

## NOTE.

Since this lecture was given, I have done four more cases, making twenty-six in all. One of these four cases was the hardest I have yet had; and I have failed, even with two operations, to do much good. The nose had been absolutely flat for half a century, and the skin was almost hopelessly rigid: and a preliminary use of the tenotomy knife caused some bleeding. Happily, I have done no harm, and some good; and shall be able to do more, a few weeks hence; but it is a disappointing case. Such intense tightness and unyielding rigidity of the skin are altogether exceptional. To sum up—I have had twenty-six cases without death or disaster; and the general results are very good. In nine cases out of ten, the surgeon can be sure of making a very great improvement: but he may not be able to do it all at once. He cannot make perfect noses; but he can make the patients good looking enough to be happy instead of miserable, and able to get work, to get married, and to go about without being ridiculed, pitied, or suspected of syphilis. Only, let nobody think that the method is so easy as it sounds. It is full of little difficulties; it wants experience; and it involves very grave responsibility.

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## THE NOMENCLATURE OF MALARIA:

## A SUGGESTION.

BY LIEUT.-COLONEL DAVID BRUCE, R.A.M.C.

1. It would seem that the time has arrived when the diagnosis of cases of malaria must aim at giving the name of the species or variety dealt with, and not merely one of the general terms—intermittent or remittent fever—as laid down in the last edition of the *Nomenclature of Diseases*.

2. Information is wanted as to the geographical distribution of the various kinds of malaria, and this can only be arrived at by recognizing them in the new edition of the *Nomenclature*.

3. The demonstration of the species of malarial parasite which is the infecting agent in a particular case will necessitate the use of the microscope. This routine microscopical examination of the blood will, it may be presumed, bring about a more correct diagnosis of fevers in malarious countries, and assist towards rational treatment. Malta fever was treated until lately with large doses of quinine on the supposition that it was malarial in origin. In the same way it is too often assumed that any fever occurring in a malarious locality is malarial in character, and quinine is given in enteric fever, tuberculosis, liver abscess, etc., when a blood examination might have prevented the error.

4. The nomenclature I would suggest for the three well-recognized species of malaria is the following:

*Malarial Fever*.—Synonyms: Ague, intermittent and remittent fevers.

(a) Tertian synonyms: *Haemamaeba vivax*, simple or benign tertian.

(b) Quartan synonyms: *Haemamaeba golgii*.

(c) Crescent tertian synonyms: *Laverania laverani*, *aestivo-autumnal fever*, malignant tertian, tropical tertian, remittent fever.

I have left out the commonly used terms, simple, benign, malignant, pernicious, as they are misleading. The so-called simple tertian may often be more severe than the so-called malignant tertian. *Aestivo-autumnal* is a term which may apply appropriately enough to the fever as it occurs in Italy, but in other parts of the world is unsuitable.

The genius of Koch suggested the term *tropical tertian* for the third variety, and this is undoubtedly an excellent name, but as the fever is also found in temperate climates it is also misleading.

In regard to the scientific names I think Golgi, who discovered that the parasite of malaria consisted of more than

one species, should be commemorated, and also Laveran, whose epoch-making discovery of the malarial parasite has, it seems to me, never been sufficiently appreciated in this country.

In the present edition of the *Nomenclature of Diseases* the old term malarial cachexia has been left out. I would propose that in the next edition the chronic form of malaria when the parasites have disappeared from the blood, but the anæmia, pigmentation, enlarged spleen, etc., remain, be again given a place, and I would put forward the name:

*Chronic Malaria*.—Synonym: Malarial cachexia.

This short note has been written in order that any one who takes an interest in this question may have the opportunity of bringing forward other suggestions or criticisms.

## MEMORANDA:

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

## PRELIMINARY NOTE ON A PHASE IN THE LIFE-HISTORY OF BILHARZIA HAEMATOBIA.

DURING a fairly exhaustive examination of the literature upon the life-history of bilharzia haematobia we have found no reference to an appearance we have several times met with in the larvae. It is that in the case of certain larvae, while still living, there occurs the formation of spheres with double contour and provided with long cilia. These spheres show intense vibratile movement of granules in their protoplasm, and although the cilia have usually been motionless, they have been seen by us in active movement. These spheres are able to carry on an independent existence. Non-ciliated spheres have already been described by many authors and we have repeatedly seen them, but the ciliated forms to which reference is made above are absolutely distinct therefrom. We hope to make a full communication on the subject at an early date.

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J. J. DOUGLAS, M.D., F.R.C.P.E.

Clinical Research Laboratory, Westminster Hospital.

## PURPURA HAEMORRHAGICA FOLLOWING SEA BATHING.

THE following case is of interest owing to the sudden and severe onset of this disease in a boy who had had perfect health up to the time of his taking his first sea bath.

On July 17th, W. R., aged 5 years, was brought to me for treatment. He was suffering from vomiting, severe pain in the lumbar region, and a slight petechial rash—not more than a dozen spots, chiefly on the chest. Examination of the heart, lungs, and kidneys revealed nothing out of the normal. The temperature was  $101.2^{\circ}$  F. The day previous he had bathed for the first time, being then in perfect health. The above symptoms commenced the same evening. The following day, however, boy became anaemic, there was a haematoma in the left popliteal space the size of an egg, and a large ecchymosis 2 in. in width extending on the abdomen from the umbilicus to the pubes. There were other ecchymoses varying in size on the legs and arms, and on the inner side of the cheeks and lips. The temperature was normal. The urine, which was scanty, contained blood, as did the motions. A slight systolic murmur was heard in the left axilla.

I diagnosed the case as purpura, and treated it with absolute rest, light milk diet, and gave a mixture of dilute sulphuric acid. No fresh symptoms occurred until a week later, when I was urgently summoned. The whole left side of the body was convulsed, though the patient was conscious. The temperature was  $105.5^{\circ}$  (taken with two thermometers); the pulse was 130, and occasionally intermittent; respiration appeared practically normal. The ice-pack was used to the head, and the body sponged with ice water, and an enema of castor oil and glycerine given. Six hours later the temperature was  $99.2^{\circ}$ , and the convulsive movements gradually ceased; and though convalescence was delayed for two months, he having several relapses with more or less severe subcutaneous haemorrhages, he recovered, and at the present is back at school. Only yesterday, however, I was informed that he had cut his finger very slightly, but it had continued to bleed for two hours.

Beer, Devonshire.

EDWARD TONGE, M.B., B.S.Durh.

## ABNORMALITIES.

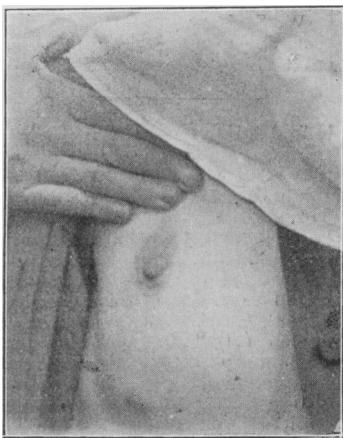
THE following instances of abnormality seem to be worthy of record:

1. *Testicle in Perineum in an Infant.*—As seen in the photograph, the left testicle occupies a distinct compartment behind the left side of the scrotum, whilst the right testicle is in its normal situation. The testicle was not unusually



tender to pressure, and could be pushed up towards the external abdominal ring on that side, which was more patent than the one on the right side. The child presented no other abnormality, nor was phimosis present, as the photograph might lead one to think.

