

the patient had voided it all at once while coughing. The temperature at once fell and remained normal, and beyond occasional small quantities of purulent and sometimes bloody expectoration there was an end to the case. He was walking out on June 15th, rapidly gaining flesh, and his recovery was progressive and perfect.

CASE V.—E. F., a girl, aged 10, about June 7th, 1900, had an attack of acute pneumonia. The temperature fell on the seventh day of the disease to 100° F., remained the same on the following day, then gradually rose during the next four days to 101° F.; it then varied between 103° and 104° for seven days, signs of effusion being well marked. With a view to opening the empyema I arranged for her admission to the Beckett Hospital on June 26th. During her short journey in a cab she expectorated a quantity of pus. The following day while in bed she spat up 5 oz. more of healthy pus. Her improvement was at once marked. She returned home in six days, and was downstairs quite well three days afterwards.

CASE VI.—F. G., a man aged about 32. January 20th, 1901, had an attack of acute pleurisy on the left side, followed nine days after by definite signs of effusion. The temperature was 100° to 101°. On February 8th he was admitted to Beckett Hospital. Aspiration was done on February 20th, and 1½ pint of pus evacuated. On March 5th incision and drainage was done, and fetid pus let out. This case was very tedious, the pus discharging for some months, the patient losing ground for a few weeks. At one time the discharge ceased and, hectic symptoms appearing, the sinus was probed deeply with a soft metal probe when it was found that the abscess cavity had become loculated. He improved, and was able to attend the out-patient room for many weeks with some inches of tubing in the pleural cavity. Gradually, however, the tube was shortened, he recovered, and returned to his occupation of shoemaker, but has now practically only one lung functioning.

In Case I the young man's pleura must have been half full, yet he had merely a cough and was only concerned about the swelling near the injured rib. The lung and pleural covering being healthy (that is to say, not primarily affected by inflammatory changes) favoured expansion. In none of the cases was any rib excised. Of the 4 cases operated on 2 (Nos. 1 and 2) recovered very well, and 2 (Nos. 3 and 6—pleuritic) were protracted cases; whilst the 2 other cases ending most favourably were Nos. 4 and 5 (pneumonic) both of which were quickly cured by rupture internally and expectoration of the empyema. Case IV practically emptied his pleura of two pints of pus in three attacks of coughing, and Case V emptied hers practically at twice. These two cases from their very favourable termination illustrate the fact that when the empyema ruptures through the lung into a bronchus the prognosis is by no means necessarily unfavourable.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

CASE OF PLEURISY, WITH EFFUSION AND ASPIRATION OF A LARGE QUANTITY OF FLUID.

I was called to see a man, aged 28, three weeks after the onset of an attack of pleurisy, which, so far as could be ascertained, had not been accompanied by much pain, but was very soon followed by difficulty in breathing and debility. When first seen his respirations numbered between 35 and 40 per minute and his temperature varied between 101° and 102.5°. On physical examination extreme dullness, almost wooden in pitch, was found over every part of the right lung. There was very little respiratory movement on that side, no vocal resonance or fremitus, and the respiratory murmur could only be heard, and that very indistinctly, over the apex, and in the axilla at its highest point. There was great pressure on the trachea, and he was troubled with a throaty cough, and a sense of weight and pressure in that region. Two days later (on July 13th) I aspirated below the angle of the scapula, and drew off 85 oz. of clear, straw-coloured fluid. This gave considerable relief, the circumference of that half of chest being reduced 1 in. The frequency of the respiration was reduced from 38 to 24 per minute, and the pulse-rate from 130 to 116. The respiratory murmur was heard now somewhat more distinctly over the back but not in front; his temperature ranged between 100° and 101.5°. Within seven days the dullness seemed to increase along with other symptoms, and I accordingly aspirated again but only drew off 6 oz., as the operation had to be stopped on account of severe coughing, which came on with each aspiration. The patient was very little better after the second aspiration and the dullness seemed gradually to

increase, so that I had again to aspirate on August 3rd, with the result that 90 oz. of fluid were removed at a point selected at the edge of the pectoralis major muscle. The temperature ranged at this time from 100° to 101.5°, the respirations from 28 to 32, and the pulse-rate from 112 to 140.

For five days following this there was considerable improvement but he later began to show signs of increased secretion of fluid, and on August 15th 80 oz. of fluid were drawn off, it being still straw coloured with no sign of suppuration. The respirations were reduced to 20, the temperature to 99.2°, and the pulse-rate to 98. But yet again signs of re-collection began to appear, and he was aspirated for the fifth time on August 25th, when 75 oz. were removed, and as a result the respirations were gradually reduced to 16, the pulse-rate to 90, and the temperature fell to normal. From this point he gradually but surely improved, all symptoms disappearing, and the chest measurement being the same on each side.

This case seems worthy of record, particularly in view of the large quantity of fluid removed, 336 oz., or fully 16½ pints in all, and also on account of the rapidity with which the fluid reaccumulated on four occasions.

Johnstone, N.B.

W. WESTWOOD FYFE, M.B., C.M.

NYSTAGMUS AS A FAMILY PECULIARITY.

I read Dr. C. O. Hawthorne's article in the BRITISH MEDICAL JOURNAL of February 21st, 1903, on nystagmus in three generations, with much interest; and in connexion with his and Dr. Theodore Fisher's observations the following case, which I came across some years ago, may prove interesting:

Child A., aged 21 months, has had marked horizontal nystagmus; from birth; a brother B., aged 19, had the defect well marked in infancy, and it still reappears occasionally if he gets excited. The mother's sister C. has had nystagmus all her life, and, of her seven children, three present a like peculiarity; a daughter D., aged 23, in whom it is very marked; a son E., aged 25; and another son F., aged 12. I verified the condition myself in cases A., B., and E. The peculiarity could not be traced on the father's side.

While on the subject of physical peculiarities I may mention the following instance I came across of extra digits, a peculiarity which admittedly often runs in families:

Child A. has six fingers on each hand, the supernumerary digit in each case springing from the outer end of the fifth metacarpal bone. The child's right foot has a sixth or supernumerary toe springing from a corresponding position; the left foot is normal. The peculiarity runs on the father's side. The father B. was born with six fingers on the left hand; the supernumerary digit was removed by Professor George Buchanan, when B. was 18 months old, but this did not prevent the peculiarity from reasserting itself thirty years later in his progeny A. B.'s brother C. has six fingers on the left hand; so, also, had B.'s father's (A.'s grandfather's) brother D.

M. MCINTYRE SINCLAIR.

The Sanatorium, Wentworth Falls, N.S.W.

SKIAGRAPY IN FORENSIC CASES.

