

power of the microscope. Staining reactions are certainly of great use when one has to deal with extremely small organisms such as minute bacteria; but in the case of protozoa this is not the case. Most of these organisms can be studied in the living and unstained state; in fact most if not all the parasitic forms (amebae, gregarinæ, coccidia, sarcosporidiae), flagellata (mostly haematozoa), etc., have been discovered, and in great part studied without the use of any staining method. These methods, however, become of great use for the study of structure, and for purposes of demonstration. 4. Dr. Ruffer seems to doubt the existence of endogenous cell formation, yet such a phenomenon has been abundantly shown to exist by Virchow and others since, and I am able to demonstrate in support of this a prickle cell containing two daughter prickle cells; in such a case doubt can hardly exist since the interpretation of the enclosed bodies, notwithstanding their apparent encapsulation and the difference of reaction due to their partial degeneration, is plain enough. On all these grounds and those already given in my communication, I maintain that neither Soudakewitch nor Ruffer has proved the parasitic nature of the bodies which they describe as such.

## MEMORANDA:

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

**HEAT APOPLEXY: HYPERPYREXIA: DEATH.**  
I THINK the following case worth reporting, not so much from the rarity of the affection in the tropics, as from the fewness of the recorded cases.

A young woman, aged about 26 years, was seized, at 10.30 A.M., with faintness and vomiting; this was immediately succeeded by convulsive twitching of the face and hands. When I saw her, shortly afterwards, I found her in a comatose condition, with stertorous breathing, arms and legs helpless, knee-jerks abolished, and plantar reflex gone. The pulse was 100, fairly good volume and not laboured; pupils were contracted and inactive to light; face gorged with blood, hands blanched; temperature 107.8°; respiration very shallow. Powdered ice was at once applied in a cloth to the head, and ice applied to other parts of the body. She soon began to vomit a greenish, biliary matter, and urine and faeces were passed involuntarily. There being no improvement I determined to inject antipyrin hypodermically. Half-an-hour after the injection of 3 grains the temperature was 99°, breathing easier, less laboured, but still vomiting. At 4 P.M. the temperature had gone up to 103.8°, pulse 88, small and hard. Croton oil  $\frac{1}{2}$  ij is given by mouth. On the sun going down, the patient opened her eyes, and this was the only attempt of a return to consciousness. Temperature 101°. Next morning the temperature was 104°, pulse beginning to fall, very rapid, respiration laboured. I injected 3 grs. antipyrin and administered croton oil  $\frac{1}{2}$  ij; there was a slight improvement for a while; vomiting not so frequent, but a great deal of mucus obstructing respiration, and *râles* in the chest. Breathing became more abdominal. Brandy, one teaspoonful every hour, was given during the day; but towards evening the patient was unable to swallow, and she sank about thirty-six hours after the attack; the temperature for the last few hours being subnormal. The points of interest in the case are these:

1. That it is not a high dry heat, but a damp monsoon heat that usually causes heat apoplexy; the temperature during the monsoon being 95°, whereas much higher temperatures are registered in Southern Australia, and the cases are not nearly so frequent.

2. The good effect of antipyrin injected hypodermically in bringing down the temperature, when it would have been impossible to bring down the temperature by any drug administered by mouth.

3. In this case more depletory measures were contra-indicated, as the patient was in enfeebled health and suffering from secondary syphilis. Again, notwithstanding the reduction of the temperature there was no improvement in the

peripheral circulation, the hands remaining blanched and the face congested, the rapidity with which the lungs became gorged suggesting paralysis of the nerve centres and loss of tone of vessels.

4. Of any number of cases occurring on a ship, the majority of cases are among the third-class passengers, due (1) to their neglect of proper precautions; (2) to their worse accommodation.

E. C. WILLIAMS, M.B.Cantab.,  
Surgeon, Royal Mail Steamer *Tara*.

**A CASE OF PUERPERAL ECLAMPSIA.**  
THE following case of eclampsia, occurring in a primipara aged 24, may be interesting. The patient had had measles when young, and was subject to headaches, which she attributed to excessive development of the hair, but otherwise had enjoyed good health. Her catamenia were usually regular, and she had an abortion about a year ago. There was no history of epilepsy. During the latter part of the present pregnancy she suffered from dizziness, loss of vision, and severe backache, which was worse when the patient was in the recumbent position.

On Monday, at 1.30 A.M., she was rapidly delivered of a full-timed child, the afterbirth following immediately, and there was some vomiting afterwards. At 1 P.M. on the same day I called for the first time and found that the patient was, as far as I could judge, progressing favourably; but the infant looked weakly, and I in consequence recommended the mother to have it baptised early.

Twenty minutes after my visit the patient was attacked with convulsions, having three seizures in the first hour, from which she did not regain consciousness till the fits entirely left her. I gave an enema of bromide of potassium and chloral and ordered hot bottles, poultices over the loins, and extra clothing. The fits discontinued for two and a-half hours, then recurred every hour—although the bromide and chloral mixture was given by the rectum, and occasionally by the mouth also—till 3.30 P.M. on Tuesday, when Mr. Steele saw the patient with me.

Pilocarpin (gr.  $\frac{1}{5}$ ) was injected into the arm, and, as the temperature was 103° F., the uterus was cautiously washed out with weak Condy's fluid. The effect of the pilocarpin on the heart was very noticeable, recalling to mind the pulse and heart sounds at the termination of a fatal case of diphtheria. She had no convulsions after the administration of the pilocarpin, excepting a "slight attack" two hours afterwards which some of her friends were supposed to notice. I gave another enema of bromide and chloral at 7 P.M., and drew off from the bladder about 2 ounces of urine for examination, it having previously escaped unconsciously. There was a thick deposit of urates, and the nitric acid and heat tests revealed albumen in large quantities.

On Wednesday the patient had improved but was unable to speak. She tossed about as if having suffered from haemorrhage; there were signs of returning consciousness; temperature normal.

On Thursday iodide and bromide of potash were given by the mouth; the uterus was washed out with Condy's fluid.

On Friday I found the patient sitting up in bed, eating and conversing; she complained of frontal and vertical headache.

On Saturday there was much improvement; examination of the urine showed urates but not a trace of albumen. All but dietetic treatment was now discontinued; but Mr. Milne, for whom I had been taking charge of the case, ordered the hair to be cut for the relief of the headache.

The case seems interesting, as it points to the beneficial results of a judicious use of pilocarpin in the treatment of puerperal eclampsia, and the possibility of rightly determining an attack of the disease in a predisposed subject. I had thoughtlessly alarmed the mother by hinting at the doubtful viability of her infant.

Poulton-le-Fylde.

THOS. DOBSON POOLE, M.D.

**DILATATION OF THE CERVIX.**  
I HAVE read with much pleasure the paper by Dr. Athill in which he advocates the preliminary use of a tent before dilating the cervix with bougies in certain cases.

