

d. Drainage of the cerebral ventricles, either externally or into the meninges.

e. Application of various solutions (chiefly iodine) to the interior of the cerebral ventricles. What experience I have had of this method has impressed me favourably. It is not, however, devoid of risk. The amount and the strength of an injection will depend on the degree of dilution likely to occur internally, that is, on what the operator knows, from previous drainage or otherwise, of the amount of fluid present. In any case, for a first injection something less potent than Morton's fluid should be employed.

To those familiar with the literature of the subject it will be evident that certain of these methods of attempted treatment of hydrocephalus have been already brought forward by others. With reference to method (c), since I published it, in July, 1898, I observe that it has been independently published by another surgeon, and may have been so previously. My experience of its effects has not been sufficiently extensive to warrant my putting it forward in other than a tentative way.

Exception has been taken by more than one critic to my formerly-published opinion that "open operation" (that is, excision of spina bifida) "in suitable cases has a mortality little, if at all, higher than has the operation for the radical cure of inguinal hernia." That opinion I believe to be well founded.

The two cases detailed above were treated throughout as out-patients at the Glasgow Children's Hospital; and, without at present submitting a statement of all cases of spina bifida treated by excision, or of all cases of spina bifida and hydrencephalocele treated as out-patients after excision or injection, it may be well to submit here a statement of the cases of spina bifida which I have treated as out-patients after excision at the Glasgow Children's Hospital. These, I find, have numbered nine in all. One of the nine, however, was treated at the time in which I had made it a rule to attempt operative cure in all cases of spina bifida without exception. It was brought, aged 1 week, in January, 1898. Obviously very ill, with temperature 100.4°C , the infant had a collapsed and sloughing spina bifida in the dorsal region which was said to have ruptured during birth. This I at once resected under chloroform. The child died on the sixth day after operation, having developed an eruption which was pronounced by a medical man to be chicken-pox, but which, to my mind, was probably due to pyaemia or septicaemia. It is evident that this case with its sloughing sac and developing meningitis should not be placed with the others. Of the 8 cases which were non-septic at the time of operation, 6 are at present alive and well; 1 (J. B.) died as the result of operative preparations; and 1 (H. H.) died of whooping-cough three years after operation. The subjoined is the complete list:

Cases of Excision of Spina Bifida; Treated after Operation as Out-patients at the Children's Hospital, Glasgow.

Name.	Date of Operation.	Age at Operation.	Result.	Present Condition.
1. H. H.	July 3rd, 1896	3 months	Primary healing	Died of whooping cough in 1899.
2. A. McI.	Jany. 6th, 1899	2 weeks	" "	Healthy.
3. J. B.	Feby. 3rd, 1899	3 weeks	Died from "carbolic acid poisoning on eighth day, at which time wound had healed and sutures been removed	
4. D. H.	June 19th, 1900	7 weeks	Primary healing	Healthy.
5. M. McG.	Aug. 7th, 1900	5 months	" "	
6. F. S.	" "	2 months	" "	
7. G. M.	Aug. 6th, 1901	2 months	" "	
8. B. B.	Nov. 23rd, 1901	3 weeks	" "	

NOTE.—Since the foregoing cases were tabulated two further cases (both meningoceles) have been treated as out-patients after excision at the Children's Hospital, Glasgow. Both healed by first intention.

Six of the cases were pure meningoceles. Of these, Case II was one of the largest spina bifida sacs I have seen. The parents were afraid to lift the child for fear of the sac "tearing away," and it was so extensive and thin that I felt constrained to remove it then and there, and did so.

Case VIII contained nerve cords and neuromata, and is detailed above. Case IV, which was a cervical sac, presented the peculiarity that the neck of the sac felt solid, and gentle pinching of the solid part produced smart jerking upward of the lower limbs, after the manner of the wooden figure toy on pulling the string. At the operation the solid portion was found to be a geniculate bend of the spinal cord into the neck of the sac, to cover which specially large flaps had to be dissected up. For a time after operation the jerking of the legs could be excited at the observer's will, but of late the coverings have become more tough. The child has been late in walking, but is now, at the age of nearly two years, commencing to walk, apparently normally (so far as can yet be judged), and is otherwise well.

Case III died of acute gastro-enteritis, produced, apparently, by absorption of carbolic acid. Carbolic acid poisoning has occurred in several of the cases of spina bifida I have seen, though in this one alone with fatal effect. The case is mentioned in the paper of 1899,⁴ and the following is the note there:

"On the morning of the operation the child was found to be suffering from carbolic acid poisoning. Its urine was blackish-green when passed, and the child was markedly collapsed, and vomited frequently. In three cases I have seen such symptoms follow the application of carbolic dressings to spina bifida sacs prior to operation; and it seems not improbable that the very thin parietes, bathed on one side by serous fluid, offer conditions under which absorption from the outside may occur with great facility. On the two former occasions on which symptoms of carbolic poisoning were present I deferred operation. On this occasion the child appeared so ill that I thought it better to proceed with the operation in the hope that the evacuation of the contents of the sac might lead to relief of the symptoms. Unfortunately this did not occur. The symptoms persisted, and were aggravated by increase of the vomiting and diarrhoea, with evidence of acute gastro-intestinal irritation, accompanied by subnormal temperatures. The wound, in spite of the child's increasing weakness, healed before death occurred from exhaustion on the eighth day."

Since the date of the foregoing I have seen toxic effects of carbolic acid in several further cases. Indeed, Case VIII was an instance in point. The urine here was blackish-green for three days after operation. In this case no dressing was applied beforehand; the parts were washed, cleansed with turpentine and spirit, and merely sponged with 1 in 40 carbolic lotion just prior to operation. The instruments used were placed in 1 in 60 carbolic lotion, and the dressing was cyanide gauze sparingly moistened with 1 in 40 carbolic lotion. The entire quantity of carbolic acid to be absorbed had been purposely reduced to a minimum, but proved sufficient to affect the urine.

In reviewing a somewhat extensive list of cases of spina bifida, hydrocephalus, and hydrencephalocele treated by operation in hospital and private practice, I am conscious of a growing belief that infants of tender age operated on for these and various other surgical affections fare at least as well in the care of their mothers as in the wards of a hospital, however well-conducted and efficient in the treatment of older beings.

REFERENCES.

¹ BRITISH MEDICAL JOURNAL, October 15th, 1898, and *Glasgow Hospital Reports*, vol. ii, 1899. ² *Glasgow Hospital Reports*, vol. ii. ³ BRITISH MEDICAL JOURNAL, October 15th, 1898 (7 cases since). ⁴ *Glasgow Hospital Reports*, vol. ii.

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

ON THE EMPLOYMENT OF ADRENALIN AS AN ADJUNCT TO THE LIGHT TREATMENT OF LUPUS.

