

produce a focal necrosis which will soften the tissues and lessen their vitality sufficiently to allow of the escape of the amoebae from the veins, to continue their destructive action in ever-widening circles until their progress is limited, or at least checked, by the reactive formation of fibrous tissue around it, and the typical amoebic abscess results. This view is also supported by the conditions found in another class of cases, namely, those in which around an acute progressive type of large amoebic abscess of the liver a number of smaller abscesses are seen, for these on microscopical examination I have also found to be spreading along the interlobular veins, causing clotting within them, which, when sufficiently extensive, will also lead to necrotic changes, thus causing an extension of the abscess; the large single abscesses being thus produced by a slow, but progressive, process from a single original necrotic focus, and containing amoebae, but no micrococci at any time.

THE VALUE OF THE SERUM TEST IN DIFFERENTIATING THE BACILLARY FROM THE AMOEBIC TYPE OF DYSENTERY.

The recognition in India of the amoebic form of dysentery and of its intimate relationship to liver abscess naturally suggests the use of the serum test in order to differentiate the common bacillary form of dysentery, which is not in my experience ever followed by the large tropical form of liver abscess, from the amoebic disease with its many and serious complications, and frequently chronic and at times latent course. As cases of severe dysentery are comparatively seldom admitted to the Medical College Hospital, except when occurring in European patients, necropsies on uncomplicated cases of this disease are not very frequently obtained. Nevertheless I have been able to make bacteriological examinations after death in a few cases, and have usually succeeded in isolating organisms which grow in the depths of a glucose agar culture without the production of any gas bubbles, and in one case, also, obtained a similar culture from the spleen. In other respects these bacilli closely resembled that described by Shiga as the cause of dysentery in Japan; while Flexner, in America, and other observers have also confirmed Shiga's original observations on the etiology of this disease. It seemed advisable, therefore, to test the serum reactions of a series of cases of dysentery with different strains of dysentery bacilli, including that isolated by myself, in order to see if the bacillary form of the disease could be differentiated clinically by this means, as the amoebic type is said not to react with the dysentery bacillus. For this purpose I obtained bloods from dysentery patients in the Campbell and Police Hospitals, through the kindness of Major Vaughan, I.M.S., who was in charge of these institutions at the time. The results have appeared in the *Indian Medical Gazette* for February, 1903, so they need only be summarized here. In all, 17 cases were tested with both Shiga's and my own bacilli, and all but 1 reacted with one or the other, and 11 of them with both. Two gave reaction with Shiga's and not with my organism, and 3 others reacted with mine and not with Shiga's. In 4 of the cases which reacted necropsies were subsequently obtained, and in each of them the ordinary bacillary type of dysentery was found, and in 3 of them cultures were made and organisms growing like Shiga's bacillus in glucose agar were isolated, although it is often necessary to inoculate a number of tubes in order to get a positive result. In none of these cases was anything resembling amoebic dysentery found *post mortem*. On the other hand, in the remaining case which gave no reaction very numerous active amoebae were found in the fresh stools during life, and typical amoebic dysentery was found after death with many active amoebae in the floors of the ulcers. Thus the only case of the whole series which failed to give any reaction proved to be one of amoebic dysentery. In six of the cases a bacillus obtained from Europe as that of Flexner was tried, but with entirely negative results, and similarly 6 cases were tested with an organism obtained as Krause's dysentery bacillus, also without any positive result having been obtained. Possibly the dysenteries met with in America may differ slightly from those of India, or the organisms sent me as Flexner's may not have been correct.

The above results are certainly suggestive, although the number of cases tested is too small to base any very definite conclusions on, and it is only the fact that the severance of my temporary charge of the Medical College laboratory prevents my pursuing the subject for the present that seems to warrant my placing them on record for the guidance of others who may be working at the subject. It is, however, of

interest to note that all, except one amoebic case, gave reactions indicating that they were of the bacillary type of dysentery, as this supports the conclusions which I have arrived at from the study of the Medical College cases, namely, that the common type of dysentery in the tropics in India is that due to Shiga's bacillus, while the amoebic type, which is complicated with liver abscess in so large a proportion of the cases, is much rarer, and its synonym of "tropical dysentery" is a misnomer. Should these observations be confirmed by the examination of a larger series of cases, then the serum test will prove of as great value in the differentiation if the varieties of dysentery as it already has been in helping to clear up the classification of the fevers met with in tropical India.

SUMMARY AND CONCLUSION.

1. Amoebic dysentery is most frequently found in patients dying from large tropical liver abscess, in the walls of which I have previously shown amoebae can always be found unless they have been opened for some time. The disease is chronic, and often latent, and not very often fatal by itself, but usually through complications.
2. Amoebic dysentery has naked-eye and microscopical characters which enable it to be easily distinguished from the more common bacillary type of the disease.
3. Its most important complications are large abscess of the liver, chronic or acute peritonitis, and post-peritoneal abscess.
4. Amoebic abscess of the liver secondary to this form of dysentery may be produced (1) by infection across the peritoneum, with or without previous adhesions; or (2) through infection by the portal vein producing sufficient clotting in its branches to cause a focal necrosis in one or more parts of the liver, concentric extension taking place by means of a similar process.
5. If staphylococci reach the liver with the amoebae, as especially occurs when gangrenous sloughing of the bowel wall complicates amoebic dysentery, then multiple small abscesses in the interlobular branches of the portal vein containing both amoebae and staphylococci result.
6. The bacillary form of dysentery is much commoner in Calcutta than the amoebic one, and is due to Shiga's bacillus, which is clamped by the blood of cases of ordinary dysentery, although not by that of the amoebic form, thus furnishing a method of differentiation between them clinically.

MEMORANDA:

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

HYDRAMNIOS WITH ANENCEPHALY IN A PRIMIPARA.

Miss S., aged 16 years and 9 months, was confined by me on March 4th. During the last three months of pregnancy she had become much larger in proportion, and had suffered from several attacks of vomiting, probably due to over-distension of the uterus. Calculation led one to believe that the confinement was post-mature to the extent of fourteen days. Abdominal examination revealed a large rounded and smooth uterine tumour. The succussion thrill was easily obtained, but the fetal parts could not be located with any degree of certainty. Well-marked ballotement, however, confirmed the diagnosis of hydramnios. The vaginal examination revealed a large bulging bag of membranes surrounded by a fully-dilated os. Through the membranes I could feel what seemed to be an ear, also a semilunar, rough, nodular surface. Upon rupturing the membranes a flood of liquor amnii rushed out, saturating the bed and bed-clothes, and flowed into vessels placed on the floor. The liquor amnii seemed normal, but no chemical examination was made. On re-examination I found protruding through the os a small head about the size of a cricket ball, with a peculiar rough posterior surface directed anteriorly. Little progress was made during the next half-hour. Abdominally several fetal parts could now be made out. The position was dorso-left-anterior. After a few good pains the head of an anencephalic fetus passed through the vulva with the umbilical cord twisted once round its neck; this was easily removed. Another pain brought the body, which was excellently formed, the shoulders being especially broad. The cord pulsed for thirty seconds only, and then ceased. There was no attempt at breathing. The third stage caused no trouble. The placenta was very soft and flabby. Although bleeding was no more than normal, a stiff dose of

ext. ergot. liq. was administered to the mother and a binder applied. The patient made an uninterrupted recovery. The first stage of labour lasted eighteen hours, the second forty minutes, and the third ten minutes.

