

Further Development.

Next day, however, she complained of pain on passing water, and also of frequency of micturition—this occurring about every twenty minutes. In consequence, I put her on a mixture containing potass. bicarb., urotropine, tinct. belladonna, syr. limonis and chloroform, which did not improve her condition, except that the pains diminished somewhat.

On November 15th she got up at 2 a.m. to pass her water, and found that she was unable to do so, though she had a pressing desire. She continued to strain for twenty minutes, then had intense pain, and finally passed a fair quantity of water, together with a good deal of blood, and a mass which was seemingly rolled up, and in circumference about the size of a thumb.

On examining this mass I found it to be gritty, and, on closer investigation, came to the conclusion that it was the mucous membrane of the bladder in which were embedded numberless calculi of small size. I sent the specimen to be examined microscopically, and received the following report:

The specimen was a sloughy-looking thick membrane, with irregular corrugated surface, roughly triangular in shape, measuring 3½ in. across and 3 in. in the other direction.

The whole was permeated by concretions of varying size, and composed chiefly of phosphates and urates.

The reaction to litmus was strongly alkaline.

The specimen had to be decalcified in order to obtain a section.

Microscopically it is seen to be composed of very necrotic tissue—so necrotic, in fact, that no cell elements can be recognized.

The membrane appears, however, to be composed of two layers, one of which was probably muscular.

Scattered throughout are small spaces which look at first like tubular glands from which the epithelium has been shed, but on closer inspection it seems more probable that they are merely spaces occupied by crystals of salts which have been dissolved out in the process of decalcification.

There is no histological indication as to the origin of this cast, but in view of the nature of the mineral deposits, the configuration of the specimen (bladder), and the history of the case, there can be little doubt that it comes from the bladder.

The report on the urine was as follows:

Reaction, acid; specific gravity, 1015; albumen, a fair amount; blood, a small amount; sugar, absent.

Microscopy of centrifugalized deposit:

This contains a small amount of pus and blood, with some young vesical cells and granulation cells.

No renal elements have been found.

Bacteria are not very numerous, and are mixed, but consist mainly of Gram-staining bacilli of two kinds, and unusual in the bladder.

There are also some staphylococci of large size.

The *B. coli communis* is not present.

I venture to publish this case owing to two unusual features about it: first, that a dilatation of the cervix sufficient to allow of the index finger being introduced into the uterus was not followed by a miscarriage; and secondly, the circumstance of a passage of a cast of the bladder studded with calculi.

I have been unable to find any literature bearing upon the latter fact, and should be glad if any readers could supply a reason for its occurrence.

I have had the specimen mounted, and shall be very pleased to show it to any one who desires to see it.

I may add that the patient made a good recovery, with the exception that for a little time she experienced inability to hold her water.

UNDER the will of the late Mr. James Law Perrin, a tobacco manufacturer of Bristol, the Royal Ear Hospital, Soho, and the General Hospital, the Royal Infirmary, the Hospital for Women, the Eye Hospital, and the Dispensary in Bristol, as also the Swansea Hospital, each receives a bequest of £500.

THE receipts for 1911 of the Metropolitan Hospital Saturday Fund exceeded by £2,371 the amount collected in any previous year, reaching a total of £37,065. This sum does not include the amounts received by the Distribution and Surgical Appliance Committees in respect of payments made towards the cost of the benefits supplied. These amounted to £8,456, so that the total for the year was £45,521, as against £42,229 in 1910. The number of benefits granted rose correspondingly, reaching 63,361, as compared with 59,737 in the preceding twelve months.

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THE CORRECTION OF ERRORS OF REFRACTION FOR MICROSCOPE WORK.

