

mishaps, until by patience and constant practice on willing patients he acquires dexterity and rapidity.

The laryngoscope should be used at first to make certain that the dose intended for the lungs does not find its way into the stomach, and there produce very unpleasant consequences. It is almost incredible, yet absolutely true, that the lungs will easily tolerate single doses, say, of iyal, creosol compounds, or menthol, which the stomach would either at once reject, or accept to the exclusion of food.

The patient sits upright in front of the operator, with his mouth on a slightly higher plane; for this purpose chairs which can be elevated or lowered are desirable. Next the patient draws his own tongue forwards and downwards with his right forefinger and thumb, covered with a clean handkerchief or paper "tongue cloth." Then the operator, with the aid of his laryngeal mirror, guides the nozzle of his syringe along the curve of the palate, without touching it, over the tip of the epiglottis, then it is brought down rapidly, and the injection delivered. If properly done the horizontal part of the nozzle of the syringe will rest on the tongue, whilst its curve will hold the epiglottis and thus prevent spasm.

The injection is best delivered at the beginning of inspiration.

Duration of Treatment.

Obviously this must depend on a variety of circumstances—the primary factor being the extent of the disease. If the infection be recent and the digestion and general health still fairly good, one may expect a rapid "cure." The following case may be mentioned as a recent example.

In August last year I was called to see Mrs. H. M., aged 27, who had been confined about six weeks before. I found her in the last stage of phthisis with extensive tuberculous ulceration of the larynx—too far gone to attempt anything more than palliative treatment. Shedied about a month later, and her infant soon followed her with symptoms of general tuberculous infection. I only mention her as the probable source of infection in her husband's case, whom I saw at the same time.

H. M., aged 28. He had slept with his wife up to her confinement. He had always been very strong until about four months ago; since when he had lost 8 lbs. in weight, and now found that his work as a grocer's assistant tired him very much and put him out of breath. He had had a slight attack of haemoptysis in June. He had cough, not much expectoration, temperature 99.8° to 100°, pulse 90°, the only other appreciable physical sign being a prolonged and intensified expiratory murmur. I told him I thought he had become infected with tuberculosis, and advised intratracheal "disinfection" of his lungs with iyal, etc. To this he did not at once assent, but within three or four days he had a second attack of haemoptysis, which quickly decided him to submit to this method of treatment. Previous to beginning, the sputum was examined and found to contain tubercle bacilli. He commenced treatment in the second week of August, 1891, and finished January 11th, 1902. For the first four months he had one sitting a day; for the last month three a week. He readily took 2 oz. of solution (equal to quite 1 drachm of pure iyal oil) at each sitting. During the entire period of treatment (except whilst resting after haemoptysis) he worked on an average twelve hours a day, and walked three miles to and from his work, yet gained 11 lb. His gain has been maintained, and he reports himself as still "perfectly well and free from cough" on May 2nd.

I hope the details I have here given will help many practitioners to commence a method of treatment which is simple and effective and which goes to the root of the evil by destroying the tubercle bacillus in its nest. I hope soon to publish some more statistics.

REFERENCE.

Transactions, British Congress on Tuberculosis.

ARSENICAL BEER POISONING AT THE HALIFAX UNION POOR-LAW HOSPITAL.

By J. F. WOODYATT, M.R.C.S., L.R.C.P.,
Principal Medical Officer.

SINCE the new Halifax Union Poor-law Hospital was opened in September, 1901, I have had under my care two advanced cases of arsenical beer poisoning and my colleague, Mr. Shaw, has had two other cases of the same nature. The hospital is large and takes patients from a district having a population about 200,000; so that there cannot be any severe epidemic here as was found in other places some fifteen months ago. The two advanced cases were well marked, and must have had a considerable amount of the poison whatever may have been its origin. The brewers have been most careful as to their

brewing materials sending them to various chemists and the reports, I am told, were always good. Recently some samples of beer were taken, and Mr. Allen, of Sheffield, found considerable amounts of arsenic present. Yet on inquiry of the other medical men in Halifax I find that, with one or two exceptions, they have no cases in spite of being on a careful look-out.

At an inquest held here recently on an old man who was supposed to have died of arsenical poisoning, Mr. Allen, the analytical chemist, said that 1.15 gr. of arsenic per gallon of beer was something we should not make a fuss about. Other chemists, he said, would pass 5.0 gr. per gallon. If this amount of arsenic is allowed, it would be detected in the tissues after death, from whatever cause, in a habitual beer-drinker; and in the case in question a very minute trace of arsenic was found in the tissues after death. The analyst, speaking of the tissues sent him (parts of the stomach, liver, and kidney), said: "Taking first the whole, I found a doubtful indication of arsenic representing not more than 1.15 gr. of arsenic." He did not say how little it might have been, but on being asked by the coroner if it was arsenic, he said it was arsenic, but in his opinion it had no definite significance.

If brewers are to be allowed a certain amount of arsenic in their beer, the fact that we find it in the tissues after death does not help us to come to a conclusion as to the cause of death in doubtful cases. And during life there are cases amongst the patients of medical men who have had some considerable experience of these cases which will tax his power of diagnosis to the utmost.

The cases in the hospital are fairly typical. Dr. Reynolds, of Manchester, very kindly came over to see them, and his opinion was that they were arsenical beer poisoning cases without doubt.

CASE I.—A man admitted November 14th, 1901, gave a history of beer drinking, and stated that he had been ill six weeks. He was unable to walk, was very anaemic, and had considerable general oedema. His voice was very husky, and he showed general pigmentation, especially down the centre of the back. There was complete loss of power in the legs. The knees were bent and the toes pointed, and the reflexes were absent. He has made considerable improvement. He can straighten his knees and move his feet a little. There is only slight oedema, but some keratosis of the feet remains.

CASE II.—A male, admitted January 15th, 1902, had been ill a few weeks, but not laid up. He gave a history of beer drinking. The pigmentation was so marked that he looked like a mulatto. The voice was husky and there was much bronchitis, but no other signs of arsenic poisoning. The reflexes were present, his walk was natural, and there was no tenderness of the calf muscles. The patient died of acute croupous pneumonia, and necropsy showed old-standing aortic disease and cardiac hypertrophy with granular kidneys.

CASE III.—A female, admitted October 7th, 1901, had been ill three weeks with loss of power in the legs. There was a history of beer drinking, and she presented marked pigmentation of the back and shoulders. She was unable to walk; there was foot drop and the calves were tender on pressure. The reflexes were absent. She has much improved, but still has foot drop and the reflexes are absent, though she is able to walk.

CASE IV.—A female, admitted October 23rd, 1901, gave a history of beer drinking and recent diarrhoea. The only symptom was marked and typical pigmentation with keratosis. She has improved much. The keratosis has gone, but the pigmentation still present, though to a less marked degree.

I am told by those who are trying to trace the origin of the arsenic, that they are of opinion that it gets into the beer from the anthracite coal used in malting.

MEMORANDA:

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

FOREIGN BODIES IN THE WINDPIPE.

IN the BRITISH MEDICAL JOURNAL of April 26th there is an interesting case of a young woman who coughed up a ragged crown of a tooth which had been in her windpipe or bronchus for fifteen months, causing uncontrollable coughing and much haemoptysis. The tooth had slipped into the windpipe when the patient was under chloroform for the extraction of nearly all her teeth. A similar accident happened to my son when walking through a swampy bit of ground in the Bahamas. He climbed a sapodilla tree to get some of the fruit. He felt that he had swallowed a seed of the fruit he was eating. On reaching home he was seized with violent coughing, which he ascribed to a bad wetting in the swamps. This continued for

five months, and his general health was getting so much affected that his friends thought he was going into consumption, till one day, on stooping down to untie his shoe, he coughed up a sapodilla seed. This seed was of an irregular ovoid form, $\frac{3}{4}$ in. long and half as much in breadth. It was beginning to swell, and would probably soon have got so large as not to be able to get through the glottis. The coughing at once stopped, and he speedily recovered his health. No doubt had he at any time inverted his body the stone, which is a very smooth one, would have escaped at once. The case of M. Brunel, the younger, was published many years ago. He had let a shilling somehow pass into his windpipe. It gave so much trouble, that a surgeon was on the point of opening the larynx for its extraction when Brunel suggested to invert him. This was done, and the coin immediately fell out.

Shortly after this I happened to be with Dr. James Duncan, one of our first surgeons in Edinburgh, when a sailor from Leith was brought in. He also had let a shilling pass into his windpipe. We resolved to invert him, but Dr. Duncan was prepared to open the larynx in case the coin should stick in the glottis and cause suffocation. On turning him up, however, it at once dropped to the ground.

Currie, Midlothian.

GEORGE S. KEITH.

THE INFLUENCE OF NASAL OBSTRUCTION UPON THE DEVELOPMENT OF THE TEETH AND PALATE.
THERE can be no doubt of the correctness of Mr. A. L. Whitehead's statement¹ to the effect that nasal obstruction is capable of producing deformity of the maxilla. One may, indeed, go further, and say that, provided it occurs sufficiently early in life, and lasts sufficiently long, it is bound to do so. The resulting deformity constitutes a distinct pathological entity, and I suggest that it should be known as the mouth-breather's jaw.

Mr. Whitehead refers to the hard palate as being high in these cases. I have endeavoured, though in vain, to ascertain whether in them it lies high in relation to the base of the skull; but that it is not high in the sense of the arch being high I can assert from measurements I have taken. The fact is the narrowness of these palates gives them a false appearance of height.

