If due regard be paid to asepsis and the use of sublimate or some other antiseptic solution which are essential to eye operations, the dangers attendant on this operation are trifling. The introduction of any suction apparatus is altogether unnecessary, for by gentle coaxing the softened lens matter readily comes away through the corneal wound. It is desirable, however, that after the needling operation the patient be kept under close observation, for, as mention has already been made, in some instances the swollen lens is apt to induce increased tension as signified by pain and sickness, and the immediate performance of the second operation for the removal of the broken-up lens will be indicated. A free opening of the capsule is practised, because it is held that by permitting the broken-up lens to escape into the anterior chamber increased tension is less likely to be induced. This is not, however, the only period that it is necessary to be on one's guard against the onset of increased tension.

In a certain number of cases after the usual operative measures have been completed and the pupil is free, or nearly so, of lens matter, increased tension may occur. In these instances atropine has very properly been used to maintain a dilated pupil whilst the remnants of the lens were undergoing absorption. The atropine may be discontinued and eserine substituted, but it will, in my experience, fail frequently to overcome the glaucomatous condition. The best plan is to tap the anterior chamber, and to repeat if necessary the paracentesis. In the few instances that increased tension has arisen in the circumstances just now mentioned, paracentesis has acted well, and the results in those cases have been among my best.

The operation performed in my cases is similar to that practised for lamellar cataract, and the dangers are the same. A bead of vitreous may present at the wound, but this should very rarely occur if care has been taken to limit the tearing of the capsule to the anterior capsule, which should readily be done, and also if too great pressure on the globe is avoided when the lens is coaxed out by the curette.

My practice has been to indicate to a patient the advantages which may be gained by operative measures, but at the same time to point out that to achieve the benefits he or she must be prepared to face the risks which, however, are not great. The decision is left to the patient.

Some authors have alluded to the danger of detachment of the retina resulting from removal of the crystalline lens for high degree of myopia. I have no experience of extraction of the lens in these cases, and cannot therefore say whether it is a danger by that method or not. All my cases have been treated in the manner I have described, and certainly detachment of retina is not a danger of moment in my experience. I recollect only two instances; one was mentioned at some length in my paper before the Ophthalmological Society.

CASE I.

The patient was a young woman, aged 25, The lens was needled, and subsequently evacuated in November, 1897. The result up to May, 1898, was excellent, myopia of 22 D had gone down to 2 D, and vision at this time was $\frac{6}{12}$. Shortly after this, however, owing to the serious illness of a near relative, the patient had very arduous night and day nursing thrown upon her. Vision rapidly deteriorated, and on June 8th in was reduced to $\frac{6}{60}$. Besides some films in the vitreous, no gross changes were noticeable in the eye. Vision remained at this point or a little worse for some months, but she had not been under examination for some time. It should be mentioned that when the lens matter was evacuated a small amount of vitreous escaped.

CASE II.

The second was that of a domestic servant. Both eyes had been operated on with excellent results. A year or more afterwards detachment of retina occurred in one eye. At this time she was in very feeble health. The other eye has remained good as far as I have heard.

These are the only instances of which I have either record or recollection in the 59 eyes which have been operated upon, and many of my cases have been under observation more or less for several years. Myopic eyes—especially the high degrees which are dealt with in this paper—are, it is well known, prone to detached retina. They are cases in which a sword of Damocles is always hanging over their heads. Even, therefore, if the percentage was much larger, as it has been in some published records of instances in which detached retina has occurred after varying periods subsequent to the operation, it could hardly be regarded as discrediting the operative methods here advocated.

The results of a successful operation to the patient will be that vision is as good or better without glasses for distance as it was previously with their assistance. The myopia will have disappeared or be present only in low degree, or there may be weak hypermetropia, according to the amount of myopia originally existing. It would be very unusual for a patient not to express his or her gratification with the change that has been brought about. There are few subjects in ophthalmic surgery that elicit such expressions of gratitude as do these operations for the relief of myopia.

I give here an extract from a letter received from a patient operated upon some few months since. She was a teacher, aged 28, and the degree of myopia in each eye was 28 D. The right eye only was treated. Before operation, with correction with -28 D, $V = \frac{6}{18}$; after operation, without the aid of glasses, $V = \frac{6}{12}$.

The benefits received from the operations are so numerous that I hardly know how to specify them. The operations, of course, to me appear nothing short of a miracle. The fact that I had worn exceedingly strong glasses for twenty-two or twenty-three years emphasizes this. Prior to the operation objects a few yards distant were quite unrecognizable; clear vision was only obtainable an inch or two from the eye. The uncertainty of locating the outline of objects caused me great trouble, inconvenience, and, at times, even fear. For instance, in crossing the road the edge of the pavement was always uncertain. The same may be said of steps to vehicles, stairs, etc. Nothing of that uncomfortable uncertainty remains, all things are now clear. I see clearly, distinctly, and have quite a long range of vision; not only that, but the continual tired, aching feeling, and fearfully hot sensation have entirely gone; and it is saying a great deal when I say that whereas for many years my eyes have been an ever-present feeling, I now sometimes forget that I have eyes, so very natural and painless are they.

[Since this article was written I have operated on four additional cases, all successful; three females, aged 26, 15, 9, one boy, aged 10; the degree of myopia of each in this order being 18 D, 14 D, 18 D, and 15 D.]

MEMORANDA:

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

ALLEGED POISONING IN AN INDIGO DYE WORKER.

THE following case of poisoning attributable to emanations from the contents of a mixture used in the process of calico-dyeing may be of interest;

A man, aged 37 years, came to my surgery about 6 p.m. on Christmas Eve, complaining of faintness and nausea. He said that about an hour previously, while preparing a dye mixture, he was suddenly seized with nausea, followed by repeated vomiting and prostration. He did not get better when out in the open air, so he came for advice. The man was of sturdy build, but looked haggard; he was much agitated, and in dread of death.

The first thing that struck me was the changed appearance of his skin. His face was covered with a reddish rash, the mucous membrane of his mouth had a brownish discoloration, and there were two rounded black spots on the cheek. The rash extended to the general surface of the body, and scattered over the trunk, upper arms, and thighs were groups of dark spots similar in character to those on the face. They were each a little smaller in size than a shilling piece, quite round, very black in the centre, and shading off to a grey towards the circumference. They were mostly in groups of five, arranged lengthwise, but were each quite distinct—not raised, and not disappearing on pressure.

The pulse was 90 per minute, the temperature 98.8°, heart and respiration were normal. He was perfectly clear in all his statements. His wife who accompanied him told me that he was temperate and careful as to his food and habits. I could not examine the contents of the stomach as the repeated vomiting had emptied it, but was told that he had not taken anything injurious by the mouth in the shape of food or drink. His pupils reacted normally to light, the knee-jerk was slightly increased, otherwise nothing abnormal was to be noticed.

The sample of urine given me was normal. The man said he was sure he was not going to live, as some years ago a similar case happened at their works, which ended fatally.

It was evident that the attack was caused by the inhalation of some poison which emanated from the dye mixture the man prepared, but I could not make sure what particular poison it could have been.

The treatment ordered was rest in bed and an aperient of magnesium sulphate followed by bismuth. The patient improved rapidly. The rash became fainter on the following day, and he was able to retain fluid nourishment without any nausea. On the third day from the time of the onset the

red rash had disappeared, and all that remained of the black spots were a few greyish crescentic lines. The patient felt fairly well, the only anxious point being occasional periods of drowsiness and very sluggish reaction of the pupil to light. The next two days he continued to improve and seemed almost well, but he died quite suddenly on the sixth day from the onset of the symptoms.

At the inquest no fresh light was thrown on the actual cause of death. It was concluded that the man died of blood-poisoning caused by the inhaling of some noxious substance which affected the blood directly and led to heart failure. What kind of substance it was we failed to ascertain. No aniline dyes were used.

It would be interesting if any one else has met with a similar case, as I have not been able to find a description of a like group of symptoms, caused by a definite poison in any of the standard works on toxicology.

Withington, Manchester. BARNETT SAUL, B.A.Lond., L.S.A.

A NOTE ON VACCINATION IN THE INCUBATION STAGE OF SMALL-POX.

Seven families in which small-pox had broken out among the children were removed to isolation huts, and while there each family together with its sick member lived in the same hut.

Family No. I consists of a mother and two children. The eldest, aged 12, had confluent small-pox. The second day after isolating the family the youngest child was vaccinated and took well, showing typical vaccine vesicles, with fever and enlarged axillary glands on the seventh day.

Family No. II consists of a mother and four children, the youngest also with confluent small-pox. The other three children of the family were vaccinated, also on the day following isolation; two took well and one imperfectly.

All the four vaccinated children contracted small-pox, but of a very mild discrete form, the initial symptoms of small-pox appearing eight, nine, or ten days from the date of vaccination and running a typical course. The imperfectly-vaccinated boy took small-pox more severely. This boy had evidently been inoculated with small-pox direct, as while nursing his little sister with small-pox he had been scratched by her nails on the chest. Four days afterwards a sore, much resembling a vaccination vesicle but more depressed, developed on the site of the scratch, together with fever and enlarged axillary glands. He was vaccinated two days after the appearance of the sore, but as before said took imperfectly. He showed signs of small-pox nine days after the scratch.

Vaccine was taken from the arm of the child of Family I on the seventh day, and before she showed signs of small-pox, and was used to vaccinate 8 Indians not formerly vaccinated and 3 adults formerly vaccinated in infancy. Of the 8 Indians 5 developed imperfect vaccine vesicles and 3 nil. The 3 others did not take. I rather anxiously awaited to see if this vaccine might not produce small-pox, but it did not do so.

These facts are interesting as showing that:

1. Vaccination will take and run a typical course in those who are also in the incubation period of small-pox.
2. Vaccination shortly after exposure to contagion of small-pox will modify the small-pox, but may not prevent it.
3. The vaccination may run on to typical vesicles, but the vaccine will not produce typical vaccine vesicles n those vaccinated therefrom.
4. The vaccine taken from the vaccine vescicles of one who is at the same time in the incubation period of small-pox will not convey small-pox.

In the above cases the vaccine vesicles matured before the small-pox rash appeared. I have vaccinated Indians somewhat later in the incubation period of small-pox, the small-pox rash appearing three or four days after the vaccination, and even in those cases the small-pox was evidently mild and modified. I am under the impression that vaccination at any time previous to the rash will modify the small-pox.

The Gran Chaco Indians, from experience, are firm believers in the protective action of vaccination. As a rule vaccine is scarce, and a limited number only can be vaccinated at a time. They will fight furiously for precedence at the vaccinating table. This says much for vaccination, as they are chary about applying for medical aid in other diseases.

