

(4) the fear that, if we do find the focus of suppuration, we may not, in evacuating it be able to limit and prevent its spread to the general peritoneal cavity. However, once it is clear to the surgeon that pus is present it is his duty, by a careful discrimination of symptoms, to attempt to localize it and to evacuate it.

The great safeguard and the guide in all these cases is a thorough and careful examination from day to day, and even from hour to hour, in an individual case, and I am disposed to say that one positive sign, such as altered relation of pulse-rate and temperature, rigidity, absence of peristalsis, persistent tenderness, or excessive leucocytosis, must outweigh the absence of all other unfavourable symptoms. There are certain symptoms which we cannot neglect, even in obscure cases. These I may briefly discuss under the following headings in their order of importance, and I place above all:

1. The ratio of the pulse and temperature. Then follow:
2. Leucocytosis.
3. Rigidity.
4. Vomiting.
5. Distension.
6. Diarrhoea and constipation.
7. Local tenderness.
8. Haematemesis and melaena.
9. Increasing abdominal dullness.
10. Effusion of blood beneath the abdominal walls.
11. Chest symptoms, such as dullness, signs of consolidation, etc.

1. *The Pulse and Temperature.*—These may rise together in due proportion, or there may be a slightly elevated temperature with an entirely disproportionate pulse-rate; or the temperature may be subnormal when taken on the surface, while the pulse may be greatly accelerated. But be it noted, if the temperature is taken in the rectum it is almost invariably above normal. The conditions of gravity are two: First, a normal temperature with a pulse-rate of 100 or over; and, secondly, a condition of still greater gravity, a subnormal temperature with a rising pulse. In all abdominal cases the pulse and temperature should be frequently taken, at least every three hours, although the disease appears to be quieting down. If the case is to have a successful issue, this inverse relationship of temperature and pulse should be observed at the earliest possible moment. If the abnormal ratio has been established for a day or longer the prospects of surgical interference are extremely unfavourable, because the altered ratio is significant of the absorption of septic products.

2. *Leucocytosis.*—I may venture to remind you that the number of leucocytes per c.mm. present in the blood is normally 5,000 to 7,000, the count rising to 12,000 at the height of digestion after a good meal. In purulent appendicitis the number of leucocytes varies from 14,000 to 58,000, the average being 17,000 to 20,000. In perforative appendicitis there is a very rapid rise in the number of leucocytes, and counts of over 20,000 indicate either pus, gangrene, or peritonitis; but, as showing that even this sign is not absolutely to be relied upon, the gravest kinds of appendicitis, attended with the acutest form of poisoning, do not show an increase of leucocytosis. Thus it is not advisable to divorce the leucocyte count from the clinical condition of the patient. Leucocytosis is absent in enteric fever but it is present in ovarian abscess and other forms of intra-abdominal suppuration. It is absent also in uncomplicated gastric ulcer, but if perforation occurs the number rises. It is important not only to ascertain the number of leucocytes but the ratio of polymorpho-nuclear cells. If these are increased from the normal rate of 65 per cent. to over 70-75 per cent. then pus formation is certainly present.

3. *Rigidity*, which is almost always associated with some tenderness, is a symptom to be carefully watched, particularly if it be persistent. Even in the absence of other abdominal signs, such as vomiting and severe pain, rigidity, with some tenderness, as in Case vi of perforating duodenal ulcer, was sufficient ground for operation, although the patient was apparently well and had remained at his work for four days. The operation was, as I have said, abundantly justified.

4. *Vomiting* is a very variable sign; most acute abdominal conditions commence with it. It often ceases after the administration of sedatives, or if the stomach has been emptied of its contents by the initial sickness, and it is frequently absent in the latent period. But if it recurs, in spite of careful feeding and after the administration of sedatives, it is not to be under-estimated.

5. *Distension.*—This is often absent in the early stages, even in so serious an illness as a perforating gastric ulcer. But in the later stages of abdominal disease the fatal significance is

only too well known. Distension which persists for longer than twenty-four to thirty-six hours, and is unrelieved by treatment, such as a turpentine enema, is of grave moment. Before any marked degree of distension has taken place it is possible to ascertain the existence of normal liver dullness. But, when distension is well marked, the coils of intestine may override the edge of the liver, and so mask it.

6. *Constipation and Diarrhoea.*—The former may be due either to obstruction or to the administration of sedatives, but diarrhoea, occurring in the course of acute appendicitis, is generally significant of septic absorption from a non-evacuated abscess.

7. *Local tenderness* is always of value as a guiding point to the site of the lesion. Its persistence at the upper part of the rectus may determine the site of incision in a suspected case of perforation in gastric ulcer, and localized tenderness at McBurney's spot is one of the determining signs of the presence of appendicitis.

8. *Haematemesis and Melaena.*—The persistence of these after an injury, or in association with a suspected gastric or duodenal ulcer, may be such as to determine the question of operation or otherwise.

9. *Increasing Abdominal Dullness.*—The presence or absence of this is an important factor in those doubtful cases of injury where it may be that a solid viscus has been ruptured, and blood is being poured out into the peritoneal cavity, or the dullness may be due to effusion of pus or fluid, or to matted intestine with adhesion, as in appendicitis.

10. *Effusion of Blood Beneath the Abdominal Walls.*—This in itself is not a symptom to be relied upon, and should only be taken into consideration with other symptoms, such as shock, collapse, and haematemesis, as indicating the possible extent of laceration of the parts beneath.

11. *Chest Symptoms.*—In a patient who begins an illness with symptoms referable to the abdomen and remains ill although the symptoms in that region have apparently subsided, a careful examination of his chest, and the detection of either a pleuritic rub or the presence of fluid in either of the pleural cavities, may serve as an indication that mischief is going on in the abdominal cavity, and that an exploratory operation is called for. The association of pleurisy and perigastric abscess is well known, and so, too, is the existence of subdiaphragmatic abscess secondary to appendicitis, and the presence of fluid at the right base. The point lies in the persistence of chest symptoms preceded by a history of abdominal trouble.

REFERENCES.

- ¹ *Annals of Surgery*, vol. xxxii, p. 673. ² *Ibid.*, March, 1902. ³ *Ibid.*, vol. xxx, p. 634. ⁴ Treves, Perityphilitis.

MEMORANDA:

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

DRUG RASH COMPLICATING ENTERIC FEVER AND SIMULATING SCARLET FEVER.