BY

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THE eyestrain which not infrequently results from prolonged use of the microscope, especially when working with high powers and artificial light, is often so great as to cause considerable discomfort and headache, and may even lead to the abandonment of microscope work, except for brief examinations. In many cases this trouble is caused by errors of refraction, more particularly by some degree of astigmatism. If this astigmatism is considerable, the microscopist is practically certain, in these days, to be aware of it, and to possess glasses which correct his particular error, but if it is small it may never be detected until advancing years lead him to consult an oculist as to his first pair of presbyopic glasses. In either case, when he attempts to work at his microscope with spectacles or pince-nez *in situ*, he is certain to find them so uncomfortable and inconvenient that, sooner or later, he discards them, and trusts once more to his unaided vision and his powers of accommodation, with the frequent result that continuous work becomes increasingly difficult and the effects of eyestrain more conspicuous.

The small device here illustrated has been designed with a view to correcting the error of refraction without employing spectacles. It is so obvious and simple that it is very probable that something similar may have been described and used long ere this, but, since the writer has been unable to discover that this is the case, it appears worth while, for the sake of others similarly situated, to describe the ocular cap which he has had made for his own use.

The increased definition which has resulted from the use of this cap is unmistakable, and there has also been a marked lessening of the feeling of strain which used to result from long hours of high-power work.

No lengthy description is needed, the principle being merely that the lens necessary to correct the error of refraction of the eye commonly used is fitted accurately into the centre of an aluminium carrier, so constructed as to form a cap which may be placed over the microscope ocular. In the case of a lens with cylindrical correction for astigmatic error the vertical meridian is permanently marked on the carrier by means of an arrow, as shown in the illustration. As most workers employ oculars of the same maker, the external diameter of which is approximately the same, the cap may be made to fit them all by arranging to have the internal diameter adjusted to fit the largest ocular used.

The photograph has been taken from the cap made to the writer's design by Messrs. Cary and Co., 7, Pall Mall.

Memoranda :
MEDICAL, SURGICAL, OBSTETRICAL.**TORTICOLLIS IN ACUTE RHEUMATISM.**

R. T., aged 12, was admitted under my care on December 14th, 1911, with acute rheumatism. He had been ill five weeks, and the joint trouble, which began in the left ankle, had spread to the knees, shoulders and elbows. A month before admission his neck became twisted and remained so; when we saw him his head was bent towards the right shoulder, the chin being pointed to the left. He cried with pain when attempts were made to straighten it. In addition there was endocarditis with a double aortic murmur, but the boy had never been ill before in his life. I ordered him to lie flat on the bed without any pillows; his neck was

smeared with methyl salicylate ointment and he was given small doses of sodium salicylate. Two days later the spasm was almost gone, and at the present date (January 8th) he has quite recovered from everything except the heart lesion.

In spite of more than forty years' experience I have never before met with this complication, yet so strange are coincidences that there is another case of acute rheumatism at the present time in the General Hospital who presents the same symptom. It is not as a rule mentioned in our

textbooks or encyclopaedias of medicine, and the only reference to it which I have been able to find is in the textbook of the *Practice of Medicine* by Dr. James M. Anders of Philadelphia. He says on page 1104: "In a case of my own, a man of 23, it followed an attack of acute articular rheumatism and was associated with high arterial tension"; this is under the heading of Torticollis, and so far as I have been able to discover it is not usually included among the symptoms or complications of acute rheumatism.

Birmingham.

ROBERT SAUNDBY.

Reports

ON

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

ROYAL NAVAL HOSPITAL, PLYMOUTH.

INTUSSUSCEPTION CAUSED BY CANCER OF INTESTINE.
(Under the care of Deputy Surgeon-General W. EAMES, R.N.)

MR. J. C., aged 31, artificer engineer, was admitted into hospital on July 19th, 1911, with a history of having been placed on the sick list on July 5th, 1911, suffering from diarrhoea, colic, and tenesmus, which, despite medicinal and dietetic treatment, was only partially relieved. There were some blood clots per anum.

The patient complained of tenderness in the left iliac fossa, where on examination the parietes were resistant and there was dullness on percussion. A sausage swelling was found in this region, evidently in connexion with the bowel. Above this a mass of faeces had collected; this latter was relieved by an enema, but the tumour and tenderness continued, and the motions contained liquid and scanty, with some tenesmus.

The patient's temperature had reached 100° F. at night for the first week, and he complained of flatulence with occasional vomiting after taking food.