As a further proof of the protective action of vaccination (if such is needed) I quote the following:

In a family named Somez, consisting of seven children, all the children were vaccinated two years ago, but only one took. Last year, during an epidemic of small-pox, all the children except the successfully vaccinated one contracted the disease, and two died. This vaccinated child slept most of the time in the same bed with two others suffering from small-pox, but nevertheless escaped entirely.

In a family named Aramaya, consisting of two children, one was vaccinated. The unvaccinated child contracted small-pox; the vaccinated one contracted measles. They both occupied the same bed during their illnesses, and both recovered. The vaccinated child did not get small-pox.

It may be interesting to state that I have seen various cases of small-pox and measles combined. The combination is invariably fatal.

WILLIAM C. PATERSON, L.R.C.S. and P.Edin.,
Jujuy, Argentina. L.F.P.S.G.

THE MANAGEMENT OF THE ICEBAG IN THE TREATMENT OF PNEUMONIA.

IN the Harveian Lectures for 1903 Dr. Lees points out the difficulties in the use of the icebag in the treatment of pneumonia—namely, (1) the discomfort caused when the patient has to lie on the icebag when applied to the back of the thorax; (2) the keeping of the icebag in position; (3) the prevention of leakage.

To overcome these difficulties the observance of the following practical points will be found of use:

1. The icebag can be rendered comfortable to the patient by lightly packing it inside with hair or wool, and using the ice finely broken mixed with this packing. The packing will greatly diminish the thickness of the wool required over the skin, and thus allows of the icebag being placed closer to the skin. It also prevents the rubber of the icebag being injured by the ice particles.

The use of the air-bed adds to the comfort of the patient by being less resistant over the icebag than an ordinary bed.

2. The icebag can be kept in position by using a well-made jacket of spongio-piline provided with armholes, and cut down both sides. Tapes are attached to the edges of the cut sides, so that they can be drawn together and fixed by tying the tapes. The cap of the icebag is passed through a slit made in the spongio-piline where necessary over the centre of the area to be covered by the icebag.

The division of the jacket in the sides will allow of the examination of the part without much disturbance of the patient. The spongio-piline will keep the surface warm, and thus assist in producing derivation of the blood from the congested area. It is also absorbent. The alteration in shape of the icebag when applied to the side of the chest, due to its pendant position, may be prevented by introducing into the icebag a circular piece of pliant wire material, and then moulding it to the required shape.

3. Leakage is often due to a spicule of ice injuring the rubber; this is guarded against by the use of the internal padding of the icebag, using the ice finely broken up, and having an air-bed in use. By placing a piece of oil silk over the aperture before screwing on the cap, so as to include it between the threads of the cap and the ring, the aperture will be rendered watertight. It is a good plan to place a few layers of blotting paper between the icebag and the skin.

There should be two relays of icebags ready for use. The form of icebag most suitable will vary according to the part and size of area to be covered. Where a large area is to be covered a single large icebag is sometimes preferable to two or more of the ordinary icebags. Bailey's adjustable water bottle used as an icebag will be found useful, also the orm of icebag made by Meinecke and Co., New York.

Belfast. S. T. BEGGS, M.B., B.Ch

CASE OF DOUBLE URETER.

THE following condition, discovered in the course of a *post-mortem* dissection, may have its clinical as well as its anatomical interest. The body was that of a female, about 60 years of age, who had died, I was informed, of phthisis. In the dissection of the abdomen I found the kidneys both larger than usual, quite healthy, and normally placed. There was a very slight niche in the outer border of each, so slight as scarcely to indicate double kidney. From each kidney ran two ureters with separate pelves attaching them to the kidneys. The pelves were situated one superiorly to the other, and, on making a section of the kidneys, no communication was found between them. The blood vessels divided so as to give a separate blood supply to the parts of the kidneys drained by the separate pelves. On the right side

the ureters ran, gradually approaching each other, and apparently becoming one 5 in. from their origin. However, on dissecting them apart it was found that they ran separately in a common connective tissue sheath for a further couple of inches. Just before reaching the pelvic brim they became one and ran in the normal course to the bladder. On the left side the two ureters ran separately to near the pelvic brim; from this point they ran side by side invested in a common connective tissue sheath to the bladder, the wall of which they entered in the normal position. On making an opening in each and passing a fine probe it was found that both continued separate through the bladder wall and opened into this viscus by distinct openings. The posterior opening corresponded to the normal one, forming with that of the other side and the urethra the triangular "trigone" of the bladder. The anterior one was placed in the line of the side of the triangle, one-third of an inch nearer the urethral opening. I may incidentally mention that in this body the caecum lay in the right side of the pelvis, with the vermiform appendix in the right side of Douglas's pouch, while the ileo-caecal valve was in front of the right sacro-iliac synchondrosis. There was also a marked sigmoid hepatic flexure of the colon.

Matlock. GEORGE C. R. HARBINSON, M.B., B.Ch.

THE INCUBATION PERIOD OF MUMPS.

IT is sometimes asserted that the incubation period of mumps may extend beyond the twenty-four or twenty five-days which is usually considered to be the limit. In two cases which have recently come under my notice this limit was exceeded.

On May 6th, a week after the beginning of term, a boy was isolated with mumps. On June 1st the next case appeared, and on June 3rd he was joined by another. These two constituted the "second batch," which was duly followed by a "third batch" of ten cases between June 18th and June 27th, all of them occurring within the twenty-five days' limit. It is important to add that the boy who sickened with mumps on June 3rd showed signs of the eruption of chicken-pox a week later, and must have been incubating this complaint during the later period of his mumps incubation.

It would be interesting to know whether the incubation of two infectious diseases at the same time retard their development. Some time ago, in an epidemic of measles accompanied by influenza, I noticed that the incubation of the measles was distinctly longer than is usual.

Marlborough. EDWARD PENNY.

ADRENALIN CHLORIDE CUM CHLORETONE IN EPISTAXIS.

ON the morning of July 8th, 1903, I was hurriedly summoned to visit Mrs. H., aged 72 years, whom I found suffering from profuse bleeding from the right nostril and through the mouth as well. She had fainted before I saw her. I passed a stream of hot water through her nostril and out of the mouth, and then lightly packed the right nasal cavity with aseptic gauze steeped in one part of adrenalin chloride cum chloretone (Parke Davis), and two parts normal salt solution. The bleeding ceased at once, and there was no return; but, to be on the safe side, I also administered a hypodermic of ergotinine citrate $\frac{1}{20}$ gr. The patient was very prostrate for a couple of weeks, requiring very careful nursing. She made an excellent recovery, and has had no return.

Manchester. C. STENNETT REDMOND, L.R.C.P.

IRIDECTOMY AS A PROPHYLACTIC MEASURE IN GLAUCOMA.

I SHOULD be glad to know whether, in performing the operation of iridectomy in primary glaucoma affecting one eye, it has ever been the practice to do this operation on the unaffected eye also, with the object here of preventing the onset of the disease. Such an operation performed on the second eye as soon as the iridectomy wound in the affected eye has healed commends itself to me for many reasons. It is well known that in a large proportion of cases of monocular glaucoma the patient again comes up after a variable period, suffering from the same affection in the other eye. In the majority of such cases a certain amount of damage has then been done in this eye. The visual acuity is less, and the field diminished, sometimes very much so, especially when the absence of pain has caused the patient to overlook the onset of the disease, or when it takes on fulminating characters, in which case the vision may be totally destroyed in a few hours.

The fact that the anatomical conditions and predisposing causes are the same for both eyes, and that it takes very little to determine the onset of the disease in the hitherto unaffected eye is grasped by ophthalmic surgeons, is evidenced by the very prevalent practice of instilling eserine into the unaffected eye when doing the operation of iridectomy for glaucoma.

It seems to me, considering the seriousness of the disease and the known safety of iridectomy in eyes with normal tension as when done as a preliminary operation, or for visual purposes, that iridectomy is a feasible operation as a prophylactic as well as a curative measure in glaucoma. The atrophy of the iris, the shallowness of the anterior chamber, and the haziness, which so often make the operation of iridectomy difficult in these cases, would be avoided, and the preservation of good vision might reasonably be expected as a result.

H. HAWARD BYWATER,
Late House-Surgeon and Refraction Assistant to the Central London Ophthalmic Hospital.

Preston.

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

SALISBURY INFIRMARY.

A CASE OF PANCREATIC HAEMORRHAGE.

(By GILBERT KEMPE, M.D., B.S., Honorary Surgeon to the Infirmary.)

ON December 11th, 1902, a nurse was taken suddenly very ill just as she was coming on duty at about 9 p.m. I was called to see her and found that she had suddenly been seized with severe pain in the upper part of her abdomen and had vomited shortly after a hearty supper at 8.30. I saw her at 9.15. She was then in a state of profound collapse, with a subnormal temperature, pale face, cold and sweating skin, and a small rapid pulse. She seemed to be in great pain, was rolling and twisting about in bed, and frequently crying out. Shortly after the onset of the attack the bowels had acted and she had been sick three times. On examination the abdomen was motionless and somewhat retracted. On palpation the epigastrium was rigid and board-like and the slightest touch here caused most acute pain. The normal liver dullness was present and there was no distension. There was no pain anywhere but in the epigastric region. A previous history of some slight dyspeptic symptoms was given. A probable diagnosis of perforated gastric ulcer was made, and an exploratory incision was deemed advisable.

After the patient had been hastily prepared she was anaesthetised, and an incision between the ensiform cartilage and the umbilicus was carried into the abdomen. There was no free gas, and the peritoneum appeared normal until the posterior surface of the stomach was reached, when a curious oedematous condition of the posterior parietal peritoneum and of the mesocolon was seen. It appeared to be caused by an infiltration of the deeper layers of the peritoneum and subperitoneal connective tissue with a clear fluid of a brownish tint. Beneath this and quite at the back of the peritoneal cavity a firm mass of the size of a large walnut was found, and this on examination proved to be a hard blood-stained tumour occupying the upper part of the head of the pancreas. A small incision was made into it, and it was found to be uniformly infiltrated with blood; a bleeding vessel was seen on the cut surface, but this was thought to be the result of the incision. The part of the pancreas involved was removed, and the stump, which seemed to be formed of healthy pancreatic tissue, was ligatured with fine silk. The abdominal cavity was then sponged dry and the parietal wound closed with silkworm-gut sutures.

The patient stood the operation well, and seemed in better condition than before. She passed a restless night, crying out and complaining of severe pain, and was sick several times. In the morning she was more comfortable, and said that she had but little pain. Her pulse was 88, temperature 98.4°, and respirations 24.

