

pital for various diseases, but in whom there was no suspicion of diaphragmatic paralysis, and no cause for the same. He soon found that the behaviour of the abdominal wall on a deep inspiration varied very much in different persons and that in some few, but yet a considerable number of cases in which there was no diaphragmatic paralysis, the epigastric and hypochondriac regions sank in instead of protruding when a deep inspiration was taken.

Since then I have examined a large number of cases in my own beds, and, through the courtesy of my colleagues, elsewhere in the infirmary, and find that whilst in the majority of cases both during quiet and deep breathing the upper part of the abdomen is protruded on a deep inspiration; in other cases, which are not infrequently met with, that part of the abdomen becomes depressed, sinks in, on a deep inspiration being taken. In other instances we find that, on a deep inspiration, the abdominal movement is a very slight one; it protrudes to a small amount on a deep inspiration, but not very markedly, the chief intake of air being apparently produced by an exaggerated movement of the ribs. In all the cases there was no abdominal pain or other local cause for the abnormal type of breathing.

In some of the cases where the upper part of the abdomen does not protrude on a full inspiration, the sinking in is only an apparent one. The lower ribs are elevated, and especially so much expanded, that the upper part of the abdomen appears to sink in. In other cases the sinking in of the abdomen is not apparent but real on a deep inspiration. These latter cases are very interesting, because, in the majority of them, the upper part of the abdomen on quiet respiration protrudes on inspiration and becomes retracted on expiration exactly as we should expect it to do normally, but the moment the patient is told to take a full breath and does so, then retraction takes place during the inspiratory period. In some of such cases it is possible so to instruct the person that he will after a short time protrude the abdomen during a full inspiration, whereas only just previously retraction had been noticed. With children, however, and in nervous persons, in both of whom the abnormality of retraction of the abdomen on full inspiration has not infrequently been observed, by both Dr. Brockbank and myself, it may be difficult to bring about this result. In such cases, however, I have never noticed that on quiet respiration the upper part of the abdomen became retracted during the inspiratory period.

It is possible that this observation, that in some cases where there is no diaphragmatic paralysis the abdomen becomes retracted on the patient taking a full inspiration, has been noted before. I have, however, never seen any record of it, and as both myself and other medical men of my acquaintance have been misled by it, there will be no harm in calling attention to the fact, even though it may be well known to many physicians.

Vierordt, in his excellent work, *Diagnostik der inneren Krankheiten*, 1888, page 63, states that paralysis of the diaphragm may be met with not only in organic diseases of the nervous system, but also as a functional neurosis (hysteria). Is it probable that in such cases there is an actual paralysis of the diaphragm? For myself, I should think it much more probable that the cases of apparent paralysis of the diaphragm in hysterical subjects were instances of the condition I have referred to in this communication, and that the paralysis was only apparent and not real.

The practical result appears to me to be that it is important in all cases where we are examining for paralysis of the diaphragm not at once to tell the patient to take a deep breath, but to note the movements of the abdomen during quiet respiration first; and if the abdomen moves naturally on quiet respiration, whilst on full and forced inspiration the upper part becomes retracted, it is not to be considered on that indication alone that there is a paralysis of the diaphragm.

ON August 1st a new clinic for skin diseases, with accommodation for seventy-four patients, and the completest possible equipment for clinical and scientific research will be opened in the University of Breslau. A "poliklinik," or out-patient department, will be attached to it, the whole being under the direction of Professor Neisser.

MEMORANDA:

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

VESICAL CALCULUS: PERFORATION OF BLADDER.

IN the BRITISH MEDICAL JOURNAL of April 2nd Dr. Farrar relates an interesting case in which a calculus ulcerated through the bladder wall and at the same time acted efficiently as a plug. He then refers to the question of lithotomy in such a case. The following notes may be of interest as bearing on that point:

A single woman, aged 23, was first seen three years ago, when she complained of pain in the abdomen, which was at times very acute; she stated that for some years there had been a discharge of "bloody matter" from the bowel. There was, she stated, no vaginal discharge or trouble with the water. No physical examination was allowed. The patient was not seen again until September, 1891, when she complained of pain across the middle of the abdomen and over the base of the sacrum, also of great frequency of micturition, and that the urine was thick and foul-smelling. These symptoms were said to have existed for six or eight weeks. The patient now for the first time mentioned that a long time ago she had passed a hairpin into her bladder. The urine was putrid and contained a copious deposit of triple phosphates and pus and about $\frac{1}{2}$ of albumen.

On October 1st, 1891, the patient was placed under chloroform by Dr. Dabbs, and, a sound being passed, a calculus was detected. I then introduced my little finger into the bladder and found that the stone was large and very fixed. The bladder was then emptied of urine and as much warm boracic lotion as possible—only a small quantity—administered. The bladder was opened above the pubes in the usual manner and the stone extracted. The bladder was washed out and a drainage tube left with one end projecting from the urethra and the other through the abdominal wound.

The calculus was phosphatic, and weighed $4\frac{1}{2}$ ounces. It measured $3+2+1\frac{1}{2}$ in. It was pyriform, and presented for the most part a roughened surface. The obtuse end of the stone was lying in the fundus of the bladder and was adherent to it; the smaller end was firmly embedded in the bladder wall near the neck. Both ends of the stone, but more especially the lower end, presented a ragged appearance, due to shreds of tissue still adhering to it. On making a section of the calculus, an ordinary hairpin was found in the centre, with its long axis corresponding to the same axis of the stone.