2. *Case of Supernumerary Nipple.*—The nipple was situated



on the under border of the right breast in a patient from whom a large adenomatous multilocular ovarian cyst had been removed.

The Infirmary, Bury.

EDGAR WM. SHARP, M.B.,  
Senior House-Surgeon.

## CATARACT EXTRACTION WITHOUT CAPSULOTOMY OR IRIDECTOMY.

A HINDU, aged 65, was operated on for a Morgagnian cataract of seven years' standing on April 12th, 1902. He was of a very nervous disposition and quite unable to keep his eyes steady or fixed on any one particular spot. The usual corneal incision was made under cocaine, but before the iridectomy could be performed the patient rolled his eyes violently, and what appeared to be a very large cataract presented in and passed through the lips of the corneal incision. On picking up the tumour with fine forceps a small quantity of milky fluid escaped, and it was then found to consist of the capsule of the lens which had been delivered in its entirety, and which contained in its interior a hard cataract. It would appear therefore that a sudden spasm of the ocular muscles had ruptured the suspensory ligament of the lens and forced the lens in its capsule through the corneal wound. Nothing

further was done beyond instilling atropine and putting on a pad and bandage. The patient made an unusually rapid recovery, and when fitted with a + 10 D lens was able to count at a distance of 10 ft. dots corresponding to a bull's eye 3 ft. in diameter at 600 yards, which is the standard of vision required of recruits for the British army.

Poona, India.

D. J. COLLINS, Captain R.A.M.C.

## REPORTS

ON

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

## LEEDS GENERAL INFIRMARY.

CASE OF CAESAREAN SECTION IN A RACHITIC DWARF.  
(Under the care of Dr. HELLIER, Obstetric Physician to the Infirmary.)

M. N., aged 33, residing in Leeds, was sent into the Leeds Infirmary on August 27th, 1902, by Mr. J. J. Pickles, because she was in labour, but had a pelvis too contracted for delivery.

*Clinical History.*—The patient, dwarfed and deformed from infancy, has lived all her life in Leeds. Her father died of cancer of the bowel. Her mother died at 47 of "dropsy." Several brothers and sisters have died. Two brothers and two sisters are living; the latter are married and have borne children. She is the only one of stunted growth in the family, and is the youngest surviving child. She had rickets in infancy, and says that her deformity increased up to 10 years of age, but that since then she has not changed much in this respect. She has never been able to walk without crutches, but on the whole has had good health. Menstruation, which commenced at 21, was never quite regular. She was unmarried. She became pregnant on December last. Labour began on August 26th in the morning. Admitted to infirmary August 27th in the evening.

*Condition on Admission.*—The patient is a dwarf, standing 3 ft. 1 in. high, and (after delivery) weighing 72 lb. The head is well shaped and of ordinary size. She has lateral curvature of the spine, with convexity to the right. The right side of the thorax is much more prominent posteriorly than the left. On the right the edges of the lower ribs almost touch the iliac crest, and there is a deep sulcus between. The clavicles are much curved, the bones of the upper limb are short and curved. The femora are short and bowed. The tibiae are bent in an antero-posterior direction at an angle of about 120 degrees, the crest of the tibiae forming a sharp keel. The actual length of the tibia is about 12 in., but the shortest distance between the ends is 9½ in. The feet are fairly well formed, but the small distorted lower extremities bear on the whole an almost infantile appearance when contrasted with the trunk. In the erect posture the angles of the tibiae are close upon the dorsum of the feet, and the legs rub together and cross each other as she walks. The pelvis is a dwarfed rachitic pelvis, flattened to an advanced degree, and giving "absolute" indication for Caesarean section.

The interspinous brim measurement is 9½ in.

The intercrestal brim measurement is 10 in.

External conjugate a little less than 5 in.

*On Vaginal Examination* the sacral promontory seemed to fill the upper part of the pelvis and the available conjugate was rather less than 2 in. On admission there was vigorous uterine action; the abdomen was exceedingly prominent owing to spinal lordosis and pelvic contraction. The fetus was alive. The head was inferior, but not entering the pelvis; membranes not ruptured. The patient was in good condition; pulse 87; no previous attempt at delivery had been made.

*Caesarean Section* was performed on admission by Dr. Hellier, assisted by Mr. Lawford Knaggs. Chloroform was administered by Mr. Radcliffe. The thin abdominal wall was incised in the middle line for 7 in. Some free ascitic fluid then escaped. The bladder projected into the lower part of the wound like a small subperitoneal cyst. The uterus was incised for 6 in. in the longitudinal direction. The breech and back then presented in the wound and the child was easily extracted. The placenta was now removed from the posterior wall of the fundus. There was exceedingly little haemorrhage, either from the uterine edge or placental site, digital pressure on broad ligaments and uterine wall being employed to control it. The

under the above headings; but the necessity of having suitable rules with regard to temporary members and terms of subscription will do much to check the use of a so-called club as a tavern. The Act further provides that the supply of liquor at an unregistered club shall be punishable by fine; and that supply for consumption off the premises shall only be allowed when a member himself obtains it. A club may be struck off the register upon the following amongst other grounds: (1) That it is not conducted in good faith as a club; (2) that there is frequent drunkenness on the club premises; (3) that illegal sales of liquor have taken place on the club premises; (4) that persons who are not members are habitually admitted to the club merely for the purpose of obtaining intoxicating liquor; (5) that persons are habitually admitted as members without an interval of at least forty-eight hours between their nomination and admission. This last clause may give rise to some difficulty in the case of a bona fide club which is in the habit of accepting honorary members. A golf club, for instance, habitually admits visiting members on short notice. It is presumed, however, that in considering the question whether a club shall be struck off or no, the court of summary jurisdiction will have regard to the character of the club and to all circumstances. As the police are given powers of entry upon registered clubs and also upon premises suspected of being carried on as clubs, the new Act may have a good effect in preventing the sale of much liquor which is now carried on in defiance of licensing Acts. The Licensing Act 1902 does not apply to Scotland or Ireland.

## CERTIFICATION OF STILLBIRTHS.

THE *Neath Gazette* and *Mid-Glamorgan Herald* for December 20th, 1902, contains a report of an affiliation case heard at the Abergavon Police-court, at which one of the points at issue was whether the child was or was not stillborn. Dr. R. T. Williams, of Cwmavon, said that the child was born between four and five in the morning; that it moved before and during delivery, and after delivery breathed two or three times, and that the heart beat for a few seconds, and after the cord was cut he tried artificial respiration. He gave a certificate of which he could not remember the exact wording. Asked whether he drew a distinction between a "live-born child" and a "child born alive" he said he did, and that when the child lives a day or two he gave the usual certificate, but when it lived only a few minutes he did as he had done in that case. Asked what are the tests in England in regard to a stillborn child, he declined to reply. David Jones, the sexton, said he received a certificate, which was a printed one, and contained the words "not born alive." He noticed that particularly, as he could not have buried the child without the vicar otherwise. He had put the certificate on one side, but had mislaid it. Dr. Williams was recalled and cross examined as to the signs of life, but maintained that it was usual to give a certificate of stillbirth when these signs only lasted for 10 or 15 seconds, as in this case. He denied having received a notice from the registrar drawing his attention to an Act of Parliament which necessitated in the case of death under the hour that the minutes and seconds of life should be given. He admitted that he had told complainant's mother that the child was stillborn. The midwife, Hannah Thomas, said that the child breathed two or three times and gave other indications of life. She was corroborated by Alice John, who was also present at birth.

