

## ACUTE RHEUMATISM AND SEPSIS.

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THERE are many considerations which suggest that acute rheumatism, with its varied manifestations, such as arthritis, endocarditis and pericarditis, and pleurisy, is a microbial disease, and of late a micrococcus has been repeatedly isolated which some bacteriologists regard as a distinct and specific micro-organism. The question, however, appears to be still sufficiently unsettled to make it interesting to consider certain clinical reasons for thinking that the common septic bacteria are capable of setting up acute rheumatism in a predisposed subject.

An ordinary infectious follicular tonsillitis, which is said to be usually due to the streptococcus pyogenes, is apparently the commonest exciting cause of an attack of acute rheumatism, though no doubt a predisposition strong or weak must also exist, and symptoms very closely resembling or identical with rheumatic fever occur, with scarlet fever and the scarlatinal sore throat. That other local septic processes may precede and apparently cause attacks of acute rheumatism is not so generally recognized. In the following cases (I, II, and IV), an acute local septic process appears to have set up acute rheumatic symptoms. In Case III the arthritis caused was more like what is usually considered a septic arthritis, but the patient was a rheumatic subject. In Case IV there was no history of acute rheumatism in any blood relation, but the joint pains yielded to salicylates, and the patient had an appearance suggesting the rheumatic predisposition.

In acute rheumatism, as in other diseases, predisposing as well as exciting causes are recognized, and there is evidence pointing to the alimentary canal as the seat of the secondary or predisposing cause. This source is suggested by the great effects which constipation and changes in diet have on the symptoms of acute rheumatism, and by the therapeutic value of calomel and salicylates, which both have antiseptic action. The most obvious hypothesis, then, is that the septic products derived from the septic focus are much assisted in producing an attack of acute rheumatism by a poison which is absorbed from the intestinal canal. If the predisposition is strong, the exciting cause may only need to be slight, and, on the contrary, if the predisposing cause is slight or the exciting cause is very strong, similar symptoms may nevertheless be evoked; but under these circumstances they may more resemble septicaemic processes usually recognized as such and pyaemia. It appears to be the predisposing element in the cause which is affected by salicylates, as they, generally speaking, act best in classical cases of acute rheumatism, where there is often a strong personal and family predisposition. These remarks are largely speculative, but the cases seem to suggest a view of the connexion between septic and rheumatic arthritis which is not commonly taken.

CASE I.—R. M. was a little girl, aged 4, amongst whose near relatives one at least had had several attacks of acute rheumatism. Her illness began in August, 1897, with an acute axillary abscess on the right side, the result of a small septic wound on the hand. After the axillary abscess had been opened, it was noted on September 7th that both knees were swollen and painful, there being fluid in the joints, and the right elbow-joint was also painful. An abscess had developed on the back of the left hand; the temperature was  $104^{\circ}$ , and there were two rigors in the afternoon. The abscess on the left hand was opened and thick pus escaped. On September 8th the knees were much less swollen. On September 14th the temperature was lower; there was no swelling of or effusion into any joint, but there was resistance to full extension of the left knee, and on September 30th a small abscess was opened in the left popliteal space; at this date the temperature had been normal for some days. Recovery was rapid and complete. In this case obvious septic foci induced a simple synovitis, which quickly subsided, the patient having a decided family history of rheumatic fever.

CASE II.—C., a girl of 12, belongs to a family with a tendency to acute rheumatism, her father having had rheumatic fever twice, and an elder sister chorea twice. Her illness began with high temperature and an erysipelas-like inflammation of the side of the nose, which spread on to the cheek. A small subcutaneous abscess formed in the cheek, and was incised. Within a few days pleurisy, with effusion on the left side, developed, and then an abscess in the anterior part of the right labium majus, which was incised. The pleurisy cleared up and the child recovered completely.

Here the rheumatic tendency seems to have been awakened by the septic inflammations to the extent of producing pleurisy and serous effusion.

CASE III.—S. S., aged 22, was the wife of a labourer, who had had rheumatic fever some years before, and had been delivered of her second child four weeks before aw her. She had not got on well since her confine-

ment, but had not been attended by a doctor. On December 28th, 1895, I first saw her, and found that she had a bad headache and severe pains in the legs, her pulse was  $130$ , and her temperature was  $104.5^{\circ}$ ; two days before she had had a shivering fit and general pains. On December 29th there was effusion into both knee-joints, and the right knee was the most affected. On December 30th she was still suckling her baby, although there was not much milk in the breasts. The apex beat of the heart was felt in the nipple line, and a soft systolic murmur was heard at the same spot and in the axilla. On January 1st a shivering fit occurred, and the temperature, which had been lower, again rose to  $104^{\circ}$ . On January 2nd she was perspiring very freely, and the hypogastrium was tender on pressure, but examination per vaginam revealed no induration around nor fixation of the uterus. There was a reddish offensive discharge. By January 26th the temperature had gradually fallen nearly to normal, but was still generally raised a little in the evening; there had been moist bronchitic sounds at the base of the left lung. On January 31st the temperature again rose to  $103^{\circ}$ , and the pulse to  $120$ ; while the swelling of the knees, which had subsided a little, became greater again. On February 12th the right knee was cool, and slight movement was possible, but the left was very tense and tender; an exploring needle drew off a few drops of blood-stained serum. After this the tenderness and swelling of the knees got less. On May 27th she could walk about the house, the right knee could be flexed to a right angle, but very little movement was possible in the left knee-joint.

This was a case of arthritis in a patient with a tendency to acute rheumatism, the exciting cause being probably puerperal sepsis.

CASE IV was that of a married woman, Mrs. P., aged about 25, who had never had rheumatism before, nor could any family history of rheumatic fever be obtained, but her complexion was bright, with injected venules on the cheeks and dark brown hair, a combination which seems to be often associated with a predisposition to acute rheumatism. It is worth remarking that her husband and several of his relations had had rheumatic fever severely, though he had not had an attack recently. She was delivered of twins in August, 1899, not being attended by a medical man. Since then she had been up and doing some house work. Five weeks after confinement on September 21st she had several rigors, and pains all over her. I saw her first on September 24th. She then had very severe general pains, and was unable to move her legs on account of pain in the joints, and her right shoulder also was very painful. The hypogastrium was very tender on pressure; the pulse  $120$  and temperature  $103^{\circ}$ . She was given 20 gr. of sodium salicylate in solution every two hours, but this was vomited, and she had several more rigors. On September 26th she began to take salicin in 20-grain doses every two hours, and on September 30th the temperature was  $99^{\circ} 100^{\circ}$ , and there was considerable improvement in the pain. On September 31st the temperature had again risen to  $101^{\circ} 103^{\circ}$ , and there was delirium with hallucinations. Salicin was stopped. On October 2nd 15 gr. of sodium salicylate was again given every two hours in powders, and was retained. By October 5th the pains were much better and the temperature normal; there was no heart murmur. On October 16th there was only slight tenderness of the joints, the abdomen was not at all tender. Recovery was complete.

This was a case of acute rheumatism or multiple septic arthritis, differing from ordinary acute rheumatism in the rigors, and probably elicited by a local septic condition connected with parturition.

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

## IODIDE RASH.

On April 14th, 1903, I was called in hurriedly to see a patient, E. W., aged 12, who was said to be dying. I found her reclining on a sofa and conscious. Her mother said the girl had just had a fit. What immediately called attention was the condition of the girl's face. The forehead, cheeks, lips, and chin were covered with a rash. Papules, hard and shotty, were felt; some of these were becoming vesicles, and some were fully-developed vesicles, loculated and umbilicated; some were becoming purulent, and were surrounded by a narrow zone of inflammatory redness. The pustules were most abundant under the eyelids, where they were confluent, and on the forehead. There was one vesicle as large as a split pea in the right wrist, and five or six papules on the back of the right wrist and hand. There were no other spots anywhere on the body or in the mouth. The rash had exactly the appearance of that of small-pox. The temperature was  $101.4^{\circ}$ . There had been no headache or backache, and the child had only been confined to the house for three or four days.

On inquiry, I was given the following history: The child suffers from leucocytæmia (there is also heart disease present), and on March 30th had visited a hospital in Liverpool and received a prescription which I found advised 3 gr. doses of potassium iodide three times daily. The next day some

hard spots came out on the forehead, and these continued coming out in crops since and were getting worse. Some scabs had fallen off, but had left no cicatrix.