During the day (December 12th) she had severe spasmodic

to "the spleen" as nowadays they are assigned by the laity to "the liver" or "the nerves."

The Epsom waters were the first of their kind in England that became famous. At the beginning of the seventeenth century the town was already a place of fashionable resort on account of its mineral waters. In 1609 a ball room was erected and avenues were planted. Towards the beginning of the eighteenth century the Epsom waters gradually lost their reputation.

ASSOCIATION NOTICES.

NOTICE OF QUARTERLY MEETINGS OF COUNCIL FOR 1904.

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

ELECTION OF MEMBERS.

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

LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

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

GUY ELLISTON, *General Secretary.*

BRANCH MEETINGS TO BE HELD.

BIRMINGHAM BRANCH: COVENTRY DIVISION.—The next meeting of this Division will be held at the Coventry and Warwickshire Hospital on Tuesday, March 1st. Dr. Milner Moore will take the chair at 8.30 p.m. Agenda: Dr. Hawley will show Two Cases of Epithelioma of the Forehead under *X*-ray Treatment. Dr. Harman Brown will give the Notes of Four Cases of Cancer treated by Thyroid Extract. Dr. Phillips will read a Paper on Old Age, with some Methods of Treating its Ailments. The Committee will recommend the formation of a book section of the Division. The Holborn Surgical Instrument Company will exhibit a collection of new instruments in the out-patient room of the hospital from 8 to 8.30 p.m.—E. H. SNELL, Knighton House, Coventry, Honorary Secretary.

BORDER COUNTIES BRANCH.—The next meeting of this Branch will take place at Maryport on Thursday, March 10th. Members desiring to make communications are requested to inform the Secretary of the Branch at their earliest convenience. Further details will be notified by circular shortly before the meeting.—FRANCIS R. HILL, 62, Warwick Road, Carlisle, Honorary Secretary.

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. G. MATHEWS, 6, Scotch Street, Whitehaven, Honorary Secretary.

METROPOLITAN COUNTIES BRANCH: HAMPSTEAD DIVISION.—The next meeting of the Division will be held at the Hampstead Conservatoire, Swiss Cottage, N.W., on Wednesday, March 2nd, at 4.30 p.m. Dr. Ford Anderson will preside. Agenda: 1. Dr. J. F. Woods, Medical Superintendent, Horton House Asylum, N., will read a paper on Psychotherapeutics, or the Treatment by Suggestion, with and without Hypnosis. 2. Report of Committee on British Medical Association Representative on General Medical Council. 3. General Business.—J. DILL RUSSELL, F.R.C.S., Osman House, Fortis Green, N., Honorary Secretary.

METROPOLITAN COUNTIES BRANCH: WANDSWORTH DIVISION.—An ordinary meeting of this Division will be held in the Officers' Dining-room of the 4th V.B. East Surrey Regiment, St. John's Hill (opposite Clapham Junction Station) on Thursday, March 10th, at 9 p.m. Business: 1. Resolutions for Representative Meeting referring to charges for advertisements in JOURNAL, price of JOURNAL to non-members, alterations in By-law 22 (election of members of Central Council). 2. Resolution referring to alteration in No. 4 of Branch Rules. 3. Report on Medical Act Amendment Bill. 4. Report on Midwives Act, 1902, and the Regulations. 5. Proposed Ethical Rules.—E. ROWLAND FOTHERGILL, Torquay House, Southfields, S.W., Honorary Secretary.

SOUTH-EASTERN BRANCH: CROYDON DIVISION.—The next meeting of this Division will be held at the Greyhound Hotel, Croydon, on Thursday, March 17th, at 4 p.m., Dr. P. T. Duncan in the chair. The following papers have been promised:—Mr. Herbert F. Waterhouse: On Gastro-enterostomy in Non-malignant Affections of the Stomach and Duodenum. Dr. Purves Stewart: On Lumbar Puncture in its Practical Applications. Members desirous of exhibiting or reading notes of cases are invited to communicate at once with the Honorary Secretary. Dinner at 6 p.m., charge 7s., exclusive of wine. All members of the South-Eastern Branch are entitled to attend and to introduce professional friends. N.B.—The Honorary Secretary would be much obliged if members would kindly inform him whether they intend, if possible, to be present at the meeting, and if likely to remain to dinner. By so doing they will very materially facilitate arrangements and promote the success of the meetings.—E. H. WILLOCK, 113, London Road, Croydon, Honorary Secretary.

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

SOUTH-EASTERN BRANCH: NORWOOD DIVISION.—A meeting of this Division will be held at the Queen's Hotel, Upper Norwood, on Thursday, March 10th, at 4 p.m.; Mr. J. Sidney Turner in the chair. Agenda: Minutes of last meeting. To arrange the number, dates, and places of meetings to take place annually, and to decide when and where the next meeting shall be held, and to nominate a member of the Division to take the chair thereat. Communication from the Medical Secretary as to alteration of boundary of Division. Communications concerning the transfer of King's College Hospital to Denmark Hill. To consider the following questions referred by the Representative Meeting and Council of the Association to the Divisions: (*a*) Six resolutions as to the reforms required in the Vaccination Laws. (*b*) Proposed Medical Acts Amendment Bill. (N.B.—The text of the resolutions above referred to and of the Medical Acts Amendment Bill will be found in the SUPPLEMENT to the BRITISH MEDICAL JOURNAL for August 22nd, 1903, and members are advised to bring their copies of this SUPPLEMENT to the meeting.) (*c*) The advisability of petitioning the Privy Council in favour of direct representation of the British Medical Association on the General Medical Council. The following papers will be read:—Mr. W. Arbuthnot Lane: On Certain Abdominal Conditions. Mr. H. G. Plimmer: Diseases in Men and Animals caused by Trypanosomata. Exhibition of instruments by Down Bros. Members desirous of exhibiting specimens or reading notes of cases are invited to communicate at once with the Honorary Secretary. Dinner at 6 p.m.; charge 7s., exclusive of wine. The Honorary Secretary would be much obliged if members would kindly inform him by the first post on the Tuesday before the meeting whether they intend, if possible, to be present at the meeting, and if likely to remain to dinner. By so doing they will very materially facilitate arrangements and promote the success of the meeting. All members of the South-Eastern Branch are invited to attend and to introduce professional friends, but will be unable to vote on Divisional questions.—HENRY J. PRANGLEY, Tudor House, Anerley, Honorary Secretary.

SPECIAL CORRESPONDENCE.

PARIS.

Important Decision on the Isolation of Tuberculous Patients.—Official Opening of the Information Bureau of the University of Paris.—Presentation to Professor Bouchard.—Appointment of Professor Chantemesse as General Inspector of the French Sanitary Service.

AN important step has recently been taken by M. Combes, the Prime Minister and Minister of the Interior, with regard to the treatment of tuberculosis. As long ago as June, 1901, his predecessor, M. Waldeck-Rousseau, addressed the prefects on the practical measures for fighting tuberculosis, recommending them most especially to ensure the isolation of the patients. In the great majority of hospitals this isolation is not yet an established fact; the Permanent Tuberculosis Commission took the matter up, and at its meeting on December 19th last passed the following resolutions:

1. In all public hospitals the competent authorities must forbid all communication, direct or indirect, between the tuberculous patients and those who are not tuberculous.

2. Tuberculous patients should be treated in separate hospitals exclusively reserved for them, and shall not be admitted into other hospitals. Towns which possess several hospitals shall be invited, in consequence, immediately to set apart for tuberculous patients one or several of these establishments.

3. In towns where it is impossible to set apart an entire hospital for tuberculous cases, separate blocks shall be reserved for their exclusive use.

4. In cases where it is impossible to set apart an entire hospital or a separate block, tuberculous patients should not be treated in the same ward as non-tuberculous cases.

The Minister of the Interior has adopted these resolutions, and in a circular addressed to the prefects he has ordered them to attend to the matter with the shortest possible delay. In Paris the Advisory Council of the Assistance Publique had a month previously to this Ministerial decree appointed a Special Commission to consider the practical means of isolating tuberculous cases in this city, and had even set aside 1,000,000 francs from the recent hospital loan of 45,000,000 francs to meet the expenses that such isolation might entail. M. Mesureur, in laying the Minister's letter before the Council of the Assistance Publique, while giving them all credit for their forethought, emphasized the fact that the Ministerial circular is imperative and demands an immediate solution of the question. At the end of 1904

circuit of that centre, and who constantly called upon him to assist them in the diagnosis and management of difficult and doubtful cases.

J. SMITH TURNER, M.R.C.S., L.D.S.Eng.

By the death of Mr. Smith Turner the dental profession has lost one of its best-known leaders—one who will long be missed, for his strong individuality was such as cannot easily be matched. A fluent and effective speaker, he was decided in his opinions, and fearlessly outspoken in giving expression to them. Himself always actuated by a straightforward singleness of purpose, and given to taking a wide and liberal view, he was somewhat intolerant of narrowness of opinion in others, and more especially of anything which he deemed to savour of self-seeking; and though at times he might hit somewhat hard, it would be difficult to point to any single occasion upon which his plain speaking was productive of anything but good. His father was well known in Edinburgh, where Mr. Turner was born and educated, as an anticorn-law politician. But Mr. Turner was thrown upon his own resources very early in life, and supported himself for some time by doing mechanical work for other dentists. Subsequently he entered into partnership with a Mr. Bell, and, as soon as his means would allow, entered at the Middlesex Hospital and obtained the Membership of the Royal College of Surgeons, taking about the same time the Licentiateship in Dental Surgery, which had been instituted not long previously. He was appointed Assistant Dental Surgeon to the Middlesex Hospital in 1864, and Consulting Dental Surgeon on his retirement after a service of nineteen years.

When the movement which resulted in the passing of the Dentists Act in 1878 was commenced he threw himself into it heart and soul, and under the leadership of the late Sir John Tomes unsparingly devoted his time and energies to its furtherance. Day after day he was to be found in the lobby of the House of Commons, where his obvious sincerity and force of character enabled him to influence many members; indeed, few realize how large a debt they owe to his efforts in securing the passing of the Act. Thenceforward his interest and activity in the public life of his branch of the profession never flagged, and even during his last illness he dictated a characteristic letter on the granting of University degrees to dentists, to which he was opposed, and even alluded to the matter within a few hours of his death.

In the formation of the British Dental Association, which was modelled upon our own, he took a very active part; he was its first Secretary, and later was its President and Chairman of its representative Board. He served the office of President of the Odontological Society, and for many years lectured upon mechanical dentistry at the Dental Hospital of London, subsequently serving upon the Managing Committee of that institution; in fine, at one time or other he occupied almost every position of honour and responsibility which his profession had to offer.

