more deeply placed and of small size the absence of the one and the presence of the other must not deter the operator from exploration in various directions.

The use of the hollow needle is, I am convinced, unsafe for exploration. It is liable to become choked with brain tissue before the abscess cavity is reached, and where there is no tension the pressure of the pus is not sufficient to free it. The sinus forceps is a much more reliable instrument and not likely to do more damage. Had sinus forceps been used in the present case the abscess cavity would have been evacuated.

SOURCE AND TIME OF INFECTION OF THE CEREBELLUM.

The source of infection of the cerebellum forms another subject of speculation. One would naturally at once conclude that extension had taken place along the lateral sinus. But if that were the case, why were there no symptoms during life of infective sinus thrombosis? True, the temperature remained remittent for some ten days after the operation, but if that were due to a septic thrombosis of the sinus, why were there no extension along the course of the internal jugular vein and lung complications? The thrombus discovered in the sinus after death was in a state of disintegration only at the site of the abscess in the cerebellum. One would have expected if infection had occurred along this route that the thrombus would have been in a state of disintegration from the sigmoid groove to the cerebellar collection of pus.

It is probable that infection occurred along another channel, possibly a vein, and in the form of a septic embolus. It is also a matter of surmise when the infection of the cerebellum took place. It is possible and probable that this occurred early in the course of the illness and before the date of the first operation. One feature of the case seems to add some support to this view, namely, the want of correspondence between the temperature and the pulse-rate during the time that the temperature was high and remittent. With a temperature of 105.2° F. on the day after his admission one would have expected a corresponding increase of the pulse-rate instead of 98 as recorded, and on the following day a temperature of 104° F. with a pulse-rate of 70. The gradual fall of the temperature to normal or subnormal with a normal pulse was misleading. A corresponding diminution of his pulse-rate did not occur until the recurrence of headache four days before his death. During the time that his temperature was normal or subnormal between July 14th and August 11th there was no symptom or sign to excite one's suspicion. The temperature, pulse, and respiration were noted daily and he was watched on account of the subnormal temperature for a possible recrudescence.

As already stated, on the recurrence of headache the pulse-rate dropped, as did also the respirations per minute. It was this combination of signs, the subnormal temperature, lowered pulse and respiration, accompanied by depression, severe headache, and vomiting, that led one to suspect increased intracranial pressure, possibly due to abscess, and that abscess cerebellar. If this assumption be correct, then it is more than likely that an attempt was made by Nature to encapsule the abscess, and that the incidence of headache, etc., revealed a reinfection and lighting up of the residual collection.

REFERENCE.

[1] Macewen, *Pyogenic Diseases of the Brain and Spinal Cord*, p. 196.

MEMORANDA:

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

SALINE TRANSFUSION IN ECLAMPSIA.

IN the BRITISH MEDICAL JOURNAL of February 21st I see that the Clinical Society of Manchester proposes to make an investigation on eclampsia. The following case may have an interest bearing on the treatment of that disease:

On February 11th I attended a Mrs. U. in her fourth confinement, the last child having been born eight years previously. She had suffered much during the latter part of her pregnancy from great abdominal distension; otherwise her health had been good. There was no oedema of the legs or other signs of kidney mischief except occasional severe headaches. Her urine was tested in November, 1902, and found free from albumen or sugar.

Labour was slow, and no presentation could be detected at first owing to excess of liquor amnii, which on rupturing the membranes escaped in large quantities, and which I should estimate at 3 quarts. Chloroform was administered and forceps applied, the child being delivered with the greatest difficulty, both head and shoulders offering great resistance. The child weighed 11 lb. 2 oz. and was stillborn. The patient did very well for two days, but on the third day (February 13th) she had a severe headache, pulse and temperature being normal. At 9.30 p.m. I was hurriedly called and told the patient was dying. On arrival I found she had suddenly been seized with violent convulsions a short time previously, and was in a deeply comatose condition. Severe convulsions recurred every ten or fifteen minutes without any return to consciousness.

Dr. Purslow kindly saw her with me, and we gave morphine, ½ gr. hypodermically; and transfused a pint of saline solution into the subcutaneous tissue of her abdomen. The effects were striking, for in about ten minutes she passed into a quiet sleep lasting for three hours, and free from stertor. She awoke semi-conscious, and in a few minutes had another severe convulsion followed by deep coma, the fit was repeated in half an hour, and coma even more pronounced, with a pulse of 120.

At this time her condition appeared quite hopeless, but as a last resource I again transfused, and with the same beneficial effects, for in a quarter of an hour she was quietly sleeping, and the stertorous breathing, which previously could be heard all over the house, had entirely disappeared.

She had one more slight convulsion some hours later. Her urine was drawn by catheter, and found to contain a light cloud of albumen.

During the next twenty-four hours she was very delirious, throwing the clothes off and attempting to get out of bed. This was followed by a good night's sleep, and next morning she awoke quite rational.

The points of interest in this case to my mind are the striking results of saline transfusion; and, secondly, the violent delirium next day, which I took to be partly due to the extremely diluted condition of her blood.

Birmingham. GEORGE ST. JOHNSTON, M.D.Lond.

THE TREATMENT OF CONGENITAL PHIMOSIS.

IN the BRITISH MEDICAL JOURNAL of March 7th, p. 545, Dr. J. F. Woodyatt expresses his dissatisfaction with ordinary circumcision as performed for congenital phimosis, and describes "a much simpler operation." The latter is identical, if I am not mistaken, with one recommended forty years since by Mr. Furneaux Jordan, of Birmingham.

But even on Dr. Woodyatt's own showing, the simple operation he performed is hardly indicated. He says "the condition which prevents retraction of the prepuce is due to tightness of the mucous membrane and not to any contraction of the skin itself." If the word "adhesion" be substituted for "tightness," no description could be more accurate. Unless a mucous membrane has been structurally modified by disease or injury, it cannot well be associated with any idea of tightness or rigidity. All the preputial tissues are obviously soft and distensible.

The trouble in congenital phimosis depends on adhesion of two contiguous mucous surfaces with consequent retention of secretions. It ceases for good and all when one layer is gently peeled off the other and the smegma removed. Any one who attempts this under anaesthesia will be surprised to find how many seemingly tight prepuces, no matter what the age of the patient, can at once be retracted without any instrumental interference.

If, however, there be still difficulty, that can be readily overcome by the introduction of sufficiently long-bladed dressing forceps, and subsequent expansion of the handle, usually in two directions. The mucous membrane and skin are thus well stretched to the point at which the former is adherent. It should be peeled off with the fingers till the gland is free all round, and after removal of the smegma duly anointed. No further treatment is necessary.

Circumcision is of course but a "lingering reminiscence of human sacrifice." How it can still find favour as a justifiable surgical weapon for congenital phimosis I am at a loss to imagine. No one who fairly tries dilatation would resort to even the mild treatment advocated by Dr. Woodyatt. But some profess to have done so with non-success. There are two reasons for this. The most common is carelessness in not securing complete exposure of the corona glandis. The next is laceration by too much roughness at the time, or by meddlesomeness afterwards, as by daily retraction of the prepuce with a screaming infant. In this way adhesions may

imagine, though I have not seen such a case) be again established. Gentle usage is everything. All bleeding is an abomination. The above procedure should be, as a rule, perfectly bloodless.

Gloucester Place, W. HERBERT SNOW.

DISLOCATION OF THE LOWER JAW BY MUSCULAR CRAMP IN CHOLERA.

[Reported by permission of the Director-General, Sanitary Department, Egypt.]

J. M. A., of Tabiet Saleh, a district of Alexandria, reported himself ill of cholera on December 8th, 1902.

He was admitted to a temporary cholera hospital at Om Kobeba, and when seen presented the typical signs of an acute attack of cholera. The cramps, usually most marked in the calf muscles, were, however, very severe and unusually extensive. The muscles of the neck, for instance, were much affected. As a result of these cramps, his jaw became completely dislocated.

Owing to the serious condition of the patient, it was only on December 18th that chloroform could be administered and the dislocation reduced. Previous attempts, without an anaesthetic, had failed.

The case is of interest, as dislocation of the jaw caused by muscular cramp during an attack of cholera is, I imagine, of very rare occurrence. The man had never had his jaw dislocated before, nor had he, he states, suffered from subluxation of the jaw, which is so often met with.

The clinical course of his attack of cholera was satisfactory, though the case was a severe one. The patient was seen again on February 5th, 1903, when he had quite recovered, and there had been no recurrence of the dislocation.

Alexandria. ALEX. GRANVILLE, M.R.C.S.

FOREIGN BODIES IN THE CORNEA.

THE recent discussion on foreign bodies in the cornea, in the BRITISH MEDICAL JOURNAL of October 18th, page 1247, January 10th, 1903, page 76, and January 24th, page 227, is of great practical interest.

It falls to my lot to remove an average of at least four daily. The mode of procedure adopted, and the experience of the use and effects of cocaine may therefore be of interest. A large number of these foreign bodies are, as the patients themselves say, "a piece off the emery wheel." As this wheel revolves with great velocity, many of the bodies are deeply embedded in the cornea.

Before any anaesthetic at all is applied to the eye it is examined by focal illumination, and the location, etc., of the foreign body is determined. One, or at most two, drops of an 8 per cent. solution of cocaine hydrochloride is then put in the eye, and whatever instrument is going to be used is got ready, in less than one minute the operation for removal is begun, using focal illumination.

The above procedure does not give the cocaine time to exert its mydriatic effect, but the cornea even in this short time is rendered quite anaesthetic. There can be little doubt that the use of focal illumination has the advantage of keeping the pupil considerably contracted. In some few cases of attempted but unsuccessful removal by an outside hand, where cocaine had been put in, and had had time to exert its mydriatic effect in addition to its anaesthetic one, the dilated pupil proved a very real drawback.

The use of such a strong solution of cocaine has never, so far as I have seen, injured the cornea. The application of cocaine in the crystal form I have never tried, for fear of its injuring the cornea, as it surely would be very liable to do; and as the crystal soon becomes a solution it has no advantage over a solution the strength of which is known.