The fetus weighed $7\frac{1}{2}$ lb., and was a female. On dissecting it the cutaneous nerves were found with exceptional ease. The bony vault of the skull was rudimentary and the encephalon absent. The basal skull bones were much more convex than normal.

In the family history of the mother mental weakness and eccentricity were marked.

JOHN WISHART, M.B., Ch.B., B.Sc.Aberd.
Bedlington, Northumberland.

FISSURE OF THE STERNUM: ECTOPIA OF THE HEART.

On January 25th Mrs. F. had a natural labour, and was delivered of a full-grown female child. The heart was entirely outside the body, lying bare on the chest wall and pulsating. The middle line of the chest was quite soft, and there appeared to be no sternum. There was also a round swelling about $3\frac{1}{2}$ in. in diameter occupying the epigastrium, which I took to be a displacement of the liver, but unfortunately could not verify it owing to the parents not consenting to any surgical interference nor to a necropsy. The child had also a slight hare-lip. It lived just twenty-seven hours, dying, in my opinion, from exhaustion.



The accompanying illustration is from a photograph I took half an hour before death.

Exeter. JAS. LILWALL-CORMAC, L.R.C.P. & S.E., etc.

MAL-DEVELOPMENT OF EXTERNAL EARS.

The subject of the accompanying photographs was a prematurely-born male child (8 months) which lived only thirty-four hours. The left ear was a mere tubercle of skin; the external auditory meatus was represented by an aperture only admitting the end of a hairpin; no bony opening could be discovered by this, nor by a careful examination with the finger; all underneath the skin in the situation of the ear appeared perfectly smooth and without depression.



Dr. Dent, who saw the child with me after death, made a careful examination, and agrees with me in the foregoing particulars. He kindly took the photographs. The right ear was normal in development. As the complete occlusion

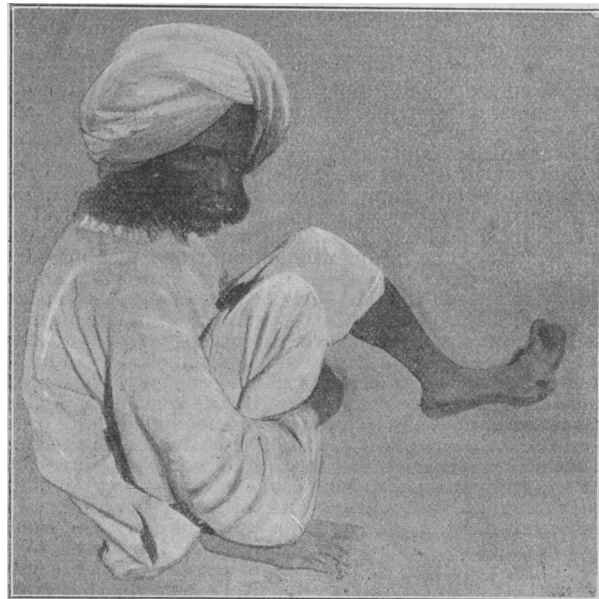
of the bony part of the auditory meatus seems to me rare, I should be glad to hear if any cases of this kind have been observed by others.

Cheltenham.

WILLIAM POWELL, M.R.C.S.

CONGENITAL DEFORMITY OF FOOT.

WHILST marching from Dera Ismail Khan to Dera Ghazi Khan, on the north-west frontier of India, with the 22nd Punjab Infantry, a native presented himself at a village named Notak with a curious congenital deformity of the left foot, of which Lieutenant-Colonel Rattray, commanding the regiment, kindly took a photograph. Unfortunately the plate was broken later, but the print shows the condition sufficiently well.



The second and third toes were joined together and projected in a large mass about 3 in. in front of the line of the other toes. Two small hollows above showed where the nails should have been. The bones were felt to be much enlarged. There was no movement between the two digits. The man said they had gradually become upturned from use. He was able to run fairly well, and was, like most Mohammedans, quite averse to parting with the thing.

Dera Ghazi Khan, India.

M. H. THORNELEY,
Captain, I.M.S.

REPORTS

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

RADCLIFFE INFIRMARY, OXFORD.

CASE OF BULLET WOUND OF THE HEAD; EXTRACTION FOUR AND A HALF YEARS AFTER THE INJURY; RECOVERY.

(By G. W. S. FARMER, M.A., M.B., M.Ch.Oxon., F.R.C.S.,
Surgeon to the Infirmary; Lichfield Lecturer in Clinical
Surgery, University of Oxford.)

THE following case serves to illustrate how a foreign body, for example, a bullet, may remain embedded in tissues for a considerable time producing practically no discomfort, and then gradually give rise to symptoms increasing in severity and demanding operative interference.

History.—A.H., age 37, a metropolitan policeman, came under my care at the Radcliffe Infirmary on November 15th, 1902. His account was that about four and a-half years previously, in performance of his duty, he was shot with a revolver by a prisoner who was out on bail. The prisoner took him unawares as he and a fellow policeman were about to conduct him into court for trial. The bullet entered just behind his right ear, and he was conveyed to hospital. He was not quite clear with regard to the length of time he was laid up in

MEDICO-LEGAL AND MEDICO-ETHICAL.

UNQUALIFIED PRACTICE OF DENTISTRY.

ON May 26th the case of *Brown v. Whitlock*, which raised an important question under the Dentists Act, 1878, was heard by the Lord Chief Justice, Wills and Channell, JJ. It came before the court on appeal from a police magistrate who had dismissed a charge against the respondent for unlawfully taking and using a description implying that he was then registered under the Acts, or that he was specially qualified to practise dentistry. It appeared that in November, 1902, the respondent was practising at 521, Fulham Road. His name was not on the *Dentists' Register*, nor was he a legally-qualified medical practitioner. On the front railings in the Fulham Road there was a white marble slab with the words, "Mr. W. Lawson Whitlock, 10-5" upon it. At the side door were the words "Mr. R. C. Stent, R.D.S. Eng., Surgeon Dentist," on a black marble slab, and a gas lamp fixed on a standard in a forecourt had upon it the words, "Messrs. Stent, Surgeon-Dentists. Estd. 1840." Upon the appellant paying a visit to the premises, and asking for Mr. Stent, he was told by the respondent that Mr. Stent was dead, and that he (the respondent) was Mr. Whitlock. The respondent alleged (1) that he had a perfect right to do what he was doing; (2) that he had purchased the practice from Mr. Stent's personal representatives; (3) that he had come from Australia, and would soon get over the difficulty by turning himself into a company. The magistrate dismissed the information.