I was much struck some time ago by the difficulty experienced in dilating the cervix with Hegar's dilators when its

canal was narrow, and a small size—No. 7 or 8—had to be used to commence with. It then occurred to me to use a tent first, and I have found this simplify the operation in a remarkable degree. I will give two cases in illustration.

Mrs. A., seen in consultation with Mr. James St. Johnston of this city, August 8th, 1891. She had miscarried several months earlier, and had been "losing" since. The uterus was a little enlarged, but movable; the os was not patent. As medicinal treatment had been tried without success, it was decided to explore the uterus. A laminaria tent was introduced at 10 P.M., and at 10 A.M. next morning removed, and dilatation carried out with Hegar's dilators, a start being made with No. 13; they were passed in order up to No. 20, and then the finger was easily introduced, and a small mass felt attached to the posterior wall of the uterus; this was removed by scoop and finger, and found to be a piece of placental tissue as large as a marble. The uterus was then washed out with hot water. The patient had no further haemorrhage, and made a rapid recovery. The operation was done with the patient in the left lateral position. No anaesthetic was used, and the vulsellum forceps was not required.

The other case was a woman, aged 40, admitted into Queen's Hospital with a history of bleeding extending over several months. The operation was carried out in the same way, a tent being put in the night before by Mr. Gamgee, the obstetric house-surgeon. Dilatation was commenced with No. 12, and carried on up to No. 20. A small rough surface was found, scraped with the curette, and the whole interior surface of the uterus swabbed with tinct. iodi. The patient soon recovered, and the haemorrhage did not recur. In this case the use of the vulsellum forceps was dispensed with, though an anaesthetic was given. The dilators passed in with the greatest ease, the whole process of dilating not lasting more than ten minutes.

In these and other cases I have found that, after using a tent, there was very much less force required, and that, consequently, the chief risk of the graduated bougies—that is, the possibility of tearing the cervix—was much diminished.

Birmingham.

C. E. PURSLOW, M.D. Lond.

#### ASCARIS LUMBRICOIDES AS A COMPLICATION OF TYPHOID FEVER.

R. F., aged 14 years, of good family history, consulted me on November 20th, 1891. He complained of general *malaise*, with vomiting and pain in the stomach. On the 23rd I was sent for to visit the patient at his home, and found him suffering from the prodromatous symptoms of typhoid fever, with pale face, dark lips, scanty and high-coloured urine, and severe typical diarrhoea. The temperature during the disease was characteristic, rising each evening to fall again next morning, and reaching a maximum of 104.2°. The tongue was furred at the sides and clear at the tip and middle. On the tenth day the "spots" appeared on the abdomen. The case progressed favourably, defervescence taking place by lysis.

After sixteen days' apparent convalescence—that is, on December 26th—the temperature went up, and the diarrhoea returned with its former severity. The symptoms ran a shorter course, and the patient once more became convalescent.

On January 11th, 1892, the disease again made itself manifest, but until the 18th no especial symptom appeared. When making the morning visit to the patient, I found that immediately before my arrival he had passed a large round worm, of about 10 or 11 inches long. From that date forward recovery was unimpeded, and by February 12th it was not necessary to continue visiting at the house. In the early stages of the disease an ordinary saline mixture, with 2 minimis of tincture of aconite, every four hours, and 10-grain powders of salicylate of soda thrice daily, were given; no food being allowed beyond a simple milk diet. On November 25th active delirium was present, and continued for some days, the treatment being a sedative draught containing bromide of potassium and tincture of henbane, to be taken at night as required.

The diarrhoea was now uncontrollable. Fortunately at this time there was a correspondence in a medical journal on the treatment of this malady, more especially of the diarrhoea, namely, tincture of iodine and carbolic acid, and, this having been adopted, was followed by great success. The

patient received 1 minim of tincture of iodine, and 1-grain of carbolic acid thrice daily, the doses being doubled after three days.

During convalescence he was put on an acid mixture, with sulphate of quinine. On recurrence of the symptoms the former treatment was again used with equal success, and also in the second relapse. After the voiding of the worm no other was passed, although the ordinary vermicide was given. The only stimulant administered during the attacks was a tablespoonful of hot milk every hour or half-hour as required. The case was reported under the Notification of Diseases Act, and the usual hygienic measures carried out, the stools being received into Condy's fluid.

The fever ran an ordinary course till the first relapse, which was thought to have been caused by a chill, the patient having come downstairs without permission. The second relapse was attributed to the presence of the parasite, and the question now arises whether both cases were not due to the same cause. As the case appears to me to be very rare, it may, perhaps, be of general interest to your readers.

Wolverhampton.

J. S. REYNOLDS, L.R.C.P. & S.E.

## REPORTS

ON

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

#### ROYAL HOSPITAL FOR CHILDREN AND WOMEN, WATERLOO ROAD.

##### UNUSUAL TERMINATION OF A CASE OF CANCRUM ORIS.

(By S. W. WHEATON, M.D., M.R.C.P., Physician to the Hospital.)

A FEMALE child, aged 3 years, was admitted with a livid red swelling of the right cheek, nearly the whole of the inner surface of which was found to be gangrenous. There was slight enlargement of the glands at the angles of the jaw, and the temperature was 99.2°. The gangrenous surface was treated with nitric acid by the house surgeon, Dr. Wilson Smith, and dressed with iodoform, the child being placed face downwards in order to prevent as far as possible the inhalation of septic material. The child's progress was unusually good. The temperature became normal after two days, and continued so. A small scale of exfoliated bone was removed from the alveolus of the upper jaw on the eighteenth day. A month after admission a small scar only remained on the mucous membrane of the cheek, and the child appeared in perfect health, when, four days later, it vomited without apparent cause. The next day it became drowsy, with repeated vomiting, dilated pupils, and occasional periods of great excitement and terror, apparently connected with visual hallucinations. During the next twenty-four hours it passed into a condition of partial coma, lying with eyes widely open, taking no notice of anything, with an occasional piercing inarticulate cry and divergent squint. The conjunctivæ were injected, pupils contracted without reaction to light, respiration was sighing, pulse irregular and rapid, and the temperature rose suddenly to 102.2°. Intense optic neuritis was found in both eyes, with large flame-shaped retinal haemorrhages. The child died twenty hours later, without developing any further paralysis, eruption, or rigidity of the neck, the temperature rising to 102° just before death, having previously fallen to 96°. The secretion of urine was very scanty, but albumen was absent even in that removed from the bladder after death.

At the necropsy the surface of the brain was extremely congested, and the grey matter was everywhere of a vivid pink colour. There was no excess of fluid in the ventricles, no opacity of the membranes, no miliary tubercles or thrombosis of vessels. Both optic nerves were greatly swollen at their ocular ends, so as to be pear-shaped; the retinal haemorrhages and greatly swollen optic discs were distinctly seen. The kidneys were enlarged and their cortex pale and opaque, the liver fatty, the mesenteric glands swollen. All the other organs appeared normal; the absence of carious teeth or

read papers, cases, etc., are requested to intimate their intention to the Honorary Secretary without delay. Communications have been promised by Dr. Buszard, Dr. D. Thomson (Luton), and Mr. Bull (Stony Stratford).—C. J. EVANS, Honorary Secretary, Northampton.

