

was 99.2°. At 10 p.m. she was much worse, with a dull, heavy appearance and pains all over the body, but most marked in the lumbar region. Temperature 102.2°.

On January 7th the evening temperature was 99°. On January 8th the evening temperature was 98.4°, and the patient felt quite well. One spot on the left malar bone, one on the right eyebrow, and a symmetrical grouping of about twenty vesicles, surrounded by a red areola in the lumbar region and upper part of buttocks, were present. This case was also reported. None of the patients presented supernumerary vesicles on the vaccinated arms.

I vaccinated one of my own children, also my wife and a patient's baby with calf lymph from the same source. All were successful and without any secondary rash appearing.

The points of interest are that the two primarily vaccinated cases were the first to become infected, and of these the younger one by preference. That although not fully protected, which may be accounted for by the lateness of the operation, still the beneficial effects of vaccination were borne out by the attacks being very modified in type; and, lastly, the saving of the lives of the two younger children. No traces, moreover, remain to show they have had small-pox.

My cases seem to bear out Dr. Hale's conclusions that vaccinia and variola were both running their clinical course together; also the efficacy of vaccinating previously unvaccinated individuals who have already been infected or brought into contact with variola is established.

NOTE ON THE DETECTION OF RAW MILK AND FORMALDEHYDE.

By J. E. SAUL, Ph.C., F.I.C.,
London.

DURING some recent investigations I have observed a very striking reaction of raw milk which may prove useful in the examination of sterilized or scalded milk. On treating milk with a solution of orthomethylaminophenol sulphate $[(O H). C_6 H_4. N H M e]_2, H_2 S O_4$, and then adding hydrogen peroxide solution, a very vivid deep red colour is produced. Milk that has been previously boiled and cooled remains uncoloured, a faint pink only developing on standing. The red colour is so strong and pronounced that so little as 1 per cent. of raw milk, if added to heated milk, may be detected with ease. A convenient way to apply the test is as follows: To 9 or 10 c.cm. of the milk add 1 c.cm. of a recently prepared 1 per cent. aqueous solution of orthomethylaminophenol sulphate and then one drop of commercial hydrogen peroxide solution (circa 3 per cent.). The red colour develops within 30 seconds if there is any raw milk present in the sample. Any slight tint which may subsequently appear should be disregarded. It is important to obtain the best results that excess of hydrogen peroxide should not be added, as it tends to weaken and bleach the colour. Dilute acids do not affect, caustic alkali destroys, the colour. The presence in the milk of boric acid, borax, formaldehyde, or sodium carbonate or bicarbonate does not interfere with the reaction. If the milk has become sour, the acid should previously be neutralized.

It seemed interesting to note the temperature at which the active agent in the reaction was destroyed. Milk maintained at 70° C. for one hour still reacted readily; if kept at 75° C. for half an hour it failed to give the colour. It would appear that the milk loses its power to react at about the temperature at which enzymes are destroyed. It will be seen, therefore, that although the test will not prove that a milk has been properly sterilized by heat, yet any sample giving the reaction cannot have been heated sufficiently, or must after sterilization have been mixed with raw milk. The reaction did not appear to be due to the casein. Milk from which all the fat and proteids separable by saturation with magnesium sulphate had been removed still gave the colour. The probability is that it is caused by the presence in milk of an oxidizing enzyme destructible by heat. This test is not open to the objections which have been urged against the potassium iodide¹ and guaiacum² tests, and it is equal in delicacy to the paraphenylenediamine³ reaction.

As difficulty may be experienced in obtaining the aminophenol derivative I have mentioned, it may be found convenient to use the photographic developing agent sold under the name of "ortol." This substance appears to be a mixture of orthomethylaminophenol sulphate with quinol. The latter body may be removed from it by extraction with ether. In practice, however, the presence of a small quantity

of quinol may be ignored, as it does not interfere with the reaction—indeed, it may slightly assist it.⁴

The reaction will serve as one method of distinguishing orthomethylaminophenol from its isomer paramethylaminophenol. The latter body gives a pale *café au lait* tint to the milk. Its sulphate is well known to photographers under the commercial name of "metol."⁵

It may be worth while recording the result of some experiments with orthomethylaminophenol sulphate as a test for the presence of formaldehyde in milk. I noticed that on adding nine or ten volumes of milk to a 1 per cent. solution of the salt, and allowing the mixture to stand, a pink colour is gradually produced in the presence of formaldehyde. The reaction is quite distinct where the milk contains 1 part in 100,000 of formaldehyde, or more. The length of time necessary for the tint to develop varies considerably with the temperature. On further investigation it appeared that the reaction is really an acceleration of the development of a colour which ultimately is produced in milk free from formaldehyde. This, and the fact that formaldehyde shares the property with other aldehydes and ketones, seriously diminishes its value as a test. It will not, therefore, compare with the modified sulphuric acid reaction of Hehner⁶ or the recent "amidol" (1:2:4—diaminophenol hydrochloride) test of Manget and Marion.⁷

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- ¹ *Milch. Zeit.*, 1902, 31, 17-8, 81-2, 113, 145-6. ² *Journ. Pharm.* (vi), 7, 569 also abstr. *Chem. Centr.*, 1901, li, 799, 800, 851. ³ *Storch, Bied. Centr.*, 1898 27, 711-4; abstr. *Journ. Chem. Soc.*, lxxvi, li, 75. ⁴ Cf. Dupouy, abstr. *Analyst* 1897, 211. ⁵ *Zeit. angew. Chem.*, 1897, 171-4. ⁶ *Analyst*, xxi, 94. ⁷ *Comptes Rend.*, 135, 584.

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

PRIMARY ABDOMINAL PREGNANCY.

IN the leading article of the BRITISH MEDICAL JOURNAL for March 7th on Witthauer's case of primary abdominal pregnancy, it is stated that such a condition as a fertilized ovum developing in the abdominal cavity between the ovary and the tube has not been demonstrated until the publication of Witthauer's case.

I believe that a specimen shown by me at the Obstetrical Society of London in February, 1896,¹ affords at least as strong evidence in favour of primary abdominal pregnancy as Witthauer's case. As the patient unfortunately died from hæmorrhage, a complete examination of all the pelvic viscera was made. The gestation sac was placed between the uterus and the rectum, occupying the whole of the pouch of Douglas, and there was a fetus, 2½ in. in length after immersion in spirit, its development corresponding to that of the tenth week of normal intrauterine gestation. Both tubes and ovaries, with each mesosalpinx, were normal, with the exception that the right ovary contained two small cysts, and the tubes showed no signs of recent dilatation.