In a recent case in which I was a witness, and where the fetal age at birth of a live child was in dispute as relevant to the probable date of conception and other questions arising from this last, I found the use of the x rays of considerable value as an adjunct to the ordinary signs of fetal age, such as weight, length, nails, ear, etc. The child, which was premature, while warmly swathed in wadding, etc., was placed over a plate, and a skiagraph obtained, thereby localizing absence of the lower femoral and presence of the ossifications of the os calcis and astragalus respectively. The sternal ossifications were obscured by the heart, and were thus unavailable. Unfortunately, there does not seem to be any very definite means of deciding by this or other means development corresponding to the eighth month in a live child. In a dead infant the skiagraphy would be simpler, but I venture to draw attention to its use in cases of dispute as to fetal age of live premature infants, provided danger from unnecessary exposure be avoided.

Edinburgh.

JAMES CAMERON.

TONSILLOTOMY SHORTLY AFTER ACUTE TONSILLITIS.

I REMOVED a very large tonsil from a little girl in the Louise Margaret Hospital, Aldershot, recently, a week after she had suffered from an attack of acute tonsillitis. The tonsil was very soft, and the fork of the guillotine almost tore it during

removal. Next day a dirty grey slough formed, with rise of temperature, enlargement of cervical glands, etc.; these all became normal in four days, but I certainly think that all operation is contraindicated either during or shortly after tonsillitis.

This is the only case in several hundred that has given any trouble. There was no possibility of diphtheria.

W. WATSON PIKE, F.R.C.S.I., etc.

Aldershot.

Lieutenant-Colonel R.A.M.C.

REPORTS

ON

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

COLONIAL HOSPITAL, TRINIDAD.

PUNCTURED WOUND OF THE HEART: RECOVERY.

(Reported by E. A. GAYNER DOYLE, M.R.C.S., L.R.C.P.,
Resident Surgeon to the Hospital.)

E. P., a well-nourished black woman, aged about 35, was admitted to the hospital about 7 p.m. on February 26th, 1900, with the history of having been struck on the chest by a man with his closed fist in a carnival *mêlée* at 4 p.m. I was notified that a case of fractured rib, presenting peculiar symptoms, had been sent to one of the wards. When I saw the patient shortly after she was sitting up in bed in apparently much distress, with urgent dyspnoea and restlessness. She was sober, but had been drinking.

State on Examination.—I found a small pulsating tumour about $2\frac{1}{2}$ in. in circumference between the second and third intercostal space, and $\frac{3}{4}$ in. from the right margin of the sternum. There was no discernible puncture. Something hard and sharp-pointed could be felt beneath the skin. Pressure from left to right flattened the tumour, but gave much pain, and increased the dyspnoea. The radial pulses were equal, full, and good. There was no sign of internal haemorrhage. A firm pad was applied, and $\frac{1}{2}$ gr. of opium given; the body was well supported on a bedrest, as she could not lie down. The next day, on removing the pad, it was found that the pointed part of the swelling had moved about $\frac{1}{2}$ in. outwards. No crepitus was to be made out. The heart sounds were intensified over the swelling. After consultation with Surgeon-General Sir Francis Lovell and Dr. De Wolf it was decided to cut down and relieve the pressure on the heart.

Operation.—February 27th. I made an incision, under chloroform, about 2 in. long, immediately over the swelling. On cutting through the skin, the end of what proved to be part of a hatpin protruded for about a quarter of an inch. The pin was felt to be firmly embedded in the heart, as the end of the pin moved with every beat. On gently pulling the pin it suddenly loosened, and came away easily. It measured $5\frac{1}{2}$ in., was part of a lady's hatpin, and was curved slightly, the concavity *in situ* being downward, backwards, and to the left. No oozing or heart failure followed removal of the pin. The wound was closed with silk, and the patient kept absolutely quiet. She rallied well three hours after, but complained of a weight over the heart. Pulse, 102, regular, good volume; no dyspnoea.

Progress.—February 28th. Passed a very fair night; slight cough with muco-purulent offensive sputa spat up. Temperature 98°. 9 p.m. Progressing favourably; sputa same, $\frac{1}{4}$ gr. apomorph. in a little syr. tolu and peppermint water given for the cough, and a mercurial purge followed by castor oil.

March 1st. Temperature 98°. Doing well; sputa less offensive, but the breath very unpleasant; a mouth wash was given.

March 3rd. A little restless during the first part of night. Wound nearly healed.

March 4th. Began to complain at 3.30 p.m. of a stitch in her right side. Some dullness at the extreme base; breathing harsh; dry friction front and back. Tr. camph. co., syr. codeine, and sp. ether nit. every four hours soon relieved these symptoms.

March 5th. Improving; lungs clearing up.

March 7th. Sutures removed and patient allowed to sit up for the first time.

March 12th. Discharged well, and returned to her work as a cook.

REMARKS.—The temperature never rose above 102°. It would appear that the pin only penetrated the muscular substance of the heart. The lung trouble which followed six days after could hardly have been due to a clot caused by the needle entering the cavity of the heart. The external wound was difficult of recognition on the black skin. The woman was at her work and well last month.

REPORTS OF SOCIETIES.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Sir THOMAS R. FRASER, President, in the Chair.

Wednesday, May 6th, 1903

LIPAEMIA IN DIABETES MELLITUS.

SIR THOMAS R. FRASER read a communication on this subject. He was led to bring it before the Society, not only because of the interest, which much exceeded the mere rarity, of cases of diabetic lipaemia, but also because in a recent case the existence of a large quantity of fat in the blood was unambiguously determined during the life of the patient, as well as fully demonstrated at the necropsy.

