

Directory with the hope that some football secretary may see it and request the doctor to act on the field in his dual capacity.

As to the "expert witness" and the "rising witness" in medical matters, perhaps he had better go; but as this individual is usually of vigorous growth he will give some trouble in his passing. At any rate, if it is for the common good of the profession, he must go.

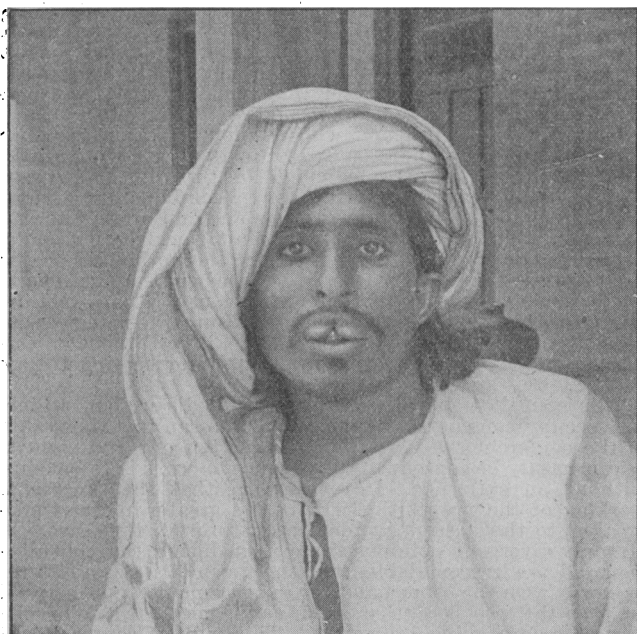
Finally, can we hope that if the recommendation is adopted an immediate future will see us holding up our hands in pious horror at the memory of past public exhibitions of doctors' differences and feel thankful that these have passed away like the baseless fabric of a vision?

MEMORANDA:

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

MEDIAN HARE-LIP.

The annexed illustration is from a photograph of a man with a curious simulation of median hare-lip. I have since met two other examples of this deformity. On either side of the median fissure is a tumour-like protuberance, which was painless, and distinctly shotty on palpation.



This man said that five years before his lip was normal, and that a fissure gradually came in the centre without ulceration. Since seeing this case I have met with others whose history corresponded except in length of years. There was no evidence of either syphilis or tuberculosis in any of the cases, and except for appearance the condition gave no trouble. I believe the condition to be a symmetrical adenoma of the mucous glands of the lip. I was not able to verify this, and should be glad to have suggestions on the point, and to hear if other instances of a similar deformity have been recorded.

W. H. LOWMAN, M.B., B.S., F.R.C.S.

Dera Ismail Khan, North-West Frontier Province, India.

ACUTE YELLOW ATROPHY OF THE LIVER.

As this disease is one of comparative rarity, it will be interesting to record the history of the following case, which shows so strong a similitude to the ordinary type.

L. P., aged 10 years, eighteen months previous to the present illness had an acute attack of catarrhal jaundice. Convalescence was not altogether complete, there still being a recurrence of dyspeptic symptoms, biliousness, with marked mental depression, a condition continuing more or less up to the onset of the second illness. There was still a perceptible yellowness of the skin and a slight tendency to pipeclay stools. Her parents testify to the extremely trem-

ulous condition of the limbs at this time, resembling very closely that of a person with senile tremors.

The present illness commenced on November 13th, 1903, with delirium, rise of temperature, quick pulse, nausea and vomiting, pain in hepatic region, bile-stained urine, and clay-coloured stools suggesting at the time a typical case of the non-obstructive form of jaundice, and it was treated as such. On November 15th mental delirium was absent, symptoms abated, and the patient seemed improved. Up to November 20th the state of the patient fluctuated, but her condition then became distinctly alarming; delirium became more pronounced, with grinding of the teeth, occasional convulsions, sordes on lips and gums, epistaxis, haemorrhage from the mucous membrane of the mouth, stomach, and intestine; the pupils were dilated, and the liver dullness showed now distinct diminution. Examination of the urine showed the presence of leucin and tyrosin; there was no optic neuritis; a pronounced feature was twitching of the masseters; the jaundice became gradually deeper, and finally the patient was quite unable to retain anything in the stomach; the temperature was subnormal, and nutriment with medicinal treatment was now resorted to per rectum. On the evening of December 3rd coma rapidly set in and death occurred on the morning of December 4th.

The special features of the case were its strong likeness in the early stage to simple catarrhal jaundice and the fact that coma did not set in until very late in the disease. Unless to cause slight abatement of symptoms, all the forms of treatment resorted to proved equally futile. Unfortunately a necropsy was out of the question; still no confirmatory evidence was necessary, as the whole case was so typical.

Middleton, Manchester. G. O. ROBERTSON, M.A., M.B., Ch.B.

SPONTANEOUS RUPTURE OF THE ABDOMINAL WALL.

CASES such as that reported here must be so extremely rare that I offer no excuse for publishing it.

T., aged 40 days, a male Chinese infant, was brought to the Mission Hospital, Tainan, Formosa, on January 15th at 9 p.m. with the following history:

There had been no difficulty at its birth, and the child appeared to be perfectly healthy. The cord dropped off at the end of about a week, and the mother was quite certain, and never varied in her statement though carefully cross-questioned, that never then or since had there been any protrusion of the navel.

The child was perfectly well till five days before admission. Up till that date motions had been passed daily, and were quite healthy in appearance. The child then had what would seem to have been an attack of acute enteritis. He had constant diarrhoea with a great deal of straining, and in the intervals between these motions was always crying.

This was the condition of things when the mother went to sleep on the night of January 14th. In the middle of the night she got up, and on going to change the child found that a small portion of bowel was protruding at the navel. The more the child cried the more bowel protruded. The woman lived some miles away, and the next day seems to have been taken up by a general family council as to what should be done with the patient, so that it was not till 9 p.m. on January 15th that the child arrived at the hospital.

I found a clean hole about the size of a shilling at the navel through which the greater part of the small intestine with the caecum and ascending colon protruded. The bowel was very congested and covered with flakes of lymph. The child was very collapsed. The bowel was cleansed as much as possible, an abdominal incision made upwards and downwards without an anaesthetic, and the bowel replaced with considerable difficulty. The incision was then closed with sutures. The child lived for about six hours after the operation, but never rallied properly. There was no necropsy.

Formosa.

JAMES L. MAXWELL, M.D. Lond.

SCIATICA AND LUMBAGO.

I HAVE no doubt many have found the above disorders very intractable to treatment in certain cases. When metabolic in origin, or symptomatic of the rheumatic habit, after employing all the well-known remedies with no benefit to my patient, I have within the last few years found a sheet-anchor in pilocarpin nitrate gr. $\frac{1}{2}$ injected subcutaneously every night or every other night, with the exhibition of a saline purge and croton oil $\frac{1}{4}$ once a week. Of course painful points are chosen for the injection.

