A. Camb., Cambridge University and Guy's Hospital; F. A. Jeans, B.A. Camb., Cambridge University and King's College Hospital; J. F. Jennings, M.B. Lond., M.R.C.S. Eng., L.R.C.P. Lond., St. Bartholomew's and King's College Hospitals; W. Low, Bd. Camb., Cambridge University and London Hospital; T. Lyle, Queen's College, Belfast; D. J. McGavin, M.D. Lond., M.R.C.S. Eng., L.R.C.P. Lond., Birmingham University; J. C. Marshall, M.B. Lond., M.R.C.S. Eng., L.R.C.P. Lond., St. Bartholomew's Hospital; W. M. Mollison, B.A. Camb., Guy's Hospital; S. A. Owen, B.A. Camb., Cambridge University and King's College, London; C. B. Shuttle-

worth, M.D., C.M.Toronto, M.R.C.S.Eng., L.R.C.P.Lond., Trinity College, Toronto, and King's College, London; R. A. Stoney, M.B., B.Ch., B.A.Dub., Trinity College, Dublin; C. B. Thomson, M.R.C.S.Eng., L.R.C.P.Lond., Guy's Hospital; W. T. Thomson, Otago University and King's College, London; F. E. Taylor, M.A., M.B., M.Sc.Vict., M.R.C.S.Eng., L.R.C.P.Lond., Yorkshire College, Leeds and King's College, London; G. A. Thomas, Yorkshire College, Leeds; T. Walker, M.R.C.S.Eng., L.R.C.P.Lond., Owens College, Manchester; C. G. R. Wood, M.R.C.S.Eng., L.R.C.P.Lond., and J. B. V. Watts, University College, Bristol; K. S. Wise, and E. E. Young, M.D., B.S.Lond., M.R.C.S.Eng., L.R.C.P.Lond., St. Bartholomew's Hospital.

One hundred and twenty-three candidates presented themselves for this examination, of whom the above 35 passed, while 88 were referred back to their professional studies for six months.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

At a meeting of the College held on May 16th, the following gentlemen, having passed the necessary examinations, were admitted Fellows of the College:

W. J. Barclay, M.B., Ch.B.; F. W. Collinson, M.D., M.R.C.S.Eng.; D. Ewart, M.B., Ch.B.; W. Ewart, M.B., Ch.B.; C. Forsyth, M.B., Ch.B.; H. A. J. Gidney, L.S.A.; J. Holroyde, L.S.A., M.R.C.S.Eng.; J. Jeffrey, M.B., Ch.B.; T. D. Luke, M.B., Ch.B.; C. H. L. Falk, M.B., C.M.; and C. H. J. Watson, M.B., Ch.B.

At the same meeting the medal and set of books forming the "Bathgate Memorial Prize," presented to the College by Colonel William Lorimer Bathgate in memory of his late father William McPhune Bathgate, Fellow of the College, was awarded to Miss Charlotte Rose Greenfield, for the highest marks obtained in competitive examination in *Materia Medica* and *Therapeutics*.

CONJOINT BOARD OF SCOTLAND.

The following medical practitioners, having passed the necessary examinations, have been admitted Diplomates in Public Health: P. Aitken, G. E. Brooke, W. F. Brown, D. Fletcher, H. J. L. Loudon, N. Macvicar, W. Russell, A. Watt, F. M. Willcox.

SOCIETY OF APOTHECARIES OF LONDON.

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

Surgery.—F. G. Bennett (Sections I and II), Cambridge and University College Hospital; J. C. O. Bradbury (Sections I and II), Cambridge and Guy's Hospital; G. F. G. De Laubenque, Middlesex Hospital; H. F. B. Roberts (Sections I and II), St. Bartholomew's Hospital; B. Rowlands, St. Bartholomew's Hospital; P. P. Tobit (Section II), King's College Hospital.

Medicine.—J. H. Clements, Birmingham and University College Hospital; E. Gray, London Hospital; W. P. A. Hardwicke, Durham; G. A. Jones (Sections I and II), St. George's Hospital; F. I. M. Jupe, Cambridge; E. J. Miller, King's College Hospital; H. F. B. Roberts (Sections I and II), St. Bartholomew's Hospital; F. H. Rotherham, London Hospital; C. M. Woods (Section I), Charing Cross Hospital.

Forensic Medicine.—E. Gray, London Hospital; G. A. Jones, St. George's Hospital; F. I. M. Jupe, Cambridge; E. J. Miller, King's College Hospital; F. H. Rotherham, London Hospital; C. M. Woods, Charing Cross Hospital.

Midwifery.—G. A. Crowe, London and Westminster Hospitals; G. A. Jones, St. George's Hospital; F. H. Hand, St. Mary's Hospital.

The diploma of the Society was granted to J. H. Clements, W. P. A. Hardwicke, F. I. M. Jupe, G. F. G. de Laubenque, B. Rowlands, and P. P. Tobit.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

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

The sixty-third annual report of the Registrar-General on the births, marriages, and deaths registered in England and Wales during 1900 has just been published. The principal statistical facts have already been dealt with in a more general form in the quarterly returns relating to that year, but the report now issued contains much additional information relating to the causes of death, the detailed analysis of which allows of a better appreciation of the significance of the various death-rates.

