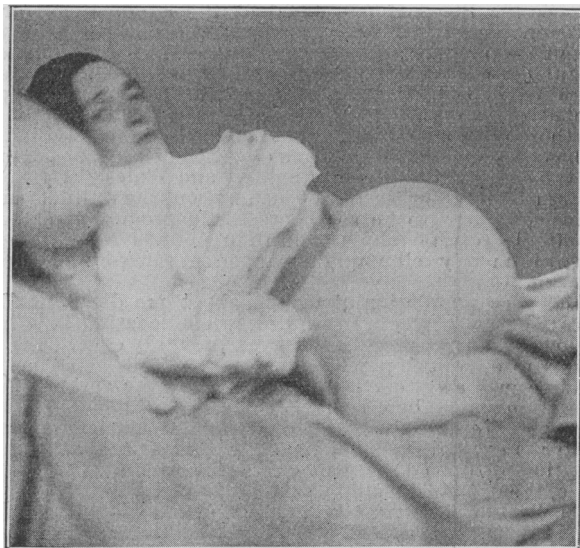


## MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

### A CASE OF HYDRAMNIOS.

Mrs. B., who was confined on November 7th, 1902, had menstruated last in the middle of February, and had not expected the onset of labour until November 21st. She was engaged constantly during the first seven months of pregnancy in machining, and carrying heavy weights of 56 lb. and upwards. She had had three children, the youngest being 6 years old, and her previous pregnancies had all been normal. She began to increase in size in June, 1902, when the movements became first perceptible, and got more and more incommoded by her progressive bulk, until in October walking became difficult, her legs commenced to swell, and breathing was short. The fetal movements continued as long as the last week of October.

I examined her first on November 4th, 1902. She was enormously distended, and the abdomen felt like a full water-skin. The measurements were: at umbilicus, 42 in.; at the rib border, 30 in.; from the ensiform to the pubes, 16 in. Two days after labour the umbilical circumference was 28 in., and bore the same proportional relation to her previous girth that a sixpence bears to a florin. The skin was glazed and looked as though it would burst. No part of the child could be felt internally or externally, owing to this tense condition. The chief factors in the differential diagnosis were: (a) the history of the case; (b) the position of the os uteri, drawn up almost out of reach.



Photograph taken one hour before confinement.

Labour commenced naturally with a rush of water, which saturated her clothes, and when I arrived she had lost a considerable quantity of fluid, estimated by herself at between 1 and 2 quarts. Five and a-half quarts were afterwards caught and carefully measured. The child presented vertex, but the uterine contractions were inefficient, although ergot was freely administered. The head was delivered with forceps, but the body stuck, and the cause of obstruction could not be detected. The child was dead and macerated, and the head came off in the efforts to extract the trunk. When the fetus was delivered the obstacle to delivery was found to have been a large abdomen, full of fluid. This fluid, confined within the soft and yielding abdominal walls, acted as a wedge, increasing its resistance in proportion to the pull that was made upon it. The child was a male, and appeared to be at about the eighth month, but was larger than the average fetus at term. The placenta, which was difficult to remove, was thin, stretched out, and stringy. The amniotic fluid was straw-coloured, highly albuminous, and had a specific gravity of 1.018. There was no albuminuria. The patient made an uninterrupted recovery, and is now in good health.

Droylsden, Manchester. J. EDWARD GODSON, M.B., B.Ch. Birm.

### TRANSPOSITION OF VISCERA.

H. L., aged 9, was brought to me on October 14th, 1902, suffering from chronic bronchitis. His mother stated that he had coughed and expectorated more or less for four years.

Upon examining the boy who was much emaciated, I observed the apex beat exactly in the nipple line, in the fifth interspace, on the right side. There was no history or sign of pleurisy or empyema. Further examination showed that the heart occupied a position on the right side of the thorax corresponding to its normal situation on the left side. The liver was found on the left side, but slightly displaced downwards owing to an emphysematous condition of the lung. The stomach was on the right side; and in the right hypochondrium the splenic dullness could be detected though its limits could not be accurately defined owing to the condition of the lung. For curiosity I sought for a sensitive spot in the left lower abdomen corresponding to Munro's point, but, as might be expected, could not come to any definite conclusion regarding it.

Dr. Whitton and Dr. McAdam, of Oamaru, subsequently examined the boy and verified the diagnosis of this unusual condition.

ALEXANDER DOUGLAS, M.A., M.B., C.M. Edin.

Oamaru, N. Zealand.

### A CASE OF CALCULOUS NEPHRITIS.

On September 6th, 1901, R. M., aged 56, met with an accident whilst at work. He was going down some stone steps when his foot slipped, and he fell and hurt his back. About six weeks afterwards he consulted me; he complained of pain on pressure over the middle of the spine about the upper part of the lumbar region. There were no signs of bruising, nor marks of any description; his only complaint was of increasing weakness; he could not walk far without being tired.

Some weeks after this I saw him in conjunction with another doctor, owing to proceedings being taken under the Compensation or Employers' Liability Act. His only complaint then was of weakness; but my friend suspecting kidney mischief, his urine was examined, although the patient stated he never had a headache nor frequency of micturition. I saw him about a fortnight ago, when he was delirious, and the following morning he died.

A necropsy was made with the following results: Every organ in the body was normal except the left kidney, in which was found a large calculus about the size of a walnut, of irregular shape, occupying a considerable part of the kidney, causing atrophy of that organ. The peculiar feature of the case was the entire absence of symptoms. The specific gravity of the urine was 1.007 to 1.012, and on boiling became cloudy, but there was no albumen nor sugar; urates were in excess. There was never any increase of temperature, but slight hypertrophy of the heart. The quantity of urine was normal.

Darwen.

F. G. HAWORTH, M.B., C.M.

**MITRAL STENOSIS COMPLICATED BY PREGNANCY.** In connexion with the two cases published in the BRITISH MEDICAL JOURNAL of January 17th, related by Dr. Wilkes, the following may be of interest.

Mrs. C., aged 25, came under observation in June, 1901, with symptoms of mitral stenosis. No history of rheumatism could be obtained, and the patient was quite unaware that her heart was other than sound. The usual symptom of shortness of breath on exertion led to her seeking medical advice. On examination the pulse was quickened, feeble, and irregular. The apex was normally situated, but there was an auricular systolic murmur heard best at that point, with marked accentuation of the first sound at the apex, and the second sound over the pulmonary area. The usual signs of dilatation of the left auricle and hypertrophy of the right ventricle were also present. The patient was in the seventh month of her first pregnancy, and was warned that labour would be attended with exceptional risk. Under appropriate treatment compensation was restored in a short time.

