

omentum close to the lower border of the stomach, it can be seen that the deep part of the cavity is arranged in at least three distinct hollows: one to the right of the Spigelian lobe, one at the bottom of which this lobe lies, and one reaching deeply backwards to the left of the lumbar vertebra as far as the back of the abdomen opposite the lower four ribs. I have injected several bodies with plaster-of-paris with a view of determining the limits of this space, and I find that the great bulk of the injection sinks into the deepest hollow to the left of the spine, and cannot be detected by palpation from the front of the abdomen. In most cases the foramen of Winslow is patent, and as the cavity becomes filled the injection escapes through this opening into the general peritoneal cavity; but in a few specimens I have already examined this opening has been quite impervious. In a few cases, too, openings have existed in the anterior layer of the great omentum, through which the injection has made its way into the general peritoneal cavity. I need scarcely remind you that an opening made upwards through the transverse mesocolon opens the lesser peritoneal sac towards its lowest part.

Pathological distension of the lesser peritoneum gives rise to a tumour in the left hypochondriac, epigastric, and umbilical regions of a somewhat characteristic shape, but which appears to vary from time to time in form and size according to the condition of the overlying stomach, for when the viscus is full of liquid contents it increases the area of the tumour's dulness, whilst it makes its outline less definable by palpation, and if the stomach is distended with gas the dull area becomes resonant, and apparently the tumour may disappear altogether. The colon always lies below the tumour, and never in front of or above it, as is the case in kidney enlargements. The stomach is most readily distended with gas by giving a few grains of carbonate of soda and immediately afterwards a little tartaric acid, and the colon is best distended with water by injection *per rectum*. I have already said that the downward limits of this space vary in individuals according to the extent to which the two layers of the great omentum remain separate, and in such cases the sac may distend so as to occupy the loins or even to fill the whole abdominal cavity.

Pain is an uncertain symptom. It has usually been paroxysmal in character, coming on at irregular intervals and continuing for variable periods. It is referred to the epigastrium, strikes through to the back, and is sometimes aggravated by the taking of food.

Vomiting is usually met with. It varies very much as regards frequency and its relation to meals—it may be almost continuous for a long period, or it may come on at irregular intervals only.

Emaciation is a conspicuous feature, and is more than the vomiting is sufficient to explain.

Anæmia has been marked in each of my cases. It disappeared with surprising rapidity after operation in the patient who recovered.

The dulness over the left lower ribs posteriorly is an interesting sign. The cavity could easily be tapped by a needle introduced from behind, and might give rise to the belief that the fluid was in the pleural cavity.

The heart may be lifted up by the underlying tumour, so that the apex beat is raised as high as the fourth intercostal space, as was seen in my second case, and also in that recorded by Senn. This displacement might easily be wrongly attributed to the presence of fluid in the left pleura. Cardiac pulsation, too, may be transmitted to the abdominal swelling.

In both of my cases the temperatures were subnormal throughout, although in Case I *post-mortem* examination showed that some amount of general peritonitis was present.

In neither of my cases did the urine at any time contain sugar, but in both a little albumen and phosphates were present.

In closing this paper I beg to submit the following conclusions:

1. That contusions of the upper part of the abdomen may be followed by the development of a tumour in the epigastric, umbilical, and left hypochondriac regions.

2. That such tumours may be due to fluid accumulations in the lesser peritoneal cavity.

3. That when the contents of such tumours are found to have the property of rapidly converting starch into sugar, we may assume that the pancreas has been injured.

4. That many such tumours have been regarded as true retention "cysts of the pancreas," and that this opinion has been formed upon insufficient evidence.

5. That the diagnosis of distension of the lesser peritoneal cavity before operation can usually be made by the characteristic shape of the swelling.

6. That early median abdominal incision and drainage is the safe and proper treatment.

MEMORANDA:

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

SUPERNUMERARY MAMMA AND NIPPLE.

I ATTENDED a patient in her eighth confinement recently, and finding her temperature up and other symptoms pointing to milk fever I was led to examine the mammae. I found them both distended with milk, the left being somewhat larger than the right. On closer inspection I found she was the subject of polymastia and polythelia (a supernumerary mamma and nipple). The position of the third breast, which is about a third smaller than the others, is immediately inferior to the left, the two nipples being in the same vertical plane. There is a distinct sulcus between the superior and inferior glands. The supernumerary nipple is perfect in form, although about a fourth smaller than the other two; and, owing to the pendulous condition of the normal superior and larger gland on the same side, it appeared at first sight like a mole on the under surface of a normal breast. It has the usual dark pigmented areola surrounding it, and when it is caught up and drawn out the lactiferous ducts can be felt running into it and milk exudes. The supernumerary gland secretes a quantity of milk proportionate to its size, and the patient says it has done so in all her seven previous pregnancies.

The subject of supernumerary mammae is of much interest from the evolutionary point of view, as Leichenstern has pointed out, and may be taken as a fair example of retrogression to a type of a primitive ancestor.

Sydenham.