T. G., male, 17 years of age, consulted me on September 27th, 1903, about an extensive erythematous rash very closely resembling scarlatinal erythema. The rash covered his face, body, arms, and legs. He gave a history of not feeling very well for a week or so, backache interfering with his work in the stable; the rash had been out two days. He now had a sore throat, and felt very weak. His pulse was 100, his temperature 103.2° F. The pharynx was inflamed, the tonsils enlarged and angry, and the tongue furred with enlarged papillae and red edges. He had vomited once or twice, and felt sick. Here was a clinical picture resembling scarlatina. The throat symptoms did not seem severe enough, or pulse quick enough, however, and the tongue not quite typical. I told him that but for his temperature I should say it was a drug rash. He then told me that he had taken several Doan's pills for the backache, and previous to them some opening medicine, which had worked freely. He said his bowels were loose, but it was due to a scidlitz powder. He had no abdominal pain or tenderness. Thinking he had caught a chill, and ascribing the rash to the pills, I ordered him to bed and gave him a saline mixture.

On September 28th his temperature was 104° and pulse between 110 and 115. He had not vomited, his bowels had not acted, there was no abdominal pain or tenderness.

On September 29th the temperature was 103.5°, the pulse as on the previous day; one motion described as light in

colour had been passed. I now gave him quinine sulphate (3 gr.) every four hours, and left instructions to preserve any motion. Had I had the facility I should have tried the blood reaction.

On September 30th the morning temperature was 103°, pulse 110; the evening temperature 104°. The bowels had not acted. There was no abdominal tenderness; there was some gurgling in the right iliac fossa and slight tympany. No typhoid rash was to be observed.

On October 1st the temperature was 103.5°, and the pulse 110. Three motions of typical pea-soup character had been passed. All this time he complained of nothing but weakness.

I reported the case as enteric, and he was removed to the fever hospital. He was evidently in the second week of the disease.

Here was a beautiful example of the uselessness of the public treating symptoms with patent medicines, even granting there be virtue in the latter.

A fortnight later a young man 20 years of age came to see me in a very depressed state, thinking he had fever. He presented a similar rash to the above. His temperature and pulse were normal; urine, specific gravity 1025, showed no albumen. His tongue was flabby and pale, and he complained of backache. At first he said he had taken no medicine, but on asking him to think again his sister, who was with him, said, "Yes, doctor; his sister gave him two pills." On asking what pills, "Doan's" was the reply. I ordered seidlitz powder and gave a hepatic stimulant; he was soon himself again.

London, N.

G. W. R. SKENE, M.B., Ch.B. Edin.

ADRENALIN IN PULMONARY HAEMOPTYSIS.

THE note by Dr. A. C. Bird on this subject is particularly interesting to me, as I have quite recently had a parallel case to his.

My patient, a young clergyman, was sent to this district about two years ago, suffering from pulmonary phthisis. In September of last year he had a rather severe attack of haemoptysis, which, however, readily subsided under the ordinary treatment—absolute rest in bed, application of ice, etc. On December 6th he had a second attack—a very severe one—and in spite of ergot and opium (both internally and hypodermically), sulphuric acid, hazeline, terebene, ice locally and in the mouth, and absolute rest of body and voice, the copious coughing up of blood continued until the patient's pulse began to show signs of collapse.

On December 19th I prescribed a teaspoonful of 1 in 5,000 solution of suprarenalin (Armour) three times daily, and from the giving of the first dose the condition of the expectoration changed, the bright red gave place to a "foxy" colour, and after the third dose of suprarenalin all trace of blood in the sputum had gone and has not reappeared as yet.

I have still more recently used suprarenalin in a second case of haemoptysis with equally rapid result, and also in a case of fairly severe *post-partum* haemorrhage again, so far as one can tell, with excellent effect.

Rothbury.

ARTHUR S. HEDLEY, M.B.

BLEEDING IN PNEUMONIA.

THE report of the following case may interest those who have read Dr. Lees's paper and Dr. Barr's comments thereon.

O. P., a boy aged 14 years, who had had bronchitis in childhood; had left-sided empyema two years ago. This was drained and part of rib resected. The scar and physical signs of thickened pleura remain. His present illness began with typical signs and symptoms of acute pneumonia at the right base. On the third day the temperature reached 107° F. for a short time. On the fifth day the temperature was 105°, the pulse feeble (about 180), respirations 65; there was marked cyanosis and much distress from feeling of suffocation. Four leeches were applied over the region of the right auricle, and withdrew some 2 oz. of blood; for two hours longer the bites were encouraged to bleed freely, so that I am sure not less than 4 oz. in all were abstracted. At the end of the two hours the patient was comfortable, the cyanosis was gone, the temperature was 103°, the pulse 125, and the respirations 60. For two more days the temperature continued between 103° and 105°, but the pulse never exceeded 130, nor was cyanosis again marked. The case terminated favourably by lysis.

During the last twenty years I have occasionally bled in certain cases of pneumonia (twice in one alcoholic patient), but I have never before seen such marked evidence of the value of this procedure.

Southampton.

S. HUGHES, M.B., etc.

THE TREATMENT OF MYIASIS.

WITH reference to the very interesting "Notes on Myiasis" by Captain P. S. Lelean, F.R.C.S. Eng., R.A.M.C., in the BRITISH MEDICAL JOURNAL of January 30th, may I point out that larvae can be at once got rid of by the following method? The tip of an ordinary probe is lightly smeared with vaseline and pressed on to a little calomel so as to take up about 1 gr. of the drug. It is then passed into the cavity containing the larvae and gently moved round it. The calomel kills the larvae in a few minutes. They can then be removed by gentle pressure, or, better still, by syringing the cavity which contains them with a little warm boracic lotion.

The other drugs, such as turpentine, which have been recommended for destroying maggots, are uncertain, irritating, and very painful. On the other hand, calomel acts rapidly, certainly, and without causing the slightest pain or discomfort. It also seems to destroy or neutralize the excretory products of the larvae, which are often sufficiently irritating to excite considerable local inflammation and high fever.

Calomel is also fatal to most of the lower forms of life, and I have used it successfully to get rid of a leech which had accidentally entered the nasal fossa.

G. H. YOUNGE, F.R.C.S.I.,
Lieutenant-Colonel R.A.M.C. (retired pay).

REPORTS

ON

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

SOUTH WIMBLEDON AND MERTON COTTAGE HOSPITAL.

SPONTANEOUS RUPTURE OF THE UTERUS: LAPAROTOMY: RECOVERY.

(By MARTIN RANDALL, M.D. Lond., F.R.C.S.)

