

the milk diet, and the presumption is that the adaptation takes place in the same way as in adult dogs. If this proves to be the case, it is possible that the same process may occur as regards the amylolytic ferment, and that the absence of this enzyme in early life is due to the lack of an adequate chemical stimulus for its secretion.

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MEMORANDA:

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

A CASE OF ADIPOSIS DOLOROSA (DERCUM'S DISEASE) IN A MALE.

THIS case, which I exhibited before the Huddersfield Medical Society on January 5th, affords many points of interest. The patient, aged 75 years, is a gentleman of independent means. The body back and front, the arms to the wrists, and the legs to the knees only, are one mass of typical lipomata. The disease began at the age of 40 years. Before each growth appeared he had an aching sensation at the spot which lasted until a shotty papule made its appearance. Some of the tumours are as big as a child's head. In fact there are representations of all stages of development. He has no pain on manipulation of the growths nor on either active or passive movement of the underlying muscles. There is not a single growth on the hands, feet, or face; this is, I believe, characteristic of this disease. There have never been any hæmorrhages in connexion with the tumours. His father had the disease, and died a hale and hearty old man; one of his living sisters has the disease. Two of his sisters and one brother have been subject to fits ever since they were 10 years old. Here there seems to be a marked hereditary tendency, a point which I have not seen previously raised with regard to this disease. This gentleman is otherwise perfectly healthy. There is no sign of asthenia.

At a meeting of the Clinical Society of London, held last October (BRITISH MEDICAL JOURNAL, October 31st, 1903) Dr. Leonard Williams exhibited a case in a male, and made note of the fact that there was only one other recorded case in a male. If this is correct then the case now reported makes the third. In Professor Osler's *Medicine* he states that the disease is characterized by irregular symmetrical deposits of fatty masses in various portions of the body, preceded by or attended with pain, and that it is an affection of women, occurring at the middle period of life. In my patient the aching only preceded the appearance of each growth. Professor Osler also says that in a case of Burr's and in one of Dercum's the thyroid gland showed atrophic changes. There is evidence of no such changes in my case.

The patient has a very large scrotal hernia, and for which I was consulted in the first instance, but owing to the asymmetrical condition of the buttocks and the friction caused by the growths I cannot get a truss to act.

Slaitwaite, Huddersfield.

MARTIN J. CHEVERS.

THE TENDON REFLEXES IN URAEMIA.

DR. MITCHELL STEVENS'S note on the condition of the deep reflexes in some cases of acute uraemia emphasizes a point which is well worthy of clinical recognition. The remarkable exaggeration of reflexes which he has noted is not limited to acute cases, but may also occasionally occur in cases of chronic uraemia also. The differential diagnosis is then peculiarly difficult.

My attention has been directed to these alterations in the reflexes since 1892, and my connexion with St. Thomas's Hospital has afforded me many opportunities of observing the phenomenon. In the *St. Thomas's Hospital Reports* for 1896 I published a short paper dealing with the subject, and my later experience has only served to corroborate the conclusions there formulated.

I cannot, however, attach much weight to the value of the symptoms in the differential diagnosis of such cases as Dr. Stevens mentions. Increase of the reflexes in the earlier stages of certain cases of cerebral hæmorrhage, and also in other convulsive affections, is not very rare. In the earlier

stages of cerebral embolism it is remarkably common. In all these conditions it may be bilateral.

The note also suggests another point—that of the use of morphine in uraemic states. I am inclined to think that the dangers of the use of morphine in convulsive and maniacal uraemia are exaggerated. I should say that, judiciously used, it is of almost equal value with venesection. I am certain, however, that its danger in comatose uraemia is very real.

London, W.

CHARLES R. BOX, M.D.

ADRENALIN IN PULMONARY HAEMOPTYSIS.

A REPORT of the successful administration of the above preparation in hæmoptysis by Dr. Arthur C. Bird, of Sidmouth, in September last, which appeared in the BRITISH MEDICAL JOURNAL of January 23rd, reminds me of a like success which followed immediately the administration of two suprarenal tabloids (Burroughs, Wellcome, and Co.), in a case under my observation in March, 1902.

In the early part of that month a young man, whose father had some time previously succumbed to phthisis, suddenly suffered from a somewhat alarming attack of hæmoptysis. The usual methods were adopted with a view to control the bleeding, such as absolute rest, the application of ice over the apex, the internal treatment by gallic acid, ergot, hamamelis, turpentine, and small doses of morphine to allay the cough, but all with not much success, as fresh bleeding seemed to recur, when it occurred to me to try the suprarenal extract. I gave four of the tabloids, directing that one was to be crushed, placed on the tongue, and washed down by means of a little water, a second to be taken likewise in four hours. After the second tabloid the bleeding entirely ceased. In a few weeks the patient had sufficiently recovered to resume his out-of-door employment, and on only one occasion since has there been any return of the hæmoptysis, for which he immediately took, as before, a couple of the tabloids, which he asked me to let him have in his possession.

He always now keeps a couple of the tabloids in case of emergency, being convinced of their great efficiency. I have also found the tabloids most effective in a persistent case of epistaxis which baffled usual treatment.

Liverpool.

O. BOWEN, M.R.C.S., etc.

RECURRENT HERPES ZOSTER.

As I have seen it stated lately that herpes zoster recurs in the same patient more frequently than is generally supposed, it may be worth while to place on record my personal experience. I have had three attacks in seven years—November, 1896, November, 1898, and June, 1903, all in South China.

The first attack was on the right side, affecting the cutaneous lateral branch of the last dorsal nerve. There were three erythematous patches, with vesicles on them later, two just below the crest of the ileum, which appeared first and were also the largest, the third on the abdomen just above the groin. The inguinal glands were swollen and painful. There was the usual smarting pain, and the scars of the vesicles were visible for many months afterwards.

The second attack, in November, 1898, showed itself by an erythematous patch about an inch above the left elbow-joint on the ulnar side; there were ten or twelve papules, of which two first, and afterwards all, became vesicular. In the axilla was a smaller patch. Next day a large patch was observed on the back, midway between the spine and axilla, and just under the spine of the scapula—three patches in all. The pain was slight. The lesion was connected with the second dorsal nerve. I had been taking small doses of arsenic and nux vomica for a week. On the appearance of the herpes arsenic was discontinued. The third attack in May, 1903, was of the terminal branches of the first and second divisions of the trigeminal nerve on the right side, and occasioned some alarm on its appearance. On May 29th I felt a little burning pain at the outer canthus of the right eye; next day it was more painful, and the eyelid was swollen, while red streaks appeared on the forehead above the eyebrow, below the eye, in front of the tragus, and near the nose. On the third and fourth days the eye was nearly closed with moderate swelling; the surrounding skin was hot, swollen, and extremely painful if touched. A few vesicles then appearing, made the diagnosis certain. Fortunately the eyeball itself was not affected, there being only slight conjunctivitis. The vesicles were all small and aborted quickly, but in November the scars left were visible, and for several days after the scabs had dried up the right eyelid still felt stiff.

