

Mr. Austen, the dipterologist of the British Museum, he identified them as specimens of *Auchmeromyia scalaris*, Fabr., and I am indebted to him for the scientific description of fly and puparium accompanying the figure. Of this accurately-defined species no larva has previously been described as a human ecto-parasite. The larva is of the usual muscid type, twelve-segmented with hooked mouth-armature.

DESCRIPTION OF THE FLY.

Mr. Ernest E. Austen, of the Zoological Department, British Museum, has been good enough to supply the following brief description of the fly:

Family, MUSCIDAE.

Auchmeromyia luteola, Fabr.

Musca luteola, Fabricius. *Systema Anthatorum*, p. 286 (1805).

♂, ♀. Length, 10 $\frac{1}{2}$ mm. to 12 mm.; length of wing, 10 $\frac{1}{2}$ mm.; width of head, 3 $\frac{1}{2}$ mm. in ♂, 4 mm. in ♀.

A rather stoutly-built fly, orange-buff in general colour, but with the distal half of the abdomen blackish.

Head, orange buff, with the eyes wide apart in both sexes; thorax somewhat darker than the base of the abdomen, with a faint greyish bloom, and marked with two indistinct blackish longitudinal stripes, which do not extend to the hind margin of the thorax; abdomen in the ♂ with the hind margin of the first segment very narrowly, the hind margin of the second segment more broadly, a more or less complete forwardly tapering medium stripe, the whole of the third segment except the extreme base, and two large lateral blotches on the fourth segment, meeting, or nearly so, in the median line—blackish. In the ♀ the blackish area on the abdomen is greater, since it includes in addition the whole of the second segment, except a more or less narrow band at the base. A striking sexual difference is to be seen in the second abdominal segment, which in the ♀ is twice the length of the same segment in the ♂. Legs orange-buff. Wings faintly brownish but entirely devoid of blotches or other markings, so that the veins are plainly visible.

The chitinous pupa-case of this species is of the usual reddish-brown colour and barrel-like shape common to the Muscidae; it measures about 11 mm. in length, by 4 $\frac{1}{2}$ mm. in greatest width.

The two specimens bred at Maradi by Captain Lelean are both females, and exhibit a divergence from the normal type in that their abdomens are almost entirely orange-buff in colour and show but little trace of the blackish apical half as described above. Two other specimens caught by Captain Lelean's boy at the same place are, however, perfectly normal, so that I am inclined to think that the pallor of the bred specimens is probably due to immaturity.

TREATMENT.

To conclude with a few notes on treatment:

In gusano worm the natives (1) occlude the orifice of the cavity in which the larva is contained by a piece of stamp paper, the air-breathing parasite, being thus asphyxiated, can be expressed; (2) cover the aperture with a tobacco-leaf, the nicotine poisoning the grub.

Dr. Folker uses a hypodermic of chloroform which so paralyses the larvae that he has by this means expressed as many as fourteen in less than two minutes, a velocity which commands respect. The *Dermatobia noxialis* (screw worm) is killed in the frontal sinus by carbolic injections of a 2 per cent. solution.

In the auditory meatus the larvae often cause so much tenderness as to make mechanical extraction impossible. A little calomel blown into the meatus is said to cause their death and spontaneous extrusion.

Lieutenant-Colonel J. Smith, writing of Indian experience, found maggots ingested in mangoes most difficult to dislodge, a fact not to be wondered at when they survived five minutes' immersion in pure carbolic acid. One patient passed from fifty to a hundred larvae daily for twelve months, and intensely feared their eating through the intestine. One case was cured by enemata terebinthinae; another was on butea frondosa, and in a third—parasiticides having no effect—scybala were produced by opium, and the embedded maggots came away by subsequent use of purgatives and enemata.

Finally, in huts infested by diptera, if cones of dried pyrethrum powder be burnt, the flies fall stupefied to the floor, whence they can be collected and burnt.

MEMORANDA:

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

VASECTOMY FOR ENLARGED PROSTATE.

Is the operation of vasectomy abandoned? Having regard to the much more serious one of prostatectomy now being advocated, I think the following case is worthy of being placed on record, the patient having been continuously under my observation from 1896 to the present time. I must premise that I was an absolute sceptic as to the utility of excision of the vas deferens, and only did it at the express solicitation of my patient, and I plainly told him previously that I did not expect it to be of any good.

A gentleman of fat and flabby physique, aged 58, married no family, of very regular habits, abstemious in all respects, came under my observation in May, 1896, for symptoms of enlarged prostate, frequent micturition both night and day, urgent need to respond quickly to the call to do so, occasional difficulty in passing urine even to almost absolute retention, urine only being voided by drops and with extreme pain and violent strain. The prostate was felt to be uniformly enlarged like a medium-sized apple. The urine was fairly clear, only clouded with mucus; no pus or albumen. These symptoms continued with more or less severity until the operation. On seven occasions he came to what he describes as a complete stoppage; these were always gradually relieved by free purgation with salines (I may here remark that of all treatment of retention from enlarged prostate, that of active purgation is the best). His less urgent symptoms in the intervals were kept in abeyance by rendering the urine alkaline, frequent hot baths; yet, notwithstanding every care and leading a most judicious life, his condition was one of chronic invalidism, and anxiety as to recurrent retention of urine. No catheter could ever be passed, even under chloroform, though there was no stricture of urethra or spasm, or pain on attempting to do so.

On July 17th, 1901, I excised about 1 in. from the right vas deferens. He experienced no discomfort, and was up and about in six days. From this time he has had no difficulty in micturition or occasion to seek medical aid. I have written to him at intervals asking particularly as to his condition, and have always had replies expressing his perfect satisfaction with the results of the operation, and that he was quite well. His last letter, dated August 17th, 1903, is as follows:—

In reply to your inquiry, I am very glad to say that I have no difficulty with passing water, and have had none since the operation, neither have I had a stoppage since the operation, and I am most certainly convinced that the operation has been beneficial to me. . .

On August 20th, 1903, I personally examined him, when the only criticism I could make was the right testis felt more flabby than the left. He is now 66 years of age. He was for six years under my care, suffering more or less continuously before the operation, and for over two years since the operation I have never heard of him excepting when I wrote to inquire.

Ryde.

THOS. ALPH. BUCK, M.B.Lond.

CASE OF FACIAL PARALYSIS FOLLOWING FORCEPS DELIVERY.

MRS. G., aged 23, primipara, was confined on March 13th, 1903. The pelvis was narrow, and forceps had to be applied to extract the child, a good deal of force being exerted both by traction and compression.

When she was visited next day the child was crying, and it was quite evident that he had paralysis of the left side of his face. The mouth was drawn to the right side, which was pucker, the left being full, and the right eye was closed, while the left was open. When the child slept both eyes were closed. In addition the head was deviated to the left side, and there was a convergent squint, the left eye looking directly forwards, but the right cornea being right under the inner canthus. There were rhythmic twitchings of the left arm and leg, and when crying became more violent, the right arm and leg became affected similarly, but to a less extent.