The patient was a good deal collapsed after the operation; but this passed off, and she continued to do well until the third day, when the drainage tube, though a large one, became temporarily blocked by thick mucus, and she complained of sudden pain in the abdomen, which was followed by vomiting. She died of peritonitis on the fifth day.

Post-mortem Examination.—The bladder was much thickened, contracted, and sacculated. The mucous membrane was deeply congested and in places almost black; it was thickened, rough, and granular. At the fundus of the bladder, posteriorly and slightly to the left, there was an ulcer the size of a shilling, with sharply defined edges, and having for its floor only the peritoneum, which latter had a minute perforation in it. Near the right side of the neck of the bladder there was another ulcer, smaller than the above, and perforating the entire bladder wall; it was, of course, below the level of the peritoneum, and, though it closely approached the rectum, no connection could be made out. These two ulcers corresponded respectively to the superior and inferior poles of the calculus. The ureters were much thickened, and there was advanced pyonephrosis on both sides, a greater degree on the left. The suprapubic wound had not apparently injured the peritoneum. There was much recent lymph over the coils of the ileum, and over the fundus of the bladder there were evidences of old peritonitis.

In the above case I am inclined to think, from the sudden onset of pain and collapse on the third evening, that there was no escape of urine into the peritoneal cavity until that time, when I believe a small perforation occurred through the

floor of the ulcer situated in the fundus of the bladder, and that this set up the fatal peritonitis.

J. COWPER, M.B.ED.

DYSTOCIA: BROW AND FOOT PRESENTATION: RIGIDITY OF LOWER LIMBS.

ABOUT noon on June 4th I saw Mrs. P., who had been in labour all the morning; she was a primipara, 31 years of age. I found the os half dilated, the vertex presenting with the occiput towards the sacrum. The pains occurred every ten minutes, and after waiting two hours the os was found well dilated, but as the head was not descending, the membranes were ruptured. The sutures and fontanelles could be felt distinctly. The occipito-frontal corresponded exactly with the antero-posterior diameter of the pelvis, the bregma at the pubes. The head was immovable; neither the occiput nor the brow could be pushed upwards. After waiting for some time without any improvement I made a careful bimanual examination. The right forefinger touched, along the side of the head, five toes rigid and all in a line, and the two lower extremities could be felt by the left hand, with the soles of the feet resting on the brim, thus effectually resisting every expulsive effort of the uterus.

Although the head was large the pelvis was roomy; I therefore resolved to try external pressure on the child's heels from above the pubes. Firm careful pressure was maintained, vigorous uterine action was kept up by the administration of drachm doses of ergot; the head gradually descended, the occiput filling up the sacral curve, and a large caput succedaneum formed on the brow. By 8 p.m. the brow, face and feet were expelled, and with another pain the whole of the doubled-up child was born. The lower limbs were intensely rigid, every joint appeared to be completely ankylosed, hip, knee, ankle, and toe joints, and pointed the reverse way towards the head. A large spina bifida, or rather a hæmatoma, judging from the reddish, purple colour, existed over the lumbar vertebra, indicating recent spinal meningitis, which accounted for the state of the limbs as found.

Kirkwall, N.B.

D. MCNEILL, L.F.P.S.G.

PIGMENTED VESICULAR RASH IN AN INFANT.

THE patient, a female child, was born on June 27th, after a normal labour, and for two days seemed perfectly well. The bowels acted freely, and milk and water was taken from the bottle as the mother was unable to nurse it. On the third day one or two small spots began to appear about the arms and hands, which at first appeared like varicella. On the fourth day they appeared on the body and legs, until the child was covered from head to foot. On the sixth day they began to die away, and by the tenth there was not a trace of them.

The characters of the rash were as follows: There was a red spot, papular in appearance, slightly raised, and with a tiny vesicle in the centre containing a bright yellow fluid. The vesicle gradually increased in size until it completely replaced the areola of redness, and eventually attained the size of a split pea; it then went through some process of absorption and disappeared. One or two fresh spots appeared every day the rash was out. The child was perfectly well, had no rise of temperature or disturbed digestion, and the bowels were natural. The urine contained no bile. The contents of the vesicles were, in my opinion, a bile-stained fluid. Those that broke stained the child's linen a bright yellow, and stiffened it.

I can see no account of a similar eruption in either Dr. Liveing's or Dr. Crocker's work on skin disease, and am at a loss to account for the condition, unless it be a modification of infantile jaundice. The skin between the vesicles was perfectly natural in colour.

Bovey Tracey, Devon.

H. GOODWYN.

INCUBATION PERIOD OF MUMPS.

IN October 1887 there was an epidemic of mumps in St. John's Foundation Schools. The first case occurred on October 4th; one occurred on October 18th, or 14 days after; one on October 19th, or 15 days after; five on October 20th, or 16 days after; four on October 21st, or 17 days after; seven on October 22nd, or 18 days after; four on October 23rd, or 19 days after; one

on October 24th, or 20 days after; two on October 25th, or 21 days after; showing that the larger number of failures are about the 17th and 18th day, while the disease may be developed as early as the 14th day and as late as the 21st.

ARTHUR STEDMAN,

Leatherhead.

Medical Officer St. John's Foundation Schools.

REPORTS

ON

MEDICAL & SURGICAL PRACTICE IN THE HOSPITALS
AND ASYLUMS OF GREAT BRITAIN, IRELAND,
AND THE COLONIES.

GLASGOW EAR HOSPITAL.

CASE OF AURAL EXOSTOSIS, CAUSING PURULENT RETENTION
IN THE DEEP PARTS OF THE EAR, REMOVED WITH THE
ELECTRIC SNARE.