WHEN Dr. Takamine delivered his address on adrenalin in Edinburgh, and demonstrated its singular power of blanching a mucous surface, it occurred to me that this property might be utilized in the light treatment of lupus, seeing that the

efficacy of this largely depends on the completeness with which we can render anaemic for the time the part exposed. Finsen has shown that blood circulating over or in the lupus area almost perfectly counteracts the penetration of the ultra-violet rays, and neutralizes their destructive effect on the tubercle bacilli. Pressure, therefore, had to be resorted to so as to drive away the blood—in his lamp exercised by the nurse, who continuously squeezes the part under treatment with a plano-convex lens fixed in a suitable handle; or in the Marshall and Woods by the patient firmly applying the surface to be acted on to the lens itself, which forms an integral portion of the lamp. This no doubt carries out the idea, but as this pressure must from the nature of things be variable, and to some extent intermittent, there is experienced a loss in the continuity of the energy. It stands to reason, therefore, if we can by chemical means obtain the same effect while still exercising pressure, we shall intensify the action of the beams converging on the part. Adrenalin, however, does not whiten the skin to anything like the same degree as it does a mucous surface, still it does occasion a considerable paling of the integument. Since the introduction of a Marshall and Woods lamp to my department in the Royal Infirmary here, I have employed it in several of the cases at present under treatment, and with very satisfactory results. The cases best suited for it seem to be those in which the patch is fairly small and is not ulcerated.

When adrenalin in the 1 in 1000 solution is closely applied by means of a piece of absorbent cotton-wool moistened with it for ten to fifteen minutes to such a patch, the effect produced is a distinct paling of the skin round the lupus spot, but strange to say no great diminution of redness in the lupus area itself, which is still quite conspicuous in the centre of the whitened area.

This corresponds to our experience with the diascopos as a means of diagnosis in lupus. The glass when pressed against the lupus patch fails to blanch completely the spot to which it is in apposition, even if very considerable force be used. The lupoma persists in the white environment as a dusky, ill-defined speck, varying in size in individual instances. In the same way pressure in course of treatment does not wholly etiolize the area pressed on, as can be verified by looking at the spot through the crystal lens, yet the effect produced by light on the lupus patch after the employment of adrenalin is certainly greater than in cases where it has not been had recourse to. The reaction is more quickly obtained, the tendency to blister is enhanced, there is more rapid flattening down, and the obliteration of the lupoma is accelerated. Thinking that a still better result might be attained were the affected area brought more nearly into the condition of a mucous surface by thinning down the epidermis or by causing it to exfoliate, the application for several days of pieces of Beiersdorf's salicylic and creosote plaster muslin, a method useful in itself in the treatment of lupus, was tried. Though in this way the part became red all over, swollen, and tender, it could not be perceived that the adrenalin bleached more than if this preliminary measure had not been pursued, and as the process was itself painful, it was abandoned after a fair trial. I am inclined to think that part at least of the good effect of the light treatment is ascribable not merely to its action on the lupus area itself, but also to an influence which it exerts on the surrounding and apparently uninvolved skin.

W. ALLAN JAMIESON, M.D., F.R.C.P.E.,
Physician for Diseases of the Skin, Royal Infirmary, Edinburgh.

MENSTRUATION IN A NEWLY-BORN FEMALE CHILD WITH CONVULSIONS.

THE following case which lately came under my observation is unique in my experience, and is, I think, worthy of being placed on record:

On March 24th Mrs. C. was delivered of a healthy-looking female child at full term, and, although nearing 40 years of age, she had a rapid and easy labour. Labour began in the early morning with rupture of the membranes, and during the day progressed slowly. I saw her at about 6 p.m., and did not anticipate that it would end for another five or six hours. However, I was called hurriedly in less than two hours, and before I could reach the house the child was born, and a trained nurse who was in attendance had managed everything well.

On the following morning I saw mother and child at about 10 a.m., and found both in a very satisfactory condition, so that I was somewhat surprised when in about an hour afterwards I received an urgent message to visit again. On arriving I found the child in a peculiar condition. The whole body was more or less livid, but this was more marked at the extremities and about the nose and mouth. Along with this there were general convulsive twitchings of the muscles all over the body, but specially marked in hands and feet and over the face, including the eyeballs. Relaxation occurred at times, and the child's colour improved.

I examined the child carefully, including heart and lungs, and could find nothing abnormal. The temperature in the rectum was normal, but the surface of the body, and especially of the face, hands, and feet, was cold. The child had not been at the breast, and had only had a little sweetened toast water. The bowels had been opened, and urine had been passed. There was no vomiting nor diarrhoea. I prescribed small doses of chloral and bromide. In the evening the child seemed somewhat better, and the convulsive movements were much slighter.

Next morning the improvement was maintained, but it was not free from the convulsive twitchings. A careful examination was again made of the heart and lungs, but again with a negative result. The temperature remained normal in the rectum.

On visiting in the afternoon the nurse called my attention to a discharge of blood on its napkins, and on examination it was seen to be vaginal in origin. As discharge resembling menstruation has occasionally been observed in female children soon after birth, I concluded that this was a case of the kind; and it occurred to me at once that the nervous disturbance from this cause might account for the other peculiar symptoms, and that if so, they would in all probability soon cease. I am glad to say that the further progress of the case confirmed this view. The discharge lasted for three days, and during this time the nervous symptoms gradually subsided and ceased altogether with its cessation. Since then the child has remained perfectly well, and the menstrual discharge has not recurred up till now (May 3rd).

WM. FREW, M.D.,
Physician, Kilmarnock Infirmary.

A GALL STONE SIMULATING CANCER.

MR. G., aged 67, of medium stature, anaemic, toothless, jaundiced, badly nourished, and of weak constitution, had on several occasions attacks of haemoptysis and haematemesis. During the last eighteen months he suffered from loss of appetite, vomiting, and severe pain. The attacks were repeated two or three times weekly and extended, sometimes over twenty-four, occasionally even over thirty-six hours. At such times the symptoms simulated intestinal obstruction. On several occasions he brought up large quantities of blood, and his age, cachectic state, and inability to assimilate food indicated the possibility of the disease being cancer. He was treated for the latter by several practitioners without experiencing the least relief or improvement; one eminent physician even suggested an operation for cancer ventriculi.

The first time I saw him I ordered nourishing enemata and slight massage in the gastric region. This treatment seemed to improve his strength and general health, and he felt some relief, the attacks of pain being not quite so severe; but though slighter in intensity they recurred with almost the same frequency as before. After a time his weakness began to increase, and he became gradually reduced practically to a skeleton. There were still repeated attacks of coffee-ground vomiting; no tumour could, however, be detected.