F. LORIMER HART, M.B.

LEUCOCYTHÆMIA: RAPID DISAPPEARANCE OF GLANDULAR SWELLINGS: DEATH.

J. I., aged 27, a tailor, was first seen on June 7th, 1892, when he complained of great weakness, shortness of breath, and fainting attacks. In February he had influenza, and since then his health had failed, and the glands in the neck and tonsils had become enlarged. Lately he had been sleeping fifteen or sixteen hours a day. I found the man extremely breathless and anæmic. He was very deaf and spoke thickly. The tonsils were enormously enlarged, almost in contact with one another, and their opposing surfaces were ragged and ulcerated. All the cervical glands were much enlarged, separable, and freely movable. The glands in both axillæ and groins were enlarged. The spleen reached as low as the umbilicus, and the liver 3 inches below the costal margin. The pulse was 120 to 140, and all over the heart hæmic murmurs were audible. His temperature was 101°. The blood showed a great increase of white blood cells, the proportion being more than 1 white to 10 red. Numerous granular masses were present in the blood and some bright reddish-yellow bodies, which were exactly like bodies I have since seen in the urine of a girl suffering from hæmoglobinuria.

I gave 5 minims of liquor arsenicalis three times a day. On June 10th the man could hear quite easily, the tonsils were very much smaller, and the axillary glands could not be felt. The cervical glands were much smaller. The pulse was 140, and fainting attacks still occurred. On June 12th the glands in the neck were scarcely felt. The liver and spleen were much smaller. The temperature was 103°. There was great weakness and drowsiness, and vomiting and diarrhoea had set in. The arsenic was omitted. On June 13th he was semi-comatose, and on June 14th at 2 A.M. he died.

No *post-mortem* examination could be obtained. The enlargement of the lymphatic glands had entirely disappeared.

REMARKS.—The rapid disappearance of the glandular swellings was remarkable. I attributed it to the liquor arsenicalis, of which he had taken one drachm in four days. It is probable he had not previously taken arsenic, as the nature of the disease apparently was not recognised at the hospital at which he had attended. When first seen on June 7th the case appeared to be hopeless, and a most unfavourable prognosis was given. The presence of the granular *débris* and reddish-yellow bodies in the blood would appear to be due to the disintegration of the red blood corpuscles into stroma and hæmoglobin globules.

Bedford.

W. GIFFORD NASH, F.R.C.S.Eng.

SUBCUTANEOUS EMPHYSEMA IN WHOOPING-COUGH.

SOME weeks ago I was called to see a child 2 years old, who had been suffering from whooping-cough. On examination I found well-marked emphysema extending over the whole of the chest, back, and sides; in fact, wherever the hand was placed there was the characteristic crackling feel of cellular tissue filled with air. The emphysema was also specially noticeable in the neck. The child died about ten days after the case came under my observation.

REGINALD NORMAN, M.R.C.S.Eng., L.R.C.P.Ed.
Skegby, Notts.

APPARENT "RADICAL CURE" OF PROLAPSUS UTERI BY A BLACKBEE PESSARY.

A. W., aged 48, shopkeeper, with a considerable amount of stair climbing to do, suffered, more than two years ago, from almost complete prolapsus uteri; a portion of the anterior vaginal wall had passed out at the vaginal orifice, the cervix was just inside the ostium vaginae, and the posterior fornix was considerably depressed. I had no means of ascertaining the position of the peritoneum. The usual symptoms attending prolapse were present. Menstruation was irregular at the time, and ceased entirely six months ago.

The prolapse was replaced, and a Blackbee pessary introduced, the patient having instructions to syringe with boracic acid and warm water to allay the irritation of the parts.

I was consulted eighteen months afterwards for a foetid vaginal discharge. I removed the pessary with difficulty, and found that it had made a deep sulcus with hard edges along all its course (particularly at the angles of the posterior fornix), saving that part against the anterior vaginal wall. There was no discomfort during the eighteen months, and the functions of the bowel and bladder were not interfered with. Syringing was used for some weeks till the foetid discharge ceased.

On examination lately nothing unnatural was to be felt, and the woman is in good health. I have used Blackbee's pessaries several times during the last two years for prolapse, but with varying success.

Longton, Staffs.

C. M. ALLAN, M.A., M.B.

RECOVERY AFTER A LARGE DOSE OF SYRUP OF CHLORAL (B.P.) 3 OUNCES (=240 GRAINS).

It may be of interest to record another case of poisoning by syrup of chloral, followed by recovery after taking a large quantity of the drug.

At 9 A.M. on October 4th I was called to see a gentleman, aged 24, who was said to have taken an overdose of chloral. He did not rise at the usual time, and was found insensible. I found the patient lying on his back in bed, quite unconscious, face livid, pupils slightly dilated, and insensible to light; surface of the body cold and clammy, respiration stertorous, pulse small and quick.