Regarding the pathology of the mouth-breather's jaw: there are, as Mr. A. L. Whitehead observes, several causative agencies at work, but I will refer to one of them only. If, as Mr. Mayo Collier asserts, there is in the mouth-breather a reduction of atmospheric pressure in the nasal cavities, there can be little doubt that such reduction must seriously interfere with the development of the maxilla—not, I would suggest, by causing the palate to be driven upwards, but rather by inducing a negative pressure within the antrum, and so preventing that ample expansion of it which is essential to the proper development of the maxilla. I do not think it is adequately realized what a large portion of the maxilla is made up of the antrum.

I may mention here that of many hundreds of skulls which I have examined in the museum of the Royal College of Surgeons of England, I have not come across a single unmistakable instance of a mouth-breather's jaw, while there are hundreds of thousands—(I write this deliberately)—of such jaws, among the present inhabitants of London. *O tempora, O mores!*

London, W.

HARRY CAMPBELL.

PEMPHIGUS FOLIACEUS IN AN INFANT.

As this is a very rare and fatal form of pemphigus, the following notes may prove of interest:

On February 10th, 1902, I delivered a young woman, aged 21, of a male child. On February 15th, or five days after birth, blebs appeared on the face and neck of the infant, then in two or three days on the abdomen and thighs, until the body was covered with the exception of the palms and soles. The blebs varied in size, from $\frac{1}{4}$ in. on the face and neck to 3 in. on the abdomen. They were flaccid and flat, and the contents on escaping were turbid. After the rupture of the blebs large inflamed excoriated surfaces were left, covered with thin flakes, under the surface of which there was an offensive secretion. The mucous membrane of

the mouth became attacked and the child was unable to swallow. The child looked exactly as if the skin had been carefully removed, having the same appearance as raw meat. It died on February 25th, on the tenth day after the appearance of the blebs. There were no signs of congenital syphilis, and I did not see the father, nor could I get any information of the state of his health except that he was said to be suffering from consumption. The mother was perfectly healthy in every way and made an uninterrupted recovery. As regards treatment, the child was well nursed and carefully bathed, and the blebs on rupturing were dressed with vaseline. The mother was not able to suckle him, and he was therefore fed on milk and barley water. He was given a simple mixture containing a little tinct. camph. co., as he seemed to suffer a good deal of pain and cried nearly the whole night.

Northampton.

G. H. BRAND, M.D., L.R.C.P.

WIDAL'S REACTION IN A CASE WITH URIC ACID CALCULUS.

THE discussion at the Clinical Society on March 14th, 1902, emphasizes the need for the collection of all available evidence as to the validity of Widal's reaction. As to its negative value there is no doubt. Nearly all cases of enteric give a Widal reaction, but the evidence is strong, and was supported on all hands at the Clinical Society that other conditions than enteric will produce agglutinative reaction in enteric cultures. I may, therefore, add one more instance in which Widal's reaction was obtained which was not enteric fever. The case has a further interest, for it illustrates the difficulty, now well recognized, in distinguishing between appendicitis and right-sided renal colic. A middle-aged woman passed a small stone from the bladder fifteen years ago; about 1889 she began to have attacks of typical recurrent appendicitis. The second attack occurred during the eighth month of pregnancy, and, though very severe, did not interrupt pregnancy, but subsided, and a normal delivery occurred. A third attack induced her to submit to operation. Mr. Makins operated on her at St. Thomas's Hospital, found three concretions that had escaped from an ulcerated appendix. This had sloughed into an abscess cavity, which he thought had probably been previously found and evacuated into the bowel. He resected the remainder of the appendix, and she made an excellent recovery. While convalescent she passed another stone from the bladder; this was in 1898. In 1901 she had a return of symptoms, which might have been either renal colic, appendicular, or possibly mild enteric. Enteric being prevalent in the neighbourhood, I had the blood examined by the authorities of the Jenner Institute, who reported "slight Widal reaction," but I was not informed what dilution was used. I was unable to obtain Ehrlich's reaction in the urine, and beyond the ordinary febrile changes in the urine there was no morbid change. Two days later the temperature fell, and she became apparently well. Mucus in excess and a trace of albumen appeared in the urine, and five days later she passed a large uric-acid stone, a month later another, and a month later than that a third.

She may have had enteric fever antecedent to 1887, but she has certainly not had it since, and I can get no history supporting the supposition that she has ever had enteric in her lifetime.

Westerham.

ARTHUR MAUDE, M.R.C.S., L.R.C.P.

GONORRHOEAL SYNOVITIS IN AN INFANT SUFFERING FROM OPHTHALMIA NEONATORUM.

ON March 10th I confined Mrs. X. of a seemingly healthy child. On March 12th the mother drew my attention to a discharge from the child's eyes. She stated that she herself had suffered for several months from a discharge from the vagina. Later the husband admitted that six months previously he had had gonorrhoea. The ophthalmia was a very severe one. It was treated by syringing with 1 in 5,000 biniodide lotion every two hours night and day. When 15 days old the child developed a well-marked synovitis of the right knee. The case was undoubtedly one of gonorrhoeal rheumatism.

Gonorrhoeal rheumatism is very rare in infants. Clement Lucas in 1885¹ first drew attention to the possibility of gonor-

¹ BRITISH MEDICAL JOURNAL, April 19th, 1902, p. 949, et seq.

¹ BRITISH MEDICAL JOURNAL, 1885, vol. i, p. 429.

rheoa becoming generalized in infants. In the same year Zatvorniteki² described a case of rheumatism in an infant with ophthalmia neonatorum. In 1898 Heiman, in the New York *Medical Record*, mentions the case of an infant in which he found gonococci in the affected wrist. Clement Lucas in 1899 read a paper before the Royal Medical and Chirurgical Society, stating that he had collected 23 cases of gonorrhoeal rheumatism in infants with gonorrhoeal ophthalmia. He noted that the condition was quite a transient one, with no tendency to ankylosis.

Sheffield.

R. W. INNES SMITH,
M.B. Edin., L.R.C.P. Lond.

REPORTS

ON

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

HOSPITAL FOR WOMEN, SOHO SQUARE.

A CASE OF ARTIFICIAL ANUS FOLLOWING STRANGULATION OF
A VENTRAL HERNIA SUCCESSFULLY TREATED BY
RESECTION OF SMALL INTESTINE AND
IMPLANTATION OF THE ILEUM
INTO THE CAECUM.

(Under the care of Mr. DOUGLAS DREW.)

[For the notes of this case we are indebted to Mr. DODSON,
House-Surgeon.]

History.—J. C., aged 46, was admitted on December 16th, 1901, with an artificial anus in the scar of an old laparotomy wound, which had been performed for an ovarian cyst in 1892. The ventral hernia which formed after the operation caused no trouble until February, 1901, when it became painful, and severe vomiting occurred. It was "put back," but a few days later "something gave way," and a motion came away. From this date until admission there had been a continuous discharge of fluid faeces, and with the exception of three or four occasions, no faeces had passed per rectum since February, 1901.

Condition on Admission.—The patient was in a very emaciated, feeble condition, she having restricted her diet owing to pain in the abdomen which followed the taking of food, and which persisted until relieved by a flow of intestinal contents from the fistula. The reaction of the discharge was alkaline and produced acute dermatitis, which subsided under boracic fomentations.

Operation.—The operation was deferred until February 8th, 1902, in order to improve the condition of the patient, and to get rid of the dermatitis. On February 8th, 1902, the fistula was closed by dissecting up the skin around it, and suturing it over the opening. The skin was then disinfected, and the abdomen opened in the middle line above and below the fistula, a portion of the abdominal wall being removed around the fistula, to avoid any escape of the contents of the bowel. After separating numerous adhesions, the affected coil of intestine was isolated and withdrawn from the abdomen. The vermiform appendix was firmly adherent to the mass, so it was amputated at its base by the "cuff method." It was at once obvious that any attempt to separate the matted coil of intestine would result in so much damage to its coats that sloughing would have ensued, so the whole coil was excised by clamping the bowel above and below, and removing the intervening portion by dividing the mesentery close to the intestine. The lower end of the divided bowel was situated 3 in. above the ileo-caecal valve, so it was decided to close the lower end of the ileum, and to implant the upper end into the caecum. This was done by a double row of continuous sutures, the first through the mucous coat, and the second through the serous coat, the edges being turned in. The anastomosis was effected by means of a Murphy button, a longitudinal incision being made in the caecum for the reception of the lower half of the button. After the junction was completed, the aperture in the mesentery was sutured, and the abdominal

wall was closed by a layer of sutures including the whole thickness.

After-History.—There was some shock after the operation, and slight vomiting occurred during recovery from the anaesthetic, but it did not recur. On the second day after the operation the temperature rose to 101.2°. The wound looked well, and there was no distension and no vomiting. Flatus was passed freely. Nothing but a little water was given by the mouth during the first four days. Nutrient enemata were administered at regular intervals. On the eighth day the stitches were removed, and the wound appeared to be healed, but on the eleventh day a series of abscesses had formed in the track of the stitches; these were opened up and some separation occurred in the edges of the skin. On the tenth day pain and swelling appeared in the left parotid, and this increased in spite of fomentations until the fifteenth day, when the swelling was incised and pus evacuated. On February 28th the parotid abscess was still causing trouble, and a further incision was necessitated. At this time there only remained a small sinus in the abdominal wall, which discharged a little pus. By March 12th the condition of the patient had much improved, but the abscess in the parotid was still discharging profusely. The button was removed from the rectum on the thirty-second day. The abdominal wound was completely healed on March 30th, and patient allowed to get up every day; the parotid abscess is not yet quite healed.