The patient was a young man, aged 17, admitted to the Edinburgh Royal Infirmary in May, 1902, suffering from the cardinal symptoms of diabetes mellitus. His family and previous personal history was good. His health had been good till twelve months before admission, when he began to complain of great thirst, polyuria, and loss of weight. Dr. J. Macdonald, of Carlisle, who then saw him, put him on a strict diet and gave morphine, under which treatment his condition somewhat improved. On admission, he showed a fair amount of muscularity; his temperature was subnormal, and remained so throughout the whole course of his illness. His breath had the acetone odour; the appetite was not voracious; the action of the bowels was regular, though they were occasionally moved twice a day, and the motions were of a good colour and formation. There was no tenderness over the pancreas or abdomen generally. The liver and spleen were normal in size. The circulatory and respiratory systems were healthy, the pulse was slow and of low tension, there was no evidence of neuritis, the fundus oculi was normal. Glucose, acetone, and diacetic acid were present in the urine. From the day of his admission, on May 10th, till June 3rd, he was put on ordinary diet. On June 4th diabetic diet was begun, and on June 20th 20 gr. of sodium phosphate were given twice daily. This was the whole treatment. His body-weight continued fairly constant throughout, and there was only a loss of a few pounds. Under dietetic treatment there was a reduction in the amount of urine and sugar excreted, and a further reduction followed the exhibition of sodium phosphate. The patient began to feel much better, and spoke of going home about the end of June. Nevertheless, the acetone odour in the breath continued. Later a faint albuminous cloud appeared in the urine. On July 5th this became more pronounced, but only to the extent of 0.35 gr. per oz., and hyaline and granular casts were present. Shortly after admission, when on ordinary diet, the patient drank 19 pints of liquid per diem, and excreted 351 oz. of urine, 10,000 gr. of glucose, and 975 gr. of urea. When under dietetic treatment he drank about 12 pints of liquid per diem, and he excreted 245 oz. of urine, 6,847 gr. of glucose, and about the same quantity of urea as under ordinary diet. These quantities were further reduced during the following week. From June 18th to 24th, during the exhibition of sodium phosphate, he drank 8½ pints of liquid per diem, excreted 181 oz. of urine, 5,000 gr. of glucose, and 840 gr. of urea. These quantities were further reduced in the following weeks until July 5th, on the afternoon of which day he felt drowsy and unwell and did not get out of bed. The condition improved at 7.30 in the evening. Next day, at 8.30 a.m., he was again drowsy, the lips were cyanosed, the pulse was small, feeble, and extremely rapid (166, while formerly it had been 76), the respiration was sighing. He gradually became semicomatose. At 9 p.m. sodium phosphate solution was injected. On July 7th, at 10.30 a.m., the face and surface of the body showed a purplish-blue mottling, respiration was very difficult; there was pain on pressure over the stomach, the head was being moved from side to side. On examination of the fundus oculi the retinal vessels were seen as pale streaks, leading to the inquiry, Was this due to a change in the wall or in the contents of the vessels? At 4 p.m. the pulse was much weaker, irregular, and 166 in rate. Temporary improvement followed the injection of a cardiac stimulant. Examination of the blood at this stage showed that the red corpuscles were slightly cloudy in appearance and ran irregularly together without forming rouleaux. In the blood plasma an immense number of fine granules were present, as well as clear, highly-refractile droplets about half the diameter of the red cells. The specific gravity was 1036, the haemocytes were 4,500,000, and the leucocytes 23,800 per cubic millimetre. Estimation of the haemoglobin could not be made, because on mixing the blood with water a semiopaque liquid was produced. On staining with osmic acid an immense number of fat droplets were demonstrated. At 9.30 p.m. a solution of sodium carbonate along with strophanthin was injected, and this was repeated every two hours. On July 8th the patient was absolutely comatose. On examination of the fundus oculi at this stage, Mr. George A. Berry found a peculiar and striking condition; the retinal vessels were white in colour, apparently an exaggeration of the condition noted above as having been seen on July 7th—that is, the day before. The patient continued comatose, the head thrown back, the

the shooting, the running away, and jumping a fence, but nothing more. Dr. Maudsley was of opinion, judging from all the circumstances, that the prisoner had had an epileptic fit on the day in question, and was not conscious of a knowledge of right and wrong at the time he committed the act. After corroborative evidence as to the prisoner's state of mind at the time had been given by the medical officer of the gaol, the jury found the prisoner guilty but that at the time he was not responsible for his actions, and he was ordered to be detained during the King's pleasure. He will receive proper medical treatment, probably at Broadmoor, and there is power to liberate him if he recovers. But the legal process in this case seems rather a clumsy and expensive way of diagnosing homicidal mania.

MEDICAL TESTIMONIALS IN TRADE ADVERTISEMENTS.

C. W. C.—We quite agree with our correspondent, and have frequently expressed in these columns our disapproval of medical men giving testimonials for the purpose of trade advertisements; the Ethical Committee is prepared to investigate all such cases where the advertisements reach the public. If our correspondent can supply us with evidence that these advertisements of which he complains are sent to the public, we have no doubt the Committee will take up the question. We do not think it possible to prevent manufacturers sending samples to medical men, nor can medical men be prohibited from expressing opinions upon such articles so long as they take care that the opinions are not used for public advertisement.

THE RIGHTS AND DUTIES OF COTTAGE HOSPITAL STAFFS.

COTTAGE HOSPITAL.—There is no universal rule which can be said to be binding upon the committees of cottage hospitals; but the custom, which seems to us an excellent one, is that any of the resident medical men can send a patient to the cottage hospital, the patient paying whatever the hospital requires for maintenance and nursing, while the fees are arranged between doctor and patient. If the committee desires to admit patients to the hospital who are to be operated upon gratuitously, the relations of the medical staff to the hospital must be readjusted, as, clearly, the committee cannot at present call upon any member of the staff to perform an operation. As we understand the custom, all the resident medical practitioners are free to attend any of their own patients, either contract or private, who enter the hospital, but there is no compulsion upon them to do so. If the committee desires to reorganize the hospital and put it upon the basis of an ordinary county hospital with a permanent staff, this should be done after consultation with representatives of the medical profession. So long as the present system lasts the committee has no right to interfere between the patient and the medical practitioner in the matter of fees.

MEDICAL ETIQUETTE.

H. E. R.—(1) A. is called to an urgent case, and on the way finds that B. has been in attendance, but has given up the case as hopeless. A. attends, but refuses to see the case again except in consultation with B. B. declines to see the case either in consultation or alone, on the ground that another doctor has been called in. A. sees B. and talks the matter over with him, but B. declines to see the patient again. What is the duty of A. if urged by the friends to attend? Has B. any cause of grievance? (2) A doctor is called to see a patient who is under the influence of alcohol. The patient tenders the doctor a handful of money in payment of his account, but owing to his condition the doctor declines to accept it at the time. Afterwards, in spite of application, the doctor could not get the money, and he wants to know what he should do under similar circumstances if offered payment by a drunken man?

* (1) Under the circumstances stated above, A. may take charge of the case and B. has no cause of grievance as he voluntarily gave up the case. (2) The doctor should call in some member of the household to witness what takes place, and then take the sum of money which is fairly due to him.

MEDICAL ADVERTISING.

M.D.—Some little delay has occurred in answering our correspondent, as we wished to obtain a copy of the document referred to. This we have now seen, and we have referred the matter to the Ethical Committee.

OFFENSIVE AMERICAN ADVERTISEMENTS.

S. A.—Our correspondent complains of some advertising blotting pads sent out by a firm in New York. We have received other complaints respecting them, and we agree that they are offensive to our taste. The matter has been referred to the Ethical Committee, and we believe steps are being taken to induce the British agents of the firm to ask for their withdrawal.

PATENTS BY MEDICAL MEN.

