

## NOTE ON THE NATURE OF THE PARASITIC BODIES FOUND IN TROPICAL SPLENOMEGALY.

BY MAJOR W. B. LEISHMAN, M.B., R.A.M.C.,  
Professor of Pathology, Royal Army Medical College.

SINCE the publication<sup>1</sup> of my description of the small parasitic bodies, found in the spleen of a soldier dying from one of the anomalous types of Indian fever, a considerable number of cases have been reported in which these bodies have been found, and the questions as to their true nature and etiological relationship to tropical splenomegaly are becoming more important. The subject is rendered still more urgent by the interesting news, telegraphed by Bentley<sup>2</sup> from Assam, that he had found the parasites in cases of kala azar, as I suggested might prove to be the case, by spleno-puncture during life.

Excluding Bentley's cases, of which no particulars have yet been received, Donovan<sup>3</sup> has found the parasites in 16 cases, Manson and Low<sup>4</sup> in 2 cases, and Marchand and Leedingham<sup>5</sup> report their occurrence in a German soldier, recently returned from Pekin. (In this case it is interesting to note that there is a history of a fly bite on the foot.) In addition to these I have, within the last few days, detected these parasitic bodies in films made from the spleen and liver of two soldiers who died, one at Newport and one at Netley. One of these cases came from Dum Dum and the other from Barrackpore, which is within a few miles of Dum Dum, and in each case the parasites were present in both liver and spleen. Particulars of these cases will, I hope, be published shortly.

My main object, however, is to point out the close resemblance of these parasitic bodies to some that have recently been described by Dr. J. H. Wright<sup>6</sup> in an article entitled Protozoa in a Case of Tropical Ulcer (Delhi Sore). In this case, which presented all the features of the Delhi sore, so well known to those who have served in the East, Wright found in the cells of the tissue—removed by curetting the ulcer—large numbers of small parasitic bodies which, from his careful description and the very excellent photomicrographs which accompany the article, leave no doubt in my mind that they are very closely analogous with the parasitic bodies now being found in tropical splenomegaly. Wright himself has no doubt as to the parasitic nature of these bodies, and proposes for them a new genus and species as *Helcosoma tropicum*.

In connexion with these parasites an interesting possibility has been suggested to me by Major Ross, who informs me that he has frequently found in the pus of Delhi sores large numbers of a flagellated organism, the *Cercomanas hominis*, and that it is just possible that these parasites of Wright's may prove to be altered *Cercomonads*.

The frequency with which these sores occur in India and their superficial nature should facilitate the confirmation of Wright's work, and, if the parasites he describes are found to be constantly associated with this disease, I think it not improbable that investigations into their life-history and the mode of their introduction into the human host may throw further light upon the corresponding problems in connexion with the parasitic bodies found in the spleen.

With regard to the nature of the spleen parasites three different opinions have been advanced. Laveran<sup>7</sup> and Ross,<sup>8</sup> each working with films supplied by Donovan, come to different conclusions, Ross seeing in them parasites of an altogether new genus, while Laveran, in his most recent note<sup>9</sup> on the subject, adheres to his original view that they represent a new species of the genus *Piroplasma*. Finally, to my own view, that these bodies represent an involuted stage of a flagellate organism, I may now add the support of Marchand and Leedingham, who subscribe to this theory. Manson and Low,<sup>4</sup> while expressing no decided opinion on their nature, strongly dissent from Laveran's views as to their intra-corporal nature. Certainly the failure in all cases to detect the parasites in the peripheral blood is a strong argument against their being intra-corporal, and it appears probable that Laveran's conception of their being *Piroplasmata* may have to be abandoned.

### REFERENCES.

- <sup>1</sup> BRITISH MEDICAL JOURNAL, May 30th, 1903, p. 1252; and November 21st, 1903. <sup>2</sup> Ibid., January 16th, 1904, p. 160. <sup>3</sup> Ibid., July 11th, 1903, p. 70; and November 28th, 1903, p. 1401. <sup>4</sup> Ibid., January 23rd, 1904, p. 183. <sup>5</sup> *Lancet*, January 16th, 1904, p. 149. <sup>6</sup> *Journal of Medical Research*, vol. x,

No. 3, p. 472, December, 1903. <sup>7</sup> *Bull. Acad. de Médecine*, November 3rd, 1903. <sup>8</sup> BRITISH MEDICAL JOURNAL, November 14th, 1903, p. 1261; and November 28th, 1903, p. 1401. <sup>9</sup> *Comptes Rendus de l'Académie des Sciences*, December 7th, 1903.

## MEMORANDA:

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

#### LEAKING ANEURYSMS.

THE following cases seem sufficiently interesting to be recorded:

R.A., aged 42, while at work about 4 p.m. on May 3rd in a coal mine, slipped and putting out his hand prevented himself from falling. When he regained his equilibrium he felt as though he had strained a muscle in his right arm. He continued at his work, but had to desist an hour later, owing to a large swelling having formed on the inner side of the arm at the lower boundary of the axilla. He was seen about two hours after the occurrence by Dr. Dickson, of Lochgelly, who detected slight pulsation in the swelling but the radial pulse was not appreciably affected. The arteries were noted to be atheromatous. The patient was removed by ambulance the same evening to the hospital at Dunfermline. When seen by me at 9 p.m. the swelling was the size of a Jaffa orange, was tense and tender, and pulsation in it had entirely ceased; no difference could be noted between the right and the left radial pulses. On inquiry the patient stated he had never noticed any swelling in his arm previous to the accident, but had felt pain in the region of his shoulder-joint for some eight days past and on that account had used an embrocation. The heart was hypertrophied, the apex being felt in the sixth interspace  $\frac{1}{2}$  in. outside the nipple line, and a systolic murmur could be heard over the cardiac area and also posteriorly. There was no history of rheumatism or syphilis.

The following morning, as traces of extravasated blood could be detected in the forearm, I cut down upon the swelling in the upper arm, expecting to find a branch of the brachial artery ruptured. A large quantity of blood clot was turned out, but after a most careful search I could detect no bleeding point. I therefore came to the conclusion that the artery must have become occluded; the incision was accordingly closed, and a drainage tube inserted. Six hours later I was called to see the patient; the forearm, arm, and shoulder were greatly distended with extravasated blood, and the patient was in great pain. It seemed evident there must be an aneurysm, probably of the axillary artery, which was leaking, notwithstanding the absence of previous history pointing to this condition. I decided to tie the subclavian artery, and as there seemed little likelihood of the arm recovering its vitality after ligation of the artery owing to the amount of blood clot in the tissues, and as the patient's condition was grave, and he would not likely be able to stand a second operation for amputation of the arm were gangrene to set in, I deemed it wiser policy at once to amputate the arm after ligaturing the subclavian. I therefore ligatured the third part of the artery, and at once performed Spence's amputation through the shoulder-joint, Dr. Tuke very kindly assisting at the operation. On account of the serious condition of the patient the operation had to be performed as speedily as possible, and no investigation of the condition could therefore be made. The after-history of the case was uneventful, both wounds healing by primary union.

The second case was of an Arab whom I met while in Bagdad, Turkish Arabia. He had tuberculous caries of the metatarsal bones of the left foot. I thoroughly scraped the carious bones, and the patient left hospital with the wounds nearly healed. I saw him some six months later; he was then very anæmic, owing to the leaking of blood from a small aneurysm of the communicating branch of the dorsalis pedis with the external plantar artery. The aneurysm was the size of a haricot bean. The condition of the foot was far from satisfactory owing to the extension of the tuberculous trouble. I therefore performed Lisfranc's amputation of the foot.

On dissection of the removed portion there was caries around the aneurysm but no spicule of bone was found to have pierced the artery; no atheroma was present. The condition had apparently arisen from tuberculous or traumatic arteritis, the latter being possibly caused at the time of the first operation.

P. S. STURROCK, B.A. Oxon., B.A., M.B., B.C. Cantab.  
Dunfermline, Fife.

### ACUTE HAEMORRHAGIC PANCREATITIS: OPERATION: RECOVERY.

C. S., a cook, who gave her age as 40, but appeared a good deal older, was admitted into the Royal Victoria Hospital, Bournemouth, on December 3rd, 1902, in a condition of considerable collapse, complaining of great abdominal pain and tenderness, chiefly in the epigastric region.

She stated that her health had not been very good for about twelve years, during which time she had suffered a good deal from indigestion; she occasionally had pains in the abdomen with sickness, but never brought up blood. A year previously, when in the service of a medical man, she was kept on lime water and milk, raw eggs and Benger's food for three months. For nearly a month before admission she had had almost constant pain in the epigastrium, and had had several attacks of epistaxis; during this time she had been dieting herself on bread and butter and tea, with an occasional glass of porter. At her menstrual periods, which were regular, she took gin and water. Her bowels were fairly regular and acted on the night of December 2nd, two or three days previously to which there had been some diarrhoea. On December 2nd she did her work as usual, but had a slight headache. At 4.30 p.m. she had tea with bread and butter. At 7.30 she went out and after walking about two miles was suddenly seized with very severe pain across the upper part of the abdomen, so that she could not stand upright. She vomited, bringing up her tea. She drove home in a cab and was put to bed. The pain continued all night and all the next day till the operation. She was frequently sick, bringing up bile-stained fluid. A little brandy and water was given her when the pain came on, but besides this she took no food after her tea on the 2nd. On admission at 3 p.m. she was, as above stated, a good deal collapsed, but was quite clear in her mind. The abdomen was not distended and nothing abnormal could be made out by palpation or percussion. She had been sent in as a possible case of appendicitis, and the diagnosis seemed to rest between this and a perforated gastric ulcer. An anaesthetic was given at once and the abdomen was opened through the right rectus muscle above the umbilicus. The omentum over the pancreas and the bowel in its neighbourhood were found deeply blood-stained, with numerous small elevated white spots, resembling small grains of rice or sago scattered about them. The pancreas itself was almost purple and extremely tense. Considering the apparently invariably fatal termination of these cases, we decided to try the result of relieving the tension. An incision was therefore made into the head of the pancreas where the tension seemed greatest. This was followed by haemorrhage, which for some time was distinctly alarming. It could, however, be controlled by pressure, and was eventually completely arrested by artery forceps and a ligature. The abdominal wound was partly closed by sutures, a gauze drain being left in. The patient made an uninterrupted recovery, her temperature never rising above 100. She is now in service again. The success of the case is chiefly due to my colleague, Dr. Ramsay, who helped me throughout with his advice and assistance.