Remarks by Mr. Drew.—In this case we had to deal with the distressing condition of the whole of the intestinal contents being discharged through the abdominal wall, a condition which resulted from a large defect in the wall of the bowel and the formation of a spur which prevented any of the contents of the bowel passing beyond the opening. An attempt might have been made to remedy the condition by the method of destroying the spur by Dupuytren's clamp and then closing the fistula. But inasmuch as this method is uncertain and there is a great risk of fatal peritonitis supervening, I preferred to adopt the more modern method of resection. In resecting the bowel I followed the well-established rule of removing enough to ensure that healthy portions were brought together; this involved the removal of 16 in. As there only remained 3 in. of the ileum between the point of section and the ileo-caecal valve, I chose to re-establish the continuity by the method of implantation and closure of the lower end of the divided bowel, rather than by end-to-end anastomosis, a procedure which was, I believe, first advocated by Kocher as giving much better results than the end-to-end method. Owing to the difficulties of the early stages of the operation in separating the coil of intestine I was enforced to perform the anastomosis by means of Murphy's button instead of by the preferable method of direct suture, which would have taken too long considering the enfeebled condition of the patient. Perhaps the most interesting feature of the case was the occurrence of the parotitis. It developed on the tenth day, two days after the removal of the silk-worm-gut sutures. At the time of their removal, there was not the least evidence of irritation about them. I believe the series of stitch abscesses was produced by the portions of the sutures in contact with the skin becoming infected from it owing to the impossibility of rendering the skin aseptic at the time of the operation, and when withdrawn through the abdominal wall, the track was infected by them. If not due to this cause I am at a loss to know to what to attribute it, as the deeper parts of the wound ran a perfectly aseptic course; in fact the convalescence was perfect until this complication arose, and it is well recognized that, when it arises as a complication of an abdominal case, it is the result of sepsis. As is usual when suppuration occurs in the gland the constitutional symptoms were very severe; in fact the condition of the patient was very critical, and the successful issue was largely determined by the care and attention bestowed upon the patient by the house-surgeon, Mr. Dodson, to whom I feel much indebted.

A new surgical building for Johns Hopkins University, Baltimore, is to be erected at a cost of £20,000.

The late Madame Obrikosoff has bequeathed the sum of 100,000 roubles for the erection of a model lying-in hospital in Moscow.

² *Lancet*, 1885, vol. ii, p. 449.

fessional associations to the last. He was for a time President of the Hunterian Society, and was Medical Officer to the Trinity House, Surgeon to the General Steam Navigation Company, District Medical Officer to the London County Council, and Medical Officer to the Midland Railway Friendly Society.

For twenty-five years he was an able and popular member of the Common Council (at the time of his death he was one of the members for the Ward of Portsoken), and as such was instrumental in bringing about many reforms in the City; he was largely responsible for the schemes for widening the main lines of traffic in the City, and for opening and beautifying the City recreation grounds. A year ago he was elected Chairman of the Port of London Sanitary Committee. He was much interested also in several philanthropic enterprises. He was a Governor of the Sir John Cass Charity, Chairman of the Charity Committee of the Aldgate Freedom Foundation, and also a Trustee of the St. Botolph, Aldgate, School. The elder of Dr. Cotman's sons is himself a qualified medical practitioner, and at present the resident medical officer at St. Bartholomew's Hospital, Rochester. With his son-in-law, Dr. W. J. McCulloch Ettles, he had been in partnership for the previous twelve years. Great sympathy is felt with his relatives in their loss.

THERE has recently passed away in his fifty-fourth year one who, although not actually in the medical profession, was yet for many years intimately associated with many of its members—Mr. JAMES WILLIAM GROVES, formerly of King's College, London. Mr. Groves entered as a student at St. Bartholomew's Hospital in the year 1870. In the early Seventies Mr. Groves founded the Medical Microscopical Society, a society of medical students interested in microscopical work in connection with medicine. The Society, some of whose members are now well known, met at St. Bartholomew's or at the Westminster Ophthalmic Hospital, the president, we believe, being Mr. Morratt Baker, Lecturer on Physiology at St. Bartholomew's. The Society lived only a few years—indeed, the need for such a body vanished as histology was more systematically taught in the schools. In 1885 Mr. Groves was appointed Curator of the Pathological Museum at King's College, and in 1887 he succeeded the late Professor Bentley as Professor of Botany in King's College. This appointment he resigned in 1892. He subsequently travelled a good deal, and devoted his leisure mostly to photography and country pursuits. Mr. Groves was twice married, and his second wife survives him. He was a careful student of Nature, a good friend, and an amiable companion.

WE regret to announce the death of Professor ADOLF KUSSMAUL, the eminent German clinician, who died at Heidelberg, on May 27th, from the effects of an attack of asthma. He was born at Graben, near Karlsruhe, in 1822, and studied at Heidelberg, where he was appointed Professor of Internal Medicine in 1857. Two years later he accepted a call to the corresponding chair at Erlangen. In 1863 he migrated to Freiburg, and in 1876 he accepted a call to Strassburg where he remained till his retirement in 1889. Professor Kussmaul was the author of several important works. We hope to give a fuller account of his career in a later issue.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Arsène Victor Pigeolet, Emeritus Professor of the University of Brussels, Member of the Belgian Academy of Medicine and of the Belgian Senate, aged 87; Dr. G. B. Méran, one of the founders, and for some years editor in chief, of the *Union Médicale de la Gironde*, aged 81; Dr. Lyman Beecher Todd, of Lexington, Kentucky, who was one of the medical attendants at the death-bed of President Lincoln, who was related to him by marriage, aged 70; Dr. Marie E. Zakrzewska, one of the pioneer medical women of Boston, U.S.A., and foundress of the New England Hospital for Women and Children, aged 73; Professor Carl Böhm von Böhmersheim, Director of the Vienna General Hospital, and author of various papers on surgical and gynaecological subjects, aged 74; Dr. Polailon, Surgeon to the Hôtel Dieu, Professeur Agrégé in the Paris

Faculty of Medicine, Member of the Académie de Médecine, and author of several monographs on operative surgery and various points of surgical pathology, aged 66; Dr. Émile Baudron, Obstetric Physician to the Paris hospitals, aged 38; and Dr. J. Falret, Specialist in Mental Diseases to the Paris hospitals.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

THE NEW REGULATIONS OF THE ROYAL NAVY MEDICAL SERVICE.

WE have received a lengthy communication from "Olim," a former naval medical officer, relative to these regulations, treating especially of the post-graduate hospital courses now sanctioned, and instruction and research in tropical diseases; he also urges the necessity of a fuller recognition by the Admiralty of the professional status of medical officers in the Navy in order to attract well-qualified men in sufficient number. "Olim" deprecates the phrase "should the exigencies of the service permit" regulating study leave, and urges that a post-graduate course should be compulsory for all medical officers when they return from three years or more of foreign service. According to the regulations "every medical officer is required to undergo a post-graduate course of three months once in every eight years (should the exigencies of the service permit), and this as far as possible during his period of service as surgeon, staff-surgeon, and fleet surgeon."

To secure this amount of post-graduate instruction, one-twelfth of the surgeons, one-eighth of the staff surgeons, and about one-ninth of the fleet surgeons, on an average, would require three months' leave for study each year. According to present numbers, this would mean the granting of study leave to some 44 medical officers each year, or 11 each three months. However desirable the further amount of post-graduate instruction advocated by our correspondent might be, we fear that for a time the present undermanned naval medical establishment will not even permit of the post-graduate instruction specified in the regulations being granted. The present authorized establishment of surgeons, staff-surgeons, and fleet surgeons is 502, but there are but 450 at this date, excluding 9 surgeons under instruction on entry, it remains therefore to be seen how soon the requisite number of surgeons can be recruited to permit of the proposed amount of study leave being granted. Our correspondent considers that "there is a great future in store for the naval medical service if properly organized and constituted, so that it can take its proper part in a work of so much importance to a world-wide Power as the subject of tropical diseases. Much work has been done—and is now being done—by other services in this matter, which may still be said to be in its infancy, but no service in the whole world possesses such advantages for the observation and collection of facts as would be in the hands of the naval medical service if only it were duly equipped for the work. . . . If the naval medical service is to become really efficient and do good work for the betterment of medical knowledge, thus becoming deservedly popular and also self-respecting, it must be reorganised on such lines as will lead it on eventually to its rightful and proper position as the leading authority in the world on tropical medicine. This high position should naturally belong to the medical service of the greatest navy in the world, and could be attained without much difficulty. Let the younger men really have something tangible to work at, and drop all the meteorological copy from the ship's log, etc., that at present cumber their journals, and makes the compilation of these records a most wearisome burden."

We concur in advocating that naval medical officers should be encouraged, and efficiently equipped for research in the diseases of warm climates. Gibbs, Dalton, and others have proved their ability for such work, and we understand that in one or more cases necessary equipment has been supplied by the Medical Director-General; but there is room for further outfit for fleets, and hospitals at home and abroad, which might be accessible for ships' medical officers desirous of prosecuting research.