The child had been revaccinated twelve months ago. There was an indirect chance of infection of small-pox. The medicine was stopped and arsenic substituted. Although I considered the case due to iodide, it seemed suspicious enough to ask the medical officer of health to see her also. This he was kind enough to do the next day. He considered the case doubtful, yet the signs were sufficient for the house to be put into quarantine. When we met again two days later, there could be no doubt that the rash was due to iodide. The whole was subsiding rapidly; the vesicles were drying up, not forming scabs, and some of the scabs had fallen off without leaving any scar. Since then the whole face has cleared up, and there is now no sign of what has occurred beyond a little scaliness and brownish discolouration.

The distribution of the rash is a point to be noted. In all the other cases of iodide rash I have seen it has been present on the body also. I believe that the rash of small-pox too sometimes comes out in crops, but not for such a time as fourteen days.

Southport.

J. HERBERT SYKES, M.B.

#### FURTHER NOTES ON A CASE OF ABDOMINAL ACTINOMYCOSIS.

IN THE BRITISH MEDICAL JOURNAL of November 15th, 1902, I published the report of a case of abdominal actinomycosis in a girl aged 15 years, in which there was an apparent cure. I have now to report the reappearance of the disease in the lungs, with fatal termination.

At the time of the last report all abdominal induration had disappeared, the sinuses in the iliac fossae were practically healed, and cachectic symptoms had cleared up, the girl being in good general health.

In January, 1903, she came to the out-patient department of the hospital looking very ill and wasted, with a troublesome cough, and was admitted as an in-patient under the care of Dr. E. L. Fox. The abdomen was found to be quite soft all over, except for a little induration at the site of the right iliac sinus. On removing a scab over this a little pus was found. At the base of the right lung dullness on percussion and weak breath sounds were found. A considerable amount of sputum of purulent character was expectorated, and in this Dr. Bushnell, the pathologist to the hospital, found "granules of streptothrix actinomycotica and motile bacilli." The patient became progressively more emaciated, with "hectic" temperature, and died at the end of March, 1903. Application for a necropsy was refused.

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#### EMBOLISM IN ACUTE RHEUMATISM.

ON March 16th I was called to see a boy, aged 8, whom I found suffering from well-marked symptoms of acute rheumatism with endocarditis. This was his first attack. There was also considerable broncho-pneumonia of both lungs. At the apex and in the axilla a well-marked systolic murmur was heard. Pericarditis did not develop during the course of the illness. He had always enjoyed good health previously.

On March 24th I found him in the following condition, which, his mother informed me, came on quite suddenly during the night: There was complete right hemiplegia, with aphasia, the right side of face, arm, and leg being involved. The upper branches of the facial nerve were not affected, as the orbicularis palpebrarum and frontalis muscles were intact, this fact clearly pointing to a supranuclear lesion. It was also noted that the voluntary movements of the face were more impaired than the emotional. Electrical tests were not applicable. The hypoglossal nerve was also involved, the patient being unable to put out the tongue straight, but it deviated toward the paralysed side. The arm was more completely paralysed than the leg. The thoracic and abdominal muscles were not involved. Hemianaesthesia was present, and was more marked in the arm. The deep reflexes were increased in the arm and leg, ankle clonus being well marked.

Evidently there had been embolism of the left middle cerebral artery, with softening of the parts supplied by it, including the posterior part of the internal capsule.

At the end of nearly five weeks there has been practically no improvement in the hemiplegia and aphasia, though the mother is inclined to think the patient moves his right leg

slightly at times. I have been unable to verify this. Whether the condition will remain permanent or not remains to be seen. No secondary contractions have developed. The condition of the lungs has considerably improved, but there is still some trace left of congestion at the bases.

The case is interesting, as, according to an eminent authority, embolism in the acute endocarditis of rheumatism is rare.

Lydney, Glos.

A BROWNIE, M.B., Ch.B.

#### THE TREATMENT OF CHRONIC ECZEMA.

FOR the past few years I have had under my care several patients suffering from chronic eczema. From time to time I adopted the many forms of treatment laid down in textbooks for the cure of this intractable disease; and the results I obtained from them have not been by any means satisfactory. I, therefore, carried out a form of treatment which has given very good results.

I had under my care some time ago a boy with two patches of chronic eczema situated on the back of the neck. One of those I treated with a local application of liq. plumbi and liq. carbonis detergens, together with a nightly application of ung. hydrarg. ox. flav. In the other I selected an area about the size of a crown piece, brushed it over with a 5 per cent. solution of cocaine, and then painted this area, thus anaesthetised, with equal parts of tincture and liniment of iodine. A fresh application was made every night, and a new area started every other day.

I extended this method of treatment over a period of three weeks; at the end of this time the part to which I applied the iodine was almost cured; the other was in much the same condition. With an occasional application of iodine the patch which I had already treated daily with it soon became completely cured. I therefore adopted the same line of treatment over the whole broken surface, which very soon showed signs of improvement, to the great delight of the patient.

The precaution was always taken to apply the solution of cocaine to a limited area, so that absorption might not cause any unpleasant results. No constitutional treatment was adopted in this case; the patient lived under precisely the same conditions as before.

I have since treated patients similarly affected, and always found this method of treatment effectual when others failed to do good.

Dorchester.

PATRICK HEFFERNAN, L.R.C.S.E., etc.

#### REPORTS OF SOCIETIES.

##### STAFFORDSHIRE BRANCH OF THE BRITISH MEDICAL ASSOCIATION.

W. HIND, M.D., President, in the Chair.

Thursday, April 23rd, 1903.

##### REMOVAL OF UPPER JAW FOR MYELOID SARCOMA.

MR. CHOLMELEY showed a girl, aged 15, whose left superior maxilla was removed for myeloid sarcoma. There was a history of four months' pain and swelling. The case was exhibited to show the small amount of deformity and the clearness of speech owing to the excellent toothplate made by Mr. Grove, of Wolverhampton and Walsall. The difficulties to be overcome were that no suction action was available. The plate was in touch with very tender structures, and though it had to be fixed firmly enough not to fall out, yet the patient would have to be able to remove it and replace it easily for cleaning purposes. The plate was covered on the upper surface with vellum rubber to make it soft, and was fixed by gold wire to an incisor tooth in front and a molar at the back. Too firm fixing to the teeth would cause the teeth to be dragged out of position on account of the softness of the jawbones in a girl so young and the strong action of the muscles of the cheek on the left side. The patient's speech was very plain.

##### POST-MALARIAL LARYNGOPLEGIA.

Dr. CODD read notes of a case.

A missionary, aged 25, stationed at Colombo, was badly bitten by mosquitoes. He was down with fever a fortnight after arrival, but the fever did not run its normal course; it lasted two days, and did not intermit. It recurred at irregular intervals. On April 2nd, 1902, he travelled from Colombo to Mysore City, three and a-half days' continuous travelling. The last twelve hours he was in a stuffy carriage with malodorous natives. On arrival he noticed that his voice was gruff. He began

with which we are all pestered. We know of no means of stopping the nuisance: we can only recommend as a remedy a waste-paper basket of adequate size, and an occasional "tip" to the dustmen who may be asked to remove an unusual quantity of rubbish.

## NEWSPAPER PUFFS.

We have received a cutting from the *Aberdeen Evening Express*, which gives a portrait and a ridiculously laudatory notice of Dr. George Byres, recently appointed medical officer for the parish of Foveran, and surgeon to H.M. Coastguard. Our correspondent naturally complains of it, and we regret to note the increasing frequency with which such puffs appear. We hope that the subject of this is not responsible, but when a portrait and a number of intimate details of personal history are included, it must be admitted that appearances are against him, and charity is strained to allow him the benefit of the doubt. Local medical societies might do much to check this practice by expressing disapproval of it.

## A DISCLAIMER.

MR. R. LAKE (Harley Street, London, W.) writes: I have been informed that a slip was distributed last week at a London theatre, which, with other matter, contained a certificate of mine and my qualification. This was done without my knowledge.

\*\* We have received a letter from the manager of the theatre stating, in justice to Mr. Lake, that it was not with his knowledge or consent that a copy of his certificate was published.

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF LONDON.