MARRIAGE-RATE.

The number of persons married during 1900 was 514,960, being equal to 16 per 1,000 of the estimated population, against 16.2 and 16.4 in the two preceding years; with these two exceptions, the marriage-rate of 1900 has not been exceeded since 1876.

BIRTH-RATE.

The births registered in England and Wales during the year under notice numbered 927,062, and were equal to an annual rate of 28.7 per 1,000 of the estimated population. This is the lowest rate on record since the establishment of civil registration in 1837, and is 1.3 per 1,000 below the aver-

age rate in the ten years 1890-1899; the decline in the birth-rate has been continuous since 1895, when it was 30.2 per 1,000. The lowest birth-rates were recorded in the agricultural counties of Rutland, Sussex, Westmorland, Dorset, and Hereford, while the mining or manufacturing counties of Northumberland, Monmouth, Stafford, and Durham had the highest rates. There were 1,033 male births to 1,000 female births, the average proportion in the ten preceding years having been 1036 to 1,000.

DEATH-RATE.

The 587,830 deaths registered in England and Wales during the year 1900 were equal to an annual rate of 18.2 per 1,000, against 17.4, 17.5, and 18.2 in the three preceding years; the mean rate in the ten years 1890-1899 was 18.3 per 1,000. The death-rates in the various counties ranged from 13.7 in Rutland, 14.5 in Middlesex, 14.6 in Surrey, and 14.8 in Wiltshire and in Dorsetshire to 19.6 in Warwickshire, 19.8 in the North Riding of Yorkshire, 20.5 in Staffordshire, and 21.3 in Lancashire. With regard to the mortality at different ages, precise information is not available, as the process of abstracting the ages of the people as returned at the recent census is not yet completed. For the purpose of calculating death-rates at various age-periods it has, therefore, been necessary to assume to the same age-constitution in 1900 as in 1901, although probably the age-constitution has undergone material change. Speaking generally, however, it appears that the mortality of males under 20 years of age and of females under 35 years of age was lower in 1900 than in recent previous years, and that above these ages the mortality was higher. The proportion of deaths among infants under 1 year of age to registered births was equal to 154 per 1,000, against an average proportion of 153 in the ten preceding years. The rates of mortality in the group of districts taken to represent the urban population was 18.9 per 1,000, and in the remaining, and chiefly rural, districts, 16.6 per 1,000; both the urban and the rural rates were slightly below the average.

ZYMOTIC DISEASES.

With reference to the causes of death in England and Wales during the year under notice that the aggregate mortality from the principal zymotic diseases was below the average in the ten preceding years; the deaths from small-pox, from diphtheria, from influenza, and from diarrhoea, showed an excess, while those from measles, scarlet fever, whooping-cough, and enteric fever, showed a decline. The number of deaths from small-pox in 1900 was 85, against 25, 253, and 174 in the three preceding years; of these 85 deaths, 22 were of persons belonging to Liverpool, and 22 belonging to Hull. The fatal cases of influenza numbered 16,245, against 10,405 and 12,417 in the two preceding years; the rate of mortality from this disease, which was higher in the provinces than in London, exceeded that recorded in any year since 1892. Hydrophobia did not appear as the cause of a single death, either in 1900 or 1899; in the ten years immediately preceding these the deaths from this cause amounted to 104.

CONSTITUTIONAL DISEASES.

The mortality from alcoholism during the year under notice was equal to a rate of 132 per million among males, and 95 per million among females, both of which are the highest rates hitherto recorded. The deaths referred to cancer have shown a continued increase during recent years; in 1900 the death-rate from this disease among males was 16 per cent., and among females 10 per cent., in excess of the decennial average, and in each case exceeded the highest previously recorded. The mortality from pulmonary phthisis was considerably lower than in the ten preceding years, the decrease amounting to 2 per cent. among males and 12 per cent. among females.

INADEQUATE CERTIFICATION.

The causes of 23,172, or nearly 4 per cent., of the deaths during 1900 were stated so indefinitely as to be practically useless for statistical purposes. Such cases would have been much more numerous but for the inquiries which are systematically addressed to medical practitioners with reference to certificates in which the cause of death is not definitely described. During the course of the year 3,900 replies were received to these inquiries, resulting in most cases in a more

accurate classification of the causes of death. For instance, 736 deaths from cancer, 450 from intemperance, 151 from puerperal fever, and 150 from venereal diseases were classified as such, instead of under such vague headings as tumour, disease of liver, dropsy, ovarian disease, etc.

COUNTY MEDICAL OFFICERS OF SCOTLAND AND CONSULTING PRACTICE.

THE County Council of Caithness having recently appointed a medical officer of health, proposed, with the approval of the Secretary of Scotland, to allow their medical officer to engage in "consulting practice," a very elastic phrase which, as far as we are aware, has no legal definition. At a recent meeting of the Caithness County Council the following letter from the Secretary of the Local Government Board was read:

Local Government Board,

Edinburgh, May 7th, 1902.