Mr. Turner was born in 1832, and first came to London in 1853. He was twice married, leaving by his first wife a large family. Some three years ago he married Miss Agnes Ward, formerly Principal of the Grey Training College for Teachers, who survives him.

For the last few years his health had not been quite satisfactory, and some months ago he met with a street accident, which appears to have shaken him considerably; for the last two months he had been seriously ill. Now that his career is closed his friends can in all sincerity say of it—Well done.

The distinguished Dutch physician, Dr. Hendrik Frits August Peypers, whose death was recently announced in the British Medical Journal, was born in 1855 and studied medicine at Amsterdam where he was a pupil of Stokvis, Tilanus, and Hertz. He obtained the licence to practice in 1882, and took the degree of Doctor of Medicine in 1895, with an elaborate dissertation on Syphilis in the Middle Ages, which was afterwards expanded into a monograph entitled *Lues Veterum*. While still a student he had given much attention to the history and literature of medicine and he was the author of various writings on questions related to those subjects. In 1896, in conjunction with Professor Stokvis, he founded *Janus*, an international periodical devoted to medical archaeology and tropical diseases. In *Janus* Dr. Peypers published a series of papers entitled *Circulus Therapiæ*. He was a man of wide knowledge and many accomplishments; a philosophic thinker and a considerable linguist.

MEDICO-LEGAL AND MEDICO-ETHICAL.

LUNACY LAWS IN SCOTLAND.

The medical practitioners of Dumbarton, Scotland, have raised a question of much importance in connexion with the lunacy law, and desire the opinion of the profession on the subject. It appears that for fully two years the Dumbarton parish council have had their lunatic paupers, or those unfortunate poor people who through becoming mentally unsound become for the time being paupers, removed to a lunatic asylum by only one medical certificate and an emergency one, both of them granted by the same medical man. Personally the medical men following their vocation there consider this action of the parish council wrong, and however careful the medical man may be—and there is not the smallest reason to think he is otherwise than most careful—who presents these certificates, they fear its continuance in all cases is likely to be fraught with danger to the lieges. Moreover, they feel that the removal in this manner of all lunatics—ten in number during the time mentioned—is not quite in keeping with the spirit if it even be with the lawful administration of the Lunacy Act; and they consider that the time has come for more than a remonstrance with the action of the parish council. Financially the parish council of Dumbarton save no money whatever by this action, but if anything incur a few shillings more expenses.

We consider that no emergency certificate should be granted except in a case of great urgency. The question affects not only the medical profession, but also the public generally.

A PROTEST AND DISCLAIMER.

Dr. Robert Hutchison (London, W.) writes: My attention has been directed to a circular advertising a proprietary medicine which has been sent out to the profession, and in which my name appears very prominently. I desire to say that this wholly unwarrantable proceeding has been carried out without my knowledge or consent, that I know nothing whatever of the preparation concerned, and have written to the proprietors requesting them to discontinue issuing their circular at once.

LIABILITY FOR ATTENDANCE ON MINORS.

A correspondent writes that he was called to see a young gentleman staying with friends in his neighbourhood. The parents of the patient now disclaim responsibility for the fees charged for his attendance. Has he any legal claim?

*** If our correspondent was called in by the patient and the latter is a minor his father is responsible for the cost of medical attendance. If called in by the friends with whom the patient was staying, they also might be charged, unless they professed at the time to act only as agents for the patient.

PARTNERSHIP ACCOUNTS.

A. and B. are in partnership, A. being entitled to a share of two-thirds, and B. to one-third. On January 1st last B. by payment became an equal partner with A. Can B. claim to share equally with A. all the the receipts from January 1st?

*** B. should share equally with A. all payments for work done after January 1st. With regard to payments made for work done before B. became an equal partner with A., they ought to be divided between them in accordance with the partnership terms at the time when the work was done—that is, A. would be entitled to two-thirds and B. to one-third.

NOTICES OF MEDICAL MEN IN THE LAY PRESS.

Actinomycosis sends an account of a "successful surgical operation" cut from a local newspaper. The matter will be referred to the Ethical Committee.

NAME PLATE ON CHEMIST'S PREMISES.

W. H. F. writes: As I have rooms for the sake of convenience with a local chemist, would there be any objection to my having a plate put on the front door of the house which is quite distinct from the shop?

*** If there is a bona-fide tenancy and the front door is, as our correspondent says, quite distinct from the shop, the arrangement may be permissible, but it is not desirable that medical practitioners should associate themselves with chemists by renting consulting rooms upon their premises.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

Pathology at the B.M. Examination.

The Board of the Faculty of Medicine issues a regulation that the *viva voce* examination, in the examination in Pathology for the B.M. degree, shall no longer take place during the Practical Examination, but shall be held as a separate part of the examination.

B.M. and B.Ch. Degrees.

By a statute just passed the University has instituted changes of importance in the Final Examination for the B.M., B.Ch. degrees. Hitherto the examination in Forensic Medicine and Public Health has been conducted by the examiners in Medicine, Surgery, and Midwifery; but in future there are to be two specially-appointed examiners for these subjects, and the examination will consist of a three hours' paper and a *viva voce* examination.

These subjects have also been placed on the same footing as pathology, in that a candidate may offer them at any time after he has passed the First B.M. Examination.

It has been enacted, further, that a time table of the days and hours of examinations for the B.M. degree shall be prepared by the Board of Faculty of Medicine in each Easter term for the ensuing academic year;

and that each examination shall begin on the Thursday of the eighth week of full term (Michaelmas or Easter as the case may be).

The medical examinations have also been made subject to the same supervision as the other public examinations of the University in that the conduct of the examiners in regard to the examinations is now brought under the control of the Vice-Chancellor and Proctors.

The Question of Exemption from Greek.

By very narrow majorities in a largely-attended house Congregation has recently passed resolutions to the following effect:

"That members of the University should not be required to have satisfied the masters of the schools in Greek before presenting themselves as candidates in the Honour Schools of Natural Science and Mathematics, provided that they have satisfied the masters of the schools in the matter allowed as a substitute for Greek."

"That the matter allowed as a substitute for Greek in responsions should comprise (*a*) a mathematical subject, to be determined by the Board of Faculty of Natural Science, subject to the approval of Convocation, or a scientific subject, to be determined by the Board of Faculty of Natural Science, subject to the approval of Convocation; (*b*) a modern language, namely, either French or German, the examination in either language comprising translations and composition, and candidates being required to reach a high standard of accuracy and proficiency."

This step will now be followed up by the formulation of statutes along the lines of the resolutions carried in Congregation. But not until such statutes have been submitted and approved in Congregation and subsequently in Convocation also can the suggested changes come into effect. In view of certain statements which have been published these facts are of importance, for it is still a matter a considerable doubt whether such statutes can obtain majorities in Convocation even should they be carried in Congregation.

UNIVERSITY OF CAMBRIDGE.

Tropical Medicine.—The Examiners for the University Diploma in Tropical Medicine are Dr. G. H. F. Nuttall, University Lecturer in Preventive Medicine, Sir Patrick Manson, K.C.M.G., F.R.S., and Professor Ronald Ross, C.B., F.R.S.

UNIVERSITY OF LONDON.

The Physiological Laboratory.

THE following are the provisional arrangements for lectures in the Physiological Laboratory at the University during the summer session. A course of eight lectures on physical chemistry will be given by Dr. R. A. Lehfeldt on Mondays at 5 p.m., beginning on May 9th, and a course of lectures on cytology by Professor J. B. Farmer, M.A., D.Sc., F.R.S., on days and at dates not yet fixed.

Pass Lists.

The following candidates have passed the Preliminary Scientific Examination for Internal Students as undernoted:

Chemistry and Biology.—A. N. Leeming, Guy's Hospital.

Biology and Experimental Physics.—A. F. Evans, London Hospital; T. S. Lukis, St. Bartholomew's Hospital; J. Pryce-Davies, Guy's Hospital.

Chemistry only.—A. L. Candler, St. Bartholomew's Hospital; R. T. Williams, St. Bartholomew's Hospital.

Experimental Physics only.—R. L. Crabb, University College; S. T. Davies, St. Bartholomew's Hospital; Annie Louise Jane Kann, London (Royal Free Hospital) School of Medicine for Women; Emily Clara Macirone, London (Royal Free Hospital) School of Medicine for Women.

Biology only.—Ethel Mary Connan, London (Royal Free Hospital) School of Medicine for Women; Mary Machin Hanson, London (Royal Free Hospital) School of Medicine for Women; P. Hirschbein, Guy's Hospital; A. W. Holthusen, St Bartholomew's Hospital; W. S. Kidd, Guy's Hospital; Mary Elizabeth Parsons, London (Royal Free Hospital) School of Medicine for Women; F. C. Shone, University College.

[N.B.—This list, published for the convenience of candidates, is issued subject to its approval by the Senate.]

The following candidates have passed the Preliminary Scientific Examination for external students as undernoted:

Entire Examination.—E. F. Ballard, Merchant Taylors' School.

Biology.—R. S. Barker, Westminster Hospital; J. Capell, St. Bartholomew's Hospital and private tuition, B. I. Cohen, St. George's Hospital; Nina Gertrude Cotton, University Tutorial College; F. M. Courtney, St. Bartholomew's Hospital and Dulwich College; T. B. Davies, University College, Cardiff; Violet Evangeline Fox, University Tutorial College; H. Hingston, Merchant Taylors' School; H. I. Janmahomed, Guy's Hospital and private study; O. R. Kelly, Westminster Hospital; P. Lang, St. Bartholomew's Hospital; J. S. H. Lewis, University Tutorial College; Blanche Pattie Lindup, London (Royal Free Hospital) School of Medicine for Women; J. H. Meers, St. Mary's Hospital and University Tutorial College; J. Morris, City of London College; Constance A. Mortlock-Brown, Bedford College and Alwyne Institute; D. G. S. R. Oxley, London Hospital and Dulwich College; N. Prescott, University College; E. N. Snowden, St. Bartholomew's Hospital; Alice Dorothea Sparshatt, London (Royal Free Hospital) School of Medicine for Women; H. E. R. Stephens, Owens College; A. L. Weakley, St. Bartholomew's Hospital; C. S. Wink, St. Thomas's Hospital.

[N.B.—This list, published for the convenience of candidates, is issued subject to its approval by the Senate.]