## THE MEDICAL CURRICULUM.

At the general meeting of Convocation to be held on May 12th, a medical graduate will be elected a member of the Senate; and the contest lies between Sir Thomas Barlow, Bart., M.D., B.Sc., B.Sc., and Harold Burrows, M.D., B.Sc., both of whom have been nominated.

A resolution of the Senate will be considered, which defines more exactly than the section of the Statutes for which it is proposed as a substitute, the exact status of the graduates of other universities who may be admitted as candidates for any of the higher degrees (except in medicine and surgery) without their having previously taken any lower degree of the University of London.

The report by the Standing Committee describes the changes in the curricula for degrees in medicine and surgery which have been introduced by the Senate. Formerly every student of the University was compelled to pass the Matriculation Examination; now a large number of other examinations of very varied character are accepted in lieu of it; and in the Matriculation Examination itself it is now possible for a student to omit either Latin or Science. The Preliminary Scientific Examination can be passed subject by subject. Organic chemistry is transferred from the Intermediate Medicine to the Preliminary Scientific Examination, which means a lowering of the standard of examination, as the year of study was barely sufficient for the study of the other three subjects of the examination, namely, chemistry, physics and biology, and now to these organic chemistry is added.

Further, students who have studied elsewhere may now entirely dispense with this examination and matriculation. At the Intermediate Examination a student who fails in any one subject may be re-examined in that subject alone. A candidate who has passed the intermediate in medicine may, under certain conditions, enter in the following year for the degree B.Sc. Honours in Physiology or Human Anatomy and Morphology; consequently if he be one of those who may have dispensed with the Matriculation and the Preliminary Scientific, he may obtain the B.Sc. degree by being examined only in physiology and its subsidiary subjects. The final M.B., B.S. examinations can be taken in two groups: (1) Medicine, pathology, forensic medicine, Hygiene; (2) surgery, midwifery, diseases of women. Formerly a candidate had to pass all the subjects at the same time. In clinical medicine candidates examine and report on one patient only, instead of two as heretofore; and in forensic medicine the practical examination is abolished. There are no separate papers for honours at either Preliminary Scientific, Intermediate, or final M.B., B.S. examinations, but candidates successful in the whole Pass examinations will be divided into two classes—namely, honours and pass; and candidates in the honours list will have the subjects in which they distinguish themselves appended to their names. The titles of university scholar in medicine, forensic medicine, obstetric medicine, and surgery respectively are abolished; the scholarships of £50 for two years in both medicine and in surgery, and of £30 for two years in both obstetric and forensic medicine, and

gold medals to the first and second candidates in each of the four subjects are abolished, and one medal alone is given for the whole examination to internal students, and one to external students; in each case to the candidate who distinguishes himself most in the whole examination.

The B.S. as a separate degree is abolished. It is given with the M.B., to which a paper on surgical anatomy and pathology is added. But the examination and report of cases of surgical patients, operations on the dead body, with certificates of attendance on corresponding courses of instruction, are not now required.

In the two years intervening between the M.B., B.S. Examination and the M.D. each candidate must hold for at least six months a resident or non-resident hospital appointment, or a pathological appointment, or an appointment in a recognized asylum.

The M.D. Examination can be taken in five different branches, namely, medicine, pathology, mental diseases and psychology, midwifery and diseases of women, and State medicine. The paper on mental physiology disappears from the examination. A commentary on a case in medicine or obstetric medicine is no longer necessarily a part of the examination. "A Clinical Examination" is substituted for the "examination and report on cases of medical patients." *Viva voce* interrogation and demonstration from specimens and preparations disappears, and the report remarks that "the new regulations, which substitute tests fostering early specialism for the former thorough all-round examinations in medicine, are open to many objections."

A candidate may submit a thesis or published work, which, if judged of sufficient excellence, may exempt him from the written examination, or, in the case of pathology, from the practical as well as the written examination. The fee is raised from £5 to £20.

At the M.S. Examination there are certain alterations in the papers; the paper in mental physiology is omitted, whilst a candidate may submit a thesis, which if judged of sufficient excellence may exempt him from the whole or part of the written examination. The fee is raised from £5 to £20.

The report notices great changes in the curricula for arts and science degrees, and remarks that "a general tendency appears throughout the new regulations to accept theses or published work in lieu of examination, either wholly or partly," and "that some of the changes are fraught with peril to the standard and reputation of London University degrees." The Annual Committee "sees in the new syllabuses and regulations for graduation opportunities for such variations in and exemption from the University's examinations as may imperil the reputation for high standard and impartiality which the degrees of London University have hitherto enjoyed;" and it recommends Convocation to pass the following resolution:

That in the opinion of Convocation some of the changes in the curricula and schemes of examination approved by the Senate are calculated to impair the value and lower the reputation of the degrees conferred by the University of London.

The University Library has engaged the attention of a Sub-committee, which protests against a threatened dispersal of the books of the University, and recommends that in the first appeal for funds made by the University the needs of the library should not be placed second to those of any Faculty; that graduates should be encouraged to meet at the headquarters of the University for purposes of study, research, and intercourse; that a well-equipped library is the first essential of such a scheme; that the library should be immediately housed in convenient rooms; and that it should be provided with all recent important scientific and literary publications and periodicals. Lastly, it is proposed that the Senate be asked to receive a deputation upon the subject.

## UNIVERSITY OF CAMBRIDGE.

*Examinations for Medical and Surgical Degrees.*—The First, Second, and Third Examinations for the degree of M.B. will commence on Monday, June 1st. The names of candidates for these examinations must be sent to the Registry on or before Monday, June 1st.

*Chair of Surgery.*—The General Board of Studies propose that the Senate should revive the Professorship of Surgery first held by the late Sir G. M. Humphry. The stipend suggested is £600 a year, with the right of private practice, and of holding a surgeoncy at Addenbrooke's Hospital. One of the chief duties of the office will be to superintend the surgical examinations of the University, the number of candidates for which continues to increase.

*Degrees.*—At the Congregation on April 30th the following medical and surgical degrees were conferred: M.D.: J. G. Taylor, King's; A. C. Hill, W. M. Strong, and J. E. Sandilands, Trinity; F. C. Shrubshall, Clare; W. T. Mullings, Christ's. M.B. and B.C.: E. D. Macnamara, St. Peter's; G. D. Barton, Pembroke; M. C. Hayward, Caius. M.B.: C. de L. Carey, Emmanuel. B.C.: E. D. Telford, Caius.

## THE VICTORIA UNIVERSITY.

IT is confidently expected that the Charters for the Universities in Manchester and Liverpool will be placed on the table of the House of Commons in time to admit of arrangements being made for the new charters to come into operation in October. Appended to the proposed charter of the Victoria University in Manchester is a statement setting out the composition of the Court of Victoria University as it will be constituted until the Yorkshire College obtains its charter. This body will be composed of all the old members of the University Court except the representatives of Liverpool. When Leeds ceases to be a member of the University, which will not be later than within a year from October next, or when she gets her charter, she will cease to be represented on the University Court. The other members of the Court will continue to act, and they will include all the governors of Owens College. The charter also provides for the inclusion of the Lord Mayor of Manchester and the Chairman of the Lancashire County Council, and persons appointed by the Lord President, the Chancellor, the Corporation of Manchester, the County Council, the Corporation of Salford, and other county boroughs, the Senate, and Convocation. There will be, however—so far as Manchester is concerned—two distinct corporate bodies, one the University and the other Owens College, just as there was from 1880 to 1884 when Owens College was the sole college of Victoria University. Probably, however, the two bodies will be incorporated by an Act of Parliament, which will in all likelihood be applied for next year. The internal arrangements of the new Universities will not undergo any great change, at any rate at once, but it may be definitely stated that they will not be entirely dissociated in their work, as it is intended to form a joint Board to conduct the preliminary matriculation examinations of all, and that will be a permanent body.

## UNIVERSITY OF DUBLIN.

At the First Summer Commencements in Trinity Term, held on Wednesday, April 22nd, the following Degrees in Medicine were conferred by the University Caput in the presence of the Senate:

*Doctors in Medicine.*—C. P. Ball, A. M. Carolin, F. G. Hopkins, K. W. Jones, \*A. H. S. Roberts.

\* In absentia.

## ROYAL UNIVERSITY OF IRELAND.

THE following candidates have passed examinations as under:

*M.D. Degree Examination.*—R. L. Boyd, M.B., B.Ch., B.A.O., Queen's College, Belfast, and private study; R. K. Brown, B.A., M.B., B.Ch., B.A.O., private study; B. A. O'Flynn, M.B., B.Ch., B.A.O., Catholic University School of Medicine; J. H. Whitaker, M.B., B.Ch., B.A.O., private study.