On August 18th I was summoned to attend her in labour. On examination the head was presenting in the L.O.A. position and the first stage about half completed. There was no sign of loss of compensation. As soon as practicable forceps were applied under chloroform and the child delivered. The perineum was slightly torn. This was sutured and the placenta expressed with very slight loss of blood.

At this time the patient expressed herself as "all right" and pleased that it was well over, and the only sign of cardiac

strain was slight bronchial wheezing suggesting basal congestion;  $\frac{1}{2}$  gr. digitalin with  $\frac{1}{4}$  strychnine were administered hypodermically. Half an hour later breathing was more laboured, moist rales heard all over the chest, and there was commencing cyanosis of the lips and face. The hypodermic injection of digitalin and strychnine was repeated. The unfavourable symptoms however increased, until the patient had to be supported in the sitting position; cyanosis became extreme, and all the veins replete and over distended.

Venesection was performed and 14 oz. to 16 oz. of blood withdrawn from the left arm. The adverse symptoms were quickly relieved, and in an hour and a-half the patient was left without anxiety. Further progress was uninterrupted and complete.

The following points in this case seem noteworthy. Forceps were applied early to save the heart as much strain as possible. The symptoms becoming quickly aggravated as long as an hour after the third stage of labour was complete may perhaps be explained by the sudden lowering of the intra-abdominal pressure after delivery. The diminished pressure would be most readily felt in the abdominal veins, and thus possibly relieve the right heart temporarily and stave off failure in compensation. Immediate relief of the right heart by venesection was the only practical way of saving the patient's life under the circumstances. The effect was even more rapid than in those cases of bronchitis with oedema of the lungs which are perhaps the commonest in which venesection is now employed. Certainly it would seem that mitral stenosis is the most unfavourable lesion in cases of heart disease complicated by pregnancy.

E. KAYE LE FLEMING, B.A., M.B., B.C. Cantab.,  
Wimborne. M.R.C.S., L.R.C.P.

## REPORTS

ON

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

#### LEEDS GENERAL INFIRMARY.

##### A CASE OF CAESAREAN SECTION FOR CONTRACTED PELVIS IN A RACHITIC SUBJECT.

(By J. B. HELLIER, M.D., Obstetric Physician to the Infirmary.)

B. R., aged 28, married, primigravida, was sent to this hospital on the evening of January 12th, 1903, by Mr. A. Hawkyard of Hunslet, because she was in labour and there was extreme pelvic contraction.

The patient was 51 in. in height, and showed marked rickety deformity in the lower extremities. The femora were bowed, and the tibiae much curved in an antero-posterior direction, the crest of each tibia forming a sharp keel. The chest was fairly well developed. The heart and lungs and other organs appeared to be healthy. The patient was in good condition. There was vigorous uterine action, pulse 100, temperature 99°. On vaginal examination the sacral promontory was found to be between  $1\frac{1}{2}$  in. from the pubes, thus most seriously obstructing the pelvic inlet, and affording "absolute" indications for Caesarean section. A hand presented in the vagina, together with a loop of cord in which no pulsation could be felt. The membranes had ruptured spontaneously.

External conjugate about	...	...	6 $\frac{1}{2}$ in.
Interspinoous distance...	...	...	9 $\frac{1}{2}$ in.
Intercristal distance ...	...	...	10 $\frac{1}{2}$ in.

The child lay in transverse position, dorso-anterior, and head to right. The patient stated that her father and mother were both of medium height, and strong and healthy. She had four brothers and three sisters, all healthy, and of medium stature. She used to wear leg-irons in childhood. She had had no serious illness. Menstruation ceased on April 6th, 1902. Her health during pregnancy was very good. Caesarean section was performed within half an hour after admission by Dr. Hellier, assisted by Mr. Collinson, Resident Surgical Officer, and Mr. H. Brown, Resident Obstetric Officer. Chloroform was administered by Mr. Radcliffe. An incision 6 $\frac{1}{2}$  in. long was made through the thin abdominal wall, and the womb was opened by a 6-in. incision corresponding with this. It was subsequently found that owing to the rotation of

the womb the incision was to the left of the middle line. The child was easily extracted, and then the uterus was drawn forwards through the abdominal wound, and the abdomen was packed with a very large swab behind it. The placenta was attached to the posterior wall, and was easily separated. At this stage it was found best to place an elastic cord round the cervix to control the haemorrhage from the placental site. About eight deep silk sutures were passed through the whole thickness of the uterine wall except the mucosa, and four or five superficial silk sutures were passed between them. Before securing the two lowest sutures the uterus was washed out with water at 115°. After tying all the sutures, hot water was poured over the outside of the womb, which made it contract well. On relaxing the tourniquet no haemorrhage occurred either from the incision or per vaginam. The edges of the uterine serosa were now united by a continuous catgut suture, thus burying the silk sutures. An inch was then excised from each oviduct. This sterilization was carried out with the patient's consent and at her desire.

The abdomen was closed in the usual way. The child was dead on delivery, all efforts to induce respiration being futile. Death was no doubt due to the prolapse of the cord and the compression of the same by reason of the vigorous uterine action before operation. It was a fairly well-developed male.

The patient stood the operation exceedingly well, and made an excellent recovery without complications. The mammae gave no trouble. The wound healed entirely by first intention. She was discharged cured on February 7th, 1903.

When the abdomen was opened in this case some free ascitic fluid was found in the peritoneum. This was also noticed in our last case.<sup>1</sup>

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

ALFRED WILLETT, F.R.C.S., President, in the Chair.

Tuesday, March 10th, 1903.