#### EAST ANGLIAN BRANCH.

THE autumnal meeting of this Branch was held at Sheringham on September 8th, Dr. AMSDEN (President) in the chair. There were 45 members and visitors present.

*Sir Frederic Bateman.*—The minutes of the last meeting having been read and confirmed, a letter from Sir Frederic Bateman was read expressing his grateful acknowledgment of the courteous resolution of the Branch congratulating him upon the honour of knighthood recently conferred upon him.

*President's Address.*—The PRESIDENT delivered a short address on Some Sanitary Defects.

*Dangers of Otitis Media.*—Professor VICTOR HORSLEY, F.R.S., delivered an address on the Dangers and Consequences of Prolonged Otitis Media, with especial reference to Cerebral Abscess, which was abundantly illustrated by macroscopic and microscopic photographs, shown by limelight.—Mr. CADGE proposed and Dr. LATHAM seconded a vote of thanks to Professor Horsley, which was unanimously carried.

*Social Festivities.*—After the meeting the members present, accompanied by ladies, took a drive through Sheringham Woods and park to the Hall, where they were entertained at afternoon tea by Mrs. Upcher, and those unable to accompany the excursion were entertained by Dr. and Mrs. Ernely Sumpter.

## INDIA AND THE COLONIES.

#### INDIA.

**TANSA WATERWORKS.**—A gold-lettered marble tablet is to be erected in the new municipal offices at Bombay with the following inscription: "The Tansa Waterworks, which supply the city of Bombay with 21 million gallons of water per diem through a duct fifty-five miles in length from a lake six square miles in area, were first designed and reported on by Major Hector Tulloch, R.E., Executive Engineer, Bombay Municipality, in the year 1872. They were commenced in the year 1889 on the recommendation of Sir Charles Edward Kayll Ollivant, K.C.I.E., C.S., Municipal Commissioner for the city of Bombay, whose administrative and financial abilities were conspicuously displayed during their construction. He was supported in his recommendation by many prominent citizens, especially Dr. Thomas Blaney, Coroner of Bombay, who has during the course of a long life gratuitously given to the city services beyond computation in money. The works were carried out by Mr. W. J. B. Clarke, M.I.C.E., C.I.E., with signal engineering talent. Completed during the time that Mr. H. A. Acworth, C.S., held the office of Commissioner, at a cost of 150 lakhs of rupees, and opened by His Excellency the Marquis of Lansdowne, G.C.M.G., G.M.S.I., G.M.I.E., Viceroy and Governor-General of India, on March 31st, 1892. This tablet is erected by the command of the Municipal Corporation of Bombay, in order to commemorate the successful completion of an undertaking which, in costliness, magnitude, and importance stands unrivalled among municipal works in India, as well as the names of those who, having been chiefly instrumental to so great a result, best deserve the gratitude of the citizens of Bombay. By order of the Municipal Corporation. May, 1892."

**VACCINATION IN BURMAH.**—The resolution on the report on Vaccination in Burmah for 1891-92 states that the number of persons vaccinated in Lower Burmah during the year was 129,509, being less by 10,812 than in 1890-91. The number of vaccinations in Upper Burmah was 57,985, against 37,956.

**BARODA.**—The Gaekwar of Baroda has given orders for the opening of three hospitals, the establishment of a State Sanitary Commissionership, and the engagement of the services of a lady doctor.

**MCLEOD GOLD MEDAL.**—Dr. Kollas Chundras Bose has sent to Dr. Birch, Principal of the Calcutta Medical College, a cheque for 1,250 rupees presented by a young Marwari gentleman for the establishment of a gold medal to be called the McLeod Medal, which is to be awarded annually to the student who obtains the highest number of marks in surgery at his final examination.

**SIMLA WATER SUPPLY.**—At a committee summoned by the Governor-General of the Punjab, the waterworks question has (says the *Indian Medical Gazette*) been settled, and the necessary operations will be carried out at once.

**BANGALORE WATER SUPPLY.**—A sum of Rs. 972,000 has been provided in the Military Works Budget Estimate for the year 1892-93, on account of the Bangalore water supply, and of that sum half a lakh has been allotted for expenditure during the present year.

#### NEW SOUTH WALES.

Dr. GRAHAM and Dr. Sydney Jamieson, Curator of the Sydney University Museum of Normal and Morbid Anatomy, have been authorised to visit the public schools of the colony for the purpose of taking the measurements and weights of the children attending the schools in different districts. The results will be compared, with the object of forming a judgment as to the places most favourable to physical development.

#### VICTORIA.

ACCORDING to the returns of the census taken on April 5th, 1891, no fewer than 1,097 persons residing in Victoria were suffering from paralysis; 420 were epileptic, 364 were deaf and dumb, 627 were deaf only, 995 were totally blind, 103 nearly blind, 2,139 were mutilated or deformed, 3,770 were lunatics, and 355 idiots.

## UNIVERSITIES AND COLLEGES.

#### UNIVERSITY OF CAMBRIDGE.

**EXAMINATION IN SANITARY SCIENCE.**—Order of examination, 1892: Part I.—Tuesday, October 4th, 9 A.M. to 12 M., in the Senate House, paper; 2 to 5 P.M., at the Chemical Laboratory, practical and oral. Wednesday, October 5th, 9 A.M. to 12 M., in the Senate House, paper; 2 to 5 P.M., at the Physiological Laboratory, practical and oral. Part II.—Thursday, October 6th, 9 A.M. to 12 M., in the Senate House, paper; 1.30 P.M., in the Senate House, practical and oral. Friday, October 7th, 9 A.M. to 12 M., in the Senate House, paper; 1.30 P.M., in the Senate House, practical and oral. Parts I and II.—Saturday, October 8th, 9 A.M., in the Senate House, practical and oral; 1.30 to 5 P.M., in the Senate House, practical and oral.