Bournemouth.

CHARLES D. MUSPRATT, M.D., F.R.C.S.

### RAISED SCARS AFTER VACCINATION.

I WISH to call attention through the BRITISH MEDICAL JOURNAL to a condition which sometimes follows vaccination. Previous to last year I have not seen it, and I do not think it is figured in any of the books of illustrations relating to vaccination. The question suggests itself, Is the scar condition due to the use of calf lymph? The scar is usually of a size corresponding to the vaccination, and is either arranged in ridges corresponding to the scratchings made when vaccinating, or is of a smooth elevated appearance. It may rise to  $\frac{1}{2}$  in. in height. It is usually either white or raw-bacon-like in colour, and patients complain of a feeling of itching in it. In four cases, I have painted this keloid condition with tincture of iodine, and with fair results.

Liverpool.

ROBERT R. RENTOUL.

**INSANITY AMONG AMERICAN INDIANS.**—The National Hospital for Insane Indians at Canton, South Dakota, has, we learn from the *Medical Record*, recently completed the first year of its existence. The hospital now contains thirty-four patients, and at the present rate of increase in the number of applicants for admission the institution will soon be filled. It is said that insanity is increasing rapidly among the Indians on the reservations, and for much of this the enforced civilization of the red man is believed to be responsible.

## REPORTS

ON

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

#### LIVERPOOL ROYAL INFIRMARY.

CIRROID ANEURYSM OF FOREHEAD TREATED BY FREE INCISION  
AND EXTIRPATION.

(Under the care of Mr. RUSHTON PARKER.)

J. B., aged 19, a groom from Workington, was admitted into hospital on January 1st, 1901, suffering from a pulsating swelling the size of half a small orange in the skin of the left frontal region. It appears that when less than 5 years old he fell down a flight of eighteen steps, striking his head on a flagged floor at the bottom, and being rendered unconscious for two hours. About a month later a lump the size of a pea showed under the skin in the upper part of his left forehead, and gradually grew ever since.

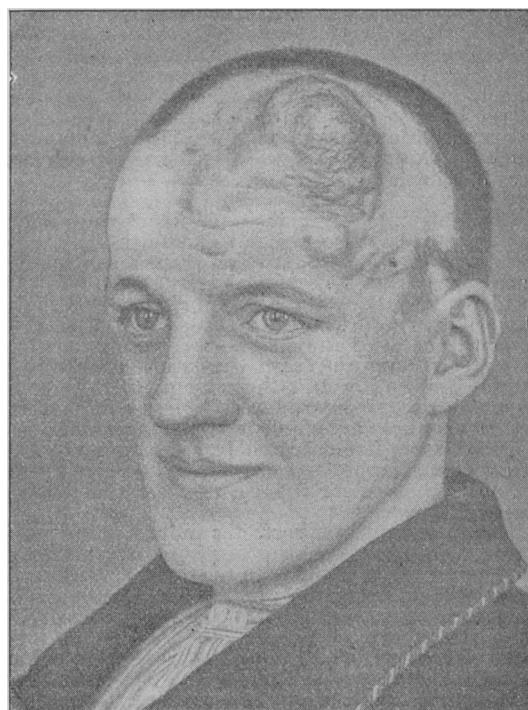


Fig. 1.—Three days before operation.

Up to about a year before admission the skin over the swelling was unaltered in colour, but after that it became purplish red. There had never been pain. Free bleeding broke out in it eleven days, and again five days, before admission. This was controlled by a dressing, applied with pressure by Dr. J. H. Dudgeon, of Workington, and the bleeding orifice quickly healed.

On admission the left frontal region was the seat of a pulsating swelling irregular in shape,  $5\frac{1}{2}$  in. in greatest length and 4 in. in greatest width (Fig. 1). Pulsation was not very strong in the main part of the tumour measuring over 3 in. in diameter. But towards the middle line, where the lump tailed off into a dilated tortuous vessel, expansile pulsation was marked; and towards the temple, where it similarly tailed off into a dilated and tortuous temporal branch, there was strong expansile pulsation and a loud systolic bruit. At the back of the growth was another varicose vessel, apparently a vein. The vessels of the left side of the face were engorged, but not those of the right. The swelling was superficial to the bone, against which it could be compressed; while the skin over it was hot, of a deep port-wine colour in places, and mostly free from hair.

*Operation*, January 14th, 1901.—After tying the temporal branch of artery, Mr. Parker laid the growth quickly open down to the pericranium by triple incision, forming three flaps,

That having considered the letter addressed to them by the Master of the Rotunda Hospital, the Board regret that the suggested alterations were not brought to their notice before the rules were sent to the Privy Council, as having been approved by that body it is impossible for the Board to alter them.

5. A letter of similar purport was read from Professor Byers, Physician to the Incorporated Belfast Maternity Hospital, and a copy of the foregoing resolution was ordered to be sent in reply.

6. After consideration of applications for certificates the names of 1,040 women were passed under Section II of the Act, and ordered for entry on the roll. Of this total 269 claimed as holding the certificate of the Obstetrical Society of London, 14 that of the Rotunda Hospital, 26 that of Queen Charlotte's Lying-in Hospital, 14 that of the Glasgow Maternity Hospital, 14 that of St. Mary's Hospital, Manchester, 2 that of the Liverpool Lying-in Hospital, 1 that of the Edinburgh Royal Maternity Hospital, 1 that of the City of London Lying-in Hospital, and 699 were admitted as having been in bona-fide practice for one year prior to July 31st, 1902.

## ASSOCIATION NOTICES.

### PROCEEDINGS OF COUNCIL.

IN connexion with the Proceedings of Council published last week in the SUPPLEMENT, p. 2, it was inadvertently reported that the Chairman had received a communication from the British Dental Association petitioning for a Dental Section to be held in connexion with the Annual Meetings of the Association. The report should have read as it was actually stated by the Chairman at the time—that he had received a copy of a resolution passed at a well-attended meeting of members of the British Medical Association who practise dental surgery to the effect “That this meeting is of opinion that a Section in Dental Surgery should be formed in connexion with the Annual Meetings of the Association, and that the President and Council be asked to grant such a Section.”

### 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.

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.

METROPOLITAN COUNTIES BRANCH: CENTRAL DIVISION.—The adjourned special general meeting of this Division will be held at the rooms of the Medical Society of London, 11, Chandos Street, W., on Wednesday, February 17th, at 5 p.m. Agenda: (1) Minutes of the last meeting. (2) Dr. Heron's addition to the Draft Medical Acts Amendment Bill: After Clause 27 insert as follows, and number as Clause 28: “No person registered under this Act, excepting only as hereinafter indicated, shall dispense or supply drugs or other medicaments to any one.” Exceptions: (a) Medical officers of His Majesty's navy or army not engaged in private practice in the United Kingdom; (b) registered practitioners while in attendance on cases of emergency requiring in the opinion of the practitioner the immediate use of a drug or other medicament; (c) registered

persons practising their profession in country districts in which the inhabitants are so few that they cannot support at the same time both a medical practitioner and a pharmaceutical chemist; it shall, nevertheless, be incumbent upon any medical practitioner so practising in such a country district to satisfy the General Medical Council, when called upon by that body so to do, that the people of the country district in which the practitioner is engaged in medical practice and in the dispensing of drugs or of other medicaments, are in fact too few in numbers to support both a medical practitioner and a pharmaceutical chemist: (d) medical practitioners employed on board of vessels other than His Majesty's ships; (e) any other person registered under this Act, the peculiar circumstances of whose professional work require, in the opinion of the General Medical Council, before which the facts must be brought, special consideration with a view to the exemption of such person from the action of this clause. Penalties for infringements of this clause: Any person found guilty of an offence under this clause of the Act shall for a first offence pay a fine of not less than £100, and for each later offence the offender's name shall be erased from the *Medical Register* for such time as the General Medical Council shall fix. No practitioner registered before the passing of this Act shall be liable to the application of this clause until three years from the date of this Act having become law. Dr. Burslem Rotheroe will move the following amendment to Dr. Heron's addition: “That the subject be adjourned to January 27th, 1909.” (3) Further consideration of the Medical Acts Amendment Bill. Dr. Hugh Woods will move the following alterations and additions: Clause 25. That the words at the end of Clause 25, that is, “prescribed in Section XXIV of this Act,” be altered to “prescribed in Clause 30 of this Act.” Clause 34. That in the sentence “who does not so affix his name to public view,” the words “within three months from the date of commencing so to practise” be inserted so as to read thus: “who does not, within three months of commencing so to practise, so affix his name to public view.” Clause 39. That the words of Clause 39, that is, “Nothing in this Act shall apply to midwives,” be altered to: “Midwives registered under the Midwives Act, 1902, shall not be liable to penalties under this Act for practising midwifery in accordance with the provisions of the Midwives Act, 1902.” The full text of the Medical Acts Amendment Bill will be found in the SUPPLEMENT of the BRITISH MEDICAL JOURNAL, August 22nd, 1903. (4) To consider other business if necessary.—COMYNS BERKELEY, M.B., B.S. Cantab., M.R.C.P. Lond., 53, Wimpole Street, W., Secretary and Treasurer.

METROPOLITAN COUNTIES BRANCH: WANDSWORTH DIVISION.—A dinner will be held at the Worple Hall, Wimbledon, on Thursday, February 25th, at 7.15 p.m. Tickets 6s. each (wines extra). Dr. Still will read a paper at 9 p.m. on the Diagnostic Significance of some Signs and Symptoms in Diseases of Children. Members are entitled to bring guests, and are asked to book places for the dinner by February 17th if possible, as a certain number have to be guaranteed.—E. ROWLAND FOTHERGILL, M.B., Torquay House, Southfields, S.W., Honorary Secretary.