The Chinese suffer from herpes zoster about as frequently as people in England; and although one or two have told me they have had a previous attack, I have not yet come across a recurring case in my practice except in my own person as detailed above.

LEOPOLD G. HILL, M.R.C.S., L.R.C.P.
Church Mission Hospital, Pakhoi, S. China.

A CASE OF ACUTE TRAUMATIC TETANUS.

THE following case will, I think, prove both interesting and instructive: I was called to see a boy, aged 13, who complained of pain in his back and "a stiff jaw."

The history of the case as given by the patient's mother was as follows: Eight days prior to my attendance a small rabbit bone pierced the palm of his right hand and was removed. Two days later he went to a hospital, his hand being painful and swollen. A boracic fomentation was applied and the wound healed in a day or two. Seven days after the accident, however, he complained of a pain in his back and "a stiff jaw." At 10 o'clock on the same night he went to a hospital and was examined by the medical officer on duty, who found a slight stiffness of the jaw, and prescribed a liniment with which to rub the muscles of the neck and jaw.

On examination I found the following condition: Well-marked trismus, masseters and temporals hard and contracted, abdominal and other muscles flaccid, a cold profuse sweat all over his body, tonic spasms, knee-jerks exaggerated; temperature, pulse, and respiration normal, mind clear, other conditions normal with the exception of a small dirty wound, with much induration around, on his right palm.

Having excluded hysteria, I diagnosed traumatic tetanus and sent him at once to the hospital, where he died within ten hours of admittance—that is, within forty hours of the first symptoms and eight days after the injury.

I think the case is one of interest for the following reasons: (1) The short period of incubation—seven days; (2) the short period between the first symptoms and death—forty hours; (3) the flaccidity of the abdominal and other muscles; and (4) the increased knee-jerks.

I should like to know whether the condition of the patellar reflex is usual.

London, E.

CECIL JOHNSON, M.B., Ch.B. Vict.

REPORTS

ON

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

HIGH WYCOMBE AND EARL OF BEACONSFIELD MEMORIAL COTTAGE HOSPITAL.

CASE OF VILLOUS TUMOUR OF BLADDER: SUPRAPUBIC CYSTOTOMY: RECOVERY.

(By L. W. REYNOLDS, M.R.C.S., L.S.A., assisted by J. C. W. GRAHAM, M.A. Cantab., M.R.C.S., L.R.C.P.)

History.—W. N., aged 60, was admitted to the hospital on September 2nd, 1902. All his relatives were said to be healthy, and there was no history of previous illnesses. In June, 1900, when lifting a heavy plank, he felt a sudden pain over the left lower ribs anteriorly. On micturating afterwards he noticed his urine was red, and ever since the urine has contained more or less blood, the blood appearing at the end of micturition, the first portion of the urine being clear. Occasionally a little blood was passed at the beginning of the act, but never any clots; at times at the end of micturition clots were passed with the blood. No pain over the bladder was experienced or any discomfort on walking, but sitting on a chair or other seat was uncomfortable. The area of discomfort was between the posterior portion of the scrotum and the anterior border of the anus. There was never any pain before, during, or after micturition or defaecation. The patient has been feeling weaker and getting thinner during the month before admission, but his appetite remained good.

State on Examination.—He was found to be of medium height, squarely built, evidently anaemic, complaining of haematuria. Nothing abnormal was discovered in the heart, lungs, abdomen, or nervous system. The pulse was 64; his general condition was fair, although he was somewhat weak.

Urine: On making the patient micturate into a series of three vessels blood appeared in the third vessel at the end of micturition. No increased frequency of micturition was complained of. The urine was smoky, with a dark red deposit, which contained small clots. On one occasion a whitish flake of membranous material about $\frac{1}{2}$ in. square was seen to issue from the penis at the end of micturition (this proved to be a portion of a growth; see below). Its specific gravity was 1016, and it was feebly acid. There was a trace of albumen and some mucus. Microscopically coffin-lid crystals of ammonio-magnesium phosphates, stellar phosphates, leucocytes, numerous red blood corpuscles, and bacilli were found. The fragment of growth was translucent with fine red streaks. Under the microscope it showed papillary tufts of varying size, and delicate capillaries filled with blood, forming loops; around the blood vessels was sparse connective tissue supporting cylindrical epithelium. These appearances were considered consistent with an anatomically benign soft or villous papilloma of bladder. Per rectum some slight prostatic enlargement was discovered, but otherwise nothing abnormal. A No. 8 silver catheter was passed, with some resistance at the neck of the bladder, into the bladder cavity. The usual smoky urine was drawn off with blood and small clot at the end of the process; on rotating the end of the instrument over the bladder wall nothing very definite could be detected in the nature of roughness or tumour.

Operation.—On September 9th suprapubic cystotomy was performed, ether being administered by Mr. G. B. Turtle for an hour and a half. The bladder having been distended with 1 in 4,000 mercuric perchloride lotion a suprapubic incision was made and the bladder opened. Scattered generally over the mucous membrane of bladder were felt several velvety prominences partially pedunculated, and two larger growths were situated in the region of the trigone. With Thompson and Guyon's forceps these various growths were removed, and the inside of the bladder was finally curetted with a sharp uterine curette. Two villous growths the size of small and large walnuts and about a dozen smaller pieces ($\frac{1}{2}$ -in. cubes) were removed. The haemorrhage ceased after a 1 in 4,000 mercuric perchloride douche at 118° F. The upper portion of the incision into the bladder wall was united by interrupted sutures of fine silk. The upper part of the skin incision was united by interrupted sutures of silkworm gut. Into the lower angle of the wound a $\frac{1}{2}$ -in. indiarubber drainage tube was inserted into the bladder, and a dressing of cyanide gauze and wood wool was applied. The patient rallied well from the operation.

September 13th. Tube removed; the bladder is being washed out every day with 1-4,000 mercuric perchloride lotion.