The Lord Chief Justice, in giving judgement, said he regretted that he was unable to interfere with the magistrate's decision. He had a strong feeling that Stent's name had been kept up in order that the respondent might identify himself with Stent and lead people to suppose that he was a duly qualified practitioner. This, however, was not the offence with which the respondent was charged. The words of the summons were that the respondent took and used an addition or description implying that he was registered under the Act. This was a question of fact with which he could not interfere.

The other members of the Court concurred.

SENSATIONAL SURGERY IN THE NEWSPAPERS.

A CORRESPONDENT sends us a cutting from the *Clomet Chronicle*, which describes under the heading "Difficult Surgical Operation at Union Hospital, Clogheen," the performance of lithotomy upon a patient named John Lonergan by Dr. W. P. Walsh, who, we are told, "applied for and obtained the necessary permission to call in the aid of two expert medical practitioners," Dr. Henessy (Clogheen) and Dr. Cusack (Cahir). Dr. Walsh himself "being the actual operator." At the foot of the paragraph is the word "correspondent," implying that this choice piece of news was communicated by some one not on the ordinary staff of the newspaper. We should be glad to see something done to check the growing frequency of such puffs. It is difficult, if not impossible, to show that the practitioners named are responsible for these publications, and in certain instances we know that they are not. The practice might be stopped if the Divisions of the Association or local medical societies would remonstrate with the editors and the practitioners concerned.

THE PECULIAR PEOPLE.

AT the Stratford Police Court, on May 26th, Thomas Moon, a labourer, and his wife, of Barking, were charged with the manslaughter of their daughter, Emily Moon, aged 9 years and 11 months. According to a report in the *Times*, May 27th, the prisoners were members of the sect known as "Peculiar People." It appeared that on May 26th the child was taken ill. On May 26th the parents, thinking it was suffering from diphtheria, called in a Dr. Fenton who offered to remove it to the hospital or treat it at the home. To this the prisoners would not consent, as they intended to isolate themselves and treat the child at home. On May 27th the child was so bad that Dr. Fenton was summoned again, and the mother told him he could have the child removed or could treat it at home if he wished. The child died soon after this. At the inquest Dr. Fenton told the jury that death was the result of collapse following diphtheria, and added that the child had suffered pain which medical aid could have relieved, and that the life of the child would probably have been saved. The jury returned a verdict of manslaughter, when the prisoners were both arrested.

MEDICAL BIOGRAPHIES IN COUNTY DIRECTORIES.

SIX MEMBERS.—We have had this question submitted to us from several localities. It is, in our opinion, highly undesirable that medical practitioners should allow their portraits and biographies to appear in such a publication. We believe that this has been the view generally taken.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

Degrees.—At the congregation on May 28th, the following degrees were conferred:—*M.D.*: S. H. Long, Caius. *M.B.* and *B.C.*: J. McBryde, King's; F. H. Pearce, Trinity; W. H. Bralley, Queen's; H. T. Thompson, Christ's; G. W. Greene, Downing. *M.B.* only: W. H. Atkinson and R. F. Williams, Caius. *B.C.* only: F. S. Kidd, Trinity; J. E. Spicer, Trinity; J. E. Frere, Pembroke; H. Statham, Christ's; W. B. Crowfoot, Emmanuel.

UNIVERSITY OF LONDON.

In the report of the meeting of Convocation, held on May 12th, which was published in the *BRITISH MEDICAL JOURNAL* of May 16th, at p. 184, the fate of the resolution proposed by Mr. W. K. Warren, LL.B., was not definitely stated. Both that resolution and the amendment thereto were after considerable discussion (which we duly reported) withdrawn, and not the amendment only. As a correspondent suggests that the report thus "makes it appear that victory was with the reactionaries" who supported the motion, "whereas they were glad to withdraw their motion to avoid defeat." We append the account of the transaction which appears in the official minutes of the meeting:

It was moved by W. R. Warren, LL.B., and seconded by H. H. Axford, B.A.,

"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."

After considerable discussion it was moved by R. W. Hinton, B.A., and seconded by H. A. Nesbitt, M.A.,

"That the House pass to the next business on the agenda."

After further debate both motions were, by leave, withdrawn.

VICTORIA UNIVERSITY.

RESIGNATION OF THE CHANCELLOR.

EARL SPENCER formally notified his resignation of the office of Chancellor of Victoria University to the Court. The Vice-Chancellor has sent the Chancellor's letter to Convocation, which elects the Chancellor. The Chancellor defines his position under date May 16th, 1903.

"When the question of reconstituting the Victoria University, of which I had the high honour of being Chancellor, arose, I deeply regretted that I differed from a large number, and probably from a majority of the members of the University. But I felt strongly on the subject, and I thought it my duty both to express my opinions at Courts at Manchester over which I presided, and to join in the opposition to the proposed changes before the Privy Council. The Privy Council decided against the views which I held. It was not at first clear to me that I could legally continue to hold the office of Chancellor, when the alteration in the character of the University which had elected me came into force. You now assure me that in the new Charter no actual change will be made in the Chancellor's position. As I accept this view, I feel (though with genuine regret) it my duty to ask you to place my resignation of the great office which I hold in the hands of those who elected me to it. I do this both because I find myself differing from many members of the University on a question of great educational importance, and also because many circumstances which existed when I had the honour to be elected will in future be materially altered. In taking this step I desire to express my warm appreciation of the kindness and support which I invariably received from all those with whom I have been officially in contact since my appointment, and to say that I shall all my life be proud of having been for a considerable time Chancellor of Victoria University. I place my resignation in your hands. You will best judge when it should take place. I need not assure you that I wish to resign at the time which is most convenient and most conducive to the welfare of a University in whose continued success I shall always have the deepest interest."

At the meeting of Convocation to be held on June 17th a motion to the following effect will be submitted:

"That Convocation desires to place on record its high appreciation of the great services rendered to the University by the Right Hon. Earl Spencer, K.G., as Chancellor, and to express its sincere hope that he will reconsider the question of his resignation, and that the University may continue to have the great benefit of his presidency."

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE COMING COUNCIL ELECTION.

The Council is at present constituted as follows:

President.

Sir H. G. Howse, Kt.; C, (1) 1889, (2) 1897.

Vice-Presidents.

1. Mr. J. Tweedy; C, (1) 1892, (2) 1900 (substitute for Mr. Davies-Colley till 1904).
2. Mr. Mayo Robson; C, (1) 1893, (2) 1901.

Other Members of Council.