#### CASE OF MULTIPLE MYELOMA WITH ALBUMOSURIA.

DR. F. PARKES WEBER communicated this paper, to which was added a report on the chemical pathology of the condition by Dr. R. HUTCHISON and Dr. J. J. R. MACLEOD. The patient, a man aged 50, had complained of rheumatoid symptoms from about the end of the year 1899. About February, 1900, he began to suffer from pains in his loins and stiffness in the small joints of his hands. Soon afterwards the upper part of his back began to bend, so that he acquired a stooping attitude. Previously to this illness the patient had been strong, but as a young man had had gonorrhoea and a chancre on the penis. One of his sisters suffered from diabetes mellitus. The urine of the patient was found to contain the Bence-Jones proteid. The daily amount of the urine was about 2,000 c.cm., and it contained about 7 per mille of the proteid as measured by Esbach's albuminometer. By a more exact method (precipitation with alcohol, drying, and weighing) Dr. R. Hutchison found that about 15 grams of the proteid were excreted daily. The reactions of the proteid were the typical ones described by Bence-Jones, Kühne, Bradshaw, etc. For some time his condition remained fairly stationary, and at first, by the use of local hot baths, massage, etc., the power of bending his fingers was improved. Afterwards, however, the general weakness, cachexia, and anaemia greatly progressed, and gummatous disease of the tongue and of one rib made its appearance. Examination of the patient's blood showed slight leucocytosis. In January, 1901, it was found to contain about 23 per cent. of the normal haemoglobin. In the cubic millimetre there were 2,980,000 red cells and 11,000 white cells (25.6 per cent. lymphocytes, 3 per cent. large mononuclear, 70.3 per cent. polymorphonuclear, 1 per cent. eosinophile). No myelocytes or atypical cells were detected amongst the leucocytes. On January 25th the patient died after copious haemorrhage from the intestines, which *post-mortem* examination showed to be due to chronic ulceration of the duodenum. The albumosuria persisted to the last. At the necropsy the bone marrow of all the bones examined was found to be more or less affected by a diffuse sarcoma-like growth of rounded or polyhedral mononuclear cells, a form of "multiple myeloma" or "myelomatosis." A report on the microscopic characters of the new growth by Professor R. Muir was quoted.

T. PRIDHAM, JOHN O'LEARY, SAMUEL R. CHRISTOPHERS, HARRY EMSLIE-SMITH, HUGH R. DUTTON, VINCENT B. NESFIELD, HENRY M. BROWN, FRANCIS P. VIEYRA, ARTHUR F. PILKINGTON, PHILIP G. EASTON, WILFRID W. JENDWINE, THOMAS C. M'C. YOUNG, GEORGE A. JOLLY, HENRY C. BROWN, ABDURRAHMAN KHAN LAUDDIE, WALTER J. COLLINSON, CUTHBERT L. DUNN, HERBERT M. H. MELHUISH, HORACE H. KIDDLE, RICHARD F. C. TALBOT, RAGHUBER DAYAL SAIGOL, CECIL E. BULTEEL, JOHN L. LUNHAM, FREDERICK C. ROGERS, MAUNG BA-KET, GEORGE F. HUMPHREYS, CLAYTON A. F. HINGSTON.

Captain W. E. A. ARMSTRONG, Madras Establishment, has been appointed Surgeon to Lord Curzon, Governor-General of India, vice Lieutenant-Colonel E. H. FENN, C.I.E.

Surgeon-General W. R. HOOPER, President of the Medical Board at the India Office, late Bengal Establishment, and who in the ordinary course would have vacated his appointment in January last, has received a year's extension of his tenure of office.

#### THE ALBERT MEDAL.

At the *Levee* on March 9th, Captain H. C. French, R.A.M.C., was introduced, and received from His Majesty the Albert Medal of the second class for the following service:—While H. M. Transport *Wakool* was steaming at the rate of about twelve knots an hour through the Straits of Malacca on the 17th November, 1902, a native fireman jumped overboard. Captain French, who was a passenger on board, immediately dived off the promenade deck, a height of about 36 ft. from the water, and swam to the place where he had observed the man. Before he reached the spot the man had disappeared, and Captain French was obliged to make for a lifebuoy, as he was exhausted with the weight of his clothing. Subsequently both were rescued by the ship's lifeboat. Captain French incurred considerable risk, as a strong current was running at the time, and he might have been drawn under the propellers of the ship. He was also in danger of sharks and water snakes, which are known to frequent the Straits of Malacca.

#### VOLUNTEER RIFLES.

SURGEON-LIEUTENANT W. J. HESLOP, 3rd Volunteer Battalion the Lancashire Fusiliers, resigns his commission, March 7th.

Supernumerary Surgeon-Lieutenant J. C. TAYLER, M.B., from the 9th Lanarkshire Volunteer Battalion Rifles, to be Surgeon-Lieutenant in the 1st Volunteer Battalion the Royal Scots Fusiliers, March 7th.

The undermentioned gentlemen are appointed Surgeon-Lieutenants in the corps respectively specified: ARTHUR J. H. MONTAGUE, M.D., 4th (Nottinghamshire) Volunteer Battalion the Sherwood Foresters (Nottinghamshire and Derbyshire Regiment), March 7th; GEORGE S. MILL, M.D., 1st Volunteer Battalion the King's Own (Yorkshire Light Infantry), March 7th; CHARLES A. C. SMELT, M.B., 21st Middlesex (the Finsbury), February 24th.

Captain D. G. NEWTON, M.B., from the South Yorkshire Volunteer Infantry Brigade Bearer Company, to be Surgeon-Captain in the 1st (Hallamshire) Volunteer Battalion the York and Lancashire Regiment, March 7th.

#### VOLUNTEER INFANTRY BRIGADE BEARER COMPANY.

MR. EVELYN J. R. EVATT, M.B., to be Lieutenant in the Welsh Company, March 7th.

#### ORDER OF THE OSMANIEH.

THE King has been pleased to grant to William Hawkins Williams, Esq., M.B., permission to accept the Order of the Osmanieh, fourth class, conferred upon him by the Khedive of Egypt, in recognition of his valuable services as Professor of Physiology at the Egyptian Government School of Medicine.

#### ORDER OF ST. JOHN OF JERUSALEM.

THE King has been pleased to appoint the undermentioned gentlemen to be Knights of Grace: Surgeon-Lieutenant-Colonel Matthew Baines, M.D. (from Honorary Associate); Reginald Harrison, Esq., F.R.C.S.; Fleming Mant Sandwith, Esq., M.D. (from Honorary Associate).

## MEDICO-LEGAL AND MEDICO-ETHICAL.

#### "ANOTHER MIDWIFERY BUNGLE."

UNDER this heading there is reported at great length in the *Lincolnshire Chronicle* of February 26th, an inquest on a newly-born child, David Robinson. The report is prefaced by the statement that so many deaths of newly-born children occur in the district that the coroners of the city and district have determined to hold an inquest upon every baby whose death seems to have been attended by any unusual circumstances whatever.