(By THOMAS BARR, M.D.)

THE patient, a domestic servant, aged 24 years, was admitted on December 1st, 1891, suffering from severe and constant pain in the left ear and the left side of the head, marked giddiness, distressing noises, and shivering attacks. From the same ear a slight but fetid discharge had existed for eight years, and during the past year she had felt a hard "lump" just inside the orifice of the ear. The pain had troubled her more or less for two years, but it had during the past six months been much more severe. The hearing of the right ear was normal, but on the left—the affected side—the tick of a watch, which should in normal circumstances be heard 60 inches from the ear, was heard only $\frac{1}{2}$ -inch off. In this ear bone-conduction was in excess, by both Rinne's and Weber's tests.

On inspecting the interior of the ear a white, firm, rounded body was seen just inside the orifice. While firm it had not the ivory hardness of many of the exostoses found in the external auditory canal. Although scarcely a chink existed between the tumour and the wall of the canal a small quantity of secretion, having an offensive smell, was evidently escaping. I tried to introduce a wire loop between the tumour and wall of the passage, but had to desist in consequence of the pain. So far as could be made out the growth sprang from the back wall of the canal at about the junction of the bone and the cartilage, but whether this connection was of the nature of a narrow pedicle or of a broad base could not at that time be determined. An effort was made with a fine tube to inject small quantity of a solution of boracic acid into the ear beyond the tumour. By this means some caseous-looking material was brought away. The symptoms pointed no doubt to retention of purulent or caseous matter in the deep parts of the ear, and it was clear that the removal of the tumour by operation was called for without delay.

Soon after admission the patient became very feverish and complained of a sore throat. At first general septic mischief, originating in the state of the ear, was suspected, but white spots appeared on the tonsils and the symptoms were evidently due to follicular tonsillitis, probably caused by exposure to cold while on the journey from the Highlands to Glasgow. This illness delayed the operation for over a week.

Three methods of operating presented themselves—(1) the burr and dental engine, (2) the chisel and mallet, and (3) the electric snare. It was decided to try first the electric loop, and, in the event of failing with this, to dissect the auricle forwards and remove the tumour with chisel and hammer. The patient being placed under chloroform, I succeeded, after a little difficulty, in encircling the growth with a platinum wire loop attached to Schuch's universal handle, and, turning on the current and exercising slight traction, the connection of the tumour with the posterior wall of the canal was severed. This connection was found to be of the nature of a pretty slender pedicle. Had it been sessile the snare would probably have failed. After its removal a large quantity of decomposing caseous material was got away by syringing. On inspection marked disease of the middle ear was manifest. The posterior half of the membrane was destroyed, and from the edges of the perforation granulation tissue protruded.

After the removal of the growth, the pain, giddiness, and

not, when necessary, avail themselves of the technical knowledge of medical and veterinary officers. He lays stress on the importance of varying the soldier's diet as much as possible.

PRIVILEGE LEAVE.

A CORRESPONDENT affirms that privilege leave in India does not mean the same for officers of the Medical Staff as for other military officers, and that some of the former have been driven to resignation or retirement through having been refused it. If such be the case, the matter certainly requires attention and explanation.

NEW TITLES.

PILGRIM writes: Mr. Brodrick's talk about "no precedent" for granting the new titles to retired officers is absurd. How can a precedent exist for something that has not happened before? For an act of simple grace and justice, the sooner one is established the better. It is vain to hope for the speedy fixing of the new titles in the public ear unless retired officers are permitted to use them. The past good service of many of them surely entitles them to a concession which costs nothing and yet is of high value.

SURGEON-MAJOR RETIRED writes: In the published list of those present at the late Army Medical Departmental dinner, the new titles were applied alike to active and retired officers. Was this departure inspired?

. We will not hazard a guess, but it must be obvious that to describe each officer dining by the varied titles, old and new, would have been a thankless task little appreciated by the public. The departure may be the beginning of the end, and we think the sooner the new titles are officially permitted the better.]

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

TRAINING COLLEGE APPOINTMENT.—Mr. G. E. Wherry, Surgeon to Addenbrooke's Hospital, and University Lecturer in Practical Surgery, has been appointed Medical Officer to the New Day Training College for Teachers, established in Cambridge under the auspices of the University.

DEGREES.—At the Congregation on June 16th the following medical degrees were conferred:

M.D.—F. R. B. Bishopp, M.A., King's; H. Head, M.A., Trinity; C. G. May, M.A., Trinity; F. P. Weber, M.A., Trinity; R. N. Goodman, M.A., St. John's; J. M. Clarke, M.A., Caius; J. G. Adams, M.A., Jesus.

M.B. and B.C.—G. A. Coulby, F. J. Dixon, R. L. Langdon-Down, W. T. Lister, E. H. G. Morris, C. N. Thomas, W. W. Walker, all of Trinity; A. Carling, A. R. Cowell, H. S. Ware, W. S. West, F. C. Young, all of St. John's; G. T. Birdwood, Peterhouse; W. E. Drake and W. J. Horne, both of Clare; C. Buttar, Pembroke; G. H. A. C. Berkeley, G. P. Chappel, R. B. Ferguson, R. Freer, H. Troutbeck, all of Caius; H. L. Brooksbank, Trinity Hall; H. B. Bolus and J. W. Dickson, both of Jesus; W. Wood, Christ's; G. Wilkinson, sen., and F. N. Windsor, both of Emmanuel; R. J. Reece, J. D. Thomas, C. C. Vigurs, all of Downing.

M.B.—L. Cobbett, Trinity.