On admission the patient looked ill and wasted, and complained of the symptoms noted above, and on examination of the abdomen a well defined indurated but movable tumour could be felt on a level with, but to the inner side of, the left anterior superior spine of the ilium; the tumour was tender to the touch. Some diarrhoea, stools mucoid with some blood clots.

The patient was given morphine gr. $\frac{1}{4}$ hypodermically, a warm solution of boric acid administered as an enema morning and evening, and pil. opii gr. $\frac{1}{4}$ ter in die.

On July 22nd the patient was placed under gas and ether and a rectal examination made, with a negative result. No mass could be reached nor pelvic glands felt.

On July 24th, with the assistance of Surgeon L. Warren I performed laparotomy through the outer edge of the left rectus, and on a level with the anterior superior spine of the ilium.

On examination of the intestine, an indurated and sausage-shaped mass was felt in the descending colon, about 4 inches above the sigmoid flexure, which on being brought to the surface was found to be dilated and thickened intestine, containing in its lumen a large indurated and lobular mass which had caused a very firm intussusception collar of bowel involved, being very congested and softened, and was very easily perforated by the finger in attempting to stretch the adhesions.

Intestinal clamps were then placed on the bowel above and below the mass, and the intervening portion of bowel with its contents to the extent of 6 inches removed by resection, and end-to-end junction made. The abdominal wall was closed by through-and-through sutures of silk-worm gut, and a large drainage tube inserted in the lower angle of the wound.

The patient stood the operation fairly well and was treated directly after operation by subcutaneous saline infusion until in all 66 ounces had been absorbed.

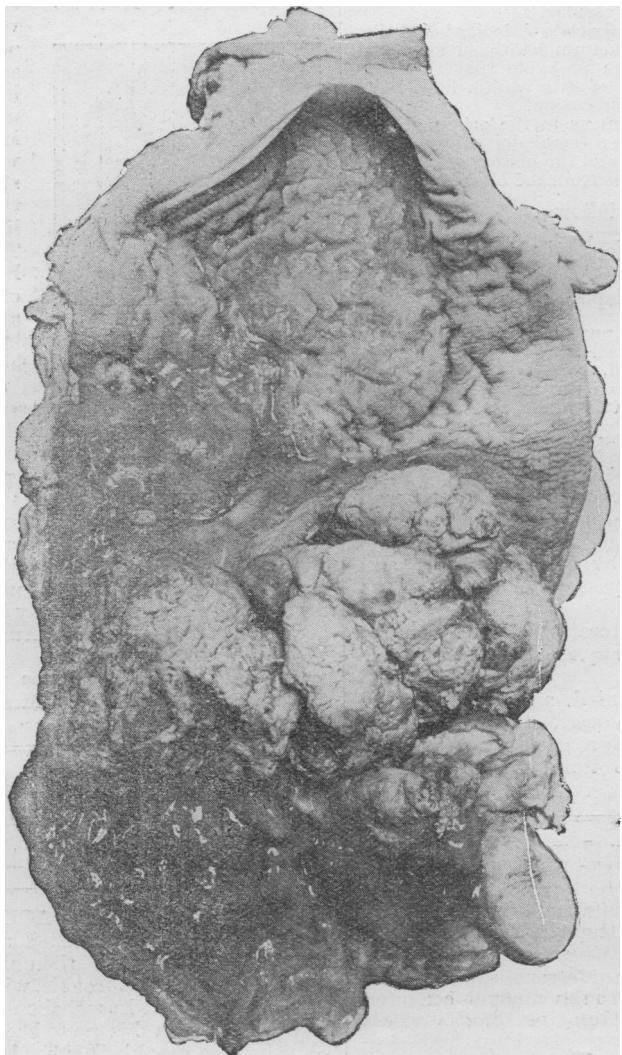
On examination of the intestine removed, there was found to be a firmly fixed intussusception caused by a large indurated papillomatous mass, growing with a broad base from the mucous and submucous coat of the bowel, which is shown in the photograph herewith attached. Microscopic section shows well marked columnar-celled carcinoma.