The most hopeless case of sciatica I ever met yielded to a persistent course of this scheme of treatment in three weeks. There is, I suppose, no universal specific for either the one or the other, but in desperate cases the above, in my experience, is worth a trial. The only bar is in a case where cardiac disease is present, but few medical men have not found out that pilocarpin is badly borne in the presence of organic disease of the heart.

Marlborough.

J. FARQUHAR, M.D.

REPORTS

ON

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

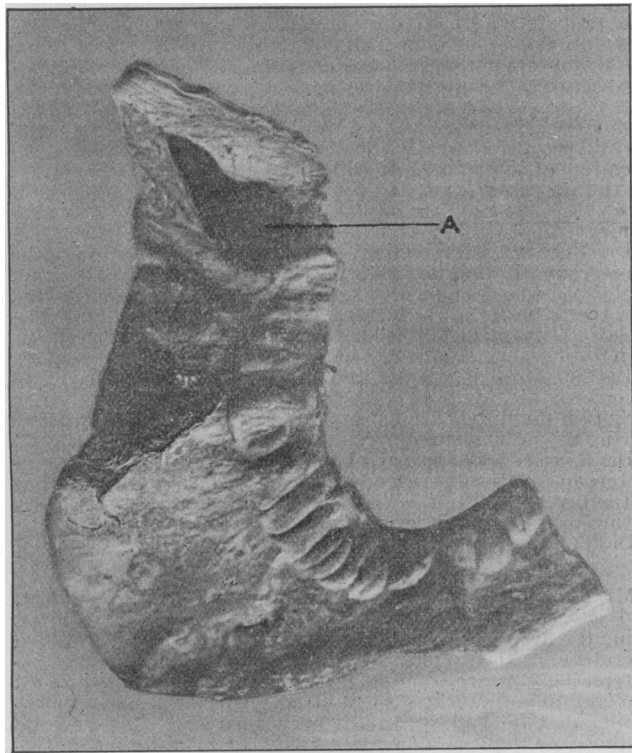
GOCULDASS TEJPAL HOSPITAL, BOMBAY.

CASE OF STRANGULATED INGUINAL HERNIA: PERFORATION OF THE BOWEL: RESECTION OF 7 IN. OF GANGRENOUS GUT: RECOVERY.

(By W. H. BURKE, B.A., M.B., B.Ch., etc., Lieutenant-Colonel I.M.S., Surgeon in charge the Hospital.)

History.—Ebrahim Khan, aged 30, a fairly robust Mohammedan, was admitted to the hospital on March 30th, 1903. Three days before admission, while walking with a heavy load on his head, he felt a sensation of something having given way, and simultaneously felt severe pain and noticed a swelling on the right side of his scrotum. He stated that this was the third time that the hernia had come down, but that on the two previous occasions he had been able to return it and that he wore an improvised suspensory bandage to keep it in place. His bowels had been constipated since the hernia came down. On the night of March 30th he was very restless, and vomiting of a stercoraceous character set in.

Operation.—Patient was seen by me on March 31st, and at 11.30 a.m. was brought under the influence of chloroform. On opening the sac a quantity of liquid faeces escaped. The hernia was found to be a large enterocele containing many coils of small intestine, much inflamed and matted together, while one loop was in a gangrenous condition, and in this portion a perforation of the gut (as shown below) had taken



Showing the 7 in. of gangrenous gut removed. Specimen preserved in alcohol. The dark portion A shows the perforation.

place. After freeing the constriction, which was at the internal abdominal ring, I decided to resect the whole of this gangrenous gut and to suture the cut ends. I divided the mesentery gradually, ligaturing it piecemeal with catgut sutures. The cut ends of the gut were brought

into careful apposition by a series of catgut Lembert sutures, after which I was pleased to see the united gut inflate like a bicycle tube. I then returned the whole hernia cautiously into the abdomen, divided and closed the sac above with catgut sutures, returned it into the abdomen, and sutured the pillars of the ring with two deep silkworm gut sutures. I removed a portion only of the lower portion of the sac, and did not dissect out the whole sac as I usually do, as the patient's condition was such as to indicate the advisability of rapidly terminating the operation. I put in a small rubber drainage tube, making a counter-opening in the scrotum below, and closed the wound, using silkworm gut for the buried, and silk for the skin sutures.

The antiseptic used before opening the sac was bichloride of mercury; afterwards boracic acid and saline solution were used. One hypodermic injection of digitalis and ether was given during the operation.

Progress.—The patient was fed entirely by enemata (eggs, milk, and brandy) for four and a-half days; on the evening of the fifth day 1 drachm of Brand's essence of beef was given every three hours. On the sixth day, besides this, he was allowed by the mouth 1 oz. of a mixture of one part of cream to two parts of barley water. On the ninth day he was given four oz. of Benger's food every two hours in addition; the nutrient enemata were gradually discontinued, while his food by the mouth was gradually increased, but he did not resume his ordinary diet until 4 weeks after the operation. During the first twenty-four hours after the operation the patient passed five stools, which were offensive and contained blood-stained serum, but from that time on the stools became normal in appearance and free from abnormal fetor. The wound was dressed on April 1st, and the drainage tube removed; subsequently it was dressed every third, and finally every fourth, day only. There was no suppuration; the patient never complained of any pain; a little thickening remains around the cord where the lower portion of the sac was left; the hernial opening is apparently permanently closed. The patient walked on the twenty-seventh day and left the hospital on May 5th. The temperature after the operation never rose above 100° and it reached that point on two occasions only; it was usually normal or subnormal. I was assisted at the operation by my house-surgeon, Assistant-Surgeon Lafond; and for the careful nursing of the case I am indebted to Charge-Nurse Flynn.

REMARKS.—I consider that this case is interesting as the result is much better than what I could have expected if I had followed the course usually adopted in a case such as I have described, namely, the removal of the gangrenous gut and the making of an artificial anus, which would either have remained or have had to be dealt with by a subsequent partial laparotomy with greater resultant tendency to hernia. Mr. William Thorburn, in his interesting paper on an analysis of 110 operations for strangulated hernia, published in the BRITISH MEDICAL JOURNAL for April 25th, 1903, says: "The condition of the intestine varied within the widest limits, but actual gangrene or perforation had occurred in 10 instances only;" also that "in 9 of the 27 (fatal) cases the intestine was gangrenous or perforated by ulceration..... of 10 cases with perforation or gangrene, only 1 recovered." In only 2 cases of the 110 published by Mr. William Thorburn was resection of the gut practised, and both of these cases died within a few hours.

WEST LONDON HOSPITAL.

BREAKAGE OF A COIN-CATCHER: GASTROTOMY: RECOVERY.

(Reported by DONALD ARMOUR, M.B., F.R.C.S., Assistant Surgeon to the Hospital.)

This case illustrates the possibility of a dangerous accident occurring in the employment of the coin-catcher now in general use, an accident apparently as unexpected as unpreventable; and, secondly, it shows that operations upon the stomach in young children, when rapidly performed, are not so fraught with danger as is generally supposed.