In the BRITISH MEDICAL JOURNAL of May 3rd, p. 1122, we advocated the grant of additional pay for specialists in bacteriology, etc., in the navy as is granted in the army. In the same issue (p. 1123) "M.B., R.N." dwelt on the deficient supply of medicines, etc., in the navy. We are, however, informed that the supply has been recently revised, brought up to date, and that the new scale will shortly be issued to the fleet; indeed, some few ships have already received the new supplies.

"R.N." writes: Mr. Cantlie, in the JOURNAL of May 10th, p. 1182, in comparing the navy and army pay of medical officers, omitted the 10s. a day charge pay of inspectors-general, which makes their pay £1,482 10s., with residence, and not £1,300, as given.

MENTIONED IN DESPATCHES.

WE have much pleasure in drawing attention to the handy little volume, *Mentioned in Despatches (Army and Navy Gazette Office, 1902. Demy 8vo, pp. 114. 18.)*, which affords ready information concerning officers and men who have distinguished themselves in the South African campaign and have received honours up to May 6th, 1902. The gallant men mentioned are, of course, very numerous, but not more than would be expected from the great numbers employed and the many actions of the war. We naturally turn to the distinctions earned by members of the medical services—naval, military, and civil—as follows:

Naval.—Two D.S.O.s.

Military and Civil.—Six V.C.s, one K.C.B. (Sir William MacCormac), twenty C.B.s, two K.C.M.G.s, forty-seven C.M.G.s, and thirty-seven D.S.O.s. Thirty-eight non-commissioned officers and men of the medical branch have received distinguished conduct medals, and one a bar for a medal already won. Forty-eight nursing sisters and other ladies received Royal Red Crosses. Besides the above honours, a number of officers and men of the Royal Army Medical Corps have received steps in substantive rank as special promotion. There are no doubt many others fully

deserving who have neither been mentioned nor received any reward; their merits were unfortunately unobserved, and therefore unrecorded and unrewarded. But such is the fortune of war.

ROYAL ARMY MEDICAL CORPS EXCHANGE.

The charge for inserting notices respecting Exchanges in the Army Medical Department is 5s. 6d., which should be forwarded in stamps or post-office order with the notice, not later than Wednesday morning, in order to ensure insertion in the current issue.

LIEUTENANT-COLONEL R.A.M.C., lately home from India, wishes to exchange abroad, preferably Madras command. Address No. 2750, office of BRITISH MEDICAL JOURNAL.

ROYAL ARMY MEDICAL CORPS.

MAJOR C. G. WOODS, M.D., retires from the service, receiving a gratuity. He was appointed Surgeon-Captain, August 1st, 1885, and Surgeon-Major, May 18th, 1898. He served with the Hazara Expedition in 1888, receiving the Frontier medal with clasp, and in the South African war in 1899-1901; he took part in the defence of Ladysmith, and was slightly wounded in the engagement of January 6th, 1900.

ARMY MEDICAL RESERVE.

SURGEON-CAPTAIN W. A. DINGLE, M.D., is promoted to be Surgeon-Major.

THE NEW WARRANT AND REGULATION.

OSTRACISED enumerated the causes which have hitherto rendered the Army Medical Service unpopular, and hopes the new warrant will remove such as insufficient pay, promotion by seniority only, grudging of honours and rewards, etc., but points out that undermanning and the tacit encouragement of social ostracism do not seem to be grappled with.

INDIAN MEDICAL SERVICE.

COLONEL J. T. B. BOOKEY, C.B., Bengal Establishment, is appointed Principal Medical Officer Punjab Frontier Force and Frontier District.

The undermentioned Lieutenants, on arrival from England, are posted as follows: R. L. HAGGER, to Deesa District; R. M. CARTER, to Poona District; T. G. F. PATERSON, to Poona District; Dr. G. R. S. BAKER, to Sangor (Bengal Command); R. M. BARROW, to Quetta District; L. P. FARRELL, to Poona District.

Captain WILLIAM CARR, M.B., Bengal Establishment, died at Meerut on May 6th, from the result of an accident, aged 32. While engaged bottling whisky from a cask, a severe explosion occurred, it is stated, through some one striking a light to see if the cask was empty. Captain Carr was so seriously burnt that he was removed to the hospital, and succumbed to his injuries. He was appointed Surgeon-Lieutenant, January 29th, 1895, and became Surgeon-Captain three years later. He was in the campaign on the North-West Frontier of India in 1897, including the defence of the Malakand, was mentioned in dispatches, and received a medal with two clasps.

IMPERIAL YEOMANRY IN SOUTH AFRICA.

MR. R. J. MCCLELLAND, M.B., to be Medical Officer, 32nd Battalion, with the temporary rank of Captain.

MR. R. MURPHY, L.R.C.P., to be Medical Officer, 38th Battalion, with the temporary rank of Captain in the army.

IMPERIAL YEOMANRY.

SURGEON-LIEUTENANT-COLONEL W. W. WINGATE-SAUL, M.D., and Surgeon-Lieutenant L. G. S. MOLLOY, M.D., Duke of Lancaster's Own, resign their commissions, and receive new commissions subject to the Military and Yeomanry Act, 1901, retaining their present rank and seniority.

ROYAL GARRISON ARTILLERY (VOLUNTEERS).

SURGEON-CAPTAIN J. W. T. GILBERT, 1st Cinque Ports, is promoted to be Surgeon-Major.

MR. M. B. HAY is appointed Surgeon-Lieutenant in the 2nd Devonshire.

VOLUNTEER RIFLES.

SURGEON-CAPTAIN J. ANDERSON, M.B., 8th Volunteer Battalion the Royal Scots (Lothian Regiment) resigns his commission, and is appointed Captain.

Surgeon-Captain D. STEWART, 1st Volunteer Battalion the Northumberland Fusiliers, is promoted to be Surgeon-Major.

Surgeon-Lieutenant D. G. CAMPBELL, M.B., 3rd (Morayshire) Volunteer Battalion the Seaforth Highlanders, is promoted to be Surgeon-Captain.

Surgeon-Lieutenant T. J. BURTON, M.D., 1st Dumbartonshire, is promoted to be Surgeon-Captain.

VOLUNTEER INFANTRY BRIGADE BEARER COMPANIES.

SURGEON-CAPTAIN W. N. EVANS, from the 1st Volunteer Battalion the Duke of Cambridge's Own (Middlesex Regiment), to be Surgeon-Captain in the 1st London, and to command under para. 55a Volunteer Regulations.

AN ACKNOWLEDGEMENT.

SURGEON-GENERAL H. S. MUIR begs to acknowledge with thanks donations towards the "Y Fund" from Drs. Molloy (Blackpool), Rigby (Preston), J. Gordon Black (Harrogate), Elliston (Ipswich), Colonel Warburton (I.M.S. retired), and the following officers R.A.M.C.: Colonels J. McNamara and Duke, Lieutenant-Colonels Kenny, O'B. White, J. Burge, C. K. Powell, Penton, Donovan, Ward, Nichols, and Hughes; Majors Savage Cockerill, J. D. Alexander, Barnett Wilson, E. M. Hassard, Coleman, Cottell, J. M. Irwin; Captain H. O. Reilly.

The Fund now amounts to £224.

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.

THE APPEAL FOR THE FAMILY OF THE LATE LIEUTENANT-COLONEL BRODIE, R.A.M.C.

ON behalf of the widow and orphans of Lieutenant-Colonel J. F. Brodie, R.A.M.C., for whom an appeal was made in the BRITISH MEDICAL JOURNAL of the 24th May, Colonel Leake begs to acknowledge, with many thanks, the following contributions and to express his cordial appreciation of the kind words of sympathy which accompanied them:—

	£	s.	d.
Surgeon-General A. Keogh, A.M.S. ...	...	5	0
Dr. G. F. Hugill (Balham) ...	...	1	0
Lieutenant-Colonel A. Lang Browne, R.A.M.C. ...	...	1	0
Lieutenant-Colonel Mick Bourke, R.A.M.C. ...	...	1	0
Lieutenant-Colonel F. T. Wilkinson, R.A.M.C. ...	...	1	0
Lieutenant-Colonel E. A. Mapleton, R.A.M.C. ...	...	5	0
Colonel J. M. Namara, R.A.M.C. ...	...	1	0
Colonel G. Leake, R.A.M.C. ...	...	5	0
"K. W. M." ...	...	1	0
Total ...	£21	15	0

MEMORIAL TO THE LATE SURGEON-GENERAL W. NASH.

We are asked to state that the following subscriptions to the above fund have been received by the Honorary Secretary, Major B. M. Skinner, R.A.M.C., 18, Victoria Street, S.W., since the last notification. Cheques should be made payable to Major B. M. Skinner, R.A.M.C. crossed "Sir C. R. McGrigor and Co., Memorial to Surgeon-General Nash," and addressed to Sir C. R. McGrigor and Co., 25, Charles Street, St. James's Square, S.W.

	£	s.	d.
Major I. W. Bullen ...	...	0	10
Colonel M. D. O'Connell ...	...	1	0
Lieutenant-Colonel R. P. Hetherington ...	...	0	10
Previously acknowledged ...	...	90	15
Total ...	£92	16	0

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

Radcliffe Travelling Fellowship—Mr. Herbert S. French, B.M., Christ Church, and Mr. Arthur J. Jex-Blake, B.M., Magdalen College, have been elected to Radcliffe Travelling Fellowships.

UNIVERSITY OF CAMBRIDGE.