One morning about 4 o'clock I was called in great haste. At the door I was met by his daughter, who informed me that it was too late, as her father was already dead. As I make it my rule to inspect the dead before issuing a certificate, I went into the sick room. I found him lying in a bed surrounded by burning candles and men chanting psalms. To my great surprise and satisfaction I found his pulse still beating, and by means of artificial respiration succeeded in reviving him. On regaining consciousness, he complained of very severe pain in the anal region. On examination, there seemed to be a foreign body obstructing the entrance; it was with great difficulty that by means of the finger I succeeded

in removing the foreign body, which proved to be a gall stone about the size of a large walnut, with corrugated surface, but displaying a polished concavity about half an inch deep and marked with concentric rings on one side. The weight of the stone, which is in my possession, is 259 gr.

Since passing this stone the man has improved rapidly, and has experienced no more attacks of pain or any inconvenience whatsoever.

BERNHARD MORRIS, M.D.(Dorp.), L.R.C.P.&S.E., F.F.P.S.&G.
Commercial Road, E.

MUMPS IN MOTHER AND INFANT.

THE incubation period in contagious parotitis is generally considered to be of long duration. A Committee of the Clinical Society of London reported that it might vary from fourteen to twenty-five days; J. Lewis Smith gives nine to twenty-one days; and Biedert and Demme believed it might be as short as eight days.

The following case is therefore of interest, in that it either still further reduces the incubation period, or involves, as an alternative, the interesting possibility of an antenatal infection:

Mrs. W., aged 24, who had never previously had mumps, was confined with her first child on March 17th last. The child was a well-developed boy, and both progressed uneventfully until the morning of the 23rd, when a well-marked swelling of the child's right submaxillary gland was noticed. This was pointed out to me, but I did not appreciate its significance till the next day, when the mother complained of a painful swelling in her left submaxillary gland, and her temperature rose to 103° F. The right parotid of the child became involved on the second day, and he took the breast with difficulty.

A diagnosis of mumps was made, as there were several cases in the same street. The mother had a great deal of pain and swelling, followed by considerable debility. The child gradually recovered, the glands becoming normal in about three weeks; no swelling of the testicles was observed.

The day before attending the confinement I had seen a case of mumps, and might possibly have conveyed the infection. The mother, however, lived in a densely-populated street, in which mumps was prevalent, and might equally well have become infected before the confinement. Granting the infection of the child occurred at birth the incubation period would be seven days, which is less than in any recorded case, and at least suggests the possibility of an antenatal infection.

Edgbaston.

HENTON WHITE, M.D., F.R.C.S.Edin.

THE INCUBATION STAGE OF VARICELLA.

J. T., admitted to hospital on April 29th suffering from diphtheria, developed varicella on May 25th. On careful inquiry we can exclude all sources of infection save the fact that his sister at home was suffering from varicella. He had no visitors during the interval. This would make the incubation stage nearly correspond to Trousseau's limit of twenty-seven days.

JOHN MARSHALL DAY, M.D.,

Resident Medical Officer, Cork Street Hospital, Dublin.

THE OPERATIVE TREATMENT OF BUNIONS.

THREE very troublesome cases of bunions to treat, all in young women, had been under treatment for some time, and I was quite tired of strapping, paints, socks, toe posts, and special boots. They were severe cases, and so persuaded operation. I was extremely surprised at the easy way the metacarpal bones could be exposed and their heads removed; in each case the phalanx above appeared dislocated. My first case was put up in a carefully-adjusted L splint, and was able to walk about the house in fourteen days. The remaining two were treated simply with wool dressing, and with like result. Slight passive motion was commenced on the seventh day, but not pressed, as I expected that walking about as soon as possible would be sufficient to do that.

Both feet were in each case done. The wounds healed by primary union, and all three women are extremely pleased with the result.

Tunbridge Wells.

J. THEODORE ABBOTT, F.R.C.S.I., etc.

REPORTS

ON

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

CO. ANTRIM INFIRMARY, LISBURN.

TWO CASES OF SPINA BIFIDA TREATED SUCCESSFULLY, ONE BY INJECTION OF MORTON'S FLUID AND THE OTHER BY EXCISION.

(Under the care of GEORGE LOMBE ST. GEORGE, M.R.C.P.I.,
L.R.C.S., Surgeon to the Infirmary.)

CASE I.—R. T., aged 7 days, was admitted to the hospital on October 5th, 1901. She had a spina bifida of the fourth and fifth lumbar vertebrae. The tumour was about the size of a small orange, and covered for about two-thirds by normal skin, but ending for the upper third in a membrane with a distinct margin; this membrane was beginning to show signs of ulceration. The tumour was markedly distended when the child cried or struggled, but there was no paralysis of the lower limbs or distension of the fontanelles.

On October 7th, the tumour having been thoroughly cleansed and made aseptic with sublimate lotion (1 in 2,000), the child having been anaesthetized with chloroform, the base of the tumour was punctured with a fine trocar, and after allowing about two-thirds of the contents to escape a drachm of Morton's fluid was injected slowly through the cannula. On withdrawing the cannula the opening was firmly grasped, and painted over with a solution of iodoform in flexile collodion, in order to close the orifice. The whole tumour sac having been painted with the collodion and iodoform, it was covered with iodoform gauze and absorbent wool. The child seemed to suffer greatly from shock after the operation. The temperature rose to 103°, and remained high for some days. The tumour began to fill again, though the walls seemed much more consolidated after a few days.

On October 21st the tumour was again tapped, and some fluid having been drawn off the sac was injected as before, and painted with the iodoform collodion. The temperature did not rise on this occasion to any appreciable extent, nor did the child seem to suffer so much from shock, but there was great wasting of the limbs and constipation. She was therefore put on cod-liver oil and malt (Kepler) and Mellin's food. Under this form of food she rapidly improved in weight and appearance. The walls of the sac were now becoming shrivelled and more and more consolidated except in the centre, where a small piece of membrane still remained.

On December 21st this piece was carefully dissected round, in the expectation of finding it communicating with the sac itself, but it did not do so. The flaps of skin were therefore closed over the opening, so as to provide a fine covering. The child did well, and made rapid recovery, being shown at the meeting of the North of Ireland Branch of the British Medical Association, in Belfast, on January 23rd, 1902, and was discharged from hospital on February 7th, only a fine cicatrix remaining.

CASE II.—S. L., aged 3 weeks, was admitted to the hospital on October 26th, 1901, suffering from a spina bifida of the seventh cervical vertebra. In this case the tumour was covered by skin completely. As the child was suffering from boils, the operation was deferred for some weeks, to allow of there being no chance of septic infection, as there was no urgency from the state of the tumour.