The after-treatment consists of boric ointment (10 per cent.) applied at the time, bathings with warm boric lotion six-hourly, and pad and bandage for twenty-four hours more or less, depending on the severity of the injury.

London. S.E. ARTHUR GREENE, M.D.

THE AGGLUTINATION TEST IN ENTERIC FEVER.

THE case recorded by Dr. W. G. Dun, of Glasgow, in the BRITISH MEDICAL JOURNAL of March 7th, p. 546, is of great interest to clinical bacteriologists, and it is very desirable that all such observations should be put on record. Before, however, deciding that the agglutination reaction is absent in a case clinically diagnosed as enteric fever, it is necessary to carry out the test not only with B. typhosus, but also with one or two strains of B. enteritidis, as the infection caused by the latter (described as "paratyphoid" or "paracolon" fever) is clinically indistinguishable from enteric fever. It may be that Dr. Dun's case was a paratyphoid infection; this, however, will be negatived if he discovered any intestinal lesions *post mortem*, as they are not known to occur in paratyphoid.

Dublin. ROBERT J. ROWLETTE, M.D.

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

EDINBURGH ROYAL INFIRMARY.

CASE OF TEMPORO-SPHENOIDAL ABSCESS AND LEPTO-MENINGITIS SHOWING REMARKABLE LATENCY OF SYMPTOMS.

(Under the care of Mr. ALEXIS THOMSON.)

[Reported by H. DOUGLAS WILSON, M.B.Edin., late House-Surgeon to the Infirmary.]

THE patient, a healthy-looking man aged 22, was admitted to the Edinburgh Royal Infirmary in August, 1900, suffering from discharge from his right ear.

History.—At the age of 17 he received a blow behind his right ear. He thought little of it at the time, but about a month later he began to suffer from occasional pain on the right side of his head. This pain continued intermittently for about six months, when it suddenly increased in severity, and he noticed that his right ear was beginning to discharge. In the autumn of 1897 patient had an attack of influenza, and for some weeks after the discharge became more profuse, and the pain returned in a much more severe form for some time, but gradually subsided, although the ear continued to run a little. As his ear continued to trouble him, patient sought advice at the Edinburgh Royal Infirmary, and was admitted on August 22nd, 1900.

State on Examination.—About 3 p.m. on that date there was no tenderness or pressure over the right mastoid, nor any redness or swelling. There was no facial paralysis. The right auditory canal, which appeared somewhat moist, was washed out, but nothing came away. Patient was quite deaf in his right ear, but he could hear well with his left. His eyes were not examined with the ophthalmoscope. Having assisted to bring in the ward tea at 4.30 p.m., he himself went to bed at 6 30, feeling in his usual health. He was seen at 7.15, and at that time was complaining of a slight ache in the occipital region, which had commenced a few minutes before. By 7.30 the pain had greatly increased in severity, and he was noticed to be lying on his right side and holding the back of his head with both hands. His head was retracted and the muscles of his neck firmly contracted. There were no tremors in any muscles, and no paralysis. The knee jerks were abolished. On examining his eyes there was found to be no strabismus and no photophobia. The pupils were rather contracted, both equal, and reacted very sluggishly to light. His pulse was then 90 per minute, and his temperature 99° F. At 7.45 he commenced to vomit, the pain in his head was more severe, and he was very restless. At 8.30 his temperature was 100°, and his pulse 97, and by 9.15 the former was 101° and the latter 99. At that hour Mr. Alexis Thomson saw him, and, regarding the case as an urgent one, he decided to operate at once.

Operation.—Chloroform was administered, and an opening was made into the right mastoid antrum, and a small amount of very offensive pus escaped. The opening into the antrum was enlarged, and a communication established between it and the tympanic cavity. At this stage of the operation there was a sudden rush of about 1½ oz of stinking pus which apparently escaped from the abscess in the temporo-sphenoidal lobe through an opening in the roof of the tympanic cavity. A drainage tube was inserted and the parts were washed out. The patient woke a quarter of an hour later, and seemed a little better than before the operation. His pulse was then quite satisfactory. About 11 p.m. he became very restless, and although quite conscious at that time he soon became delirious, and continued so till about 3 a.m., when the delirium ceased. From that hour he gradually became weaker, and died at 8 a.m.

Necropsy.—This was made on the following day by Dr. R. A. Fleming. On removing the calvaria and reflecting the dura, there was marked flattening of the convolutions. There was

Conservative and leader of the Roman Catholic party. Pope Pius IX conferred on him the title of Count of the Holy Roman Empire, and he became a C.M.G. in 1890. He was the author of a sketch of the New Zealand war.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. A. Bumm, Professor of Psychiatry in the University of Munich, aged 54; Dr. Kops, of Brussels, President of the Belgian Medical Federation; Dr. Gevaert, Director of the Marine Hospital at Middelkerke, aged 42; Dr. Eusebio Pehl, since 1862 Professor of Physiology in the University of Pavia, aged 76; Dr. Victor Jaclard, of Paris, who had a stormy career as a politician, and was for a long time associated with M. Clémenceau (himself a member of the medical profession) in the editorship of *La Justice*, aged 60; Dr. Bontemps, Member of the French Senate for the Haute-Saône Department; and Dr. Veit, for many years Director of the Gynaecological Clinic of the University of Bonn.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

ROYAL NAVY MEDICAL SERVICE.

THE following appointments have been made at the Admiralty: MONTAGUE H. KNAPP, Surgeon, to the *Porpoise*, April 23rd (Staff Surgeon J. Bradley's appointment to the *Porpoise* is cancelled); PATRICK W. MACVEAN, M.B., Surgeon, to the *Porpoise*, April 24th: H. C. ROSS, Surgeon, to the *Bellona* (lent), April 24th; HENRY HUNT, Surgeon, to the *Bellona*, May 2nd; EDWARD D. J. O'MALLEY, Surgeon, to the *Porpoise*, April 27th.

INDIAN MEDICAL SERVICE.

LIEUTENANT-COLONEL A. W. F. STREET, D.S.O., Bombay Establishment, has retired from the service, from April 2nd. He was appointed Assistant Surgeon, October 1st, 1877, and became Surgeon-Lieutenant-Colonel, October 1st, 1897. He was in the Afghan war in 1878-80, being present in the engagement with the Wali's mutinous troops in July, 1880, in the defence of Kandahar, and at the battle of Kandahar (medal with clasp); he was also in the Burmese expedition in 1886-7 (mentioned in dispatches, D.S.O., and medal with clasp).

Lieutenant F. W. SIME was among the slain in the disastrous action in Somaliland on April 17th, when the column under Colonel Plunkett was annihilated. He joined the department so recently as July of last year.

Colonel J. T. B. BOOKEY, C.B., Bengal Establishment, is appointed Principal Medical Officer of the new Kohat District.

Major G. G. GIFFARD, Madras Establishment, is appointed to act as Surgeon to the Governor of Madras, from February 22nd.

DISPATCHES FROM WEST AFRICA.

NUMEROUS dispatches respecting recent military operations in Northern Nigeria appear in the *London Gazette* of April 24th. They relate chiefly to matters undertaken during the spring and summer of last year, although one of them is dated as far back as September, 1899, and others February and December, 1900. Writing from Accra, September 25th, 1899, Sir F. M. Hodgson brings to notice a gallant act performed by Assistant Colonial Surgeon P. J. Garland, who, at the risk of his own life, sucked the wound from a poisoned arrow sustained by Captain Pampton Green, thereby saving that officer's life. Major Morris, the officer in command, speaks highly of Dr. Garland's arrangements, and of the great assistance rendered.

Dr. Grant, Senior Medical Officer of the force, is spoken of with high commendation by Colonel Morland, Colonel Commandant West African Frontier Force, in a dispatch bearing date June 5th, 1902, as also is Assistant Colonial Surgeon P. M. Tobit, by Major Morris, under date April 26th, 1902.

THE NEW VOLUNTEER REGULATIONS.

SURGEON-LIEUTENANT writes: I should be glad to know the opinion of other medical officers on the above. It appears to me that we cannot promise to attend camp for a week commencing from a fixed date every year without running the risk of materially damaging our practices: for example, one might have an important patient seriously ill, and be quite unable to get away, or be expecting an important confinement. I sometimes wonder if it is worth while to pay a *locum tenens* four or five guineas a week in order to attend camp, where my duties appear to be principally to prescribe aperients and treat blistered feet, and, by way of a change, on field days ride myself in a sand hole with a stretcher squad until I am wanted. Personally, I get very little encouragement when I suggest stretcher drill; I am told the men are required for soldiers, not doctors.

MEDICO-LEGAL AND MEDICO-ETHICAL.

SMALL-POX DIAGNOSIS.

A FEW weeks ago we had to consider whether a medical man can be held responsible for erroneously certifying that a patient is suffering from small-pox; the converse question—namely, whether practitioners can be held responsible for the consequences which attend a failure on his part to detect the disease—may now arise in the near future. According to a report in the *Times* (April 23rd), a man made an application to the magistrate at Southwark for advice in the following circumstances. He had sent his son, who was feeling ill, to Guy's Hospital, where he was supplied with two bottles of medicine and told to come again. On a second visit to the hospital the patient was supplied with ointment for sores which had made their appearance on his body. His father then consulted his own medical adviser, who stated that the patient was suffering from small-pox, and ordered his immediate removal. The M.O.H. for Southwark subsequently called at the applicant's house, and, upon the facts being communicated to him, expressed some doubt as to the nature of the case, but the house was disinfected. Three of the applicant's other children, however, contracted small-pox and had to be removed. The applicant asked whether he could bring an action against the doctor at the hospital. Mr. Chapman, the magistrate, said that "if the applicant had evidence of gross and reckless conduct on the part of the doctor, and could call his own doctor or any one else to prove it, he might claim damages in the county court from the house-surgeon who was guilty of such gross negligence."