I ordered hot bottles to be placed in the bed, and commenced flagellation of the chest and face with a wet towel, and applied ammonia to the nostrils. After a short time reflex movements of the limbs became apparent, and I then gave a hypodermic injection of one-tenth of a grain of apomorphine, and injected a pint of hot strong coffee into the rectum. The patient vomited almost immediately, and continued to do so at intervals for about two hours. Consciousness slowly re-

turned, and after about two hours, during which time flagellation was steadily persevered with, he was able to answer "Yes" and "No" to questions, and to swallow a small cupful of hot coffee. He continued to improve, and by the evening he was practically all right, but was very dazed and stupid. He then admitted that, intending to destroy himself, he had obtained a bottle of syrup of chloral (B.P.) and, pouring half the contents into a tumbler, had taken it in sips at intervals during the night, the last time that he remembers being about midnight. The bottle, which was a six-ounce one, contained 3 ounces of syrup of chloral, so if the patient's statement be true, and I have no doubt personally of his veracity, he must have taken 240 grains of the hydrate. He had never taken the drug before.

In this case the stomach pump was not used, nor did I consider it necessary to give strychnine hypodermically, reliance being placed on the emetic effect of apomorphine and the stimulant effects of coffee and flagellation.

From Mr. Snell's case and this one it would appear that recovery is possible after much larger doses of chloral than is commonly supposed, and the reflection also occurs that the Poisons Act is inadequate to prevent the public obtaining large quantities of dangerous drugs without difficulty.

HENRY N. HOLBURTON, M.R.C.S., L.R.C.P., D.P.H.
East Molesey.

REPORTS

ON

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

THE INFIRMARY, BRIDGWATER.

A CASE OF CHOLERA.

(Under the care of Mr. F. J. C. PARSONS, Medical Officer of Health for Bridgwater, Surgeon to the Infirmary.)

[For the following report we are indebted to Mr. ALBERT F. RICHARDS, M.A., M.B., B.C.Cantab., House-Surgeon.]

P. H., aged 42, a seaman belonging to the steamship *Glenavon* arrived at Sutton Bridge, Lincolnshire, on September 24th, having started from Solomono in Russia sixteen days previously. Bergen was the only port touched at on the homeward voyage. On September 26th, in the afternoon, he started by rail from Sutton Bridge for Plymouth, where he lived. He felt then, and up to within a few minutes of his subsequent illness, in quite his usual state of health. His food throughout the day was very plain and simple, and he took nothing of an irritating nature. At 1 o'clock that night, when the train was about twenty minutes' run from Bridgwater a feeling of great weakness and prostration came over him, his head became dizzy, his sight dim, and, to use his own words, he appeared "to lose himself." Severe cramps in all his extremities and violent abdominal pains quickly followed, and then uncontrollable diarrhoea and vomiting came on. From that time he had no distinct recollection of what ensued until he found himself in the infirmary, but it may be stated that he was assisted to the offices at the station and then, after an interval of half an hour or more, conveyed to this institution. His sufferings were so great that he could not be kept quiet, and he had to be strapped down to a stretcher for the journey. Dr. Lissaman, of Bolton, happened to be travelling to Bridgwater in the same compartment of the train, and seeing the nature of the onset and severity of the symptoms, felt convinced that it was a case of cholera. He kindly accompanied the man to the infirmary. When admitted, soon after 2 A.M., he appeared to be in agonies of pain. He kept twisting and turning in all directions, and at times doubled himself up, clasping his hands across his abdomen and craning his neck forward. Vomiting of a peculiarly violent character went on almost incessantly, but as far as could be judged at that time, the diarrhoea had ceased. His extremities were cold, his face had a shrunken dusky appearance, his eyes were sunken and staring, and his pulse was small and quickened. He also complained of great thirst. He was at once isolated. All

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

APPOINTMENT OF EXAMINERS.—The following examiners have been appointed: In Physics, Mr. H. Gerrans, M.A.; in Chemistry, Mr. F. Clowes, D.Sc. (London); in Animal Morphology, Mr. W. Benham, D.Sc. (London); in Physiology, Professor Burdon Sanderson, F.R.S.; in Elementary Physics, Mr. E. H. Hayes, M.A.; in Elementary Chemistry, Mr. J. E. Marsh, M.A.; in Elementary Animal Morphology, Mr. G. C. Bourne, M.A.; in Elementary Physiology, Mr. J. Haldane, M.D. (Edinburgh).

UNIVERSITY OF CAMBRIDGE.

COUNCIL OF THE SENATE.—At the biennial election held on Monday, November 7th, Dr. A. Macalister, Professor of Anatomy, was reappointed a member of the Council of the Senate for the ensuing four years. Professor Macalister headed the poll for professors. The other members elected were the Provost of King's and the Master of St. John's, as Heads of Houses; Dr. Kirkpatrick, as Professor; Dr. Jackson, of Trinity; Dr. Keynes, of Pembroke; Mr. Scott, of St. John's; and Mr. Mollison, of Clare.

MUSEUMS SYNDICATE.—Professor A. Macalister has been appointed a member of the Museums Syndicate, in the room of Dr. Adami, appointed Professor of Pathology at Montreal.