Sir,—The Local Government Board have now had under consideration your letter of March 12th to the Secretary for Scotland regarding your proposal to allow the newly-appointed medical officer of health for the county, Dr. Dick, to engage in consulting practice, together with your letter of 9th ultimo. I am now directed to inform you that the Secretary for Scotland sees no exceptional circumstances in case which warrant his allowing the medical officer of health to take consulting practice, and that therefore the salary paid to Dr. Dick cannot be sanctioned to rank as a claim against the sanitary officer's grant.

I am, Sir, your obedient servant,

G. FALCONER STEWART.

The County Clerk of Caithness, Thurso.

The object of allowing county medical officers of health to engage in consulting practice is apparently to get medical officers at small salaries and to hold out the right of consulting practice as a bait. If this view is correct the Secretary for Scotland is to be congratulated on refusing to permit this system to be established. There can be no objection to one or more local authorities joining together and by that means providing a suitable salary. Section xv of the Public Health (Scotland) Act (1897) provides that every medical officer of health shall receive a "proper salary or remuneration." We have every hope that Lord Balfour of Burleigh, the Secretary for Scotland, who evidently holds enlightened views on this question, will insist that effect is given to this in future appointments.

HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 7,474 births and 4,757 deaths were registered during the week ending Saturday last, May 24th. The annual rate of mortality in these towns, which had been 17.2 and 17.3 per 1,000 in the two preceding weeks, declined again last week to 16.7 per 1,000. The rates in the several towns ranged from 8.2 in Smethwick, 9.1 in Croydon, 9.2 in Reading, 9.5 in East Ham, 10.3 in Walthamstow, 11.2 in Rotherham, 11.3 in Bootle, and 11.4 in Newport (Mon.) to 22.1 in Gateshead, 22.5 in Hanley, 23.0 in Liverpool, 23.9 in Burnley, 24.1 in Barrow-in-Furness, 24.2 in Rochdale, 24.4 in Merthyr Tydfil, and 26.4 in Oldham. In London the rate of mortality was 16.4 per 1,000, while it averaged 16.8 per 1,000 in the seventy-five other large towns. The death-rate from the principal zymotic diseases last week in the seventy-six large towns averaged 1.9 per 1,000, and corresponded with the rate recorded in London; in the other towns the zymotic death-rates ranged upwards to 3.8 in Liverpool, 3.9 in Bradford, 4.0 in Tynemouth, 4.2 in Burnley, 5.1 in Wigan, 5.9 in Tottenham, and 9.0 in Barrow-in-Furness. Measles caused a death-rate of 1.9 in Plymouth and in Oldham, 2.4 in Southampton and in Grimsby, 2.5 in Bournemouth, 2.7 in Rhondda, 2.8 in Bradford, and 5.4 in Barrow-in-Furness; scarlet fever of 1.2 in Walsall, 1.3 in Aston Manor, and 1.5 in Bolton; whooping-cough of 1.2 in Liverpool, 1.7 in Bolton, 2.0 in South Shields, 3.0 in Tynemouth, and 3.6 in Barrow-in-Furness; "fever" of 1.5 in East Ham; and diarrhoea of 1.7 in Wigan. The mortality from diphtheria showed no marked excess in any of the large towns. Of the 47 fatal cases of small-pox registered last week, 24 belonged to London, 8 to Tottenham, 8 to West Ham, 2 to East Ham, 2 to Swansea, and 1 each to Leyton, Birmingham, and Tynemouth. The number of small-pox patients under treatment in the Metropolitan Asylums Hospitals, which had been 1,515, 1,442, 1,419 and 1,360 on the four preceding Saturdays, had further declined to 1,344 on Saturday, May 24th; 307 new cases were admitted last week, against 250, 248, and 233 in the three preceding weeks. The number of scarlet fever cases in these hospitals and in the London Fever Hospital at the end of the week was 2,236, against 2,222, 2,212, and 2,207 at the end of the three preceding weeks; 280 new cases were admitted during the week, against 258, 256, and 270 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, May 24th, 980 births and 656 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 18.1 and 19.4 per 1,000 in the two preceding weeks, further rose last week to 20.3 per 1,000, and was 3.6 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 9.3 in Leith and 14.1 in Perth, to 22.4 in Paisley and 22.5 in Glasgow. The zymotic death-rates in these towns averaged 1.7 per 1,000, the highest rates being recorded in Greenock and Perth. The 336 deaths registered in Glasgow included 1 from small-pox, 2 from

measles, 3 from scarlet fever, 5 from whooping-cough, and 7 from diarrhoea. Five fatal cases of measles were recorded in Edinburgh; 3 of measles and 2 of whooping-cough in Dundee; 5 of whooping-cough and 3 of diarrhoea in Aberdeen; 3 of measles in Paisley; 3 of diarrhoea in Greenock; and 3 of measles in Perth.

SANITARY INSPECTORS AND GENERAL PRACTITIONERS.

G. P. asks for an expression of opinion on two incidents: (1) He notified a case of diphtheria. The father would have been content to have the child treated at home. The house is described, perhaps a trifle vaguely, as "a roomy and convenient one," and the patient's room as "well isolated." We are not told who nursed the boy, but it seems that the mother is employed in the clothing trade at home. The sanitary inspector, it appears, when he inspected the premises after notification, tried to persuade the parents to send the lad to the infectious diseases hospital. He seems then to have resorted to indirect compulsion by informing the firms with whom other members of the family worked of the existence of the case at their home. These firms, not unnaturally, declined to allow them to continue in their employment. The patient was then sent to hospital. Unless a diphtheria patient has not only a separate room but also a nurse not mixing with the rest of the family, the difficulties in the way of preventing a further spread of the disease may be serious, and the nature of the mother's employment would make a very complete isolation (a thing very difficult to secure at any time in a working man's house) a matter of the first importance. We are therefore not prepared to say that the warning to the employers was unnecessary.

