lecture or didactic method is adequate in itself, but all these and others must be employed to secure the best results. As a matter of fact the number of methods of teaching is with us here increasing yearly. For a few years past, for example, the students of the second-year class have from time to time reported before their fellows, the professor acting as chairman, on a small number of original papers, and, this year especially, with surprisingly good results, both as regards the quality of the reports and the effect on the tone of the class. It is very easy to exalt technique unduly and very difficult to keep the field of physiology in good perspective in the student's mind, so that no small amount of the professor's energy is spent in not only utilizing, but correcting and supplementing, the results of the laboratory work—that is, its effects on the student's mind.

The above account of the laboratory, written at my suggestion by Dr. Morrow, who has been my chief assistant for some years, and to whose zeal and ability I gladly bear witness, will, I believe, meet the case. In designing, equipping, and arranging the work to be done in our laboratory we had the example of several of the leading American schools before us. Believing as I do that the physiology of the mammal is of great importance for medical students; that physiological principles are more than technique; that the law is higher than the demonstration; that all men should not be expected to do exactly the same work in the same way; that medical students are to apply physiology rather than advance it by discoveries, etc.. the course as at present constituted will probably be considerably modified in the near future. In spite of the time and energy expended in the work of reorganization, etc., in the past two years we have been able to do some research, both of the nature of verification and discovery, each of which we hold to be of importance, and the former too little considered at present.

The greatest need of physiology in McGill at the present time is the establishment of a Fellowship for research. This principle has been amply recognized among us in connexion with pathology, and I am hoping that ere long this want will be met in the allied subject of physiology.

MEMORANDA:

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

CONGENITAL GOÎTRE.

A VERY large number of readers must have been deeply interested by Dr. Hewetson's paper on Congenital Goître in the BRITISH MEDICAL JOURNAL of March 21st. If only as a curious coincidence it is perhaps worth while to mention that on March 11th I communicated to the Pathological Society of Manchester a Preliminary Note on Hyperplasia of the Fetal Thyroid. This was based upon a case in which, as in Dr. Hewetson's, the mother had been given potassium chlorate during pregnancy. The child was born alive, but death occurred within an hour. The thyroid gland was uniformly enlarged and weighed 25 grams. The normal weight of the thyroid at birth I find to be about 1.5 gram. On microscopic examination, my specimen is not so vascular as Dr. Hewetson's. The acini are smaller and more closely packed, and the connective tissue is more firm in type. There is no colloid matter. On cutting sections of fetal thyroids at different ages I find the "parenchyma" in my specimen to resemble that of a fetus of about 6½ months' development. In normal fetal thyroids of 9 months' growth I find a considerable quantity of colloid material.

I note a further coincidence, for on March 11th, Dr. Angus Macdonald showed yet another example of congenital goître after potassium chlorate to the Edinburgh Obstetrical Society Of this we shall see the details in due course. Three days before labour, the mother of the fetus from which my own specimen was obtained had an eclamptic attack, which was treated by thyroid substance as advised by Nicholson. I therefore propose to submit the whole case to the Edinburgh Obstetrical Society before publishing any detailed account of it.

Manchester. W. E. FOTHERGILL.

PROTRACTED BONE SUPPURATION.

MRS. H., aged 94, almost blind from cataract, and suffering from chronic bronchitis and emphysema, stated that when 4 years of age she met with an accident to her left shin bone, and that the medical man who saw her advised amputation, and told her that if she did not submit to operation she would die within six months. When I saw her the middle of the tibia gave indications of diseased bone from the discharge and the state of the skin near. The liver was not markedly enlarged, and the heart, apart from signs of fatty degeneration, had no other signs of disease. The lungs were markedly emphysematous. The case is of interest as it shows how long a bone may suppurate without seriously affecting health.

Southfields, S.W. J. REID, M.D., M.A. and C.M.

SIMILAR CONGENITAL DEFORMITIES IN MEMBERS OF THE SAME FAMILY.

DR. ESSLEMONT'S account in the BRITISH MEDICAL JOURNAL of February 7th induces me to put on record two cases, which interested me much at the time, of fetal malformations occurring in the same mother, the character of the malformation differing in each case only in degree.

The mother was a hard-working healthy woman, aged about 35 (I am writing from memory), who had three children. She had a normal confinement, at which a fine healthy boy was born, presenting nothing noticeable till it was found that no faeces were being passed. Examination of the rectum showed that it was occluded by a membrane. This was divided and stretched, and the bowels acted in a satisfactory manner. The child lived for a month or more, but sank into a marasmic condition, which had no connexion with its deformity, but rather with the parental idea that if it was not "all right," it had better not survive.

Two years or so after this, another apparently healthy child was born, whose muscular development and strength seemed to leave nothing to be desired, but its perineum was innocent of any orifices communicating with alimentary or renal systems. There was a tag of skin to represent a penis or scrotum. It lived for some days till the absence of drainage system in the body had time to assert itself, and then died.

The remarkable fact, to my mind, was the close similarity in each case of Nature's failure. In the first case, a comparatively minor fault—namely, neglecting to remove the membrane of the proctodoeal invagination; in the second, a serious error in neglecting to make any cloacal or proctodoeal invagination at all, pointing to the idea that what caused the failure in the first instance had gained in intensity in the second, and, further, that the failure was in the maternal organism, unless we regard the two cases as a remarkable coincidence.

We know a good deal of the cells and their divisions which result in the formation of the cellular layers by whose foldings and buddings the organs of the fetus are formed, in which we may trace phylogenetic reminiscences, but nothing of the forces which preside over the proper evolution of this architectural plan, and which fail in a remarkable and inexplicable way. These two cases suggest, as I have said, that it is in the maternal organism that we must look for the causes of these failures—in fact, to the vexed question of maternal influence and impressions.

Sevenoaks. JAMES E. BLOMFIELD, M.A., M.B.Oxon.

CASE OF FIBROUS STRICTURE OF THE RECTUM FOLLOWING DYSENTERY.

SIMPLE fibrous stricture of the rectum due to dysenteric ulceration is so rarely met with among Europeans in the East, that the following case seems worthy of record.

A medical man who had resided five years continuously in India had his first attack of dysentery in 1898, which was followed by others in the two following years. None of the attacks were severe in character, and all appeared to yield readily to ordinary treatment. For several months prior to the diagnosis of stricture the patient suffered from great irregularity of the bowels, constipation being the primary condition but diarrhoea frequently occurring, being probably due to catarrhal enteritis from the irritation of retained faeces. Some "ribboning" of the stools had been noticed, but this was attributed to spasm of the sphincter due to some extero-internal piles which had developed as the result of residence in the tropics. When constipation became marked the patient suffered from frequent calls to stool, occasionally resulting in the passage of shrimp-like masses of faeces. This condition was, however, of rare occurrence, as the patient, like most Anglo-Indians, was careful to secure a free action of the bowels almost daily. The patient had been employed on plague work, and, as he had had no holiday for

nearly three years, and suffered from occasional attacks of malarial fever he became considerably debilitated. He came under treatment for a sharp attack of influenza, with tonsillar symptoms, during the last hot season. Treatment was commenced by a calomel purge, and the pyrexia and tonsillitis combated by appropriate remedies. About the fourth day of the disease the patient, being constipated since the action of the preliminary cathartic, was given a glycerine enema. This produced violent tenesmus but no action of the bowel. An ordinary soap and water enema was then administered but without result. Large enemata and big doses of castor-oil on subsequent days were equally ineffectual. On the seventh day of constipation the finger was passed into the rectum, and a narrowing of the gut discovered about 1½ in. from the anus. The stricture felt like a piece of thick parchment let into the bowel wall, with a central aperture which barely admitted the tip of the forefinger; scybalae could be felt beyond.

A large enema of water and oil was then given by the medical attendant, but it only washed away a little faecal matter and a good deal of it was retained, which increased the distension of the abdomen and the resultant discomfort. After consultation, it was decided to divide the edge of the stricture with a knife so as to allow the scybalae to pass. This was done without an anaesthetic at the patient's expressed wish. The "nicking" of the stricture was followed by a large enema of olive oil and hot water,, and the bowels at last acted freely. When the patient had somewhat recovered from the prostration caused by the influenza and obstruction of the bowels, gradual dilatation was attempted and persisted in for some time. This, however, failed completely, and as the patient was considerably debilitated, and operative treatment was hardly to be recommended in India, he was invalided to Europe. The patient's debility was attributed to malarial poisoning and the fact that he was obliged to maintain what was practically a state of artificial diarrhoea, as the slightest constipation induced troublesome tenesmus. On arrival in England he placed himself under surgical care. The stricture was forcibly dilated under an anaesthetic, the rectum plugged, and after four days' constipation the passage of bougies was commenced. The patient is now convalescent, but will be required to pass a bougie for several months. I think the case is of some special interest in that it shows that typical fibrous stricture may develop after comparatively mild attacks of dysentery, and that a piece of mucous membrane involving the complete lumen of the gut may slough without producing alarming symptoms.

R. J. Blackham,
Captain Royal Army Medical Corps.

TRIGGER FINGER.

In his interesting communication on this subject in the British Medical Journal of January 31st, p. 251, Mr. C. Hamilton Whiteford mentions small nodes as frequently occurring on the flexor tendon or sheath. No doubt these thickenings are, anyhow in many cases, the real cause of the disturbance. As to their nature, I beg to suggest that they are, at least in a great number of cases, of gouty origin rather than rheumatic, as stated in the statistics of Necker quoted in the article in question. At Bad Salzschlirf, which is chiefly resorted to for gout and rheumatism, such lesions are not unknown. During the last season I had occasion to treat two such cases—one a merchant from London, the other a German gentleman, a teacher of classics at a public school, aged respectively 38 and 34 years. Both had come to Salzschlirf on account of gout, and the presence of trigger-finger (Teutonice, *Schnappfinger*) was only incidentally noted. The symptoms were of the same kind as described by Mr. Whiteford in the second case, however, without marked stiffness on movement. The parts attacked were in the first case the index and middle finger of the right hand, and also to a slight degree the left index finger; in the second case the ring finger of the right hand alone was affected.