The evidence given by Dr. McFarland was to the effect that he had refused to give a certificate as to the death because he had not been called in until several hours after the child was dead; that on necropsy he found that the child, though apparently premature, had not died on this account, but from haemorrhage, that the cord had been tied either carelessly or by a person entirely devoid of skill, and that the child slowly bled to death, the clothes being saturated with blood.

Mrs. Rodgers deposed that the confinement of her daughter, the mother of the deceased baby, had occurred a month before it was expected. When it began, witness thought it was only inflammation, and sent for a Mrs. McCall. The latter saw what the case really was, and said "she would stay and see it through out of kindness." They did not send for a doctor, because Mrs. McCall thought one would not come as it was so late. The child was born in the early morning. After it was born, the child slowly grew weaker and weaker, and in the evening Mrs. McCall, who called in again, advised her to have it baptized at once, and send for a doctor in the morning. Witness had noticed it growing weaker all day, but did not send for a doctor, because she did not know if a doctor could do anything. She had it baptized, however, "to be on the safe side." It was not until about 10 p.m., after the baptism, that she made up her mind it was dying. She told its mother it was sinking all night, but still did not send for the doctor because she did not think he could do anything more than she was doing herself. She put pads on the child's stomach in the morning, and was not surprised to find them saturated with blood,

because there had been bleeding when she put them on. She had seen cords bleeding before, but this one was properly tied. She had had thirteen children herself, of whom ten were living. She did not call Mrs. McCall's attention to it when she came in in the evening.

Mrs. McCall said she was a nurse and not a midwife, though she had brought a good many children into the world. She had not attended the case for payment, but out of kindness, as she thought it was doubtful if a doctor would come. When she called the evening after the confinement she attended to the mother, but did not look at the child, as there seemed no need.

The Coroner, in summing up, said the case was serious, as it was evident that the child had not died because premature, but had been allowed to bleed slowly to death. It was the duty of people who were in charge of delicate people, as Mrs. Rodgers was of her daughter, to see that they got proper care, and the attention of a medical man if required. In this case it was obvious that Mrs. Rodgers recognized quite early that the child was not doing well, and that she anticipated it would die; but in spite of this she neglected to call one, either when it was born or when she became so alarmed as to send for a clergyman, or even afterwards when she admitted she saw it was sinking, and all the excuses she gave were unsatisfactory. As for Mrs. McCall, it was clear that she had acted as a midwife. If a woman represented herself to have skill she did not possess, and, by herself undertaking grave responsibilities, dissuaded people from calling in properly-qualified assistance, she did so at serious risk; for it was no excuse to say that she did not do it for payment. If no better assistance were available, that was a different thing; but there was no pretence in this case of that being so. He would have to leave it to the jury to decide whether the conduct of either the grandmother or the woman who acted as midwife was such as to necessitate their being sent for trial.

In the result, the jury found that death was due to improper tying of the cord and neglect in not calling in a doctor. They held both women responsible for the death, but not to a degree sufficient to place them on trial for manslaughter.

On this the Coroner summoned both women before him and explained to them the gravity of the risk they had run and the culpability of their conduct.

#### MEDICAL PRACTITIONERS AND THE SALE OF NOSTRUMS.

WE have received the papers respecting the sale of "Besorbon." The matter seems to be too serious to be dealt with in these columns and has been referred to the Ethical Committee.

#### MEDICAL ETIQUETTE.

A CORRESPONDENT asks our opinion in the following case:—A new family comes to a neighbourhood on Saturday, and on Monday one of them is taken ill and a doctor is sent for. There are three doctors in the neighbourhood—A, B, and C. The messenger first goes to A's house but he is out; he then goes to B's house but he also is out, but Mrs. B. sends the messenger on with a note to C, asking him to attend to the case as her husband is out and she does not know when he will be back. C visits and treats the patient, and the question put to us is which of these doctors ought to continue in attendance upon the family?

\*.\* As the attendance was entirely fortuitous the family should be allowed to choose which of the three doctors they would prefer to have as their permanent medical attendant.

#### PRICE OF SHARE.

INQUIRER asks what would be a fair rate to pay for a third share in a mixed practice in a colliery district.

\*.\* The ordinary charge made to an incoming partner for a share of a mixed practice is double the amount of the annual income; he will derive from the share which he is purchasing. This is often called a "two years' purchase."

## UNIVERSITIES AND COLLEGES.

#### UNIVERSITY OF CAMBRIDGE.

*Appointments.*—Dr. S. West and Mr. G. E. Wherry have been appointed Examiners in Medicine and Surgery respectively, in the place of Professor Greenfield and Mr. Edmund Owen, who are unable to examine.

*Degrees.*—The following medical degrees were conferred on March 7th: M.D.: L. C. P. Phillips, Gonville and Caius. M.B. and B.C.: J. F. H. Dally, St. John's; J. M. Twentyman, Christ's. M.B.: J. Wharton, St. John's; T. St. Clair Smith, Trinity Hall.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

#### THE DETECTION OF BACILLUS COLI.

IN a report which Mr. Stephen D. Gage, the Biologist at the Lawrence Experiment Station, has presented to the State Board of Health of Massachusetts, there are some interesting particulars with regard to the methods adopted for the detection of bacillus coli communis in water supplies, etc. Some four or five changes in method are reviewed. The principal has been the extension of the final reading on the liquefaction of gelatine to fourteen days instead of ten days, as has been the practice in the past. To wait beyond the fourteenth day has been found of no practical value. It has also become the practice to look for the presence of wrinkles in the surface growth of gelatine in non-liquefying cultures, and to take such wrinkles as a test that the organism is not the colon bacillus. A somewhat similar test is to look for a scum in the fermentation tubes, since B. coli should never form a pellicle in fluid media. With few exceptions the media used in earlier experiments at Lawrence Station is still adopted. The gelatine and agar, however, have been made lo-

## MEDICAL NEWS.

DR. REGINALD A. FARRAR has been appointed by the President of the Local Government Board a Medical Inspector in succession to Mr. Arnold Royle, C.B., who has retired.

THE meeting of the general committee of the English fund for the memorial to the late Professor von Pettenkofer will be held by permission of Professor Corfield at 19, Savile Row, W., on Monday next, at 5 p.m.

AT the annual meeting of the Cancer Hospital, Fulham, special attention was directed to the enlargement of the pathological department which has been carried out during the year.