(2) In another house, where our correspondent had certified diphtheria, the same inspector visited, and "took swabs from the throats of several other members of the family." This seems hardly one of the ordinary duties of a nuisance inspector. If it was done with the consent of the parents we cannot say that it was exactly illegal. The result of the culture seems to have suggested a doubt as to the condition of another member of the family, and the nuisance inspector, ignoring "G. P.," is said to have asked the mother to send the child to the medical officer of health for further examination. This was done, and the child afterwards sent to the isolation hospital. We certainly think it would have been more courteous to have sent the suspected patient to his own medical adviser. We cannot suppose it was simply to save the authority the notification fee that this was not done, and we think "G. P." might with advantage draw the medical officer's attention to the circumstance. Sanitary inspectors are sometimes disposed to take action which comes more properly within the sphere of the medical officer of health.

VACCINATION IN SCOTLAND.

WE have received a further letter from the "Correspondent in Shetland" whose question was referred to in the BRITISH MEDICAL JOURNAL of May 10th, p. 1188. He states that the Local Government Board in Scotland recently insisted on the parish council appointing a public vaccinator, and carrying out the rules regarding vaccination defaulters' which the council has persistently refused to do on the score of expense to the ratepayers. Our correspondent considers that he is justified in refusing to oblige the parish council without fee in order to save it from carrying out its duty in the matter.

. We sympathize with our correspondent. It is quite evident that the parish council is shirking its duty. It is really a question between it and the Local Government Board.

OBITUARY.

ON Wednesday, May 21st, during the passage of the London and North-Western Railway Company's steamer *Scotia* from Holyhead to Dublin a gentleman was seen to jump overboard and disappear. The gentleman who met his death in this regrettable manner was a young medical man, Dr. WILLIAM HEALY, of 54, Gower Street, London. Dr. Healy was a native of Downpatrick, co. Down, where his father is a Justice of the Peace and a County Councillor, and for him and his family the greatest sympathy is felt in their sad bereavement. Dr. Healy obtained the degrees of M.B., B.Ch., and B.A.O. from the Royal University of Ireland in 1889. He studied in the Queen's College, Cork, and in the Carmichael College and the Royal College of Surgeons in Ireland. Since 1894 he had practised in London, at first in Chenies Street and subsequently in Gower Street. It is stated that Dr. Healy, who was accompanied by his brother, who is a barrister, was crossing to Ireland for a holiday, as he had been previously overworked.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. von Keczmarszki, Professor of Obstetrics and Gynaecology in the University of Buda-Pesth, aged 60; Dr. Guido von Torok, Surgeon to the Sophien-Spital, Vienna, aged 52; Dr. Skrzeczka, Professor of Forensic Medicine in the University of Berlin, and an official in the Medical Department of the Prussian Cultus-Ministerium, aged 70; Dr. Franz Scholz, sometime Physician to the General Hospital, Vienna

author of *Mental Diseases in Criminals* and other works, aged 82; and Dr. Louis Secrétan, Extraordinary Professor in the University of Lausanne, aged 49.

MEDICAL NEWS.

THE Board of Agriculture has issued an order applicable to certain parts of Devonshire and Cornwall directing the muzzling of dogs and other precautions against the spread of rabies.

THE annual meeting of the Dublin Branch of the National Association for the Prevention of Tuberculosis will be held in the Royal College of Physicians of Ireland on Monday, June 9th.

THE installation meeting of the Middlesex Hospital Lodge, No. 2,843, was held at the Freemasons' Hall on May 15th, 1902, when Brother William Duncan, M.D., was installed Worshipful Master for the ensuing year.

CANADIAN MEDICAL ASSOCIATION.—The annual meeting of the Canadian Medical Association will be held in Montreal on September 16th, 17th and 18th, 1902, under the presidency of Dr. Francis J. Shephard. Professor William Osler, of Johns Hopkins University, Baltimore, will deliver the address in medicine, and that in surgery will be delivered by Dr. John Stewart, of Halifax, Nova Scotia. A very large attendance is expected.

TUBERCULOSIS RESEARCH IN CANADA.—According to *American Medicine* the Bacteriological Station at Outremont, near Montreal, which has been maintained by the Government for the past three years for scientific observations for tuberculous cattle, is to be closed. Dr. Higgins, the bacteriologist in charge, will be transferred to the cattle quarantine staff at Ottawa, where these investigations will be held in future. It is reported that the future work will also include researches respecting tuberculosis in human beings.

THE King and the Princess Louise, Duchess of Argyll, have consented to be patrons of the International Congress for the Protection of Children, which, as already announced, will be held in the Guildhall, London, from July 15th to July 18th. Previous congresses have been held in Paris, Florence, and Buda-Pesth. As already stated, the Congress will this year have three Sections—medical, legislative, and educational and philanthropic. Sir James Crichton-Browne will preside over the first and Lord Cross over the second. The Secretary of the Congress is Mr. W. Gibson Lewis, Assistant Secretary to the Central Committee of Poor-law Conferences, 8, Wells Street, Gray's Inn Road, W.C.