INDIAN LANGUAGES.—Mr. E. G. Browne, M.B., of Pembroke, has been appointed an Examiner for the Indian Languages Tripos in 1893.

ENTRY OF MEDICAL STUDENTS.—Complete returns of the number of freshmen who intend to study medicine in the University have now been obtained, from which it appears that they number in all 130. This is a larger entry than in any previous year.

UNIVERSITY OF EDINBURGH.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH, AND FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.—The quarterly examinations for the Triple Qualification in Edinburgh took place in October and November with the following results:

First Examination.—Of 53 candidates, the following 20 passed: A. Munro, Edinburgh; W. H. O. Garde, co. Cork; C. E. Conran, Madras; C. N. Winch, Chatham; R. K. Imear, Durham; J. C. Glen, Middlesbrough; D. M. Atkinson, Yorkshire; G. R. Twomey, Cork; A. Whitehead, Burnley; R. R. Dobson, Glasgow; T. O'Callaghan, co. Cork; J. W. Spawforth, Winthorpe; H. H. Warren, Armagh; A. H. Bell, Jamaica; C. B. Johnstone, Manchester; W. P. McGrenahan, Dublin; G. H. Pearce, Whitby; W. A. Mushet, Paris; A. R. Wilkinson, Lancashire; and E. MacCormack, Roscommon. Of 9 candidates who entered for the respective divisions, 6 passed.

Second Examination.—Of 72 candidates, the following 46 passed: J. O'L. Driscoll, Bandon; W. T. Wood, co. Cork; T. A. W. Walker, Hyderabad; G. F. Taylor, India; W. Corkey, co. Armagh; H. C. Swailes, Yorkshire; W. J. D. Preston, Rock Ferry; W. H. O. Garde, co. Cork; D. F. Blanchard, Armagh; W. M. Sheen, Gravesend; C. H. Roberts, Adelaide; L. J. Quigley, King's County; R. G. Barnes, co. Tyrone; J. J. Hayes, co. Limerick; G. E. Watson, co. Durham; W. Pearson, Manchester; A. Whitehead, Burnley; D. H. Scott, Dumfries; E. C. Moore, Portsmouth; H. Bond, Preston; J. Prichard, Carnarvon; E. MacCormack, Roscommon; A. Clark, Sheffield; W. P. McGrenahan, Tipperary; J. Elliot, Edinburgh; Beatrice Garvie, Perth; E. McGarity, Bishop Auckland; W. H. Ferrier, Edinburgh; J. J. FitzGerald, co. Cork; C. J. da Cunha, India; C. S. Langley, co. Cork; W. F. Stevenson, Strabane; E. F. Jamison, co. Down; J. McL. Kay, Castle Douglas; Martha Florence Armitage, Staffordshire; M. Stewart, Ayrshire; D. Y. Clark, Perthshire; W. H. Penrose, Cork; W. A. Deason, St. Helena; C. W. Lawson, Edinburgh; W. P. O'Connor, Cork; J. Cameron, Fife; T. French, co. Cork; W. Curth, Hampshire; C. N. Winch, Chatham; and J. E. Foley, co. Clare. Of 41 candidates for the respective divisions, 23 passed.

Final Examination.—Of 106 candidates, the following 59 passed and were admitted L.R.C.P. & S.E., and L.F.P. & S.G.: I. H. Ross, Demerara; N. G. Douglas, Crewe; J. A. R. Stollmeyer, Trinidad; J. W. Stoker, Durham; G. H. K. Ross, Jamaica; J. T. Helm, Cape Colony; O. Horrocks, Manchester; S. B. Haynes, co. Cork; J. A. Leishman, India; C. E. Whitche, London; C. E. Oakeley, Monmouth; R. W. Fell, Durham; F. B. Lewis, Kent; Rosa Elizabeth Bale, Devon; Edith Grace Collett, Madras; Lillian Trewhy, London; J. Wilkie, Newburgh-on-Tay; C. G. Webster, Chandernagore; H. Robins, Jamaica; H. A. E. Noble, Durham; W. S. Harvison, New South Wales; C. A. Kalenberg, Ceylon; E. R. Pollard, Burnley; Mary Charlotte Murdoch, Elgin; A. Clark, Dorset; E. E. Cooper, Great Yarmouth; G. W. Wickham, Winchester; J. O. Bartholomew, Ceylon; Edith Lucy Nicholas, Middlesex; J. Cook, Castlemaine; R. Fair, co. Galway; L. C. Murphy, Melbourne; H. J. Dadysett, Bombay; F. K. Cama, Bombay; F. Brown, Govan; P. F. Evans, Cork; J. Chadwick, Burnley; A. A. Fermie, Calcutta; T. G. G. Symons, Falmouth; F. P. Hill, India; L. Burges, Banffshire; W. Beatt, Cavan; W. Waddell, Demerara; D. de J. White, Canada; H. L. Murray, Victoria; E. T. Clark, Cumberland; J. H. Wilson, Plymouth; H. Tatley, Liverpool; J. B. Wilson, co. Cork; J. J. C. Elmes, Limerick; R. A. Mate, Salop; J. F. O'Meara, Limerick; J. T. McArthur, co. Tyrone; A. J. McDonald, South Australia; A. G. Merson, Banffshire; T. M. Martin, Lanarkshire; W. I. Senkler, Canada; M. Jones, North Wales; and R. H. Manson, Darlington. Of 66 candidates who entered for the respective divisions, 31 passed.