## THE HAYDEN DRINK CURE.

At the Liverpool Winter Assizes the action of the Hayden Cure for Intemperance Syndicate, Limited, v. Herbert Leyland was heard on December 15th 1902, before Mr. Justice Walton. According to a report which appeared in the *Times* of December 22nd, the plaintiffs claimed an injunction restraining the defendant from using or revealing certain secret prescriptions and medicines employed by them in the treatment of patients suffering from the effects of intemperance, and also an injunction restraining him from soliciting the plaintiffs' patients or revealing their names. They also claimed the delivery of all lists, catalogues, and papers which the defendant had obtained while in their service, and damages. The defendant counterclaimed for damages. Mr. Horridge, K.C., said that the plaintiff company was formed to treat inebriety according to certain American prescription, and had met with considerable success. It had established two homes at West Derby—one for men, the other for women. The defendant was engaged as valet at the home for men, and in the course of his employment he became acquainted with the names of a number of patients, and learned the secret of the prescriptions and their source from reading the labels on the bottles as he unpacked them. At the end of a year's service, under pretext of going to London for a holiday, the defendant went to Belfast and made arrangements with a doctor there, the result of which was that an advertisement appeared in the *Catholic Times* recommending a new cure for alcoholism. The plaintiffs, suspecting its genuineness, procured that letters asking for information should be written from London and Newcastle. The defendant's answers, together with the results of the plaintiff's inquiries, led to the institution of proceedings, and an interim injunction was obtained. It was found that about 2,000 pills had been supplied to the defendant by a firm of local chemists either exactly like or only colourably different from those used by the plaintiffs for their cure, and they claimed that these should be given up. With regard to the law, Mr. Horridge said it was clear that it was not a breach of a contract of secrecy to employ servants who by their position were enabled to become acquainted with such secrets, any more than it was a breach of confidence on the part of a barrister to take a pupil into his chambers. It was equally clear that good faith towards the employer was implied from a contract of service, and it was no defence to say that a servant who revealed his master's secrets might have got the information from somewhere else.

His Lordship said it would be a good defence in the action if the servant had, in fact, got the information from some other source, either before or after he was in the plaintiffs' service.

Mr. W. F. Taylor, K.C., who appeared for the defendant, said that that was precisely his case.

His Lordship heard the evidence until it became necessary that the names of former inmates of the plaintiffs' homes should be given. The court was then closed, and the rest of the case heard *in camera*.

His Lordship delivered judgement on December 18th. The case, he said, was chiefly one of fact, and he had come to the conclusion that he ought to accept the plaintiffs' evidence. He would grant an injunction, but not quite in the terms asked for. He thought the use of gold and sodium chloride, one of the plaintiffs' prescriptions, was sufficiently well known to be common property, but the defendant would be restrained from using it in conjunction with the plaintiffs' other prescriptions—

namely, Dr. Edwards's compressed pills, nervine tonics Nos. 1 and 3, or either of them. He must also be restrained from soliciting or interfering with patients whose names he had learned while in the plaintiff's employment. He gave judgment for the plaintiffs, with costs.

## THE OBLIGATIONS OF A PARTNER.

LONDONER.—From an ethical point of view we think that A. is not justified in continuing his tutorial work against his partner's wishes.

## MEDICAL ADVERTISING.

FAIR PLAY.—The matter has been referred to the Ethical Committee.

## MEDICAL ETIQUETTE.

D.—Undoubtedly no practitioner should visit a patient still under the care of a colleague. In this case it might be pleaded that B. accompanied A., and that A. consented to his doing so. It is difficult to understand why A. accompanied B. on his visit if he objected to his seeing the patient. When A. advised the patient to go into hospital, was that not equivalent to recommending him to place himself under B.'s care? If so, there was further excuse for what B. did.

## MEDICAL FEES.

E.S.M.B.—If our correspondent gave up his whole time to the case, he might reasonably charge ten guineas a day in addition to any special expense to which he was put by having to return home. We should not advise any charge being made for loss of holiday.

## HOSPITAL ADVERTISEMENTS.

IMPARTIAL.—Our correspondent should bring the local hospital advertisement before the Ethical Committee or Council of his Branch. We think boards upon which the names of members of the hospital staff are painted and displayed outside the institution are objectionable, but we must admit that they are customary, and it would be unfair to single out one institution or staff for condemnation. It is a matter in respect to which professional opinion needs to be aroused.

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF CAMBRIDGE.

Degrees.—At the congregation on December 18th, 1902, the last of the term, the following medical and surgical degrees were confirmed: M.D.: Clement White, Christ's. M.B.: J. H. Philbrick, Trinity. M.B. and B.C.: F. A. Rose, St. John's.

Appointments.—Dr. C. W. M. Moullin and Dr. R. G. Hebb have been appointed Additional Examiners for the Third M.B. Examination. Mr. F. G. Hopkins, Emmanuel, has been promoted to a Readership in Chemical Physiology.

Awards.—Mr. L. Doncaster and Mr. V. J. Woolley, King's, have been pronounced equal in merit for the medals given by Lord Walsingham for biological (including physiological) research. Twenty-three entrance scholarships and exhibitions in Natural Science have been awarded at the recent examinations held by ten of the Colleges for candidates coming into residence next October.

## UNIVERSITY OF LONDON.

## Leaving School Certificate.

It is announced that the Senate of the University of London has adopted a scheme for the inspection of schools and for the granting of school-leaving certificates to boys and girls. The scheme is intended to secure (1) that the school-leaving certificate shall in every case admit the holder to be registered as a matriculated student of the University without further examination or payment on attaining the age of 16 years; and (2) that a certain freedom in the selection and treatment of the subjects of the curriculum should be left to the schools. No certificate will be awarded for the standard below that required for matriculation, but a document to be called a school record will be issued to pupils attaining the necessary standard in some but not all the subjects required for the school-leaving certificate. Where the authorities of a school desire that an opportunity should be afforded to the older and more advanced pupils to obtain credit for advanced work special papers in particular subjects will be set. In order to maintain the same standard for the matriculation and for the school-leaving examination, it is proposed to appoint a small Board of inspectors, consisting of persons of distinction and large teaching experience, who will act as moderators for the matriculation examination, and be at the same time responsible for maintaining the standard of the school-leaving certificate.

## UNIVERSITY OF EDINBURGH.

## Unveiling of a Bust of Principal Sir William Muir.

A MARBLE bust of Principal Sir William Muir was formally presented to the University on December 16th by Lord Kinross. The bust was made by Mr. Charles McBride. Lord Kinross delivered a laudatory oration before unveiling it.

Professor Sir William Turner, as the senior colleague of the Principal, received the bust on behalf of the University.

Principal Sir William Muir feelingly expressed his thanks for the honour done him.

Sir Ludovic Grant proposed a vote of thanks to Lord Kinross for his good offices.

A vote of thanks on behalf of the subscribers was given to the sculptor. A large and distinguished company was present.

## ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

## ANNUAL ELECTION MEETING.

The annual election meeting of the College was held on December 4th, 1902, when the following office-bearers were elected for the ensuing year: Dr. T. S. Clouston, President; Sir Thomas R. Fraser, Vice-President; Council: The President, Vice-President, Dr. James Andrew, Sir John Batty Tuke, Dr. John Playfair, Dr. G. A. Gibson, Dr. James Ritchie.