The specimen was examined by a Committee of the Obstetrical Society, which reported that, in its opinion, the specimen was probably an example of primary abdominal gestation. The word "probably" was introduced by the Committee because it was held to be possible that a tubal abortion had occurred at a very early stage of gestation, and that the ovum had been completely transplanted to the bottom of the pouch of Douglas, and continued its development in that situation. Obviously such a possibility cannot be excluded in any apparent case of primary abdominal fetation. It is agreed that after a tubal abortion the tube may very rapidly recover its normal appearance. No primary abdominal pregnancy could therefore be discovered so early that it might not be alleged that the ovum might have been first attached in the tube, and afterwards completely transplanted to its new situation. But it can scarcely be argued that, if an ovum whose villi have been damaged by separation from the tube can establish an entirely new attachment to peritoneum and develop there, it is not possible, and indeed much more likely, that a fresh and undamaged ovum can attach itself, in some conditions, to peritoneum. Such cases therefore as mine and Witthauer's, if they do not afford absolute proof that the individual instance was one of primary abdominal fetation, are very strong evidence that such a condition is possible.

¹ *Obstet. Trans.*, vol. xxxviii.

But another condition was present in my specimen which I believe to afford still stronger evidence in favour of primary abdominal fetation. The fetal sac consisted externally, outside the chorion, of a membrane whose outer surface was smooth and somewhat polished, resembling peritoneum; its inner surface was rough from adherent blood clot. Microscopical examination of the sac revealed interlacing bundles of spindle-celled tissue, having many of the characters of unstriated muscle fibres; the spindle-celled tissue was covered with loose cellular tissue, and a uniform membrane-like peritoneum. The gestation sac thus appeared, at first sight, to be subperitoneal, and it was at first thought possible that the sac of a primary ovarian pregnancy had burrowed between the layers of the broad ligament. There was no part of such sac, however, in the ovary, and a space of fully three-quarters of an inch of normal broad ligament intervened between the ovary and the nearest part of the placental site. The sac wall was adherent to the back and front of the retro-uterine fossa of peritoneum up to within an inch of the fundus uteri, but at the top it was free, and not adherent to intestine. It could not, therefore, even apart from its microscopic structure, be an adventitious sac formed by lymph. I regarded it as being a decidua reflexa formed from the peritoneal surface of the pouch of Douglas. If this interpretation be accepted, it is clear that, since it is known that the decidua reflexa covers in the ovum almost immediately, while it is very minute, and has never been discovered in an incomplete state, the primary attachment of the ovum must have been abdominal, and not tubal.

If primary abdominal pregnancy is possible, it may not be quite so extremely rare as it has hitherto been supposed to be even by those who believe in its possibility. If a decidua reflexa is formed, the tendency to rupture or bleeding would probably be less than in tubal pregnancy. If the pregnancy went on to the later months, the sac wall would become adherent to and blended with the broad ligaments; the sac would appear to be subperitoneal, and the pregnancy would probably be regarded as intraligamentous.

Wimpole Street, W.

ALFRED L. GALABIN, M.D.

AFTER-HISTORY OF AN INFANT WEIGHING TWO POUNDS FIVE OUNCES AT BIRTH.

IN the BRITISH MEDICAL JOURNAL of May 17th, 1902, p. 1208, I reported the birth of a female infant at 6½ months weighing 2 lb. 5 oz. I now write to report the progress of the case.

The following is a list of weights at various ages:

	lb.	oz.
January 20th, 1902	...	2 5
March 20th	...	3 5
July 20th	...	5 10
October 20th	...	8 14
December 20th	...	11 2

The child now (January 20th, 1903) weighs 12 lb. 4 oz. It is a healthy, lively, intelligent child, but somewhat anaemic, toothless, and with the anterior fontanelle still open and as large as a florin. It was ruptured on the left side, and has worn a truss from the first, but the hernia has not come down for the last five or six months. It was fed on the Walker-Gordon modified milk for the first half year, and its digestion gave very little trouble. In June it was taken into the country and the milk was sent down daily until July, when it had a severe attack of indigestion, and the nurse changed the diet to ordinary cow's milk, boiled, with two-thirds water, and a teaspoonful of milk sugar in each bottle, and it remained on this diet gradually strengthened till Christmas. I had urged the child's nurse to give it cream, raw meat juice, and glycerophosphate of lime, but she was a self-opinionated woman and declared they upset the child's digestion, although when a change of nurses was made at Christmas these articles were added to the diet with excellent results. I attribute the present symptoms of rickets to this omission and regard it as an instructive indication of the proper method of feeding these small infants.

For the first month or so the incubator was kept in a corner of the room to avoid strong light, and the temperature was gradually lowered from 90° to 70° F. It was then moved more into the light, and about the third month (Easter) the infant was taken out during warm days and replaced at night. She was taken out of doors for the first time on May 14th, and I enjoined upon the nurse the importance of keeping her in the fresh air and sunshine as much as possible. She has had no medicine of any kind except very occasionally a grain of hyd. c. creta, and no farinaceous foods until last week, when

she was given Savory and Moore's food as a preliminary to rusks. Her diet now consists of 3½ oz. of unsterilized milk (Walker-Gordon) and 1 oz. of barley water, with a teaspoonful of cream and milk sugar every two and a-half hours, two tablespoonfuls of raw meat juice, two teaspoonfuls of Savory and Moore's food, and three small doses of glycerophosphate of lime during the day.

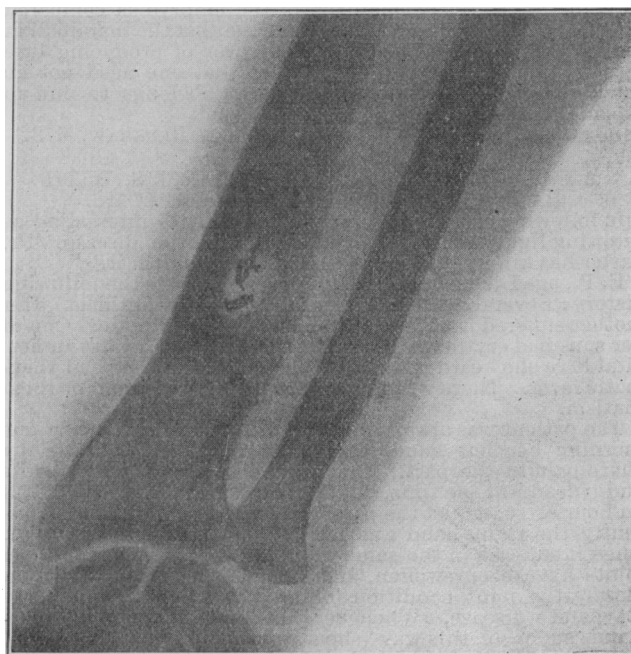
London, W.