September 17th. Stitches from the external wound removed. The wound is healed except for fistula in lower end where drainage tube was.

September 21st. Under ether the edges of the fistula were freshened and approximated by a stitch.

September 28th. Stitch removed.

October 11th. Fistula again freshened and stitched.

October 18th. Stitch removed; pinhole fistula. Urine passed naturally.

October 22nd. Dressing now keeps dry; wound completely healed. Patient's condition fair, but inclined to syncope attacks, for which he is having strychnine hypodermically. No haemorrhage since the operation. Urine, specific gravity 1020, acid, no albumen, clear. Patient getting up an hour to an hour and a-half daily.

Since October 11th, when washing out of the bladder was discontinued, urotropine—gr. xij, t. d. s., ex aqua—has been given, and occasionally omitted for sandal-wood oil, π xv.

October 28th. Patient discharged well.

The temperature did not become normal until October 4th, up to then it had varied 97.2° or 98° in the morning to 99.8° or 100.8° in the evening. From October 10th to 14th it varied from 98.8° in the morning to 101.4° in the evening. On October 15th it became normal, and remained so.

June 15th, 1903, nine months since the operation. The patient has had no return of the haematuria; he described himself this morning as "quite well."

REMARKS.—Attention may be drawn to the following points: the length of the history of haematuria and the general good condition of the patient, although anaemic; the absence of the symptom of frequency of micturition; the late age—60 years—for an apparently benign tumour. In view of the microscopical evidence of cystitis and the frequent supervention of severe cystitis and pyelonephritis after operation in such cases: (1) the adoption of 1 in 4,000 HgCl₂ douches daily

REPORTS AND ANALYSES

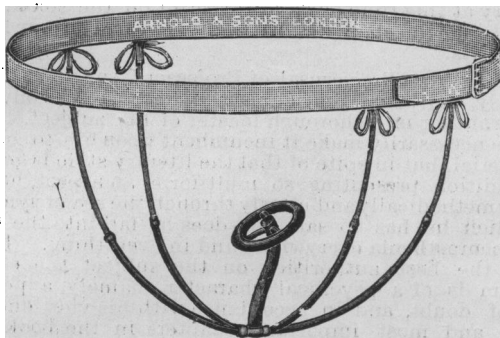
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DESCRIPTIONS OF NEW INVENTIONS

IN MEDICINE, SURGERY, DIETETICS, AND THE
ALLIED SCIENCES.

MEDICAL AND SURGICAL APPLIANCES.

A Pessary for Prolapsus Uteri.—The annexed figure represents a pessary and waist-belt which Mr. DERHAM-REID of Manchester has had made for the treatment of pronounced cases of prolapsus uteri. In watching the descent of the uterus when attempts were made to prevent it by an ordinary elastic ring pessary he observed that the anterior margin of the ring inclined downwards, and was followed by the anterior wall of the vagina and the floor of the bladder, while



the posterior margin of the ring retained its position in the posterior *cul-de-sac*, occasionally even after the whole uterus was expelled. His object, therefore, was to reinforce the anterior resistance of the ring. This he thinks he has attained in this pessary by a spring extending from the central stem to the anterior margin. Like other stem pessaries it requires a waist-belt for its attachment, but differs from them in that the stem is merely supplementary to an ordinary elastic ring. It is claimed that its introduction is easy. It has been made for him by Messrs. Arnold and Sons of WestSmithfield, under the name of the "Derham-Reid pillared pessary."

THE REVACCINATION BILL, 1904.

THE following manifesto in support of general revaccination at school age has been extensively signed by influential individuals and by representatives of public or corporate bodies:

"Believing that in vaccination and revaccination we possess the best protection against epidemic small-pox, we should heartily welcome legislation making revaccination at school age obligatory on all but the children of conscientious objectors or those who may be for a time excused on the ground of ill-health."

Among the number of corporate bodies or representative individuals who have signified their intention of supporting the Bill are the following:

Chairmen of County Councils.—Cheshire, Lincolnshire, and Northants. Chairmen of the Health Committees of Bath, Grantham, Holborn, Liverpool, Macclesfield, Northants, Sunderland, Manchester, and Stoke-upon-Trent.

Boards of Guardians.—Ormskirk, Swindon, Toxteth Park (Lancs), Wharfedale, Chelsea, Hammersmith, Holborn, Lewisham, Paddington, St. George's Hanover Square, St. Marylebone, Whitechapel, Woolwich, Ashton-under-Lyne, Barrow-in-Furness, Calne, Daventry, Epsom, Fylde, Hardington, Hungerford, Leighton Buzzard, Lichfield, Louth, Macclesfield, Mansfield, Morpeth, Pontefract, Ringwood, Strood, Tendring, and Truro.

Mayors.—Chelsea, Cheltenham, Croydon, Deptford, Finsbury, Fulham, Hanley, Holborn, Ipswich, Ilkington, Kensington, Macclesfield, Reigate, Shoreditch, Stepney, Stoke Newington, Stoke-upon-Trent, Sutton Coldfield, Torquay, Wakefield, Wandsworth, and Workington.

Heads of Colleges.—At Oxford: Balliol, Brasenose, Jesus, Keble, Magdalen, New, Oriel, Pembroke, Queen's, Wadham, and Worcester. At Cambridge: Christ's, Clare, Corpus Christi, Downing, Emmanuel, King's, Pembroke, St. Catherine's, Queens', Selwyn, Sidney Sussex, and Trinity; Gtilton, Newnham, Somerville, Lady Margaret Hall, Westfield, Holloway.

Head Masters.—Eton, Harrow, Rugby, Marlborough, Fettes, Sedburgh,

Cheltenham, Dulwich, Repton, Westminster, Malvern, Tonbridge, Radley, Epsom, Bradfield, Merchant Taylors, Christ's Hospital, Lancing, Leys School (Cambridge), Dover College, Mill Hill, Wakefield, Framlingham, Eton, King Edward's School, Birmingham, etc.

Head Mistresses.—Queen's College, Church of England High School, Baker Street, Notting Hill, City of London, Roan's School, Skinners' School, North London Collegiate School, Ipswich, Wycombe Abbey, Winchester, Ladies' College, Guernsey; Southampton, etc.

Medical Officers of Health.—By 157 medical officers of health in charge of towns, each containing not less than 40,000 inhabitants.

Other Medical Men.—By 27 members of the Council of the British Medical Association; by 4 of the London coroners; Dr. Barnardo.