Reader in Chemical Physiology—The General Board proposes that Mr. F. G. Hopkins shall be appointed Reader in Chemical Physiology, and Emmanuel College, of which he is a member, has spontaneously offered to contribute £100 a year to his stipend. It is probable that the proposal will be adopted, for Mr. Hopkins, in the position of University Lecturer, has performed services to the University and to science which amply justify his promotion to the higher rank.

Honorary Degrees—Honorary doctorates will on June 10th be conferred on a number of distinguished visitors, among whom are Principal Rücker and Sir Harry Hamilton Johnston.

Degrees—At the congregation on May 26th the following medical and surgical degrees were conferred:—M.B.: H. T. Hodgkin, King's; A. de W. Snowden, Christ's; F. E. Wood, Downing; P. C. H. T. Hodgkin, King's; F. D. Nicholson, King's; G. E. St. C. Stockwell, King's; C. V. Bulstrode, Trinity; G. E. Loveday, Caius; B. Spearman, Caius; R. Spearman, Caius; A. de W. Snowden, Christ's; H. O. Butler, Emmanuel; W. W. Jendwine, Selwyn Hostel.

Examiners—The following are the examiners for the Third M.B. Examination Part II in the ensuing academical year. Medicine: Dr. Isambard Owen, Dr. Humphry, Dr. Greenfield, Surgery: Mr. Clinton Dent, Professor E. Ward, Mr. Edmund Owen. Midwifery: Dr. Handfield-Jones, Dr. Hernan.

Dr. Chase, President of Queens', has been elected Vice-Chancellor for the ensuing year.

Mr. L. Doncaster, King's, has been appointed Assistant to the Superintendent of the Museum of Zoology.

UNIVERSITY OF LONDON.

M.B.—Examination—The following candidates have satisfied the Examiners:

First Division—W. F. Fedden, St. George's Hospital; P. G. Harvey, St. Bartholomew's Hospital.

Second Division—O. L. Addison, University College; F. C. E. Atkinson, St. George's Hospital; T. Aubrey, University College, Bristol, and St. Bartholomew's Hospital; E. W. Bain, London Hospital; H. Barber, Owens College and Guy's Hospital; P. J. Cammidge, St. Bartholomew's Hospital; E. P. Chennells, University College; E. M. Clarke, London Hospital; H. A. Colwell, St. Bartholomew's Hospital; Agnes Emma Dunnett, London (Royal Free Hospital) School of Medicine for Women; Eric Evans, London (Royal Free Hospital) School of Medicine for Women; J. Evans, Guy's Hospital; E. F. Fisher, London Hospital; D. Forsyth, Guy's Hospital; J. G. French, St. Mary's Hospital; F. G. Gibson, Guy's Hospital; A. D. Hamilton, University College, Liverpool, and St. Thomas's Hospital; A. C. Haslam, St. Thomas's Hospital; S. Hodgson, Guy's Hospital;

N. N. A. Houghton, Guy's Hospital; F. M. Howell, St. Bartholomew's Hospital; W. H. Jones, London Hospital; F. S. Longmead, St. Mary's Hospital; W. S. Page, St. Mary's Hospital; R. Phillips, Middlesex Hospital; H. D. Pollard, London Hospital; D. T. Price, St. Mary's Hospital and Bristol Medical School; M. J. Rees, Guy's Hospital; P. Savill, University College; Emily Gertrude Stuart, London (Royal Free Hospital) School of Medicine for Women; G. O. Taylor, London Hospital; V. G. Ward, St. Bartholomew's Hospital; Lucy Wellburn, London (Royal Free Hospital) School of Medicine for Women.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following gentlemen having passed the necessary Examinations and having conformed to the By-laws, have been admitted Members of the College:

J. Acomb, Yorkshire College and General Infirmary, Leeds; C. U. Aitchison, Oxford University and London Hospital; E. G. Allport, Melbourne University and Guy's Hospital; E. W. Alment and A. M. Amsler, St. Bartholomew's Hospital; J. V. Arkle, University of New Zealand and St. Thomas's Hospital; J. H. Ashton, Owens College and Royal Infirmary, Manchester and Edinburgh; S. M. Banham, University College Hospital; J. Barnicot and G. D. Barton, B.A.Camb., Cambridge University and St. Thomas's Hospital; E. Bayley, Charing Cross Hospital; J. M. Bennon, Cambridge University and St. Bartholomew's Hospital; W. Benton, L.S.A.Lond., Charing Cross Hospital and London Hospital; E. Bigg, B.A.Camb., Cambridge University and Guy's Hospital; T. H. Bishop, Edinburgh and Durham University; C. E. Blackstone, Middlesex Hospital; A. de V. Blathwayt and F. E. Bolton, University College Hospital; F. J. Borrie, University of New Zealand and Middlesex Hospital; L. Bousfield, B.A.Camb., and C. V. Bulstrode, B.A.Camb., Cambridge University and London Hospital; G. L. Bunting, Oxford University and Westminster Hospital; P. Burnett, M.D., C.M.McGill, McGill University, Montreal and St. Mary's Hospital; H. H. Butcher and J. Corbin, St. Bartholomew's Hospital; M. W. Cohen, B.A.Lond., Guy's Hospital; H. A. Cutler, B.A.Camb., and H. Davies-Colley, B.A.Camb., Cambridge University and Guy's Hospital; O. J. S. Damian, St. George's Hospital; A. De Morgan, St. Mary's Hospital; A. Donald, M.B., M.S., D.P.H., Glasgow University and King's College Hospital; H. R. Dutton, Middlesex Hospital; J. Evans, Guy's Hospital; E. L. Farncomb, B.A.Oxon., Oxford University and St. Bartholomew's Hospital; T. B. Fawley, University College, Sheffield, Yorkshire College and General Infirmary, Leeds, and Guy's Hospital; W. S. Fox, M.A.Camb., Cambridge University and St. George's Hospital; C. E. Gaitskell, Guy's Hospital; L. U. Geraty, St. Bartholomew's Hospital, University Colleges, Dublin and Sheffield; T. Gibson, St. Thomas's Hospital; D. Gray, Charing Cross Hospital; W. H. Gray, London Hospital; G. W. Greene, B.A.Camb., Cambridge University and London Hospital; R. Griffith, Cambridge University and London Hospital; W. Hackney, M.D., C.M. Trinity, Toronto, London, Ontario and University College Hospital; A. R. Hall, M.D.McGill, McGill University, Montreal, and University College Hospital; L. F. Hanbury, St. Thomas's Hospital; J. J. Hanley, Cork, Massachusetts, and Boston Universities; G. F. J. Harkness, University College Hospital; W. H. Harwood-Yarred, B.Sc.Lond., St. Thomas's Hospital; J. G. Higgins, St. Mungo's College, Glasgow; W. G. Hopkins, St. Mary's Hospital; N. N. A. Houghton, Guy's Hospital; J. L. Howard, M.D., Cooper Medical College, Vienna, and St. Mary's Hospital; T. Howell, University College, Cardiff, and St. Bartholomew's Hospital; G. W. Howland, B.A., M.B.Toronto; A. R. F. Hubbard, Charing Cross Hospital; G. F. Humphrey and P. D. Hunter, Guy's Hospital; O. Jevers, St. Mary's Hospital; J. Jenkins, University College, Cardiff, and University College Hospital; C. P. Johns, B.A., M.B., Queen's University, Kingston, Canada, and University College Hospital; E. A. Jones, M.B.Toronto, University College and Middlesex Hospital; G. H. Kirby, Mason College, Queen's and General Hospitals, Birmingham; R. H. Lee, King's College Hospital; A. Levey, B.A., M.D., C.M., McGill, McGill University, Montreal; G. E. Loveday, B.A.Camb., Cambridge University and St. Bartholomew's Hospital; G. H. Low, St. Bartholomew's Hospital; J. K. Lund, Mason College, Queen's and General Hospitals, Birmingham, and Owens College and Royal Infirmary, Manchester; J. McBryde, B.A.Camb., Cambridge University and St. Bartholomew's Hospital; F. W. Marlow, M.D., C.M., Trinity, Toronto, and University College Hospital; G. Maw, University College Hospital; A. G. H. Michel, Charing Cross Hospital; W. P. Miles, St. Bartholomew's Hospital; F. Morgan, Westminster Hospital; R. M. Nanji, L.M.S.Bombay, Grant Medical College, Bombay; A. C. Nash, Guy's Hospital; C. L. Nedwell, B.A.Camb., Cambridge University and St. Bartholomew's Hospital; J. H. Neil, M.B., Ch.B., New Zealand; A. C. Osburn, Guy's Hospital; L. J. Paton, B.A., B.C., M.B.Camb., Glasgow and Cambridge Universities and St. Mary's Hospital; D. Pennington, B.A.Camb., Cambridge University and St. Bartholomew's Hospital; E. McL. Perkins, London Hospital; W. Pettigrew, University College Hospital and University College, Sheffield; D. J. Phillips, M.D., C.M.Canada, McGill University, Montreal, and London Hospital; L. Pick, St. George's Hospital; A. F. Pilkington, St. Mary's Hospital; C. J. Pinching, B.A.Oxon., Oxford University and Guy's Hospital; A. K. H. Pollock, St. Bartholomew's Hospital; R. M. Ranking, Cambridge University and St. Bartholomew's Hospital; H. G. Rashleigh, Guy's Hospital; G. A. K. H. Reed, St. George's Hospital; O. W. Richards, M.A.Oxon., Oxford University and Guy's Hospital; J. Riddell, M.B., B.S.Melb., Melbourne University and King's College Hospital; H. N. Robson, St. Thomas's Hospital; C. W. Rowntree, L.S.A.Lond., Middlesex Hospital; A. R. Schofield, London Hospital; C. N. Sears, St. Thomas's Hospital; W. M. Shand, M.B., Ch.B.New Zealand, St. Bartholomew's and Charing Cross Hospital; H. F. Skrimshire, Cambridge University and Charing Cross Hospital; H. J. Slade, St. Bartholomew's Hospital; F. W.