CASES of spontaneous rupture of the uterus occurring early in labour are so uncommon that this one may be thought worthy of record:

History.—E. S., aged 36, at full term in her tenth pregnancy. Her previous confinements, save the first, second, and ninth, have all been normal. In the first she was confined of twins prematurely at five months. The second was a transverse presentation, and the ninth child was born deformed, at eight months, and lived eight days. She is a healthy woman, but works hard and is somewhat ill-nourished. On October 19th, 1903, she went to bed as usual and slept. She woke at 2 a.m. on October 20th, and found she was losing a little blood. An hour later pains came on. She voluntarily states that they were only six or eight in number, and that she experienced something different from what she had suffered in her previous confinements. The pains ceased altogether. She was not sick, and no history of shock or collapse could be obtained. She was seen by a midwife, who told her to send again. There was no history of a fall, blow, or strain.

State on Examination.—She was seen in the morning of October 20th by Dr. Arthur Edgelow, who asked me to see her with him later in the day. She still had slight loss. She was sitting with her buttocks on the edge of the bed and her feet resting on the floor. She complained that she could not lie down, because the attempt to do so took her breath away. She also complained of cramp in her back and sides, passing down the thighs, and made worse on movement. There were no uterine pains. Colour was good, facial aspect anxious. Respiration short and gasping, as in pneumonia. Pulse 120, regular, of fair quality. Temperature normal. After much persuasion she was induced to lie on her side, with shoulders and thorax propped up by pillows. Her movements were like those of a person suffering severely from lumbago. On vaginal examination a ring-like space was felt, in which lay part of the placenta. No part of the fetus was palpable. A loss of 2 or 3 oz. of dark blood followed the examination. Dr. Edgelow then gave chloroform, and after external cleansing I introduced my hand with a view to clearing the uterus. It entered the abdominal cavity through a tear in the posterior and left part of the uterus, and thus the nature of the case became clear.

Operation.—She was removed as soon as possible to the Cottage Hospital, the abdomen cleansed, and the vagina douched. Dr. Brice Poole administered chloroform, and Drs. Edgelow and Gerrard kindly assisted at the operation, at 9 p.m. Under chloroform the child could be felt lying transversely above the uterus, with its head on the left. On opening the abdomen the first thing seen was a bulging, yellowish, bladder-like object. This was the intact amnion. The child was seized by the buttock, which presented, and removed, head last, care being taken to exclude the liquor amnii from the abdomen as far as possible. The amnion did not appear to be unusually tough or thick. The child, a fully-developed male, of quite average size, was dead.

meeting at Swansea last year, for I have the honour of being on the Committee appointed by this district to investigate the conditions of contract practice, and it does not seem much when a man is earning £100 a year that he should pay 25s. for medical and surgical attendance on himself and family. This includes everything from a major operation to a dose of castor-oil, for there are usually no chemists in the colliery districts.

THE PLAGUE.

PREVALENCE OF THE DISEASE.

INDIA.

DURING the weeks ending January 9th and 16th the deaths from plague in India numbered 17,344 and 21,302 respectively. The high mortality is due to a marked increase of the disease in the Bombay Districts, in Bengal, and the Punjab. In 1903 the death-rate from plague corresponding to the latter week was 17,231, so that the annual recrudescence seems to be slightly earlier this year. During the week ending January 9th the principal returns were: Bombay city, 169; Bombay districts, 6,605; Calcutta, 15; Bengal districts, 938; North West Provinces and Oudh, 3,291; Punjab, 1,394; Central Provinces, 1,574; Kashmir, 21; Hyderabad State, 972; Central India, 855; Madras districts, 740.

At Cawnpore, on January 15th, Nurse Walden, of St. Katherine's Hospital, died of plague after two days' illness. Miss Marvel, a girl compounder at the same hospital, also died of the disease. The hospital has been temporarily evacuated.

CAPE COLONY.

Port Elizabeth.—During the week ending Jan. 9th, no fresh cases of plague were found; during the week ending Jan. 16th, 2 fresh cases of plague were discovered; both died.

East London.—During the weeks ending Jan. 9th and 16th, the fresh cases numbered 1 and 0, and the deaths from the disease, 1 and 0 respectively; 2 cases remained under treatment.

In no other town in South Africa was plague reported in man. At Port Elizabeth, East London, and Kynsa plague-infected rats continue to be found, but at no other town are rats infected.

MAURITIUS.

During the week's ending Jan. 21st, 28th, and Feb. 4th, the fresh cases of plague in Mauritius numbered 16, 28, and 17 respectively; during the same period the deaths from the disease numbered 12, 18, and 14 respectively.

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.

BORDER COUNTIES BRANCH: WEST CUMBERLAND DIVISION.—A meeting of this Division will be held at Workington on Tuesday, March 1st. The Secretary will be glad to receive a communication from any member who intends to read notes on cases or to exhibit specimens, etc.—T. E. MATHEWS, 6, Scotch Street, Whitehaven, Honorary Secretary.

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, 1904." (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.

NORTH LANCASHIRE AND SOUTH WESTMORLAND BRANCH.—A meeting of this Branch will be held at Barrow-in-Furness on Wednesday, February 24th, at 3.30 p.m.—A. S. BARLING, High Street, Lancaster, Honorary Secretary.

PERTSHIRE 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 1st, 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.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: MONMOUTHSHIRE DIVISION.—The quarterly meeting of this Division will be held in the County Asylum, Abergavenny, on Friday, February 26th, at 3 o'clock. Members wishing to read papers or show cases are asked to notify the Honorary Secretary on or before February 16th.—W. J. GREER, Newport, Honorary Secretary.

At the annual general meeting of the Liverpool Medical Institution, the following officers were elected for the ensuing year: *President*: Dr. J. Barr. *Vice-Presidents*: Drs. H. Briggs, G. W. Steeves, J. R. Logan, and J. Wigglesworth. *Treasurer*: Dr. T. H. Bickerton. The following Secretaries were also elected: *General Secretary*: Dr. F. C. Larkin. *Secretary to Ordinary Meetings*: Dr. R. W. Murray. *Pathological Secretary*: Dr. W. P. Warrington. *Editor of the Journal*: Dr. F. H. Barendt. *Librarian*: Dr. A. S. Grünbaum. Twelve members of Council were also elected. With the exception of Drs. Briggs, Steeves, and Mr. Bickerton, none of the gentlemen named held the same position last year.

WE learn from the *Dumfries and Galloway Standard* that the life-sized portrait which the patients of Dr. John Smith determined to present to him on his retirement last year has now been finished, and is considered to be excellent. It was forwarded to him in London on New Year's Day this year, and the letter which accompanied it contains repeated expressions of the regret which is felt by his patients that they can no longer receive at his hands the skilful kindness to which he had accustomed them. Dr. Smith was a Vice-President of the Border Counties Branch of the British Medical Association, and at one time its very active Secretary.

by the club subscription, and if the patient in question was quite able to pay the moderate fee asked, A.'s action was unfair and contrary to the interests of the medical profession.

QUALIFIED MEDICAL PRACTITIONERS AS DENTISTS.