X RAYS asks whether it is legal for a medical man to register an article he has invented and, we presume, to derive profit from its sale? In reply, we may express the opinion that no medical practitioner should be interested in the sale of anything which it may be his professional duty to recommend to his patients, nor should he register and advertise any article for sale with his name appended to it—for example, "Jones's soap," or "Smith's patent feeding bottle."

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

New Buildings.—The Buildings Syndicate report that the Downing Street block of the new medical school is built, and that the last stone of the Humphry Museum is placed in position. For fittings and furniture, and electric light, heating, and ventilating appliances, a further sum of some £8,000 is required.

Professorship of Surgery.—At the discussion in the Senate House of the proposal to re-establish the Chair of Surgery, it was suggested that if the professor were not required to reside, a stipend of £300 might suffice. It

was however objected by several speakers that a non-resident professor would be of little service to the University. The professor was required not only to manage the surgical examinations, but to take his share of the hospital work and to advance surgical science by his researches.

Degrees.—At the congregation on May 14th the following medical degrees were conferred: *M.D.*: D. G. Hall, Emmanuel. *M.B. and B.C.*: W. G. Chapman, Corpus. *M.B.*: A. E. Hodder, King's. *B.C.*: T. Guthrie, King's; G. R. Rickett, King's; F. W. Goyder, St. John's; W. T. Scott, Clare; H. Ackroyd, Caius; G. A. Wright, Christ's; J. M. Stenhouse, Sid. Suss.; E. A. Ellis, Downing.

VICTORIA UNIVERSITY.

REPRESENTATION ON THE GENERAL MEDICAL COUNCIL.

THE Convocation of Victoria University met on May 13th to discuss the question of the representation of the University on the General Medical Council. Dr. Brown of Bacup submitted the following resolution:

"That in the opinion of Convocation representation on the General Medical Council is a matter in which the co-operation between the three proposed Universities recommended by the Privy Council should take effect. That to facilitate such co-operation a single representative on the General Medical Council of the Manchester, Liverpool, and Yorkshire Universities should be elected by the medical graduates of the three Universities voting by ballot papers."

Dr. Brown urged that the election should be made by the general body of graduates in accordance with the provisions of the Medical Act of 1886, and not as at present by the governing body of the University, and suggested that the proposed Universities in Manchester, Liverpool, and Yorkshire should co-operate in the election of one representative. Dr. Brown said there were 500 medical graduates of the Victoria University, and he thought the present an opportune time to consider whether or not the nomination and election of the representatives should be placed on a broader basis.

The motion was not put to the vote in the absence of a quorum at the meeting. As it at present stands the new Victoria University of Manchester (to be), continuing, as it will do, the corporate existence of Victoria University, and as the new Charter provides that the new University shall have in future the privileges of Victoria University, it does not appear how the new universities are to be represented on the General Medical Council.

THE FUTURE OF THE UNIVERSITY.

Coming events cast their shadows before. At a meeting of the Court of Victoria University held on May 14th the future of the University was outlined by the Vice-Chancellor, Professor Hopkinson. He said that the decision given by the Privy Council decided that a separate university should be incorporated in Liverpool, and in consequence, by the terms of the Charter which the Liverpool College submitted, that College would voluntarily cease to be a College of the Victoria University. With regard to the Manchester petition, the idea was that of continuing the corporate existence of the Victoria University, but under the altered title of the Victoria University of Manchester. The Privy Council asked the Leeds College to submit a Charter with a view to the incorporation of a university in Yorkshire. One important condition which the Privy Council suggested should be imposed upon the new Universities was that there should be strong powers placed in the visitatorial authority in the Crown with a view to ensuring that all degrees and instruction should be kept of the highest possible character. For the purpose of carrying out that provision of the Order in Council it was suggested that a clause should be added to the charter under which the Crown was constituted the Visitor of the University. This was in substance the same clause they had at present. It ran: "We reserve to ourselves, our heirs and successors to be the Visitor and Visitors of the University, through the Lord President of our Council for the time being, and, in the exercise of the visitatorial authority, we, our heirs and successors shall have the right from time to time and in such manner as we or they shall think fit, to direct an inspection of the University, its buildings, laboratories and general equipment, and also the examinations, teaching, and other work done by the University." That clause would apply both to the Victoria University and to Liverpool. Those who were concerned in drafting the charters both of Liverpool and Manchester—and the same thing would, he was sure, apply to Leeds—would be perfectly satisfied that such visitatorial powers should be exercised. Their doors would be readily open to that kind of inspection, and they only wished that it might be known and seen as freely as possible by all whom it might concern what was the nature and character of the teaching and the standard and character of the examinations which would be held in the Universities existing either in Manchester, Liverpool, or Leeds. That clause recognized that the Universities should be independent universities—two new ones and the modified Victoria University—but it was also recognized that in the sphere of their influence they would to a certain extent overlap one another. The Privy Council considered it of great importance that they should maintain equally high standards. It had been determined, after conference with the representatives of all three Colleges and the existing University, to have a preliminary examination carried on by a Common Joint Board, so that there should be one common preliminary examination for the three new universities. This was a matter of vital importance to the schools. This arrangement did not in any way affect the idea of having school-leaving examinations of a different type, but it did establish one common preliminary, which he hoped would be adopted. With regard to the alterations which might from time to time be made in the statutes of the new university with regard to examinations, they had suggested, in order to meet the view expressed by the Order in Council, that every statute or alteration of a statute relating to the titles or degrees, the establishment of new degrees, periods of study in the university, and the conditions under which degrees higher than the degree of Bachelor in any faculty were to be granted, should, before becoming operative, be communicated to the universities in Liverpool and Leeds. "If, within one month after the receipt of such communication, notice of objection thereto shall have been given by the said universities, or either of them, the question so arising shall be considered by a joint committee of the three universities; and in default of agreement any of the universities may, within one month, make a representation in regard thereto to Us or to a Committee of our Council, and in the event last mentioned such statute or ordinance or alteration shall not become operative and have effect until allowed by Us or by such Committee." The statutes of the University would continue in force until altered. There would be power for every student of the University matriculating at the present time to proceed to a degree under the existing regulations, so that whether in Manchester, Liverpool, or Leeds the rights of any undergraduate would in no way be interfered with.

RESIGNATION OF THE CHANCELLOR.

At the same meeting a letter from the Chancellor (Earl Spencer) was read, resigning the office of Chancellor. It was contended, however, that the proper body to whom the resignation should have been sent was Convocation. In any case, the Chancellor is elected by this body. Lord Spencer was President of Council when the first charter was granted, and for twelve years he has filled the high office of Chancellor with great dignity. The Court passed the following resolution: "That the Court, on receiving the letter of Lord Spencer, desires to express its sense of his valuable services, and hears with regret that he intends to place his resignation in the hands of Convocation, and that the Court trusts that the resignation will not take place."