On November 16th, the child being in good health, the tumour and surrounding skin were thoroughly cleansed and made aseptic, and the child anaesthetized. Two horizontal flaps of skin were carefully raised from the tumour down to the base, the tumour was punctured, and fluid allowed to escape. The base of the tumour was grasped with forceps and ligatured with catgut, and the tumour cut off; the skin flaps were then laid down and closed by a continuous suture of silk-worm gut, and all was dressed with iodoform collodion and gauze. The child showed no signs of shock after the operation. The temperature rose on November 19th to 100°, but never again above normal. The wound healed rapidly, and

necessary disintegrating apparatus fitted up at King's College, and must now seek the collaboration of surgeons in order to obtain a supply of scirrhus of the breast.

Although cancer of the breast is extremely common, nevertheless it is no easy matter to obtain large quantities, because the disease is diagnosed early, and the tumour removed before it has attained any considerable size. If surgeons would wrap the tumours, after removing the skin, in moist cyanide gauze, surround them with mackintosh, and post them to me at King's College, Strand, one difficulty in carrying out the work would be overcome.—I am, etc.,

Wimpole Street, W., June 13th.

OTTO GRÜNBAUM.

MEDICO-LEGAL AND MEDICO-ETHICAL.

THE DROUET INSTITUTE.

A COMMUNICATION sent to us by a surgeon practising in the West of England shows that the Drouet Institute, which professes to cure deafness, is still pursuing its career in spite of the efforts of our contemporary *Truth* to enlighten the public on the subject. Our correspondent sends us a typewritten letter forwarded to a lady, in which it is stated that the physician, "After a careful study of the particulars of the complaint from which you suffer," has arrived at the following diagnosis: "Post-nasal pharyngitis—chronic dry middle otitis (middle otitic and salpingitic tinnitus) nervous influence." The treatment includes the use of four different preparations: (1) An antieatarrhal paper, which should not irritate the skin, but "acts by progressive absorption"; (2) a snuff; (3) an antinervous sedative; and (4) a boro-salicylic solution to be used as a gargle and for filling the ears. The charges amount to 19s. 6d., but a reduction of 4s. 6d. is made if only one box of papers is ordered. The history of this institute is a good illustration of the credulity of the public, and the ineffective nature of the laws of this country for the regulation of medical practice.

THE OFFICIAL RECEIVER AND MEDICAL FEES.

A CORRESPONDENT writes that a patient of his, who owes him a considerable sum, has recently got into difficulties, and has had to meet his creditors before the Official Receiver. At the meeting of creditors that official, in spite of protests from our correspondent, cut down his bill by one-half. He wishes to know what steps he can take to remedy this injustice.

. From the details furnished by our correspondent his charges seem to have been very moderate, and the action of the Official Receiver very arbitrary. Where, however, bankruptcy proceedings are being taken, the Official Receiver has a legal discretion to abate the charges of any creditor. But such action is subject to appeal. Where the Official Receiver disallows any claim he is bound to give that creditor notice in writing of the fact before proceeding to distribute the assets of the debtor. The creditor can then appeal to the county court under the jurisdiction of which the bankruptcy proceedings are being taken against the decision of the Official Receiver. Under the circumstances our correspondent would seem to have a good case for an appeal, but before taking any steps he would be wise to consult an experienced solicitor, as in the event of non-success he might incur considerable costs.

PARTNERSHIP TERMS.

ILEX asks what are the usual terms of a half-share medical partnership, or where he could get a copy of the usual deed of partnership?

. The price of a half-share of a medical practice depends on the class of patients, the long-standing of the practice, and character of the vendor. It is not usually less than two years' purchase. Our correspondent will find copies of the usual deeds of partnership, in *Medical Partnerships, Transfers, and Assistantships*, by W. Barnard, M.A., LL.B., and G. B. Stocker (London: Stevens and Sons, 1895. 10s. 6d.).

MEDICAL ADVERTISING.

MEDICUS asks to be told the difference between the advertisement from the *Dundee Advertiser* upon which we commented in the *BRITISH MEDICAL JOURNAL* of May 31st, p. 1383, and the printing of his hours of consultation by a medical practitioner upon his notepaper.

. We regret that it is necessary to point out to our correspondent that the essence of advertisement is publicity, and that information which is perfectly harmless in itself becomes improper when published in the advertisement columns of a newspaper.

We have received the following letter from Dr. Miller:

80, Nethergate, Dundee,

June 4th, 1902.

Dear Sir,—It is well your readers should hear the other side of the question as to the newspaper cutting sent you by a correspondent. "Take each man's censure, but reserve thy judgement."

I consider I am quite justified in announcing in the daily press such a decided alteration in the conditions of my professional work. Twelve years have I practised here, and from the very outset have enjoyed a very good income from my profession, and any one with a mere casual acquaintance of me would know I have no need to depend on advertising

in any of the forms, subtle or otherwise, too prevalent in the medical world.

I make no complaint regarding the insertion of the cutting, but I hope, in all fairness, you will give a space to my reply.

Yours respectfully,

ROBERT MILLER.

MEDICAL REMUNERATION AND POLICE ORPHANAGES.

A. B.—It is not unusual for medical practitioners to give their services gratuitously to such institutions, but if our correspondent and his colleagues find the demands upon their time are too great it is perfectly reasonable to ask for remuneration.

MEDICAL ETIQUETTE.

DENTAL.—We see no objection to an arrangement under which a medical practitioner occupies the same house and shares consulting rooms with a registered dentist.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

Second Examination for Medical and Surgical Degrees.—The following candidates have satisfied the examiners in the subject undernoted:

Part I. Pharmaceutical Chemistry.—H. E. T. Dawes, Joh.; G. B. Fleming, King's; H. A. Hancock, Non Coll.; V. C. Honeybourne, Joh.; R. McC. Linnell, Joh.; C. H. Rippmann, B.A.; King's; H. A. Smith, B.A.; H. Selw.; F. J. Thornton, Cal.; D. R. P. Walther, Pemb.

Third Examination for Medical and Surgical Degrees. Part I (New Regulations).—The following candidates have satisfied the examiners in the subjects undernoted:

Pharmacology and General Pathology.—H. C. Cameron, B.A., Joh.; H. M. Clarke, B.A., Cla.; E. R. T. Clarkson, M.A., H. Selw.; E. P. Cockin, B.A., Cal.; H. Dodson, B.A., Down.; W. G. P. Ellis, M.A., Cath.; H. Falk, B.A., King's; H. J. Fardon, B.A., Christ's; G. R. Footner, B.A., Pemb.; E. Gardner, B.A., Cal.; C. B. Goulden, B.A., Non Coll.; F. W. Goyder, B.A., Joh.; J. R. C. Greenlees, B.A., Joh.; G. H. Harper-Smith, B.A., Cal.; C. King, B.A., Trin.; G. H. K. Macalister, B.A., Joh.; O. V. Payne, B.A., Joh.; W. H. Robinson, B.A., Down.; C. T. Y. Robson, M.A., Joh.; E. W. Sheaf, B.A., Down.; G. C. E. Simpson, Joh.; G. A. Ticehurst, B.A., Joh.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

An ordinary Council was held on June 12th, Mr. H. G. Howse, President, in the chair.