The Lord Chancellor has added to the Commission of the Peace Dr. Anstie, for the Borough of Devizes, and Dr. John Roberts and Mr. James Taylor, for the Borough of Chester.

PUBLIC HEALTH
AND
POOR-LAW MEDICAL SERVICES.

SMALL-POX AT LEICESTER.

AFTER an almost total immunity from small-pox during several years past, Leicester has now upwards of a dozen cases in the infectious diseases hospital. The first of the present series was notified early in September, and since then dropping cases have occurred from time to time, three being reported on November 7th. Leicester is thus brought face to face with a small invasion of small-pox, which it may tax her resources to stamp out in the unprotected state of a large number of the population, owing to the neglect of vaccination. Her efforts to secure isolation of the sick are worthy of all praise, but the administration of the hospital seems to be defective if it be true, as we learn, that three scarlet fever patients in the institution have been infected with small-pox. It must be remembered, too, that it is just at such a time as the present that small-pox hospitals have displayed prominently their potency for harm to their surroundings. No doubt Leicester will again strain every nerve, and spare no outlay or any inconvenience to the quarantined families to check the spread of the disease. Local feeling seems roused, and vaccination is being performed on a larger scale than is usual under the circumstances, though there would appear to be some little opposition to the rigorous methods of quarantine sought to be imposed on persons exposed to infection. It may be, however, that the town will be fortunate enough to escape an epidemic; but if, as is rumoured, the Royal Commission on Vaccination are about to institute inquiry into the present outbreak, they will at least learn the truth concerning the method of procedure at Leicester when small-pox appears, and the fact that despite avowed disbelief in the efficacy of vaccination, the borough has a secret faith in this prophylactic.

SOMERSET HOUSE AND THE ADULTERATION ACTS.

STATEMENTS of a rather unpleasant nature have been appearing in the press with regard to the chemical department of Somerset House, whose officers, under the Sale of Food and Drugs Act of 1875, act as referees in disputed cases of adulteration. The *Daily Chronicle* quotes "A Responsible Correspondent," who says that, "in the interests of the public, a thorough exposure of Somerset House is most desirable;" and goes on to state that two complaints which have reached the editor of that newspaper seem to bear out this expression of opinion. These complaints referred to cases in which the Somerset House officials were in disagreement with the public analysts. In the first a sample of butter had been certified by a public analyst to contain 15 per cent. of foreign fat, and the analysis was confirmed by the President of the Society of Public Analysts. But the Somerset House chemists seem to have been unable to detect the foreign fat with certainty, and contented themselves with saying that the butter was of the "poorest quality of genuine butter." To which somewhat unsatisfactory statement the analysts are reported to have replied that "butter fat is butter fat," and that it can only be rendered "poor" by the addition of foreign fat. We presume this to mean that the characters which led to the substance being described as "poor" could only have been imparted to it by admixture of foreign fat, and scientifically the contention certainly appears to be perfectly valid. To speak of a "poor fat" is, to say the least, very singular; in fact, it is an obviously incorrect expression. In the other case, a sample of milk was reported as adulterated both by the Public Analyst and by Somerset House, but in different ways and to a different extent, with the result that the summons against the seller was dismissed with costs. In reply to a protest, the Local Government Board stated that they could not interfere, so that, as the *Daily Chronicle* truly says, "between the various authorities the adulterator escapes." A new weekly paper—*Food, Drugs, and Drink*—has published a series of articles in which the acts and proceedings of the Somerset House chemists are denounced in no measured terms. Without wishing to give unqualified approval to the strong language used, and while receiving the statements made with all reserve, we cannot help thinking some of the latter to be so serious that they ought not to be passed over in silence.

Upon the authority of their own report, it is recorded that the number of reference cases under the Food and Drugs Act submitted annually to these officials amounts in the aggregate to some forty-five or fifty; it is pointed out that the experience derived from the examination of such a meagre number of samples cannot be very extensive, and in any case is not to be compared with that gained by the public analysts of England and Wales, who examine some 26,000 samples annually, and with whom it is to be noted that Somerset House has repeatedly disagreed, such disagreements being highly detrimental to the working of the Acts. It is alleged that the Somerset House chemists profess to be able to arrive at a knowledge of the composition of a sample of milk when fresh by analysing the milk when it is decomposed, whereas the impossibility of doing this has been long ago scientifically proved; and it is further asserted that a number of analyses of milk were published some years ago by the head of the department which, by the light of more modern knowledge, have been proved to be wrong, and that the erroneous standards deduced from these incorrect analyses are still employed by the officials in drawing up reports on the samples submitted to them.