Next day (15th) the twitchings of the left side were still present on crying, but not so marked as before. On the 18th these had quite gone, as had also the deviation of the head to the left; and the squint was less marked. The child rapidly improved. For the first week he had to be

fed by spoon, but by March 20th could take the breast by means of a glass shield with indiarubber teat, and by April 3rd without anything intervening whatever.

By April 10th the squint had gone, and the paralysis was much improved, both eyes being closed when he cried.

On April 25th there was only a slight difference between the two sides of the face, which had quite disappeared by May 21st. The child was then healthy, well-nourished, and had grown considerably since birth.

The presentation was occipital, with the head in the first position. The right blade of the forceps had marked the scalp over the right half of the frontal bone, but there was no depression of the skull. The left blade left no mark, but must have been applied just over or behind the left ear.

GEORGE ARTHUR, M.B.

Ealing, W.

HAEMOGLOBINURIC FEVER.

Moothial, aged 37, a native of Hyderabad and a butler in the service of Mrs. F., residing at Malakpet, had been suffering from ague for a couple of months, but on November 15th, 1903, he was astonished to find that during the fit of shivering the urine voided was dark in colour; this frightened him a good deal. The attacks of ague came on every morning, lasted for a couple of hours, and left him extremely weak. Bilious vomiting occurred only once at the commencement of the disease. He had jaundice, constipation, pain in the loins, uneasiness in the belly, which was relieved on voiding urine or on passing wind. The conjunctivae were pigmented at the inner canthi as a result of malaria. Liver and spleen were not enlarged. The urine during the ague period used to become dark in colour, and later in the day it became quite clear gradually.

The dark, port-wine coloured urine was faintly acid in reaction; its specific gravity was 1.020, and it contained albumen. When submitted to centrifuge a greenish deposit was obtained, which under the microscope revealed a number of peculiar bodies resembling cylindroids tinged yellowish green, having circular knot-like structures, placed at varying intervals, and from the circumference of which a number of fine wavy fibres of similar colour radiated in various directions. The deposit also contained haemoglobin, casts mostly granular, and a few epithelial, oxalate of lime crystals, and half a dozen spherical bodies having central nuclei resembling spores of quartan parasites, but somewhat larger. Not a single red blood cell could be seen under the microscope.

Haemoglobin was detected by means of chemical tests: (1) Guaiacum test; (2) production of haemoglobin crystals.

Blood was examined on two occasions, but no parasite of any description could be found.

I was informed that the patient had quinine administered to him before he noticed the dark-coloured urine. The disease lasted about three weeks, and ended in recovery.

S. MALLANAH, M.D. Edin., D.P.H. Camb.,
Lecturer, Medical School, Hyderabad.

INFECTION IN ACUTE RHEUMATISM.

DR. TURNER's note in the BRITISH MEDICAL JOURNAL of August 8th, 1903, p. 311, on the infection of acute rheumatism reminds me of several similar cases that I have had in Cape Colony. I have unfortunately no access at present to my notebooks, but the one most impressed on my memory was that of a guard on the Cape Government Railways (W. H.), who was every year subject to periodical attacks of acute rheumatism.

From force of circumstances he was obliged to move out of his married quarters and share a single room (about 9 ft. by 6 ft.) with a fellow-guard. Here he had one of his attacks in knees and ankles, the maximum temperature being 101° F., and the attack lasting about ten days. He had scarcely recovered, when his room mate was for the first time in his life similarly attacked. In the case of the latter there was no trace in personal or family history of any rheumatic taint, neither was there anything in the position or neighbourhood of the guards' quarters to suggest a cause for the attack. He had used the same bed alternately with W. H., and the room was both small and deficient in ventilation.

Another case which suggested infection to my mind was that of a mother who came up to nurse her married daughter during an attack, and suffered similarly after about a week's interval.

I have noted two or three similar cases, and, like Dr. Turner, was impressed with the unlikeness of a series of such cases

being due to mere coincidence. Sometimes the second attacks have been subacute.

Another point which recalls to my mind the emphatic opinion expressed by Dr. Pye-Smith in the clinical wards of Guy's some fifteen years ago is that one soon learns to dissociate rheumatism either acute or chronic from "damp." Few climates in the world are drier than the Karroo, where twelve months may elapse without a shower of rain, and yet rheumatism is one of the commonest affections met with. The fact is doubtless due to the extremes of heat and cold met with during the 24 hours. In winter we continually have hoar frost in the early morning, and a temperature of 70° F. or more in the afternoon of the same day.

W. P. LEFEUVRE, M.R.C.S., L.R.C.P.,
Late Railway Medical Officer, Touws River, Cape Colony.

REPORTS

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

ROORKEE CIVIL DISPENSARY.

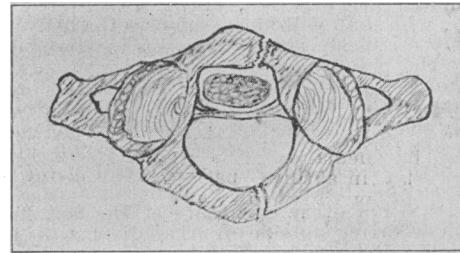
DETACHMENT OF THE ODONTOID PROCESS OF THE AXIS WITH
FRACTURE OF THE ATLAS; CONTINUED LIFE WITHOUT
SYMPTOMS OF INJURY TO THE SPINAL CORD.

(By L. B. SCOTT, B.A., M.B.Cantab., Lieutenant I.M.S.,
Officiating Civil Surgeon.)

History.—U. U., aged 23, was brought in from the country by the police on February 14th, 1903, to the civil dispensary at Roorkee, U.P., India, for treatment and medical report on his injuries. Two days before, while cutting leaves for goats' food, he was attacked by some men who hit him across the back of the neck with a heavy stick. He put up his hands to protect himself and both his arms were broken by the same blow. The fractures had been put up at a village dispensary.

State on Examination.—There was some pain and stiffness of the neck, but no bruising, a typical Colles's fracture in each arm, the left compound, and some rise of temperature. Chloroform was given and both fractures readjusted. The compound one was aseptically opened up, some loose fragments of bone removed, the wound thoroughly irrigated with perchloride solution, and antiseptically dressed. While he was under the anaesthetic I further examined the neck and rotated it fairly forcibly. Nothing was to be felt. Two days afterwards the arm was much swollen and the wound suppurating. The splint was removed. The arm was lightly fixed on a plain bit of wood and soaked in a perchloride bath. The arm improved slightly, but there was much pus coming from the wound. A week after admission and nine days after the accident, he began to develop signs of tetanus in the jaw muscles. This advanced very rapidly, and he died within seventeen hours of the first signs of tetanus appearing in a state of opisthotonus. Unfortunately I was not sent for and amputation was not done. During this week, he had walked about hospital most days, but complained of much pain in the neck and insisted that his neck was broken.