At first sight the impression was produced that subluxation of the first interphalangeal joint of the affected fingers had taken place. On the patient closing his fist a distinct click or snap was audible, and the finger was flexed and immobilized at this part, while the metacarpo-phalangeal joint was still movable to a certain degree. Further examination, however, revealed the presence of nodes on the flexor tendons, moving on contraction of the respective muscles but easily sticking fast at the articular protuberances. In the case of the teacher the defect had first become clearly evident during his term of service in the army, when he experienced some difficulty in musket exercise.

Both cases showed decided improvement in the course of the Salzschlirf treatment, which included massage and the use of gymnastic apparatus, besides bathing and drinking, but I am unable to state whether the improvement has remained permanent.

Bad Salzschlirf, near Fulda. F. A. Philippi, M.D. (Leipzig).

EXCISION OF THE TONSILS DURING AN ATTACK OF ACUTE TONSILLITIS.

Although not the time any one would choose for tonsillectomy still there are certainly cases where one is not only justified in operating, but it seems to me almost bound to give the patient the relief which the removal of a baneful obstruction affords. Moreover, as Mr. Bleasdale[1] truly observes, it only too frequently happens that as soon as a patient with chronically enlarged tonsils recovers from an acute attack removal is declined, nor does the lesson of repeated attacks overcome the dread of "an operation" nor the dislike of being "laid up." Personally, I have operated during the acute stage in several cases, and the results have been in every way satisfactory. One patient—a neurotic female, with a temperature of 104° F.—was greatly relieved, and made a rapid convalescence. The slight haemorrhage resulting seemed to be a useful depletant. I fail to see why we should hesitate to operate "because the part is inflamed," any more than we should hesitate in a case of, say, appendicitis or periostitis, where the good effect of timely incision is generally recognized. It seems to me about as logical to say "always wait until the inflammation subsides," as it is in a case of alveolar abscess to await the bursting or dispersion of the abscess before extracting the offending tooth.

Bowdon. P. R. Cooper, M.D.Lond., F.R.C.S.Eng.

MALARIA AND THE HYPODERMIC INJECTION OF QUININE.

I have of late seen several notes in the British Medical Journal on the hypodermic injection of quinine for malaria, in the majority of which fairly large doses were advocated, I think, therefore, that it may be of interest to place on record the successful results of the injection of small doses given under the skin.

My patients consisted of two series of cases—36 treated at Deoli in Rajputana and 64 at Loralai in Beluchistan, making a total of exactly 100 natives, children and adults. I use the hydrochlorate or the acid hydrobromate of quinine, both salts acting equally well. The dose I always give is from 1 gr. to 2 gr. on three or four successive mornings, injected into the subcutaneous tissue over the splenic area. After three injections in this site, if the treatment has to be continued, either the right flank or the upper arm is chosen. My rule is to give a dose for two successive mornings after the last rise of temperature, however slight.

I found that in 76 cases only three doses were necessary, the fever disappearing after the first dose; in 14 cases four doses were required, while in the remaining 10 cases more than four were given; these latter were of course the more severe cases, but in none were more than seven doses given.

Crystallization of the quinine salt was avoided by boiling the needle in a test tube before each injection, the syringe itself while not in use being kept constantly immersed in carbolic solution 1 in 40. No abscesses followed the injections, and in very few of these cases was there severe headache, as after the exhibition of large doses of quinine by the mouth.

Certain types of malaria may require larger doses, but for the routine treatment in hospitals small doses are quite sufficient and act with equal certainty.

De Vere Condon, B.A., M.B.,
Bombay. Captain, I.M.S.

PERI-URETHRAL ABSCESS CAUSED BY IMPACTION OF URIC ACID CRYSTALS IN THE URETHRAL LACUNAE.

As this cause of peri-urethral abscess has not to my knowledge been mentioned in the textbooks up to the present the following notes may be of interest: E. E., publican, aged 54, had never had any illness until July, 1900. He then noticed that his urine was very dark in colour, but he could not say that it looked like blood. This gradually passed off, and when the urine was first examined it contained no blood, but a trace of albumen. In November of the same year micturition increased in frequency, especially at night, and with this

[1] British Medical Journal, January 10th, 1903, p. 75.

there was occasional slight pain in the right groin, and also at the end of the penis. There was at no time any difficulty in passing water. The urine was at times acid, at others alkaline in reaction.

Early in January, 1901, he noticed pain near the anus on sitting down, which gradually became worse until on January 26th, while at stool the pain suddenly shifted into the penis, about half-way between the prostate and the meatus. The penis rapidly became swollen and oedematous; he had a well-marked rigor; but urine passed easily, and a soft catheter revealed no sign of impacted calculus or of stricture. Uric acid crystals were, however, found in the water he passed. The swelling of the penis gradually became less, but more localized, the rigors, however, continuing at intervals. Ultimately the local swelling suppurated, and the perineal abscess was opened and drained. No sign of calculus or crystals was found, but the history points very strongly to a small one being the cause of the suppuration.

He was carefully sounded before suppuration occurred, but no stone detected. Since the operation his urine has become normal, and he has had no subsequent trouble.

Manchester. ROBERT F. CHANCE, M.R.C.S., L.R.C.P.

THYROID EXTRACT IN PSORIASIS.

ON reading the remarks of Dr. Radcliffe Crocker about the use of thyroid extract in the treatment of psoriasis in his interesting and instructive lectures on the conditions which modify the characters of inflammation of the skin, and their influence on treatment, I was reminded of a very severe case of long-standing psoriasis covering nearly the whole body, the skin of which frequently cracked and bled and caused great pain and suffering. It was so extensive that it nearly resembled a fish skin and might have been almost classed as an ichthyosis. I put him on large doses of thyroid extract and the rash cleared away very rapidly. During the treatment the digestive processes were on two or three occasions disturbed, associated with a rise of temperature, but soon righted again by a day or two's intermission of the treatment. The man was over 70 years of age.

Ilkley. GEO. LONGBOTHAM, M.R.C.S.Eng.

CASE OF FATAL DIARRHOEA.

CASES of rapidly acute and fatal dysenteric diarrhoea seem to be sufficiently rare to be worth recording. On March 18th a girl aged 9, strong and intelligent, walked two miles to school in the wet, and seemed perfectly well in every way. In the evening she was troubled with a vague feeling of *malaise*. Next morning she was found to be delirious, with a temperature of 105° F., with urine normal, no rash or sore throat, no sign of pain in any part of her body, either with or without pressure, but she vomited up constantly some greenish mucus, and was passing blood and mucus by the bowel. Per rectum nothing special could be felt. The abdomen was flaccid, but no increase or absence of resistance could be detected. There was no tympanites; the legs were not drawn up. She had a sunken "abdominal" expression. There had been no illness in the house, but an epidemic of influenza had occurred in the neighbourhood. Her food had apparently been exactly the same as the other children. In spite of stimulant treatment and tepid sponging she died within forty-eight hours of previously perfect health, with symptoms of cardiac failure. For social reasons a necropsy was not advisable. A rather similar case is recorded in Ashby Wright's *Diseases of Children*.

ARTHUR G. WILKINS, M.B., Ch.B.Vict.

Glenridding, near Penrith.

"ADRENALIN" AS A HAEMOSTATIC.

I HAVE recently had under my care two cases of haemorrhage from the nose and gums, in which I have had remarkable results from "adrenalin chloride" (Parke, Davis, and Co.'s preparation compounded with chloretone) used as a haemostatic. Some time back I saw a note in the BRITISH MEDICAL JOURNAL on the value of this product in a case of epistaxis, and determined to try it on the first opportunity.

In the first case a patient sought advice for a frequently recurring bleeding from the nose, often so profuse as to produce syncope. When I saw her it had caused a distinctly anaemic condition generally. There were no adenoids or ulcerations visible on examination with the rhinoscope, and the mucous membrane though oozing at many points was not specially thickened or turgid. I injected, with a small glass syringe, a mixture of one part of adrenalin chloride in two of water into each nostril, and painted the mucous membrane as high up as I could reach with the full strength preparation. The bleeding ceased at once, and I told her to come in a day or two, and have the same treatment. She did not return until six weeks after the original application when she assured me that she had had no trouble with her nostrils since that time.

The second case was that of a boy, aged 14 years, from whom I had removed two molar stumps, the cavities of which continued bleeding for six hours, in spite of the iced water and cotton-wool plugging applied by his parent. I swathed the cavities thoroughly with the "adrenalin chloride" and left a plug soaked with it in each. There was no further haemorrhage.

It seems to me there is a large sphere of utility for this preparation in controlling mucous and small venous bleedings, which are often so reducing and so difficult to control.

London. L. WHEELER, M.B., B.Ch.

DIACHYLON POISONING.

IN view of the paper by Dr. Jacob and Mr. Trotman in the BRITISH MEDICAL JOURNAL for January 31st, p. 242, I venture to think that the notes of the following case may be of interest:

Mrs. X., aged 29, sought relief, early in November, 1902, for severe vomiting. She looked ill, her face having an anxious expression, and being of a yellowish-white colour. She was very constipated, and complained of a good deal of headache. Although repeated inquiries on the subject were made, no history of the taking of any irritant could be obtained. She was put to bed, and in spite of varied treatment the general condition became worse, vomiting, constipation, and headache being more severe.