But the most serious statement, and one which would seem to call for immediate explanation, is that appearing in the issue of *Food, Drugs, and Drink* for November 5th, in an article headed "The Somerset House Chemists as shopkeepers." It is stated that the Deputy Principal of the Somerset House Laboratory and one of the chemists employed therein are directly interested in one of the large metropolitan co-operative stores, the former gentleman being the Chairman of the Committee of these Stores, and the latter being the analyst to the Association. By the 16th Section of the Act of 1875, public analysts are debarred from

HOSPITAL AND DISPENSARY MANAGEMENT.

HOSPITAL ACCOMMODATION IN ABERDEEN.

DR. ROBERT JOHN GARDEN, in his retiring address as President of the Aberdeen Medico-Chirurgical Society, on November 3rd, dealt with the subject of "Medical Charities; their Functions and Correlations." He stated that within the past twelve years there had been an immense activity in Aberdeen in the way of reforming the local charities. Apart from Poor-law organisations, they had in the city the Royal Infirmary, Children's Hospital, Dispensary, Eye Institution, and Convalescent Hospitals. It was a curious fact, he said, that during the last forty years the number of patients treated in the Royal Infirmary had not materially increased. He advocated that the excess of beds which would be likely to occur in the new infirmary should be used for the treatment of the sick poor now quartered in poorhouses, the parochial authorities being made to pay a reasonable sum for the use of the beds. He was in favour, to prevent overlapping, of all children being treated in the Children's Hospital, and not as at present, some occupying beds in the Royal Infirmary. He was in favour of payment of the hospital staff, as tuition to that body in obedience and economy. He extolled the present nursing system, which he thought, under the skilful care of Miss Lumsden, one of the best possible. The dispensary he looked on as an institution possessing the highest value for clinical teaching, in addition to its charity work. He advocated the widening of the scope of the Incurable Hospital, so that it might overtake the whole of the north of Scotland; and grant a few beds for incurable children. He advised the sale of the present Convalescent Hospital, which is only about one mile distant from the Royal Infirmary, on a not very salubrious site, and the purchase of a new site somewhere in the country. He ended his interesting address by stating that it was gratifying to think that in hospital matters they were well advanced in Aberdeen, remarking that, considering the size of the city and the present opportunities offered, there was no reason why it should not have an organised system of medical charity as perfect as it was possible for any human system to be.

THE COUNTY ASYLUM, DORCHESTER.

IN connection with the annual report of this institution we have to note, what is unhappily an exception to that which maintains in the great majority of asylums, namely, a decrease in the number of the inmates, there being 8 fewer patients at the end than at the beginning of the year 1891, namely, 472 as compared with 480. The admissions were of an unfavourable type, and described by Dr. MacDonald as a long list of ruin and decay mainly composed of aged men and women, for whom he considers the asylum would seem the most suitable home. He makes some pertinent remarks with regard to the admission of young children into the wards of asylums which deserve special mention, for it is a point upon which we have frequently commented strongly. He says this juvenile class of patient is largely on the increase, and the question of making special provision for them should not be lost sight of. Though every precaution is taken to place them in wards where they will be least likely to suffer from constant association with minds degraded, it is not possible to preserve them from every evil influence, and the tender mind has a proclivity for impressive, if not always wholesome, words and expressions. With regard to causation, hereditary predisposition accounts for over 30 per cent. of the admissions. Of the discharges, 46.78 per cent. is a satisfactory recovery rate, while the mortality was 8.8 per cent. calculated on the total number of patients under treatment. A *post-mortem* examination was made upon every case. With regard to the recent lunacy legislation Dr. MacDonald says we are only just beginning to experience the full force of the absurd and endless enactments. The weekly maintenance rate is given as 8s. 9d. per head per patient.

THE WORCESTER CITY AND COUNTY ASYLUM.

AS in other institutions of similar kind, the authorities of this asylum draw attention to the increasing demands upon them for accommodation for the insane poor of the county. It appears from the annual report of the Committee that, while in 1886 the total number of lunatics in the asylum was 848, this had increased in 1891 to 979. Additional buildings have therefore been decided upon for the accommodation of 140 additional male patients, and, in fact, these buildings are already in course of construction. The Commissioners in their report comment with some emphasis upon the question of the water supply, and state that the mode of providing the patients with drinking water is most unsatisfactory, and express surprise that no improvement has been effected in this direction. Among the cases admitted, 88 were stated to be suicidal, and 113 dangerous to others. Fortunately, Dr. Cook, the Medical Superintendent, is able to record that during the twelve months covered by his report no case of suicide occurred. The recovery rate among the discharged patients is satisfactory, and somewhat above the average of county asylums. The death-rate among the male patients is high compared with that among the females—namely, 10.7 per cent. and 2.9 per cent. respectively. General paralysis proved fatal in 21 cases. The weekly cost a head for the maintenance of the patients was fixed at 8s. 2d.

SOUTHERN HOSPITAL, MANCHESTER.