#### THE LONDON AND COUNTIES MEDICAL PROTECTION SOCIETY.

—We are requested to publish, for the information of members of the profession, the following list of branch officers:

No. 1. Hammersmith and Kensington.—*Divisional President*: Frederick H. Alderson, M.D., Southerton House, Hammersmith. *Vice-Presidents*: W. A. F. Bateman, M.R.C.S., Bridge House, Richmond; Frederick C. Dodsworth, L.R.C.P., M.R.C.S., Arlington Park, Gunnersbury; E. O. Fountain, M.D., M.R.C.S., Arlington Park, Chiswick; C. B. Keetley, F.R.C.S., 36 Grosvenor Street, W.; Frederick Lawrence, M.R.C.S., St. Albans Terrace, Hammersmith; J. Savage, M.R.C.S., L.R.C.P., Avonmore Road, West Kensington; F. J. Wadd, M.B., Prospect House, Richmond; Forbes Winslow, D.C.L., M.R.C.P., M.B., 70 Wimpole Street. *Council*: Charles Andrews, M.R.C.S., L.S.A., Hammersmith Road; Robert Banning, M.D., J.P., The Hall, Bushey, Herts; R. D. Batten, M.D., B.S., 14 Finsbury Circus, E.C.; S. D. Chippingdale, M.D., F.R.C.S., Notting Hill Terrace; Charles Creed, M.R.C.S., L.R.C.P., Girdler's Road, West Kensington; A. H. Clemon, M.D., C.M., Comeragh Road, West Kensington; L. B. Diplock, L.S.A., Lond. Bolton Gardens, Chiswick; H. A. Smith, M.R.C.S., L.R.C.P., High Road, Chiswick; A. G. Wells, M.R.C.S., L.S.A., Keith House, West Kensington. *Honorary Secretary*: F. Herbert Alderson, M.B., 32 West Kensington Gardens, W., North London District.—*Divisional President*: E. Hooper May, M.D., F.R.C.S., Tottenham, N. *Vice-Presidents*: D. Fairweather, M.B., Wood Green, N.; Frank Godfrey, L.R.C.P., L.R.C.S., Compton Terrace, Highbury, N.; Frank Greaves, M.R.C.S., L.S.A., Junction Road, N.; G. Greenwood, L.R.C.P., M.R.C.S., Bush Hill Park, Enfield; George Henty, M.D., Camden Road, N.; Charles P. Langford, M.R.C.S., L.S.A., Hornsey Lane, N.; T. Boswall Watson, M.D., Tufnell Park Road, N.; W. T. Watson, M.D., M.R.C.S., Tottenham, N. *Council*: W. B. Benjafield, M.B., C.M., Lower Edmonton, N.; J. B. Cook, M.R.C.S., L.R.C.P., Packington Street, N.; James Dawson, M.D., L.R.C.S., Petherton Road, N.; W. Donston, L.D.S.R.C.S.I., Tottenham, N.; L. Grant, M.D., New Southgate, N.; Arthur Greenwood, L.R.C.P., M.R.C.S., Hornsey Rise Gardens, N.; James Heath, M.D., Upper Edmonton, N.; G. T. Penny, M.A., M.D., M.R.C.S.E., Oakfield Road, Finsbury Park, N.; J. J. Pitcairn, L.R.C.P., M.R.C.S., Parkhurst Road, Holloway, N.; G. H. Vos, M.B., M.R.C.S., Tottenham, N.; A. O. Ward, M.D., M.R.C.S., Tottenham, N.; E. Wood, L.R.C.P., M.R.C.S., Enfield. *Honorary Secretary*: Lloyd G. Smith, M.D., C.M., The Green, Tottenham, N., Northumberland Division.—*Divisional President*: Walter Ridley, M.S., F.R.C.S., Newcastle-on-Tyne. *Vice-Presidents*: R. A. Campbell, M.D., Newcastle-on-Tyne; C. L. Fraser, F.R.C.S., Berwick-on-Tweed; J. A. Jackson, M.D., Hexham; G. R. Murray, M.B., M.R.C.P., Newcastle-on-Tyne; Angus Martin, L.R.C.P., North Shields; Frank Russell, M.B., C.M., Heaton; Auban Wilkinson, M.D., M.S., Tynemouth; W. T. Wilson, M.A., M.D., Newcastle-on-Tyne. *Council*: A general meeting of the members of the division will shortly be held, when members of the Council will be elected for the ensuing year. *Honorary Secretary*: Francis W. Clark, L.R.C.P., D.P.H.Camb., Dispensary, Newcastle-on-Tyne. *Somerset Division*.—*Divisional President*: Thomas Cole, M.D., F.R.C.P.Lond., Bath. *Vice-Presidents*: Theodore Davis, M.D., F.R.C.S.E., Clevedon; J. Farrant Fry, L.R.C.P., Shepton Mallet; Edward Liddon, M.D., J.P., Taunton; G. F. Rossiter, M.B., Weston-super-Mare; J. Kent Spender, M.D., Bath; J. Mulville Thomson, L.R.C.P., Bradford-on-Avon; A. Law Wade, M.D., County Asylum, Wells. *Council*: A general meeting of the members of the division will shortly be held, when members of the Council will be elected for the ensuing year. *Honorary Secretary*: Hugh Lane, L.R.C.P., 11, The Circus, Bath.

**TUBERCULOSIS AT MUNICH.**—From the registers of deaths in Munich between 1814 and 1888, to which he has had access, Dr. Weitemeyer estimates that in a total number of 329,862 deaths that have occurred in that city during 75 years, 47,282, or 14.33 per cent., were caused by tuberculosis. The proportion of deaths from tubercle to those from other diseases showed some variation at different periods; thus while it was 15.34 per cent. during the first 25 of the 75 years under consideration, it was 14.93 during the second, and 13.71 during the third, period of 25 years. The decrease in tuberculosis is, however, only apparent, for on comparing the deaths from tuberculosis, not with the deaths from other diseases, but with the population at different periods, it is found that the death-rate from tubercle remained fairly constant at about 4.7 per mille throughout the whole period of 75 years.

more than sufficiently undermanned. There is not a man to spare to supply the place of a doctor on leave, and in many stations one doctor appears to be left permanently to do the work of two."

What is the result? The severe strain of the continuous performance of double duties quickly breaks down the health, and, unable to get private leave, the unfortunate officer is driven to appear before a medical board.

"But," says the article, "a strong man ought not to be driven before a medical board by the mere strain of the work which Government places upon him," especially as the record of sick leave "goes against him when selection is made for any special duty of importance." But the cruel economy which is at the bottom of such injustice is not even real; for "the saving of pay by employing one man to do the work of two is more than counterbalanced by the deterioration of the service rendered, and the feeling of discontent aroused."

There is "no holiday on Thursday or Sunday" for the doctor in India, as for other ranks; his grind is interminable. The article goes on to say that if the Government of India is unable or unwilling to put its medical services on a sound and proper footing, an appeal should be made to the authorities and the public at home.