Necropsy.—Both fractures were perfectly typical Colles's, the styloid processes of both ulnae being detached. I was not intending to open up the neck, but on rotating the head once again I thought I felt crepitus. I therefore cut down from behind upon the vertebrae and found the posterior arch of the atlas broken. On opening up the posterior atlanto-axial ligament, the cord was found intact. I divided the cord



and on introducing a finger felt that the odontoid process was loose. I then made an opening in front and extracted the

2nd, 1904, 1 case. At the end of the latter week 2 cases were under treatment at the plague hospital.

From no other part of Cape Colony were any cases of plague reported. At Port Elizabeth, East London, and at Lady Grey Bridge, plague-infected rats continue to be found, but in no other towns was plague in man or animals discovered.

MAURITIUS.

During the week ending January 14th, 44 fresh cases of plague were notified, and 25 deaths from the disease.

ASSOCIATION NOTICES.

NOTICE OF QUARTERLY MEETINGS OF COUNCIL FOR 1904.

MEETINGS of the Council will be held on Wednesdays, April 20th, July 6th, and October 19th, in the Council Room of the British Medical Association, 429, Strand, London, W.C.

ELECTION OF MEMBERS.

ANY candidate for election should forward his application upon a form, which will be furnished by the General Secretary of the Association, 429, Strand. Applications for membership should be sent to the General Secretary not less than thirty-five days prior to the date of a meeting of the Council.

LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are fitted up for the accommodation of the members in commodious apartments, at the office of the Association, 429, Strand. The rooms are open from 10 a.m. to 5 p.m. Members can have their letters addressed to them at the office.

GUY ELLISTON, *General Secretary.*

BRANCH MEETINGS TO BE HELD.

BIRMINGHAM BRANCH: COVENTRY DIVISION.—The next ordinary meeting of this Division will be held at the Coventry and Warwickshire Hospital, on Tuesday, February 2nd. The chair will be taken by Dr. Milner Moore at 8.30 p.m. Agenda: Mr. Faulder White will read a paper on Suppurative Disease of the Ear, with a description of a new treatment. The paper will be illustrated by some clinical cases. Dr. Bankes-Price will show some appendices which have been removed by operation, and will make some observations thereon.—E. H. SNELL, Knighton House, Coventry, Honorary Secretary.

EDINBURGH BRANCH.—The annual clinical meeting of the Edinburgh Branch in conjunction with other Scottish Branches will be held in the Royal Infirmary, Edinburgh, on February 12th. Pathological Museum 3 p.m. Inspection of New Pavilions and Demonstration of Eye, Ear, and Throat Cases 3.30 p.m. Clinical Demonstration 4 p.m. Demonstrations of X-Rays, Radium, and High Frequency 5.30 p.m. Dinner in the North British Station Hotel at 6.30 p.m. Morning dress. Dinner ticket 5s. Those who have patients or specimens to show should communicate with one of the Secretaries.—NORMAN WALKER, 7, Manor Place; A. LOGAN TURNER, 27, Walker Street, Edinburgh, Honorary Secretaries.

STAFFORDSHIRE BRANCH.—The next meeting of this Branch will be held at Stafford on Thursday, March 3rd, instead of Thursday, February 25th, as one of Sir Oliver Lodge's lectures occurs on the latter date.—E. FETGRAVE JOHNSON, Stoke-on-Trent, Honorary General Secretary.

SPECIAL CORRESPONDENCE.

LIVERPOOL.

Trypanosomiasis Cases in Liverpool.—Annual Meeting of the Royal Infirmary.—Proposed Municipal Grant to the University.—Recognition of the Ladies' Charity and Lying-in Hospital by the Midwives Board.

SEVERAL notices have lately appeared in the columns of the daily papers with regard to certain negroes, said to be affected with sleeping sickness, who had been sent to Liverpool in order that their symptoms might be fully investigated. Since the accounts have been to some extent contradictory, it is desirable that the facts should be stated. The negroes in question, three in all, natives of the Congo State, were found to have trypanosomes in their blood, and were sent by H.M. the King of the Belgians to the Liverpool School of Tropical Medicine, in order that their cases, and through them the whole subject of sleeping sickness, might be thoroughly studied. One of them was a man aged 26, another was his wife, and the third was a man aged 21. At the time of embarkation the woman had the symptoms of sleeping sickness well developed and she died on the voyage; the younger man at first manifested

similar symptoms in a less degree; but he improved greatly when he reached a cooler latitude and is now practically well except that the trypanosomes are still found in his blood. The elder of the two men has not shown any symptoms of sleeping sickness although the trypanosomes are still present. The two men are at present residing near the School of Tropical Medicine and are under the daily observation of Professor Ronald Ross and his assistants.

The annual meeting of the Trustees of the Royal Infirmary took place on January 20th. It was announced that the fourth operating theatre was almost completed, and would be equipped in the most modern and approved style. Mr. E. R. Bickersteth, the Senior Consulting Surgeon, was appointed President for the ensuing year. In his remarks on accepting the office, he related some very interesting recollections of the conditions under which the practice of the Infirmary was carried on in the year 1856, when he first became a member of the staff, and he also stated his intention of endowing a bed with the sum of £1,000 in memory of his father, Mr. Robert Bickersteth, who was Surgeon to the Infirmary from 1811 to 1853.

Under the Liverpool Corporation Act of 1902 the City Council is empowered to contribute to the Liverpool University such annual or other sums as it may deem expedient, and such contribution may be made out of the city fund and general rate, or either of them, provided that the amount in any one year shall not exceed the amount which would be produced by a rate of one penny in the pound on the property assessable to the city rate or general rate. In consequence of this provision the University recently sent a deputation to the Finance Committee of the Council to present a memorial praying for a grant. The Committee unanimously decided to recommend the Council to grant to the University the sum of £10,000 during the year 1904, such sum to be paid out of the city rate.

The Central Midwives Board has intimated to the Board of Management of the Liverpool Ladies' Charity and Lying-in Hospital that it has placed that institution upon the list of institutions approved by it for the purpose of training pupils for qualification as midwives under the Midwives Act.

MANCHESTER.

Hygiene in the Slums.—Improvements in Work of Coroner.—Abandonment of Proposal for the Compulsory Notification of Phthisis.—Home for Nurses.—Gratitude for Benefit received at a Hospital.—Manchester Milk Supply and Precautions for its Purity.

THE Ladies' Public Health Society are doing excellent work in the social regeneration, or at least improvement, of Manchester, more especially in the homes of people in the crowded districts. At the annual meeting the report of the Committee stated that there are twenty-three paid visitors whose duty it is to go into the homes of the poor to instruct them in the matter of hygiene. This is the right and practical way. Actual visitation and personal instruction are the only means of reaching and convincing the ignorant. The object aimed at—clean houses and cleanly personal habits—is peculiarly one for women to engage in. The paid visitors are charged with the following duties:

1. The systematic visitation of babies and the instruction of the women in the matter of feeding and care of them.

2. Instruction in cases of infectious diseases (special attention being given to consumption cases), coupled with seeing that the necessary precautions are taken.