It is satisfactory to find that in giving this piece of gratuitous advice the magistrate made it clear that gross and reckless conduct would have to be proved. A study of the cases in which charges of negligence have been brought against medical men serves to show what the plaintiff must establish in order to succeed in such an action. A great judge has declared the legal principle which is to be applied to such a case in the following words:

"Every person who enters into a learned profession undertakes to bring to the exercise of it a reasonable degree of care and skill. He does not undertake, if he is a surgeon, that he will perform a cure, nor does he undertake to use the highest possible degree of skill. There may be persons who have higher education and greater advantages than he has, but he undertakes to bring a fair, reasonable, and competent degree of skill; and the question is whether the injury must be referred to the want of a proper degree of skill and care in the defendant or not."

He was dealing with a case in which a patient brought a charge against his own medical attendant; we anticipate that the difficulty of proving culpable negligence would be even greater when the defendant was a hospital officer seeing out-patients in the cause of charity.

We recall one case in which two surgeons at a London hospital were sued by a patient for negligence. It appeared that, acting upon the instructions of the defendants, a nurse at the hospital placed the patient in a bath which turned out to be so hot that he was scalded and injured. In summing up to the jury, the judge who tried the case said that it was not part of the defendants' duty to stand by and see that the bath was properly administered. He also said that although persons who went as patients to hospitals were not to be treated with negligence, medical gentlemen who gave their services gratuitously were not to be made liable for negligence for which they were not personally responsible.

In America the correct rule has been said to be that a physician and surgeon, when employed in his professional capacity, is required to exercise that degree of knowledge, skill, and care which physicians and surgeons practising in similar localities ordinarily possess.

THE MIDWIVES ACT.

THE Local Government Board has prepared a memorandum on the Midwives Act of 1902, and is causing it to be circulated among the various local bodies which under the Act become the local supervizing authorities over midwives practising within their respective areas.

The memorandum is divided into sixteen paragraphs, and deals with: (1) The object of the Act as shown by its text; (2) the general duties and constitution of the Central Midwives Board; (3) the definition of the term "midwife"; (4) the special duties of the local supervizing authorities, and their power to delegate the same; (5) the obligations as to giving notice to the local authorities imposed upon every person who, not being a qualified medical practitioner, acts as a midwife; (6) the prosecution of offences under the Act; and (7) the expenses and fees which will be entailed by or become payable under the Act.

The full text of the Act will be found in the BRITISH MEDICAL JOURNAL of August 16th, 1902, and copies of the memorandum referred to by this note may be obtained from Messrs. Eyre and Spottiswoode, East Harding Street, E.C., either directly or through any bookseller.

STAMP DUTY ON MEDICINES.

JUDGEMENT was delivered on April 24th in the case of Farmer *v.* Glyn-Jones, the arguments in which were heard by Lord Alverstone, L.C.J., Wills and Channell, JJ., on March 26th. The case came before the court on appeal from the decision of Mr. Dickinson at the Thames Police Court, he having refused to convict the defendant of selling a certain bottle of medicine which it was alleged should have been stamped.

The Solicitor-General and Mr. Rowlatt appeared for the Crown; Mr. Asquith, K.C., Mr. Bonsey, and Mr. Galbraith for the respondent.

It appeared that an information had been lodged against the respondent, a retail chemist, for uttering and exposing for sale a bottle of ammoniated tincture of quinine without the stamped wrapper required by the 52 Geo. III, c. 150, Sec. II. The label placed on the bottle by the respondent was in the following form: "Ammoniated tincture of quinine, *B.P.*, a well-known and highly recommended remedy for influenza and cold. One teaspoonful in water every four hours until relieved. Glyn and Co., Chemists, 159, East India Dock Road." The tincture had been purchased wholesale from another firm.

The learned magistrate found as a fact that the bottle was liable to duty unless it came within a special exemption to be found in the Schedule to the Act above referred to. That schedule, in effect, excepts from the operation of the Act all mixtures, drugs, etc., sold by any chemist or druggist, etc., (*a*) of which the composition is known; and (*b*) which are admitted in the cure of any malady; and (*c*) wherein the person mixing or compounding the same does not claim any exclusive, right or title to so mix or compound; and (*d*) which are not advertised to the public by "the owners, proprietors, makers, compounders, original first vendors thereof" as specifics or beneficial for the cure of any particular disease or ailment.

It was contended, on behalf of the Crown, that the respondent, being the person who affixed the label, was the "owner, proprietor, etc.," within the meaning of the schedule, and that inasmuch as he had recommended the tincture for influenza he was liable to pay stamp duty. It was argued, on behalf of the respondent, that the wholesale merchant was the "owner, proprietor, etc.," within the meaning of the schedule, and that he, if any one, was liable to pay stamp duty; but that inasmuch as he had not recommended it as a nostrum or proprietary medicine, even he was not liable. The object of the Act of Parliament was to tax proprietary medicines in regard to which the original inventor claimed some secret of his own.

Mr. Justice Wills, in delivering the written judgement of the Court, said that it was impossible to hold that the respondent, a mere retail chemist, was the "owner, proprietor, etc.," within the meaning of the

Act. Until the tincture in question came into his possession it was obviously within the exemption referred to in the Act. It was clear that whoever the owner, proprietor, etc., might be, if he once issued an advertisement or affixed a label containing a recommendation of the preparation as of curative efficacy, the subject matter of the advertisement would be affected with a perpetual liability to stamp duty. This consideration alone seemed sufficient to show that a retail chemist, buying in the ordinary course of business an article which, until it got into his hands was within the exemption could not be within the designation of the "owner, proprietor, etc." The whole scheme of the Acts appeared to be to strike with chargeability medicines imported from abroad, and medicines which particular persons could make to the exclusion of others. If they were to adopt the argument for the Crown that the respondent was "a first vendor" because he was the first person to sell the article, with a label recommending it, the result would be that the exemption could never take place at all. The appeal would be dismissed, as the Court were of opinion that the case came within the special exemption.

In another case, which was heard by the same judges, the defendant had been prosecuted for selling a box of pastilles without paying stamp duty. It appeared that the respondent's name was on the label on the box, together with the words, "Pure Gum Pastilles and Influenza. Delightfully soothing to singers and public speakers." It was urged that this was a distinct holding out of the pastilles as a remedy for influenza, and that there should be a conviction. This view was adopted by the Court, who sent the case back to the magistrate to convict.

MEDICAL TESTIMONIALS IN TRADE ADVERTISEMENTS.

PARASANG.—Our correspondent is one of many others who have called attention to the persistent advertisement of a letter given by Mr. E. Luke Freer to a Mr. Beasley, who appears to carry on a school for stammerers at Brampton Park, near Huntingdon. This matter has been before the Ethical Committee of the Birmingham and Midland Counties Branch of the Association, and it is fair to Mr. Freer to make it known that he has asked Mr. Beasley to withdraw his letter; but this the latter absolutely refuses to do, cynically remarking that, whatever the British Medical Association may do to Mr. Freer, it cannot touch him. The case has been referred to the Ethical Committee in London to consider what further can be done.

MEDICAL ETHICS.

D. B.—We have read our correspondent's further communication, but would remind him that he stated in his first letter that Z.'s family had previously been introduced by our correspondent's family to A., who as Y.'s intimate friend might easily afford the necessary link. Surely our correspondent would not try to maintain that Y. is debarred from entering into social relations with every one of the "70 or 80 best patients" who were on the list which Y. had. We have already expressed our opinion as to the undesirability of frequent friendly visits to a patient under the care of another practitioner, but we think our correspondent's claims go beyond what are warranted by the rules of medical ethics or etiquette.

CIRCULARS TO PATIENTS.

C. H. B.—In issuing a circular letter to patients to intimate the transfer of a practice, great care should be exercised to prevent their reaching any but bona fide patients; we think they might be safely sent with the statements of account or the receipts.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

Appointments.—Dr. C. W. M. Moullin, Dr. D. MacAlister, and Dr. H. W. G. Mackenzie have deen appointed additional Examiners for Medical and Surgical Degrees.

Sanitary Science.—The following have satisfied the Examiners in both parts of the Examination for the Diploma in Public Health: A. Armer, E. C. Bousfield, J. F. d'Abreu, A. B. Dalgetty, J. Donald, A. M. Fleming, C.M.G., F. Gröne, G. W. Jenney, H. M. Mackenzie, S. G. Mostyn, E. W. Reese-Jones, G. E. Richmond, H. B. Roderick, J. Sandison, D. Sommerville, A. C. Stevenson, G. C. Taylor, F. P. Vieyra, and A. E. Walker.

UNIVERSITY OF EDINBURGH.

THE following is the official list of passes at the recent professional examinations for degrees in Medicine and Surgery:

First Professional Examination.—G. P. Adshead, Margaret I. Balfour, J. P. Berry, G. Britto, R. A. Campbell, J. M. Christie, R. D. Clayton, W. G. Cobb, W. D. Coghill, W. Cramer, Ph.D., T. H. Dickson, J. C. Drysdale, P. A. Everard C. J. Faill, J. Fraser, T. Fraser, R. M. Glover, G. R. Gray, K. K. Grieve, J. Grimoldby, D. J. Guthrie, D. K. Henderson, G. Henderson, J. R. Hill, J. M. Hill, G. A. Hodges, S. W. Hogg, W. P. Holden, L. Hughes, H. B. Hunter, M.A., Blanche M. Z. Johnston, D. Johnstone, M.A., N. W. Kidston, G. F. V. Leary, J. H. Lechler, E. Lewis, Anna S. Lindsay, C. W. L. Lüthgen, G. D. M'Ivor, J. L. Mackay, A. T. Mackenzie, R. E. M'Laren (with distinction), M. Maclean, J. A. MacLeod, R. J. A. Macmillan, J. B. M'Morland, 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, Ada G. Murchison, J. E. Murray, E. F. Nivin, M.A., Hilda M. Northcroft, A. J. P. Nowell, C. R. O'Brien, A. T. Paterson, G. Robertson, J. M. Ross, F. L. Scott, H. C. Simpson, W. J. Simpson, A. G. H. Smart, L. D. Stephen, W. Stevenson, P. Stewart, L. H. F. Thatcher, C. A. Thelander (with distinction), C. P. Theron, Alice M. Thompson, L. R. Thomson, A. L. Thornley, W. A. Todd, Lydia K. Towers, R. D. R. Troup, A. S. Walker, F. E. Wall, R. N. Wallace, D. J. Williamson (with distinction), J. L. M. Wood, A. F. Wright.