## EXTRAORDINARY MEETING.

An extraordinary meeting of the College was held on Tuesday, December 23rd, 1902, Dr. Clouston, President, in the chair.

*Election of Office-bearers.*

The Secretary reported the following office-bearers had been elected by the Council for the ensuing year: Peter A. Young, M.D., Treasurer; R. W. Philip, M.D., Secretary; D. Berry Hart, M.D., Librarian; Sir John Batty Tuke, M.D., Curator of Research Laboratory.

*Appointment of Representatives on the Board of Management of the Royal Infirmary.*

The College unanimously appointed Dr. Andrew and Dr. Affleck to be representatives of the College on the Board of Management of the Royal Infirmary.

*Appointment of Examiners.*

I. *Examiners for the Licence.*—First Board: Dawson Turner, M.D., and Alfred Daniell, D.Sc., Physics; W. G. Aitchison Robertson, M.D., and John Gibson, Ph.D., Chemistry; John Macmillan, M.B., and Arthur T. Masterman, B.Sc., Biology. Second Board: Sir James A. Russell, M.B., and Joseph R. Whitaker, M.B., Anatomy; D. Noël Paton, M.D., and J. Craufurd Dunlop, M.D., Physiology. Third Board: Norman Walker, M.D., Robert A. Fleming, M.D., and Francis D. Boyd, M.D., Pathology; J. Murdoch Brown, M.D., G. Lovell Gulland, M.D., and Alex. Lockhart Gillespie, M.D., *Materia Medica*. Final Board: Andrew Smart, M.D., Claud Muirhead, M.D., James O. Affleck, M.D., Chas. E. Underhill, M.B., W. Allan Jamieson, M.D., Alex. James, M.D., Byrom Bramwell, M.D., G. A. Gibson, M.D., J. Graham Brown, M.D., Alexander Bruce, M.D., Wm. Russell, M.D., and R. W. Philip, M.D., Medicine; Sir J. Halliday Croom, M.D., D. Berry Hart, M.D., A. H. F. Barbour, M.D., R. Milne Murray, M.B., F. W. N. Hautain, M.D., and J. W. Ballantyne, M.D., Midwifery; James Andrew, M.D., P. A. Young, M.D., James Carmichael, M.D., J. Allan Gray, M.D., R. S. Aitchison, M.D., and C. J. Lewis, M.D., Medical Jurisprudence and Public Health; Sir John Batty Tuke, M.D., T. S. Cleouston, M.D., Sir John Sibbald, M.D., John Macpherson, M.D., and John Fraser, M.B., Insanity.

II. *Examiners for the Membership.*—A. R. Simpson, M.D.; Andrew Smart, M.D.; Claud Muirhead, M.D.; Andrew Davidson, M.D.; Sir Thomas R. Fraser, M.D.; John Wyllie, M.D.; James Andrew, M.D.; Sir John Batty Tuke, M.D.; T. S. Cleouston, M.D.; J. J. Kirk Duncanson, M.D.; P. A. Young, M.D.; James O. Affleck, M.D.; John Playfair, M.D.; Sir John Sibbald, M.D.; Charles E. Underhill, M.B.; W. Allan Jamieson, M.D.; Alexander James, M.D.; Peter McBride, M.D.; Byrom Bramwell, M.D.; G. A. Gibson, M.D.; Sir J. Halliday Croom, M.D.; D. Berry Hart, M.D.; Sir James A. Russell, M.D.; W. S. Greenfield, M.D.; A. H. F. Barbour, M.D.; Alexander Bruce, M.D.; James Ritchie, M.D.; William Russell, M.D.; G. H. Melville Dunlop, M.D.; N. T. Brewis, M.B.; R. W. Philip, M.D.; John Thomson, M.D.; J. Haig Ferguson, M.D.; G. Lovell Gulland, M.D.; W. G. Aitchison Robertson, M.D.; Norman Walker, M.D.; William Elder, M.D.; K. Mackenzie Downie, M.D.

III. *Examiners for Diploma in Public Health.*—First Examination: W. G. Aitchison Robertson, M.D., Practical Work in Laboratory; Alex. Crum Brown, M.D., Chemistry; Dawson Turner, M.D., Physics; Sir Arthur Mitchell, K.C.B., Meteorology. Second Examination: Claud Muirhead, M.D., Epidemiology and Endemology; J. Allan Gray, M.D., Practical Sanitation; Sir James A. Russell, M.B., Sanitary Law, Vital Statistics, and Statistical Methods.

IV. *Officers.*—R. W. Philip, M.D., Registrar; D. Noël Paton, M.D., Superintendent of Laboratory; Alex. Sholto Douglas, W.S., Clerk; John Wilson Brodie, C.A., Auditor; John Matheson Shaw, M.A., Sub-Librarian.

## ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following gentlemen having passed the necessary examinations and conformed to the by-laws, have been admitted Fellows of the College, and have received their diploma:

H. B. Bailey, L.S.A.Lond., Guy's Hospital; H. W. Pilgrim, M.B.Lond., St. Bartholomew's Hospital and Edinburgh University; H. B. Angus, M.B., M.S.Durh., L.R.C.P.Lond., Durham University; C. G. R. Wood, L.R.C.P.Lond., University College, Royal Infirmary, and General Hospital, Bristol; V. T. Greener, L.R.C.P.Lond., St. Bartholomew's Hospital; H. T. Hicks, L.R.C.P.Lond., Guy's Hospital; J. McClure, M.B., C.M.Glas., Glasgow University; J. A. Craig, M.B., B.Ch.Irel., L.R.C.P.Lond., Belfast and Vienna University; S. M. Smith, L.R.C.P.Lond., St. Mary's Hospital; A. S. Morley, L.R.C.P.Lond., St. George's Hospital; S. R. Scott, L.R.C.P., M.B.Lond., St. Bartholomew's Hospital; R. Warren, M.B., B.Ch.Oxon., L.R.C.P.Lond., London Hospital; C. J. N. Longridge, M.D., Ch.B.Vict., L.R.C.P.Lond., St. George's Hospital; B. C. Bromhall, L.R.C.P.Lond., London Hospital; L. Jones, L.R.C.P., M.B.Lond., St. George's Hospital; E. M. Ridge, L.R.C.P.Lond., London Hospital; F. H. Wessels, M.B., B.Ch.Aberd., L.R.C.P.Lond., St. Bartholomew's Hospital; F. G. Gross, L.R.C.P.Lond., Guy's Hospital; A. R. Thompson, M.B., Ch.B.Vict., Guy's Hospital, and Yorkshire College, and General Infirmary, Leeds; N. F. Ticehurst, M.A., B.C.Camb., L.R.C.P.Lond., Guy's Hospital; C. B. Shuttleworth, M.D., C.M.Trin.Coll.Toronto, L.R.C.P.Lond., Trinity College, Toronto, and King's College, London; G. J. Jenkins, M.B., C.M.Edin., L.R.C.P.Lond., King's College Hospital; A. P. Parker, M.B., B.Ch.Oxon., Middlesex Hospital and Oxford University; R. H. J. Swan, M.B., B.S.Lond., Guy's Hospital.