History.—On the evening of June 16th, 1903, J. H., a boy of 5 years was brought by his mother to the casualty department of the West London Hospital with the history of having swallowed a "coronation medal." On examination by the house-surgeon with the fluorescent screen, the "medal"—or, as it turned out to be, a public-house token the size of a halfpenny—was seen lodged at the level of the sinus pyriformis. The coin-catcher was passed down and seen to engage the coin. On traction being made, however, to withdraw the coin, the coin-catcher broke at the junction of the metal portion with the whalebone handle. The metal portion, 5 in. in length, then passed on down the oesophagus, presumably into the stomach.

State on Examination.—I was sent for, and, reaching the hospital about two hours after, found the child resting quietly, complaining of no symptom beyond his throat "feeling sore." On examination again with the fluorescent screen the coin was readily seen as before, its position unaltered. Nothing was made out in the stomach, but a very faint shadow was seen in the position of the lower end of the oesophagus. This only appeared at intervals and was scarcely to be discerned. These facts, therefore, led me to believe that the coin-catcher was lodged in the lower end of the oesophagus, and was prevented for some reason from passing into the stomach. Nor was there any likelihood of being able to extract it through the mouth without severe injury to the oesophagus owing to its sharp broken end, which was

open by gently stretching the skin, the vaccine is inserted by a single stroking with the charged lancet, much bleeding being avoided.

During the thirteen years 1885-97 out of a total of 32,166,619 children vaccinated or revaccinated in Germany 115 children died "within a few weeks or months" after the operation from injuries presumably due thereto. This is a proportion of 3.5 deaths per 1,000,000 vaccinations. Of these 115 it was shown that 7 died owing to improper treatment of the vaccination sores by parents, 2 were infected by contact with others who had suppuration going on, 1 had cerebral meningitis from a blow on the head on the day of vaccination, 1 was "scrofulous" when vaccinated, and 2 more were "neglected"—that is, did not receive proper care at home. In 1 case anthrax germs infected the child subsequent to vaccination. In 28 cases of other wound diseases the infection must have occurred subsequently, because the disease first appeared from one to three or four weeks after the operation, 2 cases were doubtful as to fault of vaccination, and 2 more were excluded because the disease, sepsis, only appeared thirty-four weeks and a few months respectively after vaccination. Deducting the above cases, there remain 67 deaths from diseases the causation of which by vaccination does not appear to be excluded, according to their character. Meanwhile in many of these cases the data are too scanty to enable us to form a judgement as to whether such a connexion existed. If we compare this number (67) with the number of vaccinations (over 32,000,000), it results that vaccinations which run an abnormal course are very rare.

Such is the official comment. Thus, when examined, the deaths were brought down to a little over 2 per 1,000,000 vaccinations. The report continues:

While formerly a painful and distressing death due to small-pox removed tens of thousands of children yearly, there now die in all Germany about nine in consequence of unfavourable occurrences after vaccination. Whoever should deprive himself of the advantages of railway travelling because of the accidents that sometimes occur would be looked upon as a simpleton. Compulsory school attendance involves far more dangers to health than compulsory vaccination.

From the report *re* vaccination for the year 1902 we learn that in that year no death occurred directly due to bad lymph or bad vaccination itself. But two deaths from inflammation of the cellular tissue of the upper arm were perhaps due to the subsequent invasion of the site of operation by impurities.

MEDICAL NEWS.

THE late Sir Edward Sieveking left real and personal estate of the value of £24,863.

MEDICAL MAGISTRATE.—Dr. John E. Panton has been appointed a Justice of the Peace for Bolton.

THE Lord Mayor of London will preside at a festival dinner in aid of the funds of the Middlesex Hospital to be held at the Hôtel Métropole on Tuesday, May 3rd.

GRESHAM COLLEGE.—Dr. E. Symes Thompson, Gresham Professor of Medicine, will give a course of lectures on heredity and evolution at Gresham College, E.C., on April 19th, 20th, 21st, and 22nd, at 6 o'clock on each day.

IN consequence of the prevalence of anthrax in the County of Chester, the Board of Agriculture and Fisheries has made an order for the slaughter of affected animals, and for the payment of compensation.

It is reported that President Roosevelt has issued an order directing the Japanese system of wrestling to be introduced into the Naval Academy as an addition to the system of athletic training in use there.

WE learn from the *Boston Medical and Surgical Journal* that at a concert of the Washington Saengerbund, held on March 20th, a cantata, "Hymne an Hygiea," composed and orchestrated by Dr. John C. Hemmeter, of Baltimore, and dedicated to Dr. William H. Welch, was given.

CONVALESCENT SCARLET FEVER PATIENTS.—A special appeal for assistance towards clearing off a debt of £600 is being made by the Committee of the Mary Wardell Convalescent Home for Scarlet Fever at Stanmore. It is now twenty-five years since the foundation of this institution was brought about by the efforts of Miss Mary Wardell, who had realized the need for such a home through her experience as a worker among the poor of London, and who is now, as she says in a covering letter to the appeal, 72 years of age. Patients are admitted upon payments which vary from 10s. a week

upwards; about half the annual cost of the home is thus covered. Last year 188 patients were received. So far as we are aware, this is the only home which specially devotes itself to convalescents from scarlet fever, and its utility and value are attested by the fact that it received last year grants from each of the three metropolitan hospital funds.

CHEQUES amounting to £320 has been forwarded by the National Sunday League to various hospitals and charities as a result of concerts recently given at Battersea, Brixton, Deptford, St. Pancras, Shoreditch, Hammersmith, Stratford, the People's Palace, and Kennington.

THE annual dinner of the Volunteer Ambulance School of Instruction will be held on Thursday, May 12th, at the Trocadero Restaurant, London, W., when the chair will be taken by Brigade-Surgeon-Lieutenant-Colonel P. B. Giles, V.D., at 7.45 p.m. The guest of the evening will be Sir William Taylor, K.C.B., Director-General of the Army Medical Service.

THE Ingleby Lectures of the University of Birmingham will be delivered by Dr. C. J. Cullingworth, Obstetric Physician to St. Thomas's Hospital, London, in the Medical Lecture Theatre of the University on Tuesdays, May 10th and 17th, at 4 p.m. on each day. The lectures will be A Plea for Exploration in Suspected Malignant Disease of the Ovary, with illustrative cases.

THE Prefect of Police has proposed, and the Municipal Council of Paris has approved, the introduction of certain amendments in the regulations to which public prostitutes in Paris are at present subjected. Although ostensibly somewhat more severe than those which have hitherto existed, it is considered by many people that the amendments proposed will practically amount to an abolition of the regulations altogether.

THE spring meeting of the South-Eastern Division of the Medico-Psychological Association will be held at the West Ham Borough Asylum, Ilford, Essex, on Friday, April 29th. At the general meeting at 2.45 p.m. Dr. F. W. Mott will give a lantern demonstration on the Significance of the Convolutional Pattern of the Human Brain, and Dr. D. G. Thomson will speak of the "Nursing Bill" from the mental nursing point of view.