The following candidates have passed the General Intermediate Examination in Medicine for internal students as undernoted:

Pass List.—G. F. E. Allison, Guy's Hospital; E. Balthasar, St. Mary's Hospital; S. J. A. Beale, London Hospital; Ella Beales, London (Royal Free Hospital) School of Medicine for Women; F. C. H. Bennett, St. Mary's Hospital; H. O. Blanford, St. Thomas's Hospital; W. R. Bristow, St. Thomas's Hospital; J. F. Broughton, University College; Hilda Margaret Byles, London (Royal Free Hospital) School of Medicine for Women; S. W. Daw, Guy's Hospital; A. E. Evans, University College; A. T. W. Forrester, St. Bartholomew's Hospital; Elisabeth Mary Gibbon, London (Royal Free Hospital) School of Medicine for Women; E. T. Glenny, St. Bartholomew's Hospital; G. M. W. Hodges, University College; H. E. Jones, London Hospital; Ethel May Magill, London (Royal Free Hospital) School of Medicine for Women; P. D. F. Magowan, Guy's Hospital; Emily Mary Spencer Mecredy, London (Royal Free Hospital) School of Medicine for Women; Sylvia May Moore, London (Royal Free Hospital) School of Medicine for Women; R. W. Newman, Westminster Hospital; C. M. Page, St. Thomas's Hospital; J. Paulley, St. Bartholomew's Hospital; Eleanor Whitworth Perkins, London (Royal Free Hospital) School of Medicine for Women; J. G. Phillips, University College; A. H. Pollard, London Hospital; S. S. Rendall, St. Bartholomew's Hospital; R. J. Reynolds, Guy's Hospital; Nora Frances Smith, London (Royal Free Hospital) School of Medicine for Women; J. H. Spencer, Charing Cross Hospital; Grace Maud Stagg, London (Royal Free Hospital) School of Medicine for Women; C. A. Stidston, St. Bartholomew's Hospital; S. A. Tucker, St. Bartholomew's Hospital; S. W. J. Twigg, University College; Margaret Cordelia Vivian, London (Royal Free Hospital) School of Medicine for Women; Margaret Ida Waller, London (Royal Free Hospital) School of Medicine for Women; C. G. Welch, University College; Sibyl Ibbetson Welsh, London (Royal Free Hospital) School of Medicine for Women; E. D. Whittle, University College; E. Wragg, Guy's Hospital; A. Zorab, Guy's Hospital.

Special Examination in Organic Chemistry only.—S. H. C. Air, Guy's Hospital; Alicia Pears Aldous, London (Royal Free Hospital) School of Medicine for Women; Eileen Elizabeth Allen, London (Royal Free Hospital) School of Medicine for Women; C. J. Armstrong-Dash, St. Bartholomew's Hospital; L. T. Baker, Guy's Hospital; M. E. Ball, Guy's Hospital; Ella Mabel Barker, London (Royal Free Hospital) School of Medicine for Women; C. A. Basker, Guy's Hospital; Lilias Margaret Blackett, London (Royal Free Hospital) School of Medicine for Women; Sylvia Rose M. Blackstone, London (Royal Free Hospital) School of Medicine for Women; Mary Alice Blair, London (Royal Free Hospital) School of Medicine for Women; L. H. Booth, Charing Cross Hospital; Ethel Mary Brand, London (Royal Free Hospital) School of Medicine for Women; S. S. Brook, Guy's Hospital; Kate Brown, London (Royal Free Hospital) School of Medicine for Women; G. T. Burke, St. Bartholomew's Hospital; T. W. H. Burne, St. Bartholomew's Hospital; A. Burrows, London Hospital; Rhoda Hicks Butler, London (Royal Free Hospital) School of Medicine for Women; Muriel Constance Bywaters, London (Royal Free Hospital) School of Medicine for Women; D. H. Caine, St. Thomas's Hospital; A. Camacho, Charing Cross Hospital; T. E. A. Carr, Guy's Hospital; H. J. Cates, St. Bartholomew's Hospital; S. E. Cathcart, Middlesex Hospital; B. W. Cherrett, St. Bartholomew's Hospital; A. B. Coomber, St. George's Hospital; M. M. Cowasjee, Guy's Hospital; Winifred Julia Cox, London (Royal Free Hospital) School of Medicine for Women; L. Croft, Guy's Hospital; H. R. Davies, London Hospital; Eleanor Davies-Colley, London (Royal Free Hospital) School of Medicine for Women; Bella Dawson, London (Royal Free Hospital) School of Medicine for Women; A. F. W. Denning, Guy's Hospital; E. J. De Verteuil, St. Bartholomew's Hospital; K. H. Digby, Guy's Hospital; R. L. E. Downer, St. Bartholomew's Hospital; Gladys Margaret C. Dunbar, London (Royal Free Hospital) School of Medicine for Women; M. Fawkes, St. Bartholomew's Hospital; A. B. Fearnley, St. Bartholomew's Hospital; A. G. C. Findlay, University College; Margaret Fisher, London (Royal Free Hospital) School of Medicine for Women; S. F. Fouracre, Charing Cross Hospital; E. G. Gauntlett, King's College; H. L. Gauntlett, King's College; Gertrude Gazdar, London (Royal Free Hospital) School of Medicine for Women; E. W. Giesen, Guy's Hospital; F. Gooding, St. Bartholomew's Hospital; H. L. Grabham, St. Thomas's Hospital; Ethel Rosaline Griffiths, London (Royal Free Hospital) School of Medicine for Women; Edith Mary Guest, London (Royal Free Hospital) School of Medicine for Women; N. L. Guilford, King's College; J. M. Hammond, St. Bartholomew's Hospital; E. H. R. Harries, London Hospital; H. J. Henderson, Guy's Hospital; Susie Eleanor Hill, London (Royal Free Hospital) School of Medicine for Women; F. G. Hodder-Williams, St. Bartholomew's Hospital; M. J. Holgate, St. Bartholomew's Hospital; H. Houwink, University College; D. W. Hume, St. Bartholomew's Hospital; W. A. M. Jack, St. Thomas's Hospital; J. P. Johnson, London Hospital; E. R. Jones, St. Bartholomew's Hospital; Rose Fanny Jordan, London (Royal Free Hospital) School of Medicine for Women; Elsie Marian Layman, London (Royal Free Hospital) School of Medicine for Women; Elizabeth Herdmann Lepper, London (Royal Free Hospital) School of Medicine for Women; C. Lovell, University College; E. L. W. Mandel, Guy's Hospital; J. B. Martin, Guy's Hospital; C. A. L. Mayer, Guy's Hospital; Marjorie Eva Middleton, London (Royal Free Hospital) School of Medicine for Women; H. L. Morgan, London Hospital; J. G. Morgan, London Hospital; Florence Muriel Morris, London (Royal Free Hospital) School of Medicine for Women; W. P. H. Munden, Guy's Hospital; A. T. Nankivell, St. Bartholomew's Hospital; H. Nockolds, University College; Ida Guinevere O'Donoghue, London (Royal Free Hospital) School of Medicine for Women; R. C. Paris, King's College; Catherine Payne, London (Royal Free Hospital) School of Medicine for Women; H. E. Perkins, Guy's Hospital; A. F. Perl, St. Bartholomew's Hospital; Ellen Mary Pickard, London (Royal Free Hospital) School of Medicine for Women; A. M. Pollard, King's College; Hilda Margaret Pollard, London (Royal Free Hospital) School of Medicine for Women; Lina Mary Potter, London (Royal Free Hospital) School of Medicine for Women; E. J. Price, University College; M. D. Price, Guy's Hospital; M. J. Rattray, Guy's Hospital; A. H. Rich, University College; Mona Dew Roberts, London (Royal Free Hospital) School of Medicine for Women; H. C. Samuel, Middlesex Hospital; A. F. Sanderson, St. Thomas's Hospital; F. C. Searle, St. Bartholomew's Hospital; Marie Simpson, London (Royal Free Hospital) School of Medicine for Women; J. T. Smalley, Guy's Hospital; Eliza Macdonald Smith, London (Royal Free Hospital) School of Medicine for Women; H. J. Smith, Guy's Hospital; F. Standish, London Hospital; G. F. Stebbing, Guy's Hospital; R. W. Stocks, St. Thomas's Hospital; H. Stott, Guy's Hospital; A. J. Symes, St. Bartholomew's Hospital; A. K. B. R. W. Taylor, Charing Cross Hospital; R. E. Todd, St. Thomas's Hospital; St. J. A. M. Tolhurst, Guy's Hospital; R. S. Townsend, St. Bartholomew's Hospital; J. R. H. Turton, St. Bartholomew's Hospital; N. H. Walker, St. Bartholomew's Hospital; Enid Margaret Walters, London (Royal Free Hospital) School of Medicine for Women; P. I. Watkin, London Hospital; Gladys Mary Joan Watts, London (Royal Free Hospital) School of Medicine for Women; Winifred Emmeline Watts, London (Royal Free Hospital) School of Medicine for Women; Margaret

Hannah Wild, London (Royal Free Hospital) School of Medicine for Women; H. O Williams, St. Bartholomew's Hospital; C. McM. Wilson, St. Mary's Hospital; Sophia Margaret V. Witte, London (Royal Free Hospital) School of Medicine for Women; C. E. Zundel, London Hospital; Clara Maria Zymandl, University College.

[N.B.—This list, published for the convenience of candidates, is issued subject to its approval by the Senate.]

The following candidates have passed the Intermediate Examination in Medicine for External Students as undernoted:

A. Alcock, Guy's Hospital and Owens College; G. B. F. Churchill, Guy's Hospital; T. Davies, University College, Cardiff; K. E. Eckenstein, University of Liverpool; H. M. Fort, Owens College; C. E. K. Herapath, University College, Bristol; R. M. Kalapesi, St. Bartholomew's Hospital and Grant Medical College, Bombay; S. H. J. Kilroe, Owens College; C. S. Rivington, University College, Bristol; J. J. S. Rowe, University College, Cardiff; G. W. Sudlow, Owens College; F. E. Taylor, King's and Yorkshire Colleges; T. W. Wade, University College, Cardiff.