L.D.S.—That the exercise of a statutory right can constitute a breach of professional ethics is an idea hardly to be entertained. Medical men are usually very chary of undertaking the treatment of cases in those departments of practice in which it is recognized that special knowledge and special aptitude are called for, but it is no more possible to lay down that a medical man ought not to undertake dental practice than it would be to lay down that he ought not to undertake ophthalmic cases, or aural cases, or abdominal operations unless he has more or less become a specialist in those directions. The propriety of his doing so must be left to his own feeling as to his competence, and cannot be made subject to any ruling as to ethics or etiquette.

THE ADVERTISEMENT OF MEDICAL WORKS IN THE LAY PRESS.
C. J.—The case has been referred to the Ethical Committee.

NEWSPAPER NOTICES OF MEDICAL PRACTITIONERS.

FAIRPLAY.—It is scarcely reasonable to complain of a newspaper account of a complimentary banquet with the usual accompaniment of flattering speeches.

CLUB COLLECTORS.

GLYN NEATH.—While there may be no objection to the employment of a collector to receive club subscriptions, yet where such men are paid a commission on the amount they collect they are apt, in their own interests, to become canvassers and thereby to infringe ethical rules.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

THE PHILIP WALKER STUDENTSHIP IN PATHOLOGY.

A STUDENTSHIP in Pathology has just been founded in the University by Mr. Philip Francis Walker for the furtherance of original research in pathology. The studentship is to be of the annual value of £200, and may be increased, if at any time the income of the endowment fund exceeds £200, to any sum not exceeding £300. Prizes or grants may also be made from the fund under similar circumstances to persons engaged in pathological research. The studentship is not confined to members of the University and is open without limitation of age or sex. It is to be awarded by the managers of the fund upon the report of the Reader in Pathology on the respective qualifications of the candidates, and is tenable for three years from election, with a possible extension on the recommendation of the Reader for a further period of two years.

During his tenure of the studentship the student is prohibited from following any business or profession, or engaging in any educational or other work which in the opinion of the managers of the fund would interfere with his original inquiries. The place and nature of the studies of the student are to be subject to the approval of the Reader in Pathology, provided that the student shall be bound to pursue his studies within the University during at least three terms of this tenure of the studentship, unless this requirement be dispensed with for special reasons. The full details of the Decree of Convocation and the regulations governing the studentship are published in the *Oxford University Gazette* of February 2nd (University Press, 116, High Street, Oxford. Price 3d.).

RESEARCH FELLOWSHIP.

St. John's College will shortly proceed to elect as an Ordinary Fellow a person whose attainments in literature, science, or art shall in their judgement qualify him to be a Fellow, and who shall undertake, if required, to perform some definite literary, scientific, or educational work in the College, or in the University, or (under the direction of the College or the University) elsewhere.

Applications (together with any evidence of qualification which the candidate may desire to submit) may be sent to the President before February 20th, 1904, and may include a statement of the work which the candidate proposes to perform, if required.

UNIVERSITY OF CAMBRIDGE.

Bwards of Electors.—The following have been appointed electors to the professorships indicated: *Chemistry*, Professor J. J. Thomson; *Anatomy*, Sir M. Foster; *Botany*, Professor Clifford Allbutt; *Jacksonian (Chemistry)*, Sir William Ramsay; *Downing (Medicine)*, Sir M. Foster; *Zoology*, Mr. J. W. Clark; *Physics*, Professor K. B. Clifton; *Physiology*, Professor Clifford Allbutt; *Surgery*, Sir Frederick Treves, Bart.; *Pathology*, Professor R. Muir.

UNIVERSITY OF LONDON.

The Physiological Laboratory.

THE physiological laboratory of the University of London has been included in the list of institutions where scholarships granted by the Royal Commissioners for the Exhibition of 1881 can be held.

Preliminary Scientific Examination.

The fees for the Preliminary Scientific Examination for the external students have been revised as follows: Every candidate entering for the Preliminary Scientific Examination must pay a fee of £5 to the External Registrar. This fee covers the whole examination, whether taken altogether or in sections. If a candidate withdraws his name before the last day of entry the fee shall be returned to him: if he withdraws between the last day of entry and the commencement of the examination, he shall be admitted to the next similar examination for half the amount of the fee paid for the first entry. If he fails to pass the examination, or either section of it, he shall be allowed to enter again on payment of £5 for the whole examination, or £2 for each subject in which he failed.

Recognition of Teachers.

Dr. C. S. Myers has been recognized as a teacher of psychology at King's College; Dr. R. G. Hebb as a teacher of pathology at the Westminster

Hospital Medical School; and Mr. J. H. Fisher, Dr. Percy Flemming, Dr. Arnold Lawson, and Mr. C. Devereux Marshall as teachers of ophthalmology at the Royal London Ophthalmic Hospital.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

A QUARTERLY meeting of the Royal College of Physicians of Edinburgh was held on Tuesday, February 2nd; Dr. Clouston (President) in the Chair.

Introduction of New Fellows.

James Taylor Grant, M.B., C.M., F.R.C.P. Edin.; Charles Cromhall Easterbrook, M.D., F.R.C.P. Edin.; Edwin Bramwell, M.B., C.M., F.R.C.P. Edin.; and John Malcolm Farquharson, M.B., C.M., F.R.C.P. Edin., were introduced and took their seats as Fellows of the College.

Admission to the Fellowship.

Stuart McDonald, M.B., C.M. Edin., M.R.C.P. Edin., Edinburgh, was admitted by ballot to the Fellowship of the College.

Admission to the Membership.

On a ballot the following candidates were admitted to the Membership of the College after examination: William Leslie Mackenzie, M.D. Aberd., Edinburgh; Clarence Brian Dobell, M.B., C.M. Edin., Edinburgh; and Francis Lionel Provis, L.R.C.P. Lond., M.R.C.S. Eng., F.R.C.S. Edin., London.

Admission to the Licence.

The Registrar reported that since the last quarterly meeting thirty-nine persons had obtained the Licence of the College by examination.

Parkin Prize.

It was announced that the Council had resolved to offer the Parkin Prize for competition during the current year, the subject to be, in terms of the deed, "On the curative effects of carbonic acid gas or other forms of carbon in cholera, for different forms of fever and other diseases." Essays to be received by the Secretary up to December 31st, 1904.

Mason Donation for Research.

It was announced that Mr. J. Francis Mason, Woodstock, Oxfordshire, had intimated the continuance of his donation of £200 to the laboratory for the purposes of research on the ductless glands.

Appointment of Representative of the Royal College of Surgeons on the Laboratory Committee.

The Secretary announced that Dr. James William Beeman Hodson had been appointed as Representative of the Royal College of Surgeons on the Laboratory Committee.