London University Examinations.

It was decided, on the recommendation of the Museum Committee, that specimens from the Museum be lent to the University of London during the year 1902 for purposes of examination.

Appointment of Examiners.

The following appointments were made for the ensuing year: *Elementary Biology.*—Herbert Willoughby Lyle, Peter Chalmers Mitchell, Frederick Gymer Parsons, Walter G. Ridewood.

Anatomy.—Christopher Addison, Arthur Keith, Arthur Thomson, Holburt Jacob Waring.

Physiology.—Thomas Grigor Brodie, George Alfred Buckmaster, William Henry Thompson.

As the Members of the Board of Examiners in Anatomy and Physiology for the Fellowship of the College the following appointments were made:

Anatomy.—James Ernest Lane, Berkeley G. A. Moynihan, Frederick Gymer Parsons, Alfred Harry Young.

Physiology.—De Burgh Birch, Leonard Erskine Hill, Edward Waymouth Reid, Ernest Henry Starling.

Midwifery.—George Francis Blacker, William Radford Dakin, William Duncan, James Henry Targett.

Public Health.—Part I: Alexander Grant Russell Foulerton. Part II Sydney Arthur Monckton Copeman.

Board of Examiners in Dental Surgery.

The resignation of Mr. Morton Smale was accepted, the Council expressing their appreciation of the services rendered by him during his term of office. The vacancy thus occasioned will be filled up at the ordinary meeting of the Council following the quarterly meeting in July.

The General Medical Council.

A letter dated June 6th was read from Mr. Thomas Bryant reporting the proceedings of the General Medical Council at their late session. The best thanks of the Council were given to Mr. Bryant for his services as the representative of the College in the General Medical Council.

"Nomenclature of Disease."

A letter, dated June 9th, was read from the President of the Royal College of Physicians of London asking the President of the Royal College of Surgeons to allow his name to be added to a Committee to be appointed for the purpose of preparing a revised edition of the *Nomenclature of Disease*.

Relation of the London University and the College of Surgeons.

The Council decided to ask the College of Physicians to appoint a committee to act in conjunction with a committee of the Council in order to decide whether or not any practicable scheme could be devised for entering into combination with the University of London for the adoption of a system of common examinations for the M.B. degree of the University, and the diploma of L.R.C.P. Lond. and M.R.C.S. Eng. It was arranged that the deputation of Members presenting a petition upon the question of a degree should be received by the Committee appointed by the Council.

MEDICAL NEWS.

THE Senate of Göttingen has unanimously decided not to allow women students to matriculate at the University.

MEDICAL MAGISTRATE.—The Lord Chancellor has, on the recommendation of the Lord Lieutenant of London, appointed Dr. W. Gayton, Medical Superintendent of the North-Western Fever Hospital, to the Commission of the Peace for the County of London.

THE INCORPORATED SOCIETY OF MEDICAL OFFICERS OF HEALTH.—The annual provincial meeting will be held on Saturday, June 28th, in the Council Chamber, Southend-on-Sea, at 12 at noon, when Dr. J. T. C. Nash will give an address on matters of public-health interest in Southend.

FIELD-MARSHAL LORD ROBERTS, K.G., has consented to preside at the annual distribution of prizes at St. George's Hospital Medical School in October next. It is anticipated that the occasion will see a considerable muster of old St. George's men who have been doing good service in South Africa during the recent campaign.

A LAUDABLE EXAMPLE.—The Fenny Stratford Urban Council are to be congratulated on having passed unanimously a resolution proposed by Surgeon-Lieutenant-Colonel P. B. Giles, F.R.C.S., the Chairman of the Sanitary Committee, to the effect that in cases notified as diphtheria in which swabbings taken by the medical attendant are confirmed by the bacteriologist to the Council a fee of 10s. 6d. shall be paid to the medical attendant.

ANTIRABIC TREATMENT AT BORDEAUX.—The Antirabic Institute of Bordeaux was founded by the Municipality of that city in 1900. In the *Annales de l'Institut Pasteur* of May 25th, the Director, Dr. G. Ferre, gives a brief report of the work done since the establishment of the Institute. From May 19th, 1900, to May 18th, 1901, the number of persons treated was 100. Among the animals which inflicted the bite were 88 dogs, 10 cats, 1 pig and 1 rabbit. There has been no death.

THE ANATOMICAL SOCIETY.—The summer meeting of the Anatomical Society of Great Britain and Ireland will be held at St. Bartholomew's Hospital Medical School, E.C., on Thursday and Friday, July 3rd and 4th, commencing each day at 3 p.m., under the presidency of Mr. C. B. Lockwood, F.R.C.S. The annual dinner of the Society will be held at the Café Royal, Regent Street, W., on Thursday, July 3rd, at 7.30 p.m. Communications should be addressed to the Honorary Secretary, Dr. Peter Thompson, Middlesex Hospital, W.

THE FRENCH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.—The French Association for the Advancement of Science will meet this year at Montauban. The proceedings will open on August 7th. The President of Section XII, which is devoted to medicine, is Dr. Bories, of Montauban, who suggests the following subjects for discussion: (1) Wine from a Medical and Hygienic Point of View; (2) the Nature and Treatment of Diabetes Mellitus; (3) the Surgical Treatment of Prostatic Hypertrophy.

THE SPITTING NUISANCE IN NEW YORK.—New York appears to be thoroughly in earnest in its determination to suppress the spitting nuisance. An amended ordinance was adopted by the Health Board of that city a few weeks ago which enacts that spitting upon the sidewalks or upon the floors of public halls of tenement houses, theatres, hotels, or other public buildings, is to be a misdemeanour; the offender will be liable also to pay a penalty of 50 dollars, recoverable in a civil action by the city. Other provisions of the new law enjoin that all tenement owners, hotel men, or theatrical managers shall have printed notices stating the law posted in prominent places, and that they shall supply cuspidors in sufficient numbers.

THE KING'S DINNER TO THE POOR.—We learn that Surgeon-Major J. J. de Zouche Marshall, Honorary Secretary of the Volunteer Medical Association, has obtained the approval of the Lord Mayor of London, of Colonel W. L. Gubbins, R.A.M.C., P.M.O. Home District, and of Brigade-Surgeon-

Lieutenant-Colonel Andrew Clark, V.D., Chairman of the Volunteer Medical Association, to a scheme for ensuring the presence at each place at which the King's dinner is given of at least one medical officer and a squad of trained and fully-equipped stretcher-bearers. He hopes also to obtain the co-operation of the ladies of the St. John Ambulance Brigade. Owing to the crowds which will assemble, there can be no doubt that an organization of this kind is most desirable. A circular letter has been addressed to all the volunteer medical officers in London, but should the communication have failed to reach any one of them, he can obtain full particulars from Surgeon-Major J. J. de Zouche Marshall, Shortwood, Teddington, S.W.

