

the physical examinations being made about the same hour on each day. We have thus been able to obtain a series of diagrams in each case, and by taking the mean of our individual observations we may be allowed to have arrived at results approximately correct; but unfortunately the results so obtained are very different from those of Heymann and Tumás, who had the satisfaction of watching the gradual disappearance of the physical signs; for in no instance could we arrive at this happy inference. On the contrary, in 11 cases the disease apparently progressed uninfluenced by the treatment, new foci of disease appearing in hitherto healthy districts, while the signs showed that the previously consolidated tissue tended to break down in the ordinary way. In three chronic cases the physical signs remained unchanged. There is one point, however, which is deserving of some notice. In many cases where the expectoration became frothy moist crepitations appeared at the bases of the lungs and in the region of the larger bronchi, while in 3 cases a distinct attack of subacute bronchitis became superadded to the tuberculous disease, a phenomenon which subsided within a few days after relinquishing the treatment. It would, therefore, appear as if the drug is partially excreted by the bronchial mucous membrane, and that as a result a slight degree of inflammation is set up. Finally, the *post-mortem* examinations recorded by Cornil¹⁵ and Lübitzoff¹⁶ in cases treated by cantharidinate of potash, offer no confirmation to the statement that the drug has any power to modify the progress of the tuberculous disease, but rather point the lesson that glomerulo-nephritis is apt to be set up by its employment.

Conclusions.

A glance at the foregoing statements forcibly demonstrates the fact that in the investigation of the influence of a drug upon the progress of organic disease a wide distinction must invariably be drawn between subjective and objective symptoms. In the majority of the cases recorded such symptoms as appetite, sleep, cough, and even night sweats were considerably improved by the use of cantharidinate of potash, and in our own cases the accounts given by the patients themselves were always extremely encouraging, though they talied ill with the steady advance in physical signs. A striking example of this tonic effect of hope was observed in the case of a man who had suffered from persistent insomnia for many months. After a single injection of 0.2 mg. he passed an excellent night, and continued to do so during the whole period of treatment, despite the fact that albuminuria supervened after a few injections, and that an equal quantity of distilled water was substituted for the more deleterious preparation. In three other cases the subjective symptoms continued steadily to improve after injections of water had been regularly given in lieu of the potash salt. With these facts before us we have of necessity come to the following conclusions:

1. That cantharidinate of potash is absolutely useless in producing any obvious beneficial effect in pulmonary tuberculosis.

2. That in doses exceeding 0.2 mg. it is apt to induce albuminuria, with pain in the loins, strangury, and even haematuria.

3. That for the latter it should in no case be used without the most careful supervision, and that it is therefore ill adapted for out-patient practice.

With respect to the effect of cantharidinate of potash on laryngeal tuberculosis, we are not in a position to make any definite statement, as only two of our cases suffered from laryngitis. As far as our observations went we detected no improvement in the condition of the laryngeal affection.

Finally, we must thank Mr. John Hopkins, F.R.C.S., for kind assistance afforded us in the course of this investigation.

¹⁵ *Loc. cit.*
¹⁶ *Vratch*, 8, 1891, p. 237.

GERMAN UNIVERSITIES.—The total number of matriculated students in the twenty universities of the German Empire and the Munster Academy during the summer semester of 1891 was 28,515, of whom 8,915 were students of medicine. The teaching staff numbered 2,445 persons, among whom there were 1,049 ordinary, 532 extraordinary, and 60 honorary professors, 665 *Privatdozenten*, and 139 teachers of languages, gymnastics, etc.

MEMORANDA:

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

OPERATION FOR THE RELIEF OF OLD-STANDING AND IMPERMEABLE STRICTURES.

In such cases in which, owing to the density of the tissues at the seat of stricture, a Wheelhouse's operation is often impossible, I have relieved the patient by the performance of an operation which I devised some years ago.

I pass a soft instrument, such as a catheter, along one of the sinuses into the bladder, and with the catheter as a guide, I then introduce a long probe. Now I either (1) cut down upon the probe from a point in the mid-line of the perineum, and having passed a straight silver catheter through this wound into the bladder, withdraw the probe and allow this opening to remain patent; or (2) follow the probe by an incision from the fistulous opening until I arrive at the urethra, and then pass the catheter and withdraw the probe. In this manner I have found it easy to get at that part of the urethra behind the stricture. It is important in the after-treatment to keep the bladder well drained, so that no urine whatsoever may pass through the sinuses. This may be done by attaching to the straight petticoated catheter in the wound some rubber tubing, the other end of which, at a level below the bladder, dips in a solution of perchloride of mercury (1 in 1,000). The results obtained from this operation have been extremely satisfactory, all the sinuses become occluded, the patient passes his urine by the perineal opening.

L. S. SENHOUSE, M.B., C.M. Edin.
Ingham Infirmary, South Shields.

TWO CASES OF PUERPERAL ECLAMPSIA.

THE following notes of two cases of puerperal convulsions, which have occurred in my practice within the last two months, may possess a little interest as illustrative of two different conditions under which they may be found to exist:—

CASE I.—C., aged 30 years, the mother of several healthy children, whose previous labours, I was told, had all been normal, was daily expecting her confinement. An hour before my arrival she was found lying unconscious in her room, and had had several fits in the interval. Her face was puffy, legs very oedematous, and the skin had a jaundiced appearance. I learned that this condition had existed for some considerable time. I at once gave her two drops of crotin oil, followed by an enema. The os was slightly dilated and labour evidently commencing. The fits continuing, and the unconsciousness becoming more profound, I determined, with the concurrence of my friend, Dr. Mackenzie, to empty the uterus as quickly as possible. She was put under chloroform, and I dilated the os with my fingers so far that in a couple of hours I was enabled to complete the delivery with forceps. The child was born dead. There was very little haemorrhage, and the uterus contracted well. She had no fits after delivery, but she sank gradually into a state of coma, and died four hours afterwards. The urine which I drew off on first seeing the patient was thick, and greenish black in colour, due probably to admixture with blood. Unfortunately, it was only examined for albumen, which was found in considerable quantity. From the history of the case, and the general appearance of the patient, as well as from the presence of albumen in the urine, I concluded that kidney disease of long standing was present, and that the convulsions and supervening coma were the result of uremic poisoning. That the pregnancy determined the appearance of the convulsions at this particular time may, I think, be conceded, but the nature of the influence so exerted is not so easy of proof.

CASE II.—Although the symptoms were much the same, the result was different, and the cause more doubtful. This patient, aged 25, and always healthy previously, was in the eighth month of her second pregnancy, her first confinement having taken place six years before. Without any premonitory symptoms, she was taken with a convulsive attack in the middle of the night. The fits came on every twenty minutes,

but the unconsciousness following was not so deep as in the first case. There was no puffiness of the face, and only slight oedema of the legs. She had passed water freely previous to the attack, but she had paid very little attention to the state of her bowels. The water I drew off in colour and appearance exactly resembled the other. It was acid, of low specific gravity, and entirely deficient in urea. I may say, here, that when it was examined twelve hours afterwards its reaction was normal. Examination showed that labour had not commenced, but there were present during the fits strong uterine contractions. Measures were taken to relieve the bowels, and chloroform was administered. On stopping the chloroform the fits recommenced. In this case I assumed that there was no antecedent kidney disease, and that the convulsions had their origin in some form of reflex irritation, probably starting from the uterus. Acting on this assumption, I proceeded to induce labour. It was a very tedious process. After four hours the os was sufficiently dilated to allow of the introduction of the long forceps, and the child was safely delivered. There was smart haemorrhage for a short time. There were four fits after delivery, but the intervals were longer. Finally she recovered. Next day I noticed that there was well-marked loss of motor power in the right arm and leg, which disappeared on the fourth day. The absence of urea during the attacks, and its appearance when they were over, is in accordance with the observations of Dr. Herman, "that there is a close connection between the severity of the convulsions and the non-elimination of urea." It seems very probable, also, considering the paralysis observed afterwards, that it was that high state of arterial tension noticed by Dr. Barnes, which, acting on the kidney, produced the change in the urine seen during the attack.

Douglas, Isle of Man.

D. J. O'MALLEY, M.D.

HAEMORRHAGIC PURPURA: MEDIASTINAL TUMOUR: DEATH: NECROPSY.

THE following case is in some respects similar to one mentioned by the late Dr. Fagge, in his work on *Medicine* at p. 95, vol. i.

George A., aged 23, was admitted into the London Hospital under the care of Mr. Treves (to whose kindness I am indebted for permission to use the case) for epistaxis, which had resisted the ordinary treatment. He was a healthy-looking, well-built man, with no signs of anaemia. He had been apparently in perfect health, working in an iron foundry until a month before, when he began to suffer from occasional headaches and attacks of dyspnoea. A little later he began to spit blood, but had no cough. He then began to feel "out of sorts," and lost his appetite. He had not suffered from any pains in the joints, nor was there any sign of splenic or lymphatic enlargement, or any indication or history of haemophilia.

The day after admission he developed haematuria. Petechiae of various sizes now began to appear and rapidly increased in number. The spots were most numerous on the trunk and limbs, but were also present on the face and neck. While these cutaneous haemorrhages were appearing in increasing frequency and size, the patient rapidly became insensible, and died comatosæ about thirty-six hours after admission.

Post-mortem.—Body well nourished, covered by a profuse purpuric eruption. Petechiae of various sizes were found on the peritoneum, pleura, pericardium, on both visceral and parietal layers. Intestines, stomach, and bladder also showed submucous haemorrhages of varying extent. Heart natural in size and consistence, left ventricle contracted and empty, no valvular disease. Lungs showed numerous extravasations of blood into their substance. Spleen was natural. Both kidneys appeared slightly enlarged, and each pelvis contained a large, adherent, black blood clot; there were no haemorrhages into their substance, or into that of the liver, which appeared normal in all respects.

On opening the head the convolutions were seen to be flattened, and a large recent haemorrhage was found occupying the greater part of the right frontal lobe, and bulging into the anterior cornu of the right lateral ventricle.

Numerous small haemorrhages were found in other parts of the brain: the oldest, which must have been at least a week old, was found in the cerebellum.

The superior mediastinum was the seat of a large soft tumour, which occupied the position of the thymus, and, involving the great vessels, extended towards the roots of the lungs, especially the left.

The arch of the aorta passed behind the growth, to which it was attached, as was also the superior vena cava; but the intima of both appeared intact. The growth was very vascular, and showed some few haemorrhages into its substance. There was no glandular enlargement or secondary deposit to be found in any part of the body.