Others.—The Chief Rabbi, Sir Richard Farrant (Rowton Houses), Messrs. Maple and Co., Mr. William Whiteley, Messrs. John Barker and Co., the Army and Navy Stores, Messrs. Jay's, Marshall and Snelgrove, and Debenham and Freebody,

MEDICAL NEWS.

THE annual dinner of the Pharmaceutical Society of Great Britain will take place at the Whitehall Rooms, Hotel Métropole, on Tuesday, May 17th.

SUCCESSFUL VACCINATION.—Dr. S. H. Rentzsch, of Week St. Mary, Cornwall, has received for the third time in succession the Government grant for successful vaccination.

CHICKEN-POX NOTIFICATION.—In consequence of the increase of small-pox in London, the London County Council decided on March 29th to make an order for the notification of chicken-pox during the next four months.

A PRESENTATION.—Dr. William Odell, of Torquay, who has been giving ambulance instruction at the Central Technical School, has been presented by his pupils with a writing-case, bearing an inscribed silver shield.

POST-OPERATIVE PHLEBITIS.—A prize of 500 dollars is being offered by a Fellow of the Rhode Island Medical Society for an essay by any member of the medical profession on the subject of post-operative phlebitis. Particulars of the competition will be found in our advertisement columns.

SMALL-POX IN LONDON.—During the past ten days the number of small-pox notifications in London has continued to increase, chiefly in the East End, and at the beginning of the week it was stated that there were 124 patients under treatment at the small-pox hospitals, against a total of 66 on March 19th.

FLANNEL SHIRTS.—The Flannel Shirt Club is a society, the working members of which each subscribe 1s. annually, and undertake to provide at least one flannel (not flannelette) shirt during the same period. The honorary members subscribe 2s. 6d. a year, and undertake to provide at least two shirts annually. Gifts of flannel or money, to buy the same and to pay for its conversion into shirts by paid workers, are also sought. When received or completed the shirts are given to the sisters of hospitals for distribution to such poor patients as may stand in need of them on their discharge from hospital. The utility of such a society is obvious. Its secretary is Miss Gethen, Stanley House, Bow Road, London.

DEFECTIVE AND EPILEPTIC CHILDREN.—At a conference of the after-care committees of Birmingham, Leicester, and Nottingham, held at the former town on March 24th, Miss Dendy, Secretary of the Lancashire and Cheshire Society for the Permanent Care of the Feeble-minded, read a paper in which she urged that the Act of 1899 should be amended so as to compel every school authority to provide suitable accommodation for defective and epileptic children; manual training only should be given, book learning being perfectly useless. At the afternoon sitting papers were read which advocated the provision of further accommodation for non-pauper imbeciles, and the transference to the county councils of all authority over the feeble-minded.

FACTORY GIRLS.—The Factory Girls' Country Holiday Fund sends factory girls into the country for a holiday at such times as they can best afford to leave their work. Most of them go for a week; others who have been ill are allowed to stay longer. Last year 3,600 girls and women were sent away, while the amount they contributed themselves rose to nearly one-third of the total expenditure of the fund. The little holiday is of immense benefit to the girls, who save all the money they can towards it. Once they have been in the country they try to save money to go again, so the outing has a good educational as well as a good physical influence. The fund is at present overdrawn. The Honorary Secretary is Miss Paget, 28, Campden Hill Square, W.

ASSOCIATION NOTICES.

COUNCIL.

NOTICE OF MEETING.

A MEETING of the Council will be held in the Council Room of the Association, at 429, Strand (corner of Agar Street), London, on Wednesday, the 20th day of April next, at 2 o'clock in the afternoon.

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.

THE Library will be closed on Thursday evening, March 31st, and reopened on Tuesday morning April 5th.

GRANTS FOR SCIENTIFIC RESEARCH.

THE Council of the British Medical Association desires to remind members of the profession engaged in researches for the advancement of medicine and the allied sciences that it is prepared to receive applications for grants in aid of such research. Applications for sums to be granted, which must reach this office not later than 31st of May, must include details of the precise character and objects of the research which is proposed, and must be made on forms to be had of the General Secretary, at the office of the Association, 429, Strand, London.

Every recipient is expected to furnish to the Committee on or before 31st May following upon the allotment of the grant, a report (or, if the object of the grant be not then attained, an interim report to be renewed at the same date in each subsequent year until a final report can be furnished) containing: (a) A brief statement for the Report of the Scientific Grants Committee, showing the results arrived at, or the stage which the inquiry has reached; (b) a general statement of the expenditure incurred, accompanied, so far as is possible, with vouchers; (c) and references to any Transactions, Journals, or other publications in which the results of the research have been printed.

RESEARCH SCHOLARSHIPS.

The Council of the British Medical Association is prepared to receive applications for three Research Scholarships which become vacant, of the value each of £150 per annum, tenable for one year, and subject to renewal by the Council, provided the whole term of office has not exceeded three years.

The scholarships exist for the encouragement of research in Anatomy, Physiology, Pathology, Bacteriology, State Medicine, Clinical Medicine, and Clinical Surgery.

Applications for Scholarships must be made on forms to be had of the General Secretary, and returned on or before May 31st.

ERNEST HART RESEARCH SCHOLARSHIP.

The Council of the British Medical Association is also prepared to receive applications for the Ernest Hart Memorial Scholarship of the value of £200 per annum, tenable for one year, but subject to renewal by the Council for another year. The Scholarship is for the study of some subject in the department of State Medicine.

GUY ELLISTON, *General Secretary.*

429, Strand, March 25th, 1904.

BRANCH MEETINGS TO BE HELD.

BORDER COUNTIES BRANCH: WEST CUMBERLAND DIVISION.—The annual general meeting of this Division will be held at Whitehaven on May 17th. The Secretary will be pleased to receive communications from any member who wishes to read a paper or show cases or specimens.—T. G. MATHEWS, 6, Scotch Street, Whitehaven, Honorary Secretary.

EAST ANGLIAN BRANCH.—The spring meeting of this Branch will be held at the White Hart Hotel, Manningtree, on Thursday, April 14th. Members wishing to read papers or show cases or specimens should kindly communicate as soon as possible with Dr. NICHOLSON, East Lodge, Colchester, Honorary Secretary.