THE annual festival dinner of the Irish Medical Schools' and Graduates' Association will take place at the Café Monico, Piccadilly Circus, W., on St. Patrick's Day, March 17th, at 7.30 p.m. Tickets may be obtained from Mr. Charles Ryall, 51, Queen Anne Street, W.

THE Lord Mayor of London who, as we have already stated, will give a Mansion House dinner in the interests of the London Hospital on May 4th, now announces that in conjunction with the Lady Mayoress he will endow a bed in the hospital at the cost of £1,000.

THE London School of Tropical Medicine announces that the "Craggs Research Prize" of £50 will be awarded in October to a past or present student of the school who during the current year has made the most valuable contribution to tropical medicine. Full information may be obtained from the Medical Tutor, at the School, Royal Albert Docks, London.

REQUESTS TO HOSPITALS.—Under the will of the late Miss Elizabeth Carnegie, of Trinity, Edinburgh, in addition to numerous other charitable bequests, £1,000 each were bequeathed to the Edinburgh Royal Infirmary and to the Montrose Infirmary, also £1,000 to the Edinburgh Livingstone Memorial Medical Mission.

NURSES FOR THE PUBLIC SCHOOLS OF NEW YORK.—The Health Department of New York has lately taken a new departure by appointing nurses to thirty-nine public schools in Manhattan. The nurses are to examine the children as to cleanliness, and to instruct the mothers at their homes how to treat all cases of sickness. Principals are invited to give the nurses as much assistance as possible. The school authorities are said to be pleased with the appointments.

A BABY HOSPITAL FOR HARVARD.—In addition to the infirmary recently presented by Mr. Stillman, Harvard University is, we learn from the *Medical Record*, to have a hospital for the accommodation of fifty babies. The hospital, for which plans have been drawn up, is to be built in connexion with the proposed new Harvard Medical School near the Fenway. It will cost about 140,000 dollars (£28,000), and when finished will be the most complete and perfect of its kind in the world. The hospital will be a gift of the Class of 1901 in memory of Thomas Morgan Roth. A memorial laboratory is contained in the gift.

AMERICAN MEDICAL ASSOCIATION.—The next meeting of the American Medical Association will be held in New Orleans on May 5th, 6th, 7th, and 8th, 1903. The scientific work of the meeting will be divided among twelve sections as follows:—Medicine; surgery; diseases of children; obstetric and gynaecology; hygiene and sanitary science; nervous and mental diseases; pathology and physiology; cutaneous medicine and surgery; stomatology; materia medica; ophthalmology; otology and laryngology. It is expected that the attendance at the meeting will be about 4,000.

INTERNATIONAL CONGRESS AGAINST ALCOHOLISM.—The International Congress for the Suppression of Alcoholism will, as already announced in the *BRITISH MEDICAL JOURNAL*, hold its ninth annual meeting at Bremen from April 14th to 19th. Amongst the speakers during the six days' discussion will be Lady Henry Somerset, Mr. Bentley of Bradford, Mr. von Diergardt of Mojawola, who will deal especially with the question of public-house trusts and the reform of public-houses in England and Germany, and Mr. Fitger of Gothenburg, who will speak on the subject of the Scandinavian system. Among other communications promised are: Alcoholism and tuberculosis, by Dr. Legrain of Paris; alcohol in the life process of the race, by Dr. Plotz of Berlin; alcohol as a food, by Drs. Fraenkel of Halle and Forel of Morges; and alcohol in the budget of civilized peoples, by

Drs. Helenius of Helsingfors and Blocher of Basle. Full details as to the arrangements may be obtained from the Burgomaster, or from the Secretary, Dr. jur. H. Eggers, 30, Osterthorstrasse, Bremen.

THE CARE OF THE INSANE IN PENNSYLVANIA.—A Commission was appointed at the last session of the Pennsylvania Legislature to inquire into the condition of the insane in the State. The Commission has visited all the institutions of Pennsylvania and the principal in New York, Michigan, and Wisconsin. It is understood that it will recommend that all the institutions for the care of the insane be placed under a Board of Control, having the right to buy supplies, transfer patients—keeping those capable of improvement apart from the violent cases—and to exercise a general supervision in the construction of buildings and in the appointment of attendants.

INSTITUTE OF CHEMISTRY.—At the twenty-fifth annual general meeting of the Institute of Chemistry, Prof. J. M. Thomson, F.R.S., the retiring president, delivered an address in which he sketched the history and work of the institute since its foundation. He said that the real origin of the Institute was in a suggestion put forward in 1872 by the late Sir Edward Frankland, at a dinner given to Professor Cannizzaro on his appointment as Faraday Lecturer. Later, in 1876, he proposed to the Council of the Chemical Society that a class of Fellows, to be styled Licentiate (or some analogous title), should be created for the purpose of distinguishing between competent professional chemists and those who professed an interest in chemistry as a science, and not as a means to earning a livelihood. The idea was not adopted, but it was decided to found a new society, and the Institute of Chemistry was formally incorporated under the Companies Act on 2nd October, 1877. Among those active in founding the Institute were Mr. Carteighe, Prof. Hartley, the late Mr. Frederick Manning, Mr. Charles Tookay, and the late Dr. Alder Wright. Professor Thomson himself was also a keen worker for the Institute in its earliest history. He proceeded to relate its progress under the successive Presidents: Sir Edward Frankland, Sir Frederick Abel, Dr. William Odling, Dr. James Bell, Professor W. A. Tilden, Dr. W. J. Russell, and Dr. Thomas Stevenson. He dealt with the regulations as to training and examination of candidates for the association of the Institute, showing how the standard of the requirements for membership had been steadily raised, and he commented on the consequent increasing recognition of the qualifications "A.I.C." and "F.I.C." by Government and municipal authorities and by the leaders of industry throughout the kingdom. The annual report of the Institute drew attention to the increase in the number of members, in spite of the fact that there had been heavy losses through death. Attention was also called to the increase in the number of candidates for examination, notwithstanding that within the last few years the standard of admission had been considerably raised. The adoption of the report was seconded by Dr. Thomas Stevenson, and carried. The newly-elected president, Mr. Thomas Howard, then took the chair.