Special Examination in Organic Chemistry only.—L. Ball, University of Birmingham; T. L. Bomford, St. Bartholomew's Hospital; S. H. Booth, Yorkshire College; S. Chelliah, Guy's Hospital; W. Chesters, St. Mary's Hospital and University College, Cardiff; Hilda Clark, University of Birmingham; C. Clarke, University College, Bristol; J. W. Cropper, University of Liverpool; Ethel Adelaide Douglas, London (Royal Free Hospital) School of Medicine for Women and University College, Nottingham; Clara Eglington, University of Birmingham; E. D. Ellis, Yorkshire College; P. Hamill, University of Cambridge; C. T. Hawkins, University College, Cardiff; J. A. B. Hicks, Westminster Hospital; R. de B. M. Hopkins, University College, Bristol; A. E. Iles, University College, Bristol; G. G. James, Westminster Hospital; B. A. Lloyd, University of Birmingham; S. E. McClatchey, Owens College; R. B. Nowell, Owens College; E. S. Phipson, University of Birmingham; H. R. Rawlings, Yorkshire College; E. D. Richards, University College, Cardiff; C. F. Robertson, Middlesex Hospital; W. Scarisbrick, University of Liverpool; C. J. Thompson, University of Birmingham; H. Thwaite, University of Birmingham; A. H. Turner, Yorkshire College; H. G. Webb, St. George's Hospital; J. W. J. Willcox, University College, Bristol; A. L. Yates, St. Bartholomew's Hospital.

[N.B.—This list, published for the convenience of candidates, is issued subject to its approval by the Senate.]

UNIVERSITY COLLEGE.

The annual general meeting of members of University College, London, was held on February 24th under the chairmanship of Lord Reay, who moved the adoption of the report. The report stated that the students' fees for 1902-3 amounted to £25,518 as compared with £24,086 in the previous year. The College received £3,000 from the annual Parliamentary grant, and it was a matter of congratulation that this would be doubled during the present year. Allusion was made to the death of Sir Blundell Maple, who by his gift of the new buildings of University College Hospital had conferred an immense boon on the neighbourhood and on the medical school. The Council had created a new grade of teachers in the College in the Faculties of Arts and Science corresponding in some respects to the *privat docent* of the German universities; this would enable justice to be done to a number of subjects which it was not easy to crowd into the regular curriculum. The new arrangements and regulations on the internal side of the University of London has given full satisfaction to both professors and students. The President said that he trusted that in future greater importance would be attached to teaching and less to examination. The appeal for capital funds had been so successful that only £60,000 was now wanted; an important donation of £50,000 had been received through Professor E. H. Starling and Dr. W. Page May, and the anonymous donor was most cordially thanked for his splendid gift. After reviewing the developments which had taken place in various departments, Lord Reay concluded by saying that if the College was to be transferred to the University, as no doubt it would be before long, it would be the transfer of a going concern.

The motion for the adoption of the report was seconded by Lord Monkswell and adopted unanimously.

UNIVERSITY OF DUBLIN.

AT the Spring Commencements of Hilary Term, held on February 16th in the Theatre of Trinity College, the following degrees in the Faculty of Medicine were conferred by the University Caput in the presence of the Senate:

Baccalaurei in Medicinâ, in Chirurgiâ, et in Arte Obstetriciâ.—J. H. Askins (*antea Lic.*), W. S. S. Berry. M. FitzGibbon, J. C. Hall, R. C. Hallowes, C. E Moore, O. J. Parry-Edwards, D. C. Pearson, H. Stone, T. C. A. Sweetnam, C. J. Wyatt.

Doctores in Medicinâ.—J. T. Bouchier-Hayes, T. J. P. Crean, M. J. Gibson.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

Fellowship Examination.—A. T. Mulhall, L.R.C.P. and S.I., having passed the necessary examination, has been admitted a Fellow of the College. T. A. Burke, S. C. Clarke, J. F. Devane, M. D. Healy, J. J. Hogan, J. Prendiville, and J. R. Tobin have passed the Primary part of the examination.

Dental Examination.—C. de Foubert and H. D. Griffith, having passed the necessary examination, have been admitted Licentiates in Dental Surgery. W. Matthews has passed the primary part of the examination.

SOCIETY OF APOTHECARIES OF LONDON.

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

Surgery.—R. H. Cooper (Section I), Charing Cross Hospital; W. G. Kinton (Section II), Manchester.

Medicine.—J. Bromley (Sections I and II), Guy's Hospital; R. H. Cooper (Section I), Charing Cross Hospital; W. G. Kinton, (Section II), Manchester; N. O. Roberts (Section II), Cambridge and St. Mary's Hospital; S. Zweiback (Section II), Konigsberg.

Forensic Medicine.—M. B. Taylor, Guy's Hospital.

Midwifery.—G. W. Rogers, Cardiff and St. George's Hospital; A. C. Story, St. Mary's Hospital.

The diploma of the Society was granted to W. G. Kinton.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 9,075 births and 5,420 deaths were registered during the week ending Saturday last, February 20th. The annual rate of mortality in these towns, which had been 19.4, 17.2, and 18.4 per 1,000 in the three preceding weeks, increased again last week to 18.5 per 1,000. The rates in the several towns ranged from 8.3 in Tottenham, 9.6 in Hornsey, 11.0 in Stockton-on-Tees, 11.4 in Handsworth (Staffs), 11.6 in East Ham, 12.0 in Northampton, 12.2 in Leyton, and 12.3 in Croydon, to 23.9 in Nottingham and in Liverpool, 24.1 in Salford, 24.3 in Oldham, 24.9 in Preston, 25.6 in Plymouth and in Warrington, 25.8 in Merthyr Tydfil, and 27.9 in Bootle. In London the rate of mortality was 17.8 per 1,000, while it averaged 18.8 per 1,000 in the seventy-five other large towns. The death-rate from the principal infectious diseases averaged 1.7 per 1,000 in the seventy-six large towns; in London this death-rate was equal to 1.6 per 1,000, while among the seventy-five large provincial towns the rates ranged upwards to 3.4 in Rhondda, 3.5 in St. Helens and in Leeds, 3.6 in Burnley and in Merthyr Tydfil, 3.8 in Stockport, 4.1 in Norwich, 4.5 in Preston, and 6.0 in Wallasey. Measles caused a death-rate of 1.0 in Leeds and in Sunderland, 1.1 in Huddersfield, 1.3 in Rhondda, 2.3 in Warrington, 2.7 in Preston, 3.2 in Stockport, and 4.1 in Norwich; scarlet fever of 2.2 in Merthyr Tydfil; diphtheria of 1.1 in Salford, 1.6 in Willesden, and 2.4 in Hanley; whooping-cough of 2.0 in Liverpool, 2.1 in Portsmouth, 2.2 in Gateshead, 2.5 in Wigan, and 4.3 in Wallasey; "fever" of 1.4 in Preston; and diarrhoea of 1.3 in Rhondda. The fatal cases of small-pox registered in these towns last week included 2 in Hull, and one each in London, Derby, Wigan, Manchester, and Gateshead, but not one in any other of the large towns. The Metropolitan Asylums Hospitals contained 29 small-pox patients at the end of last week, against 21, 25, and 24 at the end of the three preceding weeks; 9 new cases were admitted during the week, against 4, 8, and 3 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 1,651, 1,657, and 1,644 on the three preceding Saturdays, had further declined to 1,620 on Saturday last, February 20th; 143 new cases were admitted during the week, against 168, 169, and 162 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, February 20th, 963 births and 733 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 18.4, 18.5, and 19.2 per 1,000 in the three preceding weeks, further rose last week to 22.2 per 1,000, and was 3.7 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 18.1 in Edinburgh and 19.4 in Leith to 24.7 in Greenock and 25.8 in Dundee. The death-rate from the principal infectious diseases averaged 2.3 per 1,000 in these towns, the highest rates being recorded in Paisley, Leith, and Greenock. The 360 deaths registered in Glasgow last week included 2 which were referred to small-pox, 8 to measles, 4 to diphtheria, 4 to whooping-cough, and 15 to diarrhoea. Five fatal cases of measles and 5 of whooping-cough were recorded in Dundee; 6 of whooping-cough and 2 of diphtheria in Aberdeen; 4 of measles and 2 of whooping-cough in Paisley; 6 of whooping-cough in Leith; 3 of small-pox and 2 of measles in Greenock; and 3 of whooping-cough in Edinburgh.

HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, February 20th, 580 births and 491 deaths were registered in six of the principal Irish towns, against 457 births and 487 deaths in the preceding period. The mean annual death-rate of these towns, which had been 20.5, 25.8, and 26.0 per 1,000 in the three preceding weeks, fell to 25.3 per 1,000 in the week under notice, this figure being 6.8 per 1,000 above the mean annual rate in the seventy-six English towns during the corresponding period. The figures ranged from 18.9 in Londonderry and 19.5 in Waterford to 30.7 in Dublin and 32.9 in Cork. The death-rates from the principal zymotic diseases during the same period and in the same six towns averaged 1.6 per 1,000, or 0.8 per 1,000 less than during the preceding week, the highest rate, 4.1, being registered in Limerick, while Waterford registered no deaths under this heading at all. Except for one death from measles at Dublin and another at Belfast, no deaths were registered in any part of Ireland from measles, scarlet fever, small-pox, typhus, or simple continued fever One death occurred from diphtheria in Dublin and 1 in Tralee, but except for these and 2 deaths from diarrhoeal disease and 5 from enteric the whole zymotic death-rate in Ireland was due to whooping-cough.

THE HEALTH OF SHEFFIELD.

SHEFFIELD is one of those towns in which sanitary reform has been pushed forward very actively during the past few years, and hence has risen from a bad to a fairly good place in the list of the thirty-three great towns, with a comparative mortality figure for 1902 of 1,130. Its report for that year drawn up by Dr. John Robertson, now medical officer of health for Birmingham, shows that with a population of 418,765 and a density of 17.7 to the acre it had a marriage-rate of 17.5 against 15.5 per 1,000 in all England, and a birth-rate of 33.3 per 1,000 (of which 3.9 per cent. were illegitimate). This is a diminishing rate to the extent of some 17 per cent. in the last 25 years. The infantile mortality-rate was 150 per 1,000 registered births, a figure which, though a great improvement over those of former years, is mainly due to the cooler summer. What the general mortality was is not quite clear; in the summary it is mentioned as 16.9 per 1,000, but in Table XII the recorded death-rate is given as 17.7, and the corrected death-rate as 18.40. The report is profusely illustrated by tables and charts, and some of them are unusually interesting, particularly one dealing with 29 importations of small-pox which occurred between November, 1902, and June, 1903. Out of the 29 importations, 21 were certainly due to tramps; the others were of unknown origin. Nevertheless, isolation was sufficiently prompt and efficient for 16 of the tramp cases to end harmlessly. The report includes an able but abridged report by Dr. Waddy on the recurrence of scarlet fever in houses in Sheffield during 1900 and 1901, and the conclusion drawn from

it, by Dr. Robertson is that, though isolation hospitals for scarlet fever are not as valuable a means of preventing the spread of the disease as they were formerly believed to be, yet have a distinct value and their use should be in no way discounted. As regards the lowered infant mortality-rate, it is pointed out that it must not be taken as an index of what Sheffield must expect under present conditions should a hot summer occur. Much has been done in the way of substitution of waterclosets for middens and privies, and of ashbins for ashpits,, but much more remains to be done in the way of keeping houses clean and surface soil free from contamination. It is as regards tuberculosis that Sheffield shows the greatest improvement, its death-rate from this cause now standing at 1.79. From 1851 to 1890 it usually stood a good deal higher than that of the rest of England, but since then has commonly been below it, and the total improvement obtained is practically a reduction of some 50 per cent. Voluntary notification has existed for a long time, and by an Act just passed will shortly become compulsory under certain circumstances. The duties thrown upon the sanitary authorities in connexion with the Factory and Workshops Act are actively discharged, and as the result of a deputation from the Health Committee the Home Office made special regulations of some stringency for the conduct of the file-cutting trade.