EDINBURGH BRANCH: SOUTH-EASTERN COUNTIES DIVISION.—A meeting of this Division will be held in the Station Hotel, Newtown St. Boswells, on Friday, April 8th, at 3.45 p.m. Business: To consider the Medical Defence scheme of the Association. To consider the following recommendation of the Ethical Committee: "That the question of the advertising of medical practitioners in connexion with hydropathic establishments be referred to the Divisions." To consider the recommendations of the Medico-Political Committee: "That the Divisions be asked to consider whether it is advisable that the medical witnesses engaged on each side in legal cases should meet in consultation." The Secretary will be glad to receive intimation of cases to be shown or papers to be read as soon as possible previous to the meeting.—W. HALL CALVERT, Honorary Secretary, Melrose.

METROPOLITAN COUNTIES BRANCH: HAMPSHIRE DIVISION.—The next meeting of this Division will be held at the West Hampstead Town Hall, Broadhurst Gardens, N.W., on Friday, April 8th, at 4.30 p.m. Dr. Ford Anderson will preside. Agenda: (1) Minutes; (2) notices of motions for annual Representative Meeting; (3) the advertising of medical practitioners in connexion with hydropathic establishments (Ethical Committee); (4) is it advisable that the medical witnesses engaged on each side in legal cases should meet in consultation? (Medico-Political Committee); (5) the scheme of medical defence (Medical Defence Committee). General business.—J. DILL RUSSELL, Osman House, Fortis Green, N., Honorary Secretary.

SOUTHERN BRANCH: PORTSMOUTH DIVISION.—The next meeting of this Division will be held at 5, Pembroke Road, Portsmouth, on Tuesday, April 12th, at 3.30 p.m. Members wishing to show cases or to read papers should communicate before April 5th with the Honorary Secretary, J. G. BLACKMAN, Poplar House, Kingston Crescent, Portsmouth.

SPECIAL CORRESPONDENCE.

LIVERPOOL.

Presentation to Alderman Dr. T. Clarke, late Chairman of the Hospitals Committee.

DR. THOMAS CLARKE, who has been a member of the City Council and chairman of the Port Sanitary and Hospitals Committee for the past eleven years, has resigned his office as alderman, and with it his seat on the Council. He has deserved well of the community by the manner in which he has superintended the important work of the committee and by the great advance which has been effected in the hospital administration and accommodation during his term of office. When he became chairman there was only accommodation for between 300 and 400 infectious cases in the city, and there is now accommodation for about 1,000. Dr. Clarke's late colleagues on the Council have presented him with a handsome silver tea-and-coffee service as a mark of their high esteem and personal regard, and in recognition of his valuable services to the city.

The presentation was made on March 23rd by the Lord Mayor, who was accompanied by the Lady Mayoress. The Lord Mayor said that Dr. Clarke had served the city with an ability and zeal which had won not only the confidence of the public, but also the admiration and regard of his colleagues. They had all learned to appreciate the firmness and yet withal the courtesy and consideration with which he had handled the business which he had had charge of in the Council. The gift, which is a richly chased solid silver Georgian tea-and-coffee service, bears the following inscription:

Presented to Alderman Thomas Clarke, J.P., from his colleagues in the City Council, as a mark of their high esteem and personal regard, upon the occasion of his retirement, November, 1903.

The service was accompanied by a beautiful silver tray.

Dr. Clarke, in accepting the gift, said that when he undertook the Chairmanship of the Hospitals Committee he felt that Liverpool was not adequately provided with hospital accommodation for isolation of infectious disease, and that in the interests of the general community and of the trade of the port that accommodation should be increased. Fifteen years ago the health of the city so far as infectious diseases were concerned was not much thought of by foreign nations; but during the last few years they had, through their consuls in this port, been paying very special attention to the efforts made to cope with infectious diseases in Liverpool. It would have been a serious matter if the city had failed to provide the necessary accommodation. As a medical man he saw it was absolutely impossible for the working classes to provide accommodation at home for the isolation of the infectious sick. He thought the Council was now in a position, or shortly would be, to meet all possible requirements, and that Liverpool would stand perhaps first among the cities of the empire in regard to the ample accommodation provided for dealing with infectious disease.

the case was over he called at the treasurer's office to receive payment of his fees. He was allowed on the paysheet the sum of two guineas for the two days, together with one shilling on account of travelling expenses. He refused to allow the sum of one guinea which had been paid to him by the solicitors for the prosecution when he was served with the subpoena to be deducted from the fees so paid. On his making a complaint to the clerk of the peace, whose business it is to settle the allowances within the limits prescribed by the rules, our correspondent was informed that "the allowance of £2.5s. a day to which you claim to be entitled is the maximum allowance which the clerk of the peace could make if, for example, the President of the Royal College of Physicians or Royal College of Surgeons were to be summoned to give evidence at the city sessions. The actual allowance which the clerk of the peace shall make is left entirely to his discretion upon the lines suggested by the Home Office Order which you brought us." In the event our correspondent had to be satisfied with the amount awarded by the clerk of the peace, and he was compelled to return to the solicitors for the prosecution the sum of one guinea which had been paid to him with the subpoena.

A reference to Paragraph I of the Regulations made by the Secretary of State, governing the allowances payable to prosecutors and witnesses in criminal prosecutions, shows that the rule is certainly capable of the construction put upon it by the clerk of the peace. It is provided that:

"There may be allowed to practising members of the.....medical profession for attending to give professional evidence, but not otherwise, allowances not exceeding the sums stated in the following scale: For attending to give evidence elsewhere than in any town or place where the witness resides or practises, whether in one or more cases, not more than two guineas per diem."

"In this regulation 'town' means municipal borough or urban district; and 'place' means the area within a radius of three miles from the court at which the witness attends to give evidence." The regulations also provide that where evidence is given in the town or place where the witness resides or practises, a fee of not more than one guinea per day for each case may be allowed.

The clerk of the peace thus has a "discretion" in making these allowances. Nevertheless, the reasons stated by the clerk of the peace in the case under review are manifestly absurd. The three-mile limit is laid down by the Home Secretary in the regulations which he has drafted for the very purpose of providing that adequate remuneration shall be paid to a medical man who is compelled to travel more than a reasonable distance from the place where he practises.

AN ILLEGAL OPERATION.

ON March 25th, Bertha Baudach, a German aged 53, was, according to the *Morning Advertiser*, indicted at the Central Criminal Court for the manslaughter of the wife of a working tailor. From the evidence given it appears that the prisoner attended the deceased in August and December last, and on each occasion performed an illegal operation. After the last operation blood poisoning set in, and the patient died. On being questioned by the police, the prisoner left her house, and ultimately went to Germany. After the inquest was completed she returned, and was arrested. The jury having found the prisoner guilty, it was announced that she had already undergone a sentence of five years' imprisonment for a similar offence, and was tried again only last year upon a corresponding charge. On that occasion she was acquitted, but was severely censured for her conduct by Mr. Justice Lawrence. On the present occasion Mr. Justice Grantham, on receiving the verdict of the jury, remarked upon the gravity of the offence, and sentenced her to seven years' penal servitude.