*M.B., B.Ch., B.A.O. Degrees Examination.*—Upper Pass: \*T. Carnwath, B.A., Queen's College, Belfast; \*P. Dwyer, Catholic University School of Medicine; H. Hanna, M.A., B.Sc., Queen's College, Belfast; \*N. d'E. Harvey, Queen's College, Cork; T. D. Liddle, Queen's College, Belfast; \*J. McClatchey, B.A., Queen's College, Belfast; Pass: R. J. Bethune, Queen's College, Belfast; Catharine L. Boyd, Queen's College, Belfast; J. P. Brady, Catholic University School of Medicine; C. Byrne, Catholic University School of Medicine; A. A. Chancellor, Queen's College, Belfast; W. Cummings, Queen's College, Belfast; Adeline English, Catholic University School of Medicine; S. E. W. Moore, Queen's College, Belfast; P. J. Murray, Catholic University School of Medicine; D. J. Roantree, Catholic University School of Medicine; J. E. Simpson, Queen's College, Belfast; J. K. Small, Queen's College, Belfast; F. C. Smyth, Queen's College, Belfast; C. E. Sutern, Queen's College, Belfast; T. H. Sutern, Queen's College, Belfast; A. T. Swan, Catholic University School of Medicine; C. B. I. Tiviy, Queen's College, Cork; J. J. Walsh, Catholic University School of Medicine; J. W. A. Wilson, Queen's College, Belfast.

*Second Examination in Medicine.*—Upper Pass: \*J. W. Byrne, Catholic University School of Medicine; G. F. Campbell, Queen's College, Belfast; \*J. R. Hackett, Queen's College, Cork; R. Hill, Queen's College, Belfast; W. J. Hill, Queen's College, Belfast; S. W. Kyle, Queen's College, Belfast; \*R. J. Leslie, Queen's College, Belfast; \*P. T. McArdle, Catholic University School of Medicine; \*D. T. McCarthy, Catholic University School of Medicine; \*W. A. McKee, Queen's College, Cork; J. W. Murphy, Queen's College, Cork; J. Shaw, Queen's College, Belfast; E. F. Watson, Queen's College, Belfast; Pass: Madeleine S. Baker, Catholic University School of Medicine; J. A. Beamish, Queen's College, Belfast; H. J. Burke, Catholic University School of Medicine; A. G. Cummins, Queen's College, Cork; J. Dowling, Queen's College, Galway; P. J. Dwyer, Catholic University School of Medicine; I. Flack, Queen's College, Galway; J. Gaston, Queen's College, Belfast; R. F. Kennedy, Queen's College, Belfast; S. McCormac, Queen's College, Belfast; Charlotte E. Mitchell, Queen's College, Belfast; J. Nunan, Queen's College, Cork; T. O'Driscoll, Catholic University School of Medicine; W. B. Purdon, Queen's College, Belfast; M. P. Scanlon, Catholic University School of Medicine; P. Walsh, Queen's College, Galway; W. M. Woods, Queen's College, Cork.

*Third Examination in Medicine.*—Upper Pass: J. Byrne, Queen's College, Galway; R. G. G. Croly, Queen's College, Cork; \*J. Lillie, Queen's College, Belfast; \*S. Porterfield, B.A., Queen's College, Galway; \*C. G. Robb, Queen's College, Belfast; \*O'C. Sullivan, Catholic University School of Medicine; H. C. Watson, Queen's College, Belfast; \*W. J. Wilson, Queen's College, Belfast; Pass: C. D. Bell, Queen's College, Belfast; S. Bradbury, Queen's College, Belfast; H. W. Carson, Queen's College, Belfast; R. Chambers, B.A., LL.B., Queen's College, Belfast; W. J. Deighan, Catholic University School of Medicine; J. Devane, Catholic University School of Medicine; J. Flack, Queen's College, Galway; W. Godfrey, Queen's College, Cork, and Catholic University School of Medicine; J. Houlihan, Catholic University School of Medicine; G. J. Jones, B.A., Queen's College, Belfast; E. J. Kavanagh, Catholic University School of Medicine; R. L. Keown, Queen's College, Belfast; G. W. Knipe, Queen's College, Belfast; T. Laverty, Catholic University School of Medicine; A. Leitch, Queen's College, Belfast; F. A. McCammon, Queen's College, Belfast; J. McCloskey, Catholic University School of Medicine; S. McMurray, Queen's College, Belfast; E. H. M. Milligan, Queen's College, Belfast; J. J. O'Keefe, Queen's College, Cork, and Surgeons' Hall, Edinburgh; T. Rouse, Catholic University School of Medicine; M. V. Shanahan, Queen's College, Cork; J. K. Thompson, Queen's College, Belfast; S. M. Walsh, Catholic

University School of Medicine; J. M. Warnock, Queen's College, Belfast; J. Wright, Queen's College, Belfast.

The candidates whose names are marked with an asterisk (\*) may present themselves for the further examination for Honours.

## ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the Stated Examination for the Membership of the College, held on Monday and Tuesday, April 20th and 21st, the following candidates were successful: T. P. C. Kirkpatrick, M.D., L.R.C.P.I.; J. A. Matson, M.D., L.R.C.P.I.; F. C. Purser, M.D., L.R.C.P.I.

## CONJOINT BOARD IN IRELAND.

CANDIDATES have passed the First Professional Examination as noted:

*Honours.*—M. R. H. J. Hayes.

*In All Subjects.*—P. Blake, R. M. Bronté, T. A. O. Buchanan, B. Foley,

J. J. Murphy, T. T. O'Farrell, H. J. J. Raverdy, T. Sheedy.

*Completed Examination.*—C. M. Donovan, C. J. Kean, G. M. Leughnan, H. S. Moorhead, D. O'Dwyer, W. H. Soady, J. R. Talbot.

## UNIVERSITY OF DURHAM.

## GRADUATION CEREMONY.

At the Convocation held on April 25th the following degrees in Medicine and Surgery were conferred:

*Doctor in Medicine.*—R. Alderson, M.B., B.S.Durh.; R. H. Cole, M.B.Durh. (in absentia); C. E. Fenn, M.B.Durh.; Selina Fitzherbert Fox, M.B., B.S.Durh.; L. G. Fraser, M.B., B.S.Durh.; J. T. Johnson, M.B., B.S.Durh.; S. Raw, M.B., B.S.Durh.; H. C. Sturdy, M.B., B.S.Durh.; E. N. Threlfall, M.B., B.S.Durh.; A. M. Watts, M.B., B.S.Durh.

*Doctor in Medicine for Practitioners of Fifteen Years' Standing.*—C. T. Blackwell, L.R.C.P. and S. E.; E. H. Brown, M.D.Brix., M.R.C.P., L.R.C.S., D.P.H.; T. F. Forster, M.R.C.S., L.R.C.P., L.S.A.; B. B. Grayfoot, L.R.C.P. and S. E., L.F.P.S., G., M.R.C.S.; J. D. Harris, M.R.C.S., L.S.A.; G. W. K. Hector, L.R.C.P. and S. E., L.F.P.S., G.; W. B. C. Treasure, M.R.C.S., L.S.A.; H. L. Williams, M.R.C.S., L.R.C.P.

*Bachelor in Medicine (M.B.) and Bachelor in Surgery (B.S.).*—F. G. Armstrong, College of Medicine, Newcastle-upon-Tyne; J. W. Caton, College of Medicine, Newcastle-upon-Tyne; S. T. Cochran, College of Medicine, Newcastle-upon-Tyne; J. F. Dover, College of Medicine, Newcastle-upon-Tyne; G. B. Gill, M.R.C.S., L.R.C.P., Westminister Hospital; B. Glendining, Guy's Hospital; C. W. M. Hope, College of Medicine, Newcastle-upon-Tyne; H. W. Horan, College of Medicine, Newcastle-upon-Tyne; C. R. Lease, College of Medicine, Newcastle-upon-Tyne; J. H. McDowell, College of Medicine, Newcastle-upon-Tyne; A. A. Miller, M.R.C.S., L.R.C.P., Guy's Hospital; Flora Murray, London School of Medicine for Women; T. E. Pemberton, Birmingham University; R. R. Pirrie, College of Medicine, Newcastle-upon-Tyne; Thomasina Georgina Prosser, College of Medicine, Newcastle-upon-Tyne; P. M. Rivaz, St. Bartholomew's Hospital; B. S. Robson, College of Medicine, Newcastle-upon-Tyne; T. Rowell, College of Medicine, Newcastle-upon-Tyne; N. B. Walker, College of Medicine, Newcastle-upon-Tyne.