THE report of the Council for 1903, presented to the annual meeting of the Metropolitan Hospital Saturday Fund on April 9th, showed that the receipts from workshops and business houses reached £23,674, being the largest amount recorded in the history of the fund; £21,183 had been distributed among 195 hospitals, dispensaries, and convalescent homes. The Surgical Appliance Committee had supplied 4,313 appliances, towards the cost of which the recipients contributed £2,045. The Lord Mayor, as President, has consented to preside at the annual public meeting of the fund to be held at the Mansion House on Saturday, April 23rd, at 4 p.m.

EPIZOOTIC LYMPHANGITIS.—The Board of Agriculture has issued a circular stating that disease of horses known as epizootic lymphangitis, which has existed for many years in Italy and in several other countries in Europe, and is also prevalent in India and in some parts of South Africa, has recently been introduced into Great Britain. The disease is due to a cryptococcus, an ovoid body with a double contoured envelope and highly reflectile contents; it is easily transferred from a diseased horse to a wound on another horse, usually no doubt by sponges, rubbers, or brushes, or by the hand of the attendant. The condition is liable to be mistaken for the farcy form of glanders, as the symptoms are swelling of the lymphatics of the skin on the inside of the hind legs as a rule, but also sometimes on the side of the neck or on the body; usually nodules varying in size from a pea to a hazel nut are produced and eventually burst, discharging a small quantity of purulent material. The disease may be diagnosed by a microscopical examination of the discharge, which under a magnification of 400 will reveal the characteristic large ovoid cryptococcus without staining; the mallein test may also be used, as an animal suffering from epizootic lymphangitis does not respond. A horse suffering from the disease should at once be isolated, and notice should at once be given without delay to the police. Separate implements should be used for and about the diseased horse, and as the germs of the disease have been known to linger about a stable for a long time, disinfection should be practised.

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 next, the 20th day of April, at 2 o'clock in the afternoon.

The following Committees will also meet:

Tuesday, April 19th, 1904.—Premises and Library Committee, 3.0 p.m.—Trust Funds Committee, 4.0 p.m. Wednesday, April 20th, 1904.—Journal and Finance Committee, 10.0 a.m.

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.

April 12th, 1904.

GUY ELLISTON, *General Secretary*.

BRANCH MEETINGS TO BE HELD.

BATH AND BRISTOL BRANCH: TROWBRIDGE DIVISION.—The annual meeting of this Division will be held at the Town Hall, Trowbridge, on Wednesday, May 11th.—JOHN TUBB-THOMAS, The Halve, Trowbridge, Honorary Secretary.

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.

LANCASHIRE AND CHESHIRE BRANCH.—Notice is hereby given that nominations of Representative Members of Council for this Branch must be sent to me on or before May 1st.—T. ARTHUR HELME, M.D., 3, St. Peter's Square, Manchester, Honorary Secretary.

METROPOLITAN COUNTIES BRANCH: WANDSWORTH DIVISION.—A meeting of this Division will be held at the Town Hall, Wandsworth, on Thursday, April 28th, at 8.45 p.m. Agenda: (1) Question from Central Council as to advertising by medical men attached to hydros. (2) Question referred by Central Council as to medical witnesses meeting in consultation before a trial. (3) Paper by Mr. Arthur E. Giles, F.R.C.S., on The Diagnostic Significance of Gynaecological Symptoms. (4) Other business.—E. ROWLAND FOTHERGILL, M.B., Torquay House, Southfields, S.W., Honorary Secretary.

MIDLAND BRANCH: BOSTON DIVISION.—A meeting of the above Division will be held at Anderson's Hotel, Market Place, Boston, on Tuesday, April 26th, at 3.30 p.m. Agenda: 1. Medical Defence. 2. To consider Proposals from Medico-Ethical Committee. 3. Contract Practice. 4. Annual Meeting.—A. E. WILSON, Grove Street, Boston, Honorary Secretary.

NORTH OF ENGLAND BRANCH.—The spring meeting of this Branch will be held at Newcastle-on-Tyne on Tuesday, May 3rd. Full particulars will be given by circular. Members wishing to show cases or bring anything before the Branch are requested to communicate with the Honorary Secretary as early as possible.—ALFRED COX, Cotfield House, Gateshead, Honorary Secretary.

NORTH WALES AND SHROPSHIRE BRANCH: NORTH CARNARVON AND ANGLESEA DIVISION.—A meeting of this Division will be held at the Queen's Head Café, Bangor, on Wednesday, April 20th, at 4.30 p.m., Dr. Emyr O. Price, Bangor, in the chair. Agenda: 1. To read the minutes of the last meeting of the Division. 2. To read letters of apology. 3. To consider the following matters referred to the Divisions for their opinion thereon: (1) The lines the Council has urged upon the President of the Local Government Board for improving the existing Vaccination Acts: (a) That revaccination be made compulsory by law, and that it be performed between the ages of 10 and 13 years. (b) That both primary vaccination and revaccination be subject to the same provisions for conscientious objection as in the present Vaccination Act, but that the procedure for exemption should be more strictly defined in any future legislation. (c) That the Vaccination Act should be administered directly by a depu-

ment of the Local Government Board. (d) That in future vaccination legislation no certificate of successful vaccination should be accepted unless it contain a statement as to the number and area of the vesicles produced. (e) That all lymph shall be supplied by the Government, or by private establishments under Government supervision and guarantee. (f) That every private practitioner furnishing the vaccination authority with certificates of successful and efficient vaccination, satisfying a standard fixed by the Local Government Board, should receive a suitable fee for each such certificate. (2) Representation on General Medical Council. Resolution passed by the Representative Meeting, 1903: That a petition be presented to the Privy Council praying that in any future legislation the British Medical Association be directly represented on the General Medical Council in proportion to its magnitude and representative character. (3) The proposed Medical Acts Amendment Bill—adjourned from last meeting. (4) The question of the advertising of medical practitioners in connexion with hydropathic establishments. (5) Whether it is advisable that the medical witnesses engaged on each side in legal cases should meet in consultation. 4. Discussion on the Treatment of Acute Rheumatism, to be opened by John Evans, M.D., Carnarvon.—H. JONES-ROBERTS, Penryn, Honorary Secretary.

SOUTH MIDLAND BRANCH: BEDFORD AND HERTFORDSHIRE DIVISION.—The annual meeting of this Division will be held at the County Hospital, Bedford, on Tuesday, May 3rd, at 3.30 p.m. Agenda:—Minutes of last annual meeting. Election of officers. Appointment of Ethical Committee. Matters referred to the Division by the Central Council: (1) Whether it is desirable that the medical witnesses engaged on each side in legal cases should meet in consultation. (2) The question of the advertising of medical practitioners in connexion with hydropathic establishments. The Executive Committee ventures to draw the attention of members of the Division to the recently-issued Year Book of the Association for the year 1904, and in particular to pp. 42 and 43, dealing with the work and constitution of the Divisions. The Committee would urge upon members the importance of attending the meetings of the Division and taking part in the work devolving upon the Division as the executive and influential units of the Association, to which matters of great moment to every medical man may at any time be referred (by individual members or by the Central Council of the Association), and upon the vitality of which the successful working of the Association as a whole now so largely depends. The attendance of members of the Division is earnestly requested.—S. J. ROSS, 23, Mill Street, Bedford, Honorary Secretary.