METROPOLITAN COUNTIES BRANCH: KENSINGTON DIVISION.—A meeting of this Division will be held on Tuesday, February 9th, at 5 p.m., by consent of the Guardians of the Fulham Infirmary, Fulham Palace Road (close to Hammersmith Railway Station), Dr. H. Campbell Pope in the chair. Dr. Morten will lecture on Treatment by Roentgen and Radium Rays (with demonstrations). Dr. Parsons, Medical Superintendent, has kindly consented to show some clinical cases in the infirmary. Tea and coffee.—C. CRAWFORD THOMSON, M.D., 111, Sinclair Road, West Kensington, Honorary Secretary.

NORTH WALES AND SHROPSHIRE BRANCH: NORTH CARNARVONSHIRE AND ANGLESEA DIVISION.—A meeting of the above Division will be held at the Infirmary, Bangor, on Wednesday, February 10th, at 4.45 p.m., Dr. Emyr O. Price, Bangor, in the chair. Agenda: (1) To read the minutes of the last meeting of the Division; (2) to read letters of apology; (3) to elect a vice-chairman; (4) to read report of last Council meeting; to consider draft model rules to regulate procedure in ethical matters; (6) to consider draft of Medical Acts Amendment Bill. The following papers will be read:—R. H. Mills Roberts, C.M.G., F.R.C.S., Llanberis: (1) Amputation at the Hip-joint for Advanced Disease; (2) Trephining for a Punctured Fracture of the Skull in a child aged 5; the cases will be shown. H. Jones Roberts, M.R.C.S. (Penygroes): (1) The Consequences of an Undetected Case of Scarlatina; (2) Severe laceration of the Hand (case shown).—H. JONES ROBERTS, Penygroes, Honorary Secretary.

PERTHSHIRE BRANCH.—A clinical meeting of this Branch will be held in the Station Hotel, Perth, on Friday, February 26th, at 4 p.m. Business: (1) Minutes; (2) appointment of Joint Secretary; (3) report of Council on the Medical Acts Amendment Bill; (4) cases, etc.—Dr. Stirling: Abdominal Cases; Dr. Taylor: Antitoxin in Diphtheria. Dinner after the meeting in the hotel, at which a presentation will be made to Dr. Urquhart. The Honorary Secretary will be obliged by members informing him of their intention to be present.—WILLIAM A. TAYLOR, 10, Marshall Place, Perth, Honorary Secretary.

STAFFORDSHIRE BRANCH.—The next meeting of this Branch will be held at Stafford on Thursday, March 11th, instead of Thursday, February 25th, as one of Sir Oliver Lodge's lectures occurs on the latter date.—E. PET-GRAVE JOHNSON, Stoke-on-Trent, Honorary General Secretary.

INTERNATIONAL CONGRESS OF DERMATOLOGY.—The fifth International Congress of Dermatology will be held at Berlin from September 12th to 17th, 1904, under the presidency of Professor E. Lesser. The following questions are proposed for discussion: (1) Skin affections in anomalies of metabolism; (2) syphilitic diseases of the circulatory organs; (3) epithelioma and its treatment; (4) (a) the state of matters as to the distribution of leprosy and its repression since the first Leprosy Conference held in 1897; (b) the present state of knowledge as to anaesthetic leprosy. All communications should be addressed to the General Secretary, Sanitätsrat Dr. O. Rosenthal, Potsdamerstrasse, 121 g, Berlin.

the medical services, and has done so much to strengthen our administration in India—the quality of readily obtaining the confidence of his native patients. His life's work has furthered the cause of medicine, of hygiene, and of British rule in India, and all are the poorer by his loss.

He is survived by a widow and four children.

#### HENRY ROBINSON, L.R.C.P., L.R.C.S. EDIN.

By the death of Mr. Robinson the medical profession in Chesterfield loses its oldest member, and an interesting link between the past and the present is broken.

Mr. Robinson was essentially a "son of the soil." Of Chesterfield he came, in it he lived, in it he died. He was a member of a family well known and highly respected, which has made its mark beyond the limits of his native place. He was predestined to succeed in whatever career he should happen to choose. He chose medicine; and as in those days it was still the custom to enter it by way of apprenticeship, he was bound accordingly to an old practitioner, Dr. Holland, and after his death to his successor, Dr. Charles Booth, who subsequently became his brother-in-law.

From this apprenticeship Mr. Robinson passed to the University of Edinburgh. Of his teachers there Mr. Robinson always had much to relate. Of Spence and Simpson, of Christison and Hughes Bennett, of Syme and Lister, he had many an anecdote to tell. Scarcely less interesting were his tales of his contemporaries and fellow-students, notably of Lawson Tait and Milner Fothergill, his intimate associates.

Domestic causes, unfortunately, deprived Mr. Robinson of the chance of graduating in his university. Taking instead the diplomas of L.R.C.P. and S. Edin., he returned to his native town, where his professional ability, his gentle and pleasing personality, and his family connexions speedily secured to him a busy and lucrative practice. Despite the cares this incurred, he yet found time for occasional contributions to medical literature. Notably, he was one of the first to call attention to Laburnum Poisoning in a communication to the BRITISH MEDICAL JOURNAL in 1883.

As for local medical records he was a perfect mine, and his recollections were always at the service of his younger brethren, in spite of the fact that, during his later years, his impaired health enforced on him an almost complete retirement.

**DEATHS IN THE PROFESSION ABROAD.**—Among the members of the medical profession in foreign countries who have recently died are Dr. Vassili Afanasieff, Professor of Pathological Anatomy in St. Petersburg, aged 55; Dr. Peypers of Amsterdam, founder and editor of *Janus*, aged 48; and Dr. A. Laumonier, a general practitioner, of Vernol-le-Fourrier, well known as a botanist, and author of a work entitled *Le Lys dans ses rapports avec l'art héraldique*, aged 64.

## ROYAL NAVY AND ARMY MEDICAL SERVICES

#### ROYAL NAVY MEDICAL SERVICE.

THE notice which appeared in the *London Gazette* of December 11th, 1903, relative to the restoration to Mr. GEORGE MCGREGOR of his commission as Surgeon is cancelled.

The following appointments have been made at the Admiralty: ALASTAIR F. MACKAY, Surgeon, to the *Hermes*, January 26th; SYDNEY CRONEN, Surgeon, to the *Excellent*, for the *Hero*, January 28th; WILLIAM A. WHITELEGGE, M.D., B.A., Fleet Surgeon, and ALFRED W. IREDELL, Surgeon, to the *Cornwallis*, February 9th; EDWARD COOPER, Staff Surgeon, to the *Fire Queen*, for the *Nelson*, February 11th; JAMES MOWAT, M.B., Surgeon, to the Hong Kong Hospital, February 20th; CECIL E. C. CHILD, Surgeon, to the *Ocean*, February 20th; THOMAS F. O'KEEFE, M.B., Surgeon, to the *Tamar*, February 20th; MAURICE T. MALE, M.B., Surgeon, to the *Doris*, February 20th; WILLIAM N. L. CHERRY, Surgeon, to the *Tyne*, February 20th; FREDERICK C. ROBINSON, Surgeon, to the *Hood*, February 20th.

Civil Practitioner JOSEPH P. FALLS has been appointed Surgeon and Agent at Talin Head and Malinmore, January 30th.

#### ROYAL NAVY VOLUNTEER RESERVE.

CHARLES D. MARSHALL, F.R.C.S., has been appointed Sub-Lieutenant, January 25th.

#### ROYAL ARMY MEDICAL CORPS.

MAJOR J. WILL has been appointed Principal Medical Officer in the East African and Uganda Protectorates.

Captain H. E. THURSTON has been appointed Deputy Assistant-Director-General, Army Medical Service, at head quarters.

Captain ROBERT DALKEITH JEPSON died from an accident at Rawal Pindi on January 9th, aged 32. He had gone out in the morning shooting, and later in the day was found shot through the head. It is not known how the accident happened. He joined the department as Surgeon-Lieutenant, July 28th, 1897, and became Captain, July 28th, 1900. He was in the Soudan campaign in 1898, and was at the battle of Khartoum,

receiving the British medal and the Khedive's medal with clasp. He was also in the South African war in 1899-1900.

The following gentlemen were successful at the recent examination in London for commissions in the Royal Army Medical Corps, and for which fifty-eight candidates entered:

Marks.		Marks.	
G. F. Rugg	590	W. Wiley	509
D. S. B. Thomson	588	R. B. Hole	508
A. S. Arthur	562	A. L. Otway	506
J. Fairbairn	555	W. F. H. Vaughan	503
R. G. Anderson	542	M. F. Grant	500
L. Bousfield	542	H. Harding	500
J. H. Douglass	540	D. P. Johnstone	495
D. Le Bas	537	E. H. M. Moore	489
R. R. Lewis	534	F. J. Garland	480
C. H. Turner	527	M. D. Ahern	478
F. H. Noke	526	H. B. Connell	472
G. E. Cathcart	520	G. S. C. Hayes	468
E. C. Whitehead	519	S. C. Bowle	462
T. C. Lucas	518	A. A. Meaden	461
J. A. Turnbull	511	R. J. Cahill	457

#### ARMY MEDICAL RESERVE.

SURGEON-MAJOR G. H. DARWIN, M.D., and Surgeon-Captain W. P. PEAKE, having resigned their Volunteer appointments, cease to belong to the Army Medical Reserve.

#### INDIAN MEDICAL SERVICE.

LIEUTENANT-COLONEL W. A. SYKES, D.S.O., Bengal Establishment, Administrative Medical Officer North-West Frontier Provinces, is appointed to officiate as Administrative Medical Officer in Beloochistan.

Lieutenant-Colonel P. A. WEIR, M.B., Bengal Establishment, Agency Surgeon in Bhopal and Administrative Medical Officer in Central India, is appointed to officiate as Administrative Medical Officer, North-West Frontier Provinces.

Major J. R. ROBERTS, M.B., Bengal Establishment, Residency Surgeon at Indore, is appointed to officiate as Administrative Medical Officer in Central India.

MEMORANDUM.—Colonel A. M. BRANFOT, C.I.E., M.B., retired pay, India Medical Service, is granted the temporary rank of Surgeon-General, January 13th.