THE SALE OF POISONS.—The annual dinner of the members of the Pharmaceutical Society and their friends was held on May 27th, at the Hôtel Métropole, under the chairmanship of Mr. G. T. W. Newsholme, who, in proposing "The Houses of Parliament," commented on the need of legislation in regard to pharmacy not only in the interests of the chemist, but also of the public. He particularly emphasized the necessity for the better regulation of the sale of poisons. The Government had received from the Society a draft of a new Pharmacy Bill. It was presented eighteen months ago, but was delayed in consequence of an inquiry having been instituted. He nevertheless urged all pharmacists to bring their influence to bear on members of Parliament in their district to help forward the Bill.

NATIONAL HEALTH SOCIETY.—On May 24th, at a meeting of this Society, which was held in Grosvenor House, Her Royal Highness Princess Christian presented the diplomas, medals, and certificates of the Society to successful candidates. The Earl of Derby, President of the Council, was in the chair, and among others present were the Bishop of Stepney, Sir William Church, Sir Frederick Treves, the Rev. Prebendary Ridgeway, Dr. Farquharson, and Professor Ray Lankester. The Chairman, in the course of some opening remarks, said that beyond the general objects of the Society, the organization of meetings to spread a knowledge of the principles of health, the holding of classes, the circulation of leaflets, and the instruction in the

laws of health given in schools, there yet remained a great deal for the Society to do in the poorer neighbourhoods in spreading a knowledge of hygiene, and teaching men and women how to combat dirt and disease.

LIVINGSTONE COLLEGE COMMEMORATION DAY.—At the Commemoration Day proceedings at Livingstone College, Leyton, the Principal, Dr. O. F. Harford, stated that 131 students had passed through the course of training provided there; of these, 35 were in Africa, 36 in Asia, 42 were at home either on furlough or not yet gone abroad, and the rest were scattered through America, Australia, and the islands of the Pacific. The reports received from their former students showed that the knowledge they had gained in the College had enabled many to escape infection, although living in highly malarious districts.

THE MALE INEBRIATE.—We referred some time ago to the report on this subject of the Special Committee of the Surrey Quarter Sessions, and pointed out that an extremely small proportion of male inebriates had been committed to the Royal Victoria Homes at Brentrey under the Inebriates Acts. The matter has again been under the consideration of the Surrey County Council, and it was stated that, owing to the small number of men admitted, the finances of the Homes were in a serious condition, a deficit of £3,000 having been recorded. It appears that during the past year there have been 171 persons admitted, but of these only 38 were men; of the 133 women, 75 were married, 44 were unmarried, and 14 were widows; 28 of the women were under 30 years of age and 3 of the men. The Board of Management expressed the opinion that a period of detention for two years should be tried in a few cases, but that as a rule three years was not too long, and might even be insufficient to reform habits which had existed for half a lifetime.

BRITISH DENTAL ASSOCIATION.—The annual meeting of the British Dental Association began on May 22nd at Shrewsbury, when a valedictory address was delivered by the retiring President, Mr. S. J. Hutchinson, after which Mr. W. E. Harding was formally inducted as President for the year. According to the report of the Honorary Treasurer, the membership of the Society was now 1,205. In the course of his address, the newly-elected President referred to the relation of dentistry to military efficiency in the present war. The breakdown of so many men in South Africa through preventable disease of the teeth had at length induced the War Office to send out a number of dentists, but far too few to cope with the immense amount of work required. The rejection, too, of so many recruits on account of defective teeth led naturally to the consideration of the teeth of school children. The mass of the children of the poor attending elementary schools had their teeth absolutely neglected, and he could see no way of dealing with them except by the aid of the State.

CHELSEA CLINICAL SOCIETY.—The annual dinner of the Chelsea Clinical Society was held at the Criterion Restaurant, Piccadilly Circus, on May 22nd. The President of the Society, Dr. Charles A. Morris, who was in the chair, in proposing the toast of "The Chelsea Clinical Society," gave a short history of its growth, and congratulated the members on the success of the debates held at the different meetings. At the annual debate of the Society, which had for its subject cancer, seventy-five members were present. Dr. C. C. Gibbes (President-elect) replied. The next toast was that of "Kindred Societies," proposed by Professor Hewlett, and acknowledged by Mr. D'Arcy Power, who gave a short historical account of the rise and progress of the medical societies. Dr. Foster Palmer spoke to the toast of "The Visitors," which was replied to by the Rev. A. Myers and the Rev. Dr. Collisson. Dr. W. Ewart, in a eulogistic speech, gave the toast of "The President," which was suitably acknowledged. In the absence of Dr. J. H. Dauber, Mr. Albert proposed "The Officers of the Society," which was responded to by Dr. Barry Ball, one of the Vice-Presidents. Dr. Stoddart, Mr. Percy French, and Dr. W. L. R. Fleming contributed to the entertainment of the evening by singing, and Dr. G. Herschell's dexterity in card tricks was much appreciated. The evening terminated with a neatly worded speech by Dr. Vincent Dickinson on the medical press.