STAFFORDSHIRE BRANCH.—A meeting of this Branch will be held at the Victoria Hotel, Wolverhampton, on Thursday, April 28th.—G. PETGRAVE JOHNSON, Stoke-on-Trent, Honorary Secretary.

SPECIAL CORRESPONDENCE.

MANCHESTER.

Public Health in 1903.—Voluntary Notification of Consumption.—Earlier beginning of Summer Session.

The health report for the fourth quarter of 1903 has just been issued, and with the data already published the following deductions may be made: The number of births registered in Manchester during 1903 was 17,568, which corresponds to a birth-rate of 31.7 per 1,000, a rate which is lower than that of any of the last thirty years, with the exception of 1901, when it was 28.7; in 1902 it was 33 per 1,000. The number of deaths from all causes was 10,726, which corresponds to a death-rate of 19.4 per 1,000, and is the lowest rate on record for Manchester. Before 1903 the lowest death-rate on record was 19.8 per 1,000 in 1894. The infant mortality, or the death-rate of children under 1 year per 1,000 births, was 168 in the City of Manchester, and in the township 194; in Ancoats, 194; and in the central district, 207; and the lowest rate—88—was in Crumpsall. The average infantile mortality over all the immense area was 168 per 1,000 children born, against 151 in 1902. This is a high rate, but it is relatively good as compared with 1901, when the rate was 198 per 1,000. Perhaps the fall in the rate is due less to improved methods of feeding and better sanitation than to the prevalence of colder weather in the summer of 1903 and a consequent decrease in the amount of diarrhoea.

A system of voluntary notification of consumption to the Health Department has begun to grow, and is encouraged. All cases notified are registered, and the houses visited by the staff of the Public Health Department, who give all the instruction necessary for the prevention of infection, and where necessary cleansing and disinfection of premises are carried out. Thus valuable knowledge regarding the incidence of the disease is gradually being acquired. The number of cases registered and visited during the year was 1,363, and of these 206 occurred in common lodging-houses. The number of cases removed to hospitals was 1,151.

Manchester set the example of beginning the summer session before the time-honoured first of May. To get the summer session over before the Dog Days, and for other reasons, it begins on the third week of April—a date that has been adopted by the sister University of Liverpool.

INDIAN MEDICAL SERVICE.

MILITARY EMPLOYMENT.

WE have received some notes from an officer of the Indian Medical Service in military employment, from which we extract the following:

Station Hospitals.

I would place first on my list the absolute necessity of introducing the station hospital system for native troops. It is the only feasible way of treating the sick of Native corps. By the present regimental hospital system, with its multiplicity of hospitals, money which might be expended on equipping one decent station hospital is simply thrown away. And the probability of spending some twenty or more years with no more responsible charge than a regimental hospital with its limited scope for professional work chokes off many juniors from the military side, and tempts them to go in for civil employ. For the juniors themselves a station hospital system would be infinitely better, as many are beginning to realize. On arrival in India they would be posted to some station where they would probably remain for some years, and be exempted from the constant moving about that the present regimental system entails, and they would be under the eye of a senior man of their own service, whose experience in matters professional and lay would be at their service.

So far as I know, practically all the Indian Medical Service men in military employ with the exception of the very junior ones are anxious for the introduction of the station hospital. Possibly to a very junior man arriving in India the glamour of being absolutely his own master in a small regimental hospital is attractive; while the pleasure of being a member of a regimental mess with its camaraderie and hospitality appeals to his comfort.

But if a station hospital system were introduced, the greater scope for work would more than counterbalance the first item; while as regards the mess, in the larger stations at any rate there is no reason why an I.M.S. mess should not be started. In smaller stations bachelors might live as honorary members at various regimental messes, as sappers now do. The chief opponents of the station hospital—and they carry all the weight—are combatant officers, both regimental and on the staff. Of course every commanding officer likes to have "his own doctor," whom he can order about as he likes, and every regiment is glad of the medical officer's regimental subscriptions (which as he rises in rank mount very high), and of his services as mess president, where they are generally utilized; and the people who really deal with all reforms in the service are the combatant officers employed in the military department of the Government of India.

What is wanted is a strong man, or if the strong man is not forthcoming, the strong pressure of an influential body like the British Medical Association to force the hand of the Government of India to get rid of an anachronism which has really nothing to commend it.

Rates of Pay.

With regard to the new rates of pay, they are a great improvement in many respects, but further changes are needed. At present a man in military employment is badly paid in the rank of major, that is, from 12 to 20 years' service.

True, an addition of Rs.100 per mensem at 15 years' service has been made, but even so he is less well off than his brother officer of similar standing in the R.A.M.C. The latter comes out to India for a tour of duty at Government expense, and, if a married man, brings his wife and family also at Government expense. He can reasonably expect to do a fair proportion of his Indian service in a hill station, thus saving the cost of a dual establishment, one in the plains for himself and one in the hills for his family, which is the lot of the I.M.S. man. Again, when his time in India is up he returns to England in a Government transport. The drain on the purse of all I.M.S. men in military employ, in these days of constant moves and frequent employment on the frontier, where no ladies can go, is enormous. From such expenses the R.A.M.C. are practically exempt. Hence their pay compares very favourably with ours. Again, they have no regimental or band subscriptions to pay, which are no small items in the monthly deductions from a regimental medical officer's pay.

Cantonment Hospitals.

Of late years the collateral charge of cantonment hospitals where followers and inhabitants of the Sadr Bazar are treated, which always used to be given to I.M.S. men, is being slowly but surely absorbed by the R.A.M.C., mainly owing to the much more permanent nature of their stay in various cantonments.

As in a cantonment hospital only native sick are treated, it seems to me that only I.M.S. men should be placed in charge. The legitimate work of the R.A.M.C. is the preservation of the health, and treatment when sick, of the British soldier only.

Furlough Pay.

The maximum of £500 per annum is miserably inadequate. When the necessary deductions for passage money to and from England are made, and the Family Pension Fund subscriptions and regimental subscriptions at half-rates paid, the pittance left on which to exist for a year at home is miserable. An increase in the present rates to £600 at twenty years' service and £700 at twenty-five years' service is urgently required to make the service contented, and to save its members from practical poverty when the time comes, as come it must to all, to render a change to a temperate climate necessary. The only way in which a man on furlough at the present rates can make ends meet is to bury himself in some obscure hamlet in the country. Any idea of post-graduate courses is out of the question, as living in or near London of other medical centre is impossible. I speak from bitter experience.