3. The systematic visitation of the houses in the districts.

4. The distribution of leaflets on sanitary and other matters, and the supplying of lime, whitewash brushes, sanitary powder, and also of carbolic soap to the people of the districts.

Owing to the intelligent efforts of the visitors in instructing young mothers in the management of their children infant mortality had perceptibly decreased. In the third quarter of last year there were 2,518 deaths in Manchester, and of these no fewer than 361, or 1 in 8, arose from tuberculosis in some form, 209 were children who succumbed to dysentery and diarrhoea, 158 before they had reached the age of 1 year.

Under the régime of the new coroner for the city a new system of administration most favourably affecting all who come into contact with the court—jurymen, witnesses, and medical men—has been introduced. Generally jurors are able to finish soon after noon; formerly the business went on for most of the day. The new coroner has enlisted the assistance of medical men, with the result that there is less work for the jurymen and a saving to the rates. Last year,

and of its school are one, and removal to some remote district would not only destroy the school, but would also by so doing completely alter the whole character of the institution itself.

Many other reasons might very easily be adduced in support of the appeal for sufficient funds both to maintain St. Bartholomew's in its present position and also to make it one of the most complete and modern of English hospitals of which the City of London might well be proud. But we have said enough to show the public that the present appeal is made in the best interests of the poor of London, and we know that many thousands of our fellow-citizens will now, and in after-years, reap the benefits of those buildings which money alone can supply.—We are, etc.,

SAMUEL GEE,	A. E. GARROD,
DYCE DUCKWORTH,	J. CALVERT,
T. LAUDER BRUNTON,	F. H. CHAMPNEYS,
NORMAN MOORE,	W. S. A. GRIFFITH,
SAMUEL WEST,	D'ARCY POWER,
JOHN LANGTON,	H. J. WARING,
HARRISON CRIPPS,	W. MCADAM ECCLES,
W. BRUCE CLARKE,	R. C. BAILEY,
ANTHONY BOWLBY,	W. D. HARMER,
C. B. LOCKWOOD,	W. H. H. JESSOP,
J. A. ORMEROD,	T. HOLMES SPICER,
W. P. HERRINGHAM,	A. E. CUMBERBATCH.

St. Bartholomew's Hospital, Jan. 20th.

THE SWEATING OF MEDICAL MEN.

SIR,—Whilst agreeing with "One of the Crushed Doctors" that by means of union and co-operation many of the troubles of medical men can be relieved—and I have no doubt in time will be relieved—I would like to point out that there is no help like self-help. I believe he would best help himself by asserting his mental superiority over these ignorant people by showing a bold front. Surely the fact of his being a medical man is no reason why he should sacrifice his British grit and pluck, and, when attacked, turn his hinder part to the enemy in order that he may be kicked. I feel confident that if he will be more courageous, at the same time cultivating the friendship of his medical neighbours and his faith in them, he will become a happier and more prosperous man.—I am, etc.,

January 21st.

AN UNCRUSHED COUNTRY DOCTOR.

SIR,—"One of the Crushed Doctors" throws out a suggestion which I think is a reasonable one. He says, "let places where medical men are numerous take the lead in co-operating." There are thousands of "crushed doctors," so crushed that they have not time even to complain, and this, I believe, is why your columns are not every week inundated with bitter complaints. In the BRITISH MEDICAL JOURNAL of October 24th, 1903, I gave an account of how the medical men in my district are sweated by the guardians, and yet we have no remedy, because with only two men in the place we cannot afford to risk the competition of a third, introduced with the subsidy of an "appointment." In larger towns, however, with seven or eight practitioners the advent of another is not so serious, and if the existing ones made a united stand in refusing all ill-paid or non-paid work, the newcomer would have his hands so full that he would be unable, through sheer lack of time, to touch their paying patients.

One often hears of the profession being overcrowded; that is certainly not true if one paraphrases it into saying that there is not enough work for the present number of medical men. There is, perhaps, not enough money for them to live on, but there is work, and more work than can be conscientiously overtaken by all the practitioners in the country.

Take my own case—typical of hundreds of country districts. I have a fair income, but for it I do a very large practice—in the busy time, twelve or thirteen hours a day for seven days in the week. A few details of such work: I attend at the cottage hospital throughout the year and see four or five patients daily; my work there should bring me in about £150 a year, it is taken for nothing, and not even vouchsafed an expression of thanks in the annual report of the institution. My pauper work comes to an average of £240 a year: the guardians give me £70 for it. My clubs: well, at 3s. 6d. and 4s. a head, you will know what that means. Then there are the bad payers and the non-payers, and even when we arrive at the ordinary client, he thinks he is doing the doctor pretty

well when he pays him 7s. 6d. for a four-mile journey and a bottle of medicine: raise the fee just a little, a sixpence or shilling perhaps, and the talk of "exorbitant charges" so takes the heart out of one, that one is glad to slip back on that vague notion of laying by for a rainy day. And not only is one done out of an old-age pension, but the public itself suffers ultimately by this overworking of the doctors. How many interesting cases pass through our hands every year, if we had only time to read up the subjects and record them: much valuable information is thus lost to science, and many first-class men never manage to emerge from the mediocrity to which their slavery condemns them.—I am, etc.,

January 16th.

A MEDICAL FISCAL REFORMER.

THE GENERAL MEDICAL COUNCIL AND THE ENGLISH COLLEGES.

SIR,—As some of the letters under this heading have the tendency to undermine the good name of the Colleges' diploma, I would revert to the statistics brought forward by Mr. Bryant when the General Medical Council were in session last May:—Whereas only 8.84 per cent. of London Conjoint men were rejected for the competitive service examinations, 36.23 per cent. Scottish Conjoint men, 30 per cent. Irish Conjoint men, 22 per cent. from Dublin University, 14.28 per cent. from Aberdeen University, 14.28 per cent. from Edinburgh University, and 16 per cent. from the Apothecaries Society of London were rejected respectively.

These figures show, I submit, the undoubted high standard maintained by the London Colleges. So, also, does a fuller analysis of the five more recent examinations.—I am, etc.,

London, W., Jan. 18th.

F. W. COLLINGWOOD.

MEDICAL DEFENCE.

Salisbury v. Gould.