MEDICAL TESTIMONIALS IN TRADE ADVERTISEMENTS.

A CORRESPONDENT sends a copy of a pamphlet, entitled *Woman*, issued by the Rio Chemical Company of New York, which contains a number of testimonials purporting to be given by British medical practitioners. We have referred the matter to the Ethical Committee.

PROFESSIONAL SECRECY.

SUSSEX.—Where a medical practitioner is employed by a Government department or a company to take charge of the health of its employees it is not a breach of professional secrecy for him to make all necessary reports upon cases which come before him, as the employees submit themselves to examination by him on the understanding that such reports will be made. On the other hand, he has no right to examine any member of the staff without his or her consent, and he ought to explain that it will be necessary for him to report the result of his examination. The position of the medical practitioner in these cases is analogous to that of an examiner for an insurance company, and no breach of professional secrecy is involved.

MEDICAL AID SOCIETIES.

RHYTIDOSIS.—The resolution passed by the General Medical Council on June 6th, 1899, on the subject of the association of medical practitioners with medical aid societies is as follows: "That the Council strongly disapproves of medical practitioners associating themselves with medical aid associations which systematically practise canvassing and advertising for the purpose of procuring patients."

THE USE OF "MR." IN OFFICIAL ANNOUNCEMENTS.

CRUX MELITENSIS.—In English official announcements by the Government and Court it is customary to use the form "Mr. A B C, M.D.," so that the Malta Government has authority for the practice.

HORSE HIRE.

A. B. and C. are equal partners, and by the partnership deed it is agreed that each shall find and pay for the horses he requires to do the work of the firm. A. will not have his horses out at night, or go long distances, and hires in consequence. Ought this horse hire to be paid by A. or by the firm?

*** Strictly speaking A. would have to pay, but if the hire were necessitated, owing to his own horses being overworked, or on account of professional work at a time when it was practically impossible for him to use his own horses, then it would be usual for the expense to be borne by the firm.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

Examination in Preventive Medicine and Public Health (D.P.H. Examination). The examination for the Diploma in Public Health will commence on Tuesday, November 22nd, at 10 a.m. in the schools.

The examination is in two parts, conducted partly in writing, partly viva voce, and in each subject partly practical.

The first part comprises the application of chemistry and physics to general hygiene.

The second part comprises the following subjects: General pathology, with special relation to infectious diseases, the laws relating to public health, sanitary engineering, vital statistics.

Both parts may be taken together at the same examination, or they may be taken at separate examinations; but no one is deemed to have satisfied the examiners in Part II unless he has satisfied the examiners in the subjects of Part I.

The fee for admission to each part is £5.

A diploma is issued to every candidate who has passed in both parts of the examination, but no diploma or certificate is given under any other circumstances.

Candidates (who are not necessarily members of the University) must have their names on the *Medical Register*, and must have satisfied all the rules of the General Medical Council of the United Kingdom relating to the admission of candidates for Diplomas in Public Health which are in force at the time.

Candidates must send in their names by letter to the Secretary to the Board of Faculties at his office in the Clarendon Building, Broad Street, not later than 10.30 a.m. on Tuesday, November 8th, at the same time enclosing the statutable fee and full evidence of having satisfied the above requirements.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN extraordinary Comitia was held at the College on Monday, March 28th, the President, Sir William Church, being in the chair.

President's Address.

The President delivered an address dealing with the chief events of the collegiate year, and gave brief obituary notices of the following eight Fellows of the College who had died during the year: Dr. Lloyd Birkett, Dr. W. S. Playfair, Professor Corfield, Dr. John Tatham, Dr. A. Sangster, Dr. John W. Hill, Sir Edward Sieveking, and Dr. Alexander Davidson.

On the motion of Dr. J. Pollock a cordial vote of thanks was passed to the President for his address.

Re-election of President.

Sir William Church then vacated the chair, and voting took place for the office of President for the ensuing year.

After a first ballot the numbers recorded were—for Sir William Church 44, Sir William Broadbent 42, Sir R. Douglas Powell 35, Dr. Pye-Smith 29; a few votes were given also to Dr. Howship Dickinson, Professor Clifford Allbutt, Sir Dyce Duckworth, Dr. Barnes, Dr. Payne, and Dr. Pavy. A second ballot was then taken for the two names with the highest number of votes, and it resulted in Sir William Church being placed first with 91 votes, and Sir William Broadbent second with 69 votes.

Sir William Church then thanked the Fellows for electing him for a sixth time to the office of President, and intimated that this was the last time he could consent to accept it.

Licence.

A licence to practise physic was granted to Colin Alexander Campbell, M.B. Toronto.

Oliver-Sharpey Lectureship.

The College Seal was set to a "Declaration of Trust" accepting a sum of £2,000 from Dr. George Oliver for the endowment of "The Oliver-Sharpey Lectureship or Prize" on the terms agreed to at the last meeting.

Official Communications.

Communications were received from:

1. The Colonial Secretary, moving the College to establish an examination and diploma in tropical medicine. The question was referred to the Committee of Management to consider and report to the College.

2. The Clerk of the Privy Council, asking, on behalf of the Physical Deterioration Committee, observations from the College on a scheme for establishing a permanent anthropometrical survey of the United Kingdom. This was referred to the Committee already appointed to deal with the question of the physical deterioration amongst recruits.

3. The Secretary of the Royal College of Surgeons of England, reporting certain proceedings of their Council on February 11th and March 10th.

4. The English Committee of the International Congress on School Hygiene, to be held at Nuremberg, April 4th to 9th, inviting the College to appoint a representative on the Committee, and send delegates to the Congress. Dr. Warner was appointed a representative of the College on the Committee, and Sir Lauder Brunton was nominated as delegate to the Congress.

5. The Secretary of the Sanitary Institute, inviting the College to send delegates to the Annual Congress to be held at Glasgow, July 25th to 30th. The invitation was accepted, and it was left to the President to nominate delegates at the next Comitia of the College.

6. The Secretary of the Midland Medical Union, Nottingham, forwarding a memorial praying the College to adopt a form of academical costume for its diplomates. It was resolved that an answer be sent pointing out that as nearly all the diplomates were also Members of the College of Surgeons, and as such entitled to wear a distinctive gown, any further addition in this direction from the College would seem unnecessary and undesirable.