The undermentioned Lieutenants, appointed on probation, are admitted to the Indian Medical Service from the dates specified:—September 1st, 1902: F. P. C. CONNOR, Bengal; G. H. L. WHALE, Punjab. August 31st, 1903: R. KELSALL, M.B., Bengal; J. H. BURGESS, M.B., Bengal; J. M'C. A. MACMILLAN, M.B., Punjab; V. E. J. TUOHY, Bombay; T. F. OWENS, Bombay; R. F. STEEL, M.B., Bombay; G. F. I. HARKNESS, Bombay; A. C. INGRAM, M.B., Madras; G. W. MACONACHIE, M.B., Madras; E. W. C. BRADFIELD, M.B., Madras; A. W. M. HARVEY, M.B., Madras; C. I. BRIERLY, Madras; J. B. D. HUNTER, M.B., Madras; E. T. HARRIS, Madras.

Deputy Surgeon-General EDMUND EYRE LLOYD, Madras Establishment,

died at Wokingham, Berkshire, on the 8th inst., in his 75th year. He entered the service as Assistant-Surgeon, January 24th, 1855, and became Deputy Surgeon-General, April 26th, 1885, when he retired. He had no war records in the Army Lists.

ROYAL GARRISON ARTILLERY (VOLUNTEERS).

THE appointment of Mr. JOSEPH GRANT JOHNSTON to a Surgeon-Lieutenancy in the 7th Lancashire, which was announced in the *London Gazette* of February 19th, 1904, is cancelled.

VOLUNTEER RIFLES.

MR. ROBERT CROSS is appointed Surgeon-Lieutenant in the 8th Volunteer Battalion the Royal Scots (Lothian Regiment), and Mr. CYRIL H. HOWKINS, in the 1st Volunteer Battalion the Royal Warwickshire Regiment, both dated April 2nd.

Captain D. SMART, M.B., from the Liverpool Volunteer Infantry Brigade Bearer Company, to be Surgeon-Captain in the 2nd Volunteer Battalion the King's (Liverpool Regiment), and to be borne as supernumerary while doing duty with the above Bearer Company, April 2nd.

Lieutenant J. G. MARTIN, M.B., from the Liverpool Volunteer Infantry Brigade Bearer Company, to be Surgeon-Lieutenant in the 2nd Volunteer Battalion the King's (Liverpool Regiment), and to be borne as supernumerary while doing duty with the above Bearer Company, April 2nd.

Mr. HARRY L. SMITH to be Acting Surgeon in the Cadet Corps (Uppingham School), attached to the 1st Volunteer Battalion the Leicester Regiment, April 2nd.

Mr. ROBERT W. BRANTHWAIT to be Acting Surgeon in the Cadet Corps (Civil Service) attached to the Prince of Wales's Own, 12th Middlesex (Civil Service), April 2nd.

Surgeon-Lieutenant T. H. LIVINGSTONE, M.B., 2nd Volunteer Battalion the Durham Light Infantry, resigns his commission, April 2nd.

Surgeon-Lieutenant W. J. MACKINNON, M.B., 9th Lanarkshire, to be Surgeon-Captain, April 2nd.

CHANNEL ISLANDS MILITIA.

THE undermentioned supernumerary officers resign their commissions and receive new commissions subject to the provisions of the Militia Law of the Island of Jersey, 1903, each retaining his present rank and seniority, and remaining seconded: Surgeon-Captain H. LE CRONIER, Royal Jersey Artillery; Surgeon-Major W. FALLS, M.D., 1st or West Battalion Infantry; Surgeon-Lieutenant-Colonel A. DUNLOP, M.D., and Surgeon-Captain F. N. GAUDIN, 2nd or East Battalion Infantry; Surgeon-Major A. B. VOISIN, 3rd or South Battalion Infantry.

STAFF.—Medical Inspector-General A. DUNLOP, M.D., to be Principal Medical Officer (War Office, April 5th.)

HOSPITAL AND DISPENSARY MANAGEMENT.

CLAPHAM MATERNITY HOSPITAL AND DISPENSARY.

THE annual meeting of the hospital was held on Thursday, April 7th, in the Board-room. The chair was taken by Mrs. Creighton, who spoke with much appreciation of the work carried on there in somewhat cramped and inconvenient quarters. She urged that funds should be provided to enable the Committee to erect a more modern and suitable building on a site across the road which had just been given. The methods and scope of the work done at Jeffreys Road and in the surrounding district and at the Battersea Branch elicited her warm sympathy.

The other speakers were Miss Alice Gregory and Dr. Mabel Poulter, of the Church Missionary Society (China). Both were formerly students at the hospital, and spoke of the great value both for home and foreign work of the teaching given there by Dr. McCall and those associated with her.

The Honorary Secretary, Miss Ritchie, read the report, which was adopted, and the Committee was re-elected for another year. Dr. McCall having spoken, Miss Filter, M.D., proposed, and Miss Joyce, M.D., seconded, a vote of thanks to the speakers, which was carried.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

THE Vice-Chancellor has nominated Arthur Thomson, M.A., Exeter College, Professor of Human Anatomy, to act during the absence of the Regius Professor of Medicine as his deputy.

The Board of the Faculty of Medicine gives notice that it has approved the Examination in Group C (3) of the Final Pass School as an Examination in Physics.

UNIVERSITY OF EDINBURGH.

AT the Spring Graduation Ceremony on Saturday, April 9th, the degree of B.Sc. in Public Health was conferred on G. G. Buchanan, M.B., Ch.B., J. McE. Dalziel, M.D., H. W. G. Macleod, M.D., and E. L. Meynell, M.B., Ch.B.

Special University certificates in Diseases of Tropical Climates were conferred on J. McE. Dalziel, M.D., C.M., B.Sc., and D. Melville, M.D., C.M.

UNIVERSITY OF ABERDEEN.

THE following medical and surgical degrees were conferred at the Graduation ceremony on April 6th:

Degree of Doctor of Medicine (M.D.).—T. B. Heggs, M.B., Ch.B. Thesis: *Hæmolysis in Tuberculosis*. C. Hunter, M.A., M.B., Ch.B. Thesis: *Cholelithiasis*. R. D. Keith, M.A., M.B., Ch.B. Thesis: *Paratyphoid Fever*. R. C. Macdonald, M.B., C.M. Thesis: *Diphtheria*; being Observations on over Forty Cases, some of which were treated in a Temporary Cottage Hospital. A. Reid, M.B., C.M. Thesis: *Hæmorrhage Before, During, and After Labour*.

* *Ponours.* † Under old regulations.