MEDICAL VACANCIES.

THE FOLLOWING VACANCIES ARE ANNOUNCED:

AYLESBURY ROYAL BUCKINGHAMSHIRE HOSPITAL—Resident Surgeon; unmarried. Salary, £80 per annum, increasing to £100, with board and furnished apartments. Applications to the Secretary.

BARBADOS GENERAL HOSPITAL—Junior Resident Surgeon. Salary, £200 per annum, with unfurnished house. If resident in England passage paid to Barbadoes and (after three years' appointment) back. Applications to Mr. W. E. Sargent, School of Hygiene, Registrar of the Barbadoes Hospital by June 10th.

BETHLEM HOSPITAL—Two Resident House-Physicians. Appointment for six months. Honorarium at the rate of £25 each quarter, with apartments, board, and washing. Applications to the Treasurer, Bridewell Hospital, New Bridge Street, E.C., by June 9th.

BIRMINGHAM AND MIDLAND HOSPITAL FOR SKIN AND URINARY DISEASES.—Resident Assistant. Applications to the Secretary of the Medical Committee by June 9th.

BOOTLE BOROUGH HOSPITAL—Junior House-Surgeon. Salary, £80 per annum, with board, lodging, and laundry. Applications to the Secretary.

BRIGHTON: SUSSEX COUNTY HOSPITAL—Second House-Surgeon and Anaesthetist, unmarried, and under 30 years of age. Salary, £70 per annum, with board and residence. Applications to the Secretary by June 18th.

BRIGHTON: LUNATIC ASYLUM—Medical Assistant; unmarried. Salary, £140 per annum, increasing to £160. House-Surgeon; unmarried. Salary, £30 per annum, with board and residence. Applications to the Clerk to the Visiting Committee, The Council House, Bristol, by June 13th.

CAMBRIDGE: ADDENBROOKE'S HOSPITAL—Second Assistant Physician. Applications to the Secretary by June 7th.

CHORLEY: RAWCLIFFE HOSPITAL—House-Surgeon. Salary, £100 per annum, with board, lodging, and laundry. Applications to the Honorary Secretary by June 6th.

DOWN COUNTY INFIRMARY—House-Surgeon; unmarried. Salary, £30 per annum, with board and residence. Applications to Dr. Tate, Downpatrick, by June 5th.

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 June 5th.

DURHAM COUNTY ASYLUM, Winterton, Ferry Hill.—Third Assistant Medical Officer. Salary, £150 per annum, rising to £180, with apartments, board, laundry, and attendance. Applications to the Secretary by June 10th.

EAST LONDON HOSPITAL FOR CHILDREN, Shaftwell, E.—House Physician. Board, residence, etc., provided, and honorarium of £25 on completion of six months' approved service. Applications to the Secretary by June 14th.

GAIRLOCH PARISH COUNCIL—Medical Officer for the Southern Division. Salary at £100 per annum, increasing to £120 after 10 years' service, increasing afterwards to £150. Applications to the Clerk of the Parish Council, Poolewa, by June 2nd.

GLASGOW: ST. MUNGO'S COLLEGE—Norman Chair of Physiology. Applications to the Secretary, 93, West Regent Street, Glasgow, by June 30th.

GRAVESEND HOSPITAL—House-Surgeon. Salary, £30 per annum, with board and residence. Applications to the Honorary Secretary, 146, Milton Road, Gravesend, by June 2nd.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—(1) Clinical Pathologist and Dermatologist. Honorarium 40 guineas per annum. (2) House-Physician; unmarried. Appointment for six months. Salary, £20, washing allowance £2 10s., with board and residence. Applications on forms provided to be sent to the Secretary by June 4th.

HULL ROYAL INFIRMARY—Casualty Officer. Salary, £60 per annum, with board and lodging. Applications to the Chairman, House Committee, by June 5th.

HULL DISPENSARY—Resident House-Physician. Applications to the Secretary of the Medical Committee by June 2nd.

KESTVEN COUNTY ASYLUM—Assistant Medical Officer for the new asylum near Sleaford; unmarried. Salary, £150 per annum, with board, etc. Applications to the Medical Superintendent, Asylum, Grantham.

LANSHIRE COUNTY ASYLUM, Whittingham, Junior Assistant Medical Officer, unmarried. Applications to the Resident Medical Superintendent at the rate of £150 per annum, with furnished apartments, board, washing, and attendance. Applications to the Medical Superintendent.

LIVERPOOL INFIRMARY FOR CHILDREN—Assistant House-Surgeon. Appointment for six months. Salary, £25, with board and lodging. Applications to the Honorary Treasurer by June 7th.

LONDON: ROSS HOSPITAL, Whitechapel, E.—Surgeon. Applications to the House-Governor by May 31st.

LONDON TEMPERANCE HOSPITAL—Assistant Resident Medical Officer. Appointment for six months. Board, residence, and washing provided, and honorarium at the rate of 50 guineas per annum. Applications to the Secretary by June 10th.

LONDON THROAT HOSPITAL, Great Portland Street, W.—Non-Resident House-Surgeon. Honorarium at the rate of £25 per annum. Applications to Dr. E. F. Egan, Honorary Secretary, Medical Committee, 10, Jermyn Street, W., by June 11th.