## SOCIETY OF APOTHECARIES OF LONDON.

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

*Surgery.*—J. E. L. Bates (Sections I and II), Guy's Hospital; V. E. M. Bennett (Section I), Royal Free Hospital; A. N. Collier (Section I), Manchester; D. Cotes-Preedy (Section II), Cambridge and St. George's Hospital; W. B. Harris (Section II), St. Mary's Hospital; J. Hunter (Sections I and II), Toronto and Westminster Hospital; E. Knight (Section I), Royal Free Hospital; M. L. Pethick (Sections I and II), Royal Free Hospital; L. C. A. Savatard (Sections I and II), Manchester; G. B. S. Soper (Section II), Guy's Hospital.  
*Medicine.*—V. E. M. Bennett (Sections I and II), Royal Free Hospital; J. C. O. Bradbury (Sections I and II), Cambridge and Guy's Hospital; W. C. P. Bremher, Toronto; L. Courtauld (Sections I and II), Middlesex Hospital; E. H. Griffin (Sections I and II), Guy's Hospital; J. D. Keir (Section I), St. Mary's Hospital; E. Knight (Sections I and II), Royal Free Hospital; G. B. S. Soper (Section I), Guy's Hospital; J. A. W. Webster (Sections I and II), St. Mary's Hospital; G. Wilmersdoerffer (Section I), Royal Free Hospital.  
*Forensic Medicine.*—V. E. M. Bennett, Royal Free Hospital; J. C. O. Bradbury, Cambridge, and Guy's Hospital; E. H. Griffin, Guy's Hospital; E. Knight, Royal Free Hospital; M. L. Pethick, Royal

Free Hospital; H. S. Tumber, Sheffield; J. A. W. Webster, St. Mary's Hospital; G. Wilmersdoerffer, Royal Free Hospital.  
*Midwifery.*—J. E. L. Bates, Guy's Hospital; V. E. M. Bennett, Royal Free Hospital; W. E. Denniston, St. Thomas's Hospital; R. S. Dollard, R.C.S.I. and Westminster Hospital; A. C. George, Manchester; E. H. Griffin, Guy's Hospital; O. Gutermann, Berlin and Rostock; E. Knight, Royal Free Hospital; W. Martin, St. George's Hospital; H. G. Peel, Leeds; M. L. Pethick, Royal Free Hospital; L. S. Shoosmith, St. Mary's Hospital; G. Wilmersdoerffer, Royal Free Hospital.

The diploma of the Society was granted to E. H. Griffin, J. Hunter, and J. A. W. Webster.

PUBLIC HEALTH  
AND  
POOR-LAW MEDICAL SERVICES.

## SANITARY INSPECTORS, INFECTIOUS DISEASE NOTIFICATION, AND DISINFECTION.

A MEDICAL correspondent notified a case of scarlet fever, which subsequently did not desquamate, or only very slightly. The sanitary inspector of the district, after making inquiries as to the symptoms of the patient, wrote to our correspondent asking if the case were really scarlet fever. We need hardly say that in thus acting he grossly exceeded his duties. If any question of diagnosis arose it should be between the medical officer of health and the practitioner, and the wise medical officer of health never questions diagnosis. Following on this difference of opinion, we are asked whether stoving, by which we assume is meant disinfection in general, and not merely sulphur fumigation or steam disinfection of bedding, etc., is legally compulsory. The law on this point is contained in Section cxx of the Public Health Act, 1875, the substance of which is as follows:

Where any local authority are of opinion, on the certificate of their M.O.H. or of any other legally qualified medical practitioner, that the cleansing and disinfection of any house or part thereof, and of any articles therein likely to retain infection, would tend to prevent or check infectious disease, it shall be the duty of such authority to give notice in writing to the owner or occupier of such house or part thereof, requiring him to cleanse and disinfect such house or part thereof, and articles, within a time specified in such notice.

The person not complying with this notice is liable to a fine and the local authority can do the work in his default and recover the expenses from him. If the local authority is of opinion that the person liable is unable to carry out the work, it can with his consent carry out the work and defray its cost.

In districts in which the Infectious Disease Prevention Act, 1890, has been adopted (whether this is so in a given district can only be ascertained by local inquiry) the following provision takes the place of the above: where the M.O.H. or any registered practitioner certifies that the cleansing and disinfection of any house and any articles in it likely to retain infection would tend to prevent the spread of infection, the clerk to the local authority shall serve notice on the owner or occupier of the house stating that this will be done by the local authority at his cost, unless within twenty-four hours he informs the local authority that he will himself at once carry out the work to the satisfaction of the M.O.H. If in the opinion of the M.O.H. the owner or occupier of the dwelling cannot effectually cleanse and disinfect the house, the local authority is empowered by consent of the owner or occupier to carry out the necessary work. Section vi of the same Act empowers the M.O.H. by notice in writing to require the owner of any bedding, etc., to deliver it to an officer of the local authority for disinfection.

In actual practice these formalities are not gone through, the disinfection being carried out in the vast majority of districts at the expense of the local authority, and the legal machinery only utilized in cases of obstruction.

In the particular case which called forth these comments, the question whether disinfection and what amount of disinfection was imperative was clearly one for the practitioner and the medical officer of health to settle in consultation. The M.O.H. can, if he thinks fit, override the opinion of the practitioner that disinfection is unnecessary, by giving the certificate mentioned above. Hence the desirability of consultation between the two under the special circumstances of this case.

## HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 8,174 births and 5,582 deaths were registered during the week ending Saturday, December 20th, 1902. The annual rate of mortality in these towns was 19.6 per 1,000, having been 19.1, 17.2, and 19.6 per 1,000 in the three preceding weeks. Among these large towns the death-rates ranged from 6.5 in

a voice in the election of a doctor, which is under the circumstances surely his right."

"Cuair" states that the "estate agent" mentioned in the paragraph to whom applications were to be sent is a member of the parish council, and that it was in that capacity he received applications. From some cause or other there are frequent changes of medical men in this parish. We do not know whether this dual control of Lord Middleton and the parish council is satisfactory or not. It is, as a rule, not a good thing for a medical officer in a country parish to be too much under the control of the proprietor.

We have also received a communication from the Rev. Mr. Dewar, Minister of Applecross, who writes:

My attention has been called to a paragraph in your JOURNAL which is manifestly intended to prejudice the interests of the people of this parish. It states that applications for the medical appointment in this district of it "are not to be made to the parish council or local authority." Allow me to contradict this statement. They are to be made directly to the local authority. It states further that in 1896 the proprietor, "after failing to induce the parish council to dismiss the then medical officer, took away the residence, which it would appear is the only one available, so that the medical officer was thus indirectly compelled to vacate the appointment." I beg to inform you that the whole of that statement is incorrect, and evidently malicious. There never has been the shadow of a shade of foundation for any part of it. I shall be obliged if you will do justice by publishing this letter.

We are pleased to publish this statement, and to learn that it is not correct that a former medical officer of Applecross was deprived of his residence. We observe that the appointment is still being advertised in the lay press, and we also notice that four other appointments in the Highlands are also advertised.

We would recommend intending applicants for any of these appointments to make every inquiry why the former holders of office left.

The Secretary of the Poor-law Medical Officers Association (Dr. W. L. Muir, 1, Seton Terrace, Dennistoun, Glasgow) is always willing to give every assistance in such cases.

#### A POINT IN NOTIFICATION.

W. J. H. asks if a child is brought suffering from diphtherial paralysis, all signs of throat trouble having for a month disappeared, is it necessary to notify the case as one of diphtheria to the sanitary authority?