On microscopical examination the tumour proved to be a lymphosarcoma. Its position, and a certain indefinitely lobular structure that it possessed, suggested that it had originated in the thymus. This was rendered more probable by the presence of a number of well-defined, perfectly-circular spaces scattered through it, which possibly once contained the degenerated (fatty) remains of the concentric corpuscles of Hassle, and which had fallen or been dissolved out in the preparation of the sections.

The various organs and tissues in which haemorrhages had occurred were examined at the site of the haemorrhages, but no sign of any new growth or new vessel formation was discovered. One thing, however, was most marked in all the sections, namely, that all the smaller vessels were crowded with nucleated cells, indistinguishable from leucocytes, or from the cells of the mediastinal tumour. Dr. Watney has shown¹ that the normal thymus is constantly supplying the blood with lymphoid cells, which probably become the ordinary leucocytes. It would not be unreasonable to suppose that the lymphoid cells of a recrudescence thymus, or even of a lymphosarcoma of thymic origin, should, in a measure, at least, inherit this tendency. We should thus have, passing into the blood, an ever-increasing stream of lymphoid cells, ill-conditioned, and probably unable to undertake the rôle of the white blood corpuscle. Very little would be sufficient to throw out of balance the delicate relation which should exist between the intima of the blood vessels and the corpuscular elements of the blood. The result would be miliary thromboses, interfering with the nutrition of the vessel walls, and ending in miliary extravasations. The size of these would depend on the size and position of the vessel blocked and the resistance of the tissue implicated. Further, this explanation would suggest that a morbid condition of the white corpuscles, rendering them abnormally adhesive to the intima of the blood vessels, might be an important factor in many other varieties of purpura, especially that following in the course of other diseases.

Nuneaton.

E. N. NASON, M.B.Cantab.

NOTE ON A CASE OF CEREBRAL SOFTENING.

THE following case of cerebral softening was admitted to the Bristol Royal Infirmary, under Mr. J. Paul Bush, by whose kind permission these brief notes are published.

M. D., female, aged 47, was admitted on September 26th, suffering from convulsions, which had commenced four days before, and had recurred with great frequency, over 100 fits taking place during the two hours immediately preceding operation. The patient was quite unconscious. The fits began by conjugate deviation of the eyes to the left and upwards, accompanied by twitching of the left angle of the mouth. This was followed by clonic spasms in the arms, rapidly becoming general. The convulsions lasted from one to two minutes, ceasing in inverse order to that of production. Urine acid, sp. gr. 1010, trace of albumen. The patient had an old scalp wound, as large as a shilling, situated $2\frac{1}{4}$ inches to the right of the middle line and $1\frac{1}{4}$ inch posterior to the line of the fissure of Rolando. This had been caused by a fall two years previously, and since then there had been a discharging sinus at the spot indicated. Bare bone could be felt with the probe.

Treatment with potassium bromide and inhalation of chloroform proving ineffectual, it was decided, after consultation, to operate. The skull was trephined at the site of the scalp wound. Nothing abnormal was found, and careful insertion of an aspirator needle, chiefly in an anterior direction, was followed by a negative result. No fit occurred for four hours: and during the first eighteen hours after the operation, there were only three fits. The temperature fell from 107° to normal, and remained so for sixteen hours. Subsequently, however, convulsions recurred with increased vigour, the patient dying on October 1st.

Necropsy.—No fracture of cranial bones. Much fluid in subarachnoid space. Brain normal under trephine hole. There was a patch of reddish-coloured softening, affecting the posterior half of the right inferior frontal convolution, extending to the lower portion of the middle frontal, and slightly implicating the anterior part of the lower third of the

¹ *Philosophical Transactions*, 1882.

ascending frontal. Elsewhere and on section the brain was normal. There were no signs of atheroma or embolism in the vessels at the base of the brain. Unfortunately, the specimens were mislaid, or microscopic preparations would have been made.

REMARKS.—The case is interesting as corroborating pathologically the results determined experimentally in the monkey by Professor Schäfer and Dr. Mott.¹ These observers have shown that unilateral excitation of the posterior part of the frontal lobes by weak faradisation produces conjugate deviation of the eyes to the opposite side. If the stimulation be applied to the superior frontal, this movement is accompanied by a deviation downwards; if to the inferior frontal, by a deviation upwards. The latter result is illustrated clinically in the case under consideration.

JOHN H. PARSONS, B.Sc., M.R.C.S., L.R.C.P.,
Sharpey Physiological Scholar, University College, London.

REPORTS OF SOCIETIES.

HUNTERIAN SOCIETY.

WEDNESDAY, DECEMBER 9TH, 1891.

PATHOLOGICAL EVENING.

STEPHEN MACKENZIE, M.D., President, in the Chair.

Specimens.—Dr. F. TURNER showed specimens from a case of Ulcerative Endocarditis.—Dr. F. J. SMITH showed a specimen of Ruptured Aortic Valve from a blacksmith, aged 52, of rather intemperate habits. He complained of severe chest pain and dyspnoea, which had come on suddenly five days before; no syphilis or rheumatism. A loud double aortic *bruit* was heard. He died two days later. The heart was found of normal size; old atheroma affected the aorta and aortic valve, and one cusp of the valve was completely torn through.—The PRESIDENT referred to a case now under care in which one chorda tendinea was believed to be ruptured.—Dr. A. T. DAVIES showed specimens from a case of General Tuberculosis with symptoms of Addison's disease from a married woman, aged 39. The suprarenal bodies were enlarged by tuberculous growth, most of which had become fibroid; there were numerous giant cells. The left kidney was reduced to a caseous mass; the right was hydronephrotic, with dilated ureter. The bladder was extremely contracted, with old tuberculous growth in the thick walls. There were small patches of old tubercle in the lungs—fibrous at the right apex, caseous at the left. In Dr. Greenhow's classification of Addison's disease (*Pathological Society's Transactions*) this case would belong to the class in which general tuberculosis was present.—The PRESIDENT showed a specimen of Exfoliative Dermatitis; a cuticular glove presented to the London Hospital by Mr. Gooch in 1769. The patient, a gentleman aged 50, had shed the skin of his hands and feet regularly twice a year for ten years. Before the exfoliation the parts were red and painful with an eruption of red spots. The *American Journal of Medical Sciences* for last August reported a similar case.² Scaly Masses of Cuticle from a case in the recent epidemic of dermatitis at the Paddington Infirmary were also shown.—Mr. CHARTERS J. SYMONDS showed a specimen of Phosphorus Necrosis of the Jaw in which a large sequestrum had been removed, comprising nearly the whole of the lower maxilla, without waiting for it to become loose. The disease was arrested, new bone was formed, and mastication was carried on with the remaining two teeth.

Recurrent Papillary Sarcoma of the Toe with Numerous Secondary Growths.—Dr. WIGHTWICK read notes of a case. A man, aged 28, came under care in a dying condition, with growths scattered widely in the subcutaneous tissue and in the lymphatic glands and viscera. On the great toe was a small recurrent papillary growth five-eighths of an inch in diameter. Thirteen months previously several small hard warty growths had been removed from the toe, one of them slightly ulcerated. They were diagnosed as simple papillomata; the femoral glands, however, were slightly enlarged. The patient's paternal grandfather died aged 60 of cancer of the

cheek; one uncle and two aunts of some form of cancer.—Mr. JOHN POLAND, who had seen the case, described the *post-mortem* appearances and exhibited microscopical sections of the recurrent growth and of the secondary deposits. The lymphatic glands in the groin, abdomen, neck, etc., the lungs, kidneys, suprarenals, liver, mesentery, and peritoneum were full of growth. There were numerous subcutaneous nodules on the trunk, other nodules in one of the papillary muscles of the right ventricle, in the mitral valve, and in the pectoral muscles. The reddish colour of portions of the growths was found to be due to small ecchymoses. The microscopical structure was almost precisely that found in melanotic sarcoma of the skin, without, however, any pigmentation, the cells being of the large round variety. But on the toe the cells were more mixed—many of them tailed. In some places the cells were closely packed with little matrix discernible, giving an alveolar appearance.

BRITISH GYNÆCOLOGICAL SOCIETY.

THURSDAY, DECEMBER 10TH, 1891.

W. CHAPMAN GRIGG, M.D., President, in the Chair.

Adjourned Discussion on Cirrhotic Ovaries.—Dr. FENTON said he thought that the proportion of follicles to stroma varied in perfect health in different individuals and at different ages.

—Dr. BANTOCK said there was no necessary connection between disease of the tubes and cirrhosis of the ovaries. He assumed that the first stage was a congestion, perhaps accompanied by hyperplasia, and the microscope did not distinguish this from the normal condition.—Dr. SHAW MACKENZIE said cirrhotic ovaries should be smaller than normal, whereas the specimens were rather larger. Cirrhosis in other organs was a painless affection, and in the case from which these ovaries were taken pain was a prominent feature.—Dr. EDIS said that operations were justifiable, not merely from a pathological, but from a clinical, point of view. Pathology did not always substantiate what clinical evidence taught.—Dr. LEITH NAPIER submitted it was when an operator had made a mistake that he was apt to cry cirrhosis.—The PRESIDENT knew of two cases in which the neurotic symptoms returned worse than before, though the tubes and ovaries had been completely removed.—Dr. HEYWOOD SMITH, in reply, said that cirrhosis of the ovary was a well marked disease, progressing apparently in three stages, each of which was fairly defined, and each producing more or less dysmenorrhœa. He maintained that operation was fully justifiable.

Chronic Inversion of the Uterus.—Dr. J. A. MANSELL MOULLIN related a case. The patient had suffered from almost continual uterine haemorrhage since an instrumental delivery nearly three years previously. Aveling's repositor was applied and reduction effected on a second application, lasting ninety hours with an interval of thirty.—Dr. EDIS was of opinion that the gentler the application of the pressure the better was the result. He had effected complete reduction in twenty-four hours by Aveling's repositor.—Remarks were also made by Drs. DOLAN, FANCOURT BARNES, HEYWOOD SMITH, ROUTH, BANTOCK, and NAPIER, and the PRESIDENT.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

FRIDAY, DECEMBER 4TH, 1891.

SECTION OF PATHOLOGY.

C. J. NIXON, M.D., President, in the Chair.

United Fractures in Animals.—Dr. FRASER showed: No. 1. Humerus of grouse, broken at lower part and united with much angular deformity and overlapping of lower fragment. No. 2. Wing of pheasant. Radius broken at lower third; much consolidation around seat of fracture, with spiny protuberances from callus. No. 3. Pintail duck. Fracture of both wing bones, radius, and ulna, with overlapping. No. 4. Fracture of leg of hare, with considerable oblique displacement of the lower fragments. These injuries, probably all due to gunshot wounds, illustrated the remarkable powers of healing without surgical aid in animals. In every instance the union of the injured bones resulted in a useful limb.