M. PRICKETT, M.D.

PERFORATING BULLET WOUND OF ULNA.

A MAN about 35 years of age, who belonged to one of the irregular corps during the late war, was struggling and fighting with a Boer in hand-to-hand contest, when another Boer came up and shot him with a Mauser rifle, at five yards range, through the left forearm. The accompanying radiograph, taken by Mr. H. W. Macpherson, of Johannesburg, is, I consider, of great interest, because it shows the following facts:

1. The fracture, if any, was only partial, and very little deformity remains.
2. Fragments of the nickel casing of the bullet remain behind and have been causing considerable pain and trouble; these are easily seen in the radiograph.
3. Longitudinal fracture appears absent.



The radiograph also indicates that the pain and weakness of the arm are probably due to the irritating effects of the jagged pieces of nickel, which could be removed by operation.

J. WARD SUMMERHAYES, M.D. Durh.,

Johannesburg.

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

AN ATYPICAL CASE OF SMALL-POX.

THE following case of small-pox appears worthy of record as so many of the important clinical symptoms were absent.

S. W., aged 59, was admitted an inmate of the workhouse on December 27th, 1902. On January 6th, 1903, feeling somewhat constipated, he took a quantity of common salt, but as this had not the desired effect he next day applied to the nurse in charge of the hospital for an aperient; she gave him a dose of Epsom salts. Purgation followed, and a slight papular rash appeared on his forehead, neck, back of hands, and a few scattered spots on the chest, back, and abdomen, but none on the mucous membrane of the gums, mouth, or throat. No complaint was made of vomiting, headache, rise of temperature, pain in the back, or *malaise*.

On January 10th, 1903, these papules, which were somewhat shotty to the touch, became vesicular, some umbilicated, and on puncturing they were found to be loculated. The temperature was 98° F. Faint scars of vaccination when an infant were visible. The patient was in apparently good health, and taking his food well.

A diagnosis of modified small-pox was made, and his removal to the isolation (small-pox) hospital ordered.

The source of infection was traced to a common lodging-house in a neighbouring town, where the patient had stayed the night of December 26th, 1902, and had been in contact with a person who subsequently developed small-pox in another district early in January, 1903.

Frodsham.

THOS. J. SELBY, M.B.

INTESTINAL SAND.

On reading the interesting explanation of the origin of intestinal sand published in the *BRITISH MEDICAL JOURNAL* of February 7th, p. 311, it seems hardly necessary to go as far back as the birds, or rather the common ancestors of birds and mammals, for corroboration of the theory which is brought forward. At the present day there exist certain creatures—such as the duckbill and the echidna or porcupine anteater—which, though undoubted mammals, habitually lay eggs. These animals are highly-specialized forms, but nevertheless their organization retains many primitive traits, for not only is the cochlea straight and the sclerotic partly cartilaginous, but, as in birds and reptiles, the body has but one excretory aperture or cloaca. An egg of the common echidna which I examined at Amsterdam last year was about the size of that of a sparrow, and rounded at both ends; when broken into, these curious eggs are seen to resemble those of birds in the relatively small size of the embryo as compared with that of the yolk sac. We thus see that the mammalian genital apparatus still retains the power of producing true eggs enclosed in a definite shell, and that one need not go outside the class to which man himself belongs to find an explanation of the origin of intestinal sand.

Sale, Manchester.

GRAHAM RENSHAW, M.B.

A CASE OF RHEUMATOID ARTHRITIS, WITH RAYNAUD'S AND GRAVES'S SYMPTOMS.

THE following case of rheumatoid arthritis is interesting as throwing light on the toxæmic origin of the disease. Dr. Carter has kindly given me permission to publish it.

E. P., aged 52, married thirty-four years, gave the following history: Several uncles and her father died of phthisis. Her mother suffered from asthma and was an epileptic. One of her sons had erythema nodosum when 20, and whilst in hospital here she heard that one of her grandchildren had rheumatic fever. There was no ancestral history of gout or rheumatism.

The patient was always healthy until a year ago, when one morning her left hand felt numb. This was followed by sharp pain in the part. The fingers were noticeably white and "dead" at the time, but the condition only lasted half an hour or so, whilst the pain persisted much longer. Apparently the right hand was not affected until a week later, when it suffered in the same way. Since that time her finger joints have been swollen, but I could not make out how closely the joint condition followed on these symptoms of Raynaud's disease. Whenever the patient is cold now her hands suffer in this way (she was vague about her feet and ears). At the time I took these notes her hands were typically crippled. There was wasting of the small muscles, and her fingers were tremulous and blue at the tips, both states common in rheumatoid arthritis. In addition her eyes showed well-marked irregularly intermittent retraction of the upper lids, and von Graefe's symptom; no proptosis, but slight horizontal static nystagmus. Her visual fields, taken at the Eye Hospital, were slightly contracted.

There was a history of a painless swelling of the lower part of the neck so that her collar could not be buttoned, but this was said to be inconstant and had no true relation to the finger attacks. I noted nothing but slight thyroid fullness. There was no evidence of phthisis. Her heart was sound, the pulse being regular and 80 to the minute.

She had borne fourteen children, and the trouble came on as menstruation was ceasing.

J. W. MALIM, B.A., M.B., B.C.Camb.,
Resident Medical Officer.

Royal Mineral Water Hospital, Bath.

A SIMPLE CAUSE OF PAROXYSMAL SNEEZING.

J. M., aged 30, came to me complaining of irritation just within the nose on the left side, accompanied by paroxysms of sneezing; he had had a coryza recently, and attributed his condition to the after-effects. On examination I found the left nasal orifice narrowed by a deviated septum, and the mucous membrane covering the most prominent part of the septum slightly hyperæmic. I noticed that one or two long hairs, growing from the external wall just within the nasal

aperture, stretched across the passage and appeared to touch the mucous membrane of the septum; I removed these with scissors, with the result that all symptoms have ceased.

It seems to me possible that some cases of paroxysmal sneezing, usually ascribed to hay fever, may be due to this simple cause.

London, W.

A. SHAW MELLOR, M.A., M.B.Cantab.

A CASE OF SPONTANEOUS CURE OF RECTAL ADENOMA.

INSTANCES of spontaneous cure in cases of so-called polypi of the rectum are so comparatively rare that the following notes of a case recently under my observation may be of interest.