\*\* From what we have been able to learn we fear the foregoing comments represent only too accurately a perilous condition of affairs in Indian medical administration. It is no use blinking the fact that an establishment pared to the quick, and insufficient for the duties in peace, will prove totally inadequate in the event of war. The Indian Government probably calculate on being able to indent freely on the Home establishment should they become involved in a big frontier war; but they are probably leaning on a broken reed. If Russia throws down the gauntlet, every officer and man of the Medical Staff at home will be absorbed in the mobilisation of a couple of army corps. A scratch medical service—with all its dangers and inefficiency—will be will be the only resort. We fear, therefore, a medical crisis, among others, threatens our Indian Empire. Time was when the Government of India recognised that its stability was founded on the health and efficiency of its European servants, from the least to the greatest. Can that be maintained by an undermanned, underpaid, and overworked medical establishment? The station hospital system has effected real economies, but, pushed beyond a certain point, it becomes only penny wisdom and pound foolishness. A starved medical service in a country like India ultimately means inevitable financial loss through disease and death, and cannot therefore be a real economy. If the effect is disastrous in Indian administration, the result is also fraught with hardship and injustice to the members of the medical service, which we suspect is already beginning to make itself felt. What between extended tours, reduced establishments, non-adjustment of the rates of pay, and the depreciated rupee, service in India is becoming less and less desirable to medical officers—an unfortunate condition of affairs which is certain to be soon brought home to those who apparently think they can do what they like with the "doctors."

#### VOLUNTEER AMBULANCE SCHOOL OF INSTRUCTION.

The following officers who have been under instruction from the Staff of the School have recently passed the proficiency examination for volunteer medical officers, conducted by the Army Medical Staff at the headquarters of regimental districts: Surgeon-Major C. Shrimpshire, 1st (Breckenshire) Volunteer Battalion South Wales Borderers; Surgeon-Major J. Eaglan Thomas, M.D., 4th Volunteer Battalion Devonshire Regiment; Surgeon-Captain W. H. Lloyd, 1st Volunteer Battalion The Welsh Regiment; Surgeon-Captain J. E. Scowcroft, M.D., 2nd Volunteer Battalion The Loyal North Lancashire Regiment; Surgeon-Captain F. E. Fenton, 1st Middlesex (Victoria and St. George's) R.V.; Surgeon-Captain S. S. Hoyland, 1st Volunteer Battalion Suffolk Regiment; Surgeon-Captain J. Cunningham, M.B., 1st Argyll and Bute Volunteer Artillery; Surgeon-Captain A. K. Crossfield, 2nd Devon Volunteer Artillery; Surgeon-Captain J. W. Hinings, 1st Herefordshire R.V.; Surgeon-Lieutenant E. B. Reckitt, 1st Lincolnshire Volunteer Artillery; Surgeon-Lieutenant G. G. Ferguson, M.B., 1st Tower Hamlets Rifle Volunteer Brigade; Surgeon-Lieutenant Trevor Dagg, 1st Surrey Rifles; Surgeon-Lieutenant H. G. Wilkins, 2nd Volunteer Battalion Middlesex Regiment; Surgeon-Lieutenant H. D. Brook, 20th Middlesex (Artists) R.V.; Lieutenant J. L. Fawcett, Oudh Rifle Volunteer Corps.

The next class will be held at the headquarters of the Queen's Westminster R.V., James Street, Victoria Street, S.W., by permission of Colonel Howard Vincent, C.B., M.P., commanding the regiment, commencing at 2.30 P.M. on Monday, September 26th, 1892.

All officers, whether proficient or not, who wish to join the class or to obtain further information concerning it will apply to Surgeon-Captain R. R. Sleman, 20th Middlesex (Artists) R.V., 7, St. Benet Place, Gracechurch Street, E.C.

(By Order), H. F. STOKES,  
Surgeon-Captain Army Medical Reserve of Officers and London  
Rifle Brigade; Senior Medical Officer Instructor.

#### EMPLOYMENT OF RETIRED OFFICERS.

VERAX returns to the charge, and says the retired brigade-surgeon who wishes for employment at home or abroad evidently wishes he were back on the active list. It would be interesting to know why he retired. He did not attack individuals, but the principle of reducing home tours by the excessive employment of retired officers. In nine cases out of ten, retirement is to escape foreign service, but it puts it on others.

\*\* The excessive employment of retired officers in home appoint-

ments is certainly to be deprecated in the interests of the active list; but our other correspondent proposes in good faith to open certain colonial appointments also to retired officers, which would assist the home tours: we see no harm in that, but do not think many retired officers would wish to serve in the colonies; a few might who have colonial connections and ties. But for retired appointments there would be no inducement to retire, and but for the saving in the employment of retired officers, comparatively early voluntary retirement would not be permitted. We feel confident the present system is for the ultimate benefit of all, whether retired or actively serving. Retired officers renounce promotion, and that is all in favour of those who choose the risk of serving on.

BEST BOOKS FOR PROMOTION EXAMINATION.  
IF "Surgeon-Captain" will refer to the BRITISH MEDICAL JOURNAL of August 26th last, he will find we answered this question to the best of our knowledge and ability.

## MEDICAL NEWS.

A NEW Odontological Society has recently been formed in Rome under the presidency of Signor Bargnoni.

THE Paris Municipal Council has voted 8,000 francs to provide the children in the schools with wholesome drinks.

A NEW convalescent home at Harrogate was opened by the Mayoress of Sunderland on September 15th.

DR. E. O. SHAKESPEARE, author of the elaborate report to the United States Government on "Cholera in India and Europe," has been appointed Physician to the Port of Philadelphia.

DR. CHARLES E. SAJOUS, of Philadelphia, editor of *The Medical Annual*, has been named a Knight of the Legion of Honour by M. Carnot, in recognition of his services to the French colony in Philadelphia. Dr. Sajous is of French descent.

NEW YORK appears to be suffering from a visitation of glanders as well as London. The disease was recently discovered among the horses of the Third Avenue Railroad Company, and in two days nineteen horses had to be slaughtered on account of it.

MEDICAL PRACTICE IN HOLLAND.—The Dutch Minister of the Interior recently brought in a Bill granting permission under very favourable conditions to foreign medical men to practise their profession in Holland. The proposed measure has called forth vigorous protests from the Dutch practitioners.

THE Gilchrist Scholarship of £50 a year for five years, offered by the trustees of the Gilchrist Education Fund to the student of the London School of Medicine for Women who took the highest place in the preliminary scientific (M.B.) examination of the University of London, has been awarded to Miss Urania Lathem.

SECRET REMEDIES IN DENMARK AND NORWAY.—The Pharmaceutical Section of the fourteenth Congress of Scandinavian Scientists, recently held at Copenhagen, passed a resolution expressing regret that there were no legislative restrictions in Denmark and Norway on the importation of "specialities" and secret remedies, and urging drug vendors themselves to co-operate "in the most earnest manner" in putting down the trade in such preparations.

THE will, dated May 10th, 1884, of Sir William Aitken, M.D., LL.D., F.R.S., late of Grove Cottage, Woolston, Hants, who died on June 25th, was proved on August 12th, at the Winchester District Registry, by Dame Emily Clara Aitken, the widow, and sole executrix, the value of the personal estate amounting to £2,403. The testator gives, devises, and bequeaths all his estate and effects to his wife for her absolute use.