SIR,—Doubtless your readers will have seen the report of the case *Salisbury v. Gould*, tried before Mr. Justice Grantham and a special jury in the London Courts on January 21st and 22nd, and will have appreciated the position in which I was placed. It was, however, my good fortune to be enrolled as a member of the Medical Defence Union, of 4, Trafalgar Square, W.C., by whom my defence was undertaken and conducted throughout, immediately on my applying to them for assistance. I cannot overestimate the care and attention which was bestowed upon the case and the zeal which was exhibited in its conduct, securing for me by its means the satisfactory result which was obtained, whilst I was relieved not only of all trouble and anxiety but of very great expense, having only to go in the witness box and give my evidence. I cannot conceive how any registered medical practitioner can be so foolish as not to avail himself of the insurance afforded to all members by the Medical Defence Union.

I can never be sufficiently thankful to my friend, Dr. Danford Thomas, for inducing me years ago to belong to this excellent association, also to Mr. W. E. Hempson, the solicitor to the Union, for the skilful and most able manner in which he conducted my case and for the great courtesy and kindness which he and his staff exhibited on every occasion on which I had to consult him during the two years and four months of the various proceedings of the case.—I am, etc.,

London, W.C., Jan. 26th.

W. R. GOULD.

CORRECTION.—Dr. D. Sommerville (London, W.C.) writes: In my note of last week on the Drigalski and Couradi medium, 2.75 grams agar should read 27.5 grams.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

COURSES OF ADVANCED STUDY AND RESEARCH.
THE amended regulations for persons who have taken a first degree in the University of London for graduates of other universities, and for other persons desirous of prosecuting a course of advanced study or research, or of proceeding to a higher degree were adopted by the Senate at its meeting on December 16th, 1903. In so far as they affect internal graduates these regulations have reference only to those who desire to study for a higher degree in a faculty other than that in which they have graduated. The regulations have regard to the degrees of M.A., D.Lit., D.D., D.Sc., LL.D., and D.Mus.

PRELIMINARY SCIENTIFIC EXAMINATION.

The Senate has determined that in the Preliminary Scientific Examination there shall be a practical examination of three hours in botany and a practical examination of three hours in zoology.

"fever" (principally enteric), and 2,279 from diarrhoea. The death-rate from these diseases averaged 1.66 per 1,000 in the seventy-six towns, and was 0.48 per 1,000 below the rate in the fourth quarter of 1902. In London these diseases caused a death-rate of 1.50 per 1,000, while the rate averaged 1.73 in the seventy-five large provincial towns, and ranged from 0.05 in Hornsey, 0.40 in Burton-on-Trent, 0.50 in Bournemouth, 0.53 in Norwich, 0.54 in Croydon, 0.60 in Hastings, 0.62 in Tottenham, and 0.64 in Reading, to 2.86 in Burnley, 3.40 in Sunderland, 3.56 in Willesden, 3.75 in Merthyr Tydfil, 3.99 in Rotherham, 4.60 in York, 5.88 in Preston, and 6.58 in Warrington. The 32 fatal cases of small-pox registered in the large towns last quarter included 9 which belonged to Gateshead, 4 to Warrington, 3 to London, and 3 to Tynemouth. The death-rate from measles was equal to 0.32 per 1,000, against 0.59 in the corresponding period of the preceding year; in London the death-rate from this disease was 0.33 per 1,000; while it averaged 0.32 in the seventy-five provincial towns, and was highest in Willesden, Ipswich, Great Yarmouth, Warrington, Bury, Preston, Rotherham, York, and Sunderland. The mortality from scarlet fever was equal to an annual rate of 0.12 per 1,000, being 0.08 per 1,000 below the rate in the fourth quarter of the preceding year: in London the rate last quarter was 0.08 per 1,000, while it averaged 0.15 in the seventy-five large provincial towns, among which this disease was proportionally most fatal in Northampton, King's Norton, Wigan, Salford, York, Gateshead, Merthyr Tydfil, and Swansea. The mean death-rate from diphtheria in the seventy-six towns was 0.19 per 1,000, against 0.29 in the corresponding period of 1902: in London this death-rate was equal to 0.17 per 1,000, while it averaged 0.20 in the seventy-five other large towns, among which the highest death-rates from this disease were recorded in Portsmouth, Great Yarmouth, Hanley, Birmingham, West Hartlepool, Tynemouth, Rhondda, and Merthyr Tydfil. The fatal cases of whooping-cough were equal to an annual rate of 0.26 per 1,000, which was also the rate during the fourth quarter of the preceding year; in London the death-rate from this disease was 0.18 per 1,000, while it averaged 0.29 in the seventy-five other large towns, among which whooping-cough was proportionally most fatal in Walsall, Liverpool, Wigan, Warrington, Rochdale, Burnley, York, Gateshead, and Swansea. The death-rate from "fever" averaged 0.15 per 1,000 in these towns last quarter, against 0.19 in the corresponding period of the preceding year; in London also this death-rate was 0.15 per 1,000, while among the seventy-five large provincial towns "fever" showed the greatest proportional fatality in Walthamstow, Southampton, St. Helens, Salford, Preston, Rotherham, Stockton-on-Tees, and Merthyr Tydfil. The mortality from diarrhoea was equal to 0.61 per 1,000, being slightly in excess of the rate in the corresponding quarter of the preceding year: in London the rate was 0.59 per 1,000, while it averaged 0.61 in the seventy-five other large towns, among which the highest death-rates from this disease were recorded in West Ham, Hanley, Birmingham, Burnley, Preston, Rotherham, Middlesbrough, and Merthyr Tydfil.

Infant mortality, measured by the proportion of deaths among children under 1 year of age to registered births, was equal to 16.7 last quarter, against 16.6 in the corresponding period of the preceding year. In London the proportion, during the quarter under notice was 15.4 per 1,000, while it averaged 17.3 in the seventy-five large provincial towns, and ranged from 9.6 in King's Norton, 10.1 in Croydon, 10.2 in Hornsey, 10.3 in Wallasey, 10.6 in Leyton, 10.8 in Bournemouth, 11.2 in Burton-on-Trent, and 11.9 in Southampton, to 22.1 in York, 22.3 in Hanley, 22.5 in Rotherham, 23.0 in Stockton-on-Tees, 23.2 in Rochdale, 23.8 in Middlesbrough, 24.0 in Burnley, and 25.1 in Preston.

The causes of 749, or 1.2 per cent., of the deaths registered in the seventy-six towns last quarter were not certified: in London the proportion was 0.3 per cent.; among the seventy-five large provincial towns all the causes of death were duly certified in Croydon, Hornsey, Bournemouth, Southampton, Great Yarmouth, Devonport, Derby, Oldham, and York, while the highest proportions of uncertified deaths were registered in Northampton, King's Norton, Liverpool, Bootle, St. Helens, Barrow-in-Furness, South Shields, and Gateshead.

HEALTH OF ENGLISH TOWNS.