Second Professional Examination.—T. Addis, M. Ahmed, F. Aitken, J. C. D. Allan, A. G. Anderson, D. J. Anderson, W. F. Archibald, *M. I. Balfour, G. G. Bartholomew, M. M. Sudjad Beg, N. Black, D. P. Blair, G. Blair, J. Brennan, H. Brown, W. S. M. Brown, H. C. Buckley, J. S. Caldwell, R. S. Calwell, J. Chisholm, *J. Clark, H. P. Cook, D. C. Crole, J. A. Cruickshank, D. R. J. Davidson, T. Davidson, F. H. Dickson, J. M. Dickson, P. Donald, E. A. Elder, M.A., B.Sc, C. E. Elliston, H. Ferguson, J. J. H. Ferguson, F. E. Field, R. S. Frew (with distinction), W. S. Fröhlich, F. H. S Gardner, L. P. M. Gardner, J. H. Gellatly, W. Gemmill, O. M. Gericke, E. G. Girdwood, H. V. Goldstein, D. G. Gray, O. C. Greenidge, J. C. Grieve, G. Hadden, J. R. Hall, J. D. Harmer, A. J. Harpur, A. A. Hatchard, A. S. Hendrie, W. M. Hewetson, H. S. A. Hogg, J. R. Holgate, J. G. Hume, J. Ings, T. S. Jackson, J. F. James, J. P. S. Jamieson, S. Kark, J. R. Kerr, Ethel Landon, R. H. S. Langevelat, J. M. Lauder, J. Lindsay, J. Lindsay, W. L. Locke, W. Lumsden, S. A. M'Clintock, P. M'Dermid, P. M'Ewan, T. A. MacGibbon, J. D. M'Kelvie, J. Mackenzie, K. W. Mackenzie, S. M'Naughton, C. M'Neil, N. N. G. C. M'Vean, W. J. Maloney (with distinction), A. Malseed, S. E. Martin, E. S. Massiah, A. Mathieson, D. M. Mathieson, J. B. Mears, A. I. Miller, O. M. Mirylees, J. S. Mitchell, C. T. Möller, D. L. Morrison, H. L. Morrow, A. M. Mulholland, R. R. Murray, G. P. Norman, A. J. R. O'Brien, A. A. Ollivierre, W. Patton, A. E. Porter, H. E. Rawlence, A. E. C. Rees, B.A., D. G. Reid, W. E. Reynolds, W. G. Robertson, J. Z. H. Rousseau, B.A., A. Sandison, W. M. Scott (with distinction), W. J. B. Selkirk, A. C. Sharp, J. O. Shircore, D. W. Sibbald, E. M. Simmers, E. S. Simpson, O. Smith, R. C. S. Smith, T. R. Smith, A. der G. V. van Someren, A. B Spence, S. H. S. Taylor, J. A. R. Thomson, N. B. Turnbull, E. Valenzia, P. Vickerman, F. M. Wakefield, R. C. Walker, A. P. Wall, H. E. A. Washbourn (with distinction), H. C. Weber, A. Wight, E. B. Wilkie, H. C. Wilson, J. Young, J. T. Young.

* Old Regulations.

Third Professional Examination.—R. G. W. Adams, E. A. Aylward, J. W. H. Babington, F. Baillie, R. B. Barnetson, W. Basson, B. Baty, W. P. Beattie, D. Bell, L. H. I. Bell, A. R. Berrie, J. M. Beyers, A. S. L. Biggart, D. W. Boswell, F. T. Bowerbank, D. Brown, R. Buchanan, R. B. Calwell, T. E. Carlyle, M. M. L. Cathels, J. W. Cathles, D. M. C. Church, G. S. Clark, H. S. Coghill, A. G. Cook, A. G. Coullie (with distinction); T. E. Coulson, A. B. Cox, J. G. Craig, G. Cunningham, R. Donaldson, G. T. Drummond, T. H. Easton, C. G. Edmonston, E. J. Elliot, N. C. Fischer, G. H. L. Fitzwilliams, W. H. Forsyth, L. Fourie (with distinction); A. N. Fraser, W. J. Fraser, N. J. H. Gavin, A. C. Geddes, H. M. Gillespie, J. M. Graham, O. C. Greenidge, W. W. Greer, J. Grieve, E. J. Griffiths, P. A. Harry, E. Henderson, M.A., Isabel Hill, T. J. H. Hofmeyr, A. W. Hogg, G. S. Husband, K. U. A. Inniss, Ada Jackson, Annie Jackson, J. Jardine, J. Kirk, G. F. S. Landon, A. J. Lewis, S. M. Livesey, J. Lochhead (with distinction), J. B. Lockerbie, D. H. C. MacArthur, A. D. M'Callum (with distinction), W. M'Conaghy, J. P. M'Gown (with distinction), H. R. Macintyre, R. J. Mackessack, E. M. Macmillan, A. MacRae, D. P. Marais, G. D. Mathewson, H. P. Milligan, Aimée E. Mills, L. S. Milne, T. B. Mouat, W. M. Munby (with distinction), A. E. Nalborough, A. Oliver, C. D. O'Neal, R. G. S. Orbell, G. Ormrod, A. Pampellonne, W. J. Patterson, B. Pickering, F. M. S. Price, D. S. Rama Chandra Rao, M.A., H. S. Reid, M. H. Robertson, S. M. Ross, C. S. Ryles, J. Saffley, J. G. B. Shand, J. I. Shepherd, W. H. Simpson, F. R. Sinton, G. M'C. Smith, W. A. Wilson Smith, P. Steele, F. H. Stewart, H. A. Stewart, H. J. Stewart, A. C. Strain (with distinction), K. A. Moody Stuart, S. H. S. Taylor, Annie F. Theobalds, G. H. Ussher, F. L. de Verteuil, R. W. L. Wallace, R. H. Watt, W. C. P. White, W. F. J. Whitley, D. P. D. Wilkie, F. A. Wille, W. B. Wishart, A. C. T. Woodward, T. Wright, Margaret C. W. Young.

UNIVERSITY OF LONDON.

Physiological Laboratory.

THE following lectures will be given during the summer term: Eight lectures on the Physical and Chemical Conditions of the Living State, by Dr. N. H. Alcock, on Tuesdays, beginning May 12th, at 5 p.m.: eight lectures on the Recent Advances in the Pathology of Vision, by Mr. W. MacDougall, M.A., M.B., on Fridays, beginning May 15th, at 5 p.m.

University College.

The first lecture of a course on the Chemistry of Respiration will be given by Dr. W. A. Osborne on Monday next, at 5 p.m.

London Hospital Medical College.

A course of eight lectures on Chemical Physiology and Pathology will be given in the Physiological Theatre by Mr. J. J. R. Macleod, M.B., Lecturer in Physiological Chemistry, on Thursdays at 2 p.m., beginning on Thursday, May 7th. These lectures are open to all internal students of the University, and to medical graduates.

UNIVERSITY OF DURHAM.

THE following candidates have passed the Third Examination for the degree of Bachelor in Medicine, 1903:

E. L. Jenkins,* M.R.C.S., L.R.C.P., St. Mary's Hospital; D. T. Birt, College of Medicine, Newcastle-upon-Tyne; A. Budd, College of Medicine, Newcastle-upon-Tyne; W. H. H. Croudace, College of Medicine, Newcastle-upon-Tyne; A. E. Clayton, L.R.C.P & S., Edinburgh School of Medicine; H. E. Featherstone, College of Medicine, Newcastle-upon-Tyne; J. Galloway, College of Medicine, Newcastle-upon-Tyne; W. W. Jones, Birmingham University; Lillie Johnson, B.Sc., College of Medicine, Newcastle-upon-Tyne; P. W. James, M.R.C.S., L.R.C.P., St. Bartholomew's Hospital; F. W. Kemp, St. Bartholomew's Hospital; C. C. Lavington, College of Medicine, Newcastle-upon-Tyne; C. F. F. McDowall, College of Medicine, Newcastle-upon-Tyne; E. Martin, College of Medicine, Newcastle-upon-Tyne; C. Muthuswamy-Anthony, Guy's Hospital; E. J. Miller, L.S.A., King's College, London; S. Nix, St. Mary's Hospital; H. L. Noel Cox, St. Thomas's Hospital; A. B. Raffle, College of Medicine, Newcastle-upon-Tyne; R. B. Reed, College of Medicine, Newcastle-upon-Tyne; W. E Stevenson, College of Medicine, Newcastle-upon-Tyne; W. L. Tindle, College of Medicine, Newcastle-upon-Tyne.

* Second Class Honours.

VICTORIA UNIVERSITY.

MUCH progress has been made with the negotiations and arrangements for the separate constitution of the Universities of Manchester and Liverpool. The draft charters both for the Victoria University of Manchester and the new Liverpool University have been deposited with and are under the consideration of the Privy Council, so that the announcement of the approval of the Privy Council may be expected shortly. After approval however by the Privy Council, the draft charters must lie on the table of the House of Commons for thirty days. After the expiry of

this period they will be submitted to His Majesty for signature. There is every reason to believe that the Manchester and Liverpool charters will be granted simultaneously.

It is stated that "in accordance with the directions of the Privy Council, proposals have been submitted for securing joint action between the three Universities on certain points. Before long it is expected that a three years' course of study, after passing a preliminary, or matriculation, examination, will be required of all students who are going in for degrees, but whenever this change may be made it will not come into force immediately.

"There is a provision for all existing undergraduates to proceed to their degrees under existing regulations, whether at Liverpool or Manchester; and another to enable existing graduates of the University to proceed to the higher degrees under similar conditions to those already in force. In the interests of continuity and of the students some arrangement of this sort was absolutely essential.