A. W., a child aged 4½ years, was brought to me by her mother, who reported that the patient while straining during defæcation had passed "something like a lump of flesh," followed by some rather extensive hæmorrhage. She had brought the "lump" with her for my inspection. It proved to be an adenoma, the size of a large filbert nut, with a long, rounded, and thin pedicle, which, from straining, had become separated from its attachment to the rectal mucous membrane.

Examination of the rectum disclosed a very small raw surface on the mucous membrane about 2 in. from the anus. The child was suffering from threadworms; she was also constipated. This had probably caused the extra straining effort which effected the cure of her condition of adenoma.

Like most of these cases the growth was single. There was no history of symptoms due to the "polypus" obtainable, such as mucons discharge, desire to evacuate, hæmorrhage, etc., whatever slight discomfort there had been was credited to the threadworms.

Wimbledon, S.W.

PERCY B. SPURGIN, M.R.C.S., L.R.C.P.

REPORTS

ON

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

LEICESTER INFIRMARY.

THREE CASES OF PULMONARY EMBOLISM.

(Reported by F. BOLTON CARTER, M.S., F.R.C.S., House-Surgeon to the Infirmary.)

CASE I.—T. A., male, aged 42, was admitted on August 2nd, 1902, with a simple fracture of both bones of the right leg. This was treated with back and side splints. On September 4th the leg was put up in a Croft plaster casing and cut down the middle. On the night of September 5th the leg was examined; no swelling was observed, and the patient was discharged for the next day. On getting up at 6 a.m. on September 6th he suddenly became faint, was helped back to bed, rapidly became cyanosed, and died at 7.15 a.m. At the necropsy it was found that a clot extended from the deep veins at the seat of fracture up into the right external iliac vein. There were clots of blood in both branches of the pulmonary artery and several recent infarcts of the lungs, which were very congested and oedematous. The other organs of the body appeared healthy.

CASE II.—A. B., female, aged 19, was admitted on September 8th, 1902, with a history of seven days' pain in the right iliac fossa vomiting and constipation. An indefinite mass was felt in that region. On September 11th the peritoneal cavity was opened in the iliac region and an intra-peritoneal abscess opened, the general cavity being rapidly shut off with gauze. The abscess cavity was irrigated and drained. The patient made satisfactory progress till 11 p.m. on September 17th, when she was seized with slight pain in the left leg and shortly afterwards suddenly became faint and died in five minutes extremely cyanosed. At the necropsy the appendix was found to be normal; the caecum contained a small ulcer which had caused an inflammation of the serous covering. The inferior vena cava contained a clot 6 in. long extending from the bifurcation below upwards. In the pulmonary artery was a firm clot extending into both primary branches. There was a very recent infarct in the lower lobe of the left lung. Both lungs were much engorged, as was also the spleen, which weighed 12 oz.

CASE III.—E. C., aged 49, a female, was admitted on

training in a workhouse ward he condemned as strongly as it has been condemned by nearly every one else except the Committee that is responsible for it.

THE TREATMENT OF THE FEEBLE-MINDED.

At a subsequent sitting Mr. W. H. Dickinson, L.C.C., read a paper on the treatment of the feeble-minded. He pointed out that in addition to 110,000 recognized lunatics there were some 100,000 other persons of "feeble mind" incapable of looking after themselves, but not qualified under present conditions to be taken charge of by the State. He desired that all asylums should be regarded as hospitals and duly differentiated according to the class of case received. In concluding, he advocated the removal of all public asylums for lunatics, idiots, and imbeciles from the scope of the Poor Law and their establishment as State hospitals under the County Councils. After some discussion of this paper a resolution was passed calling upon Government to carry out the recommendations of the House of Commons Committee in regard to the grants in aid of the epileptic and feeble-minded as in the case of lunatics.

SMALL-POX AND VACCINATION.

DURING 1902 there were 110 cases of small-pox at Govan, as against 97 cases in 1901, making 207 in all. The case mortality for 1902 was 13.6 and for 1901 was 12.3. Dr. Barras, the Medical Officer of Health, furnishes a number of particulars respecting the outbreak in his annual report which has just been received. It appears that of the 110 cases not less than 72 were traceable to an infant that had died of haemorrhagic small-pox in a densely populated locality; 98 out of the total cases occurred in March and April. Only 7 cases occurred in children under 10 years of age. The protective influence of vaccination against an attack of small-pox was again evidenced during the epidemic, as of the total cases only 9 were those of children under school age, and of these 5 were unvaccinated, aged respectively 11 weeks, 3 months, 3 months, 3 months, and 11 months. As regards deaths, the only cases which proved fatal under 15 years of age were both unvaccinated infants, aged respectively 11 weeks and 11 months, the attacks in the remaining instances being of a mild type, the result of successful primary vaccination. As regards the fatal cases over 15 years of age, 4 occurred amongst those who had never been vaccinated, aged respectively 21, 21, 33, and 45 years; whilst the remainder, numbering 7, had not been revaccinated. Of the total cases, 110, no less than 20 contracted the disease who had repeatedly declined vaccination, although especially visited by the medical officer of health. In 3 of these instances the attacks proved fatal.

THE METROPOLITAN WATER BOARD.

The Local Government Board has issued an order, in pursuance of the powers conferred on it by the Metropolis Water Act of 1902, summoning the first meeting of the Water Board and regulating the proceedings at that meeting. It is to be held on April 2nd, at 3 p.m. in the Privy Council Chamber in Whitehall, and Mr. Almeric FitzRoy, the Clerk of the Privy Council, is to preside. After the election of a temporary chairman, the matters to be considered are (a) whether any, and if so what, salaries are to be assigned to the offices of Chairman and Vice-Chairman of the Board, (b) the appointment of persons to these offices, (c) the appointment of a temporary Clerk of the Water Board, and (d) arrangements for the next meeting. The Court of Arbitration (Sec. XXIII of the Act) has issued its procedure, a copy of which will be laid before the Water Board at its first meeting. The Court requires that on or before May 16th each of the metropolitan water companies and each of the urban district councils who have not agreed with the Water Board as to the amount of compensation to be paid them under the Act shall send in their claims, the first of which are to be answered by the Board on or before August 17th. All the members of the Water Board, numbering 66, have now been appointed by the several constituent authorities.

REGULATIONS UNDER THE DAIRIES ORDER.