PNEUMONIA IN NEW YORK.

The Advisory Board to the Health Commissioner of New York has, we learn from the New York *Medical Record*, issued a statement to the public regarding the danger from pneumonia and the best means of prevention. The greatest stress is laid upon the bacterial causation of the disease and the consequent danger of spitting elsewhere than in suitable receptacles, and of stirring up the dust in private and public buildings. In regard to this last point the statement concludes with the recommendation that "The Advisory Board would urge upon the Health Department the desirability of instructing, in the proper methods of dust disposal, all those who have in charge the duty of cleaning public institutions, such as court rooms, police stations, hospitals, dispensaries, churches, theatres, public conveyances, etc., as well as those responsible for factories, stores, offices, and the like, and commends the matter to the attention of all householders, to whom, not less than to inmates of public institutions and places of assembly, the risks of dust infections are at this time of especial significance."

FEES FOR NOFIFICATION OF INFECTIOUS DISEASE IN PAUPERS AND OTHERS.

Reader writes to ask (1) whether a Poor-law medical officer is entitled to 2s. 6d. for notifying infectious disease in a person whose parents are in receipt of out-door relief, or whether he can only claim a 1s. fee. (2) Whether a medical officer of health is entitled to 2s. 6d. for reporting cases within the district of which he is medical officer or only 1s.

*** (1). This mainly depends on the age of the patient in question. If under 16, any child would be pauperized by the relief given to its parents, and 1s. would be the fee for notification; if over 16, the child might or might not be a pauper, and the fee payable for notification would depend upon this. (2) A medical officer of health is entitled to the same fees for notification as other medical practitioners.

THE BACTERIAL TEST OF POLLUTION.

Dr. Alfred MacConkey (Battersea, S.W.) writes: In the British Medical Journal of February 20th Dr. Klein quotes from a paper by Messrs. Clark and Gage, of Massachusetts, in which reference is made to the examination of shellfish for B. coli. Apparently Dr. Klein has only seen an abstract of the paper, and one, too, which omits some rather important remarks. As I happen to have read the complete report I venture to supply the full text, which runs as follows:

"Enough study has been made by many investigators to show clearly the B. coli is not a normal inhabitant of the intestines of clams or oysters, and that its presence in the intestines or juice in the shell must be due to contamination either by drainage and sewage flowing over the clam and oyster beds or by careless and uncleanly handling of the shellfish between the time of digging and placing upon the market. In this work therefore the ability to demonstrate clearly the presence of a specific sewage organism, such as B. coli, is an invaluable aid in determining the question of purity or pollution. In many samples from polluted sources B. coli has not been found either in shell water or intestine. This is not to be wondered at, however, as among the many bacteria normally present or finding lodgement in the intestine or in the shell water, the stronger and more numerous species may evidently destroy the B. coli before laboratory examination is possible."

In their conclusions Messrs. Clark and Gage say: "In the examination of shellfish from suspected sources, the determination of faecal bacteria, such as the colon bacillus, is of considerable importance, as showing the purity or pollution of these sources."

It would seem, then, that the failure to find B. coli in shellfish from obviously polluted sources caused them to modify their opinion. So that instead of considering the test as "invaluable," they finally concluded that it is of "considerable importance."

INDIA AND THE COLONIES.

Bengal.

The report for the year 1902, written by Major F. C. Clarkson, Sanitary Commissioner, is concise and clear. Meteorologically the year was normal, the monsoon rainfall being copious, but commencing somewhat later, and ceasing somewhat earlier than usual. Crops were good, and the price of food grains moderate. The year was, however, an unhealthy one. The birth-rate was 40.14, against 38.57 in 1901. The urban rate was 24 95, and the rural 40.93. The death-rate was 33.43, against 31.04 in 1901, and 30.59 in the preceding decennium. An increasing infantile mortality, especially in towns, is creating anxiety, but how far the increase is real or the result of improved registration is doubtful. The rate is over 200 per 1,000 births. In Calcutta, whose birth-rate was 14.29, and death-rate 37.04, 38 per cent. of male, and 35 per cent. of female infants born during the year died. Fevers, mostly malarial, contributed 69 per cent. of the total mortality; the death-rate being 23.13 against 21.72 in 1901, and 21.92 the mean of the preceding ten years. In the district of Nuddea the rate exceeded 49 per 1,000. The early cessation of the monsoon is blamed for the excess. This is consistent with the experience of the past. The rural mortality was considerably greater than the urban, which is also the rule. The amount of quinine sold was larger. Cholera was in excess, causing a mortality of 2.2, against 1.48 in 1901. The rural mortality was, as usual, lower than the urban. The disease was widely distributed, the seasonal incidence differing in different districts. Orissa suffered as usual most during the Puri pilgrimage. Inoculation was carried out on a small scale among tea coolies. The inoculated displayed a marked immunity as compared with the uninoculated. Small-pox caused an increased mortality. Some districts were severely visited while in others deaths were few. Vaccination was pushed and the Government appears to be satisfied with the system and work, but calls for facts bearing on the question of protection. The number of deaths caused by plague was 32,967, against 78,629 in 1901. Rat infection is recognized by the people as a frequent cause of spread, and in many places they spontaneously leave their houses and live in huts. The mortality caused by bowel complaints was high. The income of municipalities was considerably larger, and 43 per cent. of it was spent in sanitary work. The Sanitary Board only met once, but disposed of a large number of references regarding sanitary projects and questions by correspondence.

MEDICAL NEWS.

The Lord Chancellor has placed the name of Dr. George Fletcher, of Highgate, on the Commission of the Peace for the County of Middlesex.

Robert Bell, Esq., LL.D., M.D., D.Sc., F.R.S., Acting-Director of the Department of Geological Survey, Canada, has been appointed a Companion of the Imperial Service Order.

Evidence before the Physical Deterioration Committee was given on February 22nd by Dr. A. K. Chalmers, Medical Officer of Health, Glasgow; Dr. James Niven, Medical Officer of Health, Manchester; and Dr. G. H. Fosbroke, Medical Officer of Health, Worcester.

The Ladies' Committee of the Royal Waterloo Hospital for Children and Women, London, S.E., intend to hold a festival dinner in the new suite of rooms of the Savoy Hotel, in the Strand, now approaching completion, on the anniversary of Waterloo.

Volunteer Medical Association.—The annual dinner of the medical officers of the auxiliary forces will take place at the Imperial Restaurant, Regent Street, London, on Friday, April 15th, at 7.30 p.m. The chair will be taken by Lieutenant-General Lord Grenfell, G.C.B., G.C.M.G., Commanding the Fourth Army Corps. Tickets, 10s. 6d. each, may be had from Lieutenant Montgomery-Smith, 36, Abbey Road, N.W.

The Royal Botanic Society of London has arranged to hold next June a horticultural and gardening exhibition. The exhibition will include horticulture forestry, botany, educational methods, nature study and colonial produce. During the exhibition lectures, conferences and conversaziones will be held. Further particulars can be obtained from Mr. J. Bryant Sowerby, the Secretary of the Society, at the Gardens, Regent's Park, N.W.

The Ballachulish Quarriers and their Medical Officer.—We learn with much satisfaction that the legal expenses incurred by Dr. Lachlan Grant in his contest with the directors of the Ballachulish Slate Quarries have been paid out of the appeal fund. They amounted to nearly £400. A proof of the solid support received by the quarriers is that the public subscribed some £900 to the fund. We heartily congratulate Dr. Grant and the quarriers on the completing touch thus given to their victory in the battle so courageously fought by them against injustice and oppression.

Dr. W. J. VON WINCKLER, Government Medical Officer, Leguan, has been specially commissioned by the Governor of British Guiana as a Justice of the Peace. He has also been commended by His Excellency for valuable services rendered at the strike of indentured and free coolies in that colony.

GERMAN BALNEOLOGICAL CONGRESS.—The twenty-fifth annual meeting of the German Balneological Congress will be held at Aix-la-Chapelle from March 3rd to 7th, under the presidency of Professor Oscar Liebreich of Berlin. The medical practitioners and civic authorities of the town have taken the liveliest interest in the preparations for the Congress, and are prepared to extend a hearty welcome to their medical guests. The opening reception will be held at the Kurhaus at 8 p.m. on Thursday, March 3rd. The Congress opens at 10 on the following morning, with speeches from Herr von Hartmann, the *Regierungs-Präsident*, and other official notabilities. The scientific work of the Congress will begin with an address by Professor Liebreich. Papers will be read by Dr. Polis of Aachen on the climatic conditions of the Rhine Provinces; by Dr. Burwinkel of Nauheim on acute articular rheumatism; by Dr. Rothschild of Soden on the climatic treatment of diseases of the heart; by Dr. Kugler of Marienbad on balneophysics and climatic health resorts; by Dr. Schuster of Aix-la-Chapelle on the use of iodipin in the treatment of gouty and rheumatic affections of joints, and many others. Several receptions will be arranged, and on the last evening there will be a special performance of Haydn's *Creation* in the large concert room of the Kurhaus Further particulars may be obtained on application to Sanitatsrath Dr. Beissel, 18, Kleinkolnstrasse, Aachen.

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.

BELGRAVE HOSPITAL FOR CHILDREN, Clapham Road, S.W.—(1) Assistant Physician. (2) Assistant Surgeon.

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

BRENTFORD UNION.—Medical Superintendent of Infirmary and Medical Officer of Workhouse and Schools, resident. Salary, £300 per annum and fees.

BURTON-UPON-TRENT COUNTY BOROUGH.—Medical Officer of Health and Public Analyst. Salary (combined), £400 per annum.

CAMBRIDGE: ADDENBROOKE'S HOSPITAL.—Assistant House-Surgeon, resident. Salary at the rate of £30 per annum.