Intussusception of the Dying.—Dr. M'HUGH exhibited a case in which descending intussusception of the jejunum had oc-

¹ BRITISH MEDICAL JOURNAL, June, 1890; *Brain*, No. 50.

² See SUPPLEMENT to the BRITISH MEDICAL JOURNAL, September 19th, p. 89.

upon the instructions given to the inquiry officer, which are as follows:—

That the following shall require a certificate:

1. Unmarried men and women, in work, who pay all their own expenses of board and lodging and are earning more than 21s. and 18s. a week respectively.

2. Unmarried men, in work, living with their parents or employers, and earning more than 12s. a week. Unmarried women, under similar conditions, earning more than 10s. a week.

3. Married men, in work, earning more than 25s. a week, if without family, and the wives of such men.

4. Married men, with from one to three children under 6 years of age, earning more than 30s. a week.

5. Married men, with more than three children, earning more than 30s. a week, where some of the children are able to work.

6. Wives and children in the last two classes, where the husband or father is in work.

That no member of a family, the united earnings of which amount to 40s. or more, shall be admissible, except under special circumstances and after due inquiry.

That the following form the instructions for the inquiry officer:

1. Patients coming to the out-patient department shall in all cases be questioned as to the amount of wages earned by themselves or by the bread-winner of their families.

2. If the wage limit does not appear to be exceeded no further inquiry need be made, unless the inquiry officer has reason to doubt the correctness of the information given.

3. If the wages or income from all sources amount to more than the wage limit in each class the inquiry sheet shall be filled up with the particulars of the case and a form of certificate issued, which must be returned, duly signed, at the next visit.

4. The patient's card shall be marked by the inquiry officer with a "C."¹

5. When cards thus marked are presented at a subsequent visit without a certificate the patient shall be refused admission, unless the casualty officer decide otherwise; but his marked card shall be returned to him so that he can come again as soon as he obtains a certificate.

6. Besides the amount of wages the inquiry officer shall ascertain whether there are other sources of income, such as earnings of wife or children, grants from clubs, rents from letting lodgings, or gratuities, as in the case of railway servants.

7. The inquiry officer shall also ascertain the following details: The number of dependents upon the bread winner other than wife and children, the want of work, whether from illness or other cause, the duration of the illness under which the patient is suffering, the name of hospital, dispensary, or private doctor under whom the patient may have been treated, the names of clubs and club doctors, whether the patient is a member of a provident dispensary, and rent of the dwelling-house or lodging. The question of out of work to be dealt with leniently.

These instructions seem complicated, but it is stated that they work well in practice. The report of the subcommittee, which has just been issued, is as follows:—

The regulations approved by the committee for the admission of outpatients have been faithfully carried out from the first week in April, 1891, until October 25th, 1891. The subcommittee have held several meetings, and have received regular reports from the inquiry officer and from the casualty officer, all papers, certificates, and accounts having been duly submitted to them and examined. They have pleasure in reporting that the new system has worked well, without friction or complaint, and that the following results have been achieved.

1. *Detection of Cases of Abuse of the Charity by Persons able to Pay a Private Practitioner.*—Forty-eight persons have been refused admission altogether, many of these openly stating that they came to the hospital to obtain special advice in preference or in addition to that of their own doctors, and not attempting to deny their ability to pay for medical attendance. Eleven patients, obviously well to do, declined to give full particulars as to their fitness for hospital treatment, or to get certificates filled in, and were also refused. Four hundred and fifty-four cases of suspected abuse have been inquired into, and of these 309 were refused further treatment unless certified as required by the committee. Only 142 of these certificates were returned duly signed. In all cases the patients have been referred, if possible, to their own doctors for certification: 63 patients have been returned to the hospital by their doctor's certificate, the remainder being all certified by their employers or others.

2. *Selection of Cases by the Casualty Officer.*—6,810 new cases have been admitted since the beginning of April, and of these no fewer than 2,259 have been found to be of a trivial character, and have been dealt with by the casualty officer. 115 more patients applied for admission to the out-patient department than during the corresponding period of 1890; but, notwithstanding this fact, there have been no patients "waiting admission" during the last four months.

3. *Contributions from Patients.*—Collecting boxes have been placed in the out-patient department with printed appeals to the patients to contribute small sums towards the cost of their medicines or surgical dressings. The sums collected by this means have amounted to £102 17s. 5d. against £204 1ss. 7d. received during the same period under the previous system.

Conclusions.—It will be seen from the foregoing report that the system has succeeded in achieving all the more important results for which it was established—(a) Cases of flagrant abuse of the charity have been promptly detected and summarily excluded. (b) More than half the number of patients who have been required to obtain certificates under the schedule approved by the committee have either been unable or unwilling to do so, from which it may be inferred that a good deal of latent abuse has been discovered and put a stop to. (c) The work of the out-patient staff has been materially aided by the elimination of the trivial cases. (d) Your subcommittee have every reason to believe that the system is strongly approved and supported by the medical practitioners in the neighbourhood of the hospital.

In concluding their report, the subcommittee recommend that the system should be adopted permanently, and be made known publicly.

It is believed that most of the evils which have hitherto attended the out-patient system have been met by the Great Northern scheme. Persons attempting to obtain gratuitous relief, to which their circumstances do not entitle them, have been promptly sent back to their own medical attendants. The trivial cases have been so far eliminated as to relieve the pressure upon the time and energies of the honorary medical staff, thus enabling fuller justice to be done to the genuine cases of disease and injury. A still more important result than these has been secured in the fact that the funds provided by the charitable public, by the Hospital Saturday and Sunday Funds, and by the working men's societies in the district, are no longer employed for the benefit of those for whom they were never intended.

ASSOCIATION INTELLIGENCE.

COUNCIL.

NOTICE OF MEETING.

A MEETING of the Council will be held in the Council Room of the Association, at No. 429, Strand (corner of Agar Street), London, on Wednesday, the 13th day of January next, at 2 o'clock in the afternoon.

FRANCIS FOWKE, *General Secretary.*

December 17th, 1891.

NOTICE OF QUARTERLY MEETINGS FOR 1892. ELECTION OF MEMBERS.

MEETINGS of the Council will be held on January 13th, April 13th, July 6th, and October 26th, 1892. Candidates for election by the Council of the Association must send in their forms of application to the General Secretary not later than twenty-one days before each meeting, namely, December 24th, 1891, March 24th, June 16th, and October 5th, 1892.

Any qualified medical practitioner, not disqualified by any by-law of the Association, who shall be recommended as eligible by any three members, may be elected a member by the Council or by any recognised Branch Council.

Candidates seeking election by a Branch Council should apply to the Secretary of the Branch. No member can be elected by a Branch Council unless his name has been inserted in the circular summoning the meeting at which he seeks election.

FRANCIS FOWKE, *General Secretary.*

LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

MEMBERS are reminded that the Library and Writing Rooms of the Association are now fitted up for the accommodation of the Members in commodious apartments, at the Offices 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.

CORRECTIONS TO LIST OF MEMBERS.

Midland Branch, omitted from unattached list of members, page xxiii. Morris, Edwin, M.D., 8, High Street, Spalding.

Dorset and West Hants Branch, unattached, page vii, Duncan, P. J., M.D., for M.B.

Staffordshire Branch, unattached, page xxxiv, Hancock, H. R., Esq., Burslem, include in Branch members.

Metropolitan Counties Branch, South London District, Secretary, page xvi, H. W. G. Mackenzie, M.D., 77, Lambeth Palace Road, S.E.; also in list of members, page xviii. On page xix., Rose, W. M.B., 17, Harley Street, W., not 50, Harley Street, W.

Lancashire and Cheshire Branch, attached, page xiv, for Menzies, J. A., M.D., read Menzies, J. A., M.B.

Bath and Bristol Branch, attached, page iv, Lacey, F., Esq., 5, Paragon, Bath, was erroneously stated to be dead.

SYDNEY AND NEW SOUTH WALES BRANCH.

The 103rd general meeting of this Branch was held at Sydney, on October 2nd, 1891, Dr. SCOT-SKIRVING (President) in the Chair.

The Edwards Fund.—The minutes of the previous meeting

¹ Certificate which the patient has to get signed before the next visit.

having been read and confirmed, the Hon. Secretary (Dr. WORRALL) read a letter from Dr. Edmunds, of Bathurst, acknowledging the receipt of £117 6s. 6d., being the amount collected towards Dr. Edwards's legal expenses.

Communications, etc.—Mr. G. T. HANKINS exhibited a simple apparatus for topical applications to the urethra. Mr. G. T. Hanks also read notes on a case of Jejuno-Gastrostomy by means of Senn's Plates. Drs. THOMAS, NEWMARCH and WORRALL discussed the paper, and Mr. HANKINS replied.—Dr. SCOT-SKIRVING exhibited an Intestinal Polypus, removed from a lad aged 17.—Dr. THOMAS read notes on the case of a man who had passed some Sand-like Substance *per anum*.

Leichardt Friendly Societies' Dispensary.—Dr. NEWMARCH resumed the discussion on Dr. McCulloch's motion relating to the Leichardt Friendly Societies' Dispensary.—Mr. G. T. HANKINS moved that a subcommittee consisting of Drs. Hull, Worrall, Scot-Skirving, McCulloch and the mover, draw up a statement of the case to be submitted to the Council of the Association as to whether this Branch had exceeded its powers in issuing the circular in question.—After a discussion in which Drs. SHEWEN, FURNIVAL, EDWARDS, HULL, THOMAS, MEGGINSON, HUXTABLE, McCULLOCH, and WORRALL took part, the resolution was carried.

SPECIAL CORRESPONDENCE.

EGYPT.

The Mecca Pilgrimage.—Sanitary Statistics.—Annual Report of Sanitary Department for 1890.—The Season.

DR. SALEH SOUBHY, who was Egyptian delegate to the Hedjez during the last pilgrimage, reports that out of 46,953 pilgrims of various nationalities who arrived by sea only 25,253 returned, the remainder—that is, 21,700—having died, chiefly of cholera. Dr. Soubhy adds that of the six delegates present only his Ottoman colleague and himself escaped with their lives. There is no record of the number of pilgrims who travelled by land, nor of the mortality that took place among them; but the latter was doubtless as great in proportion as among the sea-borne devotees, if not greater.

The Pilgrimage of 1891.