With the exception of being troubled with flatulence (which was relieved by the flatus tube) the subsequent progress of the case has been most satisfactory.

On July 28th an enema of ol. oliv. was administered and mist. alba 1 oz. every four hours, resulting in the bowels being opened three times without pain, the stools being solid and without any trace of blood.

The abdominal wound has healed, and the patient is steadily advancing in health and strength.

The accompanying photograph was kindly taken for me by sick berth attendant Davies, a member of the operating theatre staff of this hospital.



THE LATE DR. JOHN FRANCIS SUTHERLAND.—Sir James Barr writes: The obituary notice of Dr. J. F. Sutherland in your last issue reminds me that another of my friends has joined the great majority, and I wish to take this opportunity of fully endorsing all the kind words which the writer of the notice has said about him. Your photograph, which must have been taken at least fifteen years ago, reveals the man in his thoughtful, contemplative mood, but does not display that genial, vivacious character with which his friends were familiar. To his great natural ability, sterling merit, fearless, independent and high moral character, all who knew him can bear testimony, but unfortunately these qualities do not always count in the public service, and consequently he did not attain to that position to which he was entitled, and in which some politicians had more than one opportunity of placing him. He was lacking in that obsequious, complacent, servile temperament which usually commends itself to those in place and power. His failure to attain the goal of his ambition should be a warning to those in the present day who are keen to trust their fate to politicians. His brilliant intellect was cramped by official surroundings, and if he had had a more expansive field his great merits might have been more fully recognized and more amply rewarded. The memory of Dr. Sutherland will ever remain green in the minds of those who knew him as one whom to know was to love and esteem.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Adam Szulislawski, Lecturer on Eye Diseases and Surgeon to the Ophthalmic Department of the General Clinic at Lemberg, aged 46; Dr. F. Topinard, formerly Professor in the Paris School of Anthropology; Professor von Levschin, Director of the Morosoff Cancer Institute, Moscow, aged 73; Professor W. F. Loebisch, of Innsbruck, a pupil of Hoppe-Seyler and author of numerous works on subjects of physiological chemistry, aged 72; Dr. Alessandro Serafini, President of the Faculty of Medicine and Director of the Institute of Hygiene of Padua; Professor Pietro Giuria, one of the leading stomatologists of Italy; Dr. E. Biernacki, Lecturer on General and Experimental Pathology at Lemberg, aged 46; and Professor Franz von Winckel, the distinguished gynaecologist, for twenty years Director of the Clinic of Diseases of Women in the University of Munich.

Universities and Colleges.

UNIVERSITY OF LONDON. LONDON (ROYAL FREE HOSPITAL) SCHOOL OF MEDICINE FOR WOMEN.

Department of Pharmacology.

THE Council has appointed Dr. Frederick Ransom, M.D. Edin., Internal Examiner in Pharmacology for the University of Cambridge, late Assistant to Professor Behring and Professor Hans Meyer, to be Lecturer and Head of the Department of Pharmacology.

Entrance Scholarships.

The examination for Entrance Scholarships will be held on May 28th and two days following. Forms of entrance and all particulars can be obtained on application to the Secretary and Warden.

UNIVERSITY OF BRISTOL.

THE extramural lectures on "The Applications of Recent Research in Pathology and Bacteriology" will be given during the coming session by the Professor of Pathology at Bournemouth. The first demonstration will be held at the Bournemouth Medical Society's Rooms on Thursday, January 25th, at 5 p.m. The honorary local secretary is Dr. G. Carolin, Valerie, Southbourne Road, Bournemouth.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council was held on January 11th, Mr. R. J. Godlee, President, in the chair.

Physiological Curator.

Mr. R. H. Burne was appointed to this new office in place of that known as Assistant Conservator, the latter office being now discontinued.

The best thanks of the Council were given to Mr. Burne for his valuable services to the College during the last twenty years as assistant in the museum and Assistant Conservator.

Removal of a Member.

The name of a member of the College was removed from the list, his name having been already removed from the *Medical Register* by the General Medical Council.