In seventy-six of the largest English towns, including London, 8,718 births and 5,304 deaths were registered during the week ending Saturday last, January 23rd. The annual rate of mortality in these towns, which had been 20.0, 20.3 and 19.0 per 1,000, in the three preceding weeks, further declined last week to 18.1 per 1,000. The rates in the several towns ranged from 2.3 in King's Norton, 7.1 in Hornsey, 8.7 in Barrow-in-Furness, 10.3 in East Ham, 11.3 in Bournemouth, and 11.8 in Leyton and in Hastings, to 22.6 in West Ham, 22.8 in Liverpool, 23.2 in Wigan, 23.6 in Tynemouth, 24.0 in Stockton-on-Tees, 25.0 in Great Yarmouth, 29.5 in Preston, and 39.4 in Merthyr Tydfil. In London the death-rate was 17.4 per 1,000, while it averaged 18.4 per 1,000 in the seventy-five other large towns. The mean death-rate from the principal infectious diseases was 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 in the seventy-five large provincial towns the rates ranged upwards to 3.5 in Gateshead, 3.6 in Burnley, 3.8 in Swansea, 3.9 in West Bromwich, 4.3 in Rhondda and in Merthyr Tydfil, and 9.5 in Preston. Measles caused a death-rate of 1.6 in West Ham, 1.8 in Rotherham, 3.1 in Warrington, and 7.3 in Preston; diphtheria of 1.2 in Rochdale and 1.8 in St. Helens; whooping-cough of 1.2 in Rochdale, 1.3 in Rhondda, 1.5 in Newport (Mon.), 2.2 in Swansea, 2.6 in Gateshead, 3.0 in West Hartlepool, and 4.3 in Merthyr Tydfil; and diarrhoea of 2.3 in West Bromwich. The mortality both from scarlet fever and from "fever" showed no marked excess in any of the large towns. One fatal case of small-pox was registered in Gateshead, but not one in any other of the seventy-six large towns. The number of small-pox cases under treatment in the Metropolitan Asylums Hospitals, which had been 26 at the end of each of the three preceding weeks, had declined to 24 at the end of last week; 3 new cases were admitted during the week, against 4, 6, and 4 in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital on Saturday last, January 23rd, was 1,677, against 1,632, 1,659, and 1,660 on the three preceding Saturdays; 178 new cases were admitted during the week, against 194, 201, and 195 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

During the week ending Saturday, January 16th, 888 births and 663 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality, which had been 20.8, 21.7, and 23.2 per 1,000 in the three preceding weeks in these towns, declined again to 20.2 per 1,000, but was 1.2 per 1,000 above the mean rate during the same period in the

seventy-six large English towns. Among these Scotch towns the death rates ranged from 16.8 in Edinburgh and 18.1 in Leith, to 24.3 in Dundee and 27.7 in Perth. The death-rate from the principal infectious diseases averaged 1.9 per 1,000, the highest rates being recorded in Aberdeen and Paisley. The 309 deaths registered in Glasgow included 4 which were referred to small-pox, 10 to measles, 2 to whooping-cough, 2 to "fever," and 4 to diarrhoea. Two fatal cases of whooping-cough and 6 of diarrhoea were recorded in Edinburgh. Two deaths from whooping-cough and 2 from diarrhoea occurred in Dundee; 6 from whooping-cough in Aberdeen; 2 from measles and 2 from diphtheria in Paisley; and 1 from small-pox and 2 from whooping-cough in Leith.

During the week ending Saturday last, January 23rd, 1,017 births and 655 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 21.7, 23.2, and 22.2 per 1,000 in the three preceding weeks, further declined last week to 19.8 per 1,000, but was 1.7 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 12.0 in Greenock and 14.9 in Paisley to 25.2 in Dundee and 26.2 in Perth. The death-rate from the principal infectious diseases averaged 1.6 per 1,000 in these towns, the highest rates being recorded in Dundee and Perth. The 316 deaths registered in Glasgow included 2 which were referred to small-pox, 13 to measles, 3 to diphtheria, 2 to whooping-cough, 3 to "fever," and 5 to diarrhoea. Four deaths from whooping-cough and 4 from diarrhoea were recorded in Edinburgh. Five fatal cases of measles and 2 of diarrhoea were recorded in Dundee; 3 of diarrhoea in Aberdeen; and 2 of whooping-cough in Leith.

HEALTH OF IRISH TOWNS.

During the week ending Saturday, January 16th, 509 births and 486 deaths were registered in six of the principal Irish towns, against 520 births and 495 deaths in the preceding period. The mean annual death-rate of these towns, which had been 15.6, 20.7, and 26.1 per 1,000 in the three preceding weeks, fell to 24.7 in the week under notice, this figure being 5.7 per 1,000 above the mean annual rate in the seventy-six English towns during the corresponding period. The figures ranged from 15.6 in Waterford, and 19.9 in Cork to 29.7 in Belfast and 31.4 in Limerick. The death-rates from the principal zymotic diseases during the same period averaged in the same six towns 1.2 per 1,000 against 1.8 in the preceding week, the highest point, 2.5, being registered in Londonderry, while Cork and Waterford recorded no deaths under this heading at all. Whooping-cough still held the premier place in all the towns, while from scarlet fever, small-pox, and diphtheria no deaths were registered in any of these towns. Belfast had 1 death from measles, and Londonderry 1 from typhus.

During the week ending Saturday, January 23rd, the births and deaths respectively in the same towns were 509 and 424. The mean annual death-rate rose slightly to 26.9, against 29.7, 26.1, and 24.7 in the three preceding weeks, and was thus 8.8 per 1,000 over the mean annual rate in the seventy-six English towns during the same period. The figures ranged from 17.6 in Londonderry to 37.4 in Waterford. The death-rates from the principal zymotic diseases during the same period averaged in the same towns 1.7 per 1,000. Waterford again registering no deaths under this heading. No further deaths from typhus occurred, nor any from small-pox or measles. One death from scarlet fever occurred in Cork and 2 from diphtheria in Belfast; but whooping-cough still remained the principal though diminished cause of death from zymotic disease.

CERTIFICATION OF LUNATICS IN WORKHOUSES.

WORKHOUSE MEDICAL OFFICER writes: Occasionally inmates of a workhouse become insane, and unable to be cared for under our conditions. The procedure then is to send a form to the relieving officer of the district to which that inmate belongs. He then arranges for the removal to the asylum. It is his custom to call in the medical officer of that district to sign the certificate. This procedure leads to delay, during which time the patient has to be watched night and day, usually by another pauper. Is there any legal or other objection to the medical officer of the workhouse signing the certificate?

* * * It would appear that in the union to which our correspondent refers the justices accept the nominee of the relieving officer as medical examiner, and there is no legal reason why they should not do so. But the justice called upon, and acting in such a case as that described, can call in any medical man he prefers, and may call in the medical officer of the workhouse where the alleged lunatic is.

MEDICAL NEWS.

At a recent meeting of the Zoological Society of London Mr. Macleod Yearsley exhibited and made remarks upon an aneurysm of the abdominal aorta from a jaguar, and photographs of one from a turtle. At the same meeting Dr. Walter Kidd proposed the use of two additional characters which he considered to be of some importance in the description of genera and species of certain mammals. These were the arrangement of the hair on the naso-frontal region and the distribution of hair-whorls.