Pilgrims who Started.	Pilgrims who Returned.	Pilgrims who did not Return.
Javanese 10,817	6,920	3,897
Indians 11,047	4,784	6,263
Persians 1,954	969	984
Arabs 2,154	695	1,459
Yemenis 2,987	952	2,055
Soudanese 283	75	213
Ottomans Syrians 5,091	2,699	2,392
Egyptians 6,712	4,489	2,230
Mogrebins 3,850	2,310	1,510
Bonharten 2,053	1,357	696
Totals 46,953	25,253	21,700

The statistical report of the sanitary department for 1889 has just been published, and is an extremely interesting production, inasmuch as it shows conclusively the immense progress that has taken place in sanitary matters during the past few years. Reports of this nature were entirely unknown till within the last year or two; and it is greatly to the credit of those concerned that such testimony of good work should be published without any additional demands on the treasury. The sanitary budget of 1884 was the same as it is now, and yet there is no department in the country where better results can be shown.

The general sanitary report for 1890 is nearly ready for publication, its production having been delayed by the absence of the director, Dr. Greene Pasha. It shows the usual record of an endeavour to make bricks without straw, but will be read with interest as it nevertheless contains evidence of considerable progress.

The weather is magnificent now, and visitors are arriving by the hundred. The general health throughout the country has never been better, and everything points to a most successful season.

SHEFFIELD.

Water-borne Typhoid.—Working Men and Hospitals.—News. Whilst the Rotherham Corporation have apparently been slow to realise the importance of looking to the condition of their water supply and its relation to the present outbreak of enteric fever in the borough, and at Rawmarsh, the Local Government Board has stepped in and intimated its intention of holding an inquiry into the circumstances attending the breaking out of the epidemic. Dr. Thomson, one of the board's inspectors, is to hold an inquiry during the present week. The need for inquiry and the severity of the outbreak of fever are shown by the report of Dr. Whitelegge, the medical officer of the county council, which states that, while in the month of November the total number of cases of typhoid fever in the whole of the West Riding was 258, more than half, or 132, were in Rotherham and Rawmarsh—28.29 per cent. for the former town and 28.86 for the latter. It would seem that the supply of water derived from the Ulley Reservoir is believed to be that which is principally at fault. Dr. Picken laid particular stress upon the condition of this water in a recent report to the Rawmarsh Local Board. On visiting the reservoir he said he found the water muddy and of a deep yellow colour like a river in full flood, showing how efficiently the surrounding land drained into it. There were several ploughed fields near, one at least of which had been plentifully covered with stable and other manure five or six weeks before. In other fields were collections of manure and in one heaps of night soil. It is impossible to look at such a condition of the water supply as is here indicated without feeling that at all events a good case for inquiry has been made out. The Rawmarsh Local Board are desirous that the town of Rotherham should purchase the gathering ground of this reservoir.

The working men of the town realise—at least at some of the works—the desirability of their contributing to the support of the hospitals. An example of this is given in the following generous contribution to the medical charities. During the past twelve months the workmen employed at the Atlas Works have subscribed a sum of £324 8s. 10d., which has been divided between the General Infirmary, the Public Hospital, and the Jessop Hospital for Women.

The new wing at the Mexborough Cottage Hospital, which has been added as a memorial to the late Mr. Montague, was opened on December 14th. It appears rather to have added to the convenience of the place and its working more than in the extra beds it will provide.

Dr. Crochley Clapham has been elected to fill the office of Physician to the Public Hospital and Dispensary, vacant by the resignation of Dr. Sidney Roberts, who has left the town.

The foundation stone has been just laid of the new infirmary which is to be built for the Ecclesall Workhouse. It is to cost £9,000.

GLASGOW.

Old Glasgow.—Greater Glasgow.

DR. J. B. RUSSELL, the medical officer of health, has put into permanent form some of the more interesting and valuable facts concerning Glasgow as it was and Glasgow as it has become by the Extension Act, which came into force on November 1st, 1891. Dr. Russell received permission to examine the census papers before they were forwarded to the Registrar-General.

The progress made by Glasgow, as it was up to November 1st in the decade April 4th, 1881 to April 5th, 1891, is briefly indicated by the following facts: (1) the population increased from 511,415 to 565,710, an increase of 10.62 per cent. In the previous decade the increase was only 4 per cent; (2) the proportion of children under 1 year is lower than at any census since 1841, and the proportion of persons above 60 years is higher than it has been for at least 70 years; (3) the average number of persons per house was 4.727, as against 4.738 in the previous decade; (4) the average number of rooms per house is practically the same as in the previous period, but there are now fewer one-apartment houses by 4,000 than there were eighteen years ago, and the proportion of persons living in one-roomed houses is lower than it has ever been. On the

	From	To
Surgeon-Captain J. McLaughlin, M.D.	Curragh ...	Sierra Leone.
" W. Dick, M.B.	Altcar Camp	Straits Settlements.
" W. A. Morris	—	Horn District.
" W. H. Lendrum, M.D.	Woolwich	Bengal.
" R. J. Geddes, M.B.	Madras	Devonport.
" A. De C. Scanlan	Lyd	Shorncliffe.
" W. Turner	Lichfield	Bengal.
" A. E. Morris, M.D.	Limerick	Tipperary.
" F. D. Elderton	Bengal	York.
" L. T. M. Nash	Templemore	Cork.
" T. Daly	Aldershot	Straits Settlements.
" F. Smith	W. O. Beveridge, M.B.	Hong Kong.
" R. W. H. Jackson, M.B.	Curragh	Coldstream Guards.
" J. E. Carter, M.B.	Belfast	Newry.
" J. T. Clapham	Sheerness	Barbadoes.
" W. Ap. S. J. Graham	Edinburgh	Madras.
" D. D. Shanahan	Tipperary	"
" C. W. H. White-stone, M.B.	Dover	Bombay.
" H. D. Mason	Taunton	Fleetwood.
" O. L. Robinson	Chester	Limerick.
" I. A. O. MacCarthy	Cork	Colchester.
Quartermaster W. Morrison	Devonport	Devonport.
" C. Arbeiter	Woolwich	Anglo-French Boundary Commission.

THE NAVY.

THE following appointments have been made at the Admiralty: RICHARD A. MOWLL, Fleet Surgeon, to the *Triumph*, December 16th; JOHN D. HENWOOD, Staff Surgeon, to the *Severn*, December 1st; EDWARD H. WILLIAMS, Staff Surgeon, to the *Victor Emmanuel*, December 1st; GILBERT KIRKER, Staff Surgeon, to the *Amphion*, December 1st; JOSEPH CROWLEY, Staff Surgeon, to the *Scout*, December 16th; GEORGE F. DEAN, Surgeon, to Haslar Hospital, December 1st; BASIL R. CLARKE, Surgeon, to the *Widow*, December 16th; JOHN K. ROBINSON, Surgeon, to the *Triumph*, December 16th; H. W. FINLAYSON, Surgeon, to the *Cormorant* and Gibraltar Yard, December 16th; E. C. CRIDLAND, Surgeon, to the *Ganges*, December 16th; ROBERT W. SENIOR, Surgeon, to the *Invincible*, December 16th; ERNEST A. PENFOLD, Surgeon, to the *Neptune*, December 16th; GEORGE H. H. SYMONDS, Surgeon, to the *Jackal*, December 16th; JAMES MCC. MARTIN, Surgeon, to the *Daphne*, December 16th; EDWIN J. BIDEN, Surgeon, to the Portsmouth Division Royal Marines, December 16th; E. H. MEADE and C. H. UPHAM, Surgeons, to Hong Kong Hospital, December 1st; ERNEST E. BRAY, Surgeon, to the *Archer*, December 1st; GEORGE A. S. BELL, Surgeon, to the *Severn*, December 1st; EDWARD C. WARD, Surgeon, to the *Hyacinth*, December 1st; WALTER J. BEARBLOCK and FREDERICK FEDART, Surgeons, to the *Victor Emmanuel*, December 1st; WILLIAM J. COLBORNE, Surgeon, to the *Amphion*, December 1st; JOHN E. PENN, Surgeon, to the *Ganet*, December 1st; ANTHONY KIDD, Surgeon, to the *Cambridge*, December 1st; CHARLES J. S. KELSALL, Surgeon, to the *Linnet*, undated; RICHARD MILLER, Surgeon, to the *Cockatrice*, undated; JAMES SHORTEN, to be Surgeon and Agent at Courtmasonry and Howesstrand, December 1st; JOHN LOWNEY, Surgeon, to the *Hearty*, December 1st; GEORGE EDMUNDS, Surgeon, to the *Seagull*, December 1st; WILLIAM THOMPSON, Staff Surgeon, to the *Himalaya*, December 1st.

MEDICAL STAFF.

SURGEON-CAPTAIN J. FAYRER, serving in the Bengal command, is appointed to the civil medical charge of Muttra, in addition to his military duties.

Surgeon-Captain D. R. HAMILTON, stationed at Ashton-under-Lyme, and Surgeon Captain G. T. GOGGIN, at Landguard Fort, have been placed under orders for India.

INDIAN MEDICAL SERVICE.

SURGEON-LIEUTENANT-COLONEL C. J. MCKENNA, Bengal Establishment, has retired from the service. He was appointed Assistant-Surgeon October 1st, 1866; became Surgeon-Major, October 1st, 1878; and ranked as Lieutenant-Colonel from October 1st, 1886. He served in the Afghan war in 1879 with the Peshawar Valley Field Force, receiving the medal.

Surgeon-Captain BAWA JIWAN SINGH, Bengal Establishment, has passed the examination in Persian by the lower standard.

Surgeon-Captain H. E. DRAKE BROCKMAN, Bengal Establishment, whose services have been placed temporarily at the disposal of the Government of the North West Provinces and Oude, is appointed to the civil medical charge of Etah District from November 4th.

Surgeon-Captain J. W. U. MACNAMARA, M.D., Bengal Establishment, Civil Surgeon of Sylhet, is appointed to be a Commissioner of Sylhet Municipality, vice Surgeon-Captain S. H. Henderson.

Surgeon-Lieutenant-Colonel W. PRICE, M.D., Madras Establishment, District Surgeon and Superintendent of the Gaol at Nellore, is appointed Senior Medical Officer to the Madras General Hospital, and Principal of the Medical College.

Surgeon-Major G. L. WALKER, M.D., Madras Establishment, Civil Surgeon of Chittoor, is appointed District-Surgeon and superintendent of the Gaol at Nellore.

Surgeon-Captain C. ADAMS, Madras Establishment, is appointed Civil Surgeon of Chittoor, but to continue to act as District Surgeon of Tinnevelly.

Surgeon-Captain W. B. BANNERMAN, M.D., Madras Establishment, is appointed District Surgeon and Superintendent of the Gaol at Mangalore.

Surgeon-Major W. H. THORNHILL, M.D., Madras Establishment, Medical Officer 27th Native Infantry, has returned from furlough out of India.

Surgeon-Captain J. SCOTT, M.B., Madras Establishment, Medical Officer 6th Infantry Hyderabad Contingent, has been permitted to return to duty.