At the same Court the following lecturers of the Owens College were appointed Lecturers of the University: Joseph Collier, M.B., F.R.C.S., Lecturer in Practical Surgery; J. E. Platt, M.S., F.R.C.S., Assistant Lecturer in Systematic Surgery; C. H. Tattersall, M.R.C.S., D.P.H., Lecturer in Public Health; and William Thorburn, M.D., F.R.C.S., Lecturer in Operative Surgery.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN extraordinary Comitia was held on Thursday, May 14th; the President, Sir W. S. Church, Bart., K.C.B., was in the chair.

Admission of New Fellows.

The following members, elected to the Fellowship at the last meeting, were admitted as Fellows: St. C. Thomson, M.D.Lond., E. Goodall, M.D.Lond. (of Carmarthen), G. A. Sutherland, M.D.Edin., E. Cautley, M.D.Camb., J. A. Lindsay, M.D., R.U.I. (of Belfast), W. Gordon, M.D.Camb. (of Exeter), W. W. H. Tate, M.D.Lond., A. Morison, M.D.Edin., B. E. Dawson, M.D.Lond., A. M. Gossage, M.B.Oxon., L. Humphry, M.D.Camb. (of Cambridge), J. S. Collier, M.D.Lond., A. P. Beddard, M.D.Camb., R. Hutchison, M.D.Edin., and F. J. Poynton, M.D.Lond.

Liverpool University.

A communication was received from the Liverpool University Committee, requesting the College to appoint a representative to be a member of the Court, or supreme governing body of the University, and upon the nomination of the President, Sir Dyce Duckworth, the Treasurer of the College, was unanimously elected as such representative.

International Medical Congress at Madrid.

Dr. Pye-Smith as the representative of the College, presented a report of the proceedings of the recent International Medical Congress at Madrid, and the President, in thanking him for the report, conveyed a request that it might be presented to the College, and be placed amongst its archives.

By-law.

Dr. Allichin (acting for the Registrar) proposed the enactment for the first time of the following by-law: "That Dr. George Francis Angelo Harris, elected a Fellow on April 30th, being resident in India, be admitted *in absentia*, any by-law to the contrary notwithstanding."

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

AN ordinary Council was held on May 14th, Sir Henry G. Howse, President, in the chair.

Diploma of Membership.

A report from the Court of Examiners was presented in which the number of candidates who qualified at the recent examination for the Membership was stated to be 109.

Regulations Relating to the Fellowship.

A motion, recommended by the Court of Examiners, was adopted to the effect that the words, "or of having passed an examination in this subject at a recognized University" be added at the end of paragraph 7, Subsection II, Section III of the Regulations for candidates for the diploma of Fellow, and that the paragraph be accordingly framed as follows, namely, (7) Of having attended a course of lectures on biology at a recognized medical school, or of having passed an examination in this subject at a recognized University.

Licence in Dental Surgery.

The Board of Examiners in Dental Surgery reported that 54 candidates had qualified for the licence.

Action of the Discipline Committee.

The President was requested by this Committee to communicate with a certain Member of the College in regard to the use of unprofessional circulars.

Bust of the late Sir William MacCormac.

A replica of the bust executed by Mr. Alfred Drury, A.R.A., for St. Thomas's Hospital, was accepted with the best thanks of the Council from the subscribers.

International Medical Congress at Madrid.

A vote of thanks was passed to Mr. Edmund Owen for his attendance in April last at the above Congress as the representative of the College.

University of Liverpool.

The President was appointed a member of the Court of the above University in answer to a request from the Secretary to the Liverpool University Committee asking the Council to appoint a Member to the above Court—the supreme governing body of the University.

Vacancy on the Court of Examiners.

The President announced that the vacancy occasioned by the coming retirement of Mr. Rickman J. Godlee would be filled up at the ordinary meeting of the Council in June.

First Conjoint Examination.

The following resolution passed recently by the Royal College of Physicians was taken under consideration:

"That a 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 Royal College of Surgeons, and that the College of Surgeons be invited to appoint representatives for this purpose."

Post-mortem Investigations for London Coroners.

A letter from the London County Council asking for advice concerning the above was read and replied to as follows:

"The Council of the College, whilst agreeing with the London County Council that it is desirable that *post-mortem* examinations in inquest cases of a special nature should be entrusted to specially-skilled pathologists, regret that they are not in a position to assist by suggesting the names of well-qualified pathologists with experience of a medico-legal nature to make necropsies and give evidence in such cases. The Council of the Royal College of Surgeons would desire to point out to the London County Council the inadequacy in their opinion of the fee of two guineas proposed for the services required from medical men with such high accomplishments as this would entail."

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

The Laboratory.—We are informed that the number of reports on pathological specimens made by the Reporting Department of the Laboratory during 1902 shows an increase of 26 per cent. as compared with the preceding year. The detailed figures are as follows:

	1901	1902
Histological ...	262	331
Clinical ...	162	239
Bacteriological ...	1,056	1,298
Total ...	1,480	1,868

PRELIMINARY EXAMINATION STATISTICS OF THE SCOTTISH UNIVERSITIES.

The Joint Board of Examiners of the Scottish Universities has issued statistics of the March-April, 1903, preliminary examinations in Arts, Science, and Medicine. It is set forth in one table what percentage the number of failures is of the number of candidates in the three subjects in which passes are allowed in more standards than one of the Arts and Science Preliminary Examination in the several Universities, and in the four Universities taken together, namely:

Intermediate and Higher Mathematics:	St. Andrews...	27.58
" " " "	Glasgow ...	34.50
" " " "	Aberdeen ...	31.00
" " " "	Edinburgh ...	46.52
The four Universities taken together		36.55
Higher Latin: St. Andrews	...	20.00
" " Glasgow	...	17.37
" " Aberdeen	...	32.46
" " Edinburgh	...	18.10
The four Universities taken together		20.00
Higher Greek: St. Andrews	...	9.09
" " Glasgow	...	37.50
" " Aberdeen	...	12.00
" " Edinburgh	...	32.00
The four Universities taken together		24.70

It is shown in another table what percentage the number of passes is of the number of candidates entered for four subjects of the medical preliminary examination in the several Universities, and in the four Universities taken together—namely:

Percentage of passes:	St. Andrews ...	33.37
" " Glasgow	...	25.00
" " Aberdeen	...	51.28
" " Edinburgh	...	33.35
The four Universities together		35.12

The above figures include the number of candidates who failed to pass in one or more subjects at the examination in question, but who passed the whole examination on the principle of compensation.