Early on the morning of November 24th the patient had an epileptiform fit, and in the course of the same day she vomited some blood; she also had five more fits during that day. In the course of the evening some weakness was noticed in the external rectus of the right eye, there being occasional internal squint on that side. The patient was given nutrient enemata, as all food by the mouth was at once returned.

It was thought that she was possibly suffering from some intracranial growth, but nothing abnormal was seen on ophthalmoscopic examination. Up to this time there was no sign of any blue line on the gums.

During the next week feeding by means of nutrient enemata was continued, the patient lying in a semi-conscious condition, and complaining of intense pain in the head. About this time it was discovered that she had taken something previously, and later, when she was able to talk about things, she admitted that she had taken in the course of a week 1½ oz. of diachylon.

Towards the end of November a blue line began to appear on the gums, and rapidly became more apparent. Paralysis of the right external rectus became complete, the patient complaining of diplopia. Knee-jerks were diminished, pressure over the vagi gave rise to pain. Left pupil was larger than right.

On December 9th lead was discovered in the urine, but could never be detected on any other occasion. Since then the patient has been getting well. The most persistent symptoms were headache and constipation. On December 15th she had another epileptiform attack, but none since. The patient is now about the house. The blue line has almost entirely disappeared, and the ocular paralysis has passed off. The most noticeable point about the case is, I think, the long period—almost a month—that elapsed between the taking of the lead, and the appearance of the characteristic signs of lead poisoning. I have come across several other cases of poisoning by diachylon, but never any so severe as this one.

Walsall. FRANK G. LAYTON, L.R.C.P., M.R.C.S.

THE TREATMENT OF OCCIPITO-POSTERIOR PRESENTATIONS.

I HAVE found a very simple method of dealing with these cases, in my experience, to be as follows: Instead of using short, straight forceps, as suggested in most textbooks, the hand is used.

The patient is anaesthetised and the exact position noted; the head is then grasped in the right hand and rotated, so that the occiput is brought under the symphysis pubis, or even slightly further round, if there is any tendency to assume the old position on withdrawing the hand. Ordinary forceps are now used and the head delivered. This is a simple manœuvre

where the head is small. There are, however, occasionally cases where the pelvis is not large enough; in these the head, grasped in the right hand, is pushed up into the upper portion of the pelvis, or into the abdomen, and rotated at or above the brim of the pelvis, forceps being immediately applied.

I have used this method in all my occipito-posterior presentations during the last eight years (some thirty-five cases), and have never found any difficulty; in fact, I have been able nearly always to deliver the head within ten minutes of accomplishing anaesthesia.

The chief advantages of the hand over forceps are that it causes less damage to the soft parts of the mother; the hand is better able to appreciate the turning movement of the shoulders of the child, thus there is less danger to the neck of the child; the hand is able to push the head up into the abdomen, which we cannot do with short forceps; and, lastly, our hands are always with us.—I am, etc.,

South Hampstead, N.W. ERIC L. PRITCHARD, M.D.

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

ST. BARTHOLOMEW'S HOSPITAL, ROCHESTER.

CASE OF ACUTE HAEMORRHAGIC PANCREATITIS.

(By J. HOLROYDE, F.R.C.S.E., Consulting Surgeon to the Hospital).

CASES of acute inflammation of the pancreas are sufficiently rare to make the record of each one a subject of more than passing interest, especially as the difficulties of diagnosis are great, the symptoms being so suggestive of other conditions.

J. L., aged 37, a railway porter, was sent into hospital on the morning of September 10th, 1902, with a note from his medical attendant stating that he was suffering from intestinal obstruction.

History.—He stated that he first felt sudden pain on the night of September 8th (about forty hours before admission), as if he had "strained himself inside." The pain lasted all night, and on the following morning he began to vomit. A doctor was called in, who gave him an aperient, but without effect, and as the general symptoms were getting worse he was sent into hospital.

Condition on Admission.—He was cold and collapsed, and complained of great pain in the abdomen. His temperature was 98° F., his pulse feeble and quick, and his abdomen tympanitic and moderately distended. I saw him shortly after admission, and on examination found considerable tenderness over the abdomen, more marked in the left umbilical and epigastric regions, and especially so at a spot 2 in. above and 1 in. to the left of the umbilicus. Faeces could be felt per rectum, and a simple enema was ordered, to be followed by a rectal injection of brandy, with $\frac{1}{30}$ gr. strychnine hypodermically, and the application of hot bottles. I saw him again in the afternoon, and found him in the same collapsed condition. There had been a good result from the enema, but no flatus had passed, and the pain and retching still continued.

Operation.—The symptoms pointed to perforative peritonitis, and it was decided to do a laparotomy as soon as the patient could be got ready. A median incision was made below the umbilicus, and on opening the peritoneal cavity a large amount of turbid fluid was seen. The portion of small intestine which presented in the wound was deeply congested but not markedly distended. I made the usual search. The hernial rings were clear, the colon was flaccid, and the appendix healthy. At this stage of the operation the patient, who was in a very collapsed condition, succumbed.

Necropsy.—The small intestines were intensely congested, and the mesentery showed numerous haemorrhagic points. The colon was empty, and the ascending and transverse portions were of normal appearance. The descending colon was more congested, and its peritoneal covering was for the most part adherent to the parietal peritoneum on its posterior and lateral aspect. In the neighbourhood of the duodenum and the lower posterior wall of the stomach white thickened patches were visible, looking like areas of fatty degeneration, and at the root of the mesentery a hard mass was felt which on examination proved to be the pancreas and adjacent structures. It was greatly congested and haemorrhagic, and was adherent to the posterior wall of the stomach, to the duodeno-jejunal bend, to the posterior part of the lesser peritoneal sac, and to the spleen. A quantity of blood-stained serum was found in the peritoneal cavity, and numerous flakes of lymph were seen both on the parietal and visceral peritoneum. Beyond the evidences of peritonitis the other abdominal organs were quite healthy. The structures involved were separated with great difficulty.

Examination under the microscope showed disintegration of pancreatic substance, numerous haemorrhages, and crystals of haematoidin.

REMARKS.—The literature on the subject is not very profuse, and the best description of the symptoms which occur in inflammatory affections of the pancreas is in an article by Fitz, of New York. The general symptoms are indicative of acute perforative peritonitis, or of intestinal obstruction, but there are one or two points which in the future would influence me in endeavouring to form an opinion. First of all, as to the seat of pain. My patient complained that his principal pain was on the left side above the level of the umbilicus, and there was absolutely no tenderness, or dullness or history of pain in the neighbourhood of the appendix. Then again there was well-marked tenderness over the region of the pancreas, and, what is very important, there was no history of any previous illness such as gastric ulcer. There was no history of previous constipation, nor was there any indication of mischief in the descending colon. The dominant signs were those of collapse and pain such as would accompany perforative peritonitis, and the distinctive points were that these symptoms occurred suddenly in a previously healthy subject, and that the chief seat of pain was in the region of the pancreas. It is said that catarrhal duodenitis may be the primary cause of pancreatic inflammation, and also that it occurs in alcoholic subjects. The latter cause was certainly not present in this case, and so far as I can ascertain the patient had not suffered from any digestive trouble.

CHILDREN'S HOSPITAL, NOTTINGHAM.

CASE OF CHRONIC INTUSSUSCEPTION: OPERATION: RECOVERY.

(By R. G. HOGARTH, F.R.C.S.Eng., Surgeon to the Hospital; Assistant Surgeon General Hospital, Nottingham.)

A LITTLE girl, aged 6, was admitted to the hospital on May 22nd, 1902, for intussusception.

History.—She is one of a family of nine, four of whom are alive and five dead. The mother, who is a healthy woman, has had two miscarriages since the birth of her last child, who is the present patient. The father is said to be delicate. Six weeks ago the patient was attacked by diarrhoea which lasted a week. When this stopped abdominal pain came on, recurring every ten minutes or so night and day. The child when attacked at night got on to her knees in bed. This pain continued up to the time of admission. The mother was quite positive that there has never been any blood or slime passed. At no period of the illness was there what might be termed constipation. The child never went over a day without having an action of the bowels. Two weeks before admission vomiting began and was very persistent, occurring immediately after ingestion of any fluid. Thirst was very marked. The appetite had been almost lost for a month, the patient having existed on milk during that period. There had been great loss of flesh for a month. On May 12th, 1902, the child was brought up to the out-patient department and the note was made: Fourteen days' pain in belly, wasting and sick; B.O. + abdomen nil. She was given Angier's petrol. emulsion and salol.

State on Admission.—May 22nd, 1902. The child is extremely ill, with a very emaciated and drawn face, indicating abdominal disease. She lies on her back, with both knees drawn up. The tongue is very foul, and there are sordes on the lips. The temperature is subnormal; breathing slow. The pulse is rather faint. Nothing wrong is to be found in the chest. Abdomen: The umbilicus is normal. There is no dilatation of the veins. Tenderness on palpation is present, especially in the left flank. A tumour is felt in the line of the transverse colon, and passing down the left flank, ending in a rounded extremity, giving to the hand the impression of the lower end of the kidney. It could not be made out for certain that the horizontal and vertical tumours were continuous. Splenic dullness was present, and was separated from the tumour by a resonant area. Loin dullness was continuous, with the dull note over the tumour. There was no swelling detectable in the right flank. No fluid was found in the abdomen, and no glands felt.

Diagnosis.—This seemed to rest between tuberculous peritonitis of the plastic variety, causing matting of the omentum and intussusception. Mr. Hogarth was sent for, and allowed the patient, after examining her, to remain as she was for the night. An enema had been given after admission, and hard faecal masses had been got away.