Surgeon-Captain C. A. JOHNSTON, Madras Establishment, doing duty in the Rangoon District, is directed to report himself to the Administrative Medical Officer, Her Majesty's Forces, Myingyan and Mandalay District, for column duty.

The services of Surgeon-Captain A. F. FERGUSON, M.B., Bombay Establishment, are replaced at the disposal of Government in the Military Department.

Surgeon-Captain R. J. BAKER, M.D., Bombay Establishment, received charge of Rutnagherry Gaol on November 1st.

Brigade-Surgeon-Lieutenant-Colonel G. BAINBRIDGE, Bombay Establishment, Civil Surgeon of Urrachee, is permitted to return to duty.

Surgeon-Captain G. S. THOMSON, Bombay Establishment, having returned from furlough, is posted to Bombay District for general duty.

THE VOLUNTEERS.

SURGEON-LIEUTENANT W. F. LOVELL, 1st Cinque Ports Artillery (Eastern Division Royal Artillery), is promoted to be Surgeon-Captain, December 1st.

Surgeon-Captain E. F. ELIOT, 1st Hampshire Artillery (Southern Division Royal Artillery), has resigned his commission, which was dated April 1st, 1888.

Surgeon-Lieutenant S. BEATTIE, M.B., 1st Forfarshire Artillery, has also resigned his commission, which was dated from April 1st, 1888.

Surgeon-Captain H. H. SMITH, 1st Volunteer Battalion South Staffordshire Regiment (late the 1st Stafford), is promoted to be Surgeon-Major, December 1st.

Surgeon-Captain D. CAMPBELL, 5th Volunteer Battalion Durham Light Infantry (late the 5th Durham), is promoted to be Surgeon-Major, December 1st. Surgeon-Major Campbell resigns his commission, with permission to retain his rank and uniform.

Brigade-Surgeon WILLIAM RIDDELL BRUNTON, M.R.C.S., L.S.A., late East Surrey Volunteer Brigade, died at Sydenham on December 1st, aged 59.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

SECOND M.B. EXAMINATION.—*Part I (Pharmaceutical Chemistry)*: A. C. AMBROSE, B.A., Down; AUDEN, CHRIST'S; BAIRD, CAI.; A. M. BARRACLOUGH, H. CAV.; BATES, B.A., QUEEN'S; N. G. BENNETT, B.A., JOH.; BETTERIDGE, CAI.; BISS, KING'S; BLATCHFORD, SID.; BORCHERDS, B.A., CAI.; BOURNE, H. CAV.; BURTON, B.A., KING'S; COLLINGWOOD, CAI.; DRAPER, JOH.; DUNN, B.A., CATH.; FISON, B.A., CORPUS; FLETCHER, CAI.; H. R. FOWLER, H. SELW.; GASKELL, CHRIST'S; GILES, B.A., PET.; GROSVENOR, TRIN.; GRUMMITT, CAI.; L. K. HARRISON, CAI.; HEYWOOD, EMAN.; C. L. HOPKINS, B.A., CAI.; HOWITT, CAI.; JUDD, KEY, B.A., EMAN.; KING, H. SELW.; LANGDON, CAI.; MACNAMARA, B.A., PET.; MARTIN, PET.; MATTHIAS, CHRIST'S; PAGET, CAI.; PARKER, CAI.; PATERSON, EMAN.; PENDLEBURY, PEMB.; PETERS, B.A., CAI.; PILLEY, B.A., DOWN.; PRINCE, CAI.; SECCOME, B.A., JOH.; SELBY, DOWN.; SING, CHRIST'S; STURROCK, B.A., CAI.; TOWNSEND, CLARE; TURNER, EMAN.; TWENTYMAN, B.A., CHRIST'S; A. B. WARD, H. SELW.; F. K. WEAVER, TRIN.; WEDD, DOWN.; WOOLLEY, CHRIST'S; YOUNG, CAI.

THIRD M.B. EXAMINATION.—*Part II (Medicine, etc.)*: ATTFIELD, B.A., PET.; J. ATTLEE, B.A., JOH.; BOLUS, B.A., JESUS; BRADFORD, B.A., CAI.; W. CARLING; COWELL, B.A., JOH.; CRAIG, B.A., CAI.; DORMAN, B.A., CLARE; DRAKE, B.A., CLARE; DURHAM, M.A., KING'S; ECCLES, M.A., DOWN; EDMONDSON, B.A., JOH.; EVANS, B.A., JOH.; FERGUSON, B.A., CAI.; FISHER, B.A., CAI.; FOOKS, B.A., JESUS; FREER, B.A., CAI.; GILLAM, B.A., H. CAV.; GILLIBRAND, M.A., QUEEN'S; L. G. GLOVER, B.A., JOH.; A. H. GODSON, B.A., JOH.; GRIMSDALE, B.A., CAI.; HULBERT, B.A., TRIN.; KENT, B.A., TRIN.; LAW, B.A., CHRIST'S; LEE, B.A., H. CAV.; G. A. MASON, B.A., JOH.; W. B. MERCER, B.A., CAI.; PERKINS, B.A., EMAN.; PRIDHAM, B.A., CAI.; SENIOR, B.A., QUEEN'S; W. H. C. SHAW, B.A., JESUS; H. SIMPSON, B.A., JOH.; E. H. E. STACK, B.A., PEMB.; STUBBS, M.A., TRIN.; F. M. TURNER, B.A., TRIN.; WALLACE, M.A.; WRENCH, H. CAV.

UNIVERSITY OF LONDON.

M.D. EXAMINATION. MEDICINE.—J. O. W. BARRATT, B.S., B.Sc., University College; H. M. BOWMAN,* ST. BARTHOLOMEW'S HOSPITAL; W. H. BRAZIL, OWENS COLLEGE AND MANCHESTER ROYAL INFIRMARY; E. H. BROCK, B.S., GUY'S HOSPITAL; J. H. BRYANT, B.S., GUY'S HOSPITAL; H. E. CUFF, B.S., GUY'S HOSPITAL; T. J. DYALL, B.S., ST. BARTHOLOMEW'S HOSPITAL; P. C. EVANS, EDINBURGH UNIVERSITY AND GUY'S HOSPITAL; J. FAWCETT, B.S., GUY'S HOSPITAL; W. H. R. FORSBROOK, WESTMINSTER HOSPITAL; J. McD. GILL, GUY'S HOSPITAL; R. F. GILL, UNIVERSITY COLLEGE; T. A. GOODFELLOW, OWENS COLLEGE AND MANCHESTER ROYAL INFIRMARY; F. GRANGE, CHARING CROSS HOSPITAL; W. GRIFFITHS, B.Sc., MIDDLESEX HOSPITAL; F. W. HALL, B.S., GUY'S HOSPITAL; H. H. HODDEN, UNIVERSITY COLLEGE; C. MAGC. KITCHING, B.S., GUY'S HOSPITAL; M. P. LEDWARD, OWENS COLLEGE AND MANCHESTER ROYAL INFIRMARY; R. LEIGH, B.Sc., UNIVERSITY COLLEGES, LIVERPOOL AND LONDON; R. E. LORD, B.Sc., OWENS COLLEGE AND MANCHESTER ROYAL INFIRMARY; A. LYNDON, ST. BARTHOLOMEW'S HOSPITAL; W. J. MAILLARD, GUY'S HOSPITAL; R. D. MOTHERSOLE, M.S., GUY'S HOSPITAL; E. S. PASMORE, UNIVERSITY COLLEGE; E. P. PATON, ST. BARTHOLOMEW'S HOSPITAL; T. L. PENNELL, B.Sc. (GOLD MEDAL), UNIVERSITY COLLEGE; J. S. RICHARDS, B.S., GUY'S HOSPITAL; T. F. RICKETTS, B.S., B.Sc., GUY'S HOSPITAL; E. A. ROBERT, ST. THOMAS'S HOSPITAL; J. ROBERTSON, GUY'S HOSPITAL; G. H. D. ROBINSON, B.S., ST. BARTHOLOMEW'S HOSPITAL; A. G. SALMON, B.S., ST. BARTHOLOMEW'S HOSPITAL; A. SCOTT, GUY'S HOSPITAL; J. H. SEQUEIRA, LONDON HOSPITAL; T. S. SHORT, KING'S COLLEGE, LONDON, AND QUEEN'S COLLEGE, BIRMINGHAM; E. H. SUELL, B.Sc., QUEEN'S COLLEGE, BIRMINGHAM; S. H. SNELL, B.S., UNIVERSITY COLLEGE; W. T. STRUGGE*, ST. BARTHOLOMEW'S HOSPITAL; S. A. TIDY, ST. MARY'S HOSPITAL; H. TILLEY, B.S., UNIVERSITY COLLEGE; H. W. WEBBER, B.S., GUY'S HOSPITAL; L. WILLIAMS, B.S., UNIVERSITY COLLEGE; P. W. WILLIAMS, BRISTOL; E. WILLS, UNIVERSITY COLLEGE.

M.D. EXAMINATION. STATE MEDICINE.—D. S. DAVIES, ST. THOMAS'S HOSPITAL; G. H. O'REILLY, NORTHAMPTON GENERAL INFIRMARY AND KING'S COL-

lege; J. J. Ridge, M.D., B.S., B.A., B.Sc., St. Thomas's Hospital; J. K. Warry, London Hospital.

M.S. EXAMINATION. PASS LIST.—R. C. Bailey (gold medal) St. Bartholomew's Hospital; R. Bird, M.D., St. Bartholomew's Hospital.

B.S. EXAMINATION. PASS LIST. FIRST DIVISION.—G. F. Blacker, University College; E. E. Blomfield, London Hospital; G. S. Buchanan, B.Sc., St. Bartholomew's Hospital; H. G. G. Cook, St. Bartholomew's Hospital; T. B. P. Davies, Guy's Hospital; D. Drew, University College; W. McA. Eccles, St. Bartholomew's Hospital; R. H. Elliot, St. Bartholomew's Hospital; H. Hodgson, Guy's Hospital; B. W. Hogarth, Guy's Hospital; R. Pickard, St. Bartholomew's Hospital; J. E. Platt, M.D., Owens College and Manchester Royal Infirmary; A. T. Rake, Guy's Hospital; W. G. Rogers, Guy's Hospital; H. J. Waring, B.Sc., St. Bartholomew's Hospital; A. S. Wohlmann, Guy's Hospital.