The following are the statistics of the spring medical preliminary examination at the University of Edinburgh:

Entered for examination, 185, including 15 women.
English, 04 passed and 32 failed.
Mathematics, 59 passed and 84 failed.
Latin, 52 passed and 109 failed.
Greek, 13 passed and 4 failed.
French, 75 passed and 48 failed.
German, 2 passed and 7 failed.
Urdu, 1 passed and 1 failed.
Malayalam, 1 passed.
Dutch, 1 passed.

These figures afford no indication of the number of students qualified to enter on the study of medicine, because the majority of the students now entering the University are exempted from all or part of the medical preliminary examination by leading or other certificates.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

THE RELATION OF THE MEDICAL OFFICER OF HEALTH TO A NOTIFYING PRACTITIONER.

THREE points are raised in the following interesting letter from the Secretary of the Local Government Board to a medical officer of health:

[COPY.]

Local Government Board,
Whitehall, S.W.

April 1st, 1903.

Sir,—I am directed by the Local Government Board to advert to your letter of the 14th ult. with reference to the complaint made to them by Mr. — as to your action in connexion with certain cases of diphtheria which he notified to you; and I am to state that in the Board's opinion the certifier's

book by the Secretary. This voluntary society performed a large amount of good work, and only came to an end when the reporting system became obligatory on all students. It had two secretaries, medical and surgical, of whom Dr. Birkett was one.

About the same time Dr. Birkett, who was now a Member of the Royal College of Physicians, was editor of the *Guy's Hospital Reports*. He held the appointment for some years, and the volumes he conducted may be found in the second series of this work. In his last number, in 1853, his preface reads like its obsequies, for he seems to imply that its necessity and utility had passed since the wider circulation of the weekly and other medical journals. In the following year, however, it was resuscitated under new auspices, and became more prosperous than ever.

The editorship of the *Guy's Hospital Reports* and the secretaryship of the Clinical Report Society were the two principal offices which Dr. Birkett held at Guy's. He was also Physician to the Surrey Dispensary, and for some time Secretary to the Hunterian Society. There was, however, another appointment which he held for a short period. A vacancy having occurred in the Pathological Department, Dr. Birkett was appointed Curator of the Museum and Dr. Lloyd Demonstrator of Morbid Anatomy. These two men were totally unlike in character except in one thing—that neither of them felt any interest in the department to which he was appointed. Lloyd was careless in his attendance, and his *post-mortem* reports, whenever they could be obtained, were so wanting in accuracy that Dr. Birkett was at a loss to know what to do with the material which was sent him. This unhappy conjunction did not last long, when fresh blood was introduced and pathology again flourished. The incident, however, calls to mind the name of France, who was the Ophthalmic Surgeon at the time. Dr. Birkett and Mr. France were inseparable friends, and so remained, I believe, during the whole of their long lives. These two gentlemen were always seen together, so that when any one went into the Museum to see the Curator Mr. France was always with him, and their conversation was on the affairs of the Church. These two colleagues were alike in temperament, had views in common, were quiet, retiring, and erudite, and in one word were both the very best of men; this was seen in their after-life by their many benevolent acts. It was often said that this Damon and Pythias would have made far better two excellent clergymen.

At this time Dr. Birkett had a brass plate on a door in Cloak Lane, Cheapside. Soon after he left Guy's he was appointed one of the first Physicians to the City of London Hospital for Diseases of the Chest in Victoria Park, and so became known as a specialist for consumption, and I believe it was in the treatment of cases of this disease that most of his subsequent practice consisted. He was now a Fellow of the Royal College of Physicians. On the death of Dr. Golding-Bird, Dr. Birkett took his house in Russell Square and rededicated his work on *Urinary Diseases*. Here he remained until he retired about 1890, and went to live with his son at Westbourne Rectory in Sussex, where he died on May 8th in his 90th year.

Whilst in Russell Square he was well known for his good works and his devotion to all the institutions belonging to the Church.

GRANTS FOR SCIENTIFIC RESEARCH.

The Council of the British Medical Association desires to remind members of the profession engaged in researches for the advancement of medicine and the allied sciences that it is prepared to receive applications for grants in aid of such research. Applications, which must reach this office not later than May 31st, for sums to be granted must include details of the precise character and objects of the research which is proposed, and must be made on forms to be had of the General Secretary, at the office of the Association, 429, Strand, London.

Every recipient is expected to furnish to the Committee on or before May 31st following upon the allotment of the grant, a report (or, if the object of the grant be not then attained, an interim report to be renewed at the same date in each subsequent year until a final report can be furnished) containing: (a) A brief statement for the Report of the Scientific Grants Committee, showing the results arrived at, or the stage which the inquiry has reached; (b) a general statement of the expenditure incurred, accompanied, so far as is possible, with

vouchers; (c) and references to any transactions, journals or other publications in which the results of the research have been printed.

RESEARCH SCHOLARSHIPS.

The Council of the British Medical Association is prepared to receive applications for three Research Scholarships which become vacant (two holders are eligible for and seek re-election), of the value each of £150 per annum, tenable for one year, and subject to renewal by the Council for another year.

Applications for Scholarships must be made on forms to be had of the General Secretary, and returned on or before May 31st.

ERNEST HART RESEARCH SCHOLARSHIP.

The Council of the British Medical Association is also prepared to receive applications for the Ernest Hart Research Scholarship of the value of £200 per annum, tenable for one year, but subject to renewal by the Council for another year. The Scholarship is for the study of some subject in the department of State Medicine.

The present scholar is eligible and seeks re-election.

GUY ELLISTON, General Secretary.

MEDICAL NEWS.

THREE members of the Midwives Board—Dr. Ward Cousins, Dr. Parker Young, and Professor Sinclair—will sign a minority report dissenting from certain of the regulations for the conduct of midwives sent up to the Privy Council by the majority of the Board.

THE opening lecture of the summer course of lectures and demonstrations at the Hospital for Consumption, Brompton, will be given by Dr. Fowler on Wednesday, May 27th, at 4 P.M. The subject selected is the diagnosis of intrathoracic tumours.

At the dinner of the Glasgow University Club, which is to be held on Friday next, May 29th, at the Trocadero Restaurant, the Chairman, Mr. George Wyndham, M.P., will be supported by the Earl of Lytton, Mr. James A. Campbell, M.P., Mr. Scott Dickson, the Solicitor-General for Scotland, and Mr. W. J. Galloway, M.P.

THE Prince and Princess Christian of Schleswig-Holstein have been pleased to make the following appointments: Sir F. H. Laking, Bart., G.C.V.O., M.D., to be Physician in Ordinary; and William Fairbank, M.R.C.S., to be Surgeon Apothecary in Ordinary to their Royal Highnesses; and Willie N. Barron, M.R.C.S., to be Surgeon Apothecary to their Royal Highness's Household.