Mr. Bryant; C, (1) 1880, (2) 1888, (3) 1896; F, 1890-2.
Mr. Willett; C, (1) 1887, (2) 1895.
Mr. Pick; C, (1) 1888, (2) 1896.
Mr. Langton; C, (1) 1890, (2) 1898.
Mr. H. Morris; C, (1) 1893 (substitute), (2) 1898.
Mr. T. R. Jessop; C, (1) 1891, (2) 1899.
Mr. Howard Marsh; C, (1) 1892 (substitute); (2) 1894, (3) 1902.
Mr. Alfred Cooper; C, (1) 1895 (substitute), (2) 1900.
Mr. Butlin; C, 1895.
Sir F. Treves; C, 1895.
Mr. Owen; C, 1897.
Mr. Rickman Godlee; C, 1897.
Mr. Watson Cheyne, C.B.; C, 1897 (substitute), (2) 1901.
Mr. Richardson Cross; C, 1901.
Mr. H. W. Page; C, 1899.
Mr. Pearce Gould; C, 1900.
Mr. J. Ward Cousins; C, (1) 1895 (substitute), (2) 1897 (substitute), (3) 1900.
Mr. R. C. Lucas; C, 1901.
Mr. J. H. Morgan; C, 1902.
Mr. H. H. Clutton; C, 1902.
Mr. C. W. Mansell Moullin; C, 1902.

The following list shows the proportional representation of metropolitan medical schools, of special hospitals in London and of the provinces:

St. Bartholomew's	...	...	...	4
Charing Cross	...	...	...	1
Guy's	...	...	...	3
King's College	...	...	...	1
London	...	...	...	2
Middlesex	...	...	...	2
St. George's	...	...	...	1
St. Mary's	...	...	...	2
St. Thomas's	...	...	...	1
University College	...	...	...	2

Total number attached to London schools	...	...	...	19
Members attached to special hospitals in London	...	...	...	1
Provincial members (Leeds 2, Bristol 1, Southsea 1)	...	...	...	4

Total

Thus, the three members last elected in 1895—Mr. Willett, Mr. Butlin, and Sir F. Treves—retire, leaving three vacancies. As no member of Council has died during the past year there will be no substitute members.

CONJOINT BOARD IN IRELAND.

THE name of Dr. F. G. O'Donohoe, of Castlereagh, was accidentally omitted from the list of successful candidates for the D.P.H. of the Conjoint Board of Ireland published last week, p. 1292.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

THE annual meeting of Fellows was held on May 30th, Mr. L. H. Ormsby (President) in the chair. The report of the Council was read and adopted.

The President addressed the meeting, showing that the College was in a good financial state. The receipts during the year were above the average, and notwithstanding a large extra expenditure of over £1,200 on painting and decorating the College halls, the bank account showed a large credit balance, and the College was entirely free from debt. During the year 16 candidates, having passed the examinations, were admitted to the Fellowship; 44 candidates, having passed the Conjoint Examination with the Royal College of Physicians, received the Diploma in Surgery and Midwifery; 29 candidates, having passed the Conjoint Examination with the Royal College of Physicians, received the Conjoint Diploma in Public Health; 7 candidates, having passed the examinations, received the Licence in Dental Surgery; 52 candidates, having passed the Conjoint Preliminary Examination with the Royal College of Physicians, received certificates. There are at present living: 10 Honorary Fellows, 445 Ordinary Fellows, 2,832 Licentiates, 6 Honorary Diplomates in Public Health, 157 Ordinary Diplomates in Public Health, and 503 Licentiates in Dental Surgery.

The annual election of President and Council was held on June 1st, when the following was elected, President: L. Hepenstal Ormsby. Vice-President: Arthur Chance. Secretary: Sir Charles A. Cameron, C.B. Council: Sir Philip Crampton Smyly, Henry Rosborough Swanzy, Edward Hallaran Bennett, William Stoker, Sir Charles Alexander Cameron, C.B., Austin Meldon, D.L., John B. Story, Sir William Thomson, C.B., Sir Charles B. Ball, Sir Thomas Myles, John Lentaigne, Richard D. Purefoy, Henry G. Sherlock, R. Bolton M'Causland, Robert H. Woods, Thomas Donnelly, William Taylor, Edward H. Taylor, G. Jameson Johnston. The new members are Messrs. William Stoker, Edward H. Taylor, and G. Jameson Johnston.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 8,662 births and 4,307 deaths were registered during the week ending Saturday, last, May 30th. The annual rate of mortality in these towns, which had been 15.9, 15.4 and 15.5 per 1,000 in the three preceding weeks, declined again to 14.9 per 1,000 last week. The rates in the several towns ranged from 7.2 in Wallasey, 8.0 in Hornsey, 8.2 in Handsworth and in King's Norton, 8.5 in Croydon, 9.1 in York, 9.9 in Tynemouth, and 10.1 in West Hartlepool, to 10.8 in Liverpool, 19.9 in Sunderland, 20.3 in Huddersfield, 20.4 in Merthyr Tydfil, 21.0 in Rotherham, 22.1 in Rochdale, 23.0 in Manchester, 23.6 in Burnley, and 26.9 in Middlesbrough. In London the rate of mortality was 13.9 per 1,000, while it averaged 15.3 per 1,000 in the seventy-five other large towns. The death-rate from the principal infectious diseases averaged 1.5 per 1,000 in the seventy-six large towns: in London this death-rate was equal to 1.4 per 1,000, while it averaged 1.5 in the seventy-five other large towns, among which the highest death-rates from the principal infectious diseases were 3.2 in Nottingham, 3.3 in Hanley, 3.4 in Leyton, 3.8 in Middlesbrough, 3.9 in West Bromwich, 5.0 in Wigan, 5.9 in Wolverhampton, and 7.2 in Coventry. Measles caused a death-rate of 1.6 in West Bromwich, in Middlesbrough, and in Swansea, 1.9 in Nottingham, 2.2 in Wolverhampton, 2.5 in Walthamstow and in Wigan, and 5.0 in Coventry; diphtheria of 1.4 in Southampton and 2.5 in Hanley; whooping-cough of 1.2 in St. Helens and in Rochdale, and 1.9 in Oldham; and diarrhoea of 1.6 in Warrington and 3.8 in Wolverhampton. The mortality from scarlet fever and from enteric fevers showed no marked excess in any of the large towns. Four fatal cases of small-pox were registered in Liverpool, 2 in Leeds, 2 in Leicester, 2 in Manchester, 2 in Hull, and 1 each in London, Willesden, Oldham, Burnley, Bradford, and Newcastle-on-Tyne. The Metropolitan Asylums Hospitals contained 60 small-pox patients at the end of last week, against 60, 60, and 64 at the end of the three preceding weeks; 10 new cases were admitted during the week, against 17, 7, and 19 in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had been 1,730, 1,756, and 1,759 on the three preceding Saturdays, had further risen to 1,771 on Saturday last, May 30th; 225 new cases were admitted during last week, against 229, 236, and 234 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, May 30th, 1,093 births and 601 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 17.9, 18.0, and 17.2 per 1,000 in the three preceding weeks, rose again last week to 18.4 per 1,000, and was 3.5 per 1,000 above the mean rate during the same period in the seventy-six large English towns. The rates in the eight Scotch towns ranged from 10.8 in Perth and 16.8 in Aberdeen to 19.7 in Edinburgh and 22.0 in Dundee. The death-rate from the principal infectious diseases averaged 2.1 per 1,000 in these towns, the highest rates being recorded in Glasgow and Paisley. The 270 deaths registered in Glasgow included 6 which were referred to measles, 2 to scarlet fever, 2 to diphtheria, 16 to whooping-cough, 2 to "fever," and 9 to diarrhoea. Three fatal cases of scarlet fever, 2 of diphtheria, and 6 of whooping-cough were recorded in Edinburgh. Four deaths from diarrhoea occurred in Dundee and 2 in Aberdeen: 2 from "fever" and 2 from diarrhoea in Paisley; and 2 from whooping-cough in Leith and 3 in Greenock.