CARLISLE: CUMBERLAND INFIRMARY.—Resident Medical Officers to act as House-Physician and House-Surgeon respectively. Salary at the rate of £80 and £100 per annum.

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

CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL.—Resident Junior House-Surgeon. Salary, £50 per annum.

DUDLEY: GUEST HOSPITAL.—Assistant House-Surgeon, resident. Salary, £40 per annum.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell.—(1) Medical Officer for Casualty Department. Salary at the rate of £100 per annum. (2) House Surgeon, resident. Honorarium, £25 for six months.

EDINBURGH: CRAIGLOCKHART POORHOUSE AND HOSPITAL.—Resident Medical Officer. Salary at the rate of £100 per annum.

GORDON HOSPITAL FOR FISTULA, Vauxhall Bridge Road.—Honorary Anæsthetists.

HOSPITAL FOR EPILEPSY AND PARALYSIS, Maida Vale.—Resident Medical Officer. Salary at the rate of £50 per annum.

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

HULL ROYAL INFIRMARY.—Casualty House-Surgeon, resident. Salary, £70 per annum.

LANCASTER: COUNTY LUNATIC ASYLUM.—Assistant Medical Officer, resident. Salary, £150 per annum.

LEEDS: HOSPITAL FOR WOMEN AND CHILDREN.—Assistant Physician.

LEITH HOSPITAL.—(1) House-Physician. (2) Assistant House-Physician. (3) House-Surgeon. (4) Assistant House-Surgeon. (5) Surgeon for Out-door Department.

LONDON FEVER HOSPITAL, Islington, N.—Assistant to the Resident Medical Officer. Salary, £120 per annum.

MANCHESTER ROYAL INFIRMARY.—Resident Medical Officer. Salary £150 per annum.

READING: ROYAL BERKSHIRE HOSPITAL.—Assistant House-Surgeon, resident. Salary, £60 per annum.

ROYAL EAR HOSPITAL, Frith Street, Soho.—Clinical Assistants.

ROYAL PIMLICO DISPENSARY, 14, Buckingham Palace Road, S.W.—Attending Medical Officer.

ST. MARY'S HOSPITAL, Paddington.—Resident Casualty House-Surgeon. Salary at the rate of £100 per annum.

SALOP INFIRMARY.—House-Physician, resident. Salary at the rate of £50 per annum.

SOUTHWARK UNION.—Public Vaccinator for the Trinity and Kent Road Sub-registration Districts.

WATERFORD COUNTY AND CITY INFIRMARY.—Resident House-Surgeon and Secretary. Salary, £100 per annum.

WEST BROMWICH DISTRICT HOSPITAL.—House-Surgeon, resident. Salary, £100 per annum.

WEST LONDON HOSPITAL, Hammersmith Road.—(1) House-Physician. (2) House-Surgeon. Both resident.

WEST RIDING OF YORKSHIRE.—Bacteriologist and Assistant to County Medical Officer. Salary, £250 per annum, rising to £300.

MEDICAL APPOINTMENTS.

BENNION, J. M., M.B.Cantab., Junior House-Surgeon to the Radcliffe Infirmary, Oxford.

COGSWELL, P. D., M.R.C.S., L.R.C.P., Medical Officer for the Stanton District of the Hinckley Union.

DAVISON, T. H., M.D., District Medical Officer of the Hartley Wintney Union.

EWART, D., M.B., Ch.B., F.R.C.S.Edin., Certifying Factory Surgeon for the Chichester District, Sussex.

FOSTER, C. W., M.R.C.S., L.R.C.P., House-Surgeon to the Radcliffe Infirmary, Oxford.

GIBSON, A. G., M.B., B.Ch.Oxon., House-Physician to the Radcliffe Infirmary, Oxford.

GODWIN, Herbert James, M.B., B.S.Durh., F.R.C.S.Edin., M.R.C.S.Eng., L.R.C.P.Lond., Surgeon-in-Ordinary to the Royal Hants County Hospital, Winchester, *vice* Thomas Langdon, F.R.C.S.Eng., resigned.

HARRISON, D. H., L.R.C.P.&S.Edin., Medical Officer of the Workhouse of the St. Neots Union.

HERLEY, Randal, L.R.C.P.&S.Irel., L.F.P.S.Glas., Junior House Surgeon to the Clayton Hospital and Wakefield General Dispensary.

LAWSON, C. W., L.R.C.P.&S.Edin., L.F.P.S.Glas., District Medical Officer of the Rothbury Union.

LAWSON, F. H., M.R.C.S., L.R.C.P.Lond., District Medical Officer of the Steyning Union.

MARSH, C. J., L.R.C.P., M.R.C.S., Certifying Factory Surgeon for the Yeovil District, Somerset.

MILWARD, F. Victor, M.B., F.R.C.S., Medical Referee under the Workmen's Compensation Acts to act for County Court Circuit No. 21 and for the Bromsgrove, Redditch, and Solihull Districts in County Court Circuit No. 22.

MILWARD, W. C., M.R.C.S., L.R.C.P.Lond., District Medical Officer of the Cardiff Union.

SMITH, M. Hamblin, M.R.C.S., L.R.C.P., Deputy Medical Officer, H.M. Prison, Manchester, transferred to H.M. Prison, Wandsworth.

SNELL, Sidney H., M.D., B.S.Lond., D.P.H., Assistant Anæsthetist to the Royal Ear Hospital, Soho.

STEWART, R. S., M.D.Glas., C.M., Medical Superintendent of the Glamorgan County Asylum, Bridgend, *vice* H. T. Pringle, M.D.Glas., resigned.

DIARY FOR NEXT WEEK.

MONDAY.

Royal College of Surgeons of England, 5 p.m.—Professor L. B. Rawling: On Fractures of the Skull (Lecture I).

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

TUESDAY.

Royal College of Physicians of London, 5 p.m.—Dr. W. Williams: On Deaths in Childbed, a Preventable Mortality. (Milroy Lecture II.)

Pathological Society of London, 20, Hanover Square, 8.30 p.m.—Dr. D. Noël Paton: On the Influence of Adrenalin upon the Nitrogenous Metabolism of the Bird. Dr. A. P. Beddard and Dr. E. I. Sprigge: On the Relation of the Ammonia Nitrogen to the Total Nitrogen in some Cases of Diabetes. Dr. A. E. Garrod: A Survey of the Recorded Cases of Haematoporphyrinuria not due to Sulphonal.

WEDNESDAY.

Royal College of Surgeons of England, 5 p.m.—Professor L. B. Rawling: On Fractures of the Skull (Lecture II).

Obstetrical Society of London, 20, Hanover Square, W., 8 p.m.—Specimens by Mr. Alban Doran, Dr. Addinsell, and Mr. Walker (introduced by Dr. Addinsell). Papers:—Mr. Harrison Cripps and Dr. Hubert Williamson: Two Cases involving the question of the Site of Impregnation. Miss Boyd, M.D.: Two Cases of Abdominal Hysterectomy for Fibroids complicated by Pregnancy (with Specimens).

THURSDAY.

Royal College of Physicians of London, 5 p.m.—Dr. W. Williams: On Deaths in Childbed, a Preventable Mortality (Milroy Lecture III).

Roentgen Society, 20, Hanover Square, W., 8.30 p.m.—Presidential Address on Some Laboratory Notes of the Last Six Months.

British Balneological and Climatological Society, 20, Hanover Square, W., 5.30 p.m.—Discussion on Obesity, to be opened by Dr. Leonard Williams.

FRIDAY.

Royal College of Surgeons of England, 5 p.m.—Professor L. B. Rawling: On Fractures of the Skull (Lecture III).

West End Medico-Chirurgical Society, Royal Kent Dispensary, Greenwich Road, S.E., 8.45 p.m.—Exhibition of Clinical Cases, etc., by Drs. Toogood, Morgan Dockrell, and Leonard Williams.

Society of Anæsthetists, 20, Hanover Square, W., 8.30 p.m.—Clinical Evening.—Paper by Dr. Dudley Buxton. Communications by the President, Mr. C. Carter Braine, Dr. Flux, and others. Afterwards the annual general meeting will be held.

Laryngological Society of London, 20, Hanover Square, W., 5 p.m.—Cases, Specimens, etc., will be shown by Dr. McBride, Dr. Furniss Potter, Dr. Smurthwaite and others.

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 Types of Pulmonary Tuberculosis.

Hospital for Sick Children, Great Ormond Street, W.C., Thursday, 4 p.m.—Lecture on The Surgical Anatomy of the Ear in Children.

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

Medical Graduates' College and Polyclinic, 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, The Diagnosis and Treatment of the Common Forms of Nasal Obstruction; Tuesday, Some Common Errors in the Diagnosis and Treatment of Diseases of the Throat; Wednesday and Thursday, Cough and its Significance.

Mount Vernon Hospital for Consumption and Diseases of the Chest, 7, Fitzroy Square, W. Thursday, 5 p.m.—Lecture on Mitral Stenosis (illustrated by Cases).

National Hospital for the Paralysed and Epileptic, Queen Square, W.C.—Lectures will be delivered at 3.30 p.m. as follows: Tuesday and Friday, Cranial Nerves.

Post-Graduate College, West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 p.m. as follows: Monday, Practical Surgery; Tuesday, High-frequency Currents (illustrated by Lantern Slides); Wednesday, Practical Medicine; Thursday, Gleet and its Treatment; Friday, Rickets and its Treatment.

Samaritan Free Hospital for Women, Marylebone Road, N.W.—Thursday, 3 p.m.—Lecture on the Treatment of "Irritable Bladder" in Women.

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.

CARTER.—On February 23rd, at Chapel-Allerton, Leeds, the wife of Eustace G. Carter, of a daughter.

FALKNER.—On February 20th, 1904, at Wellington, Nilgeri Hills, Madras, India, the wife of Captain Percy Hope Falkner, R.A.M.C., of a son. (By cable.)

MCKELVEY.—On February 17th, at 231, Inverness Place, Roath Park, Cardiff, the wife of Thomas McKelvey, M.B.R.U.I., of a daughter.

MARRIAGE.

BURNETT—VON PURUCKER.—On February 22nd, at St. Paul's, Umballa, India, Captain Sidney Harvey Burnett, M.B.Aberd., Indian Medical Service, eldest son of Robert Harvey Burnett, C.B., of Didsbury, Manchester, and grandson of the late Alexander Harvey, M.D., Professor of Materia Medica in the University of Aberdeen, to Dorothy, eldest daughter of the late Rev. Edmond von Purucker, of Geneva, Switzerland. (By cable.)