*Bachelor in Medicine (M.B.).*—G. R. East, College of Medicine, Newcastle-upon-Tyne; Chelia Mary Hankin, London School of Medicine for Women; H. R. Kendal, College of Medicine, Newcastle-upon-Tyne; O. Shields, M.R.C.S., L.R.C.P., St. Mary's Hospital.

*Bachelor in Hygiene (B.H.y.).*—J. J. French, M.B., B.S.Durh.; J. McConnell, M.B., B.S.Durh., M.R.C.S., L.R.C.P.

The following candidates received the diploma in Public Health: R. Bigg, M.B., B.S.Durh., M.R.C.S., L.R.C.P.; J. J. French, M.B., B.S.Durh.; J. McConnell, M.B., B.S.Durh., M.R.C.S., L.R.C.P.; L. McNabb, M.B., B.S.Durh.; S. G. Vinter, M.R.C.S., L.R.C.P., L.S.A.

## ROYAL COLLEGE OF PHYSICIANS OF LONDON.

At the ordinary Comitia held on April 30th the President, Sir W. S. Church, Bart., K.C.B., was in the chair.

## New Fellows.

The following members nominated by the Council were elected to the Fellowship of the College: St. C. Thomson, M.D.Lond.; E. Goodall, M.D.Lond., Carmarthen; G. A. Sutherland, M.D.Edin.; E. Cautley, M.D.Camb.; J. A. Lindsay, M.D.R.U.I., Belfast; W. Gordon, M.D.Camb., Exeter; W. W. H. Tate, M.D.Lond.; A. Morison, M.D.Edin.; B. E. Dawson, M.D.Lond.; G. F. A. Harris, M.D.Durh., Calcutta; A. M. Gossage, M.B.Oxon.; L. Humphry, M.D.Camb., Cambridge; J. S. Collier, M.D.Lond.; A. P. Beddard, M.D.Camb.; R. Hutchison, M.D.Edin.; F. J. Poynton, M.D.Lond.

## New Members.

The following gentlemen having passed the required examination were admitted as Members: E. P. Baumann, M.D.Edin., L.R.C.P.; R. A. Bolam, M.D.Durh.; E. A. Gates, M.D.Lond., L.R.C.P.; J. Hay, M.D.Vict., L.R.C.P.; G. L. Paddington, M.D.Durh., L.R.C.P.; L. C. P. Phillips, M.A., M.D. Camb., L.R.C.P.; J. H. Swanton, M.A., M.D.R.U.I.

## Licences.

The licence to practise physic was granted to 109 gentlemen. Of these, one was under regulations dated October 1st, 1884.

## University of London.

Upon the nomination of the Council Dr. Allchin was reappointed a representative of the College on the Senate of the University of London.

## Communications.

The following communications were received: (1) The Secretary of the College of Surgeons reporting certain proceedings of the Council on April 2nd. (2) The Sanitary Institute, inviting the College to send delegates to the annual Congress to be held at Bradford, July 7th to 11th.

## Reports.

A report, dated March 23rd, from the Committee of Management was received and adopted. The Committee recommend the addition of the University of Cincinnati, U.S.A., to the list of universities whose members may be admitted to the final examination of the Examining Board in England, and of Rossall School to the list of institutions recognized by that Board for instruction in chemistry, physics, and practical chemistry.

The Committee also made recommendations to carry out the alterations in the regulations for the Diploma of Public Health for sanitary officers of the Royal Army Medical Corps (see BRITISH MEDICAL JOURNAL 1902, vol. ii, p. 1779).

The quarterly reports of the Finance Committee, and of the Examiners for the Licence, and a report from the Censors Board on the communication from the London County Council of March 17th, referred to them at the last Comitia, were also received and adopted.

#### First Conjoint Examination.

Upon the motion of Dr. Starling, seconded by Dr. Kingston Fowler, it was resolved: "That Committee be appointed to consider and report upon any alterations that may be desirable in the regulations for the First Conjoint Examination; that this Committee be empowered to confer with representatives of the College of Surgeons; and that the College of Surgeons be invited to appoint representatives for this purpose." The President nominated Dr. Frederick Roberts, Dr. West, Dr. Pasteur, and Dr. Rolleston to serve on such Committee, and to these the names of Dr. Norman Moore and Dr. L. E. Shaw were subsequently added.

#### Library.

A list of books and other publications presented to the Library during the past quarter was presented by the Librarian, and the thanks of the College accorded to the donors.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

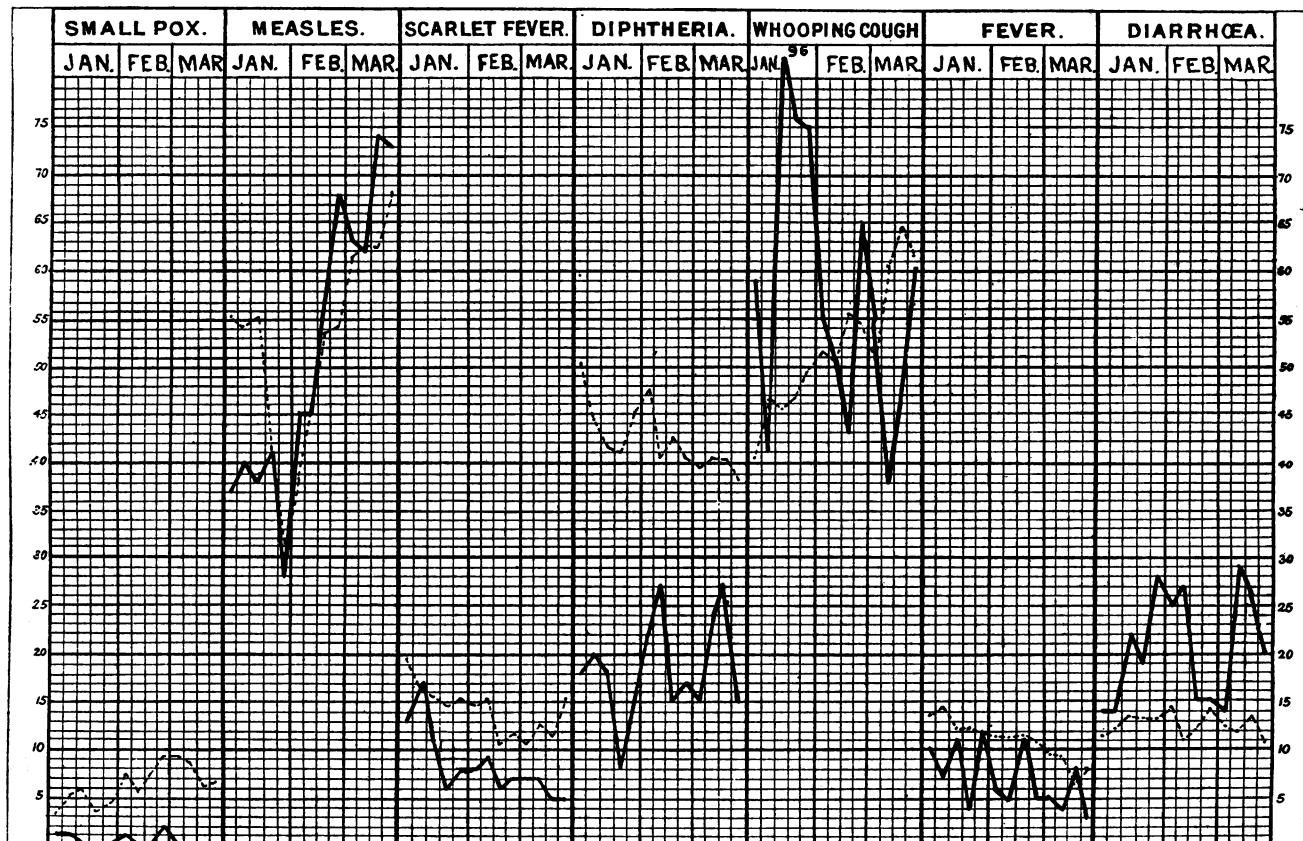
### EPIDEMIC MORTALITY IN LONDON.