## MEDICAL VACANCIES.

The following vacancies are announced:

- ALDERSHOT URBAN DISTRICT COUNCIL.—Medical Officer of Health. Salary, £30 per annum. Applications endorsed "M.O.H." to be sent to the Clerk, Council Offices, Aldershot, by March 23rd.
- BIRMINGHAM: GENERAL HOSPITAL.—(1) House-Surgeon, appointment for six months. Salary at the rate of £50, with residence, board, and washing; (2) Assistant Obstetric Officer. Applications to the House Governor by March 28th.
- BRACEBRIDGE ASYLUM, near Lincoln.—Junior Assistant Medical Officer, unmarried, not over 30 years of age. Salary £125 per annum, with furnished apartments, board, attendance, etc. Applications to Mr. W. T. Fage, jun., Solicitor and Clerk to the Visiting Committee, 5 and 6, Bank Street, Lincoln, by March 28.
- BRIGHTON: SUSSEX COUNTY HOSPITAL.—House-Physician, unmarried, and under 30 years of age. Salary £80 per annum, with board, residence, and washing. Applications to the Secretary by April 1st.
- BRISTOL: ROYAL VICTORIA HOMES, BRENTREY.—Resident Superintendent to this Certified Inebriate Reformatory: married. Salary, £300 per annum, with board and quarters. If medical practitioner, he will also be appointed Medical Officer. Salary for the joint offices, £400 per annum. Applications on forms provided to be sent to the Chairman of the Board by April 20th.
- BURY COUNTY BOROUGH.—Assistant to the Medical Officer of Health for six months. Salary at the rate of £60 per annum, with board and residence. Applications to Dr. Brindley, Health Officer, Bury.
- CAMBRIDGE: ADDENBROOKE'S HOSPITAL.—Assistant House-Surgeon; appointment for six months, and if approved will then be elected Senior House-Surgeon. Salary at the rate of £30 per annum, with board, lodging, and washing. Applications to the Secretary by March 23rd.
- COLCHESTER: ESSEX AND COLCHESTER HOSPITAL.—Honorary Physician. Applications to the Secretary by April 16th.
- DUBLIN: TRINITY COLLEGE.—Professorship of Anatomy. Applications to the Registrar by June 6th.
- EVELINA HOSPITAL FOR SICK CHILDREN, Southwark, S.E.—Medical Radiographer. Honorarium, £25 per annum. Applications to the Committee of Management by March 31st.
- GLASGOW EYE INFIRMARY.—Resident Assistant House-Surgeon. Salary, £75 per annum, with apartments and board. Will probably be appointed House-Surgeon after six months with increased salary. Applications to the Secretary, 8, W. at Glasgow Street, Glasgow, by March 30th.



**GLOUCESTER: GENERAL INFIRMARY AND THE GLOUCESTERSHIRE EYE INSTITUTION.**—Assistant House-Surgeon. Appointment for six months, but eligible for re-election. Remuneration at the rate of £30 per annum, with board, residence, and washing. Applications to the Secretary by March 18th.

**HOSPITAL FOR DISEASES OF THE SKIN.** Stamford Street, S.E.—Clinical Assistant for Out-patients. Applications to the Secretary.

**HUDDESFIELD INFIRMARY.**—Junior House-Surgeon. Salary, £60 per annum, with board, residence, and washing. Applications to the Secretary.

**LIVERPOOL: MILL ROAD INFIRMARY.**—Assistant Medical Officer; unmarried. Salary, £120 per annum, with board and apartments. Applications to the Clerk to the Guardians, Brougham Terrace, West Derby Road, Liverpool, by March 19th.

**LONDON LOCK HOSPITAL.**—House-Surgeon to the Male Hospital, Soho. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary, Hairrow Road, by March 28th.

**LONDON PORT SANITARY AUTHORITY.**—Boarding Medical Officer to be stationed at Gravesend. Salary, £5 5s. a week. Applications to the Town Clerk, Guildhall, E.C., by March 31st.

**MANCHESTER CORPORATION.**—Fourth Medical Assistant to the Moseley Fever Hospital. Salary, £100 per annum, with board, lodging, and washing. Applications endorsed "Appointments Medical Assistant" to be addressed to the Chairman of the Sanitary Committee, Public Health Office, Town Hall, Manchester, by March 21st.

**MANCHESTER AND SAIFORD LOCK HOSPITAL.** Duke Street, Manchester.—Honorary Surgeon. Applications to the Secretary, 22, St. Mary's Gate, Manchester, by March 31st.

**MANCHESTER NORTHERN HOSPITAL FOR WOMEN AND CHILDREN.**—House-Surgeon. Salary, £80 per annum, with apartments and board. Applications to Mr. H. Teague, Secretary, 38, Barton Arcade, Manchester, by March 27th.

**MANCHESTER: OWEN'S COLLEGE.**—Junior Demonstrator in Physiology. Stipend, £100, rising to £150 per annum. Applications to the Registrar by March 24th.

**METROPOLITAN HOSPITAL, Kingsland Road, N.E.**—(1) House-Physician; (2) House-Surgeon; (3) Assistant House-Physician; (4) Assistant House-Surgeon. Appointments for six months. Salary for (1) and (2) at the rate of £40 per annum, and for (3) and (4) at the rate of £20 per annum. (5) Anaesthetist. Honorarium, 25 guineas per annum. Applications to the Secretary by March 16th.

**MIDDLESBROUGH-ON-TEES: NORTH RIDING INFIRMARY.**—Assistant House-Surgeon, unmarried. Salary, £75 per annum, with lodging, board, and washing. Applications to the Secretary by March 25th.

**NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.** Queen Square, W.C.—Junior House-Physician. Salary, £50 per annum, with board and apartments. Applications to the Secretary by March 23rd.

**NORTH-EASTERN HOSPITAL FOR CHILDREN.** Hackney Road, N.E.—Resident Medical Officer. Salary, £120 per annum, with board, residence, and washing allowance. Applications to the Secretary by April 6th.

**OXFORD: WARNEFORD ASYLUM.**—Assistant Medical Officer. Salary, £100 per annum, with board, etc. Applications to the Medical Superintendent.

**PRESTON ROYAL INFIRMARY.**—Assistant House-Surgeon. Salary, £60 per annum, with board, washing, etc. Applications to the Secretary, 5, Winckley Street, Preston, by March 20th.

**RAINHILL: COUNTY ASYLUM.**—Assistant Medical Officer; unmarried and not more than 30 years of age. Salary, £150 per annum, rising to £250, with further increase to £350 according to previous service. Lodging to the Medical Superintendent, board, attendance, and washing. Applications endorsed "Assistant Medical Officer" to be sent to the Medical Superintendent.