Sanitary Institute Congress.

It was remitted to the Council to nominate delegates to the Congress of the Sanitary Institute, to be held in Glasgow in July, 1904.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

At a meeting of the College on February 3rd the diploma of Licentiate of the College held by Mr. Thomas Richard Allinson, of 4, Spanish Place, Manchester Square, London, W., was unanimously recalled and declared void, whereupon he ceased to be a Licentiate of the College.

TRINITY COLLEGE, DUBLIN.

CANDIDATES have passed examinations as under:

Final in Midwifery.—C. J. Coppinger, K. R. C. Hallowes, R. C. Hallowes, H. M. Crawford, W. M. Wade, Rev. R. B. Bryan, C. J. Wyatt, D. C. Pearson, O. J. Parry-Edwards, M. FitzFibbon, H. T. Marrable, T. Wilson, H. Stewart.

Section B.—J. Cunningham, R. Magill, J. A. Sibthorpe, J. H. C. Thompson, W. L. Myles.

Final in Surgery.—W. M. Wade, T. C. A. Sweetnam, R. Bailey, C. E. Moore, W. S. S. Berry, W. P. Tate, J. C. Hall, H. Stone.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the monthly business meeting of the College on February 5th the thirteen successful candidates in the Final Examination of the Conjoint Board in Ireland (see below) were admitted to Licences in Medicine and Midwifery.

CONJOINT BOARD IN IRELAND.

CANDIDATES have passed examinations of this Board as undernoted:

Second Professional Examination.—First Trial: E. F. Gilligan, H. M. Harrison, R. Martin, H. S. Moorhead, S. McCausland. Second or Subsequent Trial: C. J. A. Corby, J. B. Kelly, J. J. Murphy, O. C. J. O'Reilly, R. J. Smallman, J. Smith, E. C. Wallace.

Third Professional Examination.—All Subjects: M. Campbell, C. L. Browne, G. Thomason, C. H. Twells. Completing: A. C. Adams, M. Antony, F. L. Bradish, W. C. Carson, E. Duffy, J. C. Heelan, Miss Lardner, J. Roberts, P. P. Ryan, R. H. Smythe, W. Tobin.

Final Examination.—All Subjects: C. L. Browne, G. Thomason, C. H. Twells. Completing: R. G. Allen, F. W. Brunker, J. Cuffe, M. W. Kelly, T. Kelly, J. Quirke, J. W. Rutherford, M. C. Sage, W. W. Stuart, Miss A. Taylor.

Diploma in Public Health.—J. P. Dee, M.B., R. J. George, M.B., C. A. Johns, M.B., J. M. S. Lewis, L.R.C.P. & S.I. (Honours), T. J. Nicholl, L.R.C.P. & S.I., E. M. J. O'Farrell, F.R.C.S.I., T. Rhind, M.R.C.S., L.R.C.P., A. W. Sampey, L.R.C.P. & S.I., Lieutenant R.A.M.C. (Honours), E. J. Tynan, F.R.C.S.I.

SOCIETY OF APOTHECARIES OF LONDON.

THE Gillson Scholarship in Pathology of the annual value of £90 has been awarded to Mr. Leonard Stanley Dudgeon, M.R.C.P. Lond.

EDINBURGH ROYAL INFIRMARY RESIDENTS' CLUB.—It has been arranged to hold a last kitchen concert in the kitchen of the old infirmary (the late City Hospital) on Friday, March 11th, at 8.30 p.m. As the accommodation is very limited those who wish to be present should make early application to Dr. Claude B. Ker, the City Hospital, Colinton Road, Edinburgh.

London this death-rate was equal to 1.3 per 1,000, while among the seventy-five large provincial towns the rates ranged upwards to 3.0 in Leeds and in West Hartlepool, 3.2 in Preston, 3.5 in Handsworth (Staffs.), 3.8 in Swansea, 4.0 in Gateshead, 4.5 in Bury, 4.6 in Warrington, and 5.0 in Merthyr Tydfil. Measles caused a death-rate of 1.2 in Willesden, 1.5 in Cardiff, and 2.7 in Preston and in Rotherham; scarlet fever of 1.1 in Oldham, 1.4 in Merthyr Tydfil, and 1.5 in Warrington; diphtheria of 1.4 in Merthyr Tydfil; whooping-cough of 2.1 in Bolton, 2.3 in Warrington, 2.4 in Rochdale, 2.5 in Bootle, 3.0 in West Hartlepool, 3.8 in Swansea, and 4.0 in Gateshead; and diarrhoea of 1.6 in West Bromwich. The mortality from "fever" showed no marked excess in any of the large towns. One fatal case of small-pox was registered last week in Newcastle-on-Tyne, but none in any other of the seventy-six large towns. The Metropolitan Asylums Hospitals contained 25 small-pox patients at the end of last week against 26, 24, and 21 at the end of the three preceding weeks; 8 new cases were admitted during the week, against 4, 3, and 4 in the three preceding weeks. The number of scarlet fever cases remaining under treatment in these hospitals and in the London Fever Hospital, which had been 1,660, 1,677, and 1,651 on the three preceding Saturdays, had increased again to 1,657 on Saturday last, February 6th; 169 new cases were admitted during the week, against 235, 180, and 168 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, February 6th, 856 births and 611 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 20.2, 19.8, and 18.4 per 1,000 in the three preceding weeks, rose again last week to 18.5 per 1,000, and was 1.3 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 16.0 in Edinburgh and 17.5 in Glasgow and in Leith to 23.1 in Perth and 23.3 in Dundee. The death-rate from the principal infectious diseases averaged 1.3 per 1,000 in these towns, the highest rates being recorded in Aberdeen and Greenock. The 267 deaths registered in Glasgow included 2 which were referred to small-pox, 6 to measles, 2 to scarlet fever, 3 to diphtheria, 2 to whooping-cough, and 3 to diarrhoea. Nine deaths from whooping-cough and 4 from diarrhoea were recorded in Aberdeen; 3 from diarrhoea in Edinburgh; 2 from whooping-cough in Leith; and 1 from small-pox in Greenock.

HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, February 6th, 527 births and 461 deaths were registered in six of the principal Irish towns, against 467 births and 399 deaths in the preceding period. The mean annual death-rate of these towns, which had been 24.7, 26.9, and 20.5 per 1,000 in the three preceding weeks, rose to 25.8 in the week under notice, this figure being 8.6 per 1,000 above the mean annual rate in the seventy-six English towns during the corresponding period. The figures ranged from 11.3 in Londonderry to 32.1 in Dublin and 33.1 in Waterford. The death-rates from the principal zymotic diseases during the same period and in the same six towns, averaged 1.1 per 1,000, or 0.4 per 1,000 higher than during the preceding week, the highest rate, 2.2, being registered in Belfast, while Londonderry and Waterford registered no deaths under this heading at all. There were no deaths in any part of Ireland from either small-pox, measles, scarlet fever, typhus, or simple continued fever, and with the exception of 3 deaths from enteric at Belfast, 1 at Dublin from the same disease, and 1 death each at the same towns from diphtheria, almost the whole zymotic death-rate throughout Ireland was due to whooping-cough.