From the *Ordo senioritatis* promulgated on June 21st, it appears that during the academic year just closed, 22 graduates were admitted to the M.D., 74 to the M.B., and 89 to the B.C. degree. The numbers last year were 19, 72, and 70 respectively.

COURSE OF PRACTICAL INSTRUCTION IN HYGIENE.—Dr. Anningson and Mr. Robinson, M.A., give notice that they will give a course of practical instruction in hygiene, commencing July 9th. The course will consist principally of practical instruction in the sanitary examination of water, air, and foods, chemically and microscopically, having special regard to the requirements of medical officers of health. It will also include the preparation of different media used in the cultivation of micro-organisms, and their cultivation therein by inoculation from air and water. Short lectures will be given in explanation of the methods employed, and of analytical reports in general relating to water, air, and foods, and the interpretations to be put on them. Short lectures will be given in the principles of ventilation, drainage, water supply, etc., illustrated by the aid of diagrams, models, etc., also on the legal and physical remedies to conditions injurious to health, and on statistical methods.

DEMONSTRATOR OF ANATOMY.—Mr. Edward Barclay-Smith, M.A., M.B., of Downing College, has been appointed a Junior Demonstrator of Anatomy, in succession to Mr. Michell, of Caius College.

UNIVERSITY OF DUBLIN.

At the Summer Commencements, held in Trinity Term, on Thursday, June 23rd, 1892, in the Examination Hall of Trinity College, the following degrees in Medicine, Surgery, and Midwifery were conferred by the University Caput in the presence of the Senate:

Baccalauri in Medicinâ, in Chirurgiâ, et in Arte Obstetriciâ.—J. B. Anderson, W. Bleazby, R. J. Coulter, J. A. Cree, C. C. Deane, J. Elliott, G. G. Fannin, M. L. Griffin, R. H. Kennan, S. Mathews, F. W. Staunton, C. E. Stokes, J. Thompson, A. E. Wales, C. E. W. Wilmot. Doctores in Medicinâ.—T. Bell, J. Blood, R. A. C. Burnes, R. L. Joynt, R. F. M'Craith, T. Myles, B. M'Carthy, R. W. H. Jackson, R. D. Purefoy, A. E. Wales. (In absentia) H. H. Fleming.

PROFESSOR ERNST LUDWIG has been elected Rector Magnificus, and Professor von Hofmann Dean of the Medical Faculty of the University of Vienna for the academic year 1892-93.

OBITUARY.

SIR WILLIAM AITKEN, M.D., LL.D., F.R.S.,
Late Professor of Pathology, Army Medical School, Netley.

AFTER a long and painful illness this eminent member of the medical profession passed peacefully away at an early hour on June 25th. Sir William was the son of a well-known surgeon in Dundee, and was born in that city in 1825. He was educated in the High School of his native town. In 1842 he matriculated in the Art Faculty of the University of Edinburgh, passing subsequently through the medical curriculum, and proceeding to the degree of Doctor of Medicine in 1848, when he received a gold medal for his dissertation on a pathological subject. In the same year Dr. Aitken became a member of the Royal College of Surgeons of Edinburgh.

From 1848 until 1855 he was Demonstrator of Anatomy under the late Dr. Allen Thomson, professor of that science in the University of Glasgow, and pathologist to the Royal Infirmary of that city, in which capacity he began to form the Museum of Pathology in the Royal Infirmary.

In 1855, Dr. Aitken was appointed by the then Minister for War (Lord Panmure) Assistant Pathologist, and was ordered to the Crimea "to investigate the nature of the diseases from which the troops were suffering, and especially in the hospitals of Scutari on the Bosphorus." The results of that inquiry were published in 1856 in the form of a Blue Book of 120 pages, and was signed conjointly by the late Professor R. D. Lyons, of the Catholic University, Dublin, and Dr. Aitken. This report, "On the Pathology of the Diseases of the Army in the East," was presented in the same year to Parliament by order of the Secretary of State for War.

In 1860, Dr. Aitken was appointed by Mr. Sidney Herbert, who had then become Minister of War, to be the Professor of Pathology in the new Army Medical School, which was established at Chatham in that year. He continued to perform the duties of this office until the spring of this year, 1892, when the state of his health obliged him to take leave of absence to the end of the present summer term, at which time his final retirement from office was arranged to take place.

Professor Aitken was elected a Fellow of the Royal Society in 1873, and held the degree of LL.D. from both the Universities of Edinburgh and Glasgow. He was knighted in the Queen's jubilee year, 1887. On the death of the late Dr. Parkes he was appointed Secretary to the Senate of the Army Medical School, and Examiner in Medicine for the Medical Services of the Queen at the London examinations held each year in February and August. Sir William Aitken, in the course of his career, was elected a corresponding member of many foreign scientific societies. This is an honourable record; all the more so that every step was won by honest and painstaking professional work.

We have not space to even mention his numerous contributions to pathology and medicine. To the general mass of the profession he is best known, and will be long remembered, by his great work on the *Science and Practice of Medicine*, which, beginning as a small manual, grew, as his friend Professor Sharpey said, "into a brachial," and reaching seven editions, was for a long time the favourite textbook of students, and in its day the work most consulted by the general practitioners throughout the kingdom and in every colony where English is the language of the people.