University of Birmingham.

Sir W. Watson Cheyne was appointed, in the vacancy occasioned by the retirement of Sir Henry T. Butlin, a member of the Court of Governors of the University of Birmingham.

Hunterian Orator.

The President, Mr. R. J. Godlee, was appointed Hunterian Orator for February, 1913.

Royal Commission on University Education.

At the request of the Commission a committee was appointed by the College to draw up a statement upon dental education in London, and to nominate a witness or witnesses to represent the College before the Commission.

National Insurance Act.

A committee was appointed to watch the interests of the members under the provisions of the Insurance Act, with power to confer with any other committee formed with similar objects, with instructions to report to the next Council of the College.

Vacancy on the Court of Examiners.

The vacancy occasioned by the resignation of Mr. J. Ernest Lane will be filled up at the ordinary meeting of the Council on February 1st. Mr. Lane will be a candidate for re-election.

Sir Thomas B. Crosby.

The President announced that the Lord Mayor, Sir Thomas B. Crosby, F.R.C.S., had accepted an invitation to be the guest of the College at a dinner to be given at the college on May 3rd.

CONJOINT BOARD IN ENGLAND.

THE following candidates have been approved at the examination indicated:

SECOND COLLEGE (Anatomy and Physiology).—J. P. Adcock, C. F. Anthoniš, Mary E. Ashton, N. K. Bal, P. W. Barnden, Z. M. Bishara, N. Brigg, M. T. G. Clegg, S. Doraisamy, H. G. Dresing, C. T. J. Drobig, J. A. Durante, A. F. El-Hakim, F. E. Fielden, H. D. Field, G. C. Gell, L. A. Graham, A. R. Hacker, A. H. Harkness, F. C. Harrison, A. H. Hilmy, T. Jones, C. G. G. Keane, M. Kingsley, F. E. R. Laborde, J. A. Liley, K. C. Mundana, A. H. Manfield, R. M. Mitra, N. F. Norman, G. W. Parry, J. M. Parry, O. G. Parry-Jones, W. L. Partridge, H. Peters, G. F. Rodrigues, H. A. Rowell, A. St. Johnston, J. T. Samuel, N. H. W. Saw, F. G. L. Scott, W. G. Shakespeare, G. D. Shann, E. B. Sunderland, L. H. Terry, R. R. H. O. Tha, M. D. B. Tonks, C. N. Vaisey, J. R. N. Warburton.

Medico-Legal.

"NO CURE: NO PAY."

In an action for the recovery of fees for medical attendance, heard at Bloomsbury County Court on November 28th, 1911, the defence set up was an allegation of a verbal guarantee that the patient would be cured in three or four weeks. She was a young woman who, as the result of a consultation, had been placed in the charge of the plaintiff, Dr. George Herschell, to undergo a special treatment. After three weeks the plaintiff, finding that she did not improve as fast as had been anticipated, advised that the treatment should be discontinued and the patient sent to Margate. Payment of his fees being then refused the action was brought, and ended in a verdict for the plaintiff with costs.

OBLIGATION NOT TO PRACTISE.

S.—A. sells B. a practice, agreeing not to practise in the town or within a certain radius. B. dies, and what is left of his practice is sold to C. Does the agreement hold good between A. and C. as if it had been made between A. and C.?

* * * This will depend on the terms of the agreement when A. sold the practice to B. If A. agreed with B., his heirs, executors, and assigns, not to practise within the said limits, it would be binding on A. not to practise within those limits in opposition to C. Restrictive covenants of this kind are usually drawn up in this way, as the seller of a practice does not contemplate ever trying to get back again what he has been paid for in hard cash. If the agreement was only between A. and B., then C. has no rights under the restrictive covenant on the principle that *Res inter alios acta alteri nocere non debet*.

BOOK DEBTS.

C. H. W. P. writes that he was in partnership up to the end of 1910, but from that time the partnership was dissolved, the going partner reserving his right to share in book debts. He wishes to know whether, in the case of payment by patients for attendance after the dissolution, where an account was due to the partnership from the same for an old

attendance, the whole of the money paid must go towards the settlement or reduction of the old debt, without any being set aside for the more recent attendance.