THE NOTIFICATION OF DISEASES IN AMERICA.

THE Philadelphia Department of Public Health and Charities has under consideration the enlargement of the group of diseases notifiable by medical practitioners. As a result of conferences with committees of the Philadelphia County Medical Society and the College of Physicians of Philadelphia, it is proposed to add pneumonia, chicken-pox, whooping-cough, tuberculosis, and measles to the list of such diseases. In New York pneumonia has recently been added to the list of diseases which must be reported to the Bureau of Contagious Diseases as communicable. This step has been taken in consequence of the marked increase in the mortality from that disease which has taken place of late years.

MEAT CASE AT KING'S LYNN.

WE have received particulars of the recent meat case at King's Lynn in which a conviction was obtained by the sanitary authority against John Hemeter, a naturalized German, carrying on business in the town as a sausage skin manufacturer. It appears that this person obtains inferior meat, cuts it up into small pieces, adds preservative, and transmits it in barrels to the London market. The medical officer (Dr. Plowright) was able to furnish facts to the court which reflect great discredit upon this traffic, and clear evidence as to the diseased condition of the meat. The defendant was sentenced to six weeks' imprisonment and ordered to pay the costs. On appeal, which was heard in January, the imprisonment was changed to the maximum fine of £20, as it was shown that defendant was suffering from illness which would be greatly aggravated by imprisonment.

SEWAGE-TESTING APPARATUS.

MR. SCOTT-MONCRIEFF'S sewage-testing apparatus can now be seen in the Parkes Museum of the Sanitary Institute. The apparatus has been designed for the purpose of obtaining exact information upon which to base bacterial sewage disposal schemes, particularly as to (1) the depth of filter required to produce the necessary standard of purity in the effluent; (2) the quantity of air necessary for the life processes of the organisms in the filter; (3) the correct rate of flow per unit of filter-bed surface in order to obtain the best results; and (4) the best period of rest between each discharge to prevent gelatinous growths in the filtering material.

ACTION OF SANITARY AUTHORITY ON RECEIVING NOTIFICATION.

R. L.—The medical practitioner is required to notify forthwith, on becoming aware that the patient is suffering from an infectious disease to which the Act applies. His responsibility towards the sanitary authority under the Infectious Disease (Notification) Act ends there. If the sanitary authority and its officers do not act upon the notification the responsibility for the consequences is theirs.

APPOINTMENT OF CERTIFYING SURGEON.

VICTORIA.—Our correspondent should write to H.M. Chief Inspector of Factories, Whitehall, S.W., for a form of application, at the same time giving the name of the district where the vacancy is expected and his qualifications for the appointment. He need not wait for the actual occurrence of the vacancy, which we are informed will not be advertised. Though the Chief Inspector makes the appointment, it is as well to obtain as much Parliamentary influence with the Home Secretary as possible.

INDIA AND THE COLONIES.

THE STRAITS SETTLEMENTS.

Annual Report of Medical Department.—The Report of the Medical Department of the Government of the Straits Settlements, which was issued last autumn, deals with the occurrences of the year 1902. Owing to the fact that the colony is made up of three distinct and very widely-separated settlements, it is perhaps natural that the report should consist chiefly of a large number of appendices drawn up by different officers doing Government work of various kinds and in various places, but this fact makes it impossible to extract many important facts of general application to the whole colony. The only points which stand out clearly are that the birth-rates and death-rates are remarkably low and high respectively. That the death-rate on a total population of 501,219 persons should equal 42.96 per 1,000 is not, perhaps, very notable, considering that the Straits Settlements lie almost on the equator and that the population is of a very mixed character, though chiefly Asiatic. But it is remarkable that under the same conditions the total birth-rate should be lower in some places even than in France, and throughout the Colony almost 4 per 1,000 less than in England. As it would appear that this remarkable excess of the death-rate over the birth rate has been going on for a long time, it is difficult to understand how the Colony keeps up its numbers. Very free immigration may, of course, explain it, but on this point no information is supplied. It is true that the death-rate in Singapore and Dindings was greater in 1902 than usual, but though means of precise comparison are lacking, it is obvious from various figures given that the increase cannot be sufficient to lessen the force of the foregoing remarks. Steady attempts are made to carry out vaccination, and the ratio of success of operations is high, but the extent of the vaccinations performed only appear to equal about one-half the births in each of the three settlements. In Singapore itself cholera appears to have been, in the year under notice, somewhat heavy and severe in character, since out of 842 known cases, 759 deaths occurred. Perhaps the most notable point of all brought out in the report is that, in spite of the proximity of the settlements to India, only four cases of plague occurred, and although the patients resided in different parts of the town the disease does not appear to have spread. The quarantine work in each of the different Settlements throws a very heavy burden upon the medical officers, but it is probably thanks to the care which they exercise in dealing with all suspicious cases that the freedom of the Colony from epidemic plague is chiefly due.

MEDICAL NEWS.

DR. HENRY CORBY has been appointed by the Lord Lieutenant a High Sheriff for the City of Cork.

A GENERAL meeting of the London Licentiate's and Members' Society will be held at the Wimpole Hotel, 63, Wimpole Street, W., on February 23rd, when the chair will be taken by Dr. Frederick J. Smith, at 4 p.m.

A WARD in the Clapham Maternity Hospital has been named the "Frances" Ward, in remembrance of the late Miss Hickman, who was house-surgeon at that institution for nine months.

THE EDUCATION OF DEFECTIVE CHILDREN.—The annual report on the special schools in which the education and training of mentally and physically defective children under the direction of the London School Board has just been published. The Hon. Maude Lawrence (Chairman of the Schools Committee) points out that the training of defective children must be comparatively costly. She expresses the belief, however, that apart from fitting the subnormal child to grow up as far as may be a self-supporting member of the community, the majority of people would agree that money spent on making the life of the afflicted child more endurable had not been wasted.

A SCHISM AMONG THE PECULIAR PEOPLE.—Something in the nature of a schism has lately, we learn from the *Essex Weekly News*, taken place among the Peculiar People of the Stanford-le-Hope district. For some time past a certain number of the members have felt that in cases of sickness amongst the children of Peculiar parents a medical man should be called in, thus obeying the law and avoiding the prosecutions which follow non-compliance with it. Such views have been strongly resented by the strict members, and the more advanced party, which is said to have the larger following, has severed its connexion with them.