PRESERVATION.—On Christmas Day Dr. George Philip Rugg, of Streatham, was the recipient of a very handsome silver bowl from the patients and nursing staff of the British Home and Hospital for Incurables. Dr. Rugg has been Medical Officer of the Home for twenty-four years, and Mr. Teesdale, a member of the Board, who made the presentation on behalf of the patients and staff, spoke in eloquent terms of the kindness and sympathy which had always been received at Dr. Rugg's hands, by patients and staff alike.

MEDICATED PUBLIC BATHS.—Some little time ago our attention was attracted by a report in a provincial paper of a meeting of the Corporation of Bradford, at which a recommendation, founded on a report from the medical officer of health, was adopted. This was to the effect that baths should be established in Bradford upon the same principle as those at Huddersfield, with certain exceptions as to the treatment of patients for skin disease and syphilis. On inquiry we find that the baths at Huddersfield do not belong to the Corporation but to the infirmary, to which they were presented by Mr. Brook. The bath establishment consists of Turkish baths and Russian vapour baths of the ordinary character, and, in addition, a number of medicated slipper and vapour baths, together with arrangements for the application of electricity. The compounds used to medicate the slipper baths are various salts, alkalies, and acids, in addition to sulphur, ammonia, creosote, mustard, etc., while corresponding arrangements are made in the vapour baths. Medical practitioners in Huddersfield are supplied with a list of the baths and a book of recommendation forms on which they are requested to enter the nature of the bath required, the charge that should be made for the same, and the number of baths to be given. But during certain hours of the day the medicated baths can be used on a payment of 1s. 6d. without a doctor's recommendation. The electric, vapour, and medicated baths are all so arranged that one trained attendant is supposed to be able to attend to the administration of all of them. At Bradford the medical officer of health recommended that the Corporation should exclude from use of the baths persons suffering from skin diseases and syphilis; and, while favouring the adoption of electric bath treatment, discountenanced the idea of the introduction of Roentgen rays or allied treatment. The medicated baths, he thought, should be reserved for persons suffering from lumbago, sciatica, and gouty or rheumatic joint affections. Whether baths under the system and of the nature described are really likely to be of great utility is possibly open to question; but, perhaps, if they are used at all, it is better that the institution which provides them should be run, so to speak, rather as a public than as a private speculation, provided always that the ratepayers do not object to their money being used in this somewhat unusual fashion.

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.

BIRKENHEAD UNION.—Resident Assistant Medical Officer for the Infirmary, Workhouse, and Sanatorium. Salary, £120 per annum.

CENTRAL LONDON OPHTHALMIC HOSPITAL. Gray's Inn Road, W.C.—Assistant Surgeon.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST. Victoria Park, E.—Two House-Physicians, resident. Salary at the rate of £20 per annum.

DUBLIN: BISHOPSDALE ASYLUM.—Two Clinical Assistants; resident. Salary, £60 per annum.

GLoucester: BURWOOD HOUSE HOSPITAL FOR MENTAL DISEASES.—Junior Assistant Medical Officer; resident. Salary, £150, rising to £170.

GOEDON HOSPITAL FOR TUBER. Vauxhall Bridge Road, S.W.—House-Surgeon; resident. Honorarium, £15 15s. for six months or £40 for twelve months.

HAMPSHIRE GENERAL HOSPITAL.—Resident Medical Officer. Salary at the rate of £120 per annum.

HOSPITAL FOR SICK CHILDREN. Great Ormond Street, W.C.—House-Surgeon; resident. Salary, 20s for six months.

INVERNESS DISTRICT ASYLUM.—Medical Superintendent. Salary, £500 per annum.

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

LONDON HOSPITAL. Whitechapel Road, E.—Two Senior Clinical Assistants (Aural).

MANCHESTER: ANCOATS HOSPITAL.—Resident House-Physician. Salary, £80 per annum.

MANCHESTER: COUNTY ASYLUM. Prestwich.—Junior Assistant Medical Officer; resident. Salary, £150 per annum, increasing to £220.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC. Queen Square, W.C.—(1) House-Physician; resident. Salary, £50 per annum. (2) Registrar. Honorarium, 50 guineas per annum.

NORTH RIDING INFIRMARY. Middlesbrough.—Assistant House-Surgeon; resident. Salary, £75 per annum.

STAFFORDSHIRE GENERAL INFIRMARY.—Assistant House-Surgeon; resident. Honorarium, £40 for six months.

WEST HAM AND BASC LONDON HOSPITAL. Stratford, E.—Junior House-Surgeon; resident. Salary, £70 per annum.

WORCESTER GENERAL INFIRMARY.—House-Surgeon; resident. Salary, £70 per annum.

YORK DISPENSARY.—Resident Medical Officer. Salary, £120 per annum.

MEDICAL APPOINTMENTS.

BOYTON, A. J. B., M.R.C.S., L.R.C.P.Lond. Certifying Factory Surgeon for the Watlington District, County Oxford.

COATES, H., M.D.Vict., D.P.H. Medical Officer of Health and Medical Superintendent of the Isolation Hospital of the Hornsey Borough Council, vice H. Clothier, M.D.Lond.

DAVIES, H. B., Lloyd, M.D., Edin. District Medical Officer of the Cheltenham Union.

EDWARDS, D. R., L.R.C.P., & S.Edin. Anesthetist to the Swansea Hospital.

EVANS, D. E., M.B., B.S.Lond. Medical Officer Out-patients Department Swansea Hospital.

FOWLER, W., L.S.A., D.P.H. District Medical Officer of the Sunderland Union.

GREEN, G. E., L.R.C.P.Edin., M.R.C.S.Eng., M.R.C.P.Lond. Physician to the Bilton Union.

MAY, John, M.D., Ch.B.Vict., M.R.C.S.Eng., M.R.C.P.Lond. Physician to the Liverpool Stanley Hospital.

HEIN, George, L.R.C.P., L.R.S.Eng. Dental Surgeon to the Royal Dental Hospital of London, vice Leonard Matheson, L.D.S., resigned.

HIGHER, John, M.D., D.P.H. Medical Officer of Health for Burgh of Prestwick, Ayrshire.

HOFFMAN, A. H., M.D.St.And. M.R.C.S., District Medical Officer of the Evesham Union.

MARTIN, R. H., M.B., Ch.B.Edin. First Assistant Medical Officer to the Cleveland Street Asylum of the Central London Sick Asylum District.

MILNE, J., M.B. District Medical Officer of the Oldham Union.

MILWARD, F. Victor, B.A., M.B., B.C.Cantab. F.R.C.S.Eng. Surgeon to Out-patients to the Birmingham and Midland Free Hospital for Sick Children.