HEALTH OF HASTINGS.

THE Report of the Medical Officer of Health for the Borough of Hastings (Dr. Scarilyn Wilson) for the year 1902 shows that the estimated population during the year was 65,900. This is about 500 more than the average of the preceding ten years. The census in 1901 showed that 41 per cent.

of the population were men and 59 per cent. females. The disparity thus shown between the sexes is slightly less than formerly, but the diminution is accounted for by the inclusion of new areas within the borough. Disparity in proportion of sexes is a more common feature of health resorts than of other towns. The corrected death-rate per 1,000 of estimated population was 14.35, being slightly less than the average of the preceding ten years. It includes 49 deaths from zymotic disease, or 0.74 per 1,000 of population, the greater number being due to measles and diarrhoea. This zymotic death-rate is not high, but quite high enough for a health resort, especially as the infectious disease notification table shows that the attack-rate of diphtheria and membranous croup was 1.09 per 1,000. In the notification table are also included 12 cases of enteric and 5 of small-pox; of the latter, 4 cases were directly imported from the metropolitan area and successfully dealt with, while 5 of the enteric cases also seem to have been imported, and some others are ascribed to infected oysters.

The birth-rate was only 18.22 per 1,000 of population. It is low at all health resorts, but at Hastings it appears to be more steadily decreasing than elsewhere in spite of the recent inclusion of areas where birth-rates ought to be high. Over 8 per cent. of the births were illegitimate. This is very high, but also a common feature of health resorts. Why? The infant mortality was 109 per 1,000 births, which cannot be considered low for a non-manufacturing district. The death-rate per 1,000 from phthisis is not given, but seems to be about the same as that in all England. A town like Hastings of course gets a great many imported cases. The return of proceedings taken under the Food and Drugs Act shows apparently that the usual difficulty exists in getting magistrates to take a sufficiently serious view of milk adulteration.

The concluding return of the report brings the health statistics of Hastings into comparison with towns in England generally. It of course figures well, and a more useful comparison would be between Hastings and other seaside towns of about the same size.

HEALTH OF PAISLEY.

THE Report of the Medical Officer of Health for the Scottish Burgh of Paisley (Dr. Alexander Kobb) for the year 1902 shows that the population is increasing apparently at the rate of about 2 per cent. per annum, and was estimated for the year at 81,150 persons. Calculated on the acreage of the burgh this works out at a little under 23 persons to the acre. The birth-rate during the year was 30.29, which is nearly 2 per 1,000 more than the birth-rate of England during the same period, and of these only 4.5 per cent. were illegitimate.

The death-rate per 1,000 of estimated population was 17.8, which is slightly higher than the average of towns of corresponding size. The infant mortality was 121 per 1,000 births. This for a manufacturing town is fairly satisfactory. The zymotic death-rate was 2.2 per 1,000 of population against 2.6 per 1,000 during the preceding year. The phthisis death-rate was 1.2 per 1,000, and is decreasing here as elsewhere with some steadiness. The death-rate from enteric was only 0.160 per 1,000, and much lower than in previous years. There were no cases of small-pox, but, on the other hand, there were 6 cases of typhus fever with 1 death, and 4 cases of cerebro-spinal fever, all occurring in the same month. Scarlet fever appears to be endemic in the town, and there were 486 cases with 27 deaths. Measles also were more prevalent than in later years. The Infectious Diseases Hospital appears to be a fairly popular institution and received nearly 90 per cent. of all notified cases of scarlet fever, 80 per cent. of all the enterics, and corresponding percentages of all other notifiable disorders.

LEGISLATION AS TO CHILD LABOUR IN AMERICA.

THE Child Labour Committee in the United States has, we learn from the *Medical Record*, prepared Bills for the restriction of child labour. Four have been introduced into the Senate by Senator Hill, of Buffalo; three into the Assembly by Mr. Finch, of New York; and one by Mr. Agnew, of New York. Their most important provisions are the following: (1) In order to secure a certificate allowing employment in factories and mercantile establishments the parent of a child must file with the Board of Health incontrovertible evidence that such child is actually fourteen years of age or upward. The forms of evidence specified in the Bills are: A transcript of the child's birth certificate, or of its baptismal certificate, or some religious record or passport. In addition, the school record of the child, called for under the present law, must now include a statement of the child's age as entered on the school records. The only evidence of age called for under the present law is the affidavit of the parent; (2) The existing laws prohibiting the employment of children under fourteen years of age in mercantile establishments, and regulating the hours of employment of such children between the ages of fourteen and sixteen are extended to cover children employed in connexion with telegraph, messenger, delivery, or other offices, and hotels, restaurants, and places of public amusement; (3) The provision in the existing law is repealed which allows vacation work in factories to children fourteen to sixteen years of age who have not had the full schooling required for securing employment throughout the entire year, and the corresponding provision is repealed which allows vacation work to children twelve to sixteen years of age in mercantile and other establishments named in Section 2. This latter repeal, however, applies only to cities of the first and second class; (4) The employment of children between fourteen and sixteen years of age more than nine hours in any one day is prohibited in factories, mercantile and other establishments named in Section 2. The existing laws place a ten-hour limit, but adds, as an exception, that such children may be employed more than ten hours in any one day, if this is done, in order to make a shorter workday of the last day of the week—an exception which makes the law almost impossible of enforcement; (5) No child under 10 years of age shall work as a newsboy, bootblack, or street pedlar in cities of the first class, and no child 10 to 14 years of age shall so work later than 9 o'clock in the evening.

MILK LEGISLATION IN THE UNITED STATES.

A BILL which has recently become law in New Jersey provides that no person shall distribute or sell, or offer to distribute or sell, or have in his possession with intent to distribute or sell, any milk which has been produced by cows that have not been daily supplied with pure and wholesome water; and no person shall wash or attempt to cleanse any can or utensil used for handling or transporting milk in water which he shall have reason to believe is polluted, contaminated, or impure. A penalty of 50 dollars is imposed for each violation.

REVACCINATION.

SENEX (P.V.) writes: In view of the fact that cases of revaccination of children under 10 years of age are not chargeable to Boards of Guardians, does a public vaccinator incur any responsibility if he refuses, in his official capacity, the request of a parent to revaccinate his child under 10 years of age and that child subsequently contracts small-pox?