#### VOLUNTEER RIFLES.

THE undermentioned Surgeon-Lieutenants are promoted to be Surgeon-Captains, dated January 22nd: C. K. BOWES, M.D., 1st Volunteer Battalion the East Kent Regiment (the Buffs); B. ADDENBROOKE, M.D., 1st Volunteer Battalion the Worcestershire Regiment; D. L. THOMPSON, 1st Volunteer Battalion the Hampshire Regiment.

The undermentioned officers have resigned their commissions, from February 3rd: Surgeon-Captain W. G. GALLETT, M.B., 4th Volunteer Battalion the Norfolk Regiment; Surgeon-Captain F. WARD, M.D., 1st Volunteer Battalion the Suffolk Regiment; Surgeon-Lieutenant B. H. WOODYATT, 3rd Volunteer Battalion the Cheshire Regiment.

Surgeon-Lieutenant J. G. ANDREW, M.B., 1st Lanarkshire, to be Surgeon-Captain, February 3rd.

Mr. ERNEST R. HUNT to be Surgeon-Lieutenant, February 3rd.

#### ROYAL ARMY MEDICAL CORPS (VOLUNTEERS).

LIEUTENANT D. WATERSTON, M.D., is appointed to command the Edinburgh Company, under para. 55A, Volunteer Regulations, January 22nd.

Lieutenant A. H. LISTER, M.B., the Aberdeen Company, to be Captain, February 3rd.

#### VOLUNTEER INFANTRY BRIGADE BEARER COMPANIES.

THE following is substituted for that which appeared in the *London Gazette* of January 1st under the heading "East Surrey Company": Surgeon-Captain (Honorary Captain in the army) E. W. ST. V. RYAN, from the 16th Middlesex Volunteer Rifle Corps, to be Captain, East Surrey Company, January 2nd. [The announcement cancelled was to the effect that Surgeon-Captain Ryan was appointed "Surgeon-Captain" to the company cited.]

Captain H. G. MALLAM, Sussex and Kent Company, resigns his commission, January 22nd.

Captain C. J. JACOMB HOOD is appointed to command the Sussex and Kent Company, under para. 55A, Volunteer Regulations, February 3rd.

#### THE "PRIOR CLAIM" TO EMPLOYMENT.

A CORRESPONDENT propounds the following question:—A. is in civil practice, and held appointment as recruiting medical officer. B., also in civil practice, having succeeded to a death vacancy in a neighbouring village about three miles away, is a Captain R.A.M.C. (Vol.) Army Medical Reserve. On December 30th A. received official letter from principal medical officer of the district saying that "as B. had volunteered for service," he would take up duty as recruiting medical officer on the 1st of the following month, vice A., whose appointment was thus to terminate at forty-eight hours' notice. A. has had official assurance that this action was in accordance with War Office regulations, and was not due to any complaint as to his ability, or to the strict performance of his duties. Apart from War Office regulations, is B. a civil practitioner, justified in volunteering for duty well knowing that A. was holding the appointment, and that his offer of service will deprive A. of the same?

\* This question of supersession is not new or isolated, but is happily rare; it cannot well be viewed apart from War Office regulations. "B." in volunteering was strictly within his rights, as an officer of the Army Medical Reserve, in accordance with Instruction 6 of the Royal Warrant, February 18th, 1888, constituting that Reserve (*vide BRITISH MEDICAL JOURNAL*, March 17th, 1888), which gives him a "prior claim" to War Office employment in the district in which he resides, both over other medical officers of the auxiliary forces and civil medical practitioners. Both the constitution and ethics of this Warrant were very trenchantly and adversely criticized in the *JOURNAL* at the time of its



## MEDICAL ETIQUETTE.

**MALIFAX.**—As a general rule a practitioner who has attended a case as *locum tenens* for a medical neighbour is not free to supersede him. In the present case the patient had left the town, and so ceased to be a patient of her original medical attendant. Something would depend upon the duration of the interval, which our correspondent does not state. If this has been more than a year we think he would be free to take the case.

**TGNORAMUS** asks if it is unprofessional, and whether the General Medical Council has power to prevent a medical man writing a medical book for the laity? He refers to the advertisements of the *Dietetic Cure of Obesity* and of the *Origin and Nature of Man* in the *Daily Mail* for January 26th.

It is desirable that the public should be better informed upon many questions relating to individual and public health, and yet there are many pitfalls to be avoided in the writing of such works if the author is to escape being charged with a desire to advertise himself rather than to benefit the public. If such books are written in such a way as to avoid these grounds of complaint they may be advertised in non-professional newspapers, but the practice of advertising distinctly medical books in lay newspapers has been formally condemned by the Royal College of Physicians in a resolution passed on June 9th, 1873.

**W.** states that he was called in to a patient during the absence of the regular medical attendant and was asked to meet him in consultation on his return. It was then arranged that our correspondent was to see the patient in consultation two or three times a week, but he complains that he had no further communication about the case. He heard after some weeks that the patient was convalescent, and wrote to the patient's medical attendant to protest against the way in which he had been treated, and to say that he should send in his account to the patient instead of allowing his previous attendance to count as work done as a substitute. He asks whether he has acted rightly in the matter?

Our correspondent has a perfect right to charge for his services which were not rendered at the request of the regular medical attendant. It very frequently happens that arrangements as to future consultations come to nothing, although they may be made at the express wish of the patient and are concurred in at the time by the medical attendant. We may suspect the cause, but it is obviously impossible to complain, as the patient can, if he pleases, insist upon the arrangement being carried out.

## COST OF SANITARY ALTERATIONS IN A HOUSE.

**C.F.**—Whether the owner or the leaseholder is responsible for the expense incurred by redecoration depends entirely on the terms of the lease. The owner can, we believe, recover from the leaseholder if the latter has a lease similar to the majority of leases, stating that "all expenses and outgoings are to be paid by the tenant." It is improbable that there is any special clause exempting the drainage or that part of the drains not under the house from the conditions of the lease.

**K.F.X.**—We cannot say what view the General Medical Council would take were the case brought before them; everything would depend on the surrounding circumstances.

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF OXFORD.

**Degree Days.**—Hilary Term: Thursday, March 17th. Easter Term: Thursday, April 28th; Thursday, May 10th. Trinity Term: Thursday, June 16th; Thursday, June 23rd; Saturday, July 9th.

**Degrees.**—*B.M., B.Ch.*: H. W. Kaye, Magdalen College; D. R. Pike, Jesus College; F. P. Nunneley, Brasenose College; F. L. Golla, Magdalen College; C. M. H. Howell, Trinity College; P. N. B. Odgers, Lincoln College; A. G. Gibson, Christ Church.

**Radcliffe Travelling Fellowship.**—As announced in the *BRITISH MEDICAL JOURNAL* of December 19th, 1903, p. 1626, the examination for this Fellowship will commence on Tuesday, March 1st. Names of intending candidates must be sent in to the Radcliffe Examiners, University Museum, Oxford, on or before Tuesday, February 9th.

## UNIVERSITY OF CAMBRIDGE.

**Royal Visit.**—His Majesty the King has graciously announced his intention of visiting the University on March 1st, on the occasion of the opening of the new buildings for the Medical School, the Sedgwick Geological Museum, the Botanical Laboratory, and the Law School and Library.

**Appointment.**—Dr. H. K. Anderson, Caius, has been appointed University Lecturer in Physiology, in succession to Dr. Langley, appointed to the Professorship.

**Tropical Medicine.**—The regulations for the establishment of an examination and diploma in Tropical Medicine and Hygiene were approved by the Senate on January 28th.

**Degrees.**—The following degrees were conferred at the Congregation on January 28th: *M.D.*—J. K. Garrood, St. John's; E. M. Light, Clare. *M.C.*—J. K. Murphy, Caius. *M.B. and B.C.*—Q. L. V. Foster, King's; W. Hill, Emmanuel. *B.C.*—C. F. Hardie, Queens'; H. R. Fisher, Emmanuel; S. J. Steward, Downing.

## UNIVERSITY OF BIRMINGHAM.

## COURT OF GOVERNORS.

The fourth yearly meeting of the Court of Governors of the University of Birmingham was held on January 28th, the Chancellor (the Right Hon. Joseph Chamberlain) presiding.

**Annual Report.**—In moving the adoption of the report, the Pro-Vice-Chancellor (Alderman F. C. Clayton) reviewed the work of the past year. He mentioned that a professor of education had been appointed, and that there had been instituted a Huxley Lecture; the first of these lec-

tures would be given by Sir Michael Foster in the Town Hall on March 16th. He also referred to the new buildings of the University, and said that great progress had been made in them during the year, and that there was hope that there would be some regular work done there as early as October next. The income of the University, as compared with the previous year, showed an increase of £4,600, most of which was due to grants of money from local authorities. The expenditure, on the other hand, had increased by about £3,500. The gifts to the endowment fund up to the end of last September, exclusive of land promised, amounted to £390,000, of which about £17,000 was still outstanding. Already £80,000 had been spent on the new buildings, and a sum of £183,000 was invested in properties and other securities.

The Principal, Sir Oliver Lodge, in seconding the adoption of the report, said that it had been contemplated that a large and influential deputation, which should represent all the universities of the United Kingdom, should wait on the Chancellor of the Exchequer for the purpose of getting a sum voted every year to be devoted to higher education. He thought that possibly one to two millions would be required. He explained that the duties of the new chair of education were not to be confined to the ordinary educational work which was carried on in the University, but the education of a much wider district. He commended the idea of Bishop Knox, who suggested that the country should be divided into a sort of educational heptarchy, each province being presided over by its own university. The establishment of a system of inspection and examination of secondary schools seemed to him to be necessary.

The Chancellor of the University said that it would be a great pity if, in any application which was made to the Government, any idea that would dispense individuals from their personal duty in the matter should arise. He pointed out that if any attempt were made to throw the whole charge upon the Government, they would thereby lose for themselves all that they gained by the local patriotism which was being evoked, by the local self-denial and earnest interest which followed upon it.

Both the Chancellor and the Principal in their speeches made reference to the desirability of providing residential hostels for the students and of obtaining more land for athletic purposes.

## VICTORIA UNIVERSITY.

MESSRS. E. M. ASHCROFT AND H. THORP obtained the Diploma in Public Health at the Examination held in January, 1904. In future two examinations will be held annually instead of one as heretofore.