At the meeting of the Incorporated Society of Medical Officers of Health on March 13th a paper was read on this subject by Dr. Mitchell Wilson, the county medical officer for the East Riding of Yorkshire. After dealing in a brief historical review with the legislative enactments leading up to the Dairies, Cowsheds, and Milkshop Orders, Dr. Wilson discussed the situation of cowsheds, their proper inspection, the lighting, ventilation, etc. He considered that 30 feet from any building, whether inhabited or used as a workshop, was a suitable standard of distance for a cowshed. The largest amount of light should, wherever possible, be obtained from the roof, say, by glass tiles over every stall. Possibly some standard, such as 2 square feet of window or glass tile per cow might also be adopted in respect to this point. Speaking of ventilation, Dr. Wilson expressed the opinion that too much stress had been laid upon securing adequate air-space; 600 cubic feet was a reasonable minimum where definite means of ventilation were provided, and where the cows were turned out during a portion of each day. It appears that this amount has recently been sanctioned by the Local Government Board of Scotland. Dr. Wilson suggests that the 600 feet be obtained by the following measurements. The stall from front to rear is to measure not less than 15 feet, made up as follows: the feeding trough, 2 ft. 3 in.; the length of stall, 5 ft.; the manure and urine trench, 1 ft. 9 in.; the gangway, 6 ft. The width of a double stall is generally 7 ft., and a height of 11½ ft. gives a reasonable space to obtain exits for foul air above the level of the cows. Lime washing is commonly undertaken in May and October, but Dr. Wilson thinks July and December would be more suitable. Emphasis was also laid upon the importance of a sufficient and wholesome water supply. In the discussion which followed the paper, particular attention was called by Drs. Newsholme, Richards, Shirley Murphy, and Kenwood, to the importance of clean cows and clean milking, and a reference dealing with these matters was made to the Council of the Society.

TEMPORARY SMALL-POX HOSPITALS.

COUNTRY PRACTITIONER wishes to know details as to the management of a temporary small-pox hospital; as to the fees he ought to charge for taking charge of such a hospital, which is three miles away from his home, and having regard to the possible damage to his private practice.

Our correspondent should apply to the medical superintendents of several large urban small-pox hospitals, and base his arrangements for management on the regulations which they enforce, having regard to the difference in number of patients, etc. Even for one case of small-pox, at least two nurses (one night and one day) are required, and one

servant. Probably also a porter will be necessary. Disinfecting arrangements need careful consideration; but any textbook on public health may be consulted on this point. With regard to fees, we may refer our correspondent to the answer given in the BRITISH MEDICAL JOURNAL of February 28th, 1903, p. 528, but we are not acquainted with any precedents.

HOSPITAL AND DISPENSARY MANAGEMENT.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.

THE annual general meeting of the Governors and Members of the National Hospital for the Paralyzed and Epileptic was held at the Hospital, Queen Square, Bloomsbury, on March 12th. The chair was taken by the Rev. Prebendary Wace. The meeting was not largely attended.

The Chairman said that they would see from the report of the Board of Management that the year had been one of great interest. The Board met the Governors after a year of considerable expense with but a moderate deficit. The general condition of the hospital was very satisfactory, and its financial position was improved. No difficulty had been experienced in working the hospital, and the co-operation of the medical members on the Board had been found very satisfactory and useful to the lay members as well as to the members of the medical staff. No difficulty had arisen from the threefold division of administrative duties, which was a plan that had been imposed on them under the new rules.

Dr. T. Buzzard, in moving the adoption of the report, said that on behalf of the medical staff he welcomed the opinion expressed by the Chairman as to the harmony existing between the Board and the medical staff. They were grateful to the Board, and recognized in the harmony that prevailed a presage of prosperity and success to the hospital concerning which they could not too much congratulate themselves.

This was seconded by Mr. Melvill Green, who was followed by Mr. Burford Rawlings, who said that he could not agree that the financial position of the hospital was improved; he considered that it had obviously deteriorated. He then proceeded to contrast the work done by the old Board with that accomplished by the present Board.

Mr. J. D. Power said that it had been the object of the Board in the report to avoid as far as possible any comparison between what had been effected by the two Boards. In saying that the financial position was improved, it was not meant that the present Board were more successful than the old one, owing to any merits of their own, and it was carefully stated that the hospital had been fortunate in the number and value of the bequests received.

The resolution was then put to the meeting and carried unanimously.

Sir Victor Horsley moved the re-election of the following five members of the Board of Management: the Hon. Mr. Justice Kennedy, the Rev. Prebendary Wace, D.D., Ernest De la Rue, Esq., Carl Meyer, Esq., Edgar Speyer, Esq. This was seconded by Dr. C. E. Beavor, and carried.

On the motion of Mr. Power, seconded by Dr. J. A. Ormerod, Earl Dudley was re-elected President.

Dr. H. Charlton Bastian moved and Mr. F. O. Macmillan seconded the re-election of the auditors, which was carried.

The meeting then constituted itself a special general meeting for the purpose of authorizing the Board of Management to petition for a Royal Charter incorporating the hospital and to approve draft of charter submitted. This was proposed by the Chairman and seconded by Sir Felix Semon who urged the adoption of the course proposed because of the very serious question of the personal liability that might be incurred by those who formed the Board. There were many able men willing to give their valuable time to the hospital who might be deterred from doing so because under certain circumstances pecuniary liabilities might be incurred. Another reason for procuring a charter was that it was not possible to acquire land as the hospital had not the requisite legal status. A further advantage to be derived from the plan proposed was the very desirable prestige ascribed in public opinion to a hospital incorporated under Royal Charter.

The resolution was passed unanimously and the meeting ended with a cordial vote of thanks to the Chairman.

MEDICAL NEWS.

THE American Association of Life Insurance Examining Surgeons will hold its next annual meeting in New Orleans on May 4th under the presidency of Dr. C. Lyman Greene of St. Paul, Professor of Physical Diagnosis in the University of Minnesota and author of *Medical Examination for Life Insurance*.

PRESENTATION.—Dr. William Odell of Torquay was recently presented with an umbrella bearing the following inscription engraved on a silver plate: "Presented to Dr. Odell by members of the Torquay Ambulance Class, March 3rd, 1903." The occasion of the presentation was the delivery of the last of the lectures for the session to the members of the class.

ARSENICAL POISONING.—It is announced that the Royal Commission on Arsenical Poisoning hopes to be able to finish its labours and present its final report before the end of the financial year 1903-4. Since issuing its interim report in July, 1901, it has, besides examining a considerable number of further witnesses, received reports from its Assistant Commissioner, and has instituted chemical inquiries as to the presence of arsenic in articles of food and drink other than beer, as to arsenic in malting fuel, and as to other matters.