Progress.—May 23rd. The child had a fairly good night. She was sick after most of her feeds. The tongue was more foul and pulse more rapid in the morning. Temperature 98°. The condition of the abdomen was as before. There was no motion of the bowels.

Operation.—In the afternoon, the parents' consent having been obtained, Mr. Hogarth opened the abdomen in the middle line, above the umbilicus.

accident to his left arm in the end of April, 1902, in connection with which pain and stiffness of the arm resulted, and this it was proposed to remedy by breaking down the adhesions under chloroform. Dr. Cunningham, the usual medical adviser of the family, undertook to perform the operation, but unfortunately the patient died during the administration of the chloroform. Necropsy showed that the patient had died of syncope. The case for the pursuer was that the doctor had not taken proper precautions in the preparation of the patient for operation, and had not skilfully administered the anaesthetic or been supplied at the time with the usual restoratives. For the defence several prominent medical witnesses were called, who spoke to the occasional sudden and unexpected death of patients under chloroform by heart failure and the difficulty of explaining such deaths. The jury returned a unanimous verdict for the defender.

PROSECUTION UNDER THE INFECTIOUS DISEASES NOTIFICATION ACT.

On April 7th, at the North London Police Court, Dr. T. Mowbray Henderson was prosecuted by the Hackney Borough Council for failing to notify a case of typhoid fever as required by the Infectious Diseases Notification Act. The defence was that the case had been notified as soon as the defendant decided that it was one of typhoid fever; the magistrate after hearing the evidence expressed the opinion that the delay had been unwarrantable, and fined the defendant the full penalty and 45s. cost. Dr. Henderson was defended by the Medical Defence Union. We are informed that Dr. Henderson is a homoeopath.

THE CORONER'S COURT.

The Resident Medical Officer of a provincial infirmary writes to inform us that he was recently summoned to give evidence at an inquest, and that the coroner has refused to pay him the usual fee of a guinea, but offers him the common witness fee of two shillings.

*** The facts of the case are as follows, as reported by our correspondent: The deceased person was brought into the infirmary dead. The coroner's officer called and said he was directed by the coroner not to summon any medical witness, but only the person who laid out the body. These duties were, as it happened, performed by our correspondent, who received the summons and attended the inquest. The coroner refused to take him as a medical witness and refused to pay the usual fee as such, but afterwards tendered him the common witness fee, which was not accepted. Under the special circumstances of the case, we do not think that the medical witness fee is recoverable by law, as our correspondent was not summoned to give medical evidence, but he may, if he thinks, lay the facts before the Lord Chancellor or take counsel's opinion on the matter.

PARTNERSHIP ACCOUNTS.

D. E. F.—The doorplate and lamp, if a professional one, should be included in the expenses, if not excluded by agreement. With regard to the electric light in consulting room, if A.'s partner charges the firm with the expense of the lighting in his consulting room, then A.'s lighting would be included in the expenses of the firm, but not otherwise.

A. B. and C. are in partnership. A. sells part of his share to D. with the consent of the firm, and receives the whole of the purchase money. Should A. or the firm pay A.'s legal expenses?

*** As the whole of the price is received by A., he also ought to pay all the legal expenses.

FAMILY FEES.

Fees writes that his usual visiting fee at a certain house is 7s. 6d. He has recently been attending there three young adults with scarlet fever. We agree that a charge of 15s. a visit to include the three would be reasonable.

MEDICAL TESTIMONIALS IN TRADE ADVERTISEMENTS.

Bilious.—We quite agree with our correspondent, and thank him for drawing our attention to these cases. They will be remitted to the Ethical Committee to deal with in accordance with its resolution on the subject which has been approved by the Council (see Supplement, February 7th, 1903, p. xi).

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF EDINBURGH.

The following candidates have passed the First Professional Examination in the subjects undernoted:

Chemistry.—G. P. Adshead, J. L. Annan, J. C. Ashton, A. C. Barker, C. B. Baxter, A. E. Bennee, J. P. Berry, F. H. Bradley, G. Britto, F. V. N. Bruce, P. D. Cameron, R. A. Campbell, H. G. Carter, J. M. Christie, R. D. Clayton, W. G. Cobb, W. D. Coghill, C. H. Corbett, H. C. D. Cross, G. H. Dart, Margaret D. Davidson, T. Derrick, T. Dick, T. H. Dickson, A. E. Drynan, J. C. Drysdale, G. L. Duncan, R. Edwards, P. A. Euvrard, W. G. Evans, C. J. Faill, Josephine L. D. Fairfield, S. B. Faulkner, E. M. Figaro, W. Fleming, J. Fraser, T. Fraser, J. Gilmour, R. M. Glover, I. M. Grant, G. R. Gray, A. R. Gunn, D. J. Guthrie, D. K. Henderson, G. Henderson, A. F. Hewat, A. M. Hewat, M. Heyns, S. W. Hogg, W. P. Holden, St. G. L. M. Homan, J. H. Horne, L. Hughes, H. B. Hunter, M.A.; S. Jackson, R. H. Jaimeson, Blanche M. Z. Johnston, T. A. Johnston, D. Johnstone, N. W. Kidston, J. H. Lechler, C. W. L. Luthgen, T. Lyon, L. G. M'Cune, W. S. McCune, A. E. M'Iver, J. L. Mackay, R. E. M'Laren, M. Maclean, J. A. MacLeod, Ada J. Macmillan, R. J. A. Macmillan, J. B. M'Morland, E. P. Maitland, Eleanor A. Maitland, S. E. Malherbe, Jamesina J. Marr, L. R. H. P. Marshall, R. E. Marwick, R. P. Mathers, A. H. M. Maxwell, C. J. Van der Merwe, Margaret M. Miller, V. P. Mondon, A. G. Murchison, J. E. Murray, J. J. H. Nelson, F. H. Nixey, Hilda M. Northcroft, A. T. Paterson, C. F. Pattie, A. A. W. Petrie, S. Piarroux, W. J. Porteous, D. H. Rai, J. Reidy, Barbara Richardson, A. N. Robertson, D. Robertson, G. Robertson, J. M. Ross, P. Roytowski, F. L. Scott, H. C. Simpson, W. J. Simpson, J. T. Simson, A. F. H. Smart, F. F. S. Smith, Dorothy W. Stevenson, W. Stevenson, C. H. Tewsley, L. H. F. Thatcher, C. A. Thelander, C. P. Theron, Alice M. Thompson, D. Thomson, L. R. Thomson, W. Thomson, A. L. Thornley, W. A. Todd, Lydia K. Towers, R. D. R. Troup, V. F. Usher, A. M. Vlok, Helen M. Wakefield, A. S. Walker, R. N. Wallace, J. C. B. Williams, D. J. Williamson, J. Wilson, J. L. M. Wood, A. F. Wright, W. A. Wyllie.

The following candidates have passed the third professional examination for the degrees of M.B., Ch.B.:

Completed the Examination.—R. G. W. Adams, E. A. Aylward, J. W. H. Babington, F. Baillie, R. B. Barnetson, W. J. Basson, B. Baty, W. B. Beattie, D. Bell, L. H. J. Bell, A. R. Berrie, J. M. Beyers, A. L. Biggart, D. W. Boswell, F. T. Bowerbank, D. Brown, R. Buchanan, R. B. Calwell, T. E. Carlyle, Mildred Cathels, J. W. Cathels, D. M. C. Church, G. A. Clark, M.A.; H. S. Coghill, A. G. Cook, A. G. Coullie (with distinction), T. E. Coulson, A. B. Cox, J. G. Craig, G. Cunningham, M.A.; R. Donaldson, G. T. Drummond, T. H. Easton, C. G. Edmonston, E. D. Elliot, N. C. Fisher, G. H. L. Fitzwilliams, W. W. Forsyth, L. Fownie (with distinction), A. N. Fraser, W. J. Fraser, N. J. H. Gavin, A. C. Geddes, H. M. Gillespie, J. M. Graham, O. C. Greenidge, N. W. Greer, J. Grieve, E. J. Griffiths, P. A. Harry, E. Henderson, M.A.; Isobel Hill, T. J. H. Hofmeyer, A. M. Hogg, G. S. Husband, K. A. Inniss, A. Jackson, Annie Jackson, J. Jardine, J. Kirk, G. F. S. Landon, A. J. Lewis, S. M. Livesay, J. Lochhead, M.A. (with distinction), J. B. Lockerbie, A. H. C. MacArthur, A. D. M'Cullum (with distinction), W. M'Conachy, J. P. M'Gowan, M.A. (with distinction), H. R. MacIntyre, R. J. Mackessack, M.A.; E. M. Macmillan, A. MacRae, D. P. Marais, G. W. Mathewson, H. P. Milligan, E. A. Mills, M.A.; L. S. Milne, T. B. Mouat, W. M. Munby (with distinction), A. E. Nalborough, O. Archibald, C. D. O'Niel, R. G. S. Orbill, G. Ormrod, A. Pampeloune, W. J. Patterson, B. Pickering, Florence M. S. Price, D. S. R. C. Rae, M.A.; H. S. Reid, Margaret H. Robertson, Sheila M'Ross, C. S. Ryles, J. Sabbley, J. G. B. Shand, J. J. Shepherd, M.A.; W. H. Simpson, T. R. Sinton, G. M. C. Smith, W. A. W. Smith, P. Steele, T. H. Stewart, M.A.; H. A. Stewart, H. J. Stewart, A. C. Strain (with distinction), K. A. M. Stewart, G. H. S. Taylor, B.A.; Annie F. Theobalds, G. H. Usher, F. L. de Verteuil, R. W. L. Wallace, R. H. Watt, W. C. P. White, W. F. G. Whiteley, D. P. D. Wilkie, F. A. Wille, W. B. Wishart, A. C. T. Woodward, T. Wright, Margaret C. W. Young, M.A.