## ROYAL COLLEGE OF PHYSICIANS OF LONDON.

The ordinary quarterly comitia was held at the College on Thursday, January 28th, the President Sir W. S. Church, Bart., in the chair.

## The Horace Dobell Lecture.

The President announced that Dr. Klein, F.R.S., would give the first Horace Dobell Research Lecture on November 22nd, 1904, and that Dr. Payne had been reappointed FitzPatrick lecturer for the ensuing year.

The College Seal was set to a "Declaration of Trust" accepting on the part of the College a sum of £500 Consols in trust to endow, for a term of years, a lectureship at the College, to be called "The Dr. Horace Dobell Research Lectureship" the conditions having been already agreed upon.

## Members.

The following gentlemen were admitted as Members: S. J. Aarons, M.D. Edin., D. Forsyth, M.D. Lond., L.R.C.P., A. E. Jones, M.D. Lond., L.R.C.P., L. M. Scott, M.A., M.D. Aberd.

## Licences and Diplomas.

The Licentiatehip of the College was granted to 112 gentlemen. In conjunction with the Royal College of Surgeons the diploma in public health was awarded to the following gentlemen: J. F. E. Bridger, L.R.C.P., M.R.C.S., A. Caddy, M.D., B.S. Lond., L.R.C.P., M.R.C.S., A. G. Caldwell, M.D., B.Ch., R.U.I., J. W. E. Cole, B.C. Cantab., L.R.C.P., M.R.C.S., B. H. Comerford, L.R.C.P., M.R.C.S., A. S. David, L.R.C.P., M.R.C.S., A. S. Dowton, L.R.C.P., M.R.C.S., L. W. Dryland, L.R.C.P., M.R.C.S., G. Elliott, L.R.C.P., M.R.C.S., A. R. Falconer, M.B., B.Ch., New Zeal., E. C. Freeman, Major R.A.M.C., L.R.C.P., M.R.C.S., G. D. Freer, M.B. Lond., L.R.C.P., M.R.C.S., D. A. Hughes, L.R.C.P., M.R.C.S., M. A. Ker, Major I.M.S., M.B., C.M. Edin., J. E. Linnell, M.B., B.C. Cantab., B. R. Lloyd, L.R.C.P., M.R.C.S., S. I. Pritchett, L.R.C.P., M.R.C.S., C. Ryley, L.R.C.P., M.R.C.S., A. E. Smithson, Major R.A.M.C., M.B., B.C. Cantab., L.R.C.P., M.R.C.S., P. T. H. Stedman, M.B. Lond., L.R.C.P., M.R.C.S., A. H. Thomas, L.S.A., G. S. Wallace, M.B., Ch.B. Glasg., E. C. Watts, M.D., C.M. Edin., F.R.C.S. Edin.

## Oliver Foundation.

Dr. George Oliver offered to present £2,000 to the College in trust to endow a lectureship or prize, with a view to encourage the application of physiological knowledge to the prevention and cure of disease and the prolongation of life.

The offer was accepted, and a cordial vote of thanks to Dr. Oliver for his generous gift was passed with acclamation.

## Class Experiments on Animals.

A communication was received from the Home Secretary asking the opinion of the College on the question whether experiments on living animals before classes are necessary for the adequate teaching of pharmacology.

A committee was appointed to consider the question and to report further to the College.

## Physical Deterioration Committee.

In response to a request from the Secretary of the "Physical Deterioration Committee" of the Privy Council asking the College to nominate a physician to give evidence, Drs. Eustace Smith, Ashby, and Robert Hutchison were nominated to give evidence on the questions of the nutrition of young children amongst the poor and the deleterious effects arising from the use of artificial foods. It was left to the President to further nominate a physician to give evidence as to lunacy amongst the poorer classes.

A further report, dated December 17th last, was received from the Committee appointed July 2nd, 1903, "On the Physical Disability of Army Recruits."

After carefully considering the supplementary matter thus furnished the Committee adopted the following resolutions, and suggested to the College that they should form the substance of the reply to be sent to Mr. FitzRoy's communication:

"The Committee of the Royal College of Physicians appointed by the College July, 1903, having taken into consideration the further documents submitted to them, are of opinion that an inquiry into the present extent and causes of the alleged physical debility for military service of certain classes of the population is desirable."

"In their former report the Committee considered that sufficient data were not available for forming a judgement on the extremely complex question of the occurrence or not of progressive degeneration in the classes from which recruits are mainly drawn, and the supplementary matter now brought before them does not suggest any modification of their former opinion."

"(Signed) W. S. CHURCH, President."

#### The General Medical Council.

A letter was read from the President of the General Medical Council asking the opinion of the College on certain questions raised by the report of the Visitors on the whole series of first examinations of the licensing corporations inspected.

The matter was referred to the Committee of Management to consider and report to the College.

#### Reports.

The following reports were received and adopted:

1. From the Council recommending as Councillors Drs. E. Markham Skerritt, Samuel H. West, Abercrombie, J. Kingston Fowler in the places of Sir George Philipson and Drs. Goodhart, Hall, and William Ewart, who retire by rotation, and that Dr. Pye-Smith should remain on the Council for a second period of two years. The Council intimated also that they had appointed Dr. Thomas Morison Legge, D.P.H., one of H.M. Inspectors of Factories, to be Milroy Lecturer for 1905, and that the subject of his lectures would be Industrial Anthrax.

2. From the Committee appointed October 26th, 1903, to consider a Norwegian report on beri-beri occurring on board ships submitted by the Board of Trade. General agreement was expressed with the conclusions of the Norwegian report.

3. From the representative of the College on the General Medical Council on the proceedings of the Council affecting the College at their session in November last.

4. The quarterly report of the College Finance Committee.

5. From the Committee of Management, dated December 7th, 1903, recommending that the Municipal Schools, Gloucester, be added to the list of institutions recognized by the Examining Board in England for instruction in Chemistry, Physics, and Practical Chemistry.

6. From the Laboratories Committee, reporting (a) that during the three months ending December 4th, 1903, 7,075 doses of diphtheria antitoxin, each containing 3,000 units, have been supplied to the hospitals of the Metropolitan Asylums Board, making a total of 21,225,000 units.

7. That during the quarter further batches of antitoxin supplied by Messrs. Parke, Davis, and Co., have been tested in the Laboratory, and a certificate granted showing its strength, sterility, and freedom from excess of antiseptic.

#### Library.

Books and other publications presented to the Library during the past quarter were received and thanks returned to the donors.

#### Examinations.

The annual return by the examiners of the results of the examinations for the Licence in the year 1903 was received.

#### TRINITY COLLEGE, DUBLIN.

The following candidates have passed Section A of the Final Examination:

G. MacG. Millar, H. English, C. R. Morris, B. Johnson, G. E. Nesbitt, M. D. Ferguson, W. K. Galwey, W. G. Harnett, H. J. Knox.

The following candidates have passed the previous Medical Examination as undernoted:

*Anatomy and Institutes of Medicine.*—W. G. Harnett, W. C. Mac Petridge, J. H. Elliott, R. E. Dunn.

*Physics and Chemistry.*—W. F. Casey, W. F. Samuels, H. J. Knox.

*Botany and Zoology.*—J. C. C. Hogan, R. Magill, R. L. Lee, D. J. Stokes, A. K. Cosgrave, J. H. Morton, J. A. L. Hahn, W. F. Casey.

#### CONJOINT BOARD IN SCOTLAND.

The quarterly examinations of the above Board, held in Edinburgh, were concluded on January 20th with the following results:

*First Examination: Five Years' Course.*—Marguerite Alice Christian Douglas, A. McKendrick, W. Taylor, G. E. Nash, A. E. James, H. P. B. Tait, C. A. Paterson, F. Thompson, W. Riddell, A. M. Davie, J. W. M. Hunter, and W. C. Malone.

One passed in Physics, 3 in Biology, and 1 in Chemistry.

*Second Examination: Four Years' Course.*—R. Holt and J. K. Lindsay.

*Second Examination: Five Years' Course.*—J. Clarke (with distinction), W. O. S. McGowan, A. F. Garrand, Nena Beatrice Ievers, J. S. R. Weir, T. E. Flitcroft, C. C. Fitzgerald, H. Stokes, and G. H. Powell.

One passed in Anatomy and 2 in Physiology.

*Third Examination: Five Years' Course.*—W. Longley, J. Murphy, R. H. Crombie, C. H. A. Alderton, Ida Margaret Guillaume, D. C. McNair, P. De Mello, J. Roberts, B. B. Westlake, R. Wearing, J. S. De Souza, W. M. MacIlraith, and M. M. Fitzgerald.

*Final Examination.*—Edith Serjeant, W. A. Dorion, J. S. Cooper, A. B. H. B. Pearce, H. L. Pavey, R. B. Anderson, R. A. C. Rigby, J. D. Nicolas, J. J. Andrews, Ida Margaret Guillaume, L. F. Bianchi, W. J. Purves, H. M. Agnew, W. Rotheram, J. Stark, W. B. Hendry, J. MacGregor, H. M. Madden, S. J. Mathewson, I. Campbell, H. R. Leonard, P. Shaw, J. J. Anthony-Pillay, S. Nizam ud Din, E. R. Langrill, R. S. Varma, A. M. Walsh, J. H. Yearsley, J. M. Huey, D. C. Woods, T. S. Pearce, Eulalia Sisley Richards, C. H. A. Alderton, W. L. Hodge, J. Watson, H. S. Rassiah, K. D. Khambatta, and S. P. Joseph.

Eleven passed in Medicine and Therapeutics, 1 in Surgery and Surgical Anatomy, 4 in Midwifery, and 3 in Medical Jurisprudence.

#### SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, January, 1904.—The following candidates passed in:

*Surgery.*—R. S. Dollard, Royal College of Surgeons in Ireland and Westminster Hospital; P. Elias (Sections I and II), Amsterdam; B. C. Ghosh (Section II), Cambridge; F. W. Higgs (Sections I and II), St.

George's Hospital; W. G. Kinton (Section I), Manchester; J. W. Watson (Section II), Manchester.