THE twenty-sixth annual meeting of the subscribers to the Manchester Southern Hospital and Maternity Hospital was held last week. From the annual report we gather that the total number of beds is now 52, including 12 in the maternity department. The year's work cost £3,381, and the income, including the Hospital Sunday Fund, was only £2,651. There is a deficit on the year's work of £710. One of the most interesting features connected with this hospital is that it is rapidly becoming an important centre where students and young medical practitioners receive instruction in gynaecology. At present, however, the scope for such instruction is somewhat limited, owing chiefly to the want of adequate accommodation for the purpose. It is to be hoped, in the interests of the institution itself and in the interests of medical education in Manchester, the hospital will soon be transferred to a new site on the Owens College Hospital Estate. This can hardly take place until the whole question of the extension of the Royal Infirmary in Manchester is permanently settled; but events at present seem to be moving very slowly towards that end.

MEDICAL NEWS.

THE University of Liège will celebrate the seventy-fifth anniversary of its foundation on November 19th.

THE Royal Portsmouth Hospital has received a donation of £132 10s. 11d., the result of a festival organised by the Mayoress, and held in the Town Hall.

MR. J. S. EDKINS, M.A., M.B., Senior Demonstrator of Physiology in Owens College, Manchester, has been elected to the vacant George Henry Lewes studentship.

THE next half-yearly dinner of the Aberdeen University Club, London, will be held at the Holborn Restaurant on Wednesday, November 16th, at 7.30 P.M., Professor Ferrier, M.D., LL.D., F.R.S., in the chair.

DR. SÉVERIN LACHAPPELLE, Professor of Hygiene in the Medical Faculty of the Laval University (Montreal), and formerly editor of the *Union Médicale de Canada*, has been elected a Member of the Federal Parliament of Canada.

A MEMORIAL tablet has been placed on a house in Segovia, in which Dr. Eusebio Castelo y Serra, a distinguished Spanish syphiligrapher, who was at one time President of the Royal Spanish Academy of Medicine, was born. Dr. Castelo was the first editor of the *Siglo Médico*.

PRESENTATION.—Dr. J. S. Y. Rogers was on November 3rd presented by the nurses and students of the Dundee Royal Infirmary with an aspirator and laryngoscope, in appreciation of the kindness and courtesy shown to them and the patients during his residence in the infirmary which he is leaving.

DR. WILLIAM W. PEARSON died on November 4th, at the residence of his son in Cork, at the advanced age of 74 years, after a prolonged illness. He graduated M.D. St. Andrews in 1845, and was a member of the English College of Surgeons. The deceased was formerly dispensary medical officer of Carrigaline district.

PROPOSED INTERNATIONAL PRESENTATION TO M. PASTEUR.—The Academy of Science has resolved to open an international subscription, with the object of presenting M. Pasteur, on the occasion of his 70th birthday, on December 27th, with a testimonial expressive of the esteem in which he is held by men of science throughout the world.

THE recently elected Town Council of Aberdeen now contains two medical men. Dr. John Robertson has had a seat in the Council Chamber for the past two years, and is convener of the Public Health Committee, and has done valuable work in that capacity. Dr. A. T. G. Beveridge, who "ran" as a labour candidate, was returned at the top of the poll.

HOW TO PREVENT AND OPPOSE CHOLERA.—The National Health Society, 53, Berners Street, Oxford Street, W., has published at 6s. per 100, or £1 1s. per 1,000, some excellent plain instructions for heads of families and others. They are corrected by the best authorities, and will be very useful for distribution by local authorities and medical officers of health. The memorandum is divided under the following heads:—Everyone can help; accumulations of filth; sinks and drains; water supply; houses and premises; eating and drinking; cleanliness and clothing; treatment of patient; precautions in the sick room; caution against panic.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Johann Jacob Bischoff, Professor of Obstetrics and Gynecology in the University of Basel since 1867, where he was the first to teach these subjects practically, aged 51; Dr. Amós Calderon, Medical Director of the Baths at Cestona, a well-known watering-place in Spain, Member of the Royal Spanish Academy of Medicine, etc.; Dr. T. E. d'Odét d'Orsonnens, Professor of Clinical Midwifery in the Laval University, Montreal, and Knight of the Order of St. Gregory, aged 73; and Dr. Julio de Moura, of Petropolis, Brazil, one of the leading physicians of Brazil, and author of numerous papers on beri-beri, chyluria, pulmonary tuberculosis, etc.

WINTER TRAVEL TO INDIA AND AUSTRALIA.—The season for such travelling has now commenced. The P. and O. Company have just taken over from the builders their new steamer *Australia*, which was launched from the yard of Messrs. Caird and Co., of Greenock, on July 29th. The speed trials of the *Australia* fully realised all the expectations that had been formed of her, the vessel attaining a speed of nearly 19 knots an hour. She is 7,000 tons gross, is 470 feet long by 50 feet in breadth, and her engines indicate 10,000 horse power. She is most elaborately fitted up. The different saloons, library, music, drawing, and smoking rooms are ornamented by carvings by the well-known artist, Signor Cambi, of Siena, from designs by Mr. T. F. Collcutt, the architect of the Imperial Institute. This latest addition to the P. and O. Company's fleet will accommodate 413 saloon passengers, and is intended for the India, China, and Australian Mail Services. She and her sister ship, *Himalaya*, are the largest passenger steamers afloat in the Australian-Indian Service, and quite eclipse any of the steamers of the company's existing fleet, both in speed and luxurious appointments. A special feature in these ships is the large number of deck cabins and bath rooms, which are fitted with douche, spray, wave, and needle baths; these will prove a great luxury in the tropics. The *Australia* leaves for Australia on her maiden voyage on November 25th.