[SPECIALLY REPORTED FOR THE BRITISH MEDICAL JOURNAL.]

THE accompanying diagram shows the prevalence of the principal epidemic diseases in London during the first, or winter, quarter of the year. The fluctuations of each disease, and its relative fatality as compared with that recorded in the corresponding periods of recent years, can thus be readily seen.

*Small-pox.*—Five fatal cases of small-pox were registered in London last quarter, against 734, 507, and 73, and 1 respectively in the four quarters of last year. Of these 5 fatal cases, 3 belonged to Stepney and 2 to Poplar. The number of small-pox patients admitted into the Metropolitan Asylums Hospitals during the quarter was 39, against 3,215, 325, and 42 in the three preceding quarters; 3 cases remaining under treatment at the end of last quarter, against 837, 42, and 14 at the end of the three preceding quarters.

DEATHS FROM EPIDEMIC DISEASES IN LONDON DURING THE FIRST QUARTER OF 1903.



NOTE.—The black lines show the recorded number of deaths from each disease during each week of the quarter. The dotted lines show the average number of deaths in the corresponding weeks of the ten preceding years, 1893-1902.

the City of London, Southwark, Bermondsey, Lambeth, and Wandsworth.

In conclusion it may be stated that the 2,143 deaths referred to these principal infectious diseases in London during the quarter ending March last were more than 14 per cent. below the corrected average number in the corresponding quarters of the ten preceding years. The lowest death-rates from these diseases last quarter in the various metropolitan boroughs were recorded in Paddington, City of Westminster, Hampstead, the City of London, Lewisham, and Woolwich; and the highest rates in Islington, Finsbury, Stepney, Poplar, Southwark, and Deptford.

#### HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 8,777 births and 5,049 deaths were registered during the week ending Saturday last, May 2nd. The annual rate of mortality in these towns, which had been 15.6, 15.9, and 17.4 per 1,000 in the three preceding weeks, further rose last week to 17.5 per 1,000. The rates in the several towns ranged from 9.0 in King's Norton, 9.9 in Tynemouth, 10.1 in Croydon and in Hornsey, 10.5 in Norwich, 10.6 in Ipswich, 10.8 in Walthamstow, 11.1 in Grimsby, and 11.2 in Bootle, to 21.5 in Liverpool, in St. Helen's, and in Burnley, 21.8 in Swansea, 22.2 in Smethwick, 22.5 in Halifax, 22.7 in Manchester, 22.4 in Warrington, 29.1 in Middlesbrough, and 34.4 in Wigan. In London the rate of mortality was 17.3 per 1,000, while it averaged 17.5 per 1,000 in the seventy-five other large towns. The death-rate from the principal infectious diseases averaged 1.8 per 1,000 in the seventy-six large towns; in London this death-rate was 2.0 per 1,000, while it averaged 1.7 in the seventy-five other large towns, among which the highest death-rates from the principal infectious diseases were 3.1 in West Bromwich and in Sheffield, 3.3 in Swansea, 3.5 in Barrow-in-Furness, 3.9 in Rhondda, 4.4 in Merthyr Tydfil, 5.2 in Tottenham, and 5.9 in Wigan. Measles caused a death-rate of 1.5 in Walthamstow, in Sheffield, and in Merthyr Tydfil, 1.6 in West Bromwich, 1.7 in East Ham, 2.2 in Swansea, 4.3 in Tottenham, and 9.2 in Wigan; scarlet fever of 1.1 in Oldham and in Swansea, 1.3 in Rhondda, 1.7 in Wigan, and 1.8 in Handsworth and in St. Helen's; diphtheria of 1.3 in Rhondda, and 1.6 in Hanley; whooping-cough of 1.2 in Manchester, 1.5 in Merthyr Tydfil, 1.6 in Grimsby, and 1.7 in Wigan; and "fever" of 1.3 in Rhondda, and 2.5 in Wigan. Five fatal cases of small-pox were registered in Leicester, 4 in Liverpool, and 1 each in Aston Manor, Wigan, Oldham, Sheffield, Hull, and Gateshead, but not one in any other of the seventy-six large towns. The Metropolitan Asylums Hospitals contained 47 small-pox patients on Saturday last, May 2nd, against 13, 15, 33, and 38 on the four preceding Saturdays; 12 new cases were admitted during the week, against 5, 22, and 9 in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had been 1,664, 1,662, and 1,700 at the end of the three preceding weeks, had further risen to 1,716 at the end of last week; 235 new cases were admitted during the week, against 158, 188, and 243 in the three preceding weeks.

#### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, May 2nd, 1,068 births and 623 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 17.6, 17.7, and 18.5 per 1,000 in the three preceding weeks, further rose to 19.2 per 1,000 last week, and was 1.7 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 15.2 in Edinburgh and 15.7 in Paisley to 21.7 in Perth and 23.3 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 Paisley and Greenock. The 311 deaths registered in Glasgow included 2 which were referred to measles, 15 to whooping-cough, and 6 to diarrhoea. Five fatal cases of measles, and 4 of whooping-cough were recorded in Edinburgh, 3 of whooping-cough in Dundee, 2 of diarrhoea in Aberdeen, 3 of scarlet fever in Paisley, and 7 of whooping-cough in Greenock.

#### EXAMINATIONS FOR INSPECTORS OF NUISANCES.

INQUIRER asks for information (1) as to the necessary qualifications for an inspector of nuisances; (2) under whose auspices is the examination for the certificate held? (3) Is there more than one Examining Board in the United Kingdom? (4) Where can copies of examination papers be obtained?

\* The answers to our correspondent's questions are as follows: (1) The necessary qualification is a certificate, approved by the Local Government Board. (2) Under the Sanitary Institute for qualification for posts in the provinces only; under the Sanitary Inspectors' Examination Board for qualification for posts in London or provinces. (3) The above two Examining Boards cover the United Kingdom. The Sanitary Institute holds its examinations in different centres. (4) Examination questions previously asked may be obtained from the Sanitary Institute, Margaret Street, W.

## MEDICAL NEWS.

THE annual general meeting of the Medical Defence Union will be held on Thursday, May 21st, at the registered offices, 4, Trafalgar Square, W.C., at 5 p.m.

The annual meeting of the Asylum Workers' Association will be held under the chairmanship of Sir James Crichton-Browne, President, at 4 p.m. on Thursday next at the house of the Medical Society of London.

The next general meeting of the Medico-Psychological Association will be held at the Langham Hotel, London, W., on Friday next at 4 p.m., when the adjourned discussion on Dr. Ernest W. White's paper on the Care and Treatment of Persons of Unsound Mind in Private Houses and Nursing Homes, and on Dr. Outterson Wood's paper on Lunacy and the Law, will be resumed.

PRINCESS LOUISE (Duchess of Argyll) has been obliged, owing to other engagements, to postpone her visit to the new military hospital at Alton until some time in June, when it is anticipated that everything will be in full working order.

MR. GEORGE A. S. GORDON, M.A., L.R.C.P., L.R.C.S. Edin., has been unanimously elected Chairman of the Heston and Isleworth Urban District Council for the ensuing year, and *ex officio* is on the Commission of the Peace (J.P.) for the county of Middlesex.

THE LICENSING QUESTION IN VIRGINIA.—The Virginian Legislature has passed a drastic liquor law which in its practical workings will bring about prohibition in parts of the State. It makes it necessary for any applicant for liquor licence to get on his petition the signatures of a majority of the registered voters of his district—a form of local option which is likely to work disastrously to the saloons.

MR. GEORGE WYNDHAM, M.P., Lord Rector of the University of Glasgow, will take the chair at the dinner of the Glasgow University Club, London, to be held at the Trocadero Restaurant, W., on Friday, May 29th. Further particulars can be obtained from the honorary secretaries, Mr. James M. Dodds, Dover House, Whitehall, S.W., or Dr. C. O. Hawthorne, 28, Weymouth Street, Portland Place, W.

WE are requested to state that the complimentary dinner arranged by the London and Counties Medical Protection Society in honour of its President, Mr. Jonathan Hutchinson, has, at Mr. Hutchinson's request, been deferred from the beginning of May until July 23rd, Mr. Hutchinson's birthday. Medical men wishing to be present should communicate with the Secretary, London and Counties Medical Protection Society, 31, Craven Street, Strand, London, W.C.