THE London County Council has issued an order, approved by the Local Government Board, to come into force on April 1st, applying to measles the provisions of certain sections of the Public Health (London) Act, 1891, having regard especially to disinfection, the letting of houses or lodgings, the exposure of infected persons, the use of public conveyances, and the carrying on of occupations in a manner likely to spread the disease.

THE MATRONS' COUNCIL.—The Matrons' Council, which is an association of superintendents of trained nurses, has recently issued its report of what seems to have been a busy year. The objects of the Association are to promote a uniform system of training and certification of all hospital nurses, and their registration by the State; and, further, to take counsel together upon all matters that interest or affect the nursing world.

PENSION FUND FOR NURSES.—At the annual meeting of the Royal National Pension Fund for Nurses recently held under the chairmanship of Sir Henry Burdett, K.C.B., solid progress in all departments was reported. In the pension branch 869 policies had been issued as against 842 in 1901, an increase all the more satisfactory from the consideration that 1901 was the record year of the Fund. In the annuity branch there were, at the end of 1902, 415 annuitants holding 598 policies, while at the end of 1901 there were but 339 under 500 policies. During the last quarter of 1902 annuities were being paid out at the rate of over £8,000 a year. The amount distributed in sick pay during the year was £1,568, and the total funds increased from £648,725 to £734,182.

THE PUBLIC-HOUSE TRUST ASSOCIATION.—According to the second annual report of this Association recently issued, 37 local Trust Companies have now been formed, 27 in England and Wales, 9 in Scotland, and 1 in Ireland. In addition the People's Refreshment House Association manages 34 houses, so that altogether over 70 public-houses are now under Trust management. A very large number more, it is said, will be taken over when the present tenancies expire. Reference was made to the Colonial Secretary's recent statement to the Town Council of Johannesburg in favour of the municipalization of public-houses and to the fact that in the Transvaal the Trust principle had recently been adopted in an ordinance of the Legislature which provides for the placing of the exclusive control of the liquor traffic, in any locality, in an association formed to devote the profits to public purposes. The Committee reports that the points of difference between the extreme Temperance Party and the Trusts seemed to be diminished. Information concerning the Trust movement may be obtained from the Secretary at 116, Victoria Street, S.W.

IRISH MEDICAL SCHOOLS' AND GRADUATES' ASSOCIATION.—The annual festival dinner of the Irish Medical Schools' and Graduates' Association was held on March 17th (St. Patrick's Day) at the Café Monico, under the Chairmanship of the President of the Association, Dr. P. S. Abraham. Dr. Gilbert-Smith proposed the toast of "Our Defenders," and afforded great merriment to those sitting in his immediate neighbourhood, but unfortunately many of those present were unable to hear the speech. After this toast had been responded to by Deputy-Inspector-General Delmege, Surgeon-General A. Keogh, and Lieutenant-Colonel Milner, Dr. H. Macnaughton-Jones gave "Our Guests." Sir John Colomb, M.P., in reply, dwelt upon the position of the medical profession in the rural districts of Ireland. The health of the people was of such paramount importance that the introduction of the subject needed no excuse, and the matter was of vital interest in regard to the social welfare and progress of Ireland. He advocated the education of public opinion, which should be brought to bear upon those in authority with a view to break down local and rural prejudices, and to insure fair play. In his opinion too much family influence was traceable in the election of medical men to the various posts, especially in the southern and western portions of Ireland. The Solicitor-General for Ireland, Mr. J. H. Campbell, M.P., also responded to the toast, and congratulated those present on the feeling that had grown up in Ireland that the time had arrived for making a lasting peace and burying the differences which had divided the Irish people in the past. Professor Sir Robert Ball proposed the toast of "Ourselves," and emphasized the fact that the Association made no difference in regard to creeds or parties. His remark that the Association had peacefully existed for twenty-four years excited general hilarity. Sir Robert Ball concluded by drawing attention to the great

influence exerted by the Association. The Chairman, who responded to this toast, referred with satisfaction to the good work done by the Association, not only in regard to social matters, but also in regard to scientific and professional studies. The proceedings were continued to a late hour, and a feature of the evening was the excellent music provided. Mr. Charles Ryall and Dr. J. H. Swanton fully deserved the praises they received for the success of the dinner. The guests numbered over 200, amongst whom were Surgeon-General Cuffe, Professor A. E. Barker, and Mr. Henniker Heaton, M.P.

ANTIQUACKERY LEGISLATION IN PENNSYLVANIA.—A Bill has been introduced into the Pennsylvania Legislature which is said to be designed to check osteopathy and Christian Science. The Bill provides for the amendment of the existing law for the licensing and examining practitioners of medicine and surgery by providing for the penalization of any person for "entering or continuing in the profession or occupation of treating disease or injury by the use of medicine or any other means or agency," either for or without pay or valuable consideration, unless licensed under the Act. The penalty is any sum between 200 and 500 dollars (£40 and £100), and imprisonment for from thirty days to six months.

THE NORTHERN SPAS OF ENGLAND.—Members of the Balneological and Climatological Society will in the latter part of April make an excursion to the northern spas, visiting Matlock Bath, Dovedale, Rowsley, Chatsworth, Haddon Hall, Buxton, Ilkley, Harrogate, Ripon, Scarborough, and Woodhall Spa. They will leave London on Saturday, April 25th. The cost of the entire tour will be £13 5s. each, or, with first-class travelling throughout, £14 14s. Either the first half or the second half of the tour may be taken separately. The cost of the first part of the tour from London to Matlock and Buxton and back to London—including the accommodation specified in the itinerary—from Saturday, April 25th, to breakfast on Thursday morning, April 30th, will be £7 7s. with third-class railway travelling, or £8 8s. with first-class railway travelling. The cost of the second part of the tour, from London to Harrogate and back to London—including the accommodation as specified in the itinerary, commencing with dinner at Harrogate on Friday, May 1st, and taking the remaining accommodation as given on the following days, up to and including breakfast at Woodhall Spa on May 5th—will be £7 7s. with third-class railway travelling, or £8 8s. with first-class railway travelling. The sums specified include accommodation at first-class hotels, consisting of table d'hôte breakfast, lunch, dinner, bedroom, lights, and service, commencing with dinner on Saturday, April 25th, and terminating with breakfast on Tuesday, May 5th—in the case of those who take the entire tour—carriage excursions (landaus) as specified, expenses of visiting various places of interest, fees to drivers, hotel and railway servants, conveyance of passengers and baggage between stations and hotels, and service of representatives to accompany the party and see that the arrangements are properly carried out. Applications should be addressed to Dr. H. S. Lunn, 5, Endsleigh Gardens, W.C. Any further information can be obtained from Dr. Leonard Williams, 8, York Street, Portman Square, W.