MEDICAL VACANCIES.

The following vacancies are announced:

- BIRMINGHAM GENERAL DISPENSARY.**—Resident Surgeon; doubly qualified. Salary, £150 per annum, and £30 per annum allowance for cab hire. Applications to the Secretary by November 16th.
- BRIGHTON, HOVE, AND PRESTON DISPENSARY.**—House-Surgeon to the Western Branch, unmarried, doubly qualified. Salary, £140 per annum (less board at 8s. per week), with furnished apartments, coals, gas, and attendance. Applications to the Assistant Secretary by December 15th.
- BROMPTON AND KNIGHTSBRIDGE PROVIDENT DISPENSARY.** 28, Fulham Road, S.W.—Medical Officer. Applications to Dr. Bland, 33, Rosary Gardens, by November 15th.
- CANCER HOSPITAL (FREE).** Fulham Road, S.W.—House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with board and residence. Applications to the Secretary by November 15th.
- CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST,** Victoria Park, E.—House-Physician. Board, residence, and allowance for washing provided. Appointment for six months. Applications to the Secretary at the Office, 24, Finsbury Circus, E.C., by December 8th.
- DENTAL HOSPITAL OF LONDON AND LONDON SCHOOL OF DENTAL SURGERY,** Leicester Square.—Demonstrator. Honorarium £50 per annum. Applications to Morton Smale, Dean, by November 21st.
- DENTAL HOSPITAL OF LONDON, AND LONDON SCHOOL OF DENTAL SURGERY,** Leicester Square.—Lecturer on Dental Metallurgy. Applications to Morton Smale, Dean, by November 21st.
- EAST LONDON HOSPITAL FOR CHILDREN,** Glamis Road, Shadwell, E.—House-Physician. Board and lodging provided. Applications to the Secretary by November 16th.
- GENERAL HOSPITAL,** Barbadoes, West Indies.—Junior House-Surgeon. Salary, £200 per annum, and quarters. Appointment for three years. Applications to the Secretary by December 1st.
- GLAMORGAN COUNTY COUNCIL.**—County Medical Officer. Salary, £750, of which £150 is intended to cover all travelling, office, and laboratory expenses. Applications to T. Mansel Franklin, Clerk, Glamorgan County Offices, Cardiff, by November 21st.
- HOSPITAL FOR SICK CHILDREN,** Great Ormond Street, W.C.—House-Surgeon unmarried. Appointment for six months. Salary, £25, with board and residence. Applications to the Secretary by November 15th.
- HOSPITAL FOR SICK CHILDREN,** Great Ormond Street, W.C.—Ophthalmic Surgeon. Applications to the Secretary by November 15th.

- HOSPITAL FOR SICK CHILDREN,** Great Ormond Street, W.C.—Assistant Physician. Applications to the Secretary by November 15th.
- LIVERPOOL NORTHERN HOSPITAL.**—Assistant House-Surgeon, doubly qualified. Salary, £70 per annum, with residence and maintenance in the house. Applications to the Chairman of the Committee by November 23rd.
- METROPOLITAN HOSPITAL,** Kingsland Road, N.E.—Assistant Surgeon, must be F.R.C.S. Eng. Applications to Charles H. Byers, Secretary, by November 14th.
- MONKSTOWN HOSPITAL,** County Dublin.—Resident Medical Officer. Salary, £40 per annum, with board, apartments, gas, and coal. Applications to the Honorary Secretary by November 14th. Election on December 1st.
- NEW HOSPITAL FOR WOMEN,** Euston Road.—Lady as Assistant Dispenser. Salary, £25 per annum, rising to £35. Applications to M. M. Bagster, Secretary, by November 23rd.
- NEW LONDON COUNTY ASYLUM,** Claybury, Woodford, Essex.—Medical Superintendent; doubly qualified. Salary, £1,000 per annum, with house, coals, lighting, milk, and vegetables. Applications on form to be obtained of Mr. R. W. Partridge, Clerk to the Asylum Committee, 21, Whitehall Place, S.W., by November 25th.
- NORTHERN INFIRMARY,** Inverness.—House-Surgeon and Dispenser. Salary, £75 per annum, with board, etc. Applications to the Honorary Secretary, Mr. Duncan Shaw, W.S., by November 26th.
- PADDINGTON INFIRMARY.**—Assistant to the Medical Superintendent and Assistant Medical Officer of the Workhouse; unmarried; age between 23 and 30. Salary, £100 per annum, rising £10 annually to £120, with board, lodging, and