THE VICTORIA UNIVERSITY OF MANCHESTER.

Appointment of Lecturer.—At a meeting of the Council on March 24th Dr. S. Moritz was appointed Lecturer on Diseases of the Throat and Nose.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

Fellowship Examination.—The following candidates, having passed the necessary examination, have been admitted Fellows of the College: J. H. Barrs, L.S.A. Lond., and W. F. Law, M.D., B.Ch., Univ. Dub. The next examination is fixed for May 16th.

any of the large towns. Of the 6 fatal cases of small-pox registered in the seventy-six towns last week, 1 belonged to each of the following towns, namely, London, West Ham, Nottingham, Birkenhead, South Shields, and Tynemouth. The Metropolitan Asylums Hospitals contained 170 small-pox patients at the end of last week, against 47, 54, and 74 at the end of the three preceding weeks; 54 new cases were admitted during the week, against 13, 21, and 26 in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had been 1,578, 1,601, and 1,624 on the three preceding Saturdays, had declined again to 1,385 on Saturday last, March 26th; 145 new cases were admitted during the week, against 153, 192, and 176 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending March 26th, 1,003 births and 737 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 21.2, 21.5, and 23.0 per 1,000 in the three preceding weeks, declined again to 22.3 per 1,000, but was 3.6 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 15.6 in Leith and 20.0 in Perth to 28.1 in Dundee and 31.6 in Paisley. The death-rate from the principal infectious diseases averaged 2.6 per 1,000, the highest rates being recorded in Aberdeen and Greenock. The 324 deaths in Glasgow included 2 from small-pox, 15 from measles, 2 from scarlet fever, 3 from diphtheria, 4 from whooping-cough, 2 from "fever," and 8 from diarrhoea. Seven fatal cases of whooping-cough were recorded in Edinburgh: 3 of measles and 4 of diarrhoea in Dundee; 9 of whooping-cough in Aberdeen; 3 of whooping-cough in Paisley; 1 of small-pox and 3 of whooping-cough in Leith; and 4 of small-pox, 3 of measles, 2 of whooping-cough, and 2 of diarrhoea in Greenock.

SUICIDE IN THE UNITED STATES.

ACCORDING to statistics recently published, the number of suicides in the United States during 1903 was 8,597, as compared with 8,290 in 1902, 7,245 in 1901, 6,755 in 1900, and 5,340 in 1899. Carbolic acid was the most common poison used, and poisoning was the most common method. This calls attention to the ease with which carbolic acid may be procured, and gives emphasis to the agitation for the lessening of this possibility. Altogether 4,050 persons took poison, 3,627 killed themselves by shooting, 370 by hanging, 185 by railroad trains, 54 by jumping from windows and roofs, 15 by fire, 18 by stabbing, 7 by dynamite, and 4 by starving. Of the 8,597 cases of suicide in 1903, 5,385 were men and 3,212 women. Among professional men, physicians headed the list, numbering 35, ministers 5, lawyers 4, artists 4, college professors 2, bank officials 12. The causes of suicide were as follows: Despondency 4,561, unknown 1,454, insanity 401, ill-health 384, domestic infelicity 628, liquor 519, disappointed love 299, business losses 351.

A MUNICIPAL CRECHE.

THE Acton Improvement Bill, which is at present under the consideration of a Select Committee of the House of Commons, contains clauses which give the authorities of Acton power to establish a municipal *crèche*. There are 450 laundries in the district, and a great number of the women employed are mothers. The average infant mortality in Acton is higher than in other parts of the country, and this fact is believed to be due to mothers leaving their babies during working hours to the care of young children. The proposal made is to establish a day home for 60 children, and to charge about 4d. a day for each child. It is estimated that the plan, if authorized, would necessitate the addition of 1d. to the rates. The Select Committee, however, refused to pass the clauses, and this, apparently, on the somewhat unsatisfactory ground that the contained idea was novel from a legislative point of view.

VACANT APPOINTMENT OF DISTRICT MEDICAL OFFICER.

P. L. G. writes that when a vacancy was recently occasioned in a provincial union by the resignation of a district medical officer, the chairman of the Board moved that at the next meeting "the guardians proceed to fill up the vacant appointment." In accordance with this notice the son of the previous medical officer became appointed to succeed his father, the vacancy in question not having been advertised. Our correspondent asks us whether this form of procedure was "legal."

* * As formal notice was given at a certain meeting of the Board of Guardians that they would proceed at their next meeting to fill up the vacancy in question, it was not necessary to advertise such vacancy by any further intimation. The method of election appears to have been in accordance with the regulations of the Local Government Board.

VACCINATION RETURNS IN SCOTLAND.

A. M. sends us copy of a correspondence he has had with the Local Government Board of Scotland with reference to payment for half-yearly vaccination returns which he has to furnish to that Board. He considers that as these returns have to be certified on soul and conscience he should receive a guinea for each return. He states that his yearly salary as public vaccinator is 50s., and that for that sum he has to go to a station 3 miles distant twice a year. He is allowed to charge half-a-crown for each vaccination, but as sometimes only one or two persons meet him this does not amount to much. The Local Government Board, in their reply, referred A. M. to Section XXI of the Vaccination Act, which places on parish vaccinators the duty of furnishing the Board periodically with returns as to cases vaccinated, and as to remuneration, they state that this is a matter of arrangement between A. M. and his parish council.

* * We are advised that as the returns to the Local Government Board of Scotland are statutory, no special fee can be charged, even though they have to be certified on soul and conscience. The parish council should take into consideration in fixing a salary that these returns have to be supplied, and should give an adequate one. In view of the small salaries given in Scotland to parish vaccinators, we consider that a special fee should be given for these returns, but this we fear cannot be made compulsory without an alteration in the Act.

MEDICAL VACANCIES AND APPOINTMENTS.

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.