"The Court of Governors of the Victoria University will include all existing governors except those representing the Liverpool College. The representatives of the Yorkshire College will continue to hold their seats until the charter constituting that institution a university is granted. The Victoria Court will, however, be much more representative than it has been in the past. The Lord Mayor of Manchester and the Chairman of the Lancashire County Council will hold office *ex officio*, and other representatives of these two important authorities will be appointed. Provision will also be made for the representation of Salford and other county boroughs."

UNIVERSITY OF BIRMINGHAM.

THE following candidates have passed the first and second examinations for the degree of Bachelor of Medicine and Bachelor of Surgery:

First Examination.—E. J. Boome, E. T. Gaunt, J. K. Gaunt, P. J. Mason, N. C. Penrose, D. P. Smith, and N. V. Williams.

Second Examination.—J. S. Austin, H. N. Crowe, L. L. Hadley, L. C. Hayes, H. B. Jones, H. P. Thomason.

CONJOINT BOARD IN ENGLAND.

THE following gentlemen have passed the first examination of the Board in the subjects indicated:

Chemistry.—E. M. Adam, Charing Cross Hospital; H. W. L. Allott, University College, Sheffield; R. E. Apperly, Middlesex Hospital; T. H. C. Benians and W. J. Berne, London Hospital; R. S. Capon, University College, Liverpool; B. A. Cheatle, St. Thomas's Hospital; W. T. Clarke and E. V. Connellan, University College, Bristol; G. Comyn, King's College Hospital; E. L. Councell and L. E. Davies, University College, Liverpool; H. Galloway, Westminster Hospital; F. J. Gillett, Guy's Hospital; W. E. Haig, Technical College, Bradford: C. A. Hallett, Westminster Hospital; A. Hanau, St. Bartholomew's Hospital; A. R. Hardy and S. Harlock, Owens College, Manchester, and Royal Technical Institute, Salford; C. A. Holburn, University College, Sheffield; E. P. L. Hughes, Guy's Hospital; J. E. Jackson, London Hospital; C. E. Krapp, St. Mary's Hospital; J. A. Laughton, Charing Cross Hospital; C. F. L. Leipoldt, Guy's Hospital; R. G. Maglione, Owens College, Manchester; A. C. Martin, London Hospital; P. W. Mathew, Middlesex Hospital; F. V. Milburn, Birkbeck Institute; R. Mugliston, London Hospital; D. North, Yorkshire College, Leeds; G. F. Page, St. Bartholomew's Hospital; R. M. Peake, Middlesex Hospital; C. J. M. Phillips, St. Thomas's Hospital; C. E. Price, Guy's Hospital: C. M. Rigby, London Hospital; A. B. Rooke, University College, London; F. C. Searle, St. Bartholomew's Hospital; R. W. Starkie, Owens College, Manchester, and Royal Technical Institute, Salford; G. F. Walker, University College, Liverpool; J. N. Watson, Guy's Hospital; J. A. von W. Wiehl, Edinburgh University and Guy's Hospital; D. E. Williams, University College, Cardiff.

Practical Pharmacy.—R. C. Allen, University of Birmingham; E. A. W. Alleyne, St. Mary's Hospital; H. L. Askham, Middlesex Hospital; H. W. Bethell, B.A Camb., Cambridge University and Guy's Hospital; B. R. Billings, London Hospital; J. W. Bintcliffe, Owens College, Manchester; F. T. Boucher and E. V. Connellan, University College, Bristol; M. B. S. Button and G. M. Clowes, London Hospital; H. H. B. Cunningham, St. Mary's Hospital; C. S. Douglas, Owens College, Manchester; M. Eager, King's College Hospital; J. J. W. Evans, Westminster Hospital; H. W. Farebrother, Charing Cross Hospital; G. E. Ferguson and S. Field, St. Mary's Hospital; W. J. Fletcher, Owens College, Manchester; C. A. Flintoff, Charing Cross Hospital; E. G. Foote, Westminster Hospital; H. J. H. Graves, London Hospital; C. B. Hambling, St. Bartholomew's Hospital; F. G. D. Howell, St. Thomas's Hospital; T. W. Jeffrey and H. W. Latham, London Hospital; W. K. Legassick, University College, London; W. H. Leigh, Owens College, Manchester; M. Maher, Cairo and Guy's Hospital; W. B. Martin, Owens College, Manchester; H. E. Middlebrooke, London Hospital; B. B. Metcalfe, C. S. Morris, L.D.S.Eng., and E. H. Paterson, Guy's Hospital; R. E Pitts and T. W. Sexton, Middlesex Hospital; R. Reynolds, University College, Bristol; A. Shelley, B.A.Oxon., Oxford University and London Hospital; T. J. B. Thomas, St. Mary's Hospital; R. J. C. Thompson, St. Thomas's Hospital; S. Tinsley, Yorkshire College, Leeds; C. Weller, Birkbeck Institute; H. Wheelwright and M. W. E. Widegren, St. Thomas's Hospital; P. B. Whittington, London Hospital; R. H. C. O. Wisdom, Cambridge University and London Hospital; R. W. L. Wood, Yorkshire College, Leeds; W. J. Wood, University College, London; F. Yates, St. Mungo's College, Glasgow.

Elementary Biology.—E. C. Banks and J. W. Bintcliffe, Owens College, Manchester; H. A. Biden, King's College Hospital; M. F. Bliss, London Hospital: O. H. Bowen, St. Bartholomew's Hospital; V. D. Bransbury, St. Thomas's Hospital; C. W. G. Bryan and J. H. Burdett, St. Mary's Hospital; R. S. Capon, University College, Liverpool; E. P. Carmody, St. Bartholomew's Hospital; A. H. H. Catt, Charing Cross Hospital; P. J. Chissell, Middlesex Hospital; H. R. Cotton, St. Bartholomew's Hospital; E. L. Councell, University College, Liverpool; W. Deane, St. Thomas's Hospital; W. J. Dearden, Owens College, Manchester; J. R. B. Dobson, University College, Cardiff; H. N. Eccles, Guy's Hospital; J. E. Ellcombe, St. Thomas's Hospital; E. R. Evans, St. Bartholomew's Hospital; R. Eyton-Jones, University College, Liverpool; H. B. Farrant, Owens College, Manchester; E. G. Foote, Westminster Hospital; A. A. Forty, Guy's Hospital; P. J. Franklin, King's College Hospital; H. Gall, St. Bartholomew's Hospital; A. De V. Gibson, St. Mary's Hospital; F. J. Gillett, Guy's Hospital; L. B. Glasspole, Charing Cross Hospital and Birkbeck Institute; S. G. Greene, St. Bartholomew's Hospital; S. H. Griffiths, Middlesex Hospital; R. H. Hadfield, Owens College, Manchester; W. E. Haigh, Bradford Municipal Technical College; S. Hallam, Charing Cross Hospital; A. Hanau and F. T. Hancock, St. Bartholomew's Hospital; J. C. Harris, University of Birmingham; S. R. Harrison, London Hospital; P. K. Hill, Yorkshire College, Leeds; N. S. Hoare, St. Thomas's Hopital; C. A. Holburn, University College, Sheffield; D. McK. Hunt and C. W. Jenner, London Hospital; D. W. Jones, Guy's Hospital; W. G. Jones, University College, Cardiff; E. B. Keen, Charing Cross Hospital; G. Ley, J. T. Lloyd, and T. P. Lloyd, London Hospital; A. R. Littlejohn, St. Mary's Hospital; G. B. Lucas, Charing Cross Hospital; W. F. McKenna, University College, Sheffield; A. C. Martin, London Hospital; J. H. Meers, St. Mary's Hospital; A. Miles and T. M. Miller, St. Bartholomew's Hospital; M. J. Naish-Gray, London Hospital; D. North, Yorkshire College, Leeds; M. Nurick, University College, Liverpool; B. C. N. O'Reilly, London Hospital; C. E. H. Paley and W. N. A. Paley, Westminster Hospital; E. N. Plummer, Guy's Hospital; G. H. Pridham, St. Thomas's Hospital; F. Rendall, London Hospital; J. A. Renshaw and R. G. Riches, St. Bartholomew's Hospital; Q. H. Richardson, Technical School, Plymouth; W. E. Roberts, University College, Cardiff; A. B. Rooke, University College, London; A. H. V. St. John, Guy's Hospital; R. Shacksnovis, B.Sc.Vict., Yorkshire College, Leeds; S. Sharples, University College, Liverpool; P. Sinnock, University College, Bristol; R. G. Smith and S. F. St. J. Steadman, L.D.S.Eng., Charing Cross Hospital; C. F. Strange and H. S. Thomas, London Hospital; P. S. Tomlinson, University College, Bristol; F. J. Tuckett, Birkbeck Institute; G. D. H. Wallace, Charing Cross Hospital; B. Varvill, H. B. Waller, and G. H. Watson, London Hospital; W. H. Watson, Guy's Hospital; C. H. Welch, King's College Hospital; C. Weller, Birkbeck Institute; L. C. Wilkinson, University College, Cardiff; C. L. Williamson, University College, Liverpool; H. F. Woods, Middlesex Hospital.

PUBLIC HEALTH
AND
POOR-LAW MEDICAL SERVICES.

ENGLISH URBAN MORTALITY IN THE FIRST QUARTER OF 1903.

[SPECIALLY REPORTED FOR THE BRITISH MEDICAL JOURNAL.]

THE vital statistics of the seventy-six large towns dealt with in the Registrar-General's weekly returns are summarized in the accompanying table. During the three months ending March last, 113,120 births were registered in these towns, equal to an annual rate of 30.1 per 1,000 of the population, estimated at 15,075,011 persons in the middle of the year; in the corresponding quarter of the preceding year the birth-rate was 30.8 per 1,000. In London the birth-rate last quarter was 29.1 per 1,000, while it averaged 30.5 per 1,000 in the seventy-five other large towns, among which the birth-rates ranged from 17.7 in Bournemouth, 18.8 in Hastings, 20.4 in Hornsey, 22.2 in Bury, 22.4 in Halifax, 22 6 in Huddersfield, 23 2 in Northampton, and 23.7 in Bradford, to 35.7 in East Ham, 35.9 in Warrington, 36.8 in Sunderland, 37.4 in Hanley, 38.8 in St. Helens, 39.1 in Middlesbrough, 40.8 in Merthyr Tydfil, and 44.3 in Rhondda.