Degrees of Bachelor of Medicine (M.B.) and Bachelor of Surgery (Ch.B.).—**J. Clark, F.E. Herniman-Johnson, F.A. Irvine-Fortescue, G. Adam, M.A., F. Anderson, W. Beedie, A. D. Davidson, M.A., F. W. Davidson, A. Duguid, M.A., J. Farquhar, M.A., A. Flett, J. A. Gibb, J. S. Gray, M.A., J. D. Henderson, J. Hunter, A. Hutchison, M.A., H. M. Jamieson, N. Kennedy, M.A., W. J. Lawson, D. McKay, M.A., M. MacLeod, C. G. Macmahon, W. M. McPherson, A. McRobbie, A. D. Pringle, J. Robertson, A. N. Ross, B. R. G. Russell, H. W. B. Ruxton, W. A. Smith, F. W. Wood.*

** First-class Honours. † Second-class Honours.*
Degrees of Bachelor of Medicine (M.B.) and Master in Surgery (C.M.) (Old Regulations).—A. S. Cardno, M.A.

The following received the Diploma in Public Health:

E. J. Bruce, M.B., Ch.B. Aberd.; J. Macdonald, M.B., C.M. Edin.; G. Mitchell, M.B., Ch.B. Aberd.; W. R. Pirie, M.B., Ch.B. Aberd.; C. A. Suvoong, M.A., M.B., Ch.B. Aberd.; A. Watt, M.B., Ch.B. Aberd.

CONJOINT BOARD IN SCOTLAND.

THE quarterly examinations of the Conjoint Board of the Royal College of Physicians of Edinburgh, Royal College of Surgeons of Edinburgh, and Faculty of Physicians and Surgeons of Glasgow, held in Edinburgh, were concluded on April 15th, with the following results:

First Examination (Five Years' Course).—Z. D. Lotter-Luther, A. Johnstone (with distinction), C. Berry, C. K. Carroll, T. Mohan (with distinction), Maria S. Allen, D. J. Joubert, M. J. Hayes, C. A. O'Driscoll, E. J. Lumsden, G. Smith, E. S. Shiach, and J. du T. Malan.

Second Examination (Five Years' Course).—A. McKendrick (with distinction), E. A. Williams (with distinction), H. H. Babington, J. H. Johnston (with distinction), R. W. Duncan, W. M. Chambers, A. P. O'Connell, J. B. N. Raphael-Tom, H. D. Stewart, K. W. Dani, J. T. Anderson, D. L. G. Radford, H. M. Sturrock, H. C. Orrin, T. W. Faulkner, and L. L. N. Ghosh.

Two passed in Physiology.

Third Examination (Five Years' Course).—W. W. Dunlop (with distinction), J. Wilson (with distinction), H. T. Simpson (with distinction), G. A. S. Hamilton, D. J. M. Legge, H. A. Pascoe (with distinction), T. McL. Galloway (with distinction), W. Fleming, and J. E. Cox.

One passed in Pathology and in Materia Medica.

Final Examination.—A. Rogers, A. S. McNeill, J. A. Tolmie, Marian T. Pool, J. C. Pickup, W. D. Yuille, H. A. Foy, P. C. Bharucha, E. O'Shaughnessy, A. H. Khan, G. S. Thadani, J. Cretin, Dora Mann, E. N. Jan, C. E. Coke, H. J. George, W. T. Clarke, G. W. Armstrong, A. C. L. La Frenais, and D. J. Lewis.

Three passed in Medicine and Therapeutics, 2 in Surgery and Surgical Anatomy, 9 in Midwifery, and 3 in Medical Jurisprudence.

One candidate passed the Second Examination (Four Years' Course) in the subject of Materia Medica.

CONJOINT BOARD IN IRELAND.

CANDIDATES have passed the Preliminary Examination as undernoted:

P. N. Allman, J. J. Blake, F. Cassidy, D. F. Curran, H. P. Heney, A. Humphreys, W. S. Johnston, A. R. Mallet, J. Moynihan, J. T. O'Boyle, M. C. O'Hara, F. E. Preston, B. Reilly, S. Robinson, Israel Scher, G. C. Sneed, R. H. F. Taaffe, M. Tobin, B. Wallace, J. F. Williamson, R. A. Wright.

SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed the Primary Examination, Part II, as undernoted:

Anatomy.—I. R. Fearn, Guy's Hospital; J. W. Featherstone, Guy's Hospital; T. S. Harrison, Manchester; R. J. W. McKane, Leeds; A. W. C. Miller, Leeds; F. B. O'Dowd, Birmingham; H. V. White, Manchester; F. H. P. Wills, St. Mary's Hospital; R. P. Wyld, Manchester.

Physiology.—A. C. Dickson, Guy's Hospital; I. R. Fearn, Guy's Hospital; J. C. Fletcher, Royal Free Hospital; J. W. Featherstone, Guy's Hospital; W. J. G. Gayton, London Hospital; T. S. Harrison, Manchester; A. W. C. Miller, Leeds; F. B. O'Dowd, Birmingham; H. V. White, Manchester; F. H. P. Wills, St. Mary's Hospital.

The following candidates have passed the Primary Examination, Part I, as undernoted:

Biology.—G. F. C. Harvey, London Hospital; E. A. Mordaunt, Royal Free Hospital.

Chemistry.—D. M. Hunt, London Hospital; E. A. Mordaunt, Royal Free Hospital; I. Pulteney, Royal Free Hospital; P. Rowlands, Glasgow; C. S. Spencer, Manchester; M. V. Webb, Royal Free Hospital.

Materia Medica and Pharmacy.—J. C. Fletcher, Royal Free Hospital; G. P. K. Grey, Middlesex Hospital.

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.

BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR CHILDREN.—Resident Surgical Officer. Salary, £80 per annum, rising to £90.

BRIGHTON: ROYAL ALEXANDRA HOSPITAL FOR SICK CHILDREN.—House-Surgeon. Salary, £80 per annum.

BRIGHTON: SUSSEX COUNTY HOSPITAL.—Pathologist. Salary about £300 per annum, and fees.

CUPAR: FIFE DISTRICT ASYLUM.—Junior Assistant Medical Officer; resident. Salary, £100 per annum.

EVFLINA HOSPITAL FOR SICK CHILDREN. Southwark.—(1) House-Physician, (2) House-Surgeon. Both resident. Salary, £50 per annum.

HALIFAX: ROYAL HALIFAX INFIRMARY.—Third House-Surgeon, resident. Salary, £80 per annum.

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

LEEDS: HOSPITAL FOR WOMEN AND CHILDREN.—Resident House-Surgeon. Salary at the rate of £80 per annum.

MANCHESTER: ST. MARY'S HOSPITAL FOR WOMEN AND CHILDREN.—Medical Officer. Salary, £65 per annum.

MARGARET STREET HOSPITAL FOR CONSUMPTION, ETC., London.—Assistant Physician.

MIDDLESEX HOSPITAL.—First, Second, and third Assistants to the Director of the Cancer Research Laboratories. Salaries, £200, £150, and £100 per annum respectively.

NEWARK AND DISTRICT HOSPITAL.—House-Surgeon, resident. Salary, £80 per annum.

NORFOLK AND NORWICH HOSPITAL.—Assistant House-Surgeon. Appointment for six months. Honarium, £20.