* * It is in the power of the patient to stipulate that the payment he makes is for the settlement of the more recent debt; but if he does not, the whole of the payment must be applied to the settlement of the earlier debt. The legal aphorism is *Qui prior est tempore, potior est jure.*

Public Health AND POOR LAW MEDICAL SERVICES.

AMALGAMATION OF OFFICES.

THE Edmonton District Council, at a meeting on January 9th, decided to hold a special meeting in committee to define the duties to be assigned to the officer it proposes to appoint to the amalgamated offices of medical officer of health and school medical officer, and to take the same steps in regard to his assistant, and to decide also their respective salaries and the advisability of advertising the posts. At present the posts are held independently by Dr. Lawrence and Dr. Rock respectively, but a short time ago both received statutory notice of the termination of their appointments in order that the amalgamation might be brought about. The decision to hold a special meeting was preceded by a long discussion, in the course of which two letters addressed to the Council by the Local Government Board and by practitioners in the locality were read. The former, after expressing approval of the amalgamation of the two departments, added:

The Board considers that where possible this should be effected by the appointment of the same officer in both capacities, with an assistant who would do the whole or the greater part of actual medical inspection, and would also act as assistant medical officer of health. The Board would be prepared to assent to the alteration of the terms of Dr. Lawrence's appointment so as to enable him to act as school medical officer as well as medical officer of health. But if this is the intention of the Council, the Board does not understand why it should be necessary for them to give Dr. Lawrence notice that his appointment as medical officer of health will be terminated, and desires to be furnished with the Council's explanation on this point.

The other letter stated that for the past six years the signatories had worked amicably with the medical officer of health, and had found him tactful and obliging; they deprecated, therefore, the idea of advertising his post as vacant merely because it was proposed to amalgamate with his office the department of school medical inspection. With reference to the former letter, the chairman stated that he had verbally explained to the Local Government Board why the notices were given, and had added that the majority of the Council, he believed, had no wish either to damage Dr. Lawrence or to displace him from his office. He also drew attention to the motion standing in his own name for the appointment of Dr. Lawrence as medical officer of health and school medical officer, and of Dr. Rock as his assistant. This was subsequently put as a substantive motion, but on a discussion arising as to the precise alterations in salary to be made, the fairness of the projected arrangement to Dr. Rock, and the propriety of the local medical profession expressing its views, the matter ended in the decision to hold a special meeting in committee, and to defer the appointments until February 27th.

THE SANITARY CONDITION OF THE BEDFORD RURAL DISTRICT.

AFTER an inspection of the Bedford Rural District, which has a population of nearly 20,000 persons, Dr. Deane Sweeting is able to make a favourable report.¹ The District Council, he states, has shown commendable activity in sanitary administration. The officials are zealous and energetic. An infectious diseases hospital has been provided, in which, in spite of certain defects, 83 per cent. of the cases of diphtheria and scarlet fever occurring in the district have been isolated during the past eight years. Systematic efforts are being made to convert privies and middens into pail closets, and active steps are being taken to enforce the Housing Acts. In the Bedford Rural District, as elsewhere, private enterprise does not appear to be equal to the provision of a sufficient number of new cottages, and the council has accordingly decided to embark on a housing scheme for one part of its district, on which it is proposed to spend the sum of £1,100, for which sanction has been obtained from the Local Government Board. In some parts of the district water is supplied from shallow wells, dip wells, and other sources which are open to pollution. In other parts sewage disposal needs improving, while the scavenging arrangements in certain more or less populated districts are not very satisfactorily carried out, and in this connexion Dr. Sweeting recommends that the District Council should itself undertake the work. The administration of the isolation hospital is not altogether satisfactory. The patients are attended by a medical

practitioner who is not the medical officer of health, that official apparently having nothing to do with the institution, which seems to suffer from the lack of medical administration as distinct from medical attendance. There are only five bedrooms in the administrative block for the female staff, which consists of a matron, three nurses, and four domestic servants. As a consequence one nurse sleeps in the scarlet fever block and two in the diphtheria block. The hospital was erected in 1901 at a cost of nearly £10,000, or about £528 a bed, and as there is accommodation for the treatment at one time of three diseases, Dr. Sweeting seems to have been fully justified in recommending not only an increase in the administrative accommodation, but also in the staff.