During the quarter under notice, 65,150 deaths were registered in these towns, corresponding to an annual rate of 17.3 per 1,000 persons living, against a rate of 19.9 per 1,000 in the first quarter of last year. The rates in the several towns ranged from 9.1 in Hornsey, 10.0 in Handsworth, 11.2 in King's Norton, 11.5 in East Ham, 11.8 in Walthamstow, 12.2 in Barrow-in-Furness, 12.3 in Leyton, and 12.7 in Willesden, to 20.1 in Bootle and Newcastle-on-Tyne, 20.3 in Oldham and West Bromwich, 21.4 in Manchester, 21.5 in Liverpool, 21.6 in Hanley, and 23.6 in Wigan. In London the rate of mortality was 17.3 per 1,000, and was equal to the average rate in the seventy-five other large towns.

The 65,150 deaths from all causes in the seventy-six large towns last quarter included 6,293 which were referred to the principal epidemic diseases; of these, 154 resulted from small-pox, 1,625 from measles, 640 from scarlet fever, 953 from diphtheria, 1,731 from whooping-cough, 414 from "fever" (principally enteric), and 776 from diarrhœa. The death-rate from these diseases was 1.67 per 1,000 last quarter, against 1.92 per 1,000 in the corresponding period of last year. In London the death-rate from these principal infectious diseases was 1.85 per 1,000, while it averaged 1.60 per 1,000 in the seventy-five other large towns, among which the rates ranged from 0.40 in York, 0.41 in Brighton, 0.42 in Handsworth, 0.44 in Bournemouth, 0 59 in Ipswich. 0.62 in Barrow-in-Furness, and 0.73 in Norwich and in Halifax, to 2 55 in Stockport, 2.56 in Oldham, 2.62 in Salford, 2.65 in Tottenham, 2.80 in Manchester, 3.00 in West Bromwich, 3.43 in Hanley, and 4 64 in Wigan. The 154 fatal cases of small-pox registered last quarter included 72 in Liverpool, 12 in Manchester, 9 in Birmingham, 6 in Leeds, and 5 each in London, Leicester, Bury, and Oldham. The 1,625 deaths from measles were equal to an annual rate of 0.43 per 1,000; in London the death-rate from this disease was 0.58 per 1,000, while it averaged 0.37 in the seventy-five other large towns, among which measles showed the highest proportional fatality in Tottenham, West Bromwich, Wigan, Manchester, Salford, Hull, Newport (Mon.), and Swansea. The 640 fatal cases of scarlet fever corresponded to an annual rate of 0.17 per 1,000; in London the scarlet fever death-rate was only 0.09 per 1,000, while it averaged 0.21 per 1,000 in the seventy-five other large towns, and was highest in Great Yarmouth, West Bromwich, Stockport, Wallasey, St. Helens, Bolton, Oldham, and Sunderland. The 953 deaths from diphtheria were equal to an annual rate of 0 25 per 1,000; in London the death-rate from this disease was 0.21 per 1,000 while it averaged 0.27 per 1,000 in the seventy-five other large towns, among which this disease was proportionately most fatal in West Ham, Bristol, Hanley, Smethwick, Coventry, Bury, Bradford, Hull, and Middlesbrough. The 1,731 fatal cases of whooping-cough corresponded to an annual rate of 0.46 per 1,000; in London the rate of mortality from whooping-cough was 0.66 per 1,000, while it averaged 0 37 per 1,000 in the seventy-five other large towns, among which the highest death-rates from this disease were recorded in Croydon, Willesden, Tottenham, Grimsby, Stockport, Oldham, Preston, and Rotherham. The 414 deaths referred to different forms of "fever"

in the seventy-six towns last quarter were equal to an annual rate of 0.11 per 1,000; in London this death-rate was 0.08 per 1,002, while it averaged 0.12 in the seventy-five other large towns, among which the greatest proportional mortality from "fever" occurred in East Ham, Walsall, Liverpool, Halifax, Middlesbrough, Sunderland, Newport (Mon.), and Rhondda. The 776 fatal cases of diarrhoea corresponded to an annual death-rate of 0.21 per 1,000; in London the rate was 0.23 per 1,000, while it averaged 0.20 per 1,000 in the seventy-five other large towns, the highest rates being recorded in West Ham, Walsall, West Bromwich, Manchester, Blackburn, Middlesbrough, South Shields, and Rhondda.

Infant mortality, measured by the proportion of deaths under 1 year of age to registered births, was equal to 135 per 1,000; in London the proportion was 129 per 1,000, while it averaged 138 per 1,000 in the seventy-five other large towns, and ranged from 57 in Barrow-in-Furness, 80 in Great Yarmouth, 86 in Burton-on-Trent, 95 in Handsworth, 96 in Leyton, and 99 in Brighton, in Rochdale, and in West Hartlepool, to 168 in Gateshead, 169 in Hanley and in Salford, 173 in West Bromwich, 177 in Rotherham, and 181 in Stockport, in Burnley, and in Blackburn.

The causes of 775, or 1.2 per cent., of the deaths registered in the seventy-six large towns last quarter were not certified, either by a registered medical practitioner or by a coroner. The causes of all the deaths were duly certified in Croydon, Hornsey, Tottenham, Walthamstow, Southampton, Great Yarmouth, Devonport, Derby, Oldham, and Cardiff; while the highest proportions of uncertified deaths were registered in Hanley, Liverpool, St. Helens, Warrington, Sunderland, South Shields, and Gateshead.

HEALTH OF ENGLISH TOWNS.

In seventy-six of the largest English towns, including London, 9,304 births and 5,031 deaths were registered during the week ending Saturday last, April 25th. The annual rate of mortality in these towns, which had been 15.8, 15.6 and 15.9 per 1,000 in the three preceding weeks, further rose last week to 17.4 per 1,000. The rates in the several towns ranged from 4.9 in King's Norton, 5.4 in Walthamstow, 7.1 in Hastings, 7.3 in Hornsey, 8.3 in Bournemouth, 10.1 in Burton-on-Trent, and 10.7 in Bury, to 22.6 in Wolverhampton, 23.8 in South Shields, 24.0 in Bootle, 24.9 in Walsall, 25.2 in Manchester, 25.3 in Salford, 26.5 in Sunderland, 27.8 in Swansea, and 30.7 in Middlesbrough. In London the rate of mortality was equal to 16.8 per 1,000, while it averaged 17.7 per 1,000 in the seventy-five other large towns. The death-rate from the principal infectious diseases averaged 1.7 per 1,000 in the seventy-six large towns; in London this death-rate was equal to 1.9 per 1,000, while in the seventy-five other large towns it ranged upwards to 2.6 in Aston Manor, 2.7 in Hornsey, 2.8 in East Ham and in Salford, 3.1 in Burnley, 4.1 in Oldham, 4.7 in West Bromwich, 4.9 in Middlesbrough, and 6.6 in Swansea. Measles caused a death rate of 1.0 in Leyton, in Manchester, and in Sunderland, 1.1 in Wolverhampton and in Nottingham, 1.4 in Tottenham, 1.9 in East Ham, 2.2 in Middlesbrough, 2.5 in Wigan, 3.1 in West Bromwich, and 4.9 in Swansea; scarlet fever of 1.1 in Stockport, 1.2 in Rochdale, and 1.7 in Bootle; diphtheria of 1.2 in Northampton, 1.3 in Hornsey, 1.5 in Newport (Mon.), and 1.6 in Hanley and in Middlesbrough; and whooping-cough of 1.0 in Manchester, 1.1 in Croydon, in Oldham, and in Swansea, 1.2 in Salford, 1.5 in Bradford, and 1.6 in Willesden. The mortality from "fever" and from diarrhoea showed no marked excess in any of the large towns. Six fatal cases of small-pox were registered in Liverpool, 3 in Oldham, 3 in Burnley, and 1 each in Hanley, Leicester, Birkenhead, Bury, and West Hartlepool, but not one in any other of the seventy-six large towns. The Metropolitan Asylums Hospitals contained 38 small-pox patients at the end of last week, against numbers increasing from 7 to 33 at the end of the five preceding weeks; 9 new cases were admitted during the week, against 3, 5, and 22 in the three preceding weeks. The number of scarlet fever cases in these hospitals and in the London Fever Hospital, which had been 1,735, 1,664, and 1,662 on the three preceding Saturdays, had risen again to 1,698 on Saturday, April 25th; 243 new cases were admitted during the week, against 205, 158, and 188 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

During the week ending Saturday last, April 25th, 1,097 births and 605 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 18.0, 17.6, and 17.7 per 1,000 in the three preceding weeks, further rose last week to 18.5 per 1,000, and was 1.1 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 13.9 in Perth and 14.5 in Paisley, to 17.9 in Edinburgh and 20.3 in Glasgow. The death-rate from the principal infectious diseases averaged 1.8 per 1,000 in these towns, the highest rates being recorded in Glasgow and Greenock. The 307 deaths registered in Glasgow included 22 which resulted from whooping-cough, 3 from "fever" and 8 from diarrhoea. Four fatal cases of whooping-cough, and 2 of diarrhoea were recorded in Edinburgh. Two deaths from diarrhoea occurred in Dundee; 2 from measles in Aberdeen, 3 from diarrhoea in Paisley, and 2 from whooping-cough in Greenock.

THE MEASLES ORDER IN LONDON.

Mr. Wynter Blyth, M.O.H. St. Marylebone, in his report for March, makes some observations on the Order recently issued applying certain sections of the Public Health (London) Act to measles. Hitherto, he says, although it is well known to be a most infectious malady, a child suffering from measles could be conveyed in a public conveyance, or could be sent to school, or exposed in any thoroughfare, and those in charge of the sufferer would not be liable to any penalty under the Sanitary Acts. Besides this, disinfection would not be compulsory. From April 1st this is altered, and the law applicable to notifiable diseases will be applicable to measles. On the other hand, there is no notification as to measles, nor is there any provision for hospital accommodation. Information of the prevalence of the malady is only indirectly obtainable from the returns of school attendance and the registrar's returns of deaths.