ASSOCIATION FOR THE ORAL INSTRUCTION OF THE DEAF AND DUMB.—From the report for 1901 of the Training College for Teachers and School for Children, established in 1872 at 11, Fitzroy Square, W., we learn that Mr. A. H. Cheate has succeeded Sir William Dalby as Honorary Aural Surgeon to the institution. The practising school has been attended during the past year by 50 pupils (24 girls and 26 boys), and the excellence of the education given is vouched for by the official report of the inspectors of the Board of Education, who remark on the considerable improvement they noticed in the manual instruction imparted. The system pursued is what is known as the "Pure Oral" method of teaching the deaf to speak, all signs and gesture-language being rigorously discarded. The advantage of this system is that it enables those who have been trained in it to take part in conversation with ordinary people, and thus to "mix freely and participate easily in the affairs and interests of their fellows." The pupils are all day scholars, those not residing with their families in London being boarded out with hearing people, so as to avoid forming a class apart, as is the tendency where many deaf pupils are gathered into an institution. The education of deaf children is happily now provided for by law, so that a supply of well-qualified teachers is a national necessity. The voluntary institutions at Fitzroy Square and at Ealing are doing excellent work to supply this want, and are deserving of more liberal public recognition. We regret to see that the finances of the Association are not in as flourishing a condition as could be desired.

MEDICAL VACANCIES.

The following vacancies are announced:

- ABERDEEN UNIVERSITY.**—Additional Examiner for Graduation in (1) Botany, (2) Chemistry, (3) Medical Jurisprudence and Public Health. Applications to the Secretary of the University Court by June 30th.
- BANBURY: HOSPITAL INFIRMARY.**—House Surgeon and Dispenser. Salary, £30 per annum, with board and lodging. Applications to the Honorary Secretary, 41, Marlborough Road, Banbury.
- BELFAST: QUEEN'S COLLEGES, Ireland.**—(1) Danville, Professorship of Physiology, (2) Professorship of Natural History. Applications to the Under Secretary, Dublin Castle, by July 5th.
- BEVERLEY: EAST RIDING LUNATIC ASYLUM.**—Assistant Medical Officer, unmarried, and between 23 and 28 years of age. Salary, £150 per annum, with board, lodging, and washing. Applications to the Clerk to the Visiting Committee by June 30th.
- BEXLEY, KENT: LONDON COUNTY ASYLUM.**—Junior Assistant Medical Officer, between 23 and 30 years of age. Salary, £150 per annum, with board, furnished apartments, and washing. Applications on forms provided, to be sent to the Clerk of the Asylums Committee, 6, Waterloo Place, London, S.W., by June 24th.
- BIRKENHEAD UNION.**—Resident Assistant Medical Officer for the Infirmary, Workhouse, and Sanatorium. Salary, £120 per annum, with board, washing and apartments. Applications, endorsed "Assistant Medical Officer," to be sent to the Clerk to the Guardians, 45, Hamilton Square, Birkenhead, by June 28th.
- BIRMINGHAM: ROYAL ORTHOPAEDIC AND SPINAL HOSPITAL.**—Assistant Surgeon. Applications to the Honorary Secretary to the Medical Committee, 9, Great Charles Street, Birmingham, by June 30th.
- BLACKBURN COUNTY BOROUGH.**—Assistant to the Medical Officer of Health, unmarried, and under 35 years of age. Honorarium, £50 per annum, with board and lodging. Applications to Dr. Alfred Greenwood, Medical Officer of Health, 51, Ainsworth Street, Blackburn, by July 1st.
- BRISTOL CITY LUNATIC ASYLUM.**—Medical Assistant; unmarried. Salary, £140 per annum, rising 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 27th.
- CHARING CROSS HOSPITAL.**—Bacteriologist to the Hospital and Lecturer on Bacteriology to the Medical School. Salary, £100 per annum and share of class fees. Applications to the Secretary by July 9th.
- CHORLEY: RAWCLIFFE HOSPITAL.**—House-Surgeon. Salary, £100 per annum, with board and lodging. Applications to the Honorary Secretary by July 4th.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.**—Second House-Physician. Appointment for six months. Salary at the rate of £23 per annum, with board, washing, and residence. Applications to the secretary by July 2nd.
- CROYDON BOROUGH HOSPITAL FOR INFECTIOUS DISEASES.**—Resident Medical Officer. Salary, £160 per annum, with board and residence. Applications, endorsed "Resident Medical Officer," to be sent to Dr. H. Meredith Richards, Town Hall, Croydon, by June 30th.
- CROYDON AND WIMBLEDON SMALL-POX HOSPITAL, North Cheam.**—Resident Medical Officer. Appointment for six months. Salary, 4 guineas a week, with board and lodging. Applications to Dr. Meredith Richards, Town Hall, Croydon.
- DEVONPORT: ROYAL ALBERT HOSPITAL.**—Resident Medical Officer; unmarried and under 35 years of age. Salary, £110 per annum, with board and lodgings. Applications, on forms provided, to be sent to the Chairman of the Selection Committee by July 11th.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.—Resident Medical Officer. Salary and board residence, and laundry. Applications to the Secretary by July 5th.

FRENCH HOSPITAL AND DISPENSARY, 170, Shaftesbury Avenue, W.C.—Resident Medical Officer, unmarried, must speak French. Salary, £80 per annum, with full board. Applications to the Secretary.

FULHAM PARISH INFIRMARY, St. Dunstan's Road, W.—Second Assistant Medical Officer. Appointment for six months. Salary, £80 per annum, with board, furnished apartments, and washing. Applications to the Medical Superintendent by June 28th.

GATESHEAD BOROUGH.—Medical Officer of Health. Salary, £350 per annum. To act also as Medical Officer to the Hospital for Infectious Diseases, for which salary of £50 per annum is paid. Applications to the Town Clerk, Town Hall, Gateshead, by June 21st.

GLAMORGAN COUNTY ASYLUM, Bridgend.—Fifth Assistant Medical Officer, unmarried and not over 30 years of age. Salary, £170 per annum, with board, lodging, and washing. Applications to the Medical Superintendent by July 3rd.

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

HARTLEPOOL HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board, washing, and lodging. Applications to the Assistant Secretary, 9, Albion Terrace, Hartlepool, by June 25th.

HEREFORD COUNTY AND CITY ASYLUM.—(1) Senior Assistant Medical Officer; unmarried. 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.