\*\* In our opinion the case ought to be notified. Failing this, an important clue to the cause of other cases might be missed, and the public interests suffer. Strictly speaking the legal obligation to notify relates to "patients suffering from an infectious disease" which is notifiable: and the question arises whether the above patient is thus suffering, when affected by such an immediate sequela of diphtheria as paralysis. In our opinion it is safer to assume that he is; it is well known that in cases of diphtherial paralysis, the infection may often by bacteriological means be shown to persist for a considerable period in the throat.

#### NOTIFICATION FEES.

A. H.—Nothing is stated in the Infectious Disease (Notification) Act as to the form in which accounts for notification fees are to be presented. As, however, our correspondent's difficulty has been caused by the red-tapism of the Government auditor, and the clerk to the local authority expresses his regret at having to trouble him to send in an account on the acceptable form, we advise compliance with the request.

## MEDICAL NEWS.

DR. A. A. JERVIS-PEREIRA, a member of the British Medical Association, has been appointed by his Hellenic Majesty Consul for Greece, in the Province of Mozambique, Portuguese East Africa.

The Laryngological Society of London will hold its annual meeting on Friday, January 9th, at 4.15 p.m. The annual dinner of the Society will take place at the Café Royal at 7.45 on the same evening.

MOSQUITO EXTERMINATION.—According to *American Medicine* the report of a committee of South Orange, New Jersey, states that by the use of oil and drainage for two years fully 75 per cent. of the mosquitos of the region have been exterminated. This year they expect to exterminate 10 per cent. more, but further than that they cannot hope to go until the surrounding communities take up the fight.

PRESENTATIONS.—Dr. Fennell MacCarthy, of Worcester, was recently presented with a gold-mounted umbrella by the members of his ambulance class in connexion with the Midland Railway, as a mark of their appreciation of his services.—At Pontypool, on November 27th, Captain Percy J. Probyn, R.A.M.C., D.S.O., who was on the eve of leaving for active service in West Africa, was presented with a gold English chronometer bearing an inscription that it was presented by his fellow townsmen as a memento of his gallantry in the South African campaign 1899-1902.

THE SPITTING NUISANCE IN AMERICA.—Illinois has followed the example of several other States of the American Union by taking steps to put down public spitting. A resolution was recently passed by the Board of Health, Springfield, prohibiting expectoration on sidewalks and in public places.

THE WAR AGAINST TUBERCULOSIS IN FRANCE.—The *Paris Figaro* has made an appeal to the French public for subscriptions to a fund for carrying on active warfare against tuberculosis. It is pointed out that whereas Germany has 64 sanatoria with 23,000 consumptives under treatment, France has only two such institutions. At the head of the list of subscribers is the name of Professor Brouardel, late Dean of the Medical Faculty of the University of Paris. An anonymous benefactor has given 200,000 francs (£8,000). The sum so far collected amounts to £44,147.

BIRMINGHAM DENTAL STUDENTS' SOCIETY.—The President, Mr. Karl Daman, took the chair at the eleventh annual dinner of the Birmingham Dental Students' Society. There was a larger gathering than in former years of past and present members of the Dental School, and many visitors were also present. Among those who sat down to dinner were Sir James Sawyer, Mr. Haslam, Mr. F. Huxley, Mr. J. Humphreys, Dr. Wright, Mr. F. Richards, Mr. F. M. Farmer, and Mr. Dencer Whittles. After the dinner, in the intervals between the toasts, songs were given by the President and by some of the members, and a flute solo was rendered by Mr. F. Huxley. In the speeches many references were made to the inadequacy of the present Dental Hospital, which had originally been a private house, and of the difficulty, owing to the public not knowing more about the work of the institution, of raising the necessary funds with which to build the proposed new hospital.

FEMALE MEDICAL PRACTITIONERS.—The Local Government of Bosnia-Herzegovina have recently appointed Miss Rosa Einhorn to be Medical Officer at Travnik. There are now five female medical officers in these provinces. In addition to Miss Einhorn, there are Madame Gisela Kuhn at Banjaluka, Madame Bohnslna Keck at Mostar, Madame Theodora Krajewska at Sarajewo, and Madame Hedwig Olszewska at Doliua. It may be added that for the first time a lady doctor, Miss Helene Friederike Stelzner, who took her degree at Halle *magna cum laude*, has, with the approval of the Cultus-minister, been appointed a volunteer assistant in the Berlin Charité. Three female practitioners, Miss Klausner, Miss von Leyen, and Miss Widgazinsky, have also been admitted members of the Medical Sick Assurance Association.

PARIS PRIZES.—The Académie des Sciences has awarded the three Montyon prizes in medicine and surgery to Professor Déjerine for his work on the semeiology of the nervous system; to Dr. G. H. Roger for his work on infectious diseases; and to Dr. P. Ravaut for his thesis on the diagnosis of the nature of sero-fibrinous pleural effusions (cytodiagnosis). The Barbier prize has been divided between Professor A. Le Dentu for his work on cancer of the breast and Dr. L. Grimbart for his chemico-biological and bacteriological researches. The Larrey prize has been awarded to Dr. P. Triaire, of Tours, for his book entitled *Dominique Larrey et les Campagnes de la Révolution et de l'Empire*. The Académie de Médecine has awarded the Barbier prize (£80) to Dr. A. Marmorek, of the Pasteur Institute; the Theodore Herpin (£120) to Dr. R. Cestan, of Paris; the Saintour (£176) to Professor Testut; the Tarnier (£120) to Dr. Bué, of Lille. Many of the prizes, including the François-Joseph Audiffred (£960), have not been awarded.

A MEDICAL REPRESENTATIVE IN THE SAXON MINISTRY OF THE INTERIOR.—The Government of Saxony has yielded to the oft-expressed wish of the medical profession that they should be represented by a professional colleague in the Ministry of the Interior. Professor Friedrich Renk has accordingly been appointed to a seat in the State Council of the Ministry of the Interior. He was born at Munich in 1850, studied medicine in the university of his native city under Pettenkofer and Karl Voit, and graduated there as Doctor of Medicine in 1874. He was assistant in the Institute of Hygiene under Pettenkofer, and in 1879 qualified as *Privat-docent*. In 1887 he succeeded Dr. Wolfhügel as an ordinary member of the Imperial Health Bureau, continuing to lecture as *Privat-docent* at Berlin. In 1890 he was appointed Professor of Hygiene in the University of Halle. In 1894 he became Director of the Central Station for Public Health and Professor in the Technical High School of Dresden. In 1898 the title of Medical Privy Councillor was conferred on Professor Renk.

**HYGIENIC MILK SUPPLY EXHIBITION AT HAMBURG.**—The Government of Germany has intimated that a general exhibition, devoted to hygienic milk supply in all its branches, will be held at Hamburg from May 2nd to May 10th, 1903. It will be divided into eight different departments. The first will comprise everything relating to milk production, including the exhibit of a limited number of cows of known pedigree; the carrying out of milk tests; the management of cows in stable and pasture; the clothing, health, and supervision of the persons having charge of them; etc. The second department will be devoted to the veterinary control of the condition of cows and of its relation to the purity of milk, to the laws governing sanitary management, the control of outbreaks of contagious diseases, the ordinary and special diseases to which cows are subject, to unwholesome plant foods and drinking water, and the excretion of medicinal stuffs through the milk. It will also include everything relating to the means and apparatus which have been tried or perfected for disinfecting stalls. Applications by intending exhibitors should be made not later than February 15th, 1903, to the Geschäftsstelle, 46, Kampstrasse, Hamburg.