SOUTHPORT MEDICAL SOCIETY.—The following officers were elected at the annual meeting:—*President*: Dr. J. C. Russel. *Vice-President*: Dr. Reinhardt Anderson. *President-elect*: Dr. G. C. Walker. *Committee*: Drs. Baildon, Barwise, Stanley Gill, E. Harris, A. W. Popert, and J. J. Weaver. *Honorary Treasurer*: Dr. Mewburn Brown. *Honorary Secretary*: Dr. R. M. Littler.

Dr. JOHN ROBERTSON, who was until recently medical officer of health of Sheffield, and who now holds a similar appointment at Birmingham, was entertained recently at dinner by members of the medical profession of Sheffield and by his late colleagues on the staff of University College in that city. On the termination of the dinner, Professor Pye-Smith presented him with a silver James I tea tray on behalf of the Council and staff of University College, and spoke in enthusiastic terms of Dr. Robertson's services to that institution while holding the posts of Professor of Public Health and Lecturer on Bacteriology. A corresponding presentation of a silver rose bowl was made on behalf of the medical profession in recognition of Dr. Robertson's services as medical officer of health. In making the presentation, Councillor Dr. E. Hargreaves alluded to the high esteem in which Dr. Robertson's work had been held by the City Council, and also to the cordial relationships which had always existed between him and the medical profession throughout the city and district.

PRIZE ESSAYS ON TROPICAL DISEASES.—The prizes in the gift of the *Journal of Tropical Medicine* for essays on subjects connected with tropical diseases have been awarded as follows: The Bellios Prize of £10, presented by the Hon. E. R. Bellios, C.M.G., for the best essay on "The System of Drainage and Sewerage (Domestic and Municipal) best suited for Tropical Climates," has been awarded to Major F. Smith, D.S.O., R.A.M.C., and Captain J. W. Cornwall, I.M.S., who divide the prize between them, the papers being adjudged of equal merit. The Lady MacGregor Prize of £10, presented by Lady Macgregor for the best article on "A Critical Examination of the Practical Value of Antityphoid Inoculation," has been awarded to Major F. Smith, D.S.O., R.A.M.C. The Sivewright Prize, presented by the Hon. Sir James Sivewright, K.C.M.G., LL.D., for the best essay on "Intestinal Affections in Warm Climates," was not awarded. The judges were Sir W. Roe Hooper, K.C.S.I., Colonel Kenneth MacLeod, LL.D., Sir Patrick Manson, K.C.M.G., F.R.S., LL.D.

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.

BIRMINGHAM AND MIDLAND EYE HOSPITAL.—House-Surgeon, resident. (Salary, £75 per annum.)

BIRMINGHAM AND MIDLAND HOSPITAL FOR SKIN AND URINARY DISEASES.—Clinical Assistant. Honorarium at the rate of 32 guineas per annum.

BIRMINGHAM: GENERAL HOSPITAL.—(1) House-Physician, resident. (2) Casualty Officer, non-resident. Salary, £50 per annum each.

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.

BRAFPORD (CHILDREN'S) HOSPITAL.—House-Surgeon, resident. Salary, £100 per annum.

BRISTOL ROYAL INFIRMARY.—(1) Resident Obstetric Officer. Salary, £75 per annum. (2) Honorary Anaesthetist.

CANCER HOSPITAL, Fulham Road.—Surgical Registrar. Honorarium, £26 5s. per annum.

CARMARTHEN: JOINT COUNTIES ASYLUM.—Junior Assistant Medical Officer. Resident. Salary, £150 per annum.

CARMARTHENSHIRE INFIRMARY.—Resident Medical Officer. Salary, £100 per annum.

CHAMING CROSS HOSPITAL.—Assistant Physician to the Dermatological Department.

CHELtenham GENERAL HOSPITAL.—Junior House-Surgeon, resident. Salary, £70 per annum.

CROYDON GENERAL HOSPITAL.—(1) Senior House-Surgeon. (2) Junior House-Surgeon. Both resident. Salaries, £105 and £60 per annum respectively.

DUDLEY: GUEST HOSPITAL.—Senior Resident Medical Officer. Salary, £100 per annum, increasing to £120.

GUILDFORD: ROYAL SURREY COUNTY HOSPITAL.—Resident House-Surgeon. Salary, £100 per annum.

HOLLOWAY AND NORTH ISLINGTON DISPENSARY.—Honorary Medical Officer.

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

ISLE OF SKYE: GASTO HOSPITAL.—Resident Medical Officer. Salary, £200 per annum.

KETTERING AND DISTRICT GENERAL HOSPITAL.—Resident Medical Officer. Salary, £80 per annum.

LANCASHIRE COUNTY ASYLUM, Winwick.—Assistant Medical Officer, resident. Salary, £150 per annum, increasing to £250.

LIVERPOOL CHILDREN'S INFIRMARY.—Assistant House-Surgeon, resident. Salary, £38 10s. for six months.

MACCLESFIELD GENERAL INFIRMARY.—Junior House Surgeon, resident. Salary, £70 per annum.

SHEFFIELD CORPORATION.—Second Assistant Medical Officer at the City Hospitals for Infectious Diseases, resident. Salary, £150 per annum.

WAKEFIELD: OLAYTON HOSPITAL AND WAKEFIELD GENERAL DISPENSARY.—Junior House-surgeon, resident. Salary, £80 per annum.

WIGAN: ROYAL ALBERT EDWARD INFIRMARY AND DISPENSARY.—Junior House-Surgeon, resident. Salary, £80 per annum.

CORRECTION.—In the notice of the vacancy at the Royal Albert Edward Infirmary, Wigan, published last week, the words "Junior House-Surgeon" were by a printer's error printed "Junior Housekeeper."

MEDICAL APPOINTMENTS.

ATKINS, S. E., L.R.C.S.I., L.S.A., Certifying Factory Surgeon for the Hatherleigh District, Devonshire.

BLACKBURN, C. R., M.D., Ch.M.Sy.d., Assistant Physician to Royal Prince Alfred Hospital, New South Wales.

BLETCHLEY, George P., M.B.Lond., M.R.C.S.Eng., L.R.C.P.Lond., Medical Officer and Public Vaccinator for Third Division of the Stroud Union, and Certifying Factory Surgeon for the Nailsworth District.

CANDLER, G., M.R.C.S., L.R.C.P.Lond., District Medical Officer of the Holsworth Union.

DAVIES, F. A., M.B., District Medical Officer of the Hexham Union.