MUMMERY, T. P. Lockhart, M.B., B.C.Cantab. F.R.C.S.Eng. Assistant Surgeon to St. Mark's Hospital for Fists and Other Diseases of the Rectum.

NEWTH, W. P. E., L.S.A. District Medical Officer of the Northampton Union.

PERRY, Sidney Herbert, M.D.Lond., M.B., Ch.B.Birm. M.R.C.P. Physician to Out-patients at the Birmingham and Midland Hospital for Sick Children.

PHILLIPS, James, F.R.C.S.Eng. Honorary Surgeon to the Bradford (Yorks) Children's Hospital, vice F. Elliott Meade, M.R.C.S., resigned.

RIDDELL, J. Scott, C.M.&c.Aberd. Additional Examiner in Clinical Surgery, Edinburgh University.

STUMBLIES, H. M., M.B., Ch.B.Edin. Medical Officer of Health for the Amble Urban District.

DIARY FOR NEXT WEEK.

MONDAY.

Anatomical Society of Great Britain and Ireland. London School of Medicine for Women, Hunter Street, W.C., 4 p.m.—Specimens by Mr. E. H. Burns. Professor J. Symington, F.R.S.: On Gratiot's Graniometer and Cranial Methods. Dr. Christopher Addison will open a discussion on The Best Practical Method of Locating in the Living Subject Parts of the Alimentary Canal and Certain Viscera in the Abdomen.

Medical Society of London. 11, Chandos Street, Cavendish Square, W. 9 p.m.—Mr. C. S. Lockwood: Aseptic Surgery in Theory and Practice (Lettsomian Lecture I.)

TUESDAY.

Pathological Society of London. Lister (Jenner) Institute, Chelsea Gardens, 8.30 p.m.—Exhibits by Mr. G. F. Plummer, Dr. A. Paine, Mr. S. Rowland, Mr. J. A. Craw, Mr. C. J. Martin, and others.

WEDNESDAY.

Obstetrical Society of London. 20, Hanover Square, W., 8 p.m.—Annual meeting. Specimens will be shown by Mrs. Scharlieb, Dr. Blacker, and Dr. Briggs. The President (Dr. Malins of Birmingham) will deliver the annual address.

THURSDAY.

Neurological Society of the United Kingdom. 11, Chandos Street, Cavendish Square, W., 8.30 p.m.—Annual General Meeting. Presidential Address by Dr. S. J. Sharkey.

Roentgen Society. 20, Hanover Square, W., 8.30 p.m.—Discussion on the Production of Photographic Reversal through the Action of Various Radiations.

FRIDAY.

Laryngological Society of London. 20, Hanover Square, W., 5 p.m.—Cases and specimens will be shown by Dr. E. S. Yonge, Mr. A. H. Burt, and others.

Society of Anaesthetists. 20, Hanover Square, W., 8.30 p.m.—Clinical Evening. Communications by the President and Drs. Luke and McCordie.

West Kent Medico-Chirurgical Society. Royal Kent Dispensary, Greenwich Road, S.E., 8.45 p.m.—Mr. Charles Ryall: The Surgical Treatment of Appendicitis.

West London Medico-Chirurgical Society. West London Hospital, Hammersmith, W., 8.30 p.m.—Dr. Samuel West: Some Points in Functional Albuminuria.

POST-GRADUATE COURSES AND LECTURES.

Charity Cross Hospital, Thursday, 4 p.m.—Demonstration of Dermatological Cases.

Hospital for Consumption and Diseases of the Chest, Brompton, Wednesday, 4 p.m.—Lecture on the Treatment of Thoracic Aneurysm by Gelatine Injections.

Hospital for Sick Children, Great Ormond Street, W.C., Thursday, 4 p.m.—Lecture on Afections at and above the Umbilicus.

London Temperance Hospital, Hampstead Road, N.W., Wednesday, 4 p.m.—Lecture on Diseases of the Stomach.

Medical Graduate College and Polytechnic, 22, Chelsea Street, W.C.—Demonstrations will be given as follows: Monday, Skin; Tuesday, Medical; Wednesday, Surgical; Thursday, Surgical; Friday, Bar. Lectures will be delivered at 5.15 p.m. as follows: Monday, On the Treatment of the Muscular Factor in Cardiac Failure; Tuesday, Mucous Membranes, Normal and Abnormal; Wednesday, The Treatment of Pneumonia; Thursday, Errors of Refraction, their Diagnosis and Treatment.

Mount Vernon Hospital for Consumption and Diseases of the Chest, 7, Finsbury Square, W., Thursday, 5 p.m.—Lecture on Fibrosis of the Lungs.

National Hospital for the Paralysed and Epileptic, Queen Square, W.C.—Lectures will be delivered at 8.30 p.m. as follows: Tuesday, Myasthenia Gravis; Friday, Cerebral Tumours.

Post-Graduate College, West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 p.m. as follows: Monday, Examination of the Stomach and Gastric Contents; Tuesday, X Rays, illustrated by lantern slides; Wednesday, Pneumonia; Thursday, Tuberculosis of the Bladder; Friday, Skin Cases.

Samaritan Free Hospital for Women, Marylebone Road, N.W., Thursday, 8 p.m.—Lecture on Cases from the Wards.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

BIRTHS.

CRAWLEY.—On January 22nd, to Herbert E. and Agatha Crawley, a son.

MAJ.—On January 26th, at Ivanhoe, 50, Archers Road, Southampton, the wife of Henry J. Maj., M.B., B.C.Cantab., of a daughter.

PROTHERO-SMITH.—On January 29th, 1904, at Richmond House, Redditch, to Mr. and Mrs. E. Protheroe-Smith, a son (premature).

YELD.—On January 22nd, at 15, Gloucester Road, Regent's Park, the wife of Walter H. Yeld, M.R.C.S.Eng., L.R.C.P.Lond., of a daughter.

MARRIAGE.

DA COSTA—DA CUNHA.—On 16th instant, at St. James's, Spanish Place, by the Rev. Herbert Laughton. Francis Xavier da Costa, F.R.C.S.Eng., to Elinor, elder daughter of the late Dr. Gerson da Cunha and Mrs. da Cunha, of Olive Lodge, Bombay.

DEATHS.

BARNARD.—On December 7th, 1903, at Wanganui, New Zealand, after a bicycle accident, Richard Barnard, A.R.C.Eng., G.O.C. Camb., late Surgeon M.N., youngest son of the late William Barnard, of King's Lynn, Essex, and the late Mrs. Barnard, of 49, Argyl Road, Kensington, aged 40 years.

MILLIGAN.—Died at Ardyne, Forres, on 23rd inst., George Colville, M.A., M.B., eldest son of the late Rev. P. Milligan, Minister of Guthrie, aged 40 years.

SOMERS.—On January 23rd, at 4, Leaf Square, Finsbury, Frances Crofton Somers, widow of the late Alexander Somers, Surgeon, of Bafford.