*Medicine.*—W. V. Braddon (Sections I and II), Cambridge and Manchester; F. H. Hand (Section I), St. Mary's Hospital; J. D. Keir (Section II), St. Mary's Hospital; W. G. Kinton (Section I), Manchester; E. H. Price (Sections I and II), Birmingham; A. Rogers (Section II), Cardiff and St. Mary's Hospital; A. Turner (Sections I and II), Charing Cross Hospital; S. Zweiback (Section I), Königsberg.

*Forensic Medicine.*—F. H. Hand, St. Mary's Hospital; W. G. Kinton, Manchester; A. Turner, Charing Cross Hospital.

*Midwifery.*—H. Archer, Leeds; C. H. J. Fagan, St. George's Hospital; W. S. Lewis, Birmingham; P. B. Whittington, London Hospital.

The diploma of the Society was granted to W. V. Braddon, R. S. Dollard, P. Elias, B. C. Ghosh, J. D. Keir, W. S. Lewis, and A. Turner.

## PUBLIC HEALTH

AND

### POOR-LAW MEDICAL SERVICES.

#### THE REGISTRAR-GENERAL'S QUARTERLY RETURN.

[SPECIALLY REPORTED FOR THE BRITISH MEDICAL JOURNAL.]

THE Registrar-General has just issued his return relating to the births and deaths during the fourth quarter of 1903, and to the marriages during the three months ending September last. The marriage-rate during that period was equal to 17.1 per 1,000, and was 0.3 per 1,000 in excess of the mean-rate in the corresponding quarters of the ten preceding years.

The births registered in England and Wales during the quarter ending December last numbered 238,007 and were equal to an annual rate of 27.3 per 1,000 of the population, estimated by the Registrar-General at 33,378,338 persons in the middle of last year. This rate was 1.2 per 1,000 below the average rate in the fourth quarters of the ten preceding years. The birth-rates in the several counties ranged from 20.9 in Sussex and in Rutlandshire, 21.0 in Westmorland, 21.1 in Cornwall, 21.6 in Bedfordshire, and 21.7 in Herefordshire, to 30.3 in Northumberland, 31.2 in South Wales, 31.6 in Staffordshire, 31.8 in Nottinghamshire, 33.5 in Monmouthshire, and 33.9 in Durham. In seventy-six of the largest English towns, including London, the birth-rate last quarter averaged 28.6 per 1,000, being slightly in excess of the general English birth-rate. In London the rate was 27.4 per 1,000, while it averaged 29.1 per 1,000 in the seventy-five large provincial towns, among which the birth-rates ranged from 17.0 in Hastings, 18.2 in Bournemouth, 18.5 in Hornsey, and 19.2 in Halifax, to 35.7 in Smethwick, 36.7 in Merthyr Tydfil, 38.3 in Rhondda, and 39.9 in St. Helens.

The births registered in England and Wales during the quarter under notice exceeded the deaths by 94,033; this represents the natural increase of the population during that period. From returns issued by the Board of Trade it appears that 84,360 emigrants embarked during the three months for places outside Europe, from the various ports of the United Kingdom at which emigration officers are stationed. Of these 84,360 emigrants 36,774 were English, 7,641 were Scottish, and 7,930 were Irish, while 32,015 others were of foreign nationality. Compared with the averages in the corresponding quarters of the three preceding years the proportion of emigrants to the population showed an increase of 13.0 per cent. in England, of 48.5 per cent. in Scotland, and of 13.4 per cent. in Ireland.

During the fourth quarter of last year the deaths of 135,074 persons were registered, equal to an annual rate of 16.2 per 1,000 persons living; this rate was 1.1 per 1,000 below the average in the ten preceding fourth quarters. The lowest county death-rates last quarter were 12.3 in Surrey, 12.6 in Rutlandshire, 12.7 in Hertfordshire, 12.8 in Sussex, and 13.0 in Dorsetshire; while the highest rates were 18.0 in the West Riding of Yorkshire, 18.7 in Lancashire, 19.1 in Northumberland, and 20.2 in Durham. In seventy-six of the largest towns, with an aggregate population of more than fifteen millions, the death-rate averaged 17.3 per 1,000; in 103 smaller towns, containing in the aggregate upwards of three and a-half millions, the mean rate of mortality was 15.5 per 1,000; while in the remaining, and chiefly rural, parts of England and Wales, the death-rate was 15.2 per 1,000. In London the rate was 16.6 per 1,000, while among the seventy-five large provincial towns the rates ranged from 7.5 in Hornsey, 9.9 in King's Norton, 10.3 in Leyton, 11.6 in East Ham, 11.7 in Walthamstow, and 12.3 in Handsworth (Staffs.), to 22.0 in Merthyr Tydfil, 22.8 in Warrington and in Middlesbrough, 23.0 in York, 23.3 in Wigan, and 23.5 in Preston.

The 135,074 deaths from all causes registered in England and Wales last quarter included 12,023 which were referred to the principal infectious diseases; of these 4,155 were attributed to diarrhoea, 2,207 to measles, 1,999 to whooping cough, 1,454 to diphtheria, 1,157 to "fever" (principally enteric), 989 to scarlet fever, and 62 to small-pox. The mortality from small-pox corresponded with the average; that from diarrhoea was slightly in excess, while the rate from each of the other principal infectious diseases showed a decline. Of the 62 fatal cases of small-pox registered last quarter 9 belonged to Gateshead, 4 to Morpeth, 4 to Warrington, 3 to London, 3 to Tynemouth, and 3 to Carlisle.

The rate of infant mortality in England and Wales last quarter, measured by the proportion of deaths among children under 1 year of age to registered births, was equal to 154 per 1,000, against an average rate of 149 per 1,000 in the corresponding quarters of the ten preceding years. In the several counties the rate of infant mortality ranged from 88 in Oxfordshire and in Huntingdonshire, 91 in Wiltshire, 93 in Somersetshire, and 97 in Sussex and in Hertfordshire, to 181 in Staffordshire and in the West Riding of Yorkshire, 184 in the North Riding of Yorkshire, 189 in Northumberland, and 208 in Durham. In seventy-six of the largest English towns the mean rate was 167 per 1,000; in London the proportion was equal to 154 per 1,000, while it averaged 173 in the seventy-five large provincial towns, among which the rates ranged from 96 in King's Norton, 101 in Croydon, 102 in Hornsey, 103 in Walsley, 106 in Leyton, and 108 in Bournemouth, to 225 in Rotherham, 230 in Stockton-on-Tees, 238 in Middlesbrough, 240 in Burnley, and 251 in Preston.

The mortality in England and Wales during the three months under notice among persons aged between 1 and 60 years was equal to an annual rate of 7.8 per 1,000 of the population estimated to be living at this group of ages, and was 1.2 per 1,000 below the mean rate in the ten preceding

## THE APPEAL TO THE COW.

THE so-called appeal to the cow, or practice of offering for analysis a sample of milk drawn in the presence of a magistrate, with the knowledge or belief that it will prove equally poor with that on which a conviction had been obtained, with the expected result of the reversal of the decision, has of late years fallen into disuse, as magistrates have been brought to understand that the milk of such an animal is not likely to be sold alone, and that its peculiarities disappear when it is mixed with others. It would, however, appear that, in one part of the metropolitan area at any rate, a cow may be kept by one petty dealer for the purpose of being lent, or more probably let on hire, to others who may have been convicted of adulteration. Such, at any rate, has been the experience of one medical officer of health in the East-end. A conviction for milk with 2 per cent. of fat having been quashed on the production of a cow whose milk contained only 1.5 per cent., the medical officer recognized the cow as the same as had been put forward for the defence by another tradesman who had been convicted of adulteration to nearly the same extent.

## OYSTERS AND TYPHOID FEVER.

IN consequence of the scare as to contaminated oysters last year a great many places, to which the trade in shellfish is of importance, have seen the necessity of setting their houses in order and the financial folly of leaving undone those things which they ought to have done many years ago. Emsworth, which supplied the oysters to the now famous mayoral banquets at Winchester and Southampton, is a case in point. Long before the possibility of acquiring enteric fever by eating oysters was a proved and accepted fact, the faults in its sewerage arrangements were duly pointed out to it by competent authority. It turned, however, a deaf ear, and even, when after the civic feasts just mentioned the place sprung into unaccustomed notoriety, it was some time before the Medical Officer of Health (Dr. Lockhart Stephens) with a medical member of the District Council (Inspector-General Turnbull, R.N.), as an ally, could persuade it to take the obviously necessary steps. The oyster and shellfish influence upon the Council was too great for it to be readily admitted that the sewerage was at fault and the oyster beds a real source of danger. Later the tide turned, for the town found its oysters refused, the shellfish trade at a standstill and in danger of entire destruction. Thereon the passive resistors of sanitary reform became the active agitators for immediate removal of dangers previously alleged to be non-existent. Not content with argument only, the head of a leading firm effectually hurried matters up by commencing legal proceedings against the District Council, claiming enormous damages for losses caused to him by default of the Council. Meantime he moved his storage pits and oyster beds out of the estuary to unexceptional beach at Hayling Island. "Emsworth" oysters therefore have now returned to favour, and the town is to have a new drainage system. The town, therefore, in the future will have no cause to bemoan its financial losses in the past, and already appears to have gained something considerable in point of health. For the active general measures initiated by the scare have resulted in only three cases of enteric being recorded during 1903, while in the three previous years they had slowly risen from 10 to 21, in a small population of about 3,600 souls.

## THE EYES AND TEETH OF SCHOOL CHILDREN.

REFERENCE was made in the BRITISH MEDICAL JOURNAL for January 9th, p. 112, to an endeavour about to be made by the Birkdale Area Educational Authority to obtain the gratuitous services of medical men and dentists for the work of visiting schools and undertaking any treatment which might prove necessary. It did not, however, prove very successful. One dentist in Birkdale was ready upon certain conditions to look after the children in the four elementary schools in that place, and the oculist of the Liverpool School Board was ready to do for Birkdale, and for a small fee, the same work as he does for Liverpool, but apart from this the effort was unsuccessful. Those to whom application was made answered for the most part that the duties would be too exacting for gratuitous performance. It is intended now to ascertain whether public funds can legally be spent in carrying out the scheme of supervision.