In Pathology.—W. S. Murdoch-Brown, C. A. Lawrence, C. S. McLintock, A. Malseed, R. S. Todd, M.A., D. C. Welsh.

UNIVERSITY OF GLASGOW.

The following have passed the First Professional Examination for the degrees of Bachelor of Medicine (M.B.), and Bachelor of Surgery (Ch.B.), in the subjects indicated (B., Botany; Z., Zoology; P., Physics; C., Chemistry):

J. A. Aitken (C.), J. M. Anderson (P.), J. Anderson, M.A. (B., Z.), T. Mc.C. Anderson (Z.), A. H. Arnott (C.), D. Arthur (B., Z.), J. Atkinson (Z.), E. Barnes (Z.), H. Bertram (Z., C.), J. H. Bisset (B., Z., P., C.), J. N. Brown, M.A. (Z., C.), M. Buchanan (P.), J. Cairncross (B., P.), J. Cairns (Z., C.), T. H. Campbell (Z., C.), M. I. T. Cassidy (Z., C.), J. S. Clark (B.), A. B. Cluckie (P.), A. J. Couper (B., P.), J. R. Craig (Z.), C. A. Crichlow (Z., C.), A. Dick (B.), J. A. Doctor (Z., P.), R. Donald (B.), J. R. Drever, M.A. (Z.), J. Dunbar (P.), D. Duncan (Z., C.), A. Dunsmuir (B., P.), L. J. Dunstone (Z., C.), W. M. Elliott (Z., C.), A. Fairley (Z.), S. N. Galbraith (Z., C.), B. Gale (Z.), A. T. A. Gourlay (Z.), H. M. Granger (P.), J. V. Grant (Z.), P. F. Grant (P.), T. P. Grant (Z., C.), W. C. Gunn (Z.), J. Hammond (C.), T. Harkin (B., P.), J. M. Henderson (Z., C.), A. J. Hutton (Z., C.), P. J. Kelly (P., C.), G. Ligertwood (B., Z.), D. C. M'Ardle (Z.), E. B. Macaulay (P.), A. M'Call (B., P.), T. M'Cririck, M.A. (B., Z.), A. T. I. Macdonald (Z., C.), J. M'Donald (Z., P.), J. R. M'Gilvray (B., P.), R. M'Inroy (B.), J. B. Mackay (Z.), W. A. M'Kellar (C.), T. C. Mackenzie (C.), W. F. Mackenzie (B., P.), A. D. M'Lachlan (B., P.), A. N. R. M'Neill (Z., C.), D. Manson (Z., C.), Isa Carswell Marshall (Z., C.), R. Marshall (P., C.), J. H. Martin (Z., C.), D. R. Mathieson (C.), H. Matthews (B., P.), J. C. Middleton (Z., C.), J. W. Miller (Z., P.), R. S. Miller (B., C.), J. R. Mitchell (B., P.), H. W. Moir (P. C.), H. Morton (Z., P.), R. C. Muir (Z., C.), A. A. Murison (B.), P. O'Brien (Z., C.), J. Oswald (C.), I. Papiermeister (Z., C.), D. Renton (B., Z.), M. M. Rodger (C.), W. J. Rutherfurd (P.), A. Scott (Z., C.), R. E. Selby (Z.), A. C. Sharp (B., Z., P., C.), J. Sharp (P.), A. H. Sinclair (P.), J. Steedman (Z.), J. A. Stenhouse (Z., P.), C. K. Stevenson (Z., C.), W. Stevenson (B.), A. Stewart (C.), J. T. W. Stewart (C.), M. J. Stewart (Z., C.), J. A. Struthers (Z.), J. M. Taylor (Z., C.), H. J. Thomson (Z., C.), R. Todd (C.), M. Turnbull (B.), H. Watson (P., C.), W. B. Watson (B., Z., P., C.), T. C. D. Watt (B., P.), J. Weir (Z., C.), J. K. Welsh (C.), H. White (B., P.), D. J. Williams (B.), F. R. Wilson (Z., C.), H. M. Wilson (Z.), W. M. T. Wilson (B., P.), G. Y. Yardumian (Z., C.), M. Young (Z., C.), Annie M'Crorie (P., C.), Janet A. Macvea (C.), Jane I. Robertson (P., C.).

VICTORIA UNIVERSITY.

Degree Ceremony.

The following degrees were conferred by the Vice-Chancellor (Dr. A. Hopkinson) in the Council Chamber of the Owens College on Wednesday, April 1st:

Bachelor of Medicine and of Surgery.—J. P. Bligh, Univ.: T. Brown, Yorks.; R. T. Dobson, Univ.; A. J. Edmonds, Owens; P. T. Harding, Owens; A. S. Hopper, Univ.; C. O. Jones, Univ.; J. A. Jones, Owens; J. Longworth, Owens; J. S. W. Nuttall, Univ.; A. H. Radcliffe, Yorks.; W. B. Ramsden, Owens; J. A. C. Roy, Owens; W. F. Shaw, Owens; J. McG. Skinner, Owens; F. Sugden, Yorks.; J. C. Teasdale, Yorks.; A. F. Thompson, Owens; G. Unsworth, Owens; S. C. Wilkinson, Yorks.; T. B. Wolstenholme, Owens; M. S. Wood, Owens.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

An extraordinary Comitia was held on Monday, April 6th, the President, Sir W. S. Church, Bart., U.C.B., in the chair.

President's Address.

The President, according to custom, delivered his annual Presidential address, making reference to the chief medical events of the year, and

giving short obituary accounts of the following eight Fellows deceased during the past year: Dr. Edward Long Fox, Dr. William Millar Ord. Dr. J. W. Washbourn, C.M.G., Dr. John Curnow, Dr. Henry Oldham, Dr. Thomas Shapter, Dr. R. C. A. Prior, Dr. Samuel Fenwick.

Upon the motion of Dr. Pavy (as Senior Fellow), seconded by the Registrar, the thanks of the College were accorded to the President for his address, together with a request that he would allow the same to be printed.

Election of President.

Sir William Church then vacated the chair, and the College proceeded to the election of President, the rules relating to the election having previously been read by the Registrar. The result of the ballot showed that Sir William Church had been for the fourth time re-elected President of the College by a very large vote, the numbers being: Sir William Church, 83; Sir R. Douglas Powell, 11; Dr. Pye-Smith, 7; Sir William Broadbent, 4; Dr. Pavy, 1; Dr. Dickinson, 1.

The insignia of office having then been delivered by the Senior Censor (Sir R. Douglas Powell), the President gave his faith to the College and expressed his thanks to the Fellows for the high honour conferred upon him.

Licenses.

The Licence to Practise Physic was granted to the following candidates: Victor Albert Chatelain, London Hospital; John Douglas Hope Freshwater, Cambridge and St. George's; Frederic William Forbes Ross, Edinburgh and University College, London.

Reports and Communications.

A report of the Laboratories Committee, dated March 6th, 1903, was received and adopted. The Committee report (1) that during the last three months 8,175 doses of diphtheria antitoxin, each containing 3,000 units, have been supplied to the hospitals of the Metropolitan Asylums Board, making a total of 24,525,000 units; (2) that during the quarter further batches of antitoxin supplied by Messrs. Parke, Davis, and Co. have been tested in the laboratory, and a certificate granted showing its strength, sterility, and freedom from excess of antiseptic.

Communications were received from (1) the Registrar of the General Medical Council; (2) the Secretary of the Royal College of Surgeons, reporting certain proceedings of the Council on February 12th and March 12th.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council was held on April 2nd, Sir Henry G. Howse in the chair.

The College Library.

The Council determined to sell certain sets of periodicals to which it no longer subscribed; the several sets are to be catalogued, and the catalogues circulated amongst all the libraries of the world known to take in periodicals of the kind in question.

Jacksonian Prize.

The prize for the year 1902, on Fracture of the Skull, its Consequences Immediate and Remote, including Pathology and Treatment, was awarded to Mr. T. Crisp English, M.R.C.S. An honorarium was awarded to Mr. Louis B. Rawling, F.R.C.S., for his essay on the same subject. The subject of the prize for 1904 is the Diagnosis and Treatment of such Affections of the Stomach as are Amenable to Surgical Interference.

John Tomes Prize.

This was awarded to Mr. Kenneth Weldon Goadby.

Hunterian Professors.

Dr. Arthur Paterson, of Liverpool, and Dr. Arthur Robinson, of King's College, London, were appointed Hunterian Professors.

Election of Fellow.

The following gentleman, a Member of twenty years' standing, was elected a Fellow of the College, namely, Sir Francis Henry Lovell, C.M.G., Dean of the London School of Tropical Medicine.

Examination in Biology.

The President suggested that owing to the number of students who now claim exemption from the first examination of the Conjoint Board on the ground of passing the Preliminary Scientific Examination of the University of London, it be referred to the Court of Examiners to consider whether any modification is desirable in the regulation requiring candidates to produce a certificate of attendance on a course of lectures on biology at a recognized medical school.

Pathologist to the London County Council.

A letter was read from the Clerk of the London County Council, stating that the Council considers it desirable that necropsies in inquest cases of a special nature should be entrusted to specially-skilled pathologists, and expressing the hope of the Council that the Council of the College will assist them by suggesting, with a view to a selection being made, the names of well-qualified pathologists with experience of a medico-legal nature, and who would be prepared, if called upon by any of the London coroners, to make necropsies and to give evidence in special inquest cases at an inclusive fee of two guineas.

This was referred to a Committee.

TRINITY COLLEGE, DUBLIN.