The deaths from measles in the whole of London vary in different years from about 5 per 10,000 of all ages up to a little more than 8 per 10,000. Since, however, measles is essentially a disease of children, it is better studied in relation to the child population. The deaths in 1901 in all London were equal to 37 per 10,000 children (under 5 years of age). Measles varies much in virulence, and the relationship between the number of cases and the number of deaths is very different in different years. Probably for every 3 deaths at least 100 cases of sickness occur. In 1902 there were 86 deaths from measles in the borough, and this would represent about 2,800 cases; 1902 was not an exceptional year as regards measles, it may, therefore, be confidently stated that from 2,000 to 6,000 cases occur annually.

Hence, if even the cases brought to notice incidentally through the channels already mentioned have to be visited, recorded, and the usual disinfecting operations put in force, it is obvious the present staff will not be able to cope with the work. Mr. Blyth therefore considers that the best course would be to adopt the system in force in most of the boroughs, and to relieve the present staff from the duty of disinfection, and appoint a special staff of disinfectors.

If hospital accommodation for bad cases had been provided, and then notification of measles adopted, there is little doubt much good would have been effected. Under present conditions without facilities for isolation and without notification, the results as regards controlling spread will not be commensurate with the considerable pecuniary outlay involved. Hence the wisdom of making the order is open to criticism, on the ground of its small utility—a half-hearted measure, expensive in its incidence, partial in its application, and inefficacious to reduce the mortality or to control the spread of the disease.

INFANT FEEDING AND MILK SUPPLY.

At the annual meeting of the Hospital Saturday Fund at the Mansion House on April 25th, under the presidency of the Lord Mayor, Dr. T. D. Lister delivered a lecture on Infant Feeding and Milk Supply. The importance of this subject, he said, was evidenced by the continued high infant mortality among civilized nations, and especially in large towns. A high mortality was coincident with a falling birth-rate, and perhaps less natural modes of living. Over 140,000 children were born every year in this country to die before twelve months had passed. A great deal of the neglect and ignorance associated with the rearing of infants depended on a struggle for existence in certain sections of the people, and to an extent this could not be dealt with by merely medical precautions; but there was a large proportion of disease which was immediately prevented by simple measures. The lecturer dealt with various popular errors involved in the feeding of infants, and said that both theoretically and practically cow's milk should have the first place in the hand feeding of infants, but it should be of good quality. The cow's milk coming to London appeared to be, on the whole, excellent as regards its richness in food materials. Dr. Lister referred to the dangers resulting from the prevailing ignorance as to the proper handling of our milk supply at every stage, urging, among other things, the increased provision by the railway companies and other carriers of proper cold transport for milk. He remarked that by dealing with good milk firms, the dangers to which he alluded were almost eliminated. A large quantity of milk was sold under abominable conditions in small general and other shops, especially in the poorer districts of London and other large towns; but there were several great milk businesses in London that took every possible precaution. Where the poverty was such that skimmed milk, tinned or fresh, was all that could be bought, proper milk should be provided by public funds, either free or at the cost of the materials.

PAROCHIAL MEDICAL OFFICERS IN THE HIGHLANDS OF SCOTLAND.

We observe in the lay press an advertisement which has not appeared in the British Medical Journal for a medical officer for the parish of Barra. From the return placed before the House of Commons on August 8th, 1902, showing the number of medical officers dismissed by parish councils in each crofting county during each of the seven years, 1895-1901, we find included the parish of Barra, whose medical officer was dismissed in 1898, and no cause for dismissal assigned. The parish of Barra is one of the most remote islands in the Hebrides, and includes several smaller islands, which are often very difficult of access, and the medical officer called to these islands in stormy weather may have to go at the risk of his life. The population consists mainly of poor crofters and cottars, so that the emoluments from private practice are small. We do not know the reason why the present medical officer is demitting office, whether voluntary or otherwise, but we would suggest to all intending applicants the urgent necessity of making full inquiry, and satisfying themselves before accepting office that the salary is adequate, that a suitable residence is provided, that all medicines and medical and surgical appliances for paupers be paid for by the parish council separately, and in addition to the salary that an annual free holiday be granted.

MEDICAL NEWS.

It is announced that Miss K. Chamberlain, a niece of the Colonial Secretary, has been appointed Resident Physician at the Royal Free Hospital, Gray's Inn Road.

At a meeting on April 22nd, Dr. Joseph Smith was unanimously elected Chairman of the Chiswick Urban District Council, and a J.P. for the County of Middlesex.

For the benefit of old students of the Middlesex Hospital a register has been opened for the names of members of the profession requiring *locum tenentes*, etc., and of companies requiring ships' surgeons. Particulars can be obtained on application to the Assistant Secretary.

At the May dinner of the Edinburgh University Club of London, which, as already announced, will take place on May 20th at the Criterion Restaurant, Sir William Turner, K.C.B., who will take the chair, will be supported by Sir William Church, Sir H. G. Howse, Sir William Huggins, and Sir William Macewen. Members intending to be present are requested to send in their names to one of the Honorary Secretaries, Dr. James Taylor, 49, Welbeck Street, W., and Dr. G. A. Sutherland, 73, Wimpole Street, W.

DUNDEE CANCER HOSPITAL.—The contracts have now, according to the *Dundee Advertiser*, been signed for the construction of the additions to Dundee Royal Infirmary, the cost of which is to be defrayed by Mr. J. K. Caird. About a year ago Mr. Caird offered to erect a building in the infirmary grounds to provide accommodation for the increasing demands of the institution, and also to give facilities for the treatment of cancer. In his letter Mr. Caird stated that "so much attention has lately been directed to the subject of cancer, and so widespead is the disease, that it has suggested itself to me that a hospital to be used exclusively for cancer patients would be a great addition to the medical advantages of Dundee." The cost was estimated at £18,500, and Mr. Caird also offered an additional £1,000 a year for five years for the special purpose of investigation into the cause and cure of cancer. Though principally intended for the treatment of that disease the donor agreed that the accommodation not required for cancer patients might be used for the ordinary patients of the infirmary. The plans provided for a large brick building of three stories and attics on the pavilion system, containing six wards of from sixteen to twenty beds each. It is expected that the work will be completed in about two years.

MEDICAL VACANCIES.

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column advertisements must be received not later than the first post on Wednesday morning.

ABERDEEN ROYAL INFIRMARY.—Medical Superintendent. Salary, £300 per annum, without residence.

BANGOR: CARNARVONSHIRE AND ANGLESEY INFIRMARY.—House-Surgeon. Salary, £80, increasing to £100 per annum, with board, washing, and lodging.

BATH: ROYAL MINERAL WATER HOSPITAL.—Resident Medical Officer; unmarried. Salary, £100 per annum, with board and apartments.

CANCER HOSPITAL, S.W.—House-Surgeon. Appointment for six months. Salary, £70 per annum, with board and residence.

CHESHIRE COUNTY ASYLUM, Parkside, Macclesfield.—Junior Assistant Medical Officer. Salary £140, rising to £160 per annum, with board, etc.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Pathologist. Salary, 100 guineas per annum.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.—Ophthalmic Surgeon, must be F.R.C.S.Eng.

EVELINA HOSPITAL FOR SICK CHILDREN, Southwark Bridge Road, S.E.—Anæsthetist. Honorarium, £25 per annum.

HALIFAX ROYAL INFIRMARY.—Third House-Surgeon; unmarried. Salary, £80 per annum, with residence, board and washing.

HOSPITAL FOR DISEASES OF THE THROAT, Golden Square.—House Surgeon. Salary, £50 per annum, with board and residence.

LEICESTER INFIRMARY.—Clinical Clerk. Honorarium, £10 10s. for six months, with board, apartments, and washing.

LIVERPOOL DISPENSARIES.—Assistant Surgeon, unmarried. Salary, £100 per annum, with board and apartments.

MANCHESTER: HULME DISPENSARY, Dale Street.—House Surgeon. Salary, £150 per annum, with apartments attendance, etc.

MANCHESTER ROYAL INFIRMARY.—Resident Surgical Officer, unmarried. Salary, £150 per annum, with board and residence.

MANCHESTER SOUTHERN AND MATERNITY HOSPITAL.—Resident House-Surgeon.

METROPOLITAN HOSPITAL, Kingsland Road, N.E.—Dental Surgeon.

MOUNT VERNON HOSPITAL FOR CONSUMPTION, Hampstead.—Junior Resident Medical Officer. Honorarium, £60.

NEWPORT AND MONMOUTHSHIRE HOSPITAL.—Assistant House-Surgeon. Salary, £50 per annum with board, residence, and washing.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road.—Resident Casualty Officer. Appointment for six months. Salary, £80 per annum, with board, etc.

NORTHAMPTON GENERAL INFIRMARY.—House-Surgeons; unmarried. Salary, £125 per annum, with furnished apartments, board, etc.

NORWICH: NORFOLK AND NORWICH HOSPITAL.—Second Assistant House-Surgeon. Appointment for six months. Honorarium, £20, with board, lodging, etc.

NOTTINGHAM GENERAL DISPENSARY.—Assistant Resident Surgeon. Salary, £160 per annum, increasing £10 yearly, with furnished apartments, etc.

SALISBURY: FISHERTON ASYLUM.—Assistant Medical Officer, unmarried. Salary, £150 per annum, with board, lodging, and washing.

SARAWAK MEDICAL DEPARTMENT.—Medical Officer; unmarried, and not more than 28 years of age. Salary, 300 dols. a month, and unfurnished quarters.

SOCIETY OF APOTHECARIES, London.—Examiner in Medicine.

VICTORIA HOSPITAL FOR CHILDREN, Chelsea.—House Surgeon. Appointment for six months. Honorarium, £25, with board and lodging.