A COLUMBARIUM, or receptacle for cinerary urns, is being erected at the Kensal Green Cemetery. The building is 8 feet in height, and is handsome in appearance. It is constructed of Caen stone, ornamented with Sienna and rouge royal marble. The compartments for the reception of the urns are arranged in rows and tiers. The structure will contain forty-

<sup>1</sup> Obtained Army Ambulance certificate.

two urns. Each of the compartments is fitted with a plate-glass door, with patent locks. The building owes its initiation, of course, to the advocates of cremation.

**THE LONDON HOSPITAL.**—The resignation is announced of Mr. William J. Nixon, who after 46 years' service as house-governor of the London Hospital, has retired from office. Mr. Nixon is we believe the senior of the house-governors and secretaries of the hospitals in London. He has rendered great service to the hospital, and has long held the highest position in the esteem of the governors as an able organiser and most devoted and industrious official. He will carry with him in his retirement the sincere respect and good wishes of all who knew him. Mr. G. Q. Roberts, M.A.Oxon., has been appointed house-governor in his place, and will now hold the combined offices of house-governor and secretary.

**THE TEACHING OF HYGIENE IN ITALY.**—A meeting of teachers of hygiene is to be held at Florence on October 4th, for the purpose of discussing the best means of reforming the teaching of that important subject in the universities of Italy. Discussions on the methods of teaching at present in vogue will be introduced by Professors Sormani, Di Veste, and Maggiore; on the relations between the teaching of hygiene and the sanitary administration of communes, by Professor Roster and Bordoni-Uffreduzzi; on the relations between the teaching of hygiene and the sanitary administration of provinces, by Professor Canalis; and on the relations between the teaching of hygiene and the sanitary administration of the State, by Professor Celli.

**A FEAT OF ENDURANCE.**—The well-known French cyclist, M. Stephane, has recently concluded an astounding feat on the Velodrome cement track in beating the bicycle record of Mr. Shorland, who had done 413 miles 1,615 yards in twenty-four hours. M. Stephane completed 421 miles 473 yards within the stipulated time, and, although he was fatigued after his great effort, his pulse was then 80, and his temperature normal. During the whole ride M. Stephane only made three stoppages, amounting altogether to less than thirty minutes. The weather during the twenty-four hours was most favourable for the cyclist, without a breath of wind, and with the sky clouded during the hours when the ride was progressing in the daylight; but even with all these advantages, the ride, which, on an average, exceeded  $17\frac{1}{2}$  miles per hour, was a remarkable performance, and, a few years ago, would have been considered to be quite impossible.

**DEATHS IN THE PROFESSION ABROAD.**—Among the members of the medical profession in foreign countries and the colonies who have recently passed away are Dr. K. Murata, Professor in the Medical Faculty of the Japanese University of Tokio; Dr. A. Pollock, of Pittsburgh, for many years one of the leading medical men of Western Pennsylvania, formerly President of the Medical Society of the State of Pennsylvania, and ex-Vice-President of the American Medical Association, and in 1876 a delegate from that body to the International Medical Congress, aged 72; Dr. Enoch Chase, the oldest medical practitioner of Milwaukee, having settled there fifty-seven years ago on the site where the city was afterwards built, aged 83; Dr. J. J. Reese, sometime Professor of Medical Jurisprudence and Toxicology in the University of Pennsylvania, and the author of a well-known textbook on forensic medicine, aged 74; Professor P. W. Bedford, of New York, founder and editor of the *Pharmaceutical Record*, aged 56; Dr. John Bennett, of Cleveland, Ohio, who had been for nearly thirty years Professor of the Practice of Medicine in the Cleveland Medical College, aged 62; Dr. José E. Ramos, for many years Professor of Botany in the University of Havana; Dr. W. H. Henderson, Professor of Clinical Medicine in the Royal College of Physicians and Surgeons, Kingston, Canada, and President of the Ontario Medical Association, aged 36; and Dr. Manuel P. de Peralta, Professor of Clinical Medicine in, and formerly Dean of, the Medical Faculty of Buenos Ayres.

**AMERICAN JOTTINGS.**—The Illinois State Board of Health will not accept a death certificate bearing the words "heart failure." It wants more definite information as to the cause of death. It is to be hoped that it may get it.—The drink bill of New York City is estimated by an American journal at seventy million dollars a year. Freedom has evidently not

yet produced sobriety, at least in New York.—New York has a special summer medical service charged with the duty of visiting every tenement house in the city, and treating all cases of sickness among those who are unable to pay fees. The service numbers fifty practitioners, who have to work eight hours a day for two months for a remuneration of 200 dollars.—The abuse of charitable institutions appears to be rampant in New York. Within the present year the wife of a prominent official, with a salary of 10,000 dollars a year, sought gratuitous advice for her child at a public institution. She gave untruthful answers to the usual questions as to the position and earnings of her husband, and it was only when the surgeon, finding the case a serious one, proposed to take the child into the hospital, that she confessed that she was able to pay for attendance at home.—An interesting experiment is about to be tried in Minneapolis. The Board of Charities and Corrections, finding the expense of having prescriptions made up by the local druggists too heavy, is going itself into the drug business, and in a room in the City Hall will dispense free medicines to the poor under the care of the city physician.—Some alarm has been caused in Eastern Massachusetts by the occurrence of one or two cases of rabies, which were magnified by sensational newspapers into "an epidemic of that dread disease." The Board of Health, however, declares that most of the cases reported are spurious, adding that, during the last half century, the deaths from hydrophobia in Massachusetts have number "but a little over 100."—There appears to be a scare about small-pox in some parts of the United States, for the State Board of Health has issued a circular calling attention to the increase of that disease in the country, urging vaccination and revaccination, and offering to supply vaccine at a very low price, or, if necessary, gratuitously.

#### MEDICAL VACANCIES.

The following vacancies are announced:

**BALLINASLOE UNION** (Laurencetown Dispensary).—Medical Officer. Salary, £127 per annum, and fees. Applications to Mr. Thomas Connolly, Honorary Secretary, Laurencetown. Election on September 29th.

**BETHLEEM HOSPITAL, S.E.**—Two Resident Clinical Assistants. Apartments, rations, and attendance provided. Applications, endorsed "Clinical Assistantship," to the Treasurer by October 3rd.

**BRADFORD MEDICAL ASSOCIATION.**—Qualified Out-door Assistant. Salary, £120 per annum. Applications to "Ulna," 38, Little Horton Lane, Bradford.

**CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST**, Victoria Park, E.—Pathologist. Salary, 100 guineas per annum. Applications to the Secretary, 24, Finsbury Circus, E.C., by October 19th.

**CLAYTON HOSPITAL AND WAKEFIELD DISPENSARY**, Wakefield.—Junior House-Surgeon; unmarried. Honorarium, £40 per annum, with board, lodging, and washing. Applications to the Honorary Secretary by October 4th.

**COUNTY BOROUGH OF STOCKPORT.**—Medical Officer of Health for the District of the Borough, and to the Infectious Diseases Hospital, and Surgeon to the Police. Salary, £400 per annum. Applications, endorsed "Application for Appointment of Medical Officer of Health," to Walter Hyde, Town Clerk, 2, Lord Street, Stockport, by October 15th.