Medical News.

THE first of the course of Page May Memorial Lectures, to be delivered by Dr. Henry Head, F.R.S., at University College, London, will be given on Friday next at 5 p.m. The first of the course of lectures on the bearing of chemical physiology on certain pathological questions, to be delivered by Dr. Rosenheim at King's College, will be given at 4.30 p.m. on Monday, January 29th.

THE President of the Board of Education has appointed His Majesty's Inspector Mr. J. C. Illes, Divisional Inspector of Elementary Schools in the North-Western Division, to be Chairman of the Departmental Committee on Playgrounds of Public Elementary Schools, appointed on July 31st, 1911; and has also appointed Mr. E. B. Phipps, Principal Assistant Secretary of the Elementary Branch of the Board, to be a Member of the Committee. These changes are made in consequence of the resignation by L. A. Selby-Bigge, C.B., of the Chairmanship of the Committee on his appointment to be Permanent Secretary of the Board of Education.

A MEETING was held in York on January 10th for the purpose of making the necessary arrangements for the reception of the Congress of the Royal Sanitary Institute to be held in the city from July 29th to August 3rd. There was a large attendance, including the Archbishop of York, President of the Congress. The Lord Mayor, who presided, having welcomed those present, Colonel Lane Notter, treasurer of the institute, explained the object of the congresses of the Royal Sanitary Institute, and Mr. H. D. Searles Wood, F.R.I.B.A., Chairman of the Congress Committee, stated that it was estimated that some 1,500 persons would attend the Congress. The Archbishop of York also addressed the meeting. Local committees were appointed to make the necessary arrangements. There will be five sections of the Congress, namely: (a) Sanitary Science and Preventive Medicine; (b) Engineering and Architecture; (c) Domestic Hygiene; (d) Hygiene of Infancy and Childhood; (e) Industrial Hygiene. Conferences have also been arranged between municipal representatives, medical officers of health, engineers and surveyors to county and other sanitary authorities, veterinary inspectors, and sanitary inspectors.

A QUARTERLY court of the directors of the Society for Relief of Widows and Orphans of Medical Men was held on January 10th, Dr. Walter Rigden, senior vice-president present, in the chair. Fourteen directors were present, amongst them being the Right Hon. Sir Thomas Boor Crosby, Lord Mayor of London, one of the vice-presidents of the society. His lordship has most kindly given his consent to be nominated president of the society, to fill the vacancy caused by the death of Dr. Blandford, and the directors feel that Sir Thomas Boor Crosby, who for so many years has taken the keenest interest in the work of the society, will make an ideal president. Since the last court one of the vice-presidents of the society, Sir Samuel Wilks, has died. Three gentlemen were elected members of the society. The sum of £1,288 10s. was voted for the payment of the half-yearly grants to the annuitants of the charity. The grants to the orphans have been increased from £15 per annum to £25. The invested funds of the society now amount to £101,700. Membership is open to any registered medical practitioner who at the time of his election is resident within a 20-mile radius from Charing Cross. The annual subscription is 2 guineas, but life membership may be obtained by the payment of one sum, the amount of which depends on the age of the candidate. Relief is only granted to the widows and orphans of deceased members; letters are constantly being received from widows of medical men asking for relief, but this has to be refused as their husbands had not been members of the society. Application forms for membership and full particulars may be obtained by application to the secretary at the offices of the society, 11, Chandos Street, Cavendish Square, W.

¹ Reports to the Local Government Board on Public Health and Medical Subjects. New Series No. 58. Dr. R. Deane Sweeting's Report on the Sanitary Circumstances and Administration of the Bedford Rural District. London: Wyman and Sons. (4d.)