WESTMINSTER GENERAL DISPENSARY.—Honorary Dental Surgeon.

WEST RIDING ASYLUM, Wadsley.—Fifth Assistant Medical Officer. Salary £140, rising to £160 per annum, with board, etc.

YORK COUNTY HOSPITAL.—House-Physician. Salary, £100, with board, residence and washing.

MEDICAL APPOINTMENTS.

ALDERSON, Reginald, M.D., B.S.Durh., appointed Honorary Assistant Surgeon to the Hospital for Sick Children, Newcastle-upon Tyne, *vice* Wilfred E. Alderson, M.D. M.S., resigned.

AUTY, C. H., M.R.C.S.Eng., L.R.C.P.Lond., appointed District Medical Officer of the Parish of Willesden.

BENNETT, F. G., L.S.A., appointed District Medical Officer to the Billesdon Union.

BYRES, George, M.B., M.S.Aberd., appointed Medical Officer for the Parish of Foveran and Surgeon to H.M. Coastguards.

CHAMBERLAIN, Katherine, M.B., B.S.Lond., appointed Resident Physician to the Royal Free Hospital, Gray's Inn Road.

EASTON, Thomas, M.D.Edin., C.M., appointed District Medical Officer of the Southampton Union.

GREEN, T. A., M.D., C.M., appointed Clinical Assistant to the Chelsea Hospital for Women.

HEWETSON, John T., M.D., F.R.C.S., appointed Assistant Obstetric Officer to the General Hospital, Birmingham.

HILLIER, Sidney, M.D Edin., C.M., appointed Medical Officer to the Children's Home of the Stow Union.

JOBSON, F. C., M.R.C.S., L.R.C.P.Lond., appointed Assistant Medical Officer of the Poplar and Stepney Sick Asylum District.

JOHNSON, James, L.R.C.P. and S.Edin., L.F.P.S.Glasg., appointed Medical Officer of Health for Bispham and Morbrick, Poulton-le-Fylde.

KNAPTON, George, L.R.C.P.Edin., appointed a Physician to the Edinburgh Life Assurance Company for Manchester, Bowdon, and District.

MACKAY, James, M.B.Aberd., appointed a Physician to the Edinburgh Life Assurance Company for Manchester and District.

MCKENZIE, John Alexander, M.B., Ch.B., appointed Resident Physician to the Aberdeen Royal Infirmary.

ORMEROD, H. L., M.D., R.U.I., B.Ch., appointed Medical Officer for the Westbury District of the Barton Regis Union, *vice* Henry Ormerod, M.R.C.S.Eng.

SMITH, Frederick K., M.B., Ch.B., appointed Resident Surgeon to the Aberdeen Royal Infirmary.

SYMES, W. Langford, M.D. Univ. Durh., F.R.C.P.I., appointed Pathologist to the Royal City of Dublin Hospital.

THOMSON, A. J., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer of the Stourbridge Union Workhouse.

THURSTAN, Edward Paget, M.D., B.A.Cantab., M.R.C.S.Eng., L.S.A.Lond., appointed Physician to the Perth Public Hospital.

TILLEY, Herbert, F.R.C.S., M.D., appointed Examiner in Laryngology, Royal Army Medical College.

TOOVEY, T. E. Frazer, F.R.C.S., L.R.C.P., appointed House Surgeon to the Royal Eye Hospital, Southwark.

WADE, Noel N., M.B., Ch.B.Edin., appointed Assistant House Surgeon to the Cardiff Infirmary, *vice* Evan Jones, M.R.C.S., L.R.C.P.Lond.

WARRACK, I. S., M.A., M.D Aberd., D.P.H.Camb., Boarding Medical Officer to Port of London Sanitary Authority, Gravesend.

DIARY FOR NEXT WEEK.

TUESDAY.

Pathological Society of London.—St. Bartholomew's Hospital Medical School, 8.30 p.m.—Laboratory meeting. Drs. F. W. Andrewes and K. J. P. Orten: Hypochlorous Acid as a Disinfectant. Dr. Seligmann: On Cretinism. Dr. Horder: A Note on the Relative Readings given by the Haemoglobinometers of Fleisch and Haldane. Mr. Gask: Bacteriological Examination of a Case of so-called Rheumatoid Arthritis. Dr. Bainbridge: Some Suggestions Concerning Renal Dropsy. Messrs. K. J. P Orten and W. H. Hurtley: St. Bendzynski and K. Panek's Alloxyproteic Acid—a Normal Constituent of Urine.

WEDNESDAY.

Obstetrical Society of London, 20, Hanover Square, W., 8 p.m.—Specimens will be shown by Drs. Tate, Fairbairn, Williamson, John Phillips, Galabin, Handfield-Jones, and Brook. Short Communication by Mr. Sydney Boyd (introduced by Dr. Amand Routh) on An Unusual Case of Inversio Uteri. Paper.—Dr. H. Russell Andrews: The Anatomy of the Pregnant Tube.

THURSDAY.

Ophthalmological Society of the United Kingdom, 11, Chandos Street, Cavendish Square, W., 8.30 p.m.—Clinical Evening. Mr. R. H. Elliot: Pafiadi's Instrument for Detecting Feigned Amblyopia. Mr. G. Brooksbank James: A New portable Perimeter. Mr. G. Hartridge: (1) Zonular Opacity of Cornea; (2) Central Choroiditis Shown Fourteen Years Ago as a Possible Growth. Mr. S. W. Rell: A Case of Microphthalmos. Mr. J. H. Parsons and Mr. P. Flemming: Persistent Hyaloid Artery. Mr. S. Stephenson: A Case of Papilloma of the Conjunctiva. Mr. J. B. Story: Two Specimens of Detachment of the Vitreous.

Roentgen Society, 20, Hanover Square, W., 8.30 p.m.—Exhibition of various new forms of apparatus.

North-East London Clinical Society, Tottenham Hospital, N., 4 p.m.—Clinical Cases.

Harveian Society of London, Stafford Rooms, Titchborne Street, Edgware Road, W., 8.30 p.m.—Mr. T. Crisp English: Some Points in the Diagnosis of Acute Abdominal Cases. Mr. P. L. Daniel: Gastro-enteritis of Obscure Origin simulating Peritonitis.

FRIDAY.

Ophthalmological Society of the United Kingdom, 11, Chandos Street, Cavendish Square, W., 8.30 p.m.—Dr. E. W. Doyne: A Case Presenting several Deformities of the Eye, etc. Papers.—Drs Paine and Poynton: A Contribution to the Study of Rheumatic Iritis. Mr. W. H. H. Jessop: Two Cases of Tuberculous Choroiditis. Dr. F. Donaldson: (1) Alveolar Sarcoma of the Cornea; (2) Proptosis and Deformity of the Head. Mr. A. F. MacCullen: Report of Five Cases of Glaucoma in which Adrenalin Caused an Increase of Tension.

Clinical Society of London, 20 Hanover Square, W., 8.30 p.m.—Mr. C. A. Morton: A Case of Hairball in the Stomach. Mr. F. S. Eve: Cases of Angioma of Synovial Membranes and of Muscle. Mr. H. Betham Robinson: A Case of Spinal Meningocele in which the Tumour made its exit through a Defect in the front of the Spinal Column and simulated an Intra-abdominal Cyst. Mr. E. M. Corner: Cellulitis of the Round Ligament and Spermatic Cord and their relation to Strangulated Hernia.

POST-GRADUATE COURSES AND LECTURES.

Charing Cross Hospital. Thursday, 4 p.m.—Lecture on Medical Cases.

Medical Graduates' College and Polyclinic, 22, Chenies Street, W.C. Demonstrations will be given at 4 p.m. as follows:—Monday, skin; Tuesday, medical; Wednesday, surgical; Thursday, surgical; Friday, ear. Lectures will also be given at 5.15 p.m. as follows: Tuesday, Raynaud's Disease; Wednesday, Injuries and Diseases of the Orbit; Thursday, Uterine Displacements; Friday, The Differential Diagnosis and Treatment of Chronic Diseases of the Joints.

National Hospital for the Paralysed and Epileptic, Queen Square, W.C.—Tuesday, 3.30 p.m.—Lecture on Syringomyelia.

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.

DURRANT.—On April 24th, at the Brook House, Billesdon, Leicestershire, Lucie Isabelle (née Chard), the wife of Charles Durrant, L.R.C.P.Lond., M.R.C.S.Eng., of a son.

JACKSON.—On April 22nd, at Ashfield Road, Cheadle, the wife of T. Leonard Jackson, M.B., of a daughter.

POPE.—On April 19th, the wife of G. Stevens Pope, L.R.C.P. and S.Edin., Cleveland Asylum, Marton-in Cleveland, Yorks, of a daughter (Dorothy Ethel Uglow).

SYDENHAM.—On March 16th, at Lichfield House, Walsall, the wife of Frederick Sydenham, M.D., of a daughter.

MARRIAGES.

MILROY—TABERNER.—On April 21st, at Pemberton Parish Church, by the Rev. G. F. Wills, M.A., Vicar of Upholland, William Cunningham Milroy, M.D., Liscard, Cheshire, to Ethel, eldest daughter of Captain Taberner, Orrell Hall, Wigan. (At home, 88, Seabank Road, Liscard, May 20th and 21st.)

MUNRO—KAY.—On April 22nd, at St. Mary's Church, Hartlepool, by the Rev. Father Wickwar, Donald John Munro, M.B., B.S.Lond., of 56, Acre Lane, Brixton, S.W., to Louise Mary Edith, eldest daughter of the late J. T. Kay, Esq., Solicitor, and Mrs. Kay, of Rockside, Hartlepool.

WEBSTER—HIRSCH.—On April 28th, at Christ Church, Chester, by the Rev. Baxter, Harold George Webster, M.R.C.S., L.R.C.P., of Longford, Coventry, son of G. Warmough Webster, of Chester and West Kirby, to Mabel, daughter of the late Hermann Hirsch, of Victoria Park, Manchester.

DEATH.

GRAY.—On April 27th, at Adelaide Place, Newcastle, co Down, George Gray, M.D., J.P.