**DERBY PROVIDENT DISPENSARY.**—Dispenser. Salary, £78 per annum, house, and allowance for cleaning. Applications to the Secretary, T. H. Harrison, 18, Wardwick, Derby, by September 30th.

**GENERAL HOSPITAL**, Birmingham.—House-Physician. Salary, £70 per annum. Applications to be sent to Mr. Howard J. Collins, House-Governor, by October 7th.

**GENERAL HOSPITAL**, Birmingham.—Pathologist (non-resident). Salary, £120 per annum. Applications to be sent to Mr. Howard J. Collins, House-Governor, by October 1st.

**GENERAL HOSPITAL**, Birmingham.—Surgical Casualty Officer (non-resident). Salary, £70 per annum. Applications to Mr. Howard J. Collins, House-Governor, by October 1st.

**GREAT NORTHERN CENTRAL HOSPITAL**, Holloway Road, N.—House-Physician. Salary, £60 per annum, with board and lodging. Applications to the Secretary by September 26th.

**HOLBORN UNION.**—Resident Medical Officer for the Workhouse, Shepherdess Walk, City Road, N. Salary, £200 per annum, with furnished apartments, gas, coals, and washing. Applications, endorsed "Application for Resident Medical Officer," to James W. Hill, Clerk to the Guardians, Clerkenwell Road, E.C., by October 4th.

**HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.**—House-Physician. Applications to the Secretary by October 13th.

**HUDDERSFIELD INFIRMARY.**—Honorary Physician. Applications to Mr. F. Eastwood, Honorary Secretary, by November 1st.

**KENT AND CANTERBURY HOSPITAL.**—Assistant House-Surgeon; unmarried. Salary, £50 per annum, with board and lodging. Applications to the Secretary by October 8th.

KIMBERLEY HOSPITAL, Kimberley, South Africa.—Salary, £750, with quarters. Applications to H. A. de Beer, Secretary Kimberley Hospital Board, by October 10th.

LANCASHIRE COUNTY ASYLUM, Rainhill, near Liverpool.—Pathologist. Salary, £200 per annum, with furnished apartments, board, attendance, and washing. Applications to the Medical Superintendent.

NENAGH UNION.—Medical Officer to Silvermines Dispensary. Salary, £110 per annum and fees. Applications to Mr. James O'Leary, Honorary Secretary. Election on September 28th.

ST. PETER'S HOSPITAL FOR STONE AND URINARY DISEASES, Henrietta Street, Covent Garden, W.C.—House-Surgeon for six months; must be M.R.C.S. Honorarium, 25 guineas, and board, lodging, and washing. Applications to Walter E. Scott, Secretary, by September 24th.

SUNDERLAND CORPORATION.—Medical Officer of Health for the District of the Borough and Port. Salary, £500 per annum as Medical Officer of the borough, £20 for the like office of the Port, and £5 as Public Analyst. Applications endorsed "Medical Officer of Health and Public Analyst," to Mr. Francis M. Bowey, Town Clerk, Town Hall, Sunderland, by October 29th.

TAUNTON UNION.—Medical Officer of the Workhouse. Salary, £60 per annum, and 10s. extra for midwifery cases. Applications to W. F. B. Dawe, Clerk, by October 11th.

UNIVERSITY OF ABERDEEN.—Six Examiners for Graduation in Medicine. Grant of £30 per annum each. Applications to Robert Walker, Secretary of the University Court, by October 1st.

## MEDICAL APPOINTMENTS.

ANCRUM, G. Wayland, M.B., C.M., L.R.C.P. Edin., appointed Assistant House-Surgeon to the General Infirmary at Gloucester and the Gloucestershire Eye Institution.

BALFOUR, Mr. J. A., appointed Medical Officer for the Presteign District of the Knighton Union.

BERRY, James, B.Sc. Lond., F.R.C.S., appointed Surgical Registrar to St. Bartholomew's Hospital, vice C. B. Lockwood, F.R.C.S.

BRATTON, J. Allen, M.A. Cantab., L.R.C.P., M.R.C.S., appointed Medical Officer and Public Vaccinator to the Ewell, Cuddington, and Chessington Districts of the Epsom Union, and Medical Officer to the London and South-Western Railway Company Friendly Society, vice G. R. Barnes, M.D., M.R.C.S.

CAMPBELL, Walter Scott, M.B., C.M. Glas., appointed Medical Officer for the Crediton District and the Workhouse of the Crediton Union.

DALBY, A. W., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer of Health for the Frome Rural and Urban Sanitary Districts, vice Joshua Parsons, M.R.C.S. Eng., L.S.A.

DIXON, Mr. W., appointed Medical Officer for the Second Hougham District of the Dover Union.

EATON, James, M.R.C.S. Eng., L.S.A., appointed Medical Officer for the Spittlegate District and the Workhouse of the Grantham Union.

EDGE, Frederick, M.D., B.S., B.Sc. Lond., F.R.C.S. Eng., appointed Honorary Acting Gynaecological Surgeon to the Wolverhampton and District Hospital for Women.

FOSBROKE, George Haynes, M.R.C.S. Eng., L.S.A., D.P.H., reappointed Medical Officer of Health for the Worcestershire Division of the Alcester Rural Sanitary Authority.

GEDDIE, William, M.D., M.B., C.M. Aberd., appointed Surgeon to the Accrington Police.

GREENHALGH, J., L.R.C.P., L.M. Irel., reappointed Medical Officer for the Cumberworth Sanitary District of the Huddersfield Union.

GRIFFITH, Augustine, M.B. Lond., appointed Second Assistant Medical Officer to the Nottingham Borough Asylum.

HEATON, Arthur F., M.R.C.S., L.R.C.P., appointed House-Surgeon to the Wrexham Infirmary.

HEWITSON, Charles Christopher, M.R.C.S. Eng., L.S.A., appointed Medical Officer for the St. John's District of the Weardale Union.

HUGHES, William Lewis, M.R.C.S. Eng., L.S.A., reappointed Medical Officer of Health to the Carmarthen Town Council.

IRWIN, Stewart, M.B., appointed Medical Officer for the Almondsbury District of the Thornbury Union, vice N. H. Lower, M.R.C.S., deceased.

JEPHcott, Robert William, L.R.C.P., L.M., L.R.C.S. Edin., reappointed Medical Officer of Health for the Warwickshire Division of the Alcester Rural Sanitary Authority.

JONES, G. E., L.R.C.P., L.R.C.S. Edin., L.F.P.S. Glas., reappointed Medical Officer for the West Airdsley Sanitary District of the Wakefield Union.

JONES, Hugh R., M.D., M.B., B.C. Camb., appointed Assistant Surgeon to the Liverpool Infirmary for Children.