SECOND DIVISION.—S. Bueno de Mesquita, Guy's Hospital; T. P. Cowen, St. Thomas's Hospital; H. J. Curtis, University College; D. R. Green, University College; Alice Jane McLaren, London School of Medicine and Royal Free Hospital; H. M. Richards, University College; J. L. Roberts, M.D., B.A., B.Sc., Guy's Hospital; C. E. Salter, Guy's Hospital; G. A. Simmons, St. Mary's Hospital; C. R. Stevens, St. Bartholomew's Hospital; F. R. P. Taylor, Westminster Hospital; A. E. Tebb, Guy's Hospital; A. Thomas, Guy's Hospital; E. E. Ware, St. Thomas's Hospital; J. Gratton Wilson, London Hospital; J. Young, Guy's Hospital.

* Obtained the number of marks qualifying for gold medal.

UNIVERSITY OF ABERDEEN.

ATHLETICS.—In spite of the recreations recently opened at King's College, football is in a bad way in the University. Time was when the University teams were the best combinations in the North East, but things have changed. By a most unlucky series of accidents the captain had a nucleus of only two old "Blues" to start the season with. The rest of the team—in fact, of the two teams—is composed of young, almost juvenile, and untried athletes who play a hard and enthusiastic game, but have yet to learn to keep their heads in a difficulty, and to aim at combination as a fifteen rather than at brilliancy of individual effort. The Shinty Club, which is largely composed of Celts from the Northern counties, is in a vigorous condition, and seems to flourish even though they do not find elbow room in the "Varsity" grounds; and hence have decided, after much discussion, to play at the links in future. The Golf Club, though it has balance on the right side, has agreed to raise the subscription to 2s. 6d. instead of 1s. as formerly. The office-bearers just elected are: President, Professor Pirie, M.A.; Vice-President, Professor Cash; Captain, Mr. Robert Ferguson; Vice Captain, Mr. W. Milligan; Secretary and Treasurer, Mr. F. Gill; Committee, Messrs. Thomson, Cowie, Mackintosh, and Dandson.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN extraordinary Comitia of the College was held on Thursday, December 17th, Sir Andrew Clark, President, in the Chair.

The President alluded in feeling terms to the loss sustained by the College and the profession by the death of Sir Ridsdon Bennett, a former president, who had passed away full of years, honours, and respect, after a life of purity, usefulness, and the highest honour. On the motion of the Senior Censor, the Registrar was directed to convey to Lady Bennett the sympathy of the College for her in her bereavement, and the officers of the College were directed to attend the funeral as representatives of the College.

Communications from the Secretary of the Royal College of Surgeons were received on matters concerning the two Colleges jointly.

Communications were received from the Foreign Office relating to the conditions under which medical men may practise in foreign countries, and a copy of the French Bill was enclosed. These documents were referred to the Standing Committee appointed some time ago on the subject.

A communication was received from the General Medical Council respecting the deficient preliminary education of candidates, and suggesting certain measures in relation thereto, and a further communication notifying that the Registrar of the General Medical Council had been directed to refuse to register the licence or membership of the College as a sole qualification. A report from the College representative in the Council (Sir Dyce Duckworth) on this and other matters was read, and a discussion took place.

An application was received from the Milroy Lecturer for permission to deliver his lectures at the Hall on the Embankment, and, after some discussion, acceded to, but not without some opposition.

A report from the Committee of Management relating to the diploma in Public Health was received and adopted.

The report of the Council on the five years' curriculum was then taken, and it was proposed by Dr. Pavy and seconded by Dr. Sturges that it be received and adopted. The President, in reply to a question by Dr. Semon referring to the exclusion of laryngology, said that it had not been omitted; no special reference had been made to auscultation and percussion, but it was not thereby intended that these should be neglected; it was intended that all methods of physical examination should be taught, but much discretion must be left to the teachers, and it would be unwise as well as impracticable to attempt to determine the exact time which should be devoted to such special subjects as laryngology. A letter was read from Dr. Sherrington on behalf of the Physiological Society, urging that it was undesirable to curtail in any way the amount of physiology required, and this was supported by Dr. Pye-Smith, who said that formerly two years had always been allowed for physiology, but that now one of those two years had been taken away and given to biology. Dr. Sturges said that the committee, in framing their report, had endeavoured to harmonise the views of all parties as far as possible, though it had not been always possible to do so, and he hoped that the scheme in its present form would be tried. The report was then adopted with a verbal alteration suggested by Dr. Bastian relating to insanity and forensic medicine. The committee on this subject, together with Dr. Ord and Dr. Norman Moore, were appointed to act as a committee of delegates to confer with a like body of the College of Surgeons on the points in which the two bodies differed.

A recommendation of the Council respecting Mr. Cooke's School of Anatomy was agreed to.

Dr. Goodhart was elected an examiner for the Murchison Scholarship.

Certain alterations of the by-laws, mostly verbal, were enacted for the first time.

The President nominated Dr. J. H. Bridges as Harveian Orator for 1892.

SOCIETY OF APOTHECARIES OF LONDON.

THE results of the examination in Arts qualifying for registration as medical student, held in the Hall of the Society on December 4th and 5th, have just been published. There were 257 candidates, and from the Pass-list it appears that 4 were placed in the first class, and 23 in the second class, and 214 were certified as having passed in some subjects, but not in all. The next examination will be held on March 4th and 5th, 1892.

In future candidates will be required to pass all the subjects at one examination, and failure in one subject will involve re-examination in all.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN twenty-eight of the largest English towns, including London, 5,891 births and 3,440 deaths were registered during the week ending Saturday, December 19th. The annual rate of mortality in these towns, which had been 22.6 and 19.8 per 1,000 in the preceding two weeks, further declined to 19.1 during the week under notice. The rates in the several towns ranged from 10.8 in Nottingham, 11.7 in Portsmouth, 12.5 in Halifax, and 13.6 in Huddersfield to 28.8 in Cardiff, 30.6 in Sunderland, 31.5 in Wolverhampton, and 32.8 in Newcastle-upon-Tyne. In the twenty-seven provincial towns the mean death-rate was 20.0 per 1,000, and exceeded by 2.1 the rate recorded in London, which was 17.9 per 1,000. The 3,440 deaths registered during the week under notice in the twenty-eight towns included 398 which were referred to the principal zymotic diseases, against 476 and 402 in the preceding two weeks; of these, 132 resulted from whooping-cough, 106 from measles, 47 from diphtheria, 46 from "fever" (principally enteric), 39 from diarrhoea, 28 from scarlet fever, and not one from small-pox. These 398 deaths were equal to an annual rate of 2.2 per 1,000; in London the zymotic death-rate was 2.3, while it averaged 2.1 per 1,000 in the twenty-seven provincial towns, and ranged from 0.0 in Halifax, 0.4 in Blackburn, 0.5 in Brighton, and 0.7 in Leicester to 3.8 in Liverpool, 3.4 in Manchester, 5.2 in Cardiff, and 6.1 in Newcastle-upon-Tyne. Measles caused the highest proportional fatality in Birkenhead, Norwich, Newcastle-upon-Tyne, Sunderland, Cardiff, and Wolverhampton: whooping-cough in Sheffield, Manchester, Leeds, and Newcastle-upon-Tyne: "fever" in Norwich and Preston: and diarrhoea in Cardiff. The mortality from "fever" showed no marked excess in any of the twenty-eight large towns. The 47 deaths from diphtheria registered during the week under notice in these large towns included 30 in London, 4 in Manchester, 3 in Derby, 2 in Liverpool, 2 in Preston, and 2 in Newcastle-upon-Tyne. No fatal case of small-pox was recorded either in London or in any of the twenty-seven provincial towns; one small-pox patient was under treatment in the Metropolitan Asylums Hospital at Dartford on Saturday last, December 19th. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital on the same date was 1,489, against numbers increasing from 947 to 1,555 at the end of the preceding fifteen weeks; 109 new cases were admitted during the week, against 166 and 137 in the previous two weeks. The death-rate from diseases of the respiratory organs in London was equal to 4.2 per 1,000, and was considerably below the average.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, December 19th, 837 births and 669 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 32.2 and 30.6 per 1,000 in the preceding two weeks, further declined to 26.0 during the week under notice, but exceeded by 6.9 per 1,000 the mean rate during the same period in the twenty-eight large English towns. Among these Scotch towns the lowest death-rates were recorded in Paisley and Aberdeen, and the highest in Leith and Perth. The 669 deaths in these towns included 50 which were referred to the principal zymotic diseases, equal to an annual rate of 1.9 per 1,000, which was 0.3 below the mean zymotic death-rate during the same period in the large English towns. The highest zymotic death-rates were recorded in Aberdeen and Perth. The 268 deaths registered in Glasgow included 8 from whooping-cough, 5 from measles, and 5 from scarlet fever. Four fatal cases of scarlet fever were recorded in Edinburgh. The death-rate from diseases of the respiratory organs in these towns was equal to 9.6 per 1,000, against 4.2 in London.

OBITUARY.

BENJAMIN BARKUS, M.D. ST. AND., M.R.C.S. ENG., L.S.A. DR. BARKUS, the oldest medical practitioner in Gateshead, and senior magistrate of the borough, has died at Newcastle, where he had resided since retiring from active practice eight years ago.

The deceased was born at Allerdean, above Gateshead, in 1819. He was apprenticed to Mr. Baird, a surgeon in the

town, and studied at the Newcastle Medical School and at Trinity College, Dublin. Having received the diplomas of M.R.C.S. and L.S.A., he started in practice in Gateshead in 1843, and two years later graduated M.B. at St. Andrews. He soon acquired a very extensive practice, chiefly in the colliery districts, and seventeen years ago took into partnership Dr. Mearns. This enabled him to devote much time to his favourite pursuits—foreign travel, antiquarian research, literature, and the study of Hebrew, of which he was specially fond. Dr. Barkus was once invited to become the president of the Northumberland and Durham Pathological Society, but declined the honour. He took whilst in Gateshead a leading part in politics and in church extension. At Newcastle he was elected on the School Board.

MEDICAL NEWS.

DR. WILHELM KRAUSE, who has been Extraordinary Professor of Anatomy in the University of Gottingen for thirty years, has resigned his chair.

THE German Society of Public Health will hold its next meeting at Würzburg on September 20th, 1892.

THE number of students in the University of Tübingen this winter semester is 1,172, of whom 230 belong to the medical faculty.

THE Paris Society of Medicine offers a prize of 1,500 francs and a gold medal for the best essay on tuberculosis, to appear before the end of 1892.

A LADY named Wallich, who recently died at Nice, has bequeathed 300,000 (£12,000), to the city of Odessa, for the foundation of a hospital there.

AN association has recently been founded at Buda-Pesth under the name of "Teleia," the object of which is to combat the evils of prostitution, to rescue its victims, and to establish and maintain a free dispensary for the treatment of poor patients suffering from venereal disease.

AT the 29th annual meeting of the Surgical Aid Society held under the presidency of the Lord Mayor, it was stated that during the year 9,441 patients had been assisted with surgical appliances to the number of 15,610.