THE CARNEGIE INSTITUTION AT WASHINGTON.—The first Year Book of the Carnegie Institution at Washington announces the plans for scientific investigations, with the appropriations made for them. A sum of £40,000 is to be distributed for the use of original investigation in different fields of literature, science, and art; £8,000 will be allotted for publication; £20,000 for a reserve fund; and £10,000 for administrative expenses, including not only those pertaining to the offices in Washington, but the prosecution of certain inquiries concerning important objects to be considered in the future. It is the purpose of the Advisory Committee of the institution to substitute organized for unorganized effort wherever such organization of effort promises the best results, and prevents needless duplication of work. The grants at first are to be made to individuals working under proper guidance and supervision for specific purposes rather than to institutions for general purposes. The books, apparatus, and materials purchased for these investigations are to be the property of the institution and subject to its control. Money will also be granted for the publication of approved papers. Some of the foremost scientific workers of America have submitted recommendations to the Advisory Board in reference to certain subjects which they

believe should be more thoroughly investigated. Professor Langley, of the Smithsonian Institution, advises the establishment of two laboratories, preferably close to the equator, at the greatest possible difference of altitude, yet within sight of each other, where under like atmospheric and other conditions simultaneous observations with reference to the solar constant, the unit of heat exerted by the sun's rays on a given surface at a given time, concerning which there is much discrepancy, could be accurately determined by records. Dr. David Jordan, of Leland Stanford University, recommends a special expedition to study ichthyology in the Pacific Ocean, especially in the vicinity of Peru, Chili, Patagonia, China, Okotsk Sea, and some of the East Indies and Polynesia. Professor Ladd, of the Yale University, makes recommendations in the realm of psychology. He advocates a bureau of information not only of definite results, but of partial results, and attempted investigations in the subject of psychology, with a view to keeping all scientists devoting themselves to this particular branch posted as to what others are doing and have done, thus preventing duplication. Dr. Whitman, Professor of Zoology in the University of Chicago, recommends a biologic farm as a means of studying heredity, variation, and evolution. Professor Johnson, of the University of Wisconsin, urges the establishment of a biologic experiment station for the study of evolution.

MEDICAL VACANCIES.

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 AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.—(1) Resident Medical Officer. (2) Resident Medical Officer. Salaries, £30 per annum, with board, washing, and attendance. Applications to the Secretary, Children's Hospital, Steelhouse Lane, Birmingham, by April 1st.

BRISTOL GENERAL HOSPITAL.—(1) Surgeon or Physician in the Throat and Nose Department. (2) Assistant Honorary Anaesthetist. Applications to the Secretary by March 23rd.

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.

EVERING HOSPITAL FOR SICK CHILDREN. Southwark, S.E.—Medical Radiographer. Honorarium, £25 per annum. Applications to the Committee of Management by March 31st.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST. Brompton.—Resident House Physicians. Appointments for six months. Honorarium, £25. Applications to the Secretary by March 31st.

ISLE OF WIGHT COUNTY ASYLUM. near Newport.—Assistant Medical Officer. Salary, £100 per annum, rising to £200, with furnished apartments, board, attendance, and washing. Applications to the Committee of Visitors by March 25th.

LONDON THROAT HOSPITAL. 204, Great Portland Street, W.—House-Surgeon; non-resident. Honorarium, £50 per annum. Applications to the Honorary Secretary of the Medical Committee.

MANCHESTER NORTHERN HOSPITAL FOR WOMEN AND CHILDREN.—House-Surgeon. Salary, £50 per annum, with apartments and board. Applications to Mr. E. Toxue, Secretary, 38, Barton Arcade, Manchester, by March 27th.

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

MIDDLEBROUGH-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.

NEWCASTLE-UPON-TYNE: UNIVERSITY OF DURHAM COLLEGE OF MEDICINE.—Lectureship on Ophthalmology. Applications to the Secretary by March 31st.

NEW HOSPITAL FOR WOMEN. Euston Road, N.W.—Anaesthetist, must be fully-qualified medical woman. Applications to the Secretary by March 25th.

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 4th.

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

PADDINGTON INFIRMARY.—Clinical Assistant and Second Assistant to the Medical Superintendent; unmarried, and between 21 and 30 years of age. Appointment for six months. Honorarium, £35, with board, lodging, and washing. Applications to the Medical Superintendent, 25, Harrow Road, W., by March 23rd.

ROTHERHAM 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 EYE HOSPITAL. Southwark, S.E.—House-Surgeon. Appointment for six months, but renewable. Salary, 50 guineas per annum, with board and residence. Applications to the Secretary.

ST. GEORGE'S HOSPITAL. S.W.—(1) Dental Surgeon; (2) Assistant Dental Surgeon. Applications to the Secretary by March 30th.

SAMARITAN HOSPITAL FOR WOMEN. Marylebone Road, N.W.—(1) Anaesthetist. Honorarium, £20 per annum. (2) Clinical assistants. Applications to the Secretary by April 4th.

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

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 25th.

WEST HAM AND EAST LONDON HOSPITAL. Stratford, E.—Junior House Surgeon. Salary, £75 per annum, with board, residence, etc. Appointment for one year, but eligible for election as Senior; salary, £100. Applications, marked "Junior House-Surgeon," to be sent to the Secretary.

WOLVERHAMPTON EYE HOSPITAL.—House-Surgeon. Salary, £70 per annum, with board, and washing. Applications to the Secretary by April 7th.

MEDICAL APPOINTMENTS.

ALEXANDER, Victor George, M.B., B.Ch., B.Sc. Edin., appointed to the District Surgeoncy of St. Ierion, Transvaal, South Africa.

BLAND, M.H., M.D. Glas., C.M., appointed Medical Officer and Vaccinator of the Guisborough Urban Workhouse.

BURTON, W. C., M.B., B.C. Edin., appointed Assistant Medical Officer of the Aston Union Workhouse.

CAMPBELL, A. J., M.R.C.S., L.R.C.P. Lond., appointed District and Workhouse Medical Officer of the Is. Union.

COTTS, F. J. H., M.D. Vict., Ch.B., reappointed Medical Officer of Health for Blackpool.

CURRY, E. F. N., M.R.C.S. Eng., L.R.C.P. Lond., appointed District Surgeon Vereeniging, Transvaal.

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

FORGE, G. B., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer of the Rochford Union.