FAIRFAX, E. W., M.B., Ch.M.Sy.d., Assistant Physician to Royal Prince Alfred Hospital, New South Wales.

GOLDSMITH, A. F., M.R.C.S., L.R.C.P.Lond., District Medical Officer of the Bedford Union.

HRASMAN, Frank, M.R.C.S.Eng., L.R.C.P.Lond., Assistant Physician to the Royal Boscombe and West Hants Hospital.

JOHNSON, L. Capper, M.B.Lond., M.B., Ch.B.Vict., M.R.C.S., L.R.C.P., Medical Officer to the Central Home for Children, Leeds Union.

LANCASTER, Ernest Le Conter, B.A., M.B., B.Ch.Oxon., M.R.C.S.Eng., Physician to the Swansea General and Eye Hospital, vice Dr. Knight, M.D., resigned.

MACINTOSH, A. H., M.B., Ch.M.Sy.d., Medical Superintendent to Royal Prince Alfred Hospital, New South Wales.

MILWARD, F. Victor, M.B., B.C.Cantab., F.R.C.S.Eng., Medical Referee under the Workmen's Compensation Act for Birmingham and for Bromsgrove, Redditch, and Solihull.

NUTHALL, A. W., F.R.C.S., Surgeon to Out-patients to the Birmingham and Midland Free Hospital for Sick Children.

PALMER, C. A., M.R.C.S., L.R.C.P.Lond., Medical Officer of Health for the Newbold and Dunstan Urban District.

PEARSON, F. J., M.R.C.S., L.R.C.P., District Medical Officer of the Gainsborough Union.

PICTON, L. J., M.D., B.Ch.Oxon., District Medical Officer of the Congleton Union.

PRINGLE, J., M.B., B.Ch.Dub., Certifying Factory Surgeon for the Manchester S.W. District.

WATSON, J. F., M.R., M.Ch.Melb., Assistant Medical Superintendent to Hospital for the Insane, Toowoomba, Queensland, vice A. Campbell, F.R.C.S., resigned.

WILSON, H. M., M.B., B.C.Cantab., Assistant Medical Officer to Wellington Hospital, New Zealand.

WILSON, J. Clark, M.D., C.M.Édin., D.P.H.Camb., Pathologist to Friedenheim Hospital, Upper Avenue Road, N.W.

DIARY FOR NEXT WEEK.

MONDAY.

Royal College of Surgeons of England, 5 p.m.—Professor T. Crisp: English: On the After-effects of Head Injuries. (Hunterian Lecture I.)

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

TUESDAY.

Pathological Society of London, 20, Hanover Square, 8.30 p.m.—Dr. T. D. Savill will open a discussion on Arterio-Sclerosis, and Professor T. Clifford Allbutt, Mr. C. A. Ballance, Sir William Broadbent, Dr. J. H. F. Broadbent, Dr. Herringham, Dr. G. E. H. Gutter, Dr. W. Russell, Dr. E. B. Shaw, Dr. Bealy Thorne, and Dr. Parkes Weber will take part in the discussion. Card specimens by Dr. J. H. F. Broadbent and Dr. J. R. Lunn.

WEDNESDAY.

Royal College of Surgeons of England, 5 p.m.—Professor T. Crisp: English: On the After-effects of Head Injuries. (Hunterian Lecture II.)

FRIDAY.

Royal College of Surgeons of England, 5 p.m.—Professor T. Crisp: English: On the After-effects of Head Injuries. (Hunterian Lecture III.)

Epidemiological Society, 11, Chandos Street, Cavendish Square, 8.30 p.m.—Dr. Myer Coplans: On the Etiology of scurvy.

POST-GRADUATE COURSES AND LECTURES.

Charing Cross Hospital, Thursday, 4 p.m.—Demonstration of Medical Cases.

Hospital for Consumption and Diseases of the Chest, Brompton, Wednesday, 4 p.m.—Lecture on Non-Tuberculous Apical Diseases of Lungs.

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

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

Medical Graduates' College and Polytechnic, 22, Chancery Street, W.C.—Demonstrations will be given at 4 p.m. as follows: Monday, Skin; Tuesday, Medical; Wednesday, Surgical; Thursday, Surgical; Friday, Ear. Lectures will be delivered at 5.15 p.m. as follows: Monday and Tuesday, Albuminuria and Nephritis; Wednesday, at Fabry's; Thursday, Some of the Newer Remedies in Eye Disease; Thursday, Errors of Refraction, their Diagnosis and Treatment.

Mount Vernon Hospital for Consumption and Diseases of the Chest, 7, Fitzroy Square, W., Thursday, 5 p.m.—Lecture on Principles and Practice of the Sanatorium Treatment of Consumption.

National Hospital for the Paralysed and Epileptic, Queen Square, W.C.—Lectures will be delivered at 8.30 p.m. as follows: Tuesday, Cases in the Wards; Friday, Tabes Dorsalis.

North-East London Post-Graduate College, Tottenham, N., Thursday, 4.30 p.m.—Lecture on Interpretation of Symptoms.

Post-Graduate College, West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 p.m. as follows: Monday, Practical Surgery; Tuesday, Anterior Displacement of the Uterus; Wednesday, Practical Medicine; Thursday, Ulcers of the Cornes, their Varieties and Treatment; Friday, Skin Cases.

Samaritan Free Hospital for Women, Marylebone Road, N.W., Thursday, 3 p.m.—Lecture on Movable Kidney.

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.

BRIMCOMBE.—On the 7th inst., at Colebrook Lodge, Putney Heath, the wife of Richard William Brimcombe, M.D., of twin daughters.

COOKE.—On February 6th, at 17, Lansdown, Stroud, the wife of Martin A. Cooke, M.R.C.S., L.M.C.P., L.S.A., of a daughter.

CROSS.—On February 4th, at The Limes, Wallwood Park, Leytonstone, the wife of Ernest W. Cross, M.R.C.S.Eng., L.R.C.P.Lond., of a son.

GALLOWAY.—On the 7th inst., at 54, Harley Street, London, W., the wife of James Galloway, M.D., of a son.

HEY.—On the 3rd February, at 1, Princess Terrace, Ripon, the wife of Samuel Hey, M.R.C.S., L.R.C.P., of a son.

DEATHS.

O'SULLIVAN.—On February 4th, at 56, Charleville Road, West Kensington, Mabel Cecilia, fourth and dearly-loved daughter of Daniel A. O'Sullivan, L.R.C.P.E., etc. and Mrs. O'Sullivan. R.I.P.

SUTTON.—On February 4th, at 114, Golden Hillock Road, Small Heath, Birmingham, Frederick Sutton, M.R.C.S., L.S.A., aged 63, youngest son of the late Rev. Thomas Sutton, Marton, Lincs.