THE diploma in Public Health, Part II, has been awarded to A. L. Hoops, F. W. Lamb, K. W. Jones, and J. N. Laird.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed the Primary Examination (Part I) in the undernoted subjects:

Biology.—C. J. Evans, St. Bartholomew's Hospital; M. L. Ford, Birkbeck Institute; C. A. Mortlock-Brown, University College; C. S. Spencer, Manchester.

Chemistry.—W. B. Neatby, London Hospital; F. B. O'Dowd, Birmingham; M. Rathbone, Royal Free Hospital.

The following candidates have passed the Primary Examination, Part II, in the subjects undernoted:

Anatomy.—W. H. S. Burney, Guy's Hospital; C. H. Colley, Royal Free Hospital; C. G. Grey, St. Bartholomew's Hospital; J. C. Johnson, Middlesex Hospital; R. Moore, Birmingham; H. T. Roberts, St. Mary's Hospital; R. Spears, University College Hospital; G. L. Walker, Leeds.

Physiology.—H. S. Burnell-Jones, Cardiff; W. H. S. Burney, Guy's Hospital; W. G. H. Cable, London Hospital; C. H. Colley, Royal Free Hospital; R. Moore, Birmingham; J. N. D. Paulson, St Mary's Hospital; R. Spears, University College Hospital; G. L. Walker, Leeds.

HOSPITAL AND DISPENSARY MANAGEMENT.

EDINBURGH ROYAL INFIRMARY.

AT the weekly meeting of the managers held on March 30th, the following gentlemen were appointed for a period of six months from April 1st, 1903: Resident physician—Mr. Henry H. Robarts, M.B., Ch.B, to Dr. Alexander James; resident surgeons—A. T. Gavin, M.B., C.M., to Mr. C. W. Cathcart; Mr. Duncan C. L. Fitzwilliams, M.B., Ch.B., to Mr. F. M. Caird; clinical assistants—Mr. A. M. M'Intosh, M.B., Ch.B., etc., to Dr. R. M'Kenzie Johnston; Mr. William M'Lachlan, M.B., Ch.B., to Dr. William Russell (in the medical waiting room). The following gentlemen were appointed clinical tutors for the ensuing summer session: Mr. Peter Murray, M.B., Ch B., to Professor Annandale's wards; and Mr. F. M. Graham, M.B., F.R.C.S.Ed., to Mr. Cathcart's wards.

MIDDLESEX HOSPITAL.

THE annual report of the Middlesex Hospital for 1902 contains an historical account of the hospital from its foundation up to the present date, which greatly adds to its interest. The hospital originated in a building in Windmill Street, Tottenham Court Road, in 1745, "for sick and lame patients," to which two years after was added a ward "for the reception of lying-in married women." Very shortly after it obtained the patronage of Hugh then Earl of Northumberland, and with his assistance a new building, which forms part of the existing structure, was erected in Marylebone in 1750. A special feature of the hospital is its cancer wards, of which that for women was endowed in 1792 by an anonymous benefactor, identified after his death as Samuel Whitbread, the fund being subsequently added to by others. The corresponding male ward was not opened until nearly 100 years later. In the women's ward—now in a separate building in Nassau Street—patients are, by the will of the benefactors, allowed to remain until "relieved by art or released by death." During revolution times at the end of the 18th century part of the hospital was given up for French refugees, its own finances being then very depressed. The growth of the hospital in every direction during the past fifty years has been steady, and the attention which it has been led to pay to cancer work, by the existence of the special endowment referred to, has naturally brought it of late into more prominence than before.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 8,476 births and 4,578 deaths were registered during the week ending Saturday last, April 4th. The annual rate of mortality in these towns, which had been 17 2, 17 0, and 16.2 per 1,000 in the three preceding weeks, further declined last week to 15 8 per 1,000. Among these towns the death-rates ranged from 2.7 in Hornsey, 3.6 in Handsworth, 7.1 in Barrow-in-Furness, 8.1 in Burton-on-Trent, 9.6 in Brighton, 9.7 in Leyton, and 9.9 in East Ham to 19.7 in Bootle, 20 6 in Bury, 20 9 in Rochdale, 21.1 in Liverpool, 21.5 in Halifax, 21 8 in Wigan, 24.6 in Rotherham, and 26 8 in Sunderland. The rate of mortality in London was 15.7 per 1,000, while it averaged 15.9 per 1,000 in the seventy-five other large towns. The death-rate from the principal infectious diseases averaged 1.6 per 1,000 in the seventy-six large towns; in London this death-rate was equal to 2.0 per 1,000, while it averaged 1 4 in the seventy-five other large towns, among which the highest death-rates from the principal infectious diseases were 2.4 in St. Helens and in Sunderland, 2 5 in Walthamstow and in Hanley, 2.6 in West Ham and in Burnley, 2.7 in Middlesbrough, 3.2 in Hull, and 4.2 in Wigan. Measles caused a death-rate of 1.1 in Manchester, 1.2 in Salford, 1.3 in Hull, 1.6 in Burnley, 1.9 in Tottenham, 2.2 in Swansea, and 3.4 in Wigan; scarlet fever of 1.7 in Sunderland; diphtheria of 1.5 in Hull, 1.6 in Middlesbrough, 1 8 in Rochdale, and 2 5 in Hanley; whooping cough of 1.0 in Walthamstow, 1.2 in Walsall, 1.4 in Coventry and in Preston, 1.5 in Croydon, 1.6 in Stockport, and 2.1 in Willesden; "fever" of 1.0 in Halifax; and diarrhoea of 1.5 in South Shields. Of the 13 fatal cases of small-pox registered in these large towns last week, 6 belonged to Liverpool, 2 to Bristol, 2 to Bury, and 1 each to Birkenhead, Manchester, and Burnley. The Metropolitan Asylums Hospitals contained 13 small-pox patients at the end of last week, against 7, 7, and 11 at the end of the three preceding weeks; 3 new cases were admitted during the week, against 2, 2, and 5 in the three preceding weeks. The number of scarlet fever cases in these hospitals and in the London Fever Hospital, which had been 1 798, 1,789, and 1,756 on the three preceding Saturdays, 1 a 1 further declined to 1,735 on Saturday last, April 4th; 205 new cases were admitted during the week, against 231, 220, and 213 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, April 14th, 983 births and 589 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 19 7, 20.1, and 18.6 per 1,000 in the three preceding weeks, further declined last week to 18 0 per 1,000, but was 2.2 per 1,000 above the mean rate during the same period in the seventy-six large English towns. Among these Scotch towns the death-rates ranged from 12.6 in Paisley and 13.6 in Aberdeen to 19.2 in Glasgow and 25.5 in Greenock. The death-rate from the principal infectious diseases averaged 1.7 per 1,000 in these towns, the highest rates being recorded in Dundee and Greenock. The 290 deaths registered in Glasgow included three which resulted from

measles, 12 from whooping-cough, 3 from "fever," and 5 from diarrhoea. Three deaths from measles, 3 from whooping-cough, and 6 from diarrhoea occurred in Edinburgh; 5 from whooping-cough and 3 from diarrhoea in Dundee; 6 from measles in Aberdeen; and 3 from whooping-cough in Greenock.

THE LEGAL ASPECTS OF NOTIFICATION.

A CORRESPONDENT, Dr. B., writes to us respecting the article on this subject published on March 4th, and asks our opinion of a case of which the following are the salient features:—

Dr. B. was asked by a Mr. S. to see his little girl, who was suffering from a sore throat. It appeared that during Mr. S.'s absence his wife had called in a practitioner who lived nearer the patient than Dr. B., the family doctor. This practitioner, Dr. X., said the girl was suffering from diphtheria, and he must notify her case. On Dr. B. visiting the patient he found the throat congested, partially covered with a yellow film, temp. 101°. A swab was taken from the throat, and sent to the M.O.H. Meanwhile the sanitary inspector called on the strength of Dr. X.'s notification, and urged removal of the patient to an isolation hospital, as there were several children in the house. Mr. S. insisted on first knowing the result of the bacteriological examination. This arrived next morning: "No diphtheria bacilli found in the swab submitted." This day the child was apparently well, the exudate having disappeared, and the temperature became normal.

Dr. B. having quoted Osler's *Medicine* to the effect that "the presence of the Klebs-Loeffler bacillus is regarded by bacteriologists as the sole criterion of the diphtheria," goes on to ask if it is right for medical practitioners to notify cases as diphtheria from clinical signs alone. "Surely," he adds, "even a serious case could be isolated for twenty-four hours, and an injection of antitoxin given pending the result of the bacteriological examination."

The writer of the article gives the following opinion on the case:

Assuming that there is an absolutely certain test for any disease which must be notified under the Infectious Diseases (Notification) Act, 1889, the practitioner would act imprudently in making a notification unless that test has been applied. The Act says that the practitioner must notify "on becoming aware that the patient is suffering from an infectious disease to which this Act applies." The Legislature obviously intends that the practitioner shall exercise his own judgement in deciding whether the case is one which should be notified, but in arriving at a conclusion every reasonable precaution ought to be taken. In the circumstances of the case above described it would certainly have been desirable to have applied the bacillus test before issuing the certificate; but as this test takes time, and is not always available, it may be doubted whether it is always the duty of the practitioner to have recourse to it.

A M.O.H. who has large experience of the question from an administrative point of view gives the following opinion:

Judging by the evidence given by Dr. B. the balance of probability is on the side of Dr. X.'s notification being correct. The fact that the exudate cleared up rapidly is not against this conclusion. This rapid disappearance of all clinical evidence of diphtheria not uncommonly occurs.

Dr. B. lays too much stress on one negative bacteriological result. It is common now in sending out bacteriological certificates to add a footnote, that three consecutive negative results should be secured before any importance is attached to them. A single negative bacteriological result leaves the practitioner where he was before he obtained it, namely, with the responsibility of diagnosing the case on clinical grounds. A careful distinction must be drawn between positive and negative bacteriological results. The former may be trusted, the latter unless repeated must be disregarded.