Smith, Guy's Hospital; R. H. N. Smith, London Hospital; J. A. Smyth, University College Hospital; R. A. S. Sunderland, St. Bartholomew's Hospital; J. Templeton, St. Mary's Hospital; W. E. J. Tuohy, Guy's Hospital; G. de B. Turtle, Cambridge University, King's College Hospital, and Royal Infirmary, Newcastle; H. Upcott, St. Thomas's Hospital; A. B. Waller and G. S. Ward, London Hospital; N. E. Waterfield, St. Bartholomew's Hospital; E. C. Whitehead, Westminster Hospital; O. T. Williams, B.Sc.Lond., University College, Liverpool; R. C. Wilmot, St. Bartholomew's Hospital; H. P. Wiltshire, B.A.Camb., Cambridge University and Guy's Hospital; W. W. Wingate-Saul, M.A.Camb., Cambridge University and St. Bartholomew's Hospital; G. T. Wrench, Guy's Hospital; J. H. Wroughton, St. Bartholomew's Hospital; B. Yule, University College Hospital.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE following is the result of the elections of the Royal College of Surgeons in Ireland, held on Monday, June 2nd:

President—Mr. L. H. Ormsby.

Vice-President—Mr. Arthur Chance.

Secretary—Sir Charles A. Cameron, C.B.

Council (19). Votes

	Received.		Received.	Votes
Mr. E. H. Bennett	Mr. T. Myles	...
Sir P. C. Smyly	Mr. J. Lentaigne	...
Mr. H. R. Swanzy	Mr. T. Donnelly	...
Sir William Thomson, C.B.	Mr. F. T. P. Newell	...
Mr. Austin Meldon	Mr. R. H. Woods	...
Sir C. A. Cameron, C.B.	Mr. R. B. McCausland	...
Mr. R. D. Purefoy	Mr. J. D. McFeely	...
Mr. H. G. Sherlock	Mr. William Taylor	...
Mr. C. B. Ball	Mr. H. W. Oulton	...
Mr. J. B. Story

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 9,118 births and 4,710 deaths were registered during the week ending Saturday last, May 31st. The annual rate of mortality in these towns, which had been 17.3 and 16.7 per 1,000 in the two preceding weeks, further declined to 16.5 per 1,000 last week. The rates in the several towns ranged from 6.5 in Wallasey, 7.3 in Smethwick, 7.5 in Handsworth, 7.6 in Hornsey, 8.3 in Newport (Mon.), 9 in East Ham, and 9.9 in Willesden, to 22.9 in Liverpool, 23 in Salford, 23.5 in Middlesbrough, 23.9 in Burnley, 24.2 in Rochdale, 24.6 in Burton-on-Trent, 25 in Oldham, and 25.9 in Barrow-in-Furness. In London the death-rate was 16.6 per 1,000, while it averaged 16.5 in the seventy-five other large towns. The mean death-rate from the principal zymotic diseases in the seventy-six large towns was 1.8 per 1,000; in London this death-rate was equal to 2.3 per 1,000, while it averaged 1.6 in the seventy-five other large towns, among which the highest zymotic death-rates were 3.2 in Burnley, 3.4 in Middlesbrough, 3.5 in Sunderland, 3.7 in Rochdale, 3.9 in Tottenham, 4 in South Shields, and 8 in Barrow-in-Furness. Measles caused a death-rate of 1.7 in Bournemouth, 1.8 in Derby, in Bury, and in Sunderland, 2 in Stockton-on-Tees, 3.1 in Rochdale, and 5.4 in Barrow-in-Furness; scarlet fever of 2.1 in Burnley; diphtheria of 1.1 in Middlesbrough and 1.2 in St. Helens; whooping-cough of 1.4 in Birkenhead, 1.6 in West Hartlepool, 1.8 in Barrow-in-Furness, and 3.5 in South Shields; and "fever" of 1.1 in Middlesbrough. Of the 59 fatal cases of small-pox registered last week among persons belonging to these large towns, 48 belonged to London, 7 to Tottenham, and 4 to West Ham. The number of small-pox patients under treatment in the Metropolitan Asylums Hospitals, which had been 1,419, 1,360, and 1,344 on the three preceding Saturdays, had further declined to 1,274 on Saturday, May 31st; 251 new cases were admitted during the week, against 248, 233, and 307 in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital at the end of last week was 2,266, against 2,212, 2,207, and 2,236 at the end of the three preceding weeks; 319 new cases were admitted during the week, against 256, 270, and 280 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, May 31st, 956 births and 624 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 18.1, 19.4, and 20.3 per 1,000 in the three preceding weeks, declined again last week to 19.3 per 1,000, but was 2.8 above the mean rate during the same period in the seventy-six large English towns. The rates in the eight Scotch towns ranged from 15.2 in Leith and 15.9 in Greenock, to 21.1 in Paisley and 25 in Perth. The zymotic death-rate in these towns averaged 1.8 per 1,000, the highest rates being 2 in Leith, and 2.1 in Glasgow. The 307 deaths registered in Glasgow included 8 from measles, 14 from whooping-cough, 2 from "fever," and 6 from diarrhoea. Two fatal cases of measles, 3 of diphtheria, 2 of whooping-cough and 2 of diarrhoea were recorded in Edinburgh; 2 deaths from whooping-cough and 3 from diarrhoea occurred in Dundee; 2 from whooping-cough in Aberdeen; 2 from diarrhoea in Paisley; and 2 from whooping-cough in Leith.

VACCINATION INSTRUMENTS.

SCARIFIER writes: I should be glad to have the opinion of some public vaccinators on the relative advantages of the different vaccination instruments, and which kind meets with the most general approval of the Local Government Board inspectors. Are the needle scarifiers, used in conjunction with the spatula (as the Cooper Rose), generally

considered as satisfactory as the simple vaccinator, such as Stevens's? Weir's vaccinator looks a satisfactory instrument. I have been accustomed for some time to use the charged pin-point; but now, with a vaccination appointment in view, think of adopting other methods.

MEDICO-LEGAL AND MEDICO-ETHICAL.

From communications which we have received recently it appears to be necessary to repeat that we cannot undertake to express any opinion upon medico-ethical cases submitted to us unless we have before us statements by both parties to the controversy.

MEDICAL ETIQUETTE.

MEMBER.—If B. understood that he was acting as A.'s substitute, he should have refused to have continued in attendance. If, however, we may assume that the patient desired to change her medical attendant, it was B.'s duty to see that a courteous letter was written informing A. of the change.

AN OLD MEMBER.—To refuse to meet another practitioner in consultation is a grave matter, and our correspondent must accept the consequences. In our opinion the reason alleged is insufficient, as we think that medical men should set aside their personal feelings under circumstances such as those described by our correspondent.

CHARGES FOR REPETITION OF MEDICINES.

"ALPHA" asks whether any difference is to be made between fees paid for medicine and advice, and those paid for medicines repeated only. Are the former professional fees, and the latter payments for medicines sold to patients?

. They are both usually regarded as professional fees, as each repetition ought only to be dispensed on the advice of the medical attendant.

BOOKKEEPING.

A CORRESPONDENT inquires what is the usual arrangement as regards bookkeeping and sending out of bills (where no bookkeeper is employed) in the case of two partners with equal shares in the practice, the books being kept at the surgery, which is part of the senior's house.

. It is a very general custom in the profession in the case of partnerships for each partner to book the attendances on his own patients, and in due course to send out bills to the same. This system has much to recommend it, as it often happens that only the medical attendant himself knows what fees may be fitly charged without giving dissatisfaction to the patient.

MEDICAL NEWS.

THE annual banquet of the Association of British Postal Medical Officers will be held in the Whitehall Rooms, Hôtel Métropole, on July 17th, at 7.30 p.m.

THE Italian Ophthalmological Association will hold its sixteenth annual congress at Florence on October 12th and four following days.

A BILL authorizing the Boston Institute of Osteopathy to confer the degree of Doctor of Osteopathy has been defeated in the Massachusetts Legislature by 63 votes to 50.

We are informed that Hon. Dr. Lim Boon Keng, M.B., of Edinburgh University, arrived in London on Friday, May 30th, on board the P. and O. ss. *Ceylon*, as one of the Volunteers from Singapore. This fine body of men are the first Volunteers to arrive in this country in connexion with the Coronation contingent.

AN anonymous donor, connected with Hampshire, has undertaken to defray the entire cost (estimated at £4,000) of the building and equipment of a home to accommodate twenty-four patients (who are to be chosen from Hampshire candidates) at Chalfont St. Peter, in connexion with the National Society for the Employment of Epileptics.

PRESENTATION.—Dr. Richard U. Wallace, of Stamford Hill, was recently presented with an illuminated address and a cheque for £700 by his professional brethren and lay friends on the occasion of his returning to practice in Hackney. The presentation was made by Mr. Frederick Snowden, and Dr. Daly said that the medical men in Hackney had found Dr. Wallace an honourable colleague. The Mayor of Hackney said that all classes in the borough had the most kindly feelings towards Dr. Wallace.