HOTTON, EPSOM: LONDON EPILEPTIC COLONY ASYLUM.—Medical Superintendent, not over 40 years of age. Salary, £500 per annum, increasing to £600, with unfurnished house, etc. Applications, on forms provided, to be sent to the Clerk of the Asylums Committee, 6, Waterloo Place, S.W., by July 7th.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Resident House-Physician. Appointments for six months. Honorarium £25. Applications to the Secretary by July 1st.

HOSPITAL FOR WOMEN, Soho Square, W.—Registrar. Appointment for twelve months. Honorarium, 25 guineas. Applications to the Secretary by July 7th.

HULL ROYAL INFIRMARY.—Casualty House-Surgeon. Salary, £80 per annum, with board and lodging. Applications to the Chairman, House Committee.

ISLE OF WIGHT UNION.—Medical Officer and Public Vaccinator for the Ryde District. Salary, £100 per annum and fees. Application to the Clerk to the Guardians, Newport, Isle of Wight, by June 30th.

LEEDS: YORKSHIRE COLLEGE.—Junior Demonstrator in the Pathological Department. Salary, £120. Applications to the Secretary of the College by June 30th.

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

MAIDSTONE: WEST KENT GENERAL HOSPITAL.—House-Surgeon; unmarried. Salary, £120 per annum, with board and residence. Applications to the Secretary by July 7th.

MOWBRAY, NEAR CAPE TOWN: VALKENBERG ASYLUM.—Assistant Medical Officer; unmarried, and not more than 33 years of age. Appointment for three years. Salary, £300 per annum, with board, lodging, and washing, and free passage each way. Applications to the Agent-General for the Cape of Good Hope, 100, Victoria Street, London, by June 30th.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C.—House Physician. Salary, £50 a year, with board and residence, or £100 a year and board. Applications to the Chairman of the Board by June 23rd.

NEWCASTLE-ON-TYNE: CITY HOSPITAL FOR INFECTIOUS DISEASES.—Resident Medical Officer. Salary, £100 per annum, rising to £150, with board, lodging, etc. Applications to the Medical Officer of Health, Town Hall, Newcastle-on-Tyne.

NORTHAMPTON GENERAL INFIRMARY.—Assistant House-Surgeon; unmarried, and not over 22 years of age. Salary, £75 per annum, with furnished apartments, board, attendance, and washing. Applications to the Secretary by June 24th.

NORTHAMPTON: ST. ANDREW'S HOSPITAL FOR MENTAL DISEASES.—Additional Assistant Medical Officer for three months. Salary, 4 guineas a week, with board, lodging, and washing. Applications to the Medical Superintendent.

NOTTINGHAM GENERAL DISPENSARY.—Assistant Resident Surgeon; unmarried. Salary, £100 per annum, increasing £10 yearly, with furnished apartments, etc. Applications to the Secretary, Mr. M. I. Preston, Journal Chambers, Nottingham.

ROCHFORD UNION.—(1) Medical Officer and Public Vaccinator for the Rochford District. Salary, £64 per annum and fees. (2) Medical Officer of the Workhouse. Salary, £50 per annum and fees. Applications to the Clerk to the Guardians, Southend-on-Sea, by June 23rd.

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

ST. MARYLEBONE GUARDIANS.—Medical Officer for the Southall Schools. Salary, £100 per annum. Applications to the Clerk to the Board, Guardians' Office, Northumberland Street, W., by June 30th.

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

SALOP AND MONTGOMERY COUNTIES LUNATIC ASYLUM, Bletton 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.

SHREWSBURY: SALOP INFIRMARY.—Assistant House-Surgeon. Appointment for six months, but eligible for re-election. Salary at the rate of £40 per annum, with board and apartments. Applications to the Secretary by July 5th.

SOMERSET AND BATH ASYLUM, Cotford, Taunton.—Assistant Medical Officer, not over 30 years of age, and unmarried. Salary, £150 per annum, with furnished apartments, board, etc. Applications to the Medical Superintendent by July 8th.

TROTAT HOSPITAL, Golden Square, W.—(1) Senior House-Surgeon (resident); salary, £50 per annum, with board, lodging, and washing. (2) Junior House-Surgeon (non-resident); salary, £100 per annum and lunch daily. (3) Senior Clinical Assistant. Applications to the Secretary-Superintendent for (1) and (2) by June 23rd and for (3) by July 5th.

WALTHAMSTOW URBAN DISTRICT COUNCIL.—Resident Medical Officer at the Isolation Hospital, Chingford. Salary, £120 per annum, with board and lodging. Applications, on forms provided, to be sent to the Clerk of Council, Town Hall, Walthamstow, by July 8th.

WOLVERHAMPTON GENERAL HOSPITAL.—Assistant House Physician. Appointment for six months. Honorarium at the rate of £75 per annum, with board, lodging, and washing. Applications to the House Governor by June 23rd.

MEDICAL APPOINTMENTS.

ANDREWS, W. H., L.R.C.P., L.R.C.S. Edin., appointed Certifying Factory Surgeon for the Modbury District of Devon.

BRUZAUD, A. S., L.R.C.P. Lond., M.R.C.S. Eng., appointed District Medical Officer of the Saddleworth Union.

CALWELL, William, M.D.R.U.I., of Belfast, appointed Honorary Consulting Physician to the County Asylum Infirmary Lisburn.

COAKER, F. W. J., F.R.C.S. Eng., L.R.C.P., appointed Medical Officer of Health to the Bromsgrove Rural District Council and Medical Officer and Public Vaccinator for the Bromsgrove District of the Bromsgrove Union, vice R. Wood, M.D. St. And., resigned.

COCKLE, W. B., L.R.C.P. Lond., M.R.C.S. Eng., appointed Certifying Factory Surgeon for the Kendal district of Westmorland.

CONYON, Middleton, M.B., C.M., D.P.H., appointed Visiting Surgeon to the Montrose Royal Infirmary.

COOPER, W. H., M.R.C.S., L.R.C.P. Lond., appointed Certifying Factory Surgeon for the Staveland District of Westmorland.

CRUIKSHANK, R. W., M.D., C.M. Aberd., appointed Certifying Factory Surgeon for the Bynnam District of Oxford.

DEMETRIADI, Louis, F.R.C.S. E., L.R.C.P.I., D.P.H., appointed Visiting Surgeon to the Children's Homes, Outlane, under Huddersfield Board of Guardians.

ERCOLLE, Quinto, M.D., Ch.D. Bologna, appointed Government Medical Officer and Vaccinator at White Cliffs, New South Wales, vice W. H. Gaze, M.R.C.S. Eng., L.R.C.P. Lond., resigned.