#### MEDICAL VACANCIES.

The following vacancies are announced:

**BETHNAL GREEN BOARD OF GUARDIANS.**—District Medical Officer. Applications on forms provided to be sent to the Clerk to the Board of Guardians, Administrative Offices, Bishop Road, Victoria Park, N.E., by January 14th.

**BIRKENHEAD BOROUGH HOSPITAL.**—Senior Resident Male House Surgeon. Salary, £100 per annum, with board. Applications to Chairman of Weekly Board by February 1st.

**BOOTLE: GENERAL HOSPITAL.**—Junior Resident (male). Salary, £80 per annum, with board and laundry. Applications to the Secretary.

**BOURNEMOUTH: ROYAL VICTORIA HOSPITAL.**—House Surgeon. Salary, £100 per annum, with board and lodging. Applications to the Chairman of Committee by January 29th.

**CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.** Victoria Park, E.—(1) Second House-Physician. Appointment for six months. Board, washing, and residence provided, and salary at the rate of £30 per annum. (2) Physician to out-patients. Must be F. or M.R.C.P. Lond. Applications to the Secretary for (1) by January 15th, and for (2) by February 9th.

**DEVONSBURY AND DISTRICT GENERAL HOSPITAL.**—House-Surgeon. Salary, commencing £100 per annum, with board, residence, and washing. Applications, endorsed "House Surgeon," to be sent to the Secretary by January 4th.

**GLoucester: GENERAL INFIRMARY AT (LOUCESTER AND THE GLOUCESTERSHIRE EYE INSTITUTION.**—Senior House-Surgeon. Salary, £100 per annum, with board, residence, and washing. Applications to the Secretary by January 13th.

**HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.** Brompton.—(1) Physician in charge of Roentgen Ray Department. Honorarium, £52 10s. (2) Resident House-Physicians. Appointment for six months. Honorarium, £25. Applications to the Secretary for (1) by December 31st, and for (2) by January 7th.

**JARROW-ON-TYNE: PALMER MEMORIAL HOSPITAL.**—House-Surgeon. Salary, £120 per annum, with board and residence. Applications to the Secretary by January 6th.

**JENNER INSTITUTE OF PREVENTIVE MEDICINE.** Chelsea Gardens.—Studentship of the value of £150 (tenable for one year but renewable) for the purpose of research in the Department of Bacteriology at the Institute. Applications to be sent in by January 31st.

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

**LEEDS PUBLIC DISPENSARY.**—(1) Honorary Surgeon. (2) Honorary Ophthalmic Surgeon. Applications to the Chairman of the Election Committee, Public Dispensary, New Bridge, Leeds, by January 19th.

**LIVERPOOL: STANLEY HOSPITAL.**—Third House-Surgeon. Salary £10, with board, residence, etc. Applications, endorsed "House-Surgeon," to be addressed to the Chairman of the Medical Board by January 9th.

**LONDON COUNTY COUNCIL.**—Medical Officer to certain employees residing in Borough of Lewisham. Applications to the Clerk of the Council, County Hall, spring Gardens, S.W., by January 17th.

**MANCHESTER: ST. MARY'S HOSPITAL.**—Medical Officer. Appointment for six months, but eligible for re-election. Salary, £65 per annum, with board and residence. Applications to the Chairman of the Board of Management by January 11th.

**NOTTINGHAM GENERAL HOSPITAL.**—Assistant House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary by January 9th.

**ROYAL DENTAL HOSPITAL FOR LONDON AND LONDON SCHOOL OF DENTAL SURGERY.** Leicester Square, W.C.—Demonstrator. Honorarium, £200 per annum. Applications to the Dean by March 22nd.

**SALISBURY: FISHERTON ASYLUM.**—Assistant Medical Officer; unmarried, and about 30 years of age. Salary, £150 per annum, with board, lodging, and washing. Applications to Dr. Finch, Salisbury.

**SAMARITAN FREE HOSPITAL.** Marylebone Road, N.W.—Clinical Assistants. Applications to the Secretary by January 10th.

**SCHEFFIELD: ROYAL HOSPITAL.**—Junior Assistant House-Surgeon; unmarried. Salary, £30 per annum, with board, washing, and lodging. Applications to the Secretary of the Honorary Staff, Dr. S. Risley, 39, Glossop Road, Sheffield, by January 17th.

**SOUTHPORT INFIRMARY.**—Resident Junior House and Visiting Surgeon. Appointment for six months. Salary at the rate of £70 per annum, with residence, board, and washing. Applications to the Secretary, Infirmary Office, 24, King Street, Southport, by January 2nd.

**TOTTENHAM HOSPITAL.**—Two Honorary Anaesthetists. Applications to the Chairman of the Joint Committee, Tottenham Hospital, N. by January 12th.

**VICTORIA HOSPITAL FOR CHILDREN.** Tite Street, Chelsea, S.W.—Physician to the Out-patients; must be F. or M.R.C.P. Lond. Applications to the Secretary by January 10th.

**WHITTINGHAM: COUNTY ASYLUM.**—Assistant Medical Officer; unmarried and not over 30 years of age. Initial salary, £150 per annum. Applications to the Medical Superintendent.

#### MEDICAL APPOINTMENTS.

**ADAMS.** Edward W., M.D. Lond., appointed Honorary Assistant Demonstrator in Pathology at University College, Sheffield.

**ALLIN.** Charles J., L.D.S., R.C.S. Eng., appointed Honorary Dental Surgeon to the Derbyshire Royal Infirmary.

**ASHWORTH.** F. H. S., M.B., Ch.B. Vict., appointed Resident Medical Officer to the Swansea Hospital.

**BATHE.** Allan Arthur, M.A., M.R.Oxon., appointed District Medical Officer for the South District of Paddington Parish.

**BUZZARD.** E. Farquhar, M.D. Oxon., M.R.C.P. Lond., appointed Assistant Physician to the Royal Free Hospital.

**FRASER.** T. P., M.B., Ch.B. Aberd., appointed House-Surgeon to the Grimsby and District Hospital, vice H. Freeth, M.D.

**GORDON.** F. W., L.R.C.P., M.R.C.S., appointed Honorary Visiting Surgeon of the Auckland Hospital, New Zealand.

**GREAVES.** F. L. A., F.R.C.S. Eng., appointed Honorary Surgeon to the Derbyshire Royal Infirmary, vice Mr. C. H. Hough, resigned.

**HAY.** John, M.D. Vict., M.R.C.S., L.R.C.P., appointed Honorary Physician to the Hospital for Consumption and Diseases of the Chest, Liverpool.

**HENDERSON.** Robert G., M.A., M.B., Ch.B. Aberd., F.R.C.S. Edin., appointed Honorary Anaesthetist to the Liverpool Stanley Hospital.

**HEPPER.** E. C., M.R.C.S., L.R.C.P., I.M.S., appointed Clinical Assistant to the Chelsea Hospital for Women.

**MURPHY.** J. Montague, L.D.S., R.C.S. Eng., appointed Honorary Dental Surgeon to the Derbyshire Royal Infirmary.

**POLLEN.** Henry, M.D. Dub., M.Ch., appointed Health Officer for the the Port of Wellington, New Zealand.

**PORTER.** Charles, M.D., B.Sc. Edin., M.R.C.P. Edin., of the Public Health Hospital, Leith, appointed Demonstrator in Bacteriology at University College, Sheffield.