"Netley men" all over the world, particularly those who passed through the Army Medical School in the days of Sir William Aitken's health and vigour will remember his teaching. No pathologist of his time could conduct a *post-mortem* examination with more thorough knowledge and dexterity. Not only did he show how the merely manual part of the inspection should be conducted, so as to insure the attainment of the end in view, but his perfect acquaintance with healthy tissues made him quick to detect the smallest aberration from normal structure in any part of the organism, and to draw from every point that was observed a valuable pathological lesson. His profound pathological and physiological knowledge, and his perfect familiarity with medical literature, domestic and foreign, made him a valuable consultant, and in this capacity he was highly valued by medical practitioners in Southampton and its neighbourhood. What

MEDICAL NEWS.

THE new appointments in connection with the Royal (Dick's) Veterinary College, Edinburgh, consequent on the resignation of Professor McFadyen, are as follows: Chair of Veterinary Surgery and Obstetrics, J. R. U. Dewar, F.R.C.V.S.; Chair of Anatomy and Histology, A. E. Metham, M.R.C.V.S.; Lectureship in Pathological Histology and College Assistant, S. Stockman, M.R.C.V.S.. All three gentlemen are diplomates of the College.

THE FORFARSHIRE MEDICAL ASSOCIATION.—The thirty-fourth annual meeting of the Forfarshire Medical Association was held at Edzell on June 23rd, under the presidency of Dr. Duncan, of Dundee. The business was of a formal character, and after its conclusion the members, of whom the number present was large, dined together. It was determined to hold the next annual meeting at Dundee, and the following officers were elected: *President*: Dr. Rorie. *Vice-President*: Dr. McEwan (Dundee) and Dr. Grant (Glamis). *Members of Committee*: Drs. J. W. Miller, Duncan, Greig, Buist, Lennox, and Professor Reid.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.—The annual dinner of this Society was held at the Holborn Restaurant on June 23rd, Mr. H. W. Roberts, the President, occupying the chair. Among the guests were Sir Sherstone Baker, Bart., Recorder of Barnstaple; Surgeon-General Sir William Moore, K.C.I.E.; Mr. Munro Scott, Warden of the London Hospital; Mr. Bruce Clarke; Dr. Lewis Jones; and the Rev. Mr. Grundy. The chief event of the evening was the presentation of a very handsome silver bowl to the President as a mark of appreciation of his services to the Society as secretary during a period of almost twelve years.

CHARING CROSS HOSPITAL MEDICAL SCHOOL.—The annual prize-giving took place on June 29th, when Mr. Passmore Edwards presided, and was supported by Sir Joseph Fayrer and the medical and surgical officers of the hospital. The Dean (Mr. Stanley Boyd) read the annual report, commenting chiefly on the completion of the new school premises by the formation of the very fine and commodious museum in the basement and the conversion of the old museum into the students' club-room. Reference was also made to the changes in the teaching staff, carried out in anticipation of the five years' curriculum, and, in conclusion, to the satisfactory and steady increase in the number of students. At the conclusion of the prize-giving the Chairman, to whom the hospital is so deeply indebted for this munificent donation of a convalescent home, briefly addressed the students.

THE SANITARY CONFERENCE AT PORTSMOUTH.—A preliminary programme of the arrangements for the thirteenth Congress of the Sanitary Institute has been issued. The members will be received by the Mayor of Portsmouth on September 12th in the Town Hall. The inaugural address will be delivered by Sir Charles Cameron, President of the Congress, in the afternoon, and in the evening the Mayor will open the annual exhibition of sanitary apparatus and appliances in the new Drill Hall. On the following day a series of conferences will be held of naval and military hygienists, under the presidency of Inspector-General J. D. Macdonald, M.D., F.R.S.; of medical officers of health, under that of Dr. Charles Kelly; of municipal and county engineers, under that of Mr. Percy Boulnois; and of inspectors of nuisances, under that of Professor Wynter Blyth. The Mayoress of Portsmouth will preside over a conference of domestic hygiene. Professor J. Lane Nottter will preside over the meeting of the Section of Sanitary Science and Preventive Medicine on September 14th; the Mayor of Southampton (Mr. J. Lemon, F.R.I.B.A.) over that of Engineering and Architecture on September 15th; and Dr. N. J. Russell, F.R.S., over that of Chemistry, Meteorology, and Geology on September 16th. Public addresses will be given by Sir Thomas Crawford, K.C.B., and Professor W. H. Corfield.

MEDICAL VACANCIES.

The following vacancies are announced:

ANCOATS HOSPITAL, Manchester.—Junior Resident Surgeon. Salary, £50 per annum, with board and washing. Applications to Alex. Forrest, Hon. Sec.

BELMULLET UNION (Knocknallower Dispensary).—Medical Officer. Salary, £130 per annum, and fees. Applications to Mr. Thomas Swift, Honorary Secretary, Ballinaboy, Pollatomas, Belmullet. Election on July 8th.

BOROUGH OF SCARBOROUGH.—Medical Officer of Health, not less than 25 or more than 40 years of age. Salary, £325 per annum. Will have to act also as Surgeon to the Borough Police Force, and Public Analyst, at a further salary of £25 per annum. Applications to John E. T. Graham, Town Clerk, Town Hall, Scarborough, by July 4th.

BRISTOL HOSPITAL FOR SICK CHILDREN AND WOMEN, St. Michael's Hill.—House-Surgeon, doubly qualified. Applications to H. Lawford Jones, Secretary, by July 2nd.

CHILDREN'S HOSPITAL, Steelhouse Lane, Birmingham.—Resident Medical Officer. Salary £80 per annum, with board, washing, and attendance. Applications to the Secretary by July 6th.

CHILDREN'S HOSPITAL, Steelhouse Lane, Birmingham.—Assistant Resident Medical Officer. Salary, £40 per annum, with board, washing, and attendance. Applications to the Secretary, by July 6th.