A CONGRESS OF MIDWIVES.—Italian midwives recently held their fifth National Congress at Genoa under the presidency

of Signora Brigiano. Among the members of the medical profession present were Professor L. M. Bossi, Senator Edoardo Maragliano, and Professor Canalis. Professor Bossi, in his introductory address, dealt with the problem of foundlings, legitimate and illegitimate, in their relation to the mission of the midwife. The subjects discussed were connected with the progress of the obstetric art and the means of improving the moral and material status of midwives. It was decided that the next meeting of the Congress should be held at Naples in 1904.

THE Belgian Academy of Medicine has taken the initiative in making arrangements for the holding of an international conference for the unification of the formulae of heroic medicaments. The conference will meet at Brussels on September 15th. The following nations have expressed their agreement with the proposal that all civilized countries should come to an understanding as to the establishment of a uniform standard of composition for heroic medicaments in international use: Germany, Great Britain, Austria-Hungary, France, Italy, Spain, Portugal, Holland, the United States, Russia, Denmark, Sweden and Norway, Switzerland, Turkey, Greece, Servia, Bulgaria.

AN OBSTETRICAL AND GYNAECOLOGICAL REUNION.—Arrangements have now been completed for holding the reunion of obstetricians and gynaecologists of the Empire on June 24th, to which reference was made in the *BRITISH MEDICAL JOURNAL* of April 19th, 1902, page 982. A reception by Sir John Williams, Bart.; Dr. Peter Horrocks (President of the Obstetrical Society of London), and Dr. Halliday Croom (President of the British Gynaecological Society), will be held at 20, Hanover Square, at 4 p.m., to which all medical practitioners interested in these subjects are invited, and a dinner, to which all such are invited, will take place at the Whitehall Rooms of the Hôtel Métropole at 7 for 7.30 p.m. Further particulars appear in our advertisement columns.

SOUTH AFRICAN CIVIL SURGEONS' DINNER.—The South African Civil Surgeons' dinner will take place at the Hotel Cecil on Monday, June 9th, at 7.30 p.m. It is particularly requested that all civilian medical men who have served during the recent war in South Africa will endeavour to be present. Medals and orders may be worn. Sir Frederick Treves will be in the chair, and the Director-General and Deputy Director-General of the R.A.M.C. will be the principal guests. There will be only two toasts, those of "The King" and "The Imperial Forces," so as to leave ample time for the chief object of the evening—the renewal of South African friendships and memories. Tickets, price 10s. 6d. each, may be obtained at the door, but the Honorary Secretaries will be glad to be informed beforehand (by letter addressed to them at the College, St. Bartholomew's Hospital, S.E.) of those who intend to join in the dinner.

MEDICAL VACANCIES.

The following vacancies are announced:

- BANBURY: HORTON INFIRMARY.**—House-Surgeon and Dispenser. Salary, £80 annum, with board and lodging. Applications to the Honorary Secretary, 21, Marlborough Road, Banbury.
- BARBADOS GENERAL HOSPITAL.**—Junior Resident Surgeon. Salary, £200 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 Registrar of St. Bartholomew's 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.**—Clinical Assistant. Applications to the Secretary of the Medical Committee by June 9th.
- BRIGHTON, HOVE, AND PRESTON DISPENSARY.**—House-Surgeon. Salary, £80 or annum, with furnished apartments, etc. Applications to the Assistant Secretary, 13, Queen's Road, Brighton, by June 17th.
- 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.
- BRISTOL CITY LUNATIC ASYLUM.**—Medical Assistant; unmarried. Salary, £140 per annum, increasing to £160, with furnished apartments, board, and washing. Applications marked "Medical Assistant," to be sent to the Clerk to the Visiting Committee, The Council House, Bristol, by June 18th.
- ORIENTAL LONDON SICK ASYLUM DISTRICT.**—Assistant Medical Officer, for duty at Cleveland Street or Hendon. Salary, £120 per annum, with board and residence at Hendon. Applications to the Clerk, Cleveland Street, W.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.** Victoria Park, E.—Second House-Physician. Appointment for six months. Salary at the rate of £30 per annum, with board, washing, and residence. Applications to the Secretary by July 2nd.
- EAST LONDON HOSPITAL FOR CHILDREN.** Shadwell, 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.
- EAST LONDON HOSPITAL FOR CHILDREN.** Shadwell, E.—Resident Medical Officer. Salary, and board, residence, and laundry. Applications to the Secretary by July 5th.

FULHAM PARISH INFIRMARY.—(1) Second Assistant Medical Officer. Appointment for six months. Salary at the rate of £8 per annum. (2) Locum Tenens for ten weeks. Remuneration 4 guineas per week. Board, furnished apartments, and washing provided in each case. Applications to the Medical Superintendent of the Infirmary, St. Duns at's Road, Hammersmith, W., for (1) by June 10th.

GLASGOW: ST. MUNGO'S COLLEGE.—Norman Chair of Physiology. Applications to the Secretary, 93, West Regent Street, Glasgow, by June 3rd.

HEREFORD COUNTY AND CITY ASYLUM.—(1) Senior Assistant Medical Officer; unmarried, and not over 30 years of age. Salary, £150 per annum. (2) Junior Assistant Medical Officer; not over 28 years of age. Salary, £100 per annum. Board, lodging, and washing provided in each case. Applications to the Medical Superintendent.

HOLLOWAY AND NORTH ISLINGTON DISPENSARY.—Honorary Medical Officer for Branch Dispensary, Balls Pond Road. Applications to the Secretary, Holloway Dispensary, Palmer Place, Holloway Road, N.

KENSINGTON DISPENSARY AND CHILDREN'S HOSPITAL. Church Street, Kensington, W.—Resident Medical Officer; unmarried and under 35 years of age. Salary, £100 per annum, with furnished apartments, board, etc. Applications to the Honorary Secretary by June 15th.

LONDON HOSPITAL, Whitechapel, E.—(1) Assistant Surgeon. (2) Surgical Registrar, salary, £100 per annum. Applications to the House-Governor by June 27th.

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.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC. Queen Square, W.C.—Assistant Physician. Applications to the Secretary by June 11th.

NORTHAMPTON ST. ANDREW'S HOSPITAL FOR MENTAL DISEASES.—Junior Assistant Medical Officer, unmarried. Salary, £150 per annum, rising to £200, with board, furnished apartments, and washing. Applications to the Medical Superintendent by June 21st.

NORWICH NORFOLK AND NORWICH HOSPITAL.—Second Assistant House-Surgeon. Appointment for six months. Honorarium, £20. Applications to the Secretary by June 15th.

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, etc. Applications to the Resident Medical Superintendent by June 11th.

ROYAL DENTAL HOSPITAL OF LONDON AND LONDON SCHOOL OF DENTAL SURGERY. Leicester Square.—Lecturer on Dental Anatomy. Applications to the Dean by June 19th.

ROYAL EAB HOSPITAL, Soho, W.—House-Surgeon; non-resident. Small honorarium given. Applications to the Honorary Secretary, Medical Board, by June 28th.

ST. MARLEBONE GENERAL DISPENSARY. 77, Welbeck Street, W.—Resident Medical Officer. Salary, £150 per annum, with furnished apartments, etc. Applications to the Secretary by June 10th.

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

SALOP AND MONTGOMERY COUNTIES LUNATIC ASYLUM. Bilton Heath, near Shrewsbury.—Medical Superintendent; not exceeding 45 years of age. Salary, £650 per annum, with unfurnished house, etc. Applications, on forms provided, to be sent to W. Baxter, Clerk to the Committee of Visitors, Shirehall, Shrewsbury, by June 30th.

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

STAFFORDSHIRE GENERAL INFIRMARY.—(1) House-Surgeon. Salary, £130 per annum, with board, lodging, and washing. Applications to the Secretary by June 11th. (2) Assistant House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to the House-Surgeon.

STAFFORDSHIRE COUNTY ASYLUM. Stafford.—Junior Assistant Medical Officer; unmarried, and not over 30 years of age. Salary, £150 per annum, rising to £200, with furnished apartments, board, etc. 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.

WEST LONDON HOSPITAL, Hammersmith Road, 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 30 years of age. Salary, £120 per annum, rising to £130, with board, residence, attendance, and washing. Applications to the Medical Superintendent.

MEDICAL APPOINTMENTS.

ARNOLD, M. B., M.B., Ch.B. Viet., appointed House-Physician to the Manchester Royal Infirmary.

CLAREMONT, Claude C., M.D., appointed Physician to the Royal Portsmouth and Gosport Hospital, vice J. Watson, M.D., appointed Consulting Physician.

COLLIN, Thomas S., L.S.A., appointed District Medical Officer of the Howden Union.

CULMER, Ptolemy Augustus, M.R.C.S. Eng., L.R.C.P. Lond., L.S.A., appointed Medical Officer and Public Vaccinator to No. 2 District Ryemill Union.

COWDEN, W. J., M.D. R.U.I., M.Ch., appointed Certifying Factory Surgeon for the Dromore District, County Down.

EYRE, J. W. H., M.D., appointed Bacteriologist to Guy's Hospital.

FLOYER, Frederick Anthony, B.A., M.B. Camb., M.R.C.S. Eng., L.S.A. Lond., Civil Surgeon attached to Connaught Hospital, Aldershot, appointed a Government Medical Officer British Central Africa to proceed to Zomba, B.C.A.