EASEBROOK, C. G., M.A., M.D., M.R.C.P. Edin., appointed Medical Superintendent to the Art District Asylum, vice C. H. Skae, M.D., resigned.

FORGE, G. B., M.R.C.S., L.R.C.P. Lond., appointed Certifying Factory Surgeon for the Rochford District of Essex.

GARBUTT, Richard H. O., L.R.C.P., L.R.C.S. Edin., appointed Certifying Factory Surgeon for the Tow Law and Stanhope Urban Districts and the Weardale Rural District, co. Durham.

GRIFFIN, Innes, M.R.C.S. Eng., L.S.A., appointed Certifying Factory Surgeon for the Banbury District of Oxford.

HARDENBERG, E. J. F., M.R.C.S. Eng., L.R.C.P. Lond., appointed Senior Resident Medical Officer to the North West London Hospital.

HULBERT, E., M.D. Durh., appointed Resident Medical Officer to the Marylebone General Dispensary, 77, Welbeck Street.

LAMBERT, R. A., M.D. Edin., L.R.C.S., appointed Certifying Factory Surgeon for the Baisley District of Berks.

LEON, John T. M.D., B.Sc. Lond., appointed Honorary Assistant Physician to the Royal Portsmouth and Gosport Hospital.

MCOUTCHAN, William A., L.R.C.P. and S. Edin., appointed Assistant Medical Officer to the Cambridgeshire Asylum.

MACKENZIE, Ernest, M.D. Glasg., C.M., appointed Certifying Factory Surgeon for the Cheadle District of Staffs.

MCLEAN, Donald, M.B., appointed Medical Officer of Health for the Shire of Dunmunkle. East Riding, and Public Vaccinator for the North Western of Victoria.

MCNAUGHTON, J. G., M.D., M.R.C.S. Edin., appointed Pathologist to the Clinical Hospital, Manchester.

MILL, Herbert C., M.D., M.R.C.S., appointed an Honorary Medical Officer to the Croydon General Hospital.

PICKERING, G. W., L.R.C.P., L.R.C.S. Edin., appointed Certifying Factory Surgeon for the Halthwaite District of Northumberland.

STOWS, William Reginald, M.R.C.S. Eng., L.R.C.P. Lond., appointed Public Vaccinator for the District of Palmerston North, New Zealand.

STREET, A. E., M.R.C.S., L.R.C.P. Lond., appointed District Medical Officer of the Ampley Union.

VALE, H. E. P., M.R.C.S., L.R.C.P.I., appointed Assistant Medical Officer to the St. Marylebone Infirmary, Notting Hill.

WAUGH, R. J., M.R.C.S. Eng., L.R.C.P. Lond., appointed Junior Resident Medical Officer to the North-West London Hospital.

WINTERBOTHAM, Rayner, M.R.C.S., L.R.C.P. Lond. appointed Certifying Factory Surgeon for the Brixworth District of Northampton.

WOODHOUSE, Cecil, R.A. Cantab., M.D., appointed Medical Officer and Public Vaccinator for the Esber District of the Kingston Union.

DIARY FOR NEXT WEEK.

MONDAY.

Odontological Society of Great Britain, 20, Hanover Square, W., 8 p.m.—Communications by Mr. Arthur Underwood. Paper by Dr. Sim Wallace. The President will deliver his Valedictory Address.

POST-GRADUATE COURSES AND LECTURES.

Medical Graduates' College and Polyclinic, 23, Chancery Street, W.C. Demonstrations will be given at 4 p.m. as follows:—Monday, skin.

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

West London Hospital, Hammersmith Road, W. Lectures will be delivered at 5 p.m. as follows:—Monday: Ocular Therapeutics. Tuesday: The Preparation and Application of Sutures and Ligatures. Wednesday: Medicolegal Relations of Insanity.

Westminster Hospital, S.W., Tuesday, 4.30 p.m.—Demonstration on Cirrhosis of the Liver.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

BIRTH.

LE FLEMING.—On June 11th, at Wimborne, Dorset, the wife of E. Kaye Le Fleming, B.A., M.B., B.Sc. Cantab., M.R.C.S., L.R.C.P., of a son.

MARRIAGES.

CROWLEY—PRIESTMAN.—On June 10th, at the Friends' Meeting House, Bradford, Ralph Henry Crowley, M.D., M.R.C.P., 116, Manningham Lane, Bradford, son of the late Alfred Crowley, of Easingly Oak, Croydon, to Muriel, eldest daughter of Henry Brady Priestman, J.P., of 7, Fairfield Road, Bradford.

HARVEY—WRIGHT.—On June 17th, at the Parish Church, Birmingham, by the Rev. J. D. McCreary, Joseph Frederick Harvey, L.R.C.P. Lond., M.R.C.S. Eng., son of the late Joseph Harvey, of London, to Marion Lucy, only daughter of George Wright, of Leeds.

JACKSON—MILNE.—On June 11th, at the Congregational Church, Cheadle, by the Rev. J. W. Paul, M.A., Thomas Leonard Jackson, M.B., son of the late Thomas Jackson, M.D., of Whitehaven, to Emily Margery, second daughter of James Herbert Milne, of Langlands, Cheadle, Cheshire.

STRACEY—SCOTT.—At St. Giles's Cathedral, Edinburgh, on June 7th, by the Rev. Alexander Neil, of Mayfield Parish Church, Bernard Stracey, M.R.C.S. Edin., of Setton Bonning, Notts, to Jessie Mary, daughter of the late John Scott, solicitor, Blackwrie, N.B.

WALSH—DOWLING.—On June 11th, at All Saints', Marple, by the Rev. E. Hewlett, M.A., and the Rev. R. Adams, M.A., Edward Garneva Wales, M.A., M.R.C.S. (Cantab.), M.R.C.S., L.R.C.P., son of Thomas Garneva Wales, Downham Market, Norfolk, to Annie, elder daughter of E. J. Dowling, Beech House, Torkington, near Stockport.

WATERS—MOORE.—On June 5th, at St. Andrews Church, Nottingham, by the Rev. Henry Pearson, M.A., Vicar of St. James's, West Hampton, assisted by the Rev. Ernest Ives, M.A., Vicar of Emmanuel Church, Nottingham, Avery Clough Waters, M.B., B.S. J.P., of Southend-on-Sea, to Beatrice Huthwaite, only daughter of Mr. and Mrs. Stephen Moore, Mapperley Road, Nottingham.

DEATHS.

WOODHOUSE.—On June 11th, at "Amblee," Rushmore Road, Putney, S.W., Thomas James Woodhouse, M.D. Lond., F.R.C.S. (for thirty-six years Medical Officer to the Royal Hospital for Incurables, Putney), in his 69th year.

SMITH.—On June 8th, at 17, Brook Street, Bath, Alice Mau, the beloved wife of Thomas Wilson Smith, M.D.