DENTAL HOSPITAL OF LONDON, Leicester Square, W.C.—Assistant Dental Surgeon; must be L.D.S. Applications to J. Francis Pink, Secretary, by July 11th.

DENTAL HOSPITAL OF LONDON AND LONDON SCHOOL OF DENTAL SURGERY, Leicester Square.—Demonstrator. Honorarium, £50 per annum. Applications to Morton Smale, Dean, by July 4th.

DUNDEE ROYAL LUNATIC ASYLUM.—Assistant Medical Officer. Salary, £100 per annum, with board, lodging, and washing.

EAST LONDON HOSPITAL FOR CHILDREN, Glamis Road, Shadwell, E.—House-Surgeon. Board and lodging provided. Applications to the Secretary by July 14th.

EAST LONDON HOSPITAL FOR CHILDREN, Glamis Road, Shadwell, E.—House-Physician. Board and lodging provided. Applications to the Secretary by July 14th.

GENERAL HOSPITAL, Birmingham.—Assistant House-Surgeon. Board, residence, and washing provided. Applications to the House-Governor by July 2nd.

GENERAL HOSPITAL, Birmingham.—Resident Surgical Officer; doubly qualified. Salary, £130 per annum, with residence, board, and washing. Applications to Howard J. Collins, House-Governor, by July 4th.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—Resident House-Physicians. Applications to the Secretary by July 2nd.

HOSPITAL FOR DISEASES OF THE THROAT, Golden Square, W.—Registrar and Pathologist. Honorarium, £25 per annum. Applications to W. Thornton Sharp, Secretary, by July 4th.

MCGILL UNIVERSITY, Montreal, Canada.—Professor of Pathology for the Faculties of Medicine and Comparative Medicine. Salary, £400 per annum. Applications to Dr. Robert Craik, Dean, by July 20th.

PARISH OF APPLECROSS.—Medical Officer and Public Vaccinator for the Applecross Division. Salary, £95 per annum, with free house and garden. Applications to Mr. Bain, Applecross, Ross-shire, by July 15th.

PAROCHIAL BOARD OF PENNYGOWN AND TOROSAY.—Medical Officer. Salary, £100 per annum. Applications to Alex. Macdougall, Inspector of Poor of Torosay, Auchnacraig, by Oban, N.B., by July 20th.

ROYAL ALBERT HOSPITAL, Devonport.—Assistant House-Surgeon. Board, lodging, and washing provided. Applications to the Chairman of Medical Committee by July 13th.

ROYAL LONDON OPHTHALMIC HOSPITAL, Moorfields, E.C.—Senior House-Surgeon. Salary, £75 per annum, with board and residence. Applications to the Secretary by July 5th.

ROYAL SOUTH HANTS INFIRMARY, Southampton.—Assistant House-Surgeon. Board and rooms provided. Applications to T. A. Fisher Hall, Secretary, by July 15th.

ROYAL UNITED HOSPITAL, Bath.—House-Surgeon; must be M.R.C.S. Salary, £80 per annum, with board, lodging, and washing. Applications to W. Stockwell, Secretary-Superintendent, by July 12th.

ST. THOMAS'S HOSPITAL MEDICAL SCHOOL.—Demonstrator of Physics and Chemistry. Stipend, £100 per annum. Applications to the Medical Secretary, St. Thomas's Hospital, E.C., before July 6th.

ST. THOMAS'S HOSPITAL MEDICAL SCHOOL.—Obstetric Tutor. Salary, £50 per annum. Applications to the Medical Secretary by July 12th.

SWANSEA HOSPITAL.—Resident Medical Officer; doubly qualified. Salary, £100 per annum, with board, furnished apartments, coals, gas, laundry, and attendance. Applications to Jno. W. Morris, Secretary, by July 4th.

ULVERSTON UNION.—District Medical Officer for the Cartmel District; must reside in the town of Cartmel. Will also be appointed Public Vaccinator. Salary, £50 per annum, and fees. Applications endorsed "Application for office of Medical Officer," to C. W. Dean, Clerk to the Guardians, Union Offices, 3, Benson Street, Ulverston, by July 7th.

WIRRAL CHILDREN'S HOSPITAL, Woodchurch Road, Birkenhead.—Resident House-Surgeon, lady or gentleman. Salary, £50 per annum, with board, lodging, and washing. Applications to P. H. Atkin, Hon. Sec., 25, Lord Street, Liverpool, by July 9th.

WOLVERHAMPTON EYE INFIRMARY.—House-Surgeon. Salary, £60 per annum, with rooms, board, and washing. Applications to the Secretary by July 12th.

WYCOMBE UNION.—Medical Officer for the Union School, Bledlow. Salary, £20 per annum, and fees. Applications marked outside "Medical Officer for the School," to Thos. J. Reynolds, Clerk to the Guardians, High Wycombe, by July 2nd.

WYCOMBE UNION.—Medical Officer and Public Vaccinator for the Fifth District. Salary, £83 5s. per annum, and extra fees. Applications marked outside "Medical Officer, Fifth District," to Thos. J. Reynolds, Clerk to the Guardians, High Wycombe, by July 2nd.

MEDICAL APPOINTMENTS.

ANDERSON, L. M., M.R.C.S., reappointed Medical Officer to the Hearts of Oak Medical Fund.

ARNISON, W. C., M.D.Durh., M.R.C.S., appointed Professor of Surgery to the University of Durham, *vice* G. Y. Heath, M.B., deceased.