The question whether cases of diphtheria should be notified without bacteriological examination cannot be decided by a general answer applicable to all cases. If the ordinary clinical symptoms of diphtheria are present, in our opinion delay to notify until a bacteriological certificate has been obtained is unjustified (*a*) in the interest of the patient, as the parent in the majority of instances will not allow treatment by antitoxin until the certificate is obtained, and this delay may mean a fatal instead of a favourable result; and (*b*) in the interest of others, the objects of public health administration being thus partially defeated. If a single bacteriological negative result is trusted, there is the likelihood of the interests of the public health suffering to a further extent.

Delay in notification is justified only when the clinical symptoms are dubious. Even then a dose of antitoxin should be administered pending a bacteriological certificate.

THE SEWAGE POLLUTION OF OYSTER BEDS.

AT the annual general meeting of the National Sea Fisheries Protection Association held on March 31st, under the presidency of Lord Heneage, a motion was adopted to the effect that the discharge of crude sewage into the rivers, estuaries, or on any part of the coast was injurious to public health and detrimental to the food supply of the people, and that representations should be made to such departments as might be invested with power advocating the stoppage of the same at the earliest opportunity; and that it was desirable that the supervision of the shell fisheries should be transferred to the new Fisheries Board

TRADE EFFLUENTS.

IN the third report of the Commissioners appointed in 1898 to inquire into the treatment and disposal of sewage two recommendations are made. The first is that the law shall be so altered as to impose upon local authorities the duty of providing sewers for trade effluents, subject to the observance by manufacturers of certain regulations. What these regulations should be the Commissioners consider should be determined by each local authority, subject to information by some central Board, according to the nature of the manufactures carried on within its area. They consider, however, that in all cases they should provide standards of treatment up to which the manufacturers can work, and that power to vary or in some cases dispense with them altogether should be reserved. The central Board, to which they consider all differences likely to arise under this amendment to the law should be referred, is a new body, the creation of which forms their second recommendation. They consider that it should be a Board having adequate technical knowledge of the questions with which it will have to deal, such as the Supreme Rivers Authority, and that among these are likely to be some or all of the following: Refusals by local authorities either to allow the effluent of any given manufactory to enter existing sewers or to enlarge the latter, if necessary, for the purpose, or to build new ones; disputes as to what regulations with regard to preliminary treatment of the refuse of any particular manufactory may be called for; the disposal of the sludge arising, and the amount of the special charges to be imposed in each case. The Commissioners received much evidence, both from manufacturers and local authorities, and nearly all of it went to prove that the questions likely to arise could not be adequately dealt with by the ordinary courts.

DUTY OF DISTRICT MEDICAL OFFICERS.

C. W. G. writes that he has been requested by his Board of Guardians to arrange for one of his pauper patients to be taken to a distant town in order that he may be seen by an eye specialist, and his opinion on the case obtained at the expense of the guardians, though the medical officer himself considers it unnecessary. C. W. G. asks whether this is a duty which falls upon him as district medical officer.

*** We are not inclined to regard this as being by regulation one of the duties of a Poor-law medical officer, but as the request does not appear to be unreasonable we consider it would be best for our correspondent to comply with the wishes of his Board.

MEDICAL NEWS.

ISLE OF WIGHT ROYAL COUNTY HOSPITAL.—At a special meeting of the Governors of the Isle of Wight Royal County Hospital held at Ryde on April 4th, under the presidency of Princess Henry of Battenberg, it was decided to expend about £4,000 in remodelling the hospital.

THE Friday evening meetings of the Royal Institution of Great Britain will be resumed after Easter. On April 24th the Hon. R. J. Strutt will give a lecture on some recent investigations on electrical conduction; on May 1st Professor Pope will speak on stereochemistry; on May 8th Mr. Rider Haggard on rural England; on May 15th Dr. D. H. Scott on the origin of seed-bearing plants; and on May 22nd Dr. Murray on dictionaries. On May 29th Prince Albert of Monaco will deliver a discourse on oceanography.

SANITATION IN BARBERS' SHOPS.—A meeting called by the International League of Barbers for the purpose of arousing public interest in the adoption of a Bill by the Pennsylvania Legislature providing for better sanitary conditions in barbers' shops was recently held in Philadelphia. The proposed law regulates the practice of barbering, provides for the registration and licensing of barbers, and calls for the better education of those engaged in the work. It also provides for the appointment of a Board of Examiners composed of five members, who have had at least ten years' active practice in the business. The movement has the co-operation of the International Union of Journeymen Barbers, which comprises nearly 10,000 persons.

BEQUESTS TO HOSPITALS.—Under the will of the late Dr. James Stevenson, of Largs, maker of the Stevenson road from Lake Nyassa to Tanganyika, £1,000 has been bequeathed to the Glasgow Royal Infirmary, £500 to the Glasgow Victoria Infirmary; £400 each to the Glasgow Convalescent Home, the Kilmuir Seaside Home, the East Parade Home for Infirm Children, and the West of Scotland Convalescent Seaside Homes; £300 each to the Glasgow Opthalmic Institution, the Eye Infirmary, the Royal Hospital for Sick Children, the Scottish National Institution for Imbecile Children, and the Glasgow Association for Relief of Incurables; £200 to the Glasgow Lock Hospital and £100 to the Glasgow Medical Missionary Society.

AN AMBULANCE COMPETITION.—The London and North-Western Railway was constituted a centre of the St. John Ambulance Association in 1897, and since then the directors and superintendents have taken an active interest in promoting its objects. The company has given a challenge shield, for which eleven teams from eleven districts contended last week. The competition was very close, but in the end the Kendal team, trained by Dr. Sturridge, were declared the winners with 436 marks. "Runners-up" were Shrewsbury, 429; Oldham, 413; Bangor, 406; Leicester, 403. Since 1897 3,228 members of the staff of the railway have obtained the certificate of the St. John Ambulance Association, while 547 have also obtained the bronze medal.

HOSPITAL SATURDAY FUND.—At the annual meeting of the Metropolitan Hospital Saturday Fund on April 4th, it was announced that 1902 had been a record year for the Fund in many respects. The total income had reached £22,964, being an increase of £1,417 on 1901, and £1,351 more than had been collected in any previous year. The total amount distributed had been £20,602, as against £19,244 in 1901, being the largest sum ever awarded to participating institutions in one year. During the past twelve months 32,241 letters of recommendation to the medical charities had been issued, an increase of 4,034 upon 1901, and 3,689 surgical appliances had been supplied, towards the cost of which the patients had contributed £1,981.

MEDICAL SICKNESS AND ACCIDENT SOCIETY.—The usual monthly meeting of the Committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 429, Strand, London, W.C., on March 27th, Dr. de Havilland Hall in the chair. A rough draft of the report upon the operations of the Society during the year 1902 was submitted. Although a larger amount was disbursed in sickness claims than in any previous twelve months of the Society's operations, over £10,000 has been saved and added to the reserves, which now amount to over £160,000. A considerable addition was also made to the number of members. The number of those members who are permanently disabled continues to grow, but at each valuation of the Society's business a special extra reserve is made for these chronic cases, and the amount to be earmarked for this purpose at the valuation to be made at the end of the current year will be considerable. Prospectuses and all information on application to Mr. F. Addiscott, Secretary, Medical Sickness and Accident Society, 33, Chancery Lane, London, W.C.

CONGRESS OF THE SANITARY INSTITUTE.—The Twenty-first Congress of the Sanitary Institute will be held at Bradford from July 6th to 11th under the presidency of the Earl of Stamford. In addition to addresses and lectures the main work will be done in the Sections, of which there are three:—(I) Sanitary Science and Preventive Medicine (President, Professor Clifford Allbutt, M.D.). (II) Engineering and Architecture (President, Mr. M. Fitzmaurice, C.M.G., M.Inst.C.E.). (III) Chemistry, Physics, and Biology (President, Professor C. Hunter Stewart, M.B., F.R.S.E.). There will also be conferences as follows: (1) of municipal representatives; (2) on industrial hygiene; (3) of medical officers of health; (4) of engineers and surveyors to county and sanitary authorities; (5) of veterinary inspectors; (6) of sanitary inspectors; (7) of ladies on hygiene; (8) on the hygiene of school life. An exhibition of apparatus and appliances relating to health and of domestic use will be held in connexion with the Congress.

MEDICAL VACANCIES.

BARNSTAPLE: NORTH DEVON INFIRMARY.—House Surgeon. Salary, £80 per annum, with board, residence, and washing. Applications to the Secretary.

BATH: ROYAL MINERAL WATER HOSPITAL.—Resident Medical Officer; unmarried. Salary, £100 per annum, with board and apartments. Applications to the Secretary by April 27th.

BRADFORD CHILDREN'S HOSPITAL.—House Surgeon. Salary £100 per annum, with board, residence, and washing. Applications to the Secretary by April 20th.

BRIGHTON: ROYAL ALEXANDRA HOSPITAL FOR SICK CHILDREN, Dyke Road.—House-Surgeon. Salary £80 per annum, with board, lodging, and washing. Applications to the Chairman of the Medical Committee by April 18th.

CANCER HOSPITAL (FREE), Fulham, S.W.—House-Surgeon. Appointment for six months, but renewable. Salary at the rate of £70 per annum, with board and residence. Applications to the Secretary by April 20th.

COLCHESTER: ESSEX AND COLCHESTER HOSPITAL.—Honorary Physician. Applications to the Secretary by April 16th.

DERBY: DERBYSHIRE HOSPITAL FOR SICK CHILDREN.—House-Surgeon; unmarried. Salary £70 per annum, with board, washing, and apartments. Applications on forms provided to be sent to the Secretary by April 25th.