LAMBERT, F. W., L.R.C.P., L.M. Edin., M.R.C.S., appointed Medical Officer and Public Vaccinator for the Calverley-with-Farsley Sanitary District of the North Bierley Union.

LAWSON, D. J., M.D., C.M. Edin., appointed Medical Officer for the Portland Sanitary District of the Weymouth Union.

LOWNDs, Henry Arthur, L.R.C.P., L.R.C.S. Edin., appointed Medical Officer of the Workhouse of the Doncaster Union.

MACALISTER, Charles J., M.B., C.M. Edin., appointed Physician to the Liverpool Stanley Hospital, vice T. R. Bradshaw, M.D., resigned.

MACARTHUR, D., L.R.C.P., L.M. Edin., L.F.P.S. Glas., reappointed Medical Officer for the Lofthouse-with-Carlton Sanitary District of the Wakefield Union.

MACGREGOR, D. A., M.D., C.M. Edin., reappointed Medical Officer for the Emby and Flockton Sanitary Districts of the Wakefield Union.

MACKENZIE, W. S., L.R.C.P., L.R.C.S. Edin., reappointed Medical Officer for the Sharlstone, Warmfield-cum-Heath, and Newland Sanitary Districts of the Wakefield Union.

MADDEN, Thomas More, M.R.C.P. Irel., F.R.C.S. Edin., L.F.P.S. Glas., appointed Consulting Physician to the Children's Hospital, Temple Street, Dublin.

MASON, William, L.R.C.P., L.M., L.R.C.S. Edin., reappointed Medical Officer of Health for the St. Austell Rural and Urban Sanitary Districts.

MONAGHAN, Thomas Joseph, L.R.C.P., L.R.C.S. Edin., D.P.H., appointed Medical Officer of Health to the Accrington Town Council.

NEWBOLT, G. Palmerston, M.B. Durh., F.R.C.S. Eng., appointed Surgeon to the Liverpool Stanley Hospital, vice A. H. Wilson, L.R.C.P. Lond., M.R.C.S., resigned.

NICKLIN, M., M.B. Lond., L.R.C.P. Lond., M.R.C.S. Eng., appointed Honorary Assistant Surgeon to the Wolverhampton and District Hospital for Women.

OAKLEY, A. R. H., L.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Fifth Sanitary District of the Romford Union, vice William Bruron, M.R.C.S., resigned.

OGSTON, Alexander, M.B., M.D. Aberd., appointed Regius Professor of Medicine at the University of Aberdeen.

O'MARA, Francis, L.R.C.P., L.R.C.S. Irel., appointed Assistant Medical Officer to the Limerick Lunatic Asylum.

PEARCE, John P., M.R.C.S. Eng., L.S.A., appointed Medical Officer of Health to the Leves Town Council.

PRICHARD, Richard, M.D., C.M. Glas., reappointed Medical Officer of Health to the Cardiff Rural Sanitary District.

READER, J., M.R.C.S., appointed Medical Officer for the Alverthorpe Sanitary District of the Wakefield Union.

ROULSTON, William, M.D., M.Ch., M.A.O. Irel., reappointed Medical Officer for the Crofton Sanitary District of the Wakefield Union.

SANDERS, Thomas, F.R.C.S. Eng., appointed Medical Officer for the Tenth Sanitary District and the Workhouse of the South Molton Union.

SANDERSON, C., L.R.C.P., L.F.P.S. Glas., reappointed Medical Officer of Health for Hastings.

SINCLAIR, J. E., L.R.C.P., L.M., L.R.C.S. Edin., appointed Medical Officer of Health for the Parish of the Close of St. Peter, Westminster.

SMITH, Patrick A., M.B., C.M., F.F.P.S. Glas., appointed Visiting Physician to St. Peter's Seminary, Bearsden.

STONEHAM, Mr. H. A., appointed Medical Officer for the Outdoor Poor of the Stepney Union.

THOMSON, Andrew, M.B., C.M. Edin., reappointed Medical Officer for Bretton West Sanitary District of the Wakefield Union.

THORNTON, George E., M.D. Edin., M.R.C.S., L.R.C.P. Lond., appointed Resident Clinical Assistant to the St. Marylebone Infirmary.

WALKER, H. U., L.R.C.P., L.R.C.S., L.M. Edin., reappointed Medical Officer for the Carlton Sanitary District of the Worksop Union.

WEBSTER, Arthur, L.R.C.P. Lond., M.R.C.S. Eng., appointed Medical Officer for the No. 1 District of the Middlesbrough Union.

WILLETT, George Gilmore Drake, M.R.C.S. Eng., L.S.A., reappointed Medical Officer for the Bitton and Marksbury Districts of the Keysham Union.

WILSON, Arthur Marius, M.B., B.S., L.R.C.P., M.R.C.S., appointed Assistant Medical Officer of Health (Temporary) to the Port of Colchester to inspect all in-coming vessels.

WYNNE, William Arnold Smith, M.D. St. And., M.R.C.S. Eng., reappointed Medical Officer of Health to the Lowestoft Urban and Port Sanitary Authorities.

## 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.

LE MOTTÉE.—On September 10th, at Chakrata, N.W.P., the wife of Surgeon-Major G. H. Le Motté, M.D., M.S., of a daughter.

## MARRIAGES.

BICKERSTAFF—GREENWOOD.—On September 15th, at St. Clement Danes, Strand, George Roger Bickerstaff, L.R.C.P. Lond., M.R.C.S., of Waltham Abbey, Essex, younger son of the late Rev. J. Bickerstaff, Rector of Bonsall, Derbyshire, to Grace Catherine, elder daughter of the late Rev. H. B. Greenwood, Rector of Sutton-upon-Derwent, Yorkshire.

CALVERT—KING.—On September 13th, at St. Bede's, Melrose, by the Rev. George Paulin, Muckart, assisted by the Rev. James Brown, M.A., Lochgelly, William Hall Calvert, M.D., C.M. Edin., to Jean King.

CROCKER—WHALLEY.—On September 21st, at Eastbrook Wesleyan Chapel, Bradford, Yorkshire, by the Rev. Featherstone Kellett, James Meadmore Crocker, M.R.C.S., L.R.C.P. Lond., eldest son of James Crocker, M.R.C.S., L.S.A. Lond., of Bingley, to Florence, second daughter of William Whalley, M.D., Bradford. No cards.

JOHNSON—NADEN.—On September 13th, at St. Giles's, Hartington, by the Rev. William Fylde, M.A., J. Mountford Johnson, M.B., eldest son of Mr. William Johnson, of Roche Mount, Leek, to Evangeline, third daughter of Mr. John Naden, of Hartington. No cards.

## DEATHS.

AITKEN.—On September 11th, at Baden-Baden, Thomas Aitken, M.D., Medical Superintendent of the District Asylum, Inverness, aged 60.

SUTCLIFFE.—On September 16th, at Stock's Lane, Stalybridge, William Sutcliffe, Surgeon, aged 68.