BACK, Herbert H., M.B.Lond., M.R.C.S., appointed Medical Officer for the No. 5 District of the Aylsham Union, *vice* E. Reeve, M.R.C.S.Eng., deceased.

BAILY, E., M.B., C.M.Édin., appointed Medical Officer of Health for Oban.

BRADSHAW, T. R., M.D., M.R.C.P.Lond., M.R.C.S., appointed Assistant Honorary Physician to the Royal Infirmary, Liverpool.

BRISTOWE, Hubert C., M.D.Lond., appointed Medical Officer at the Bath and Somerset Asylum, *vice* Chas. W. Ensor, L.R.C.P.Lond.

BROWNING, G. Dansey, M.R.C.S., L.R.C.P.Lond., appointed Resident Obstetric Assistant to Westminster Hospital.

BULMAN, F., M.B., C.M.Durh., appointed Medical Officer of the Workhouse, Newport, Mon.

BYLES, J. B., M.R.C.S., L.R.C.P.Lond., appointed Senior House-Physician to Westminster Hospital.

CAMPBELL, Archibald, M.B., C.M.Glas., appointed Medical Officer for the Ratcliffe-on-Trent District of the Bingham Union.

CARLING, W., M.B., B.C.Cantab., appointed Assistant House-Surgeon to Guy's Hospital.

DEVEREUX, W. C., M.A., M.B., B.C.Cantab., M.R.C.S., L.R.C.P., appointed Acting Honorary Surgeon to the Tewkesbury Hospital, *vice* D. Devereux, M.D., deceased.

DURHAM, H. E., M.B., B.C.Cantab., appointed House-Surgeon to Guy's Hospital.

FERGUSON, A. A., L.R.C.P., L.R.C.S.Irel., appointed Medical Officer of the Workhouse of the Aston Union.

FIELD, E., M.B., C.M., L.R.C.P.Lond., M.R.C.S., appointed Medical Officer to the Municipal Charities, Bath.

GALPIN, Richard, M.R.C.S.Eng., reappointed Medical Officer for the Eleventh District of the Lexden and Winstree Union.

GEORGE, Charles Frederick, M.R.C.S.Eng., L.S.A., reappointed Medical Officer for the Kilton District of the Glanford Brigg Union.

GILES, Oswald, L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer of Health to the Sleaford Rural Sanitary Authority.

GODSON, A. H., M.B., B.C.Cantab., appointed Assistant House-Surgeon to Guy's Hospital.

GREEN, Dr. appointed Medical Officer for the Churchstanton District of the Taunton Union, *vice* W. J. T. Barker, L.R.C.P., resigned.

GREENWOOD, G. S., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer of Health for the Ossett Urban Sanitary District of the Dewsbury Union, *vice* J. W. Greenwood, M.R.C.S.Eng., resigned.

HAMILTON, George Gibson, M.B., C.M.Édin., appointed Assistant Honorary Surgeon to the Royal Infirmary, Liverpool.

HAVELOCK, J. G., M.B., C.M.Édin., reappointed Senior Assistant Medical Officer to the Royal Asylum, Montrose.

HOWDEN, J. C., M.D.Édin., reappointed Medical Superintendent to the Royal Asylum, Montrose.

HUDSON, H. R., L.R.C.P., L.R.C.S.Irel., appointed Public Vaccinator, Newport, Mon.

JEWELL, J. W. F., M.B.Lond., appointed Assistant House-Physician to Guy's Hospital.

LAYER, Henry, M.R.C.S.Eng., reappointed Medical Officer for the Fifth District of the Lexden and Winstree Union.

LEWIS, H. W., M.R.C.S., L.R.C.P.Lond., appointed Senior House-Surgeon to the Westminster Hospital.

LUFF, Arthur P., M.D.Lond., Lecturer on Medical Jurisprudence, and Physician to St. Mary's Hospital, appointed Official Analyst to the Home Office, *vice* C. Meymott Tidy, M.B.Aberd., deceased.

MACKEITH, John, M.B., C.M.Glas., appointed Assistant Medical Officer of Health for Exeter.

MCCNICOLL, John, L.R.C.P., L.R.C.S.Édin., appointed Medical Officer to the Poole and Parkstone Post-offices.

MANN, J. Dixon, F.R.C.P., appointed Professor of Medical Jurisprudence at Owens College, Manchester.

MARSH, James John, L.R.C.P., L.R.C.S., L.M., etc., appointed Medical Officer to the Post-office, Ormskirk.

MARSTON, Francis Ernest, L.R.C.P.Lond., M.R.C.S., reappointed Medical Officer of Health for Welshpool Borough.

MILLS, H. H., M.R.C.S., L.R.C.P.Lond., appointed Junior House-Physician to Westminster Hospital.

NASH, Charles, M.R.C.S.Eng., appointed Medical Officer of Health to the Catherington Rural Sanitary Authority, *vice* R. G. Strong, L.R.C.P., L.R.C.S.Édin., resigned.

NELSON, Thomas, M.D.Édin., appointed Ingleby Lecturer at Queen's College, Birmingham.

PALMER, H. D., M.R.C.S.Eng., reappointed Medical Officer for the Eighth District of the Lexden and Winstree Union.

RAKE, A. T., M.B., B.S.Lond., appointed House-Surgeon to Guy's Hospital.

RIDDELL, J. Scott, M.B., C.M., M.A.Aberd., appointed Medical Officer in charge of Oldmarcher Poorhouse, *vice* Dr. Garden, resigned.

ROBOTHAM, A. J., M.R.C.S., reappointed Medical Officer for the Newton-on-Trent District of the Gainsborough Union.