ROBBEN ISLAND LUNATIC AND LEPROSY ASYLUM.—(1) Senior Medical Officer, salary £200 per annum, (2) Second Assistant Medical Officer, salary £250, rising to £350 per annum.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—(1) Four Examiners in Elementary Biology for first examination. (2) Four Examiners in Anatomy and Topographical Anatomy for second examination. (3) Four Examiners in Midwifery for third examination. (4) One Examiner each for Parts I and II for the Examination in Public Health.

ROYAL FREE HOSPITAL. Gray's Inn Road, W.C.—(1) House-Physician. (2) Casualty House-Surgeon.

ROYAL EYE HOSPITAL, Southwark, S.E.—House-Surgeon. Salary, 50 guineas per annum.

SEAMEN'S HOSPITAL SOCIETY, Greenwich.—(1) House-Physician, resident. Salary, £65 per annum. (2) Junior Resident Medical Officer. Salary £50 per annum.

ST. HELENS COUNTRY BOROUGH.—Medical Officer of Health. Salary, £450 per annum, rising to £525.

TIVERTON INFIRMARY AND DISPENSARY.—House-Surgeon and Dispenser. Salary, £80 per annum.

TAUNTON AND SOMERSET HOSPITAL.—Resident Assistant House-Surgeon. Salary at the rate of £50 per annum.

VICTORIA, Australia.—Inspector-General of the Insane. Salary not to exceed £1,000.

APPOINTMENTS.

BULLMORE, O.C., L.R.C.P. and S. Edin., L.F.P.S. Glasg., District and Workhouse Medical Officer of the Falmouth Union.

FREEMAN, W. T., M.D. Durh., F.R.C.S., L.R.C.P. Lond., Senior Assistant Physician to the Royal Berkshire Hospital.

GOODMAN, T. H., M.R.C.S. Eng., L.S.A., District Medical Officer of the Risbridge Union.

HILL, P. E., M.R.C.S., L.S.A., Medical Officer of Health for the Cucknowell Combined Districts.

JOHNSON, S. H., M.R.C.S., L.R.C.P. Lond., Medical Officer of Health for the Sculcoates Rural District, vice James Molleux, M.D. Sc. Ard., resigned.

MACCORMACK, W. L., M.B., Ch.B. Vict., Resident Assistant Medical Officer at the Leeds Union Infirmary.

OLIVER, F. Maurt, L.R.C.P. Lond., L.S.A. Lond., Surgeon-Accoucheur to the City of London Lying in Hospital, vice Dr. Jarrold, deceased.

THOMSON, C. A. H., M.B., B.C. Cantab., Medical Officer at Falmouth, Jamaica, vice M. M. Meikle, M.B., Ch. Edin., resigned.

WALKER, J. R. H., M.D. Edin., Medical Officer of the Risbridge Union Workhouse.

YULE, J. S., M.D., M.S. Melb., Clinical Assistant to the Chelsea Hospital for Women.

DIARY FOR NEXT WEEK.

TUESDAY.

Chelsea Clinical Society, Chelsea Dispensary, Manor Street, King's Road, Chelsea, S.W., 8.30 p.m.—Sir Isambard Owen: A Case of General Atheroma, in which an Aortic Aneurysm of which there was no Symptom was detected by Radiography, and in which a malignant Tumor of the Stomach also existed without Symptom (with Specimen). Dr. Wm. Ewart: A Demonstration of some of the results obtainable by Percussion.

Medico-Legal Society, 20, Hanover Square, W., 8.15 p.m.—Mr. Stan'ly B. Atkinson: Adjourned Discussion on Live-birth—in Theory and Practice. Dr. J. Wellcely Orr: A Plea for Cremation. Earl Russell: The Weight to be Attached to Medical Evidence. Dr. Harvey Littlejohn and Dr. F. J. Wethered: Specimens of Punctured Wounds of the Heart.

Pathological Society of London, 20, Hanover Square, London, W., 8.30 p.m.—Dr. A. E. Wright: On the Value of a Comparative Examination of the Blood and Urine. Mr. Cantile and Professor Hewlett: The Bacteriological Findings in a Case of Climatic Bubo. Dr. T. H. Morder: A Case of Pyococcus Pyæmia following Ear Disease.

FRIDAY.

Clinical Society of London, 20, Hanover Square, W., 8 p.m.—Exhibition of Clinical Cases, followed by Discussion. Patients will be in attendance from 10 to 9 p.m.

Epidemiological Society, 11, Chandos Street, Cavendish Square, W., 8.30 p.m.

POST-GRADUATE COURSES AND LECTURES.

Medical Graduates' College and Polytechnic, 22, Chelsea 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, Gall Stones and their Surgical Treatment; Tuesday, Some Intestinal Aliments and their treatment; Wednesday, Some Common Errors in the Diagnosis and Treatment of Diseases of the Nose; Thursday, Circumcision.

North-East London Post-Graduate College, Tottenham, Hospital, N., Wednesday, 4.30 p.m.—Lecture on External Diseases of the Eye.

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.

Job—At 21 Castle Gate, Newark, the wife of H. Percy Job, of a daughter, April 12th.

ROGER-SMITH.—On April 6th at 22, College Terrace, Hampstead, the wife of Hugh Roger-Smith, M.B., of a daughter.

THOMSON.—At 7, Leopold Place, Edinburgh, on April 12th, the wife of H. Thomson, M.D., of a daughter.

MARRIAGES.

FAIRWEATHER.—On April 10th, at the Parish Church, Finsland, William Ernest Fairweather, L.R.C.P. Lond., M.M.C.S. Eng., of Chorlton-on-Medway, Manchester, to Constance Mary, eldest daughter of the Rev. C. Lord, Vicar of Bos-a-d, Ulverston.

HOLLIST.—On April 7th, at St. Margaret's Church, Lee, Kent, by the Rev. Canon Jeff. of St. German's, Blackheath, and the Rev. W. Sidney Randall, C.F., Gerald Wetherell Carron Hollist, M.R.C.S., second son of Lieutenant-Colonel Hollist, J.P., D.L., of Lodsworth, Petworth, Sussex, to Ruby, twin daughter of Nevill L. Hodson, Esq. of Woolwich and Blackheath.

LAWSON.—On April 7th, at St. Andrew's Church, Hillingdon West, by the Rev. George Grey Lawson, brother of the bridegroom, assisted by the Rev. H. G. Bird, Vicar of the Parish, and the Rev. Arthur Brinkman, Arnold Lawson, F.R.C.S., of 12, Harley Street, W., fourth son of the late George Lawson, F.R.C.S., to Helen Margaret, eldest daughter of Andrew Clark, of 71, Harley Street, W., and Cowley Grove, Uxbridge, Middlesex.

DEATH.

GOWING.—On April 10th, Benjamin Chaston Gowing, M.R.C.S. 1865, L.S.A. 1866, Guy's Hospital, late President of the Southern Branch, practising at Stockbridge for the last eleven years.