. No; but we can imagine circumstances where the fact of exposure to small-pox and inability to pay for private vaccination would make it advisable to accede to the request, even though no charge could be made.

DRY EARTH SYSTEM.

F. A. H. desires to know where he can find full details of the most efficient methods of working the dry earth system of excreta disposal for a village.

REMOVAL OF PAUPER LUNATICS.

H. D. asks for our opinion as to the method of dealing with pauper lunatics in a provincial union. He illustrates the practice there adopted by the following case: The medical officer in attendance informs the relieving officer that a lunatic must be removed (we assume that he means to an asylum). On receipt of this information the relieving officer moves the patient to the workhouse, and the medical officer of the workhouse subsequently certifies the patient as fit for an asylum. This method of proceeding is contrary to the spirit of the Lunacy Act, and is consequently generally regarded as irregular and objectionable; and if this removal to workhouse is the only action taken in reference to the case by the relieving officer, it cannot be held that he has performed his duty. By Section XIV, Subsection 3 of the Act of 1890, the relieving officer, after having received information from the medical officer or otherwise that a pauper is deemed to be a lunatic and ought to be sent to an asylum, is required within three days to give notice thereof to a magistrate. If such notice is not given by the relieving officer he falls to comply with the requirements of the Act in question.

HOSPITAL AND DISPENSARY MANAGEMENT.

GUY'S HOSPITAL.

THE report of Guy's Hospital for 1902 practically covers all the period that has elapsed since the great renovation and re-endowment crusade was commenced six years ago. It therefore contains besides accounts and statistics a great deal of interesting information as to what has been done and what still remains to be effected, and also an historical survey of the institution and all its connected charities. The reconstitution of the nursing arrangements and the home appears to be practically complete, and is pleasant reading when the hole-and-corner arrangements for nurses still in force at many hospitals are remembered. Little by little the hospital has managed to reopen many of the wards which for want of funds and other reasons had had to be thrown out of use, and last year the number of cases treated in the wards reached a total of 8,091. This is an increase of 2,500 over the number treated ten years ago, and good testimony to the efficiency of the work. The authorities have only yet received half of the half million which they aimed at collecting when the renovation was commenced, so though much has been carried out still more remains to be done to put this one of the three famous old hospitals of London upon a proper footing. The medical school also requires further endowment, and it is to be wished that some of those philanthropic millionaires who are to be looked out for useful ways of spending money would turn their attention to this ancient hospital and school.

THE ROYAL LONDON OPHTHALMIC HOSPITAL.

THE report of this hospital (better known as "the Moorfields Eye Hospital") for 1902 shows that 1,979 in-patients were treated during the year, being 26 patients to each bed in use, the average stay of each patient being thirteen days, and the number of beds constantly occupied 74 out of the 88 available. The new out-patients numbered 32,442, while 359 other applicants were refused treatment after inquiries had been made as to their financial circumstances. Twenty beds still remain unused for want of funds, but, considering the recent date at which the hospital moved to its new and larger quarters, its financial position does not appear at all unsatisfactory. It has a debt of £5,463, but its income from annual subscriptions and donations appears to be steadily, if not very rapidly, increasing. The ground rent paid for the new site is rather a heavy item (£1,120), and the Committee is endeavouring to raise a special "Rent Investment Fund" to meet this annual charge. The report notes that tablets recording the names of all the medical staff since the foundation of the institution in 1853 have been placed in the Entrance Hall of the new building, which seems a step worthy to be imitated.

CENTRAL MIDWIVES BOARD.

WE have received the following communication from Mr. G. W. Duncan, Secretary of the Central Midwives Board:

"I am directed to inform you that a meeting of the Central Midwives Board was held on Thursday, May 28th, at the Privy Council Office, Whitehall, when the following business was transacted:

"1. A letter was read from the Secretary of the Liverpool Ladies' Charity and Lying-in Hospital, praying for the recognition of their certificate in midwifery as a sufficient qualification under Section II of the Midwives Act, 1902. The Secretary was instructed to reply that the application would have the careful consideration of the Board when they came to deal

with the question of the acceptance of 'other certificates under Section II.'

"2. A draft form of notice of the effect of the Act for the use of local supervising-authorities was considered, amended, and approved.

"3. The Secretary reported as to negotiations for acquiring suitable offices for the Board, and further instructions were given to the Subcommittee in charge of the matter.

"4. The Secretary was instructed to prepare for the consideration of the Board at their next meeting draft forms of (a) Midwives Roll, (b) certificates under the Act."

MEDICAL NEWS.

THE annual dinner of the Royal Army Medical Corps (Militia) will be held at the Trocadero Restaurant on Monday, June 8th. The chair will be taken by Colonel Sir James Clark.

BRITISH DAIRY FARMERS IN FRANCE.—The British dairy farmers have held their annual conference this year in France, or rather in Normandy, with a flying visit to Paris, which they reached on May 16th. A hundred and thirty-two persons of both sexes took part in the expedition. On May 18th a visit was made to a teaching farm of over 300 acres at Plasir Grignon. Chaumont was next visited, and the party inspected a farm which sends its milk supply to Paris, where it is sold at 2½d. a litre. Before leaving Paris a grant banquet was held in the Hotel Central. Professor Long, who presided, toasted the French Republic and the King of England, and expressed the gratification of all present at the cordial welcome accorded to them in France. The party reached Normandy on May 20th and visited the agricultural schools of Chaumont-en-Vexin, Vernon, Honfleur, Caen, Bayeux, Saint Pierre-sur-Dives, Mézidon, Serquigny, and Dieppe.

ORAL INSTRUCTION OF THE DEAF AND DUMB.—The report of the Association for Oral Instruction of the Deaf and Dumb (11, Fitzroy Square) for 1902 shows evidence of progress, and we note that no less a sum than £136 18s. 9d. has been received as Government grant in respect of pupils in the practising school—the best testimony of official approbation. Unfortunately the state of the funds does not keep pace with the requirements of the institution, and it is hoped that a festival dinner (to be held on June 11th) will help the Association's finances. As this institution was the first publicly to introduce into this country the pure oral system of teaching the deaf, some 33 years ago, it should not be allowed to languish for want of funds. Both as regards teachers and pupils trained, its record of success is very meritorious, and its work has much helped on the public provision now made for the elementary education of the deaf.

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN.—The members of the Dermatological Society of Great Britain and Ireland and their friends dined together at the Café Royal on Wednesday, May 27th, and spent a very enjoyable evening, Dr. J. H. Stowers, President of the Society, being in the chair. The chief guest was Professor William Thomas Corlett, of Cleveland, Ohio, U.S.A., whose highly interesting and striking lantern demonstrations of the small-pox epidemic in the United States, delivered the same afternoon at the Society's rooms, should have been witnessed by Mr. Bernard Shaw and his antivaccination friends. The toast of "The President of the United States of America" was proposed in a few well chosen words by the Chairman, and cordially responded to. Professor Corlett, in returning thanks for the hearty manner in which his health had been proposed and received, emphasized the Chairman's remarks as to the living bonds which united the English-speaking peoples on both sides of the Atlantic. Mr. Howard Marsh, who represented the Clinical Society, stated that, according to information received from Nigeria, things dermatological were on a large scale out there. The *acarus scabiei*, for instance, was as large as a date stone; and the native children played at marbles with the desiccated spores of the ringworm fungus. The speaker did not state if his informant was Mr. Lemuel Gulliver. The enjoyment of the evening was largely contributed to by Mr. Barrett, Mr. Reginald Groome, and Mr. Upton, who discoursed music, song, and humorous stories in their usual excellent way.