THE *Ortona* belonging to the Pacific Steam Navigation Company will make two cruises to Norway, the first commencing on June 13th and the second on July 2nd. The *Panama* belonging to the same company will start for a cruise to the ports of Portugal and Algiers on May 27th. Further particulars will be found in our advertising columns.

A DISPENSARY FOR TUBERCULOUS PATIENTS IN NEW YORK.—The Commissioner of Health of the City of New York has asked the Board of Estimates and Appropriation to provide for the erection of a special dispensary in that city for the treatment of consumptives. The Commissioner purposes to have a staff of nurses and doctors there to treat patients who apply for relief, or, if necessary, to visit them in their homes. Plans for the dispensary are nearly completed, and will soon be submitted to the Board.

AT a Local Government Board inquiry held at Midhurst on May 20th, Mr. Taylor, engineer to the King's Advisory Committee, stated that the King's Sanatorium for Consumptives to be erected at Midhurst will probably be ready for occupation about two years hence. The institution will provide accommodation for 150 patients and 50 officers, and it is estimated that the cost will be between £50,000 and £60,000.

PROFESSOR E. A. SCHÄFER will read a paper on the phenomena attending death from drowning, and the means of promoting resuscitation in the apparently drowned at the meeting of the Royal Medical and Chirurgical Society on Tuesday next at 8.30 p.m. The paper will be illustrated by means of the epidiascope. Any members of the profession interested in the subject will be welcomed at the meeting, as will also medical students.

The annual meeting of the Colonial Nursing Association will be held at Chelsea Hospital on June 11th. Lord Grey will preside, and among those who have signified their intention of being present are Princess Henry of Battenberg (patroness), Lord Selborne, and Sir Harry Johnston.

The annual meeting and conference of the Dermatological Society of Great Britain and Ireland will be held at 20, Hanover Square, W., at 4.30 p.m. on Wednesday next, May 27th, when Professor Corlett of Ohio, U.S.A., will give the address on the Present Epidemic of Small-Pox throughout the United States, together with a Short Consideration of the Different Types of the Disease, their Recognition, and the Influence of Vaccination, illustrated with lantern slides.

METROPOLITAN ASYLUMS BOARD.—At the fortnightly meeting of the managers of the Metropolitan Asylums District held on May 16th, the re-elected Chairman, Sir R. M. Hensley, said that for the first time in its history the Board was free from the struggle of providing adequate hospital accommodation for the ever-increasing needs of London. According to the report of the Finance Committee, the expenditure incurred in providing small-pox accommodation and transport was £400,000 over the estimates, the main reason for which was the great speed at which the buildings were erected under circumstances of difficulty and pressure.

ANNUAL DINNER OF THE PHARMACEUTICAL SOCIETY.—The annual dinner of the Pharmaceutical Society was held on May 19th at the Hotel Cecil. The chair was taken by the President of the Society, Mr. G. T. W. Newsholme, who, in proposing "The Houses of Parliament," remarked that the Pharmaceutical Society had reasons for not being particularly enthusiastic in regard to the legislative machinery of the country. Mr. J. F. Remnant, M.P., in replying to the toast, referred to the clause in the new Pharmacy Act requiring a director of a company carrying on a chemist's business to be a qualified chemist. An opinion had been given in the House of Lords by which the clause could not apply to directors of limited liability companies. Mr. E. Marshall Hall, M.P., who also responded to the toast, urged the Pharmaceutical Society to apply for powers similar to those of the General Medical Council so that they could deal with questions concerning their members. If the society raised the standard of chemists from within then they could rely on Parliament to protect them from without. The Chairman proposed "The Medical Profession" which was acknowledged by Sir William Church, who said that the world was greatly indebted to the pharmacists for the important advances made in their branch of knowledge, the Pharmaceutical Society had done so much to raise the position of the chemist in Great Britain and would do even more in the future to place him in his proper position. Mr. G. D. Beggs replied for the toast of "The Pharmaceutical Society of Ireland" which was proposed by the Chairman. Sir Arthur Rücker proposed "The Pharmaceutical Society of Great Britain" and discussed the question of a connexion of the Society with the University of London. Mr. W. Giles replied to the toast of "The Local Pharmaceutical Association," and M. Eugene Léger, of Paris, acknowledged the toast of "The Guests," given by the Chairman.

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.

BARNSTABLE: NORTH DEVON INFIRMARY.—House-Surgeon, resident. Salary, £20 per annum.
BETHLEM HOSPITAL.—Two Resident House-Physicians, resident. Honorarium, £25 each per quarter.
BRECON AND MADNOE ASYLUM, Talgarth, E.S.O.—Assistant Medical Officer, resident. Salary, £140 per annum.
BUXTON: DEVONSHIRE HOSPITAL.—(1) House-Surgeon. Salary, £100 per annum. (2) Assistant House-Surgeon. Salary, £70 per annum. Both resident.
CENTRAL LONDON OPHTHALMIC HOSPITAL, Gray's Inn Road.—House-Surgeon, resident. Salary at the rate of £50 per annum.
CHARING CROSS HOSPITAL.—Assistant Physician.
CHICHESTER INFIRMARY.—Honorary Medical Officer.
DENBIGH: DENBIGHSHIRE INFIRMARY.—House-Surgeon, resident. Salary, £110 per annum.
DEVONPORT: ROYAL ALBERT HOSPITAL.—Resident Medical Officer. Salary, £100 per annum.
EAST LONDON HOSPITAL FOR CHILDREN, Shadwell.—House-Physician, resident. Honorarium, £25 for six months.
GOSFORTH: CITY ASYLUM.—Assistant Medical Officer, resident. Salary £140, rising to £160 per annum.
GRAVESEND HOSPITAL.—House-Surgeon, resident. Salary, £100 per annum.
HASTINGS, ST. LEONARDS AND EAST SUSSEX HOSPITAL.—House-Surgeon, resident; unmarried. Salary, £75 per annum.
HEREFORD COUNTY AND CITY ASYLUM.—Junior Assistant Medical Officer, resident. Salary, £100 per annum.
HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—House-Physician, resident. Appointment for six months. Salary, £20.
HOSPITAL FOR WOMEN, Soho Square, W.—House-Physician. Salary, £30 for six months.