## RESIDENCE WITHIN DISTRICT.

A CORRESPONDENT writes that he is thinking of commencing practice in a certain place where the guardians have appointed as district medical officer and public vaccinator a non-resident practitioner. He asks whether, if he takes up his residence within this area, he can claim to hold the above appointments as being the only resident practitioner within the said area.

\*.\* District medical officers not residing within their own district can only be appointed temporarily, except under certain conditions (within the metropolitan area). When so appointed the reasons for their appointment have to be transmitted to the Local Government Board, which may or may not sanction the same. The Board has also reserved to itself the right of determining such temporary appointments when it thinks fit. When, however, it has sanctioned such appointment, it does not follow that it will exercise this power directly a medical practitioner becomes resident in the district. The local Board of Guardians no doubt could cancel the appointment if it so desired and appoint the resident practitioner, but the latter has no legal claim. The office of public vaccinator is not an appointment in the same sense as that of district medical officer, but merely a contract which the guardians may make or determine at will, and there is no obligation to give it to a resident practitioner.

## VACCINATION NOTICES.

ENQUIRER writes: The public vaccinators in this town are sending out notices to parents when the children are only 2 months old, and repeating this notice weekly till the children are vaccinated. Will you kindly inform me: (1) Is this permitted by the Act, which says after the child is 4 months old? (2) If this is not legal, to whom must complaint be made? I have written to the Local Government Board, but they have refused to answer.

\*.\* The public vaccinator may be requested by the parent or guardian

to call and vaccinate a child before it is 4 months old, and may then send a notice as to the time of his visit, but, with this exception, he should issue no notice of his intention to call and vaccinate the child until he receives information from the vaccination officer that the child has reached the age of 4 months and 7 days, and is not yet vaccinated. This information he gets on his H List. Our correspondent does not state what kind of notice is being periodically issued in his district. We shall be glad if he will forward one to us. The action, while not illegal, may yet be open to adverse criticism in a professional respect.

## ANTITOXIN AND CLUB PATIENTS.

W. M. C. asks for an opinion as to a statement made by a member of a sanitary authority (whose medical officer of health recommended that the authority should provide antitoxin free for use in poor cases) "that this was equivalent, in the case of a club patient, to asking the rate-payers to provide that which presumably the club doctor had agreed to find, namely, necessary medicine." The authority in question does not isolate diphtheria.

\*.\* There can be no doubt in our opinion that the Local Authority is justified in expending money in supplying diphtheria antitoxin for the treatment of diphtheria among the "poorer inhabitants of their district." This is clearly set out in Section CXXXIII of the Public Health Act, 1875.

"Any Local Authority may, with the sanction of the Local Government Board, themselves provide or contract with any person to provide a temporary supply of medicine and medical assistance for the poorer inhabitants of their district."

The use of antitoxin as a prophylactic is justified as an ordinary expenditure on the prevention of the spread of infection. We think that expenditure in its use as a curative agent, particularly when as above there is no isolation hospital, is equally justified, but the matter could at once be set right by an appeal to the Local Government Board.

## THE PHTHISIS DEATH-RATE OF ENGLAND AND WALES, 1902.

P. L. B.—The phthisis death-rate for England and Wales in 1902 was 1.233 per 1,000.

## MEDICAL NEWS.

**PUBLIC HEALTH IN ITALY.**—Statistics recently published by the Italian Minister of Public Health show that the general death-rate of Italy, which in 1887 was 28 per mille, had fallen in 1902 to 22 per mille. The diminution in the death-rate from contagious diseases was particularly striking.

**OPENING OF A NURSING SCHOOL AT BORDEAUX.**—On January 25th the Prefect of the Gironde Department, accompanied by the Mayor of Bordeaux and the members of the Administrative Committee of Hospitals, formally opened a school for nurses in connexion with the Hôpital Saint-André in that city.

**DR. GEORGE THIN,** of Harley Street, who died at Nice on December 27th, leaving estate of £29,795, has bequeathed to the Royal Society of London and the Royal Medical and Chirurgical Society £100 each, and, on the death of Mrs. Thin, £100 each to the Middlesex Hospital and the Edinburgh Royal Infirmary.

**THE ACCIDENT IN THE RECENT WRESTLING MATCH.**—Mr. F. G. Lloyd, L.R.C.P., M.R.C.S., has sent us the following account of the injury suffered by Madrali in the recent wrestling match: I was present at Olympia on Saturday evening when the championship wrestling match took place between Hackenschmidt and Madrali. After the first bout, lasting in all forty-four seconds, it was evident that Madrali, the Turk, had met with an accident to his right elbow, as his arm bore evidence of injury and his face bore signs of pain. I examined his arm both on the platform and also in his dressing room, and I formed the opinion that he was suffering from a severe sprain and incomplete partial dislocation of the right elbow-joint, in which the radius was dislocated somewhat forwards and the ulna slightly backwards, with a severe straining and slight rupture of the ligaments of the elbow-joint. I could detect no crepitus in or about the joint. The dislocation and sprain appeared to me to be the result of a sudden and heavy "throw" on the left shoulder, in which the right wrist and arm were brought to the ground with great force, and for a moment sustained the weight of both wrestlers, accompanied by severe rotatory movements. It is of course very difficult to say exactly how long an injury of this nature will take to heal perfectly, but I am of opinion that, if his arm progresses favourably, Madrali will be quite well in six weeks and fit to wrestle in two months' time. It is unnecessary to state that the accident, occurring as it did in so short a time (under forty seconds), was most unfortunate, as it prevented the wrestlers giving an exhibition of their skill. Madrali bore both the pain and the disappointment with great fortitude, and, one might add, with quite Oriental reserve.

At a meeting of the Pharmaceutical Society on Tuesday next at 8 p.m., Messrs. E. H. Farr and R. Wright will read papers on the distribution of the alkaloids in *Conium maculatum*, and a note on the disputed presence of a mydriatic alkaloid in *Lactuca virosa*. The new oils of eucalyptus recently described by Messrs. Baker and Smith, together with herbarium specimens of the plants and specimens of the wood and bark of the trees yielding such oil, will be exhibited.

**MEDICO-PSYCHOLOGICAL ASSOCIATION.**—A general quarterly meeting of the Medico-Psychological Association of Great Britain and Ireland will take place at the Warneford Asylum, Oxford, on Friday next, February 12th, at 3 p.m., under the presidency of Dr. Ernest W. White. Dr. James Neil has invited members to luncheon at 1.30. Dr. Lloyd Andriezen will read a paper and give a lantern demonstration on the problem of heredity, with special reference to pre-embryonic life. Dr. Robert Jones will read a paper, if time permits, on the psychology of Jane Cakebread; and microscopic specimens of the trypanosoma of sleeping sickness will be shown by the courtesy of Sir Patrick Manson. Members will dine together at the Randolph Hotel at 6.45.

### 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.

**BIRMINGHAM UNION.**—Resident Assistant Medical Officer for the Infirmary, Workhouse, and Sanatorium. Salary, £120 per annum.  
**BIRMINGHAM: QUEEN'S HOSPITAL.**—(1) Two House-Surgeons. (2) House-Physician, salary £50 per annum. (3) Obstetric and Ophthalmic House Surgeon, salary £40 per annum.  
**BRISTOL ROYAL INFIRMARY.**—(1) Resident Junior House-Surgeon and Anaesthetist. (2) Resident Casualty Officer. Both resident. Salaries at the rate of £50 per annum.  
**CAMBERWELL HOUSE ASYLUM.**—Assistant Medical Officer; resident. Salary commencing at £150 per annum.  
**CANCER HOSPITAL, Fulham Road.**—Surgical Registrar. Honorarium, £26 ss. per annum.  
**CARMARTHEN: JOINT COUNTIES ASYLUM.**—Junior Assistant Medical Officer. resident. Salary, £150 per annum.  
**CENTRAL LONDON OPHTHALMIC HOSPITAL, Gray's Inn Road, W.C.**—Assistant Surgeon.  
**CHARING CROSS HOSPITAL.**—(1) Medical Officer for the Electrical Department; (2) Assistant Physician to the Dermatological Department.  
**COVENTRY AND WARWICKSHIRE HOSPITAL.**—Assistant House-Surgeon, resident. Salary, £60 per annum.  
**DUDLEY: GUEST HOSPITAL.**—Senior Resident Medical Officer. Salary, £100 per annum, increasing to £120.  
**GLOUCESTER: BARNWOOD HOUSE HOSPITAL FOR MENTAL DISEASES.**—Junior Assistant Medical Officer; resident. Salary, £150, rising to £170.  
**GLOUCESTER: GENERAL INFIRMARY.**—Assistant House-Surgeon; resident. Salary at the rate of £30 per annum.  
**KETTERING AND DISTRICT GENERAL HOSPITAL.**—Resident Medical Officer. Salary, £80 per annum.  
**LIVERPOOL: ROYAL SOUTHERN HOSPITAL.**—Junior House-Surgeon. Salary, 60 guineas per annum.  
**MACDOLEFIELD GENERAL INFIRMARY.**—Junior House Surgeon, resident. Salary, £70 per annum.  
**MANCHESTER: ANCOATS HOSPITAL.**—Resident House-Physician. Salary, £80 per annum.  
**MANCHESTER HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.**—(1) Honorary Physician; (2) Honorary Assistant Physician.  
**METROPOLITAN HOSPITAL, Kingsland Road, N.E.**—Assistant Surgeon.  
**MUTTON AND LOTHINGLAND URBAN DISTRICT COUNCIL.**—Medical Officer of Health. Salary, £80 per annum.  
**NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C.**—House-Physician; resident. Salary, £50 per annum.  
**NORTH RIDING INFIRMARY, Middlesbrough.**—Assistant House-Surgeon; resident. Salary, £75 per annum.  
**OXFORD: RADCLIFFE INFIRMARY.**—(1) House-Physician. Salary, £80 per annum. (2) Junior House-Surgeon. Salary, £40 per annum.  
**PADDINGTON GREEN CHILDREN'S HOSPITAL.**—Surgeon to Out-patients.  
**TOTTENHAM HOSPITAL.**—House-Physician, resident. Salary, £60 per annum.  
**WALWORTH: ROBERT BROWNING SETTLEMENT.**—Honorary Assistant during absence of Medical Superintendent.  
**WIGAN: ROYAL ALBERT EDWARD INFIRMARY AND DISPENSARY.**—Junior Housekeeper, resident. Salary, £80 per annum.  
**WORCESTER GENERAL INFIRMARY.**—House-Surgeon; resident. Salary, £70 per annum.