**RAINSFORD.** H. M., L.R.C.P. & S. Ire., appointed District Medical Officer of the Seaford Union.

**REID.** George M., M.B., C.M. Aberd., appointed Health Officer for the Shire of McIvor, Victoria.

**SCOTT.** R. F. McNair, B.A., M.B., Ch.B., appointed Clinical Assistant to the Chelsea Hospital for Women.

**VALLANCE.** H., M.R.C.S., L.R.C.P., appointed District Medical Officer of the Newhaven Union.

**VERLING-BROWN.** C. R., M.R.C.S. Eng., L.R.C.P. Lond., appointed Senior House Physician to the Great Northern Hospital, Holloway Road, N.

**WADE.** R. B., M.B., Ch.M. Syd., appointed Honorary Assistant Surgeon to the Sydney Hospital for Sick Children, New South Wales.

**WALKER.** T. Malcolm, M.R.C.S., L.R.C.P., appointed Medical Officer of Health to the Banbury Rural District Council, vice E. Francy, M.R.C.S. Eng., resigned.

**WATKINS-PITCHFORD.** Wilfrid, M.D. Lond., F.R.C.S. Eng., D.P.H. Oxon, appointed Assistant Bacteriologist in the Government Research Laboratories, Pietermaritzburg, Natal.

**WILLEY.** Florence E., M.B., B.S., B.Sc. Lond., appointed Surgical Registrar to the Royal Free Hospital.

**WILLIAM.** G. T., jun., B.A. Camb., M.R.C.S., L.R.C.P. Lond., appointed District and Workhouse Medical Officer of the Milton Union.

**EAST LONDON HOSPITAL FOR CHILDREN.** SHADWELL, E.—The following appointment's have been made:—  
Assistant Physician.—S. Vere Pearson, M.B. Cantab., M.R.C.P. Lond.; Clive Riviere, M.D. Lond., M.R.C.P. Lond.  
Assistant Surgeon.—R. P. Rowlands, F.R.C.S.  
Pathologist.—Leonard S. Dugdow, M.R.C.S., M.R.C.P.  
House Physician.—Ambrose Emerson, M.B., B.C. Cantab.

#### DIARY FOR NEXT WEEK.

##### TUESDAY.

**Pathological Society of London.** 20, Hanover Square, W., 8.30 p.m.—Dr. Lenthal Cheale: The Repair of Bullet Wounds of the Intestines. Dr. Shrubsall and Dr. Mullings: Tuberculosis of the Oesophagus. Dr. F. W. Andrews: (1) A Case of Congenital Tube colostis; (2) Two Cases of Congenital Heart Disease. Dr. H. M. Fletcher: Cholesteatoma of the Pineal Body. Dr. O. Grunbaum: Membranous Gastritis. Card specimen by Dr. Dugdow.

##### WEDNESDAY.

**Obstetrical Society of London.** 20, Hanover Square, W., 8 p.m.—Discussion on Puerperal Insanity, to be opened by Dr. Robert Jones (introduced by Dr. W. S. A. Griffith). Among those who are expected to take part in the discussion are: Sir John Williams, Bart., Dr. W. Lloyd Andriezen, Dr. G. F. Blandford, Dr. F. H. Champneys, Dr. W. S. A. Griffith, Dr. G. E. Herman, Dr. T. B. Hyslop, Dr. Charles Mercier, Dr. W. D. Moore, Dr. F. W. Mott, F.R.S., Dr. G. H. Savage, Dr. Percy Smith, Dr. Seymour Tuke, and Dr. Ernest White.

##### FRIDAY.

**Clinical Society of London.** 20, Hanover Square, W., 8.30 p.m.—Mr. T. H. Openshaw: The Morbid Anatomy and Treatment of Congenital Dislocation of the Hip Joint. Dr. E. W. Goodall: A Case of Haemorrhagic Typhoid Fever. Dr. H. D. Rolleston: Generalized Tuberculosis with Arthritis.

**Laryngological Society of London.** 20, Hanover Square, W., 4.15 p.m.—Annual meeting. 5 p.m.—Ordinary meeting. Cases, specimens, and instruments will be shown by: Mr. W. H. R. Stewart, Sir Felix Simon, Dr. Bromner, Dr. Watson Williams, Dr. Lack, Mr. Lake, Dr. Tilley, Dr. Barclay Baron, Dr. Donelan, and others.

##### POST-GRADUATE COURSES AND LECTURES.

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

#### BIRTHS, MARRIAGES, AND DEATHS.

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

##### BIRTHS.

**ADDISON.**—On Sunday, December 21st, 1902, at Wigan Croft, Northwood, Middlesex, the wife of Christopher Addison, M.D., F.R.C.S., of a daughter.

**HICKLEY.**—On December 21st, 1902, at 259, South Lambeth Road, S.W., the wife of A. Mackenzie Hickley, L.R.C.P. Lond., M.R.C.S. Eng., of a daughter.

**SPINK.**—On December 20th, 1902, at Lyndhurst, Reddish, Lancs., the wife of Ernest W. Spink, M.D., B.S., M.R.C.S., of a son.

**WATSON.**—On December 31st, 1902, at Hendre, Overton Park, Cheltenham, the wife of Deputy Surgeon-General George Alder Watson, Bengal Army (retired), of a son.

##### MARRIAGES.

**GODWIN-APPLEBY.**—On November 25th, 1902, at St. Oswald's Church, Durham, by the Rev. M. Horsfall, M.A., of Whitby, assisted by the Rev. W. M. Worsworth, M.A., Vicar of St. Oswald's, Howden. G. M. Godwin, M.R.C.S., F.R.C.S., of Whitchester, eldest son of the late James Godwin, M.R.C.S., of Tayport, Fife, married Hants., to Florence Marion Appleby, second daughter of Captain George Walton Appleby, late 26th Cameronians (Scottish Rifles), of 10, Church Street, Durham.

**LANGDON BROWN-PRESLAND.**—On December 20th, 1902, by the Rev. J. Brown, D.D., father of the bridegroom, W. Langdon Brown, M.D., M.R.C.P., of 37A, Finsbury Square, E.C., to Frances Eileen, daughter of the late John Presland, Esq., of Warboys, Hunts.

**PANTING-HEPBURN.**—On December 17th, 1902, at St. Mary's, Aldridge, Lawrence Christopher Panting, M.A., D.M. Oxon, of Truro, to Jane Agnes, younger daughter of the late Archibald Hepburn, Esq., and Mrs. Hepburn, of the Moat House, Aldridge.

##### DEATHS.

**ANDERTON.**—On December 7th, 1902, at the Mansions House, Ormskirk, aged 29 years, Edmund Balmer Anderton, M.D., eldest son of Dr. William Anderton, of Ormskirk.

**CAMERON.**—At Dejubau Tomintoul, on Tuesday, December 16th, 1902, Alexander Gordon Cameron, M.B., C.M., late of The Fal's, Glenlivet.

**HEATH.**—On December 20th, 1902, Richard Heath, M.D., of St. Leonards-on-Sea.

**ROSE.**—On December 26th, 1902, suddenly, Robert Donald Campbell Rose, L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glas., at 8, St. Leonard's, York, eldest son of Robert Duncan Rose, F.R.C.S. Edin.

**TOPHAM.**—On December 23rd, 1902, at 36, Prescott Street, Halifax, Albert Stocks Topham, M.R.C.S., L.R.C.P., in his 46th year. Please accept this the only intimation.