BEDFORD COUNTY HOSPITAL.—(1) House-Surgeon. Salary, £100 per annum. (2) House-Physician. Salary, £60 per annum.
BIRMINGHAM GENERAL HOSPITAL.—(1) House-Physician; (2) House-Surgeon; (3) House-Surgeon for Special Departments. Appointments for six months. Salary at the rate of £50 per annum each.
CHESTER COUNTY ASYLUM.—Third Assistant Medical Officer, resident. Salary, £160 per annum.
EAST LONDON HOSPITAL FOR CHILDREN, Shadwell.—Assistant Physician.
GRANT YARMOUTH HOSPITAL.—House-Surgeon, resident. Salary, £50 per annum.
HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Resident House-Physicians. Honorarium, £25 for six months each.
HULL: VICTORIA HOSPITAL FOR SICK CHILDREN.—(1) Lady House-Surgeon; (2) Lady Assistant House-Surgeon. Both resident. Salary, £50 and £40 per annum respectively.
IPSWICH: EAST SUFFOLK AND IPSWICH HOSPITAL.—Second House-Surgeon, resident. Salary, £80 per annum.
LIVERPOOL HOSPITAL.—Senior House-Surgeon, resident. Salary, £100 per annum.
MAIDSTONE: WEST KENT GENERAL HOSPITAL.—House-Surgeon, resident. Salary, £120 per annum.
MANCHESTER ROYAL INFIRMARY.—Resident Medical Officer at the Convalescent Hospital, Cheadle. Salary, £100 per annum.
NEWPORT AND MONMOUTHSHIRE HOSPITAL.—Junior Resident Medical Officer. Salary, £70 per annum.
PLAISTOW ST. MARY'S HOSPITAL FOR SICK CHILDREN.—Assistant Resident Medical Officer. Salary at the rate of £30 per annum.
PORTSMOUTH: ROYAL PORTSMOUTH HOSPITAL.—Assistant House-Surgeon; resident. Salary at the rate of £50 per annum.
PRESTON ROYAL INFIRMARY.—Assistant House-Surgeon, resident. Salary, £20 per annum.
READING: ROYAL BERKSHIRE HOSPITAL.—Assistant Physician.
ROYAL WATERLOO HOSPITAL FOR CHILDREN AND WOMEN, Waterloo Bridge Road.—Resident Medical Officer.
ST. PANCRAAS AND NORTHERN DISPENSARY, Euston Road, N.W.—Honorary Surgeon.
SOCIETY OF APOTHECARIES, Blackfriars, E.C.—Examiner in Surgery.
STIRLING ROYAL INFIRMARY.—Resident House-Surgeon. Salary, £80 per annum.

APPOINTMENTS.

BURTON, Charles N., L.R.C.P. Lond., M.R.C.S. Eng., Anaesthetist to the Gordon Hospital, Vauxhall Bridge Road.
CLEARY, M. R., F.R.C.S., L.R.C.P. Irel., Certifying Factory Surgeon for the Hospital District, co. Limerick.
COLCLOUGH, W. Frank, M.D., B.C. Cantab., Medical Officer to Out-patients, Yatman Hospital, Sherborne.
COOK, A. R., M.B., M.R.C.S., L.R.C.P., Honorary Medical Officer to the Infants' Hospital, Hampstead.
GOODMAN, T. H., M.R.C.S. Eng., L.S.A., Certifying Factory Surgeon for the Haverhill District, Suffolk.
HACKWORTH, Stuart, M.D. Lond., D.P.H. Camb., M.R.C.S., L.R.C.P., Medical Adviser to the Hanley Education Committee.
KELLYNACK, T. N., M.D., M.R.C.P., Honorary Physician to the Infants' Hospital, Hampstead.
LAIDLAW, J. H., M.D., Clinical Assistant to the Chelsea Hospital for Women.
LONGHURST, Frederic W., L.R.C.P. Lond., M.R.C.S. Eng., Anaesthetist to the Gordon Hospital, Vauxhall Bridge Road.
MORITZ, S. M.D. Wurzburg, M.R.C.P. Lond., Lecturer on Diseases of the Throat and Nose at the Victoria University.
O'DOWD, John Austin, M.B. Lond., M.R.C.S., District Medical Officer and Public Vaccinator of the Dudley Union.
PRIOR, W. R., M.B., Ch.B. D.P.H. Aberd., House-Surgeon to the Royal Aberdeen Hospital for Sick Children, vice T. S. Slesser, M.A., M.B., resigned.
RAYNER, Percy C., M.B., Ch.B. Edin., Medical Officer and Public Vaccinator for the Brailford District of the Ashbourne Union.
ROBERTSON, Eva A., M.B., Ch.B. Edin., Resident Medical Officer for the Craiglockhart Forcloses.
TELLING, W. H. Maxwell, M.D. B.S. Lond., M.R.C.P., Assistant Physician to the Hospital for Women and Children, Leeds.
TENNANT, J. M.B., C.M. Edin., Medical Officer of Health for the Brumby and Frodingham Urban District.

DIARY FOR NEXT WEEK.

WEDNESDAY.

Obstetrical Society of London, 20, Hanover Square, W., 8 p.m.—Lieutenant-Colonel Sturmer, I.M.S.: Short communication on 41 cases of Puerperal Eclampsia treated by Thyroid Extract. Dr. R. Hamilton Bell: Torsion of the Pedicle in Hydro-salpinx, and other Morbid Conditions of the Fallopian Tube. Specimens by Dr. W. H. Tate, Dr. Horrocks, Mr. Bland-Sutton, and Dr. Handfield-Jones.

THURSDAY.

Röntgen Society, 20, Hanover Square, W., 8.30 p.m.—Exhibition evening.

FRIDAY.

West London Medico-Chirurgical Society, Hammersmith, W., 8 p.m.—Clinical evening. Cases will be shown by Dr. Seymour Taylor, Dr. Ball, Dr. Saunders, Mr. Lunn, Mr. Paton, Mr. Pardoe, and others.
Incorporated Society of Medical Officers of Health, 9, Adelphi Terrace, Strand, W.C., 8 p.m.—Dr. J. Howard-Jones: On the Control of Measles Epidemics.

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.

BEEGLING.—On March 22nd, at Coinda, Huddersfield, the wife of D. H. Beegling, B.A. Spence, M.B., C.M. Edin., of a son.
DEANESLY.—On March 25th, at 7, Waterloo Road, Wolverhampton the wife of Edward Deanesly, M.D., F.R.C.S., of a son.
FAIRBIE.—On March 24th, at 59, Cleveland Road, South Woodford, London, N.E., the wife of Captain S. H. Fairrie, R.A.M.C., of a son.
LANDER.—On March 22nd, at Hatherage, Derbyshire, the wife of H. W. G. Lander, M.B., of a son.

DEATH.

RICHARDS.—On March 22nd, at 6, Freeland Road Ealing, Joseph Peek Richard M.R.C.S., L.R.C.P., L.S.A., aged 63.