FOX, Robert Algernon, M.B., M.S. Edin., appointed Visiting Medical Officer to the Rockwood and Newtonington Asylum for the Infirm, New South Wales.

FRASER, H., M.D. Aberd., Ch.B., appointed Medical Officer to the Aberdeen Dispensary, vice J. Y. Balgarny, M.B., C.M. Aberd.

HERBERT, B. H., M.R.C.S. Eng., L.S.A., reappointed Medical Officer of Health to the Uxoteter Urban District Council.

HICKIN, H. J., M.B., C.M. Glas., L.M., appointed Government Medical Officer, Wei-Hai-Wei, North China.

JELLY, G. Aubrey, F.R.C.S. Edin., M.R.C.S. Eng., appointed Honorary Consulting Ophthalmic Surgeon to the Bury Infirmary.

MORRISSEY, M. R., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Kill and Rathmore Dispensary District of the Naas Union.

MURRAY, John, M.B., C.M. Glas., appointed Medical Officer of Health for the Llandrindod Wells Urban District, vice S. G. Floyd, M.D. Lond.

PRICE, H. J., F.R.C.S. Eng., L.R.C.P. Lond., appointed District and Workhouse Medical Officer of the Maldon Union.

STAMFORD, R. B., F.R.C.S. Edin., L.R.C.P. Lond., M.R.C.S., appointed Honorary Medical Officer to the Loughborough and District Hospital and Dispensary.

SYMSON, E. Macael, M.A., M.D., B.C. Cantab., M.R.C.S., appointed Consulting Surgeon to the Lincoln General Dispensary, vice Dr. G. M. Lowe, resigned.

TEMPLETON, James, M.R.C.S., L.R.C.P. Lond., appointed Junior House Surgeon to the Bolton Infirmary, vice S. B. Brentnall, M.B., Ch.B. Vict.

WILLIS, J. G., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer of Health to the Bishop Auckland Rural District Council, vice A. C. Farquharson, M.D. Glas., D.P.H. Camb., resigned.

YOUNG, W. A. B., M.B., B.Ch. Vict., appointed Senior House-Surgeon to the Bolton Infirmary, vice J. K. Munro, M.B., Ch.B. Edin.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Society of London, 11, Chandos Street, Cavendish Square, W., 8.30 p.m.—Clinical cases: The President, "Extensive Ectopic Ovary treated by X rays." Dr. W. Ewart: Symmetrical Fatty Swellings in an Adult Woman, perhaps a variety of Dercum's Disease (Adiposa Dolorosa). Dr. Parkes Weber: (1) Ovid with Multiple Congenital Deformities; (2) The Case of "Infantile Form of Articular Rheumatism" shown on April 15th, 1902. Dr. C. Chapman: Multiple Cardiac Murmurs. Dr. F. J. Forster: Chronic Rheumatic Arthritis in a Child. Recovery. Dr. S. B. Dore: Two Cases of Lupus treated by the Finsen Light. Dr. Grainger Stewart (for Dr. J. A. Ormerod): (1) Functional Tremor; (2) Syringomyelia. Dr. H. A. Caley: Arthropathy of Hip and Ankle.

TUESDAY.

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

Royal Medical and Chirurgical Society, 20, Hanover Square, W., 8.30 p.m.—Mr. C. W. Ennor and Dr. J. O. W. Barratt: Paroxysmal Haemoglobinuria of Traumatic Origin. Drs. Arthur H. Robinson and Arthur Whitfield: A Further Report on the Remarkable Series of Cases of Molluscum Fibrosum in Children, communicated to the Society by Dr. John Murray in 1873.

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

WEDNESDAY.

Hunterian Society, London Institution, Finsbury Circus, E.C., 8.30 p.m.—Pathological evening.

Dermatological Society of Great Britain and Ireland, 20, Hanover Square, W., 5 p.m.

THURSDAY.

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

FRIDAY.

Royal College of Physicians of London, 5 p.m.—Dr. T. R. Glynn: On Infective Endocarditis mainly in its Clinical Aspects. Lumsden Lecture I.

British Electro-Therapeutic Society, 11, Chandos Street, Cavendish Square, W., 8.30 p.m.—Dr. Donald Baynes: On Cataplexis. Dr. G. B. Reuben: A Series of X-Ray and Electrotherapeutic work from the Alternating Mains. Dr. J. A. Codd: The Electric Series Bath.

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

Clinical Society of London, 20, Hanover Square, W., 8.30 p.m.—Dr. H. A. Lawson: A Case of Acute Malaria. Dr. Howard Marshall: An Affection of the Knee-joint apparently depending on Malaria. Dr. Andrew Duncan: A Case of Bilharzia. Mr. G. H. Makins: Two Cases illustrating the employment of Inguination and Stitching over Gangrenous Patches of Intestine in Strangulated Hernia.

POST-GRADUATE COURSES AND LECTURES.

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

Medical Graduates' College and Polytechnic, 23, Chenies Street, W.O. Demonstrations will be given at 4 p.m. as follows:—Monday, skin; Tuesday, medical; Wednesday, surgical; Thursday, surgical; Friday, throat. Lectures will also be given at 5.15 p.m. as follows: Monday, Cancer of the Uterus; Tuesday, The Diagnosis of Malaria in England; Wednesday, The Pathology of Asthma; Thursday, Deformities due to Nervous Affections; Friday, Injuries of the Head and Neck.

Post-Graduate College, West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 p.m. as follows: Monday, Diagnosis of Pain in the Teeth; Tuesday, The Medical Anatomy of the Stomach; Wednesday, The Medical Anatomy of the Rectum; Thursday, Urinary Cases of Interest; Friday, Cases of Skin Diseases.

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.

DUNLOP.—On March 13th, the wife of Thomas Dunlop, M.B., D.P.H., Medical Officer of Health, Aldershot, of a son.

HAMILTON.—On March 13th, at Chester Square, Ashton-under-Lyne, the wife of Graeme Hamilton, M.B., Ch.B. Edin., of a son.

MARJORIBANKS.—On March 6th, at Caversham Lodge, 502, Green Lanes, N., the wife of Robert Bruce Marjoribanks, of a son.

MARRIAGE.

PLUMMER-BEVERLEY-BIRD.—On March 16th, at Bathaston Church, Somerset, by the Rev. A. M. Dore, M.A., Plummer, M.A. Ch.B. Edin., L.R.C.P. Lond., elder son of the late George Plummer, M.A. Lond., of Thame, to Constance Beverley, daughter of Captain and Mrs. Beverley-Bird, of Clifton, and formerly of Norton Hall, Somerset.