EAST SUSSEX COUNTY ASYLUM, Hellingly.—Senior Assistant Medical Officer; unmarried and not over 35 years of age. Salary, £300 per annum, with board, lodging, washing, and attendance. Applications, on forms provided, and endorsed "Assistant Medical Officer," to be sent to Mr. R. Blaker, Clerk to the Visiting Committee, 211, High Street, Lewes, by April 18th.

EVELINA HOSPITAL FOR SICK CHILDREN, Southwark, S.E.—(1) House-Physician. (2) House-Surgeon. Salary, £80 per annum respectively. (3) Assistant House-Surgeon. Salary £70 per annum. Board, residence, and washing provided in each case. Applications to the Committee of Management by April 16th.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—House-Surgeon; unmarried. Appointment for six months. Salary £20, washing allowance £2 10s., with board and residence. Applications, on forms provided, to be sent to the Secretary by April 28th.

KING'S COLLEGE, London.—Sambrook Medical Registrarship. Applications to the Secretary by April 15th.

LEEDS PUBLIC DISPENSARY.—Junior Resident Medical Officer. Salary, £100 per annum, increasing £10 on reappointment, with board and lodging. Applications to the Secretary of the Faculty, Public Dispensary, New Briggate, Leeds, by April 18th.

LEICESTER INFIRMARY.—House-Physician. Salary, £100 per annum, with board, apartments, and washing. Applications to the Secretary, 24, Friar Lane, Leicester, by April 25th.

LEICESTER INFIRMARY.—Surgical Dresser. Honorarium, 10 guineas for six months, with board, apartments, and washing. Applications to the Secretary.

LONDON SCHOOL BOARD, Victoria Embankment.—Qualified Medical Men or Women with Ophthalmic experience to assist in examinations of vision. Salaries, one at £250 and five at £125 per annum. Applications on forms provided and marked outside "Application for Post of Oculist" to be sent to the Clerk of the Board by April 25th.

MARGATE: ROYAL SEA-BATHING HOSPITAL.—Resident-Surgeon, to act as Junior for six months and then as Senior for a like period. Salary at the rate of £80 and £120 per annum respectively, with board and residence. Applications to the Secretary, 20, Charing Cross, S.W., by April 23rd.

NEWCASTLE-UPON-TYNE DISPENSARY.—Resident Medical Officer. Salary, £250 for first year and £275 subsequent years, with furnished residence. Applications, on forms provided, to be sent to the Honorary Secretary, Mr. Joseph Carr, 41, Mosley Street, Newcastle-upon-Tyne, by April 22nd.

NOTTINGHAM CHILDREN'S HOSPITAL.—House-Surgeon; unmarried. Appointment for six months. Salary at the rate of £100 per annum, with board and residence. Applications to the Secretary, Mr. A. F. Kirby, St. Peter's Church Walk, Nottingham, by April 13th.

PADDINGTON GREEN CHILDREN'S HOSPITAL, W.—(1) House-Physician. (2) House-Surgeon. Appointments for six months. Salary at the rate of 50 guineas per annum, with board and residence. (3) Physician to the Skin Department, must be F. or M.R.C.P.Lond. Applications to the Secretary by April 18th.

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

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.—(1) Resident House Physician; (2) Resident House-Surgeon; (3) House-Physician; (4) Casualty House-Surgeon. Candidates for (1) and (2) must be qualified medical women, and for (3) and (4) qualified medical men. Appointment for six months. No salary, but board, etc., provided in each case. Applications to the Secretary by April 18th.

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 April 15th.

SAMARITAN HOSPITAL FOR WOMEN, Marylebone Road, N.W.—Clinical Assistants. Applications to the Secretary.

SUNDERLAND INFIRMARY.—House-Surgeon. Salary, £100 per annum, with board and residence, increasing £15 yearly for three years. Should present House-Physician be elected the appointment will be for House-Physician. Applications, endorsed "Application for Resident Medical Appointment," to be sent to the Secretary by April 18th.

MEDICAL APPOINTMENTS.

BECKETT, T. G., L.R.C.P. & S.Edin., L.S.A., appointed Honorary Medical Electrician to the Alfred Hospital, Melbourne.

BLAKE, E. H., L.R.C.P.I., L.S.A.Lond., appointed Clinical Assistant to the Chelsea Hospital for Women.

BOURKE, C. V., M.B., Ch.M.Syd., appointed Honorary Assistant Gynaecologist to the Sydney Hospital, New South Wales.

BRISCOE, John Charlton, M.B.Lond., M.R.C.P.Lond., appointed Assistant Physician to the Evelina Hospital for Children.

BROAD, William, M.B., B.Sc.Glas., appointed Visiting Medical Attendant to the Warangesda Aborigines Station, New South Wales.

CHRISTMAS, R. W. S., M.R.C.S., L.R.C.P.Lond., appointed District Medical Officer of the St. Neots Union.

CLARKE, Philip S., M.B., appointed Resident Medical Officer to the Children's Hospital, Adelaide, *vice* Margaret White, resigned.

FISCHER, G. A., M.B., B.S., appointed Honorary Surgeon to the Department of Diseases of the Ear and Throat of the Adelaide Hospital.

GLANVILLE, E. M., M.B., appointed Medical Officer of the Casualty Department of the East London Hospital for Children, Shadwell.

HENDERSON, Eleanor R., M.B., Ch.B.Edin., appointed Surgeon to the Outdoor Department of Leith Hospital.

JORDAN, W. E., M.D.Lond., appointed Visiting Physician to the Birmingham Workhouse Infirmary.

JOSKE, A. S., M.B., Ch.B Melb., appointed Honorary Surgeon to the Children's Out-door Department of the Alfred Hospital, Melbourne.

MACLEOD, R. A., M.A., M.B., C.M.Edin., appointed Assistant Resident Medical Officer in Mill Road Infirmary, Liverpool.

MORRIS, B. H., M.B., B.S., appointed Medical Officer to the Yatala Labour Prison, South Australia, *vice* Dr. Brooks, deceased.

PARSONS, W., M.R.C.S.Eng., L.R.C.P.Lond., appointed Assistant Medical Officer to the Islington Parish Infirmary.

PETRIE, J. M., M.B.Aber., D.P.H.Lond., appointed Clinical Assistant to the Chelsea Hospital for Women.

PLAYER, C. R., M.B., Ch.B.Melb., appointed Honorary Physician to the Children's Out-door Department of the Alfred Hospital, Melbourne.

READ, W. H., M.B., Ch.M.Syd., appointed Registrar and Anaesthetist to the Hospital for Sick Children, Sydney, New South Wales.

RICHMOND, J. D., M.B., B.S.Glasg., appointed Medical Officer of the Walton Workhouse of the West Derby Union.

ROSEBY, E. R., M.B., Ch.M.Syd., appointed Government Medical Officer and Vaccinator at Nyngan, New South Wales, *vice* E. L. Hickey, resigned.

SPEAR, G. A. W., M.R.C.S., L.R.C.P.Lond., appointed District Medical Officer of the Petworth Union.

STUART, Esther M., M.B., C.M.Edin., D.P.H., B Hy.Durh., appointed Female Medical Officer to the Newcastle-on-Tyne School Board.

SYMONDS, Charters J., M.S., F.R.C.S., appointed Examiner in Surgery to the London University.

WILLIS, H. A. L., L.R.C.P Lond., M.R.C.S.Eng., appointed Government Medical Officer and Vaccinator at Gunning, New South Wales, *vice* Henry J. Leonard, resigned.

WOODS, J. R., appointed House-Surgeon to the East London Hospital for Children, Shadwell.

DIARY FOR NEXT WEEK.

POST-GRADUATE COURSES AND LECTURES.

Medical Graduates' College and Polyclinic, 22, Chenies Street, W.C. Demonstrations will be given at 4 p.m. as follows:—Tuesday, medical; Wednesday, surgical; Thursday, surgical; Friday, ear. Lectures will also be given at 5.15 p.m. as follows: Wednesday, On Cerebral Softening; Thursday, The Anatomy, Common Ailments of the Liver, and their Surgical Treatment; Friday, The Histological Effects of the Finsen Light and X Rays.

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.

BARLOW.—On April 5th, at Sa Maison Somesham, Hunts, the wife of H. Cecil Barlow, M.B.Lond., L.R.C.P., M.R.C.S., of a daughter.

FOOKES.—At New Plymouth, New Zealand, on February 16th, the wife of E. Faber Fookes, M.B.Lond., M.R.C.S., L.R.C.P., of twins, a son and daughter, the son stillborn.

HARPER.—On April 2nd, at 94, Weston Park, Crouch End, N., the wife of Peter Harper, M.B., C.M., M.A., of a son.

STORRS.—At Concordia, Namaqualand, Cape Colony, on March 4th, the wife of C. S. Storrs, M.D.Cantab., of a son.

SYMES.—On March 24th, at Endellion, Feltham, the wife of W. Legge Lymes of a daughter.

WATERS.—On March 30th, at "Whitegates," Southend-on-Sea, the wife of A. Clough Waters, M.B., J.P., of a son.

DEATHS.

FOOKES.—At New Plymouth, New Zealand, on February 19th, Evelyn McLeod Fookes (*née* Farrington), the beloved wife of E. Faber Fookes, M.B.Lond., M.R.C.S., L.R.C.P., of acute yellow atrophy of the liver.

KELLOCK.—On April 3rd, at 94, Stamford Hill, N., William Berry Kellock, M.D., F.R.C.S. aged 82.

TAIT.—At 10, Ellerdale Road, Hampstead, Edward Wilmshurst Tait, M.R.C.S., L.S.A., aged 73 years. (Formerly of Highbury.)