GOWLAND, W. P., M.R.C.S., L.R.C.P. Lond., appointed House-Surgeon to the Manchester Royal Infirmary.

GREAVES, R. B., B.S., M.B., appointed Medical Officer for Third District and Public Vaccinator for First District of Ecclesall Bierlow Union.

GREEN, Reginald, M.D., B.S., D.Hy. Durh., M.O.H. Gateshead, C.B., appointed Medical Officer of Health Officer to Fever Hospitals of the Kings Norton and Northfield Urban District Council.

HEWITT, F. W., M.A., M.D. Cantab., appointed Physician-Anaesthetist to St. George's Hospital.

JELLY, G. Aubrey, F.R.C.S. Edin., L.R.C.P. Lond., appointed Assistant Surgical Officer of the Manchester Royal Infirmary.

LAMB, William, M.D., O.M. Edin., M.R.C.P. Lond., appointed Honorary Surgeon to the Birmingham and Midland Bar and Throat Hospital, vice Charles Warden, M.D., resigned.

MARCOMET, Archibald, M.B., Ch.B. Aberd., appointed House-Surgeon to the Paddington Green Children's Hospital.

MADE, J. Noonan, appointed Medical Officer and Public Vaccinator for Lybster, Caithness.

MILLER, G. Victor, M.D., appointed Consulting Ophthalmic and Aural Surgeon to the Stockton and Thornaby Hospital.

MITCHELL, J. E., M.B. Durh., appointed District Medical Officer of the Tynemouth Union.

MOORHEAD, T. Gillman, M.B., R.Ch.T.C.D., L.M. Rotunda, appointed Assistant Physician to Sir Patrick Dun's Hospital, Dublin.

PASMORE, Edwin Stephen, M.D. Lond., appointed Medical Superintendent to the Croydon Borough Lunatic Asylum, Warrington.

SHORLAND, George, M.R.C.S., L.R.C.P. Lond., appointed District Medical Officer of the Westbury Union.

THACKRAY, C., M.R.C.S., L.R.C.P. Lond., appointed First Assistant Medical Officer to the Bethnal Green Infirmary.

WATTS-SILVERSTER, Thomas Henry E., M.R.C.S. Eng., L.R.C.P. Lond., appointed Assistant Medical Superintendent of the Brentford Union Infirmary.

WILSON, B. M., M.B., B.Ch. Viet., appointed House Surgeon to the Manchester Royal Infirmary.

WILSON, Geoffrey R., B.C. Camb., appointed House-Physician to the Paddington Green Children's Hospital.

WOLFEVERSON, Sidney, M.D. Lond., F.R.C.S. Eng., appointed H.M. Certifying Factory Surgeon for the Chesterfield District.

ST. THOMAS'S HOSPITAL.—The following gentlemen have been selected as House-Officers from Tuesday, June 3rd, 1902:
House-Physicians.—H. W. Sinclair, M.B. Lond., L.R.C.P., M.R.C.S.; K. E. Crompton, B.A., M.B. Cantab.
Assistant House-Physicians.—A. D. Hamilton, M.B. Lond., L.R.C.P., M.R.C.S.; C. H. Sedgwick, B.A., B.C. Cantab.
Obstetric House-Physicians.—(Senior) T. D. Miller, L.R.C.P., M.R.C.S.; (Junior) R. E. Roberts, M.B., B.Sc. Lond.
Several other gentlemen have received an extension of their appointments.

DIARY FOR NEXT WEEK.

TUESDAY.

Royal Medical and Chirurgical Society. 20, Hanover Square, W., 8.30 p.m.—Adjourned discussion on some General and Etiological Details concerning Leprosy in the Sudan; and Leprosy in Natal and Cape Colony. Mr. Hastings Gilford: An Account of a Disease which is characterized by Conspicuous Delay in the Processes of Growth and Development—Ateleiosis.

University of London Physiological Laboratories. South Kensington, 5 p.m.—Dr. Waller: The Signs of Life.

WEDNESDAY.

Dermatological Society of London. 11, Chandos Street, Cavendish Square, W., 5.15 p.m.—Demonstration of Cases of Interest.

University of London Physiological Laboratories. South Kensington, 5 p.m.—Dr. Leonard Hill: The Physiology of Respiration.

THURSDAY.

British Gynaecological Society. 20, Hanover Square, W., 9 p.m.—Dr. Herbert Snow: Is there any real Decidua Maligna? Instruments and specimens will be shown by Dr. Heywood Smith and others.

Ophthalmological Society of the United Kingdom. 11, Chandos Street, Cavendish Square, W., 8.30 p.m.—Cases and specimens by M. T. Yarr, J. H. Parsons, L. Buchanan, S. Mayon, A. Lawson, and W. T. H. Spicer. Papers.—W. C. Rockliffe: (1) Further Note on a Case of Secondary Carcinoma affecting both Eyes; (2) Notes on a Case of Leprosy Ulcer of the Cornea. A. Brønner: Note on Two Families with Congenital Microphthalmos and Cataract. Leslie Buchanan: Keratitis: Evidence of Proliferation of the Cornea Corpuscles. H. Herbert: Colloid Degeneration of the Conjunctiva.

FRIDAY.

Ophthalmological Society of the United Kingdom. 11, Chandos Street, Cavendish Square, W., 4.30 p.m.—Bowman Lecture. Professor Fuchs (Vienna): On Keratitis.

POST-GRADUATE COURSES AND LECTURES.

Charing Cross Hospital, Thursday, 4 p.m.—Demonstration of Medical Cases.

Hospital for Consumption and Diseases of the Chest, Brompton, Wednesday, 4 p.m.—Lecture on Bronchiectasis.

Hospital for Sick Children, Great Ormond Street, W.C., Thursday, 4 p.m.—Demonstration of Selected Cases.

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, eye.

National Hospital for the Paralyzed and Epileptic, Queen Square, W.C., Tuesday, 3.30 p.m.—Lecture on Anterior Poliomyelitis.

West London Hospital, Hammersmith Road, W. Lectures will be delivered at 5 p.m. as follows:—Monday: Treatment of Injuries. Tuesday: Anteflexion of the Uterus. Dysmenorrhoea and Sterility. Wednesday: Dementia and Paralytic Dementia. Thursday: Medical Anatomy and Physical Diagnosis. Friday: Chronic Poisoning by Minute Doses of Lead and Arsenic.

Westminster Hospital, S.W., Tuesday, 4.30 p.m.—Demonstrations.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 5s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

BIRTHS.

COPPEMAN.—On June 1st, 1902, at 57, Redcliffe Gardens, S.W., the wife of Sydney Monckton Coppeiman, M.D., F.R.C.P., of a daughter.

HEWETSON.—At 85, Edmund Street, Birmingham, on May 27th, to the wife of John T. Hewetson, M.D., F.R.C.S. Eng., a son.

MURRAY.—At Ravenscourt Park Crescent, Llandrindod Wells, on the 2nd inst., the wife of John Murray, M.B., O.M. Glasg., of a son.

WOODS.—On May 28th, at 39, Merrion Square, Dublin, the wife of Robert H. Woods, M.B., F.R.C.S.I., of a son.

WATFORD.—On June 3rd, at West End Lane, West Hampstead, the wife of John Wreford, M.B., B.Hy., M.R.C.S., L.R.C.P., of a son.

MARRIAGES.

CODD—LEESON.—On the 3rd instant, at Sutton Coldfield Wesleyan Church, by Rev. John Codd (father of the bridegroom), assisted by Rev. W. R. Dent and Rev. R. S. Armsby, B.A., John Alfred Codd, M.D., B.Sc. Lond., of Wolverhampton, Honorary Assistant Physician Wolverhampton General Hospital, to Jennie, daughter of Mrs. Leeson, of Sutton Coldfield, and the late J. H. Leeson, of Moseley, Birmingham.

LEWIS—SEATON-TAYLOR.—On June 3rd, at St. George's, Bickley, by the Rev. J. Lewis, Vicar of Ford, Shrewsbury, father of the bridegroom, assisted by the Rev. W. A. Carroll, Vicar of the Parish, Cecil Ernest Millington Lewis, M.A., M.D. Cantab., M.R.C.S. Eng., L.R.C.P. Lond., to Blanche Helen, elder daughter of F. Seaton-Taylor, Esq., Littlecourt, Bickley.

M'NEILL DUFFEY.—June 3rd, at Christ Church, Leeson Park, by the Rev. A. L. Elliott, M.A., Rector of Killiney, cousin of the bridegroom, and the Rev. Charles Dowse, M.A., Rector of the Parish, John Hill Trevor M'Neill, B.A., Barrister-at-Law, second son of John M'Neill, Highfield Road, Dublin, formerly of Hillmount Co. Antrim, to Esther Frances, second daughter of Sir George Duffey, M.D., past President of the Royal College of Physicians, Ireland, 30, Fitzwilliam Place, Dublin, and niece of Sir Charles Cameron, Baronet, D.L., Balclutha, Greenock.

DEATHS.

GARDINER.—At Parker Cottage, Luncarty, Perthshire, on May 22nd, Duncan Forbes Gardiner, M.B. and C.M., Th. Beeches, Beigham, near Sheffield.

LOCKHART-GILLESPIE.—At 12, Walker Street, Edinburgh, on May 29th, Marjorie Edith, aged 9 months, daughter of A. Lockhart-Gillespie, M.D., F.R.C.P.E.