**READING: ROYAL BERKSHIRE HOSPITAL.**—Assistant House-Surgeon. Appointment for six months. Salary at the rate of £60 per annum, with board, lodging, and washing. Will be eligible for post of House-Physician or House-Surgeon when vacancy occurs. Applications to the Secretary by March 19th.

**ROTTERHAM HOSPITAL AND DISPENSARY.**—Assistant House-Surgeon. Salary, £80 per annum. Applications to Mr. E. S. Baylis, J.P., 19, Moorgate Street, Rotherham, by March 24th.

**ROYAL ORTHOPAEDIC HOSPITAL.**—Resident House-Surgeon and Registrar; unmarried. Salary, £100 per annum, with board and lodging. Appointment for six months but eligible for re-election. Applications to the Secretary, 15, Hanover Square, W., by March 31st.

**ST. MARK'S HOSPITAL FOR FISFULA.** City Road, E.C.—House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to the Secretary by March 14th.

**ST. PETER'S HOSPITAL FOR STONE.** Henrietta Street, W.C.—House-Surgeon. Appointment for six months but eligible for re-election. Salary at the rate of £100 per annum, with board, lodging, and washing. Applications to the Secretary by March 25th.

**SALISBURY: FISHERTON ASYLUM.**—Assistant Medical Officer, age about 30 and unmarried. Salary, £250 per annum, with board, lodging, and washing. Applications to Dr. Finch, Salisbury.

**TIVERTON: DEVONSHIRE INFIRMARY AND DISPENSARY.**—House-Surgeon. Salary, £80 per annum and allfound. Applications to the Honorary Secretary by April 6th.

**VENTNOR: ROYAL NATIONAL HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.**—Assistant Resident Medical Officer, unmarried. Salary, £100 per annum, with board and lodging. Applications to the Secretary, 34, Craven Street, Charing Cross, W.C.

**VICTORIA HOSPITAL FOR CHILDREN.** Tite Street, S.W.—House-Physician, appointment for six months. Honorarium, £25, with board and lodging. Applications to the Secretary by March 28th.

**WALSALL AND DISTRICT HOSPITAL.**—House-Surgeon; unmarried. Salary, £100 per annum, with apartment and laundry. Applications to the Chairman, Leicestershire Street, Walsall, by March 19th.

**WESTMINSTER GENERAL DISPENSARY.**—Resident Medical Officer. Salary at the rate of £120 per annum, with rooms, etc. Applications to the Secretary, 9, Gerrard Street, Soho, W., by March 24th.

### MEDICAL APPOINTMENTS.

**BARCLAY, W. Bowie, L.R.C.P. & S. Edin., D.P.H. Camb.,** appointed Medical Officer of Health for Farnborough (Hants) U.D.C. vice J. Kelland, M.B., C.M., L.S.Sc.

**BARKER, C., M.B. Lond., M.R.C.S.,** appointed District Medical Officer of the Barnet Union.

**BERKELEY, A. F. M., L.R.C.P. & L.R.C.S. Edin.,** appointed District Medical Officer of the Bath Union.

**BURRELL, Adam G., M.B., M.S. Glas.,** appointed Public Vaccinator for the District of Rakain, New Zealand.

**COPE, Ricardo, M.R.C.S., L.R.C.P.,** appointed House-Surgeon to the Rotherham Hospital and Dispensary.

**DOUGLAS, Francis John, M.B.,** appointed Public Vaccinator for Port Victor, South Australia.

**DUNLOP, Thomas, M.B., C.M. Edin., D.P.H. Camb.,** appointed Medical Officer of Health for Torquay, vice J. Q. Karkeo, M.R.C.S. Eng., deceased.

**ELLIOTT, J. L., L.S.A.,** appointed District Medical Officer of the Barnsley Union.

**EVANS, G. E. A., M.R.C.S., L.R.C.P. Lond.,** appointed District Medical Officer of the Axminster Union.

**GRAHAM, Edward Alfred, M.B. Melb.,** appointed Visiting Surgeon to the Gaol at Deniliquin, New South Wales.

**HOLMES, Louis S., L.R.C.P. & L.R.C.S., L.F.P.S.G.,** appointed to the Honorary Medical Staff of the Launceston General Hospital, Launceston.

**KELLY, C. E. M., M.D., M.S. Lond.,** appointed Certifying Factory Surgeon for the Witney District of the County of Oxford.

**LOCKING, Benjamin, L.R.C.P. Lond.,** appointed Public Vaccinator for the District of Napier, New Zealand.

**MAITLAND, H. L., M.B., Ch.M. Syd.,** appointed Honorary Surgeon to the Sydney Hospital, New South Wales, vice W. H. Goode, M.D. Dub., resigned.

**MASON, F. W., M.R.C.S., L.R.C.P. Lond.,** appointed District Medical Officer of the Boston Union.

**MIPSUD, Carmelo, M.D.,** appointed Professor of Medicine at the Malta University, vice Professor G. O. Galea, M.D., retired.

**MILES, U. W. M., M.R.C.S., L.R.C.P. Lond.,** appointed Certifying Factory Surgeon for the Bewdley District of the County of Worcester.

**MURRAY, James, L.R.C.P. & L.R.C.S.,** appointed Certifying Factory Surgeon for the Alledale District of the County of Northumberland.

**ORTON, Jno., M.D., Ch. B. Birmingham, M.R.C.S., L.R.C.P. D.P.H.,** appointed Medical Officer of Health, Tothill Rural District, Medical Officer Tothill Union Work-house, and Medical Officer and Public Vaccinator Exhall and Keresley District, Tothill Union.

**PORTOUS, H. Llewellyn, M.R.C.S., L.R.C.P. Lond.,** appointed District Medical Officer of the Creuscar Union.

**SCHOLBERG, H. A., M.B. Lond., D.P.H. Camb.,** appointed Bacteriologist to the Glamorgan County Council and Cardiff Corporation, vice Wm. Savage, B.Sc., M.D. Lond., resigned.

**SHARP, W. A. R., M.B. Syd.,** appointed Medical Officer of the Coast Hospital, Sidney, New South Wales.

**SMITH, John C., L.R.C.S.I.,** appointed Public Vaccinator for the District of Mangaweka, New Zealand.

**SMITHSON, Oliver, M.R.C.S. Eng., L.R.C.P. Lond.,** appointed Medical Officer to the North Ward of the Luton Union.

**SPROTT, A. M.B., C.M. Glas.,** appointed Certifying Factory Surgeon for the Appleby District of the County of Westmorland.