### MEDICAL APPOINTMENTS.

**BONNEY, W. Victor, M.S., M.D. Lond., F.R.C.S., M.R.C.S.,** Lecturer in Practical Midwifery in the Middlesex Hospital Medical School.  
**CORNER, Edred M., M.B., B.O. Cantab., F.R.C.S.,** Assistant Surgeon to St. Thomas's Hospital.  
**DYER, Sidney R., M.D. Brux., L.R.C.P., M.R.C.S.,** Principal Medical Officer of Dartmouth Convict Establishment.  
**EASON, H. L., M.D., M.S. Lond.,** Dean of Guy's Hospital Medical School, *vice* John Fawcett, M.D., F.R.C.P., resigned.  
**HARKER, W. D., M.C. Cantab., F.R.C.S. Eng.,** Surgeon to the Metropolitan Hospital, Kingsland Road.  
**HEILBOHN, W. P., M.R., B.O. Cantab.,** Honorary Assistant Medical Officer to the Bradford Children's Hospital.  
**HOLGATE, Percy, M.B., B.S. Durh.,** Medical Officer to the Tynemouth Township of the Tynemouth Union, *vice* Dr. H. Bamber, deceased.  
**JOWERS, L. E., F.R.C.S. Edin., L.R.C.P. Lond.,** Assistant Surgeon to the Hastings, St. Leonards, and East Sussex Hospital.  
**MARDE, Percy R., M.D. Durh., M.R.C.S. Eng.,** Medical Officer to H.M. Prison, Stafford.  
**MARDE Norman G., M.R.C.S., L.R.C.P. Lond.,** Honorary Assistant Medical Officer to the Bradford Children's Hospital.  
**PARTULLO, W., L.R.C.P. and S. Edin., L.F.P.S. Glasg.,** District Medical Officer of the Durham Union.  
**PHILLIPS, James, F.R.C.S. Edin., L.R.C.P. Lond.,** Honorary Medical Officer of the Bradford Children's Hospital.

**PORTER, W. George, M.D., M.R.C.S., F.R.C.P.,** Clinical Assistant to the Chelsea Hospital for Women.  
**PRATT, J. Dallas, M.D. Dub., B.Ch., F.R.C.S.I.,** Certifying Factory Surgeon for the Dublin District.  
**ROBY, R. Wynne, M.R.C.S., L.D.S., L.R.C.P. Lond.,** Dental Surgeon and Lecturer on Dental Surgery at Guy's Hospital.  
**ROWE, Joseph Hambley, M.B., O.M.,** Anaesthetist to the Bradford Children's Hospital.  
**SCOTT, Sydney, B.S. Lond., F.R.C.S. Eng.,** Honorary Surgeon to the Westminster General Dispensary, London.  
**SMITH, William Robert, M.D., B.S. Lond., F.R.C.S. Eng.,** Assistant Surgeon to the Hospital for Women, Nottingham.  
**WARING, H. J., M.S. Lond., F.R.C.S. Eng.,** Consulting Surgeon to the Metropolitan Hospital, Kingsland Road.  
**WATSON, G. Gordon, F.R.C.S. Eng.,** Assistant Surgeon to the Metropolitan Hospital, Kingsland Road.  
**WILLIAMS, E. Lloyd, M.B., C.M. Edin.,** Medical Officer and Public Vaccinator for the Llanrwst District and Workhouse of the Llanrwst Union.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**Quain Society,** Anatomical Theatre, University College, W.C. 10 a.m.—Sir Victor Horsley: On the Termination of the Fillet in the Optic Thalamus. (Illustrated with photographs and lantern slides.)  
**Medical Society of London, 11, Chandos Street, Cavendish Square, W.** 8.30 p.m.—Clinical cases.

#### TUESDAY.

**Medico-Legal Society, 20, Hanover Square, W.** 8.15 p.m.—Mr. J. H. Targett: Homicide by Intoxication of Foreign Bodies; specimens. Professor A. Bostock Hill: A Case of Abortion by Drugs. Dr. F. J. Smith: Notes on Employers' Liability. Mr. Stanley R. Atkinson: Live-birth—in Theory and Practice.  
**Royal Medical and Chirurgical Society, 20, Hanover Square, W.** 8.30 p.m.—Dr. J. H. Drysdale and Hugh Thurstield: On Anaemia Pseudo-leukaemia Infantum.

#### WEDNESDAY.

**Dermatological Society of London, 11, Chandos Street, Cavendish Square, W.** 5.15 p.m.—Demonstration of Cases of Interest.  
**Hunterian Society, London Institution, Finsbury Circus, E.C.** 8.30 p.m.—Dr. J. F. Woods: The Hunterian Oration on the Psychic Side of Therapeutics.  
**South-West London Medical Society, Bellingbrooke Hospital, Wandsworth Common, S.W.** 8.45 p.m.—Sir Felix Semon: Some Desultory Remarks on Topics of Professional Interest.

#### THURSDAY.

**Harvelan Society of London, Stafford Rooms, Titchborne Street, Edgware Road, W.** 8.50 p.m.—Mr. Edmund Owen: On Appendix Abscess in the Recto-vesical Pouch. Mr. R. W. Roughton: On a Case of Intestinal Obstruction with Gangrene of the Caecum—Recovery.  
**British Gynaecological Society, 20, Hanover Square, W.** 8 p.m.—The President, Professor John Taylor, will deliver his Inaugural Address. Papers will be read, and specimens shown by Dr. Gelston Atkins, Dr. William Duncan, Dr. Macnaughton-Jones, Dr. Snow, and Mr. Spanton.  
**Ophthalmological Society of the United Kingdom, 11, Chandos Street, Cavendish Square, W.** 8 p.m.—Cases by Messrs. A. Ogilvy, S. Stephenson, etc. 8.30 p.m. Papers: Dr. A. Bronner: Notes on a Case of Gonorrhoeal Conjunctivitis in an Adult Treated with Peroxide of Hydrogen. Mr. J. H. Parsons: On Congenital Anterior Staphyloma. Major H. Smith, I.M.S.: (1) Night-blindness; (2) Lens Couching.

#### FRIDAY.

**Incorporated Society of Medical Officers of Health, 9, Adelphi Terrace, Strand, W.C.** 7.30 p.m.—Dr. Lockhart Stephens: On Physical Culture in Elementary Schools.  
**Clinical Society of London, 20, Hanover Square, W.** 8.30 p.m.—Dr. Sidney Phillips: A Case of Fibroid Disease of the Pancreas with Calculi. Dr. Norman Dalton: Two cases of Malignant Anaemia. Mr. J. Jackson Clarke: Note on a case of Ankylosis of Both Temporo-maxillary Joints. Mr. Edred M. Corner: Cases of Primary and Secondary Tuberculosis of the Thyroid.

#### POST-GRADUATE COURSES AND LECTURES.

**Charing Cross Hospital, Thursday, 4 p.m.**—Demonstration of Surgical Cases.  
**Hospital for Consumption and Diseases of the Chest, Brompton, Wednesday, 4 p.m.**—Lecture on Abscesses of Brain in Relation to Chest Disease.  
**Hospital for Sick Children, Great Ormond Street, W.C., Thursday, 4 p.m.**—Lecture on Some Problems in Connexion with Hernia.  
**London Temperance Hospital, Hampstead Road, N.W., Wednesday, 4 p.m.**—Lecture on Diseases of the Stomach.  
**Medical Graduates' College and Polytechnic, 22, Chenies Street, W.C.**—Demonstrations will be given at 4 p.m. as follows: Monday, Skin; Tuesday, Medical; Wednesday, Surgical; Thursday, Surgical; Friday, Eye. Lectures will be delivered at 5.15 p.m. as follows: Monday, On the Treatment of the Haemic and Mechanical Factors in Cardiac Failure; Tuesday, Intermediate and Secondary Anaemias; Wednesday, The Treatment of Congenital Club-foot; Thursday, The Pathology of Uraemia.  
**Mount Vernon Hospital for Consumption and Diseases of the Chest, 7, Finsbury Square, W., Thursday, 5 p.m.**—Lecture on The Relation of Pulmonary Tuberculosis to other Diseases.  
**National Hospital for the Paralyzed and Epileptic, Queen Square, W.C.**—Lectures will be delivered at 8.30 p.m. as follows: Tuesday, Remissions and Relapses in Disseminated Sclerosis; Friday, Surgery of the Nervous System.  
**North-East London Post-Graduate College, Tottenham, N., Thursday, 4.30 p.m.**—Lecture on Gynaecological Examination.  
**Post-Graduate College, West London Hospital, Hammermith Road, W.**—Lectures will be delivered at 5 p.m. as follows: Monday, Examination of the Stomach and Gastric Contents; Tuesday, Types of Insanity accompanied with Microscopic specimens; Wednesday, Practical Medicine; Thursday, Practical Surgery; Friday, Bacteriology.  
**Samaritan Free Hospital for Women, Marylebone Road, N.W., Thursday, 5 p.m.**—Lecture on Pelvic Pain.

### 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.

#### BIRTH.

**JACKSON.**—On January 31st, at The Lings, Radcliffe-on-Trent, the wife of Arthur M. Jackson, M.D. Oxon., of a son.

#### MARRIAGE.

**MCGINN-VAUGHAN.**—On January 26th, at St. Mary's Church, Newport, Mon., by the Rev. Father Butcher, Patrick McGinn, L.R.C.P. and S.I., L.M., Chaplain, and J.P., Dan-y-khiw, Maude, Newport, Mon.

#### DEATHS.

**CLARK.**—The wife of Fielding Clark, M.R.C.S. Eng., etc., at Tunbridge Wells, of typhoid, on January 16th.  
**WRIGHT.**—On January 27th, at his residence, 153, Upper Kennington Lane, S.E., after an illness of short duration, John Sydney Albert Wright, L.R.C.P., L.M. Edin., L.S.A., aged 64 years. Deeply regretted. No flowers.