PRESENTATION.—Our Hong Kong correspondent writes: On March 17th the members of the Sanitary Board staff entertained Dr. F. W. Clark, M.O.H., to a complimentary dinner in the Hong Kong Hotel. Dr. Pearse, Assistant M.O.H., presided, and in the name of the staff presented Dr. Clark with a silver inkstand for himself, a silver tea service for Mrs. Clark, and a gold bangle for Miss Clark. After seven and a-half years of continuous and arduous service Dr. Clark is leaving the Colony on a year's furlough.

MEDICAL PRACTITIONERS IN FINLAND.—According to official statistics which have recently been published, there are in Finland 414 legally qualified medical practitioners. This does not include 52 medical officers of the Russian garrison. There are 31 dentists. The number of unqualified practitioners is given as 14, so that Finland would seem to be in the happy position of being almost free from quacks.

BEQUESTS TO HOSPITALS.—Under the will of the late Miss Alice Savage, of Highgate, £500 each has been bequeathed to the Cancer Hospital at Brompton and to the Cheyne Hospital for Sick Children, £300 to the National Orthopaedic Hospital, £200 each to the Evelina Hospital for Sick Children and to the National Hospital for the Paralysed and Epileptic, and in addition one-fourth of the residual estate has been left to the Cancer Hospital.

INTERNATIONAL BOTANICAL CONGRESS.—The International Association of Botanists, founded a year ago on the initiative of some Dutch botanists, has just held its first congress at Leyden under the presidency of Professor Goebel, of Munich. The foreign botanists were welcomed by M. van der Vlugt, member of the Second Legislative Chamber, and sometime Rector of the University. Professor Chodat, of Geneva, replied. Both addresses were delivered in French, and the discussions were carried on in the same language.

A DISPENSARY FOR TUBERCULOSIS IN MADRID.—The first dispensary for tuberculosis in Spain was opened in Madrid on March 30th. The founder is Dr. José Verdes Montenegro. The Queen of Spain, who was attended by the Duchess de San Carlos and the Duke de Sotomayor, was present on the occasion. The Alcalde and the Governor of Madrid were also present. The maintenance of the dispensary is provided for by grants from the municipality and other public bodies. The dispensary consists of four departments—one for the disinfection of clothes, one for the examination of patients, which includes the appliances requisite for the inspection of the throat and nose, as well as every kind of instrument for the examination of the lungs and heart; one for the employment of the *x* rays, and one equipped as a clinical laboratory.

**MEDICAL SICKNESS AND ACCIDENT SOCIETY.**—The usual monthly meeting of the Executive Committee of the Medical Sickness, Annuity, and Life Assurance Society was held at 429, Strand, London, W.C., on April 24th. There were present Dr. de Havilland Hall in the chair, Dr. G. E. Herman (Treasurer), Dr. J. Pickett of Tunbridge Wells, Mr. H. P. Symonds of Oxford, Dr. J. B. Ball, Dr. M. Greenwood, Mr. J. Brindley James, Dr. A. J. Rice-Oxley, Dr. J. W. Hunt, Dr. Walter Smith, Dr. Frederick S. Palmer, Mr. Edward Bartlett, Dr. Alfred S. Gubb, and Dr. W. Knowsley Sibley. The list of current claims still remains rather long, but has considerably diminished since the beginning of the year. As compared with the amount paid in the first three months of 1902, the amount disbursed this year was moderate. The draft report for 1902 was considered and passed.

**PRESENTATIONS.**—On April 29th Dr. and Mrs. Dysart McCaw were entertained at dinner in East Finchley, North London, and at a subsequent reception Dr. McCaw, on the occasion of his leaving the district for reasons of health after fourteen years' residence, was presented by his patients and friends, including his former medical neighbours, with a most complimentary address, a purse of gold, and a complete solid silver tea and coffee service, with a massive tray, on which the following inscription was engraved:—"Presented to John Dysart McCaw, Esq., M.D., F.R.C.S., with a Silver Tea and Coffee Service, Illuminated Address, and Purse of Gold by his Patients and Friends when leaving East Finchley, London, N., after fourteen years' residence, as a token of their high esteem and appreciation of his professional services and personal character, 29 April, 1903."—On May 4th, the Committee of the Tower Hamlets Dispensary, on behalf of the patients of the institution, presented Mr. Oscar E. Lemkin, L.S.A. Lond., the retiring Resident Medical Officer, with a framed illuminated testimonial subscribed for by the patients of the institution.

#### 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.

**BIRMINGHAM CITY.**—Medical Officer of Health. Salary, £1,000 per annum.

**BRECON AND RADNO ASYLUM.** Talgarth.—Assistant Medical Officer, resident; unmarried. Salary, £140 per annum.

**CANCE HOSPITAL.** S.W.—House-Surgeon, resident. Appointment for six months. Salary, £70 per annum.

**CHESHIRE COUNTY ASYLUM.** Parkside.—Junior Assistant Medical Officer, resident; unmarried. Salary, £140, rising to £160 per annum.

**DUBLIN: TRINITY COLLEGE.**—Professorship of Chemistry.

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

**GLASGOW UNIVERSITY.**—Additional Examiner for Degrees in Arts, Science, and Medicine. Salary, £50 per annum.

**HASTINGS, ST. LEONARDS, AND EAST SUSSEX HOSPITAL.**—House-Surgeon, resident; unmarried. Salary, £75 per annum.

**IPSWICH: EAST SUFFOLK AND IPSWICH HOSPITAL.**—Second House-Surgeon, resident; unmarried. Salary, £80 per annum.

**JENNER INSTITUTE OF PREVENTIVE MEDICINE.** Chelsea, S.W.—Director. Salary, £1,000 per annum.

**LIVERPOOL DISPENSARIES.**—Assistant Surgeon, resident; unmarried. Salary, £100 per annum.

**LIVERPOOL: ROYAL SOUTHERN HOSPITAL.**—Junior House-Surgeon. Salary, 60 guineas per annum.

**MANCHESTER: HULME DISPENSARY.** Dale Street.—House-Surgeon, resident. Salary, £150 per annum.

**MANCHESTER ROYAL INFIRMARY.**—Resident Surgical Officer; unmarried. Salary, £150 per annum.

**MANCHESTER SOUTHERN AND MATERNITY HOSPITAL.**—Resident House-Surgeon. Salary, £100 per annum.

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

**MIDDLESEX HOSPITAL.** W.—Director of Cancer Research Laboratories. Salary, £500 per annum, rising to £800.

**NATIONAL DENTAL HOSPITAL AND COLLEGE.**—Anaesthetist.

**NEWPORT AND MONMOUTHSHIRE INFIRMARY.**—Assistant House-Surgeon, resident. Salary, £50 per annum.

**NORTH-EASTERN HOSPITAL FOR CHILDREN.** Hackney Road, N.E.—(1) House-Surgeon. (2) House-Physician. (3) Resident Casualty Officer. Appointments for six months. Salary at the rate of £20 per annum each.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—Professors and Lecturers.

**SARAWAK MEDICAL DEPARTMENT.**—Medical Officer; unmarried, and not more than 28 years of age. Salary, 90 guineas per month, and unfurnished quarters.

**SOCIETY OF APOTHECARIES.** London.—Examiner in Medicine.

**TEIGNMOUTH HOSPITAL.**—House-Surgeon, resident. Salary, £70 per annum.

**WESTMINSTER DISPENSARY.** Gerrard street, W.—Resident Medical Officer. Salary, £120 per annum.

**WEST BROMWICH DISTRICT HOSPITAL.**—Resident Junior House-Surgeon. Salary, £50 per annum.

**WEST RIDING ASYLUM.** Wadsley.—Fifth Assistant Medical Officer, resident. Salary, £140, rising to £160 per annum.

#### MEDICAL APPOINTMENTS.

**AHERN, Richard, M.B., Ch.B.R.U.I.** appointed Resident Medical Officer to the Tooting Home Infirmary of the Wandsworth and Clapham Union.

**ALLEN, W. T. D., M.B., B.Ch., B.A.O.R.U.I.** appointed Honorary Assistant Surgeon to St. George's Hospital for Diseases of the Skin, Liverpool.