A TRAVELLERS' HEALTH EXHIBITION.—A small exhibition was held recently at the Examination Hall on the Victoria Embankment, in connexion with the Livingstone Missionary College. The exhibits consisted of articles of personal and domestic outfit for the use of persons residing or travelling in tropical climates and uncivilized lands. During the day a lecture was delivered by Dr. Sambon on the chief disease scourges of the tropics in their relation to the development of Great Britain, and six or seven demonstrations were given on cooking requisites and feeding arrangements while camping or on the march, on medicine chests, ambulance outfits and the use of disinfectants, mosquito protections and sleeping arrangements, water purification, the use of concentrated foods during health and illness, and those various minutiae of travel which tend to add to its comfort or diminish its risks. The most interesting exhibit was Dr. Livingstone's own medicine chest, shown by Dr. John Robb, late of H.M. Indian Medical Service. It contains bottles, etc., for fifteen drugs. Several of them have lost their labels, but the others were for paregoric, arnica, peppermint oil, brandy, jalap, tartaric acid, bromide of ammonia, strong ammonia, ipecac. powder, sulphuric ether, and blistering fluid, and, of course, plaster, caustic, and a lancet.

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.

BATH: ROYAL UNITED HOSPITAL.—House Surgeon, resident. Salary, £80 per annum.

CANTERBURY: KENT AND CANTERBURY HOSPITAL.—House Surgeon, resident. Salary, £90 per annum.

CENTRAL LONDON OPHTHALMIC HOSPITAL, Gray's Inn Road.—House-Surgeon, resident. Salary at the rate of £50 per annum.

CROYDON BOROUGH.—Senior Assistant Medical Officer for the new Mental Hospital at Wainham, resident. Salary, £180, rising to £180 per annum.

DURLEY: GUEST HOSPITAL.—Assistant House-Surgeon, resident. Salary at the rate of £40 per annum.

DUNDER COMBINATION EAST POORHOUSE AND HOSPITAL.—Resident Medical Officer. Salary, £100 per annum.

GREAT NORTHERN HOSPITAL, Holloway Road.—(1) Senior House-Surgeon. (2) Senior House-Physician. (3) Two Junior House-Surgeons. Appointment for six months. Salary for (1) and (2) at the rate of £200 per annum, and for (3) at the rate of £20 per annum.

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

HOSPITAL FOR RICK CHILDREN, Great Ormond Street, W.C.—Assistant Surgeon.

HOSPITAL FOR WOMEN, Soho Square, W.—House-Physician. Appointment for six months. Salary, £30.

KING'S COLLEGE, LONDON.—Senior Demonstrator in the State Medicine Laboratories.

LANGLISHIRE COUNTY ASYLUM, Winwick.—Assistant Medical Officer, resident. Salary, commencing at £150 and rising to £250 per annum, and to £350 on promotion.

LIVERPOOL: STANLEY HOSPITAL.—(1) Senior House Surgeon, resident. Salary, £100 per annum. (2) Third House-Surgeon, resident. Salary, £70 per annum.

LONDON COUNTY COUNCIL.—Pathologist of the London County Asylums, non-resident. Salary, £250 per annum.

LONDON HOSPITAL, Whitechapel, E.—Obstetric Physician.

LONDON HOSPITAL MEDICAL COLLEGE, Mile End.—(1) Demonstrator of Chemical Physiology. Salary, £300 per annum. (2) Lectureship on Biology. Salary, £100 per annum and class fees.

MAIDSTONE: KENT COUNTY OPHTHALMIC HOSPITAL.—Surgeon.

MANCHESTER CORPORATION.—Fourth Medical Assistant of the Monsall Fever Hospital, resident. Salary, £100 per annum.

NEWCASTLE-ON-TYNE: ROYAL INFIRMARY.—Two Medical Registrars.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road.—House-Surgeon, resident. Salary at the rate of £20 per annum.

PLYMOUTH: SOUTH DEVON AND EAST CORNWALL HOSPITAL.—Assistant House Surgeon, resident. Salary at the rate of £50 per annum.

ROYAL DENTAL HOSPITAL OF LONDON, Leicester Square.—Two House Anaesthetists, non-resident. Honorarium, £50 per annum.

ROYAL HOSPITAL FOR WOMEN AND CHILDREN, Waterloo Bridge Road, S.E.—Resident Medical Officer, Salary at the rate of £70 per annum.

ST. MARILEBONE GENERAL DISPENSARY, 77, Welbeck Street, W.—Honorary Obstetric Physician.

ST. MARY'S HOSPITAL MEDICAL SCHOOL, Paddington.—Lecturer on Physiology. Salary, £300 per annum.

SHEFFIELD ROYAL HOSPITAL.—Junior Assistant House-Surgeon, resident. Salary, £50 per annum.

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, £80 per annum.

WARRINGTON INFIRMARY AND DISPENSARY.—Senior Resident House-Surgeon. Salary, £120 per annum.

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

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—House-Surgeon, resident. Salary, £100 per annum.

MEDICAL APPOINTMENTS.

BARRON, W. N., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the Winkfield District of the Easthamstead Union.

CARTWRIGHT, J. A. T., M.R.C.S., L.S.A., L.M., reappointed Medical Officer of Health for Wigmore Rural District.

COLMAN, Frank, L.D.S., appointed Dental Surgeon to the East London Hospital for Children, Shadwell.

CUSACK, George, L.R.C.P. & S. Edin., appointed Honorary Surgeon to Out-patients at the Women's Hospital, Melbourne.

DICK, G. W., L.R.C.P. & S. Edin., appointed Certifying Factory Surgeon for the Shotts District, Lanarkshire.

EDWARD, A. A., M.D. Edin., C.M., appointed Certifying Factory Surgeon for the Haslemere District, Surrey.

FORSYTH, Charles W., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer to the St. Mary's Infirmary, Highbury Hill.

GRIFF, Janet, M.B., Ch.B. Melb., appointed Honorary Assistant Anaesthetist to the Melbourne Hospital.

GRIMWADE, Alfred, M.B., Ch.B. Melb., appointed Honorary Assistant Anaesthetist to the Melbourne Hospital.

HAWDEN, Reginald, M.B., Ch.B. Melb., appointed Resident Medical Officer of the Warrnambool Hospital, Victoria.