**STACY, H. S., M.D., Ch.M. Syd.,** appointed Honorary Assistant Surgeon to the Sydney Hospital, New South Wales.

**THOMAS, W. H., M.D. Brux., L.R.C.P. Lond., M.R.C.S. Eng.,** appointed District Medical Officer of the Forden Union.

**TUKE, Thomas Seymour, M.B., B.Ch. Oxon., M.R.C.S. Eng.,** appointed Lecturer on Insanity at St. George's Hospital, W.

**WILKINS, Arthur G., M.B., Ch. & Vict.,** appointed Medical Officer to the Greenside Mining Company and Medical Referee to the Prudential Assurance Company.

**WOOD, E., M.D. St. And., M.R.C.S. Eng., L.R.C.P. Lond.,** appointed Certifying Factory Surgeon for the Barmouth District of the County of Merioneth.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**Medical Society of London.** 11, Chandos Street, Cavendish Square, W., 9 p.m.—Dr. H. Radcliffe Crocker: Lettsman Lectures on the Conditions which Modify the Characters of Inflammations of the Skin and their Influence on Treatment. (1) Principles of Treatment; Internal and External; specific and Non-specific; General Deductions.

#### TUESDAY.

**Pathological Society of London.**—The Laboratory meeting fixed for this date will not be held.

**Chelsea Clinical Society.** Jenner Institute, Chelsea Gardens, W., 8.30 p.m.—The annual Clinical Debate on Diabetic and Non-diabetic Glycosuria. The following will take part in the discussion: Drs. Hector Mackenzie, Hutchison, and Vivian Poore.

**Royal College of Physicians of London.** 5 p.m.—Dr. A. S. F. Grünbaum: On Theories of Immunity and their Clinical Application. Goulstonian Lecture I.

**University of London Physiological Laboratories.** South Kensington, 5 p.m.—Professor W. D. Halliburton: On the Chemistry of Muscle and Nerve.

#### WEDNESDAY.

**British Baineological and Climatological Society.** 20, Hanover Square, W., 8.30 p.m.—Discussion on the Dietetic Factor in Health-Resort Treatment, introduced by Dr. Mouillot (Harrogate).

#### THURSDAY.

**Harveian Society of London.** Stafford Rooms, Tithebarn Street, Edgware Road, W., 8.30 p.m.—Clinical evening. Cases will be shown by Drs. S. Phillips, W. J. Harris, L. Guthrie, Mr. Jaffrey, and others.

**Royal College of Physicians of London.** 5 p.m.—Dr. A. S. F. Grünbaum: On Theories of Immunity and their Clinical Application. Goulstonian Lecture II.

**University of London Physiological Laboratories.** South Kensington, 5 p.m.—Dr. T. G. Brodie: On the Circulation.

#### FRIDAY.

**University of London Physiological Laboratories.** South Kensington, 5 p.m.—Dr. D. W. W. W. On Experimental Pharmacology: The Action of Anaesthetics and Narcotics.

**Epidemiological Society.** 11, Chandos Street, Cavendish Square, W., 8.30 p.m.—Dr. Louis Parkes: The Prevention of Diphtheria Outbreaks in Hospitals for Children.

**Society for the Study of Disease in Children.** 11, Chandos Street, Cavendish Square, W., 8.30 p.m.—Clinical Cases. Papers: Dr. Henry Ashby and Mr. Sydney Stephenson: On a Form of Acute Amaurosis in Infancy following Convulsions. Mr. H. J. Curtis: A case of Congenital Parosteal sarcoma arising in Connection with the Acromion Process of the Left Scapula removed from a Boy, aged 5½ Months.

#### POST-GRADUATE COURSES AND LECTURES.

**Hospital for Consumption and Diseases of the Chest.** Brompton, S.W., Tuesday, 8 p.m.—Lecture on Arrested Pulmonary Tuberculosis.

**Hospital for Sick Children.** Great Ormond Street, W.G., Thursday, 4 p.m.—Lecture on Clinical Evidence of Damage to the Myocardium in Rheumatic Fever.

**Medical Graduates' College and Polytechnic.** 24, Uxbridge Street, W.O. Demonstrations will be given at 4 p.m. as follows:—Monday, skin; Tuesday, medical; Wednesday, surgical; Thursday, surgical; Friday, ear. Lectures will also be given at 5.15 p.m. as follows:—Monday, Cancer of the Uterus; Tuesday, the Ophthalmoscope as an Aid to General Diagnosis; Wednesday, Neurasthenia, the Wear and Tear of Life; Thursday, the Treatment of Enteric Fever; Friday, Injuries of the Head and Neck.

**National Hospital for the Paralyzed and Epileptic.** Queen Square, W.O., Tuesday, 3.30 p.m.—Lecture on Congenital Cerebellar Ataxy.

**North-East London Post-Graduate College.** Tottenham Hospital, N., 4 p.m.—Demonstration of cases of Ophthalmoscopic Interest.

**Post-Graduate College.** West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 p.m. as follows:—Monday, Mediastinal Disease; Tuesday, Pelvic Pain; Wednesday, Rheumatism and Allied Affections; Thursday, On Fractures in and near the Elbow and Wrist Joints; Friday, Some Factors of Infection.

### 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.

**BASSANO.**—March 2nd, at Grove House, Ventnor, Isle of Wight, the wife of Harold F. Bassano, M.A., M.B. Cantab., etc., of a daughter.

**COWEY.**—On March 6th, at Schwabo, Upper Burma, the wife of Reginald Vionnée Cowey, of a daughter.

**JOY.**—On March 4th, at Bradfield, near Reading, the wife of Norman H. Joy, M.R.C.S., L.R.C.P., of a daughter.

**MARSHALL.**—On March 8th, at Fairmount, Blackness Avenue, Dundee, the wife of Professor C. B. Marshall, of a son.

#### DEATHS.

**ENNECERUS.**—On February 20th, at Coblenz, Rhein, suddenly while under chloroform inhalation, Amy Margaret, aged 21, the nee wife of Wilhelm Victor Enneckerus, Oberleutnant und Landwehr-Bezirks-Adjutant, Coblenz, only daughter of Charles Hoar, M.B., C.M., Robertsbridge, Sussex, and granddaughter of the late Augustus Waller, M.D., F.R.S.

**O'SULLIVAN.**—On March 5th, at 76, Chisleville Road, West Kensington, London, W. Sarah (Tottie), the dearly-loved daughter of F. D. A. and Mrs. O'Sullivan.