**BARRIE, William Turnbull, M.B., C.M.Edin.** appointed Certifying Factory Surgeon for the Hawick District of the county of Roxburgh.

**BOWIE, John M., M.D., M.R.C.P. Edin.** appointed District Medical Officer of the Edinburgh Parish Council, *vice* T. Lowe, M.D. Edin.

**CASE, H., L.R.C.P., I.R.C.S. Edin.** appointed District Medical Officer of the Chorley Union.

**CLARKE, A. H., M.R.C.S. Eng.** appointed Honorary Pathologist to the General Hospital, Hobart, Tasmania.

**COLON, William A., M.B. Syd.** appointed Public Vaccinator for the District of Reefton, New Zealand.

**ERHARDT, Conrad C. J., M.R.C.S., L.R.C.P. Lond.** appointed Certifying Factory Surgeon for the Crossbills District of the county of Yorks.

**FISCHER, G. A., M.B., B.S. Adel.** appointed Physician in Charge of the Nose and Throat Department of the Adelaide Hospital.

**GORDON, A. Knivett, M.B., B.C., B.A. Cantab.** appointed Lecturer on Infectious Diseases at Owens College (Victoria University), Manchester.

**GOULD, F. Clayton, L.R.C.P., L.R.C.S. Edin., I.F.P.S. Glasg.** appointed Medical Examiner to the Pioneer Life Assurance Company, Liverpool.

**GRATTAN, M. H., L.R.C.P., L.R.C.S. Irel.** appointed Certifying Factory Surgeon for the Ongar District of the county of Essex.

**HILLS, William Ernest, M.R.C.S. Eng., L.R.C.P. Lond.** appointed Medical Officer to the Hampstead Division of the London Post Office Service. *vice* Charles Newberry Cobbett, M.D. Edin., resigned.

**JUPE, F. J. M., B.A. Camb.** appointed Certifying Factory Surgeon for the Histon District of the county of Cambridge.

**LOWER, N. Y., M.R.C.S., L.R.C.P. Lond.** appointed Certifying Factory Surgeon for the Presteign District of the county of Radnor.

**MCCLELAND, Hugh A., M.R.C.S. Eng.** appointed Port Health Officer for the Port of New Plymouth, New Zealand.

**MURRAY, W., M.D. Edin.** appointed Certifying Factory Surgeon for the Hessle District of the county of Yorks.

**PHILPOTT, A. J. W., M.B., Ch.B. Melb.** appointed Senior Medical Officer of the Yarra Bend Asylum, *vice* Stuart Macbride, M.B., Ch.B. Glas., resigned.

**SUTTER, R. E., M.D., M.S. Adel.** appointed Certifying Factory Surgeon for the Warboys District of the county of Hunts.

**WHITEHORN, A. Landon, M.R.C.S., L.R.C.P., L.D.S. Eng.** appointed Dental Surgeon to the Westminster General Dispensary.

**WILLIS, C. S., M.B., M.Ch. Syd.** appointed Health Officer for Lennenville, West Australia. *vice* Dr. Ramsay, resigned.

#### DIARY FOR NEXT WEEK.

##### MONDAY.

**Medical Society of London.** 11, Chancery Street, Cavendish Square, W., 8 p.m.—General Meeting. Election of Officers and Council. 8.30 p.m.—Ordinary Meeting. Mr. Bruce Clarke: Some Points in the Pathology and Treatment of Enlarged Prostate. Dr. H. R. Andrews and Dr. E. C. B. Wall: Chorea in Pregnancy.

##### TUESDAY.

**Royal Medical and Chirurgical Society.** 20, Hanover Square, W., 8.30 p.m.—Captain Leonard Rogers, I.M.S.—The Differentiation of the Continued and Remittent Fevers of the Tropics by the Blood Changes. Illustrated by the Epidiascope.

##### WEDNESDAY.

**Dermatological Society of London.** 11, Chancery Street, Cavendish Square, W., 5.15 p.m.—Demonstration of Cases of Interest.

**South-West London Medical Society.** Bolingbroke Hospital, Wandsworth Common, 8.45 p.m.—Dr. G. F. McCleary: The Feeding of Infants.

##### THURSDAY.

**British Gynaecological Society.** 20, Hanover Square, W., 8.00 p.m.—Specimens will be shown by Dr. Macaughan-Jones and others. *Adjour*ed discussion on Mr. Bowrman Jessett's paper—Some Rare Complications accompanying Ectopic Gestation. Dr. C. H. R. Routh: On Some Directions and Avenues through which probably a more successful Treatment of Cancer may Result and perhaps Cure.

**Guy's Hospital Medical School.** 4 p.m.—Dr. E. W. Ainsley Walker: On Internal Secretions in Relation to Disease (Gordon Lecture in Experimental Pathology).

##### FRIDAY.

**Epidemiological Society.** 11, Chancery Street, Cavendish Square, W., 8.30 p.m.—Mr. Jonathan Hutchinson: The Etiology of Leprosy.

**Society for the Study of Disease in Children.** 11, Chancery Street, Cavendish Square, W., 5 p.m.—Clinical Cases by Mr. F. F. Kurgard, Dr. Frederick Taylor, Dr. J. P. Parki, son, Dr. A. A. H. Partridge, and Dr. Edmund Cawley. 5.30 p.m.—Dr. R. H. Perry: Operation for Removal of Tuberous Glands from the Auterior and Posterior triangles of the Neck through an Incision in the Heavy Lip. Dr. G. C. Williams: A Note upon a Case of Immunization. Dr. J. Moore: A Case of Splenic Leukemia in a Young Child. Dr. J. P. Parkinson: A Case of Colloid Cancer of the Peritoneum in a Child.

#### POST-GRADUATE COURSES AND LECTURES.

Charing Cross Hospital. Thursday, 4 p.m.—Lecture on Surgical Cases. Hospital for Sick Children, Great Ormond Street, W.C.—Thursday, 4 p.m.—Pathological Demonstration.

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. Lectures will also be given at 5.15 p.m. as follows: Monday, Retroration of the Gravid Uterus; Tuesday, The Differential Diagnosis and Treatment of Chronic Disease of the Joints; Wednesday, Some Practical Points in Chmatology; Thursday, Uterine Displacements; Friday, Acute Septic Inflammation of the Throat and Neck. On Friday at 2.30 p.m. there will be a Discussion on Leprosy.

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

Post-Graduate College, West London Hospital, Grosvenor Road, W.—Lectures will be delivered at 5 p.m. as follows: Monday, Pelvic Haemorrhage; Tuesday, The Physiology and Pathology of the Ductless Glands; Wednesday, Melancholia; Thursday, Treatment of Some Injuries and Emergencies; Friday, Public Health Regulations as regards Shipping.

#### 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.

**CROFT.**—On April 23rd, at Sunnyside, Fenton, Staffs., the wife of J. T. H. Croft, M.M.C.S. Eng., L.R.C.P. Lond., of a daughter.

**ELLEPTON.**—On the 24th April, at 9, Priory Terrace, Leamington, the wife of J. F. He se Ellerton, M.D., of a son.

**HOCKEN.**—On March 9th, at West WallSEND, Newcastle, N.S.W., the wife of J. Preston Hocken, M.D., M.R.C.S., L.R.C.P., L.S.A., of a son.

**PORTHOUS.**—On the 20th April, at Chalford, Gloucestershire, the wife of Herbert Llewelyn Porteous, M.B.C.S., L.R.C.P., of a daughter.

**WILLIAMS.**—On May 6th, at 4, Clifton Park, Clifton, Bristol, to Dr. and Mrs. Watson Williams, a daughter.

##### MARRIAGE.

**BANNERMAN-ISMAY.**—4, St. Michael's Church, Stanwix, on the 2nd inst., by the Rev. C. D. Fotherill, James Bannerman, M.B., C.M.Edin., of Stanhope, co. Durham, to Annie, elder daughter of the late Robert Ismay, Wigton. No cards.

##### DEATHS.

**BULLOCK.**—On April 30th, at Eastgate, Warwic Thomas William B. C. C. Edin., M.R.C.S., L.S.A., aged 63 years.

**NOBLE.**—On May 4th, at 29, Wellington Square, Oxford, Eric Raymond Noble, Balliol College, Oxford, younger son of Samuel Clarke Noble, M.P., N.S., L.S.A., of Kendal, aged 22.