JOY, Charles Holmes, M.D., B.S. Durh., appointed Certifying Factory Surgeon for the Tamworth District of Staffs.

KNOX, Charles Frederick, L.R.C.P. Edin., M.R.C.S. Eng., appointed District Medical Officer of Port of Spain and Medical Inspector of Immigrants in Trinidad.

MCGILL, J. M., M.B., C.M. Edin., appointed Certifying Factory Surgeon for the Annbank District, Ayrshire.

MORRISON, H. B., M.B., appointed District Medical Officer of the Bromley Union.

PERHOUSE, Frank, M.R.C.S., L.R.C.P. Lond., appointed District Medical Officer of the Dorset Union.

PHILIP, A., M.D., appointed Certifying Factory Surgeon for the Newport District, Pembrokeshire.

REID, W. A., L.R.C.P. & S. Edin., appointed Junior House-Surgeon at the Clayton Hospital and Wakefield General Dispensary.

SHERRARD, Arthur Edmund, L.R.C.P., L.R.C.S., appointed Honorary Gynaecologist to the Adelaide Hospital, Victoria.

SINCLAIR, Wm., M.B., C.M. Abord., appointed Medical Superintendent of the Atherden Royal Infirmary, vice Charles Angus, M.B., C.M. Abord.

THOMSON, Arnold J., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer to the Stourbridge Union Workhouse, vice John Thomson, L.R.C.P. & S. Edin., deceased.

WOOD, W. W., M.B., C.M. Edin., appointed Certifying Factory Surgeon for the Grange-mouth District, Shropshire.

St. THOMAS'S HOSPITAL.—The following gentlemen have been selected as House Officers from Tuesday, June 2nd, 1903:
House-Physicians.—O. Hiltesheim, B.A., M.B., B.Ch. Oxon.; H. W. Sexton, L.R.C.P., M.R.C.S.
Assistant House-Physicians.—B. N. Panton, B.A. Cantab., L.R.C.P., M.R.C.S.; J. N. Sergeant, L.R.C.P., M.R.C.S.
Obstetric House-Physicians.—(Senior) W. M. G. Glanville, B.A., M.B., B.Ch. Oxon.; (Junior) H. Spurrer, B.A. Cantab., L.R.C.P., M.R.C.S.
Clinical Assistants in the Special Department for Diseases of the Throat.—J. Coates, L.R.C.P., M.R.C.S.
Clinical Assistants in the Special Department for Diseases of the Skin.—W. D'Arrol, L.R.C.P., M.R.C.S.
Clinical Assistants in the Special Department for Diseases of the Ear.—E. A. Ross, M.B., B.Cantab.
Several other gentlemen have received an extension of their appointments.

DIARY FOR NEXT WEEK.

TUESDAY.

Royal College of Physicians of London, 5 p.m.—Dr. C. E. Beevor: On Muscular Movements and their Representation in the Central Nervous System. (Croonian Lecture I.)

Royal Medical and Chirurgical Society, 20, Hanover Square, W., 8.30 p.m.—Dr. William Aldren Turner: A Statistical Inquiry into the Prognosis and Curability of Epilepsy based upon the Results of Treatment.

Medical-Legal Society, 20, Hanover Square, W., 8.30 p.m.—Adjourned discussion on Dr. J. G. Garson's paper on the Position of Medical Jurisprudence in London, especially in reference to the Investigation of Cases of Death from Violence. Dr. Wynn Westcott: On Overlying in Infants. Discussion on the Workman's Compensation Act, to be opened by Dr. Fred. Smith. Mr. H. Henslowe Wellington: Notes on the recent Southwark Poisoning Case.

WEDNESDAY.

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

THURSDAY.

Royal College of Physicians of London, 5 p.m.—Dr. C. E. Beevor: On Muscular Movements and their Representation in the Central Nervous System. (Croonian Lecture II.)

British Gynaecological Society, 20, Hanover Square, W., 8 p.m.—Dr. C. H. R. Routh: On some Directions and Avenues through which a more successful Treatment of Cancer may result, and perhaps Cure (adjourned discussion). Dr. Samuel May: On the Treatment of Haematomata and Haematomata.

Ophthalmological Society of the United Kingdom, 11, Chandos Street, Cavendish Square, W.—Card specimens at 8 p.m. by Dr. L. Werner, Mr. A. S. Morton, Mr. N. B. Harman, Drs. W. E. Thomson and Ballantyne, Mr. G. Hatridge, Mr. A. Gilly, and Mr. S. Stephenson. Papers at 8.30 p.m.—Major H. Herbert, M.R.S.: Glaucoma. Mr. E. Harman: Mastectomies and Winking Movements. Dr. L. Werner: A Case of Intraocular Echinococcus Cyst, with Brood Capsules. Dr. G. M. Scott: Retinitis Proliferans and Detachment of the Retina. Mr. H. W. Dodd: A Case of Melano-sarcoma of the Upper Eyelid.

Guy's Hospital Medical School, 4 p.m.—Dr. E. W. Ainley Walker: Modern Views upon the Causation of Cancer (Gorlin Lectures in Experimental Pathology).

POST-GRADUATE COURSES AND LECTURES.

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

Hospital for Consumption and Diseases of the Chest, Brompton, S.W., Wednesday, 3 p.m.—Lecture on Ashtma.

Hospital for Sick Children, Great Ormond Street, W.C., Thursday, 4 p.m.—Lecture on Inguinal Hernia.

Medical Graduates' College and Polytechnic, 32, Chancery Street, W.C. Demonstrations will be given at 4 p.m. as follows:—Monday, skin; Tuesday, medical; Wednesday, surgical; Thursday, surgical; Friday, throat. Lectures will also be given at 5.15 p.m. as follows:—Monday, Diarrhoea in Infants; Tuesday, The Relation of Carcinoma to Nerve and Tropic Areas; Wednesday, Ophthalmia; Thursday, The Etiology and Treatment of Haemoptysis; Friday, The Surgical Treatment of Gastric Ulcer.

Mount Vernon Hospital for Consumption and Diseases of the Chest, 7, Fitzroy Square, W., Thursday, 4 p.m.—Lecture on Haemoptysis.

National Hospital for the Paralyzed and Epileptic, Queen Square, W.C.—Tuesday, 3.30 p.m.—Lecture on Chorea's Joint Disease.

Post-Graduate College, West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 p.m. as follows:—Monday, Examination of Stomach and Gastric Contents; Tuesday, Operations performed on the Stomach, including Intestinal Anastomosis; Wednesday, Demonstration of Clinical Cases at Hanwell Asylum (at Hanwell); Thursday, Some Common Diseases and Injuries of the Knee. Friday, Food Poisoning.

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.

DEATHS.

MEREDITH.—May 29th, at Wellington, Somerset, Sophia, the wife of John Meredith, M.D., aged 65 years.

WRIGHT.—On May 25th, Percy Phillips Wright, L.R.C.P. Lond., of 12, Tollington Park, London, N., aged 39. R.I.P.