LIVERPOOL charities benefit to the extent of £5,000 under the will of the late Mr. James Wilson of that city. The Royal Infirmary gets £1,000, the Royal Southern Hospital and the Northern Hospital each £500, and smaller sums to other medical and charitable institutions.

THE fourteenth meeting of the Balneological Congress will be held at Berlin in March (10th–13th), 1892, under the presidency of Professor Oscar Liebreich. Notice of communications, etc., should be sent as soon as possible to Dr. Brock, Schmidtstrasse 42, Berlin, S.O.

AMBULANCE WORK AND THE CITY POLICE.—The Lord Mayor distributed, on December 11th, at the Mansion House, the medallions and certificates of the St. John Ambulance Association, gained recently by members of the City police force. It was stated that a considerable percentage of the men are holders of the St. John certificates of proficiency; and that it was now made compulsory upon every officer joining that force to go through a course of instruction in ambulance work and in the art of "first aid to the injured." Dr. Gordon Brown (Surgeon to the City Police) was thanked for giving the lectures and instruction.

HOSPITAL SUNDAY FUND.—The annual general meeting of the constituents of this fund, presided over by the Lord Mayor, was held on December 14th, when Sir Sidney Waterlow moved, and Lord Sandhurst seconded, the adoption of the report. Last year it was pointed out the fund, though £2,515 in excess of any past collection, would have shown a decrease but for the bounty of the late Duke of Cleveland and Sir Savile Crossley, who contributed £5,000 and £1,000 respectively. Of the hospital accounts sent in, only four were absolutely rejected. The Council were re-elected, and vacancies filled up. The 19th of June has been fixed for Hospital Sunday of 1892.

MEDICAL PORTRAIT PLATES.—Messrs. Barraud and Co., 63, Oxford Street, have published an excellent permanent photographic group of the Bacteriological Section at the International Congress of Hygiene. The picture is of large size and the names include Sir Joseph Lister, Burdon Sanderson, Arloing, Metschnikoff, Kitasato, Fraenkel, Hueppé, Hankin, Gruber, Buchner, Lehman, Ruffer, Sherrington, Nocard, Watson Cheyne, Frankland, Cunningham, Adami, Hunter. The photographs of these distinguished researchers are excellent from the artistic point of view and as likenesses, and the plate is one of great interest. The same publishers publish a very lifelike permanent photograph of Sir Joseph Lister: it is the best we have seen. The price of each is ten shillings.

MEDICAL VACANCIES.

The following Vacancies are announced:

BELGRAVE HOSPITAL FOR CHILDREN, 79, Gloucester Street, S.W.—Ophthalmic Surgeon, must be F.R.C.S. Applications to the Honorary Secretary by January 6th, 1892.

BELGRAVE HOSPITAL FOR CHILDREN, 79, Gloucester Street, S.W.—Aural Surgeon, must be F.R.C.S. Applications to the Honorary Secretary by January 6th, 1892.

BOROUGH HOSPITAL, Birkenhead.—Junior House-Surgeon. Salary, £60 per annum, with board and lodging. Applications to the Chairman of the Weekly Board by January 4th.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Resident Medical Officer, doubly qualified. Salary, £100 per annum, with board, etc. Applications to the Secretary, 24, Finsbury Circus, E.C.

COPPICE ASYLUM, Nottingham.—Assistant Medical Officer, unmarried, and age not to exceed 28 years. Salary, £120 per annum, with furnished apartments, board, washing, and attendance. Application to Dr. Tate, at the Asylum, by December 31st.

COUNTY ASYLUM, Prestwich, Manchester.—Assistant Medical Officer, unmarried. Salary, £100 per annum, with prospect of £25 increase at end of first and second years, and furnished apartments, board, washing, and attendance. Applications to the Superintendent.

COUNTY OF LONDON.—Assistant Medical Officer, between 26 and 40 years of age. Salary, £300 per annum, rising £50 yearly to £600 per annum. Applications to the Clerk of Council, Spring Gardens, S.W. (or forms to be obtained of him) by January 9th, 1892.

DERBYSHIRE ROYAL INFIRMARY.—Physician. Applications to Fred. L. Sowter, Secretary, by January 4th, 1892.

GENERAL HOSPITAL, Birmingham.—House-Surgeon. Appointment for six months. Residence, board, and washing provided. Applications to J. D. M. Coghill, M.D., House-Governor, by January 2nd, 1892.

GENERAL INFIRMARY at Gloucester and the GLOUCESTER EYE INSTITUTION.—Surgeon. Applications to the Secretary by January 6th, 1892.

GUARDIANS OF KENSINGTON.—Resident Medical Officer for Temporary Supplemental Infirmary at Plaistow; doubly qualified. Appointment for probably eighteen months. Salary, £100 per annum, with unfurnished apartments, board, washing, etc. Applications on prescribed forms to J. H. Rutherglen, Clerk, Guardians' Office, Marlborough Road, Kensington, by January 7th, 1892.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—House-Physicians. Applications to the Secretary, by December 31st.

LIVERPOOL NORTHERN HOSPITAL.—Assistant House-Surgeon, doubly qualified. Salary, £70 per annum, with residence and maintenance. Applications to the Chairman of the Committee by December 29th.

LIVERPOOL STANLEY HOSPITAL.—Honorary Assistant Ophthalmic Surgeon. Applications to J. E. Bennett, Honorary Secretary, by January 11th, 1892.

NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL, Hartsill, Stoke-upon-Trent.—House-Physician; doubly qualified. Salary, £100 per annum, increasing £10 yearly, with furnished apartments, board, and washing. Applications to the Secretary by December 28th.

OLDHAM INFIRMARY.—Medical Officer for the Eye Department, doubly qualified. Honorarium, £30 per annum. Applications to Alex. Ure, Honorary Secretary, by December 29th.

OLDHAM INFIRMARY.—Junior House-Surgeon, doubly qualified. Salary, £50 per annum, with board, lodging, and washing. Application to Alex. Ure, Honorary Secretary, by December 29th.

OWENS COLLEGE, Manchester.—Professor of Botany. Applications, addressed to the Council of the College under cover to the Registrar, by January 25th, 1892.

PLYMOUTH PUBLIC DISPENSARY.—Second Physician. Applications to the Secretary by January 4th.

RATHDRUM UNION, Rathdrum Dispensary. Medical Officer. Salary, £110 per annum, and fees. Applications to Mr. John J. Cowley, Honorary Secretary. Election on December 28th.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, King William Street, West Strand.—Clinical Assistants. Appointments for six months. Applications to T. Beattie-Campbell, Secretary, by December 31st.

ROYAL FREE HOSPITAL, Gray's Inn Road.—Junior Resident Medical Officer. Appointment for six months. Board, residence, and washing provided. Applications to the Secretary before December 28th.

STAFFORDSHIRE GENERAL INFIRMARY, Stafford.—Assistant House-Surgeon. Board, residence, and washing provided. Applications to the House-Surgeon by December 29th.

SUNDERLAND INFIRMARY.—House-Surgeon, doubly qualified. Salary £80 per annum, rising £10 annually to £100, with board and residence. Applications to the Chairman of the Medical Board by December 31st.

UNIVERSITY COLLEGE, Dundee.—Demonstrator of Anatomy. Salary, £120 per annum. Applications to G. W. Alexander, M.A., Secretary, by December 26th.

UNIVERSITY OF EDINBURGH.—An Additional Examiner in each of the following departments of Medicine, namely, Materia Medica, Physiology, Pathology, Surgery, and Clinical Medicine. The salary in each case is £75 a year, with an allowance of £10 a year for travelling for those not resident in Edinburgh or neighbourhood. Applications to M. C. Taylor, Int. Secretary, by January 6th, 1892.

UNIVERSITY OF EDINBURGH.—Examiner in Medical Jurisprudence, including the duties of examining at the Second Bachelor of Science Examination in Public Health. Salary, £90 per annum, with allowance of £10 for travelling for those not resident in Edinburgh or neighbourhood. Applications to M. C. Taylor, Int. Secretary, by January 6th, 1892.

VICTORIA HOSPITAL FOR SICK CHILDREN, Queen's Road, Chelsea.—House-Surgeon to the In-patients. Honorarium, £50 per annum, with board and lodging. Applications to the Secretary before January 2nd, 1892.

VICTORIA HOSPITAL FOR SICK CHILDREN, Queen's Road, Chelsea.—House-Physician to the In-patients. Honorarium, £50 per annum, with board and lodging. Applications to the Secretary before January 2nd, 1892.

WATERFORD UNION, Tidil Dispensary.—Medical Officer. Salary, £140 per annum, and fees. Applications to Mr. James Farrell, Honorary Secretary, Kilnamoy. Election on January 5th, 1892.

WESTERN GENERAL DISPENSARY, Marylebone, N.W.—Honorary Surgeon. Applications to the Honorary Secretary by January 2nd, 1892.

WESTMINSTER AND GENERAL LIFE ASSURANCE ASSOCIATION, 28, King Street, Covent Garden, W.C.—Two Medical Officers. Salary, 100 guineas per annum. Applications to the Actuary by December 28th.

YORK COUNTY HOSPITAL.—Junior House-Surgeon, doubly qualified. Salary, £10 per annum, with board and residence. Applications to C. E. Pinfold, Secretary, by December 29th.

MEDICAL APPOINTMENTS.

ANDREWS, A. G., F.R.C.S., appointed Junior Administrator of Anaesthetics to the Manchester Royal Infirmary, vice J. F. Wheeldon, M.R.C.S.

BALLANCE, C. A., M.S., F.R.C.S., appointed Assistant Surgeon to St. Thomas's Hospital.

BATES, Stephen H., M.R.C.S., L.R.C.P., M.B., appointed Junior House-Surgeon to the North-Eastern Hospital for Children, vice R. A. Dunne, M.R.C.S., L.R.C.P.

BLAKE, S. R., L.R.C.P., L.R.C.S. Edin., L.F.P. and S.Glas., appointed Junior House-Surgeon to the West Ham Hospital, Stratford.

BUTLER, S., L.F.P.S., L.M.Glas., appointed Medical Officer of Health to the Rural Sanitary Authority, Stafford.

CADMAN, E. S. R., M.B., C.M.Edin., appointed Medical Officer for the Smalley Sanitary District of the Belper Union, vice — Garnham, deceased.

CAMPBELL, J. Munro, M.B., C.M.Glas., appointed Medical Officer to the Workhouse at Caersws, Montgomeryshire, vice Dr. Ferguson, L.R.C.P. and S.Edin., resigned.

CHALLINOR, C., M.R.C.S. Eng., L.R.C.P. Lond., D.S.Sc. Vict., appointed Medical Officer of Health to the Leigh Rural Sanitary Authority, vice Dr. John Hall, deceased.