NORTHAMPTON GENERAL INFIRMARY—Assistant House-Surgeon; unmarried, and not under 22 years of age. Salary, £75 per annum, with furnished apartments, board, attendance, and washing. Applications to the Secretary by June 4th.

NORWICH: NORFOLK AND NORWICH HOSPITAL—Second Assistant House-Surgeon. Appointment for six months. Honorarium, £30. Applications to the Secretary by June 10th.

NOTTINGHAM GENERAL DISPENSARY—Assistant Resident Surgeon; unmarried. Salary, £160 per annum, increasing £10 yearly, with furnished apartments, etc. Applications to the Secretary, Mr. M. I. Preston, Journal Chambers, Nottingham.

OMAGH DISTRICT ASYLUM—Assistant Medical Officer, unmarried, and not exceeding 30 years of age. Salary, £125 per annum, and £50 in lieu of rations, with furnished apartments, board, attendance, and washing. Applications to the Medical Superintendent by June 10th.

PLAISTOW: ST. MARY'S HOSPITAL FOR SICK CHILDREN—(1) Resident Medical Officer. Salary, £100 per annum. (2) Assistant Resident Medical Officer. Salary, £80 per annum. Board, residence, and laundry provided in each case. Applications to the Secretary by June 7th.

RICHMOND UNION—Medical Officer and Public Vaccinator for the Barnes Union. Salary, £70 per annum and fees; and Medical Officer of the Children's Home, Barnes, salary £30 per annum, and not under 25 years of age. Applications to the Clerk to the Guardians 17, The Green, Richmond, Surrey, by June 3rd.

ROYAL COLLEGE OF SURGEONS OF ENGLAND—(1) Hunterian Professors. (2) Erasmus Wilson Lecturer. (3) Arris and Gale Lecturer. For the ensuing year. Applications to the Secretary by June 2nd.

SALISBURY: FISHERTON ASYLUM—Assistant Medical Officer; unmarried. Salary, £150 per annum to commence, with board, lodging, and washing. Applications to Dr. Finch.

SCHOOL BOARD FOR LONDON—Assistant in the Medical Officer's Department: must be resident. Salary, £350 per annum. Applications, on forms provided, and marked outside Application for post of Assistant Medical Officer," to be sent to the Clerk of the Board by June 10th.

SOCIETY OF APOTHECARIES OF LONDON, Blackfriars.—(1) Examiner in Medicine. (2) Examiner in Midwifery. Applications to the Clerk by June 2nd.

SOMERSET AND BATH LUNATIC ASYLUM, Cotford, Taunton.—Assistant Medical Officer; unmarried, and not over 30 years of age. Salary, £150 per annum, with furnished apartments, board, etc. Applications to the Medical Superintendent by June 10th.

STARFORDSHIRE COUNTY ASYLUM, Stafford.—Junior Assistant Medical Officer; unmarried, and not exceeding 30 years of age. Salary, £100 per annum, with furnished apartments, board, attendance, and washing. Applications to the Medical Superintendent.

SWANSEA GENERAL AND EYE HOSPITAL—Resident Medical Officer. Salary, £75 per annum, with board, apartments, washing, and attendance. Applications to the Secretary by June 9th.

THROAT HOSPITAL, Golden Square, W.—Junior House-Surgeon, Salary, £100 per annum, with lunch daily. Applications to the Secretary-Superintendent by June 6th.

WIMBORNE: ST. MARY'S HOSPITAL, W. (1) House-Physician. (2) House-Surgeon. Appointments for six months. Board and lodging provided. Applications to the Secretary-Superintendent by June 18th.

WILTS COUNTY ASYLUM, Devizes.—Assistant Medical Officer; unmarried, and under 35 years of age. Salary, £100 per annum, rising to £150, with board, residence, attendance and washing, according to the scale of the superintendent.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—House-Physician. Salary, £100 per annum, with board, lodging, and washing. Applications to the House-Governor by June 6th.

MEDICAL APPOINTMENTS.

BRIDGER, J. F. E., M.R.C.S., L.R.C.P.Lond., appointed Civil Surgeon to the troops and Boer prisoners, stations, and en route.

BROWN, Major E. Harold, M.D., I.M.S., appointed Clinical Assistant to the Chelsea Hospital for Women.

GOODMAN, Godfrey, L.R.C.P., L.R.C.S.Irel., reassigned Medical Officer to the Brig Rural District Council.

GREENE, Clayton W. H. B.A., M.B., B.C.Cantab., F.R.C.S.Eng., appointed Surgical Registrar, St. Mary's Hospital, Paddington.

HARRIS, Norman E., M.R.C., C.B. Edin., appointed locum Assistant Medical Officer to the Durham County Asylum.

JONES, Owen C., M.B.Oxon., M.R.C.S.Eng., appointed Certifying Factory Surgeon for the Ilfracombe District of Devonshire.

KENDALL, H. W. Martindale, M.R.C.S.Eng., appointed Ophthalmic Surgeon to the Wellington Hospital, N.Z.

LEONARD, F. C., M.D., appointed Clinical Assistant to the Chelsea Hospital for Women.