RUTHERFORD, J. J., M.D., reappointed Medical Officer of Health for the Urban Sanitary District of Shipley.

SALTER, C. E., M.B., B.S.Lond., appointed House-Physician to Guy's Hospital.

SALTER, John Henry, M.R.C.S.Eng., reappointed Medical Officer for the Fourth District of the Lexden and Winstree Union.

SOUTAR, R., M.B., C.M.Aberd., reappointed Medical Officer to the Royal Infirmary, Montrose.

STONE, V., M.D.St.And., F.R.C.S.Édin., reappointed Medical Officer to Royal Infirmary, Montrose.

SYMONDS, John George Renny, L.R.C.P.Édin., M.R.C.S.Eng., appointed Medical Officer for the Shepperton District of the Staines Union.

TAYLOR, J., M.D., reappointed Medical Officer for Tenth District of the Lexden and Winstree Union.

TEBBS, W. H. Alison, L.R.C.P.Lond., M.R.C.S., late House-Surgeon to Westminster Hospital, appointed House-Surgeon to Addenbrooke's Hospital, Cambridge.

THOMAS, A., M.B., B.S.Lond., appointed House-Physician to Guy's Hospital.

THOMAS, W. Thelwall, L.R.C.P.Édin., F.R.C.S.Eng., appointed Assistant Honorary Surgeon to the Royal Infirmary, Liverpool.

WELLBURN, Edgar D., L.R.C.P., L.R.C.S.Édin., appointed Medical Officer of Health to the Sowerby Local Board.

WEST, C. J., L.R.C.P.Lond., M.R.C.S., appointed Medical Officer for the Leadenham Sanitary District of the Sleaford Union, and for the Fulbeck Sanitary District of the Newark Union.

WESTWOOD, Henry O., L.R.C.P., L.R.C.S.Édin., appointed Medical Officer for the Bingham District of the Bingham Union, *vice* H. Wotton, L.R.C.P.Édin., resigned.

WINGRAVE, V. H. Wyatt, M.R.C.S.E., L.S.A., late Registrar and Anaesthetist, appointed Assistant Surgeon to the Central London Throat and Ear Hospital.

YOUNG, F. C., M.B., B.C.Cantab., appointed Assistant House-Physician to Guy's Hospital.

DIARY FOR NEXT WEEK.

MONDAY.

NATIONAL ORTHOPÆDIC HOSPITAL, Great Portland Street, 5 P.M.—Mr. F. R. Fisher: On Deformities of the Limbs Dependent on Contraction of the Muscles, Ligaments, and Fasciæ. Lecture IV.

TUESDAY.

SOCIETY FOR THE STUDY OF INEBRIETY, 11, Chandos Street, Cavendish Square, W., 4 P.M.—Dr. H. W. Williams: The Urgent Need for Improved Legislation for Inebriates.

WEDNESDAY.

OBSTETRICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8 P.M.—Specimens will be shown by Dr. John Phillips, Dr. Lewers, Mr. McAdam Eccles, Dr. De Vœux, Dr. Horrocks, and Mr. Bland Sutton. Dr. Herman: On Menstruation in Cases of Backward Displacement of the Uterus. Mr. W. A. Meredith: Two Cases of Double Ovariectomy during Pregnancy.

FRIDAY.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, 8.30 P.M.—Patients and card communications at 8 P.M. Annual general meeting, election of officers, etc. Messrs. Collins and Cross: Implantation Cyst in Anterior Chamber after Cataract Extraction. Mr. Tatham Thompson: (1) Accidental Vaccinia of Eyelids; (2) Gumma of Episclera; (3) Rupture of Choroid; (4) Rodent Ulcer Destroying the Lower Lid and Eye; (5) Recurrent Sarcoma of Orbit.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning, in order to insure insertion in the current issue.

BIRTH.

SERIMSHIRE.—June 14th, 1892, the wife of Charles Parnham Skrimshire, The Park, Blaenavon, of a daughter (Muriel).

MARRIAGES.

COCKILL—SEELY.—On June 29th, at St. Peter's, Cherry Willingham, Lincolnshire, by the Rev. F. A. Williams, vicar, William Baron Cockill, M.R.C.S.Eng., L.R.C.P.Lond., of Kendal, Westmoreland, elder son of Rev. W. E. C. Cockill, late of Sierra Leone, to Edith Mary, third daughter of Mr. Robert Seely, of Manningdale, Cherry Willingham.

CRAIG—AITKEN.—At St. Saviour's Church, Bridge of Allan, on the 23rd inst., by the Rev. J. Aberigh Mackay, D.D., assisted by the Rev. W. E. Hall, William Maxwell Craig, M.B., Surgeon, Royal Navy, to Janet Georgina, daughter of the late Archibald Robertson, and widow of Stephen Rowen Aitken.

STORY—HALLOWELL.—At Taney Church, by the Rev. W. F. Black, D.D., and Canon Scott, J. B. Story, Esq., F.R.C.S.I., of 24, Lower Baggot Street, Dublin, to Blanche Christabel, daughter of the late Rev. J. W. Hallowell.

DEATHS.

AITKEN.—On June 25th, at Woolston, Southampton, Sir William Aitken, M.D., F.R.S., Professor of Pathology, Army Medical School, Netley, aged 67.

FRASER.—At St. Helen's Road, Swansea, on the 23rd June, Thomas Alexander Fraser, M.D., M.R.C.S.Eng., eldest son of Surgeon-General John Fraser, C.B., aged 31.