CHAPLIN, T. H. Arnold, M.B.Cantab., M.R.C.P., appointed Pathologist to the City of London Hospital for Diseases of the Chest.

CHILD, Edwin, M.R.C.S., L.S.A., appointed Divisional Surgeon to the Police of Division at New Malden.

CLAPHAM, W. Crockley S., appointed Honorary Physician to the Sheffield Public Hospital and Dispensary, vice Dr. Sidney Roberts, resigned.

COATES, H., L.R.C.P. Lond., M.R.C.S., appointed Medical Officer of Health for the Salisbury Urban Sanitary District of the Alderbury Union.

CUMINE, J. M., L.R.C.P., L.R.C.S. Irel., appointed pro. tem. Medical Officer of Health for the Tunstall Urban Sanitary District.

CUTHBERT, William Hawkins, L.R.C.P., L.R.C.S.E., appointed Medical Officer and Public Vaccinator to the No. 1 District of the St. Columb Major Union, vice G. J. K. Turner, M.B.

GABB, J. Edward, M.R.C.S., L.R.C.P. Edin., L.M., appointed Medical Officer to the Shrewsbury Dispensary, vice J. Gray, L.R.C.S.I., L.A.H., resigned.

GILLIES, Patrick Hunter, M.B., C.M.Edin., appointed Junior Medical Assistant to the Garlands Asylum, Carlisle, vice S. G. McAllum, M.B., C.M.Edin.

GIVEN, J. M. C., M.B. Lond., appointed Assistant Medical Officer to the Derby Borough Asylum, vice A. E. Patterson, M.B.

GWYNN, Charles H., M.D.Edin., appointed Medical Officer of the Whitchurch (Salop) District of the General Post Office.

HEUSTON, Francis T., M.D., M.Ch., F.R.C.S.I., appointed Consulting Surgeon to the Coombe Lying-in Hospital, Dublin, vice — Butcher, deceased.

HINDE, Francis Richard Berthon, M.D., M.R.C.S., M.B., appointed Medical Officer and Public Vaccinator to the Bishop's Stortford Union, vice Eustace Arthur Brickwell, M.R.C.S., deceased.

HOLT, H. M., L.S.A., appointed Medical Officer of Health for Malton, Yorkshire.

HUGHES, W. Kent, M.R.C.S., L.R.C.P., appointed House-Physician to the Royal Hospital for Diseases of the Chest, vice A. Khan.

LANKESTER, E. Ray, F.R.S., appointed Linacre Professor of Human and Comparative Anatomy at Oxford University, vice Professor Moseley, deceased.

LAW, T. Brough, M.B., C.M.Glas., appointed Resident Medical Assistant to the Royal Infirmary, Dundee.

LENDRUM, J. B., M.B., C.M.Aberd., appointed Senior House-Surgeon to the York County Hospital, vice R. J. Hutchinson, M.R.C.S., L.R.C.P.

LOVELL, R. Haynes, M.R.C.S., L.R.C.P., appointed Physician to the Chelsea, Belgrave, and Brompton Dispensary, vice H. Lankester, M.D.

MACALLUM, Stewart Gerald, M.B., C.M.Edin., appointed Junior Medical Assistant to the Chester Asylum.

MATTHEWS, Henry J., L.R.C.P., L.R.C.S.Irel., appointed Visiting Medical Assistant to the Newcastle-on-Tyne Dispensary.

MORRIS, James John Nixon, M.R.C.S. Eng., L.R.C.P., appointed Resident Medical Officer to the Royal Albert Hospital.

MURRAY, George R., B.A., M.B.Cantab., M.R.C.P. Lond., appointed Pathologist to the Hospital for Sick Children, Newcastle-on-Tyne.

NIX, Herbert W., B.A., M.B., B.C.Cantab., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer to the St. Marylebone Infirmary, Notting Hill.

NODES, John Dickinson, M.R.C.S., L.R.C.P. Lond., appointed Senior House-Surgeon to the West Ham Hospital.

NORWAY, Neville Edmund, M.R.C.S. Eng., L.R.C.P., appointed Medical Officer and Public Vaccinator to the No. 5 District of the St. Columb Major Union, vice A. Hardwick.

O'KEEFE, J. McNaughton, L.R.C.P., L.R.C.S. Edin., appointed Medical Officer of Health for the Widnes Urban Sanitary District of the Prescot Union.

PHILLIPS, E. V., M.R.C.S., D.P.H.Dub., appointed Medical Officer for the Tollerton Sanitary District of the Great Ouseburn Union.

RHODES, J., M.R.C.S., L.S.A., appointed Medical Officer of Health for the Glossop Urban and Rural Sanitary Districts.

ROBERTSON, C., M.B., C.M., L.M.Edin., appointed Medical Officer for the First and Second Sanitary Districts of the Parish of Birmingham, vice — Johnston, resigned.

ROLLESTON, Humphry Davy, M.A., M.B., M.R.C.P., appointed Lecturer on Pathology in St. George's Hospital Medical School, vice Dr. Delépine.

SHARPE, W. Cecil, M.B., C.M.Edin., appointed Assistant Surgeon to the Whitworth Hospital, Darley Dale, Derbyshire.

SOUTHEY, A. J., M.R.C.S., L.S.A., reappointed Medical Officer of Health for the Eton Rural and Urban Sanitary District.

SPEECHLY, Harry Martindale, M.R.C.S. Eng., L.R.C.P. Lond., reappointed Receiving-room Officer at the London Hospital.

STEVENS, T. G., M.B., B.S., M.R.C.S., appointed Senior Resident Medical Officer to the Evelina Hospital for Sick Children, vice Dr. W. B. de Jersey, resigned.

SWAYNE, Walter Carless, M.B. Lond., M.R.C.S. Eng., appointed Honorary Obstetric Physician to the Bristol Royal Infirmary, vice Ernest Wedmore, M.B., M.R.C.S., resigned.

TATE, George Temple, M.B., C.M.Edin., D.P.H.Camb., appointed House-Surgeon to the Staffordshire General Infirmary.

TAYLOR, F. R. P., M.B., B.S. Lond., L.R.C.S. Eng., M.R.C.P. Lond., appointed Assistant Medical Officer to the Earlswood Asylum for Idiots, Redhill, Surrey.

WILLIAMS, E. C., M.B.Cantab., appointed House-Physician to the City of London Hospital for Diseases of the Chest.

WILSON, J. O., M.B., C.M.Aberd., appointed Parochial Medical Officer for Glass, Aberdeenshire, vice G. Wilson, resigned.

WYNCOCK, John W., M.B., C.M.Edin., appointed Resident Medical Officer to the Dudley Dispensary, vice C. W. Magrave.

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 Order or Stamps with the notice not later than Wednesday morning, in order to insure insertion in the current issue.

BIRTHS.

MORTON.—On December 7th, at 12, Church Green East, Redditch, the wife of Edwin Morton, M.D., of a son.

WALTERS.—On 10th inst., at 5, Fairfield Road, Croydon, the wife of F. R. Walters, M.D., M.R.C.P., F.R.C.S., of 20, Finsbury Circus, of a daughter.

MARRIAGE.

STOCKER—FULLER.—December 15th, at Wolverhampton, by the Rev. S. P. Carey, M.A., assisted by the Rev. B. A. Millard, B.A., Edward Gaved Stocker, M.R.C.S., L.R.C.P., eldest son of T. Stocker, Glenview, St. Austell, Cornwall, to Ethel, third daughter of Councillor Fuller, Wolverhampton.

DEATH.

BEST.—At Hampden Club, Phenix Street, London, by accidentally falling out of a window, Palemon Harris Best, B.A.Cantab., formerly of Rugby School, student of University College Hospital, son of Dr. Best, J.P., of South Lincolnshire, most deeply regretted and mourned for.

CHAUVEAU'S ANATOMY.

DR. GEORGE FLEMING (St. John's, S. E.) writes: In the notice of the above work which appeared in the BRITISH MEDICAL JOURNAL for December 12th, the reviewer complains that there is no methodical index number to the series of figures on p. 122. This will be found on the opposite page, as there was no room for reference to them on p. 122.

PRIZE ESSAY.

THE Toulouse Society of Medicine, Surgery, and Pharmacy offers a prize of 2,000 francs (£80) to the author of the best essay on the following subject: "Malignant Tumours of the Larynx: their Symptomatology, Diagnosis, and Treatment." The essays, which must be written in French, should be sent post free to the General Secretary of the Société de Médecine, Toulouse, by December 31st, 1892.

THE FIRST AUSTRIAN FEMALE DOCTOR.

MISS ANNA MEYER, M.D., a native of Prague, who has practised for some time at Berne, was on November 24th appointed by the Austrian Government physician of the Dolnja Tuzla district in Bosnia. This is the first appointment which has been in the new female medical service, which it is intended to organise for the benefit of the Mohammedan women in Bosnia who refuse to be medically treated by men. Miss Meyer enters on the duties of her new office on January 1st, 1892.

DR. HENRY STEVENS'S TESTIMONIAL FUND.

THE sum realised by subscriptions to the above fund amounted to £98 17s. 6d. At a special meeting of the subcommittee, convened on October 28th last, it was decided to present Dr. Stevens with a cheque for £100. This was accordingly done. The subcommittee hope shortly to forward to every subscriber to the testimonial a detailed account of the steps that have been taken in the matter. The subcommittee beg to acknowledge the following subscriptions:—

Dr. W. Beach Johnstone... £1 1 0

Dr. W. H. Kempster 2 2 0

The fund is now closed.

LEPROSY AND VACCINATION.

SURGEON-GENERAL C. R. FRANCIS writes to correct a misapprehension as to his statements in reference to leprosy and vaccination. He has been understood to have said that vaccination might be responsible in some cases for the subsequent occurrence of leprosy. It has been thought that this opinion, with which he was credited, must have been founded on experience in Kumaon. Dr. Francis wishes to make it clear that he has never seen a case in which he had the least reason to suspect that leprosy had been produced by vaccination. His position with regard to the question is that he thinks it impossible to affirm, in view of the evidence brought forward by observers in the United States, the West Indies, and the Sandwich Isles, that such an accident may not occur occasionally.

INTERNATIONAL PHARMACEUTICAL CONGRESS.

THE attempt to organise an international pharmaceutical congress to be held in Madrid or Copenhagen in 1892, to which reference was made in the BRITISH MEDICAL JOURNAL a short time ago, appears to have fallen through. The proposal, which emanated from France, has met with an unfavourable response from nearly all the representative pharmaceutical associations in Europe.

LETTERS, COMMUNICATIONS, ETC., RECEIVED:

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