LOW, L. D. S., F.R.C.S., appointed Surgeon to the Out-patients, St. Mary's Hospital, Paddington.

MILNES, Ernest Arthur, M.B., C.M. Edin., appointed Medical Officer of Health for Lostwithiel.

POTTS, Geo., L.R.C.P. and S., appointed House-Surgeon, Kent County Ophthalmic Hospital, Maidstone.

PROCTOR, Lionel, M.R.C.S., L.R.C.P., appointed Registrar to the Chelsea Hospital for Women.

SCOTT, John Geddes, M.R.C.S., L.R.C.P.Lond., appointed Medical Officer to the Western Telegraph Company, Madeira, *vice* F. J. Hicks, M.A., M.B.Oxon., resigned.

TAUNTON, E. M.R.C.S.Eng., L.R.C.P.Lond., appointed Assistant Medical Officer to the St. Pancras Workhouse.

TAYLOR, John Mearns, M.B., C.M. Edin., appointed Medical Officer and Public Vaccinator for the Lymington District, Hampshire Parish Council.

DIARY FOR NEXT WEEK.

TUESDAY.

British Baineological and Climatological Society, 20, Hanover Square,
W., 5 p.m.—General Meeting. Election of Officers, Council, etc.
University of London Physiological Laboratories, South Kensington,
5 p.m.—Dr. Waller: The Signs of Life.

WEDNESDAY.

Obstetrical Society of London. 20, Hanover Square, W., 8 p.m.—Specimens will be shown by Drs. Lewers, Arnold Lea, and Williamson. Mr. Mayo Robson will read notes of a case of Primary Ovarian Gestation, showing the specimen. Mr. Alban Doran will read a paper on Pregnancy after Removal of Both Ovaries for Cystic Tumour.

THURSDAY.

North-East London Clinical Society, Tottenham Hospital, 4 p.m.—Clinical Cases will be shown.

Roentgen Society, 20, Hanover Square, W., 8.30 p.m.—The President (Mr. Herbert Jackson) on the Sources of Phosphorescence.

FRIDAY.

West London Medico-Chirurgical Society. West London Hospital, Hammer-smith Road. W., 9 p.m.—Cases will be shown by Dr. Seymour Taylor, Dr. A. Saunders, Dr. Beddard, Dr. G. P. Shuter, Mr. J. R. Lunn.

POST-GRADUATE COURSES AND LECTURES.

Charing Cross Hospital, Thursday, 4 p.m.—Demonstration of Dermatological Cases.
 Hospital for Consumption and Diseases of the Chest, Brompton, Wednesday, 4 p.m.—
 Lecture on Congenital Heart Disease.
 Hospital for Sick Children, Great Ormond Street, W.C.O., Thursday, 4 p.m.—Demon-
 stration of Selected Cases.
 Medical Graduates' College and Polyclinic, 22, Chancery Street, W.C.O. Demonstrations will
 be given at 4 p.m. as follows: Monday, skin; Tuesday, medical; Wednesday, surgical;
 Thursday, surgical; Friday, throat.
 National Hospital for the Paralysed and Epileptic, Queen Square, W.C.O., Tuesday,
 8.30 p.m.—Lecture on Disseminated Sclerosis.
 West London Hospital, Hammersmith Road, W. Lectures will be delivered at
 7.30 p.m. as follows: Monday, Surgery from the Ear, its Causes and Treatment.
 Tuesday: Malignant Disease of the Uterus. Wednesday: Surgical Anatomy.
 Thursday: Medical Anatomy and Physical Diagnosis. Friday: Small-pox and
 Vaccination.
 West Central, S.W., Tuesday, 4.30 p.m.—Demonstration on a Case of Raynaud's
 Disease with Scleroderma, with some other illustrative cases.

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.

BARCLAY-SMITH.—On the 18th inst., at 57, Glisson Road, Cambridge, the wife of E. Barclay-Smith, M.D., of a daughter.

BOWEN-DAVIES.—On May 24th, at Pendaris, St. Asaph, North Wales, the wife of W. L. Bowen-Davies, M.R.C.S. Eng., L.R.C.P. Lond., of a daughter.

CARLIER.—On Monday, May 26th, at 19, Elvestham Road, Edgbaston, Birmingham, the wife of Professor E. Wace Carlier, M.D., F.R.S.E., of a son.

CHARLTON.—On Monday, May 26th, at 31, Gledeloch, Lenton, Nottingham, the wife of Alfred Charlton, M.B., C.M., of a daughter.

GOADBY.—On May 16th, at The Mall, Wroanstead, Essex, the wife of Kenneth W. Goadby, D.P.H. Camb., L.D.S. Eng., of a son.

JEFF-SCOTT.—On May 16th, at "Beaufort," Malvern, the wife of Sidney Jeff-Scott, M.A., F.R.G.S., of a son.

MURRAY.—At Apley, Stockport, on the 24th inst., the wife of Robert A. Murray, M.D., of a son.

DEATHS.

BODINGTON.—On May 8th, in Paris, George Fowler Bodington, M.D.Durh., F.R.C.S. Eng., M.R.C.P., late Superintendent of the Government Asylum, British Columbia, aged 73.

LANGLEY-MILLS.—At Southsea, May 18th, the wife of Major Langley-Mills, R.A.M.C.