LONDON HOSPITAL, E.—Assistant Obstetric Physician.
LIVERPOOL: STANLEY HOSPITAL.—Senior House-Surgeon, resident. Salary, £100 per annum.
MIDDLESEX HOSPITAL, W.—(1) Obstetric Registrar. (2) Director of Cancer Research Laboratory. Salary, £200 per annum, rising to £300. (3) Research Scholarship of £105 at the Cancer Research Laboratories.
NEWPORT AND MONMOUTHSHIRE HOSPITAL.—Assistant House-Surgeon, resident. Salary, £50 per annum.
NORTHAMPTON GENERAL HOSPITAL.—Assistant House Surgeon, resident. Salary, £75 per annum.
NORWICH: NORFOLK AND NORWICH HOSPITAL.—House-Physician, resident. Salary, £50 per annum.
PORTSMOUTH BOROUGH ASYLUM.—Assistant Medical Officer, resident. Salary, £120 to £150 per annum.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Professors and Lecturers.
SALISBURY INFIRMARY.—(1) House-Surgeon, Salary, £100 per annum. (2) Assistant House-Surgeon, Salary, £75 per annum. Both resident.
SEAMEN'S HOSPITAL SOCIETY, GREENWICH.—Senior House-Surgeon at the Branch Hospital, resident. Salary, £75 per annum, and £25 for officiating as Registrar.
SOUTHPORT INFIRMARY.—Resident Junior House and Visiting Surgeon, unmarried. Salary commencing £70 per annum.
VIRGINIA WATER: HOLLOWAY SANATORIUM FOR THE INSANE.—Junior Assistant Medical Officer (male), resident. Salary begins at £175 per annum.
WAKEFIELD: CLAYTON HOSPITAL AND WAKEFIELD GENERAL DISPENSARY.—Junior House Surgeon, resident. Salary, £50 per annum.
WESTERN GENERAL DISPENSARY.—Honorary Physician or Surgeon Accoucheur.
YORK COUNTY HOSPITAL.—House-Physician, resident. Salary, £100 per annum.

MEDICAL APPOINTMENTS.

BEVILLE, F. W., L.R.C.P.Lond., M.R.C.S.Eng., appointed Certifying Factory Surgeon for the Denham District, Buckingham, and the Uxbridge District, Middlesex.
BRANDER, W. M.B., Ch.B., appointed Resident-Assistant Medical Officer of the Ecclesall Borlow Union Workhouse.
BUTLER, T. L., M.R.C.S., L.R.C.P.Lond., appointed District Medical Officer of the Tavi-stock Union.
CASE, Henry, L.R.C.P., L.R.C.S.Edin., appointed Public Vaccinator for the Withwell District of the Chorley Union.
DICKSON, J. R., M.B., C.M.Edin., appointed Assistant Medical Officer of Health and Bacteriologist of Trinidad.
DIXON, G. B., M.R.C.S.Eng., L.R.C.P.Lond., appointed Assistant Medical Officer to the Walton Workhouse of the West Derby Union.
DODDSON, Arthur E., M.R.C.S., etc., appointed Medical Officer to the Intermediate Schools of the Wandsworth and Clapham Union.
FLECK, David, M.B., B.Ch., B.A.O. (R.U.I.), M.P.C., appointed Resident Superintendent of the Royal Victoria Homes, Brompton.
JOHNSON, O., L.R.C.P., L.R.C.S.Edin., L.F.P.S.Glasg., appointed District Medical Officer of the Lincoln Union.
MACKINTOSH, Duncan D., M.B., C.M.Aberd., appointed Medical Officer, Parish of Lumphanna.
Also Certifying Factory Surgeon for the Aboyne District, Aberdeenshire.
MACLEOD, R. A. M., M.B., C.M.Edin., appointed Assistant Medical Officer to the West Derby Union Infirmary.
PRYTHRECH, H., L.R.C.P.Lond., M.R.C.S.Eng., appointed Certifying Factory Surgeon for the Beaumaris District, Anglesey.

DIARY FOR NEXT WEEK.

MONDAY.

Odontological Society of Great Britain, 20, Hanover Square, W., 8 p.m.

TUESDAY.

Epidemiological Society, 11, Chandos Street, Cavendish Square, W., 8.30 p.m.—Mr. Jonathan Hutchinson: On the Etiology of Leprosy.

Royal Medical and Chirurgical Society, 20, Hanover Square, W., 8.30 p.m.—Professor B. A. Dawson: The Phenomena Attending Death from Prowning and the Method of Promoting Resuscitation in the Apparently Drowned. The Paper will be illustrated by means of the Epidiascope.

WEDNESDAY.

Dermatological Society of Great Britain and Ireland, 20, Hanover Square, W., 4.30 p.m.—Announcement and Conference. Dr. Corlett, of Ohio, U.S.A., will give an address on Small-pox, illustrated with lantern slides.

THURSDAY.

Guy's Hospital Medical School, 4 p.m.—Dr. E. W. Ainley Walker: On the Experimental Pathology and Therapy of Typhoid Infection (Gordon Lectures in Experimental Pathology).

POST-GRADUATE COURSES AND LECTURES.

Charing Cross Hospital, Thursday, 4 p.m.—Lecture on Medical Cases.
Hospital for Sick Children, Great Ormond Street, W.C., Thursday, p.m.—Lecture on Chorea.
Medical Graduates' College and Polytechnic, 22, Chancery Street, W.C. Demonstrations will be given at 4 p.m. as follows: Monday, skin; Tuesday, medical; Wednesday, surgical; Thursday, sciatia; Friday, throat. Lectures will also be given at 5.15 p.m. as follows: Monday, Food Poisoning; Tuesday, Sciatia; Wednesday, Milk Epidemics; Thursday, The Diagnosis of Pulmonary Tuberculosis; Friday, Parasites of the Gastro-intestinal Canal.
Mount Vernon Hospital for Consumption and Diseases of the Chest, 7, Fitzroy Square, W., Thursday, 4 p.m.—Lecture on the Prevention of Consumption.
National Hospital for the Paralyzed and Epileptic, Queen Square, W.C.—Tuesday, 3.30 p.m.—Lecture on Surgery of the Nervous System.
Post-Graduate College, West London Hospital, Hammer Smith Road, W. Lectures will be delivered at 5 p.m. as follows: Monday, Diseases of the Kidney; Tuesday, High Frequency Currents; Wednesday, Mania; Thursday, Treatment of Some Injuries and Emergencies; Friday, The Physiology and Pathology of the Ductless Glands.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 8s. 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.

BREE.—On May 16th, 1903, at Manningtree, Essex, the wife of Sidney Bree, M.B.Lond., of a daughter.
CARRUTHERS.—On May 18th, 1903, at 44, Central Hill, Norwood, the wife of S. W. Carruthers, M.D.Edin., of a daughter ("Jean Chrystal").
CASSELL-BROWN.—On May 11th, at Dacre Hill, Rockferry, the wife of Andrew Cassell-Brown, of a daughter.
CAZALET.—On May 17th, at Sutton, Surrey, the wife of Grenville William Cazalot, L.R.C.P.Lond., M.R.C.S.Eng., of a son.

DEATH.

JONES.—At Derrigate, Northampton, on May 5th Edward Francis Jones, M.R.C.S., L.R.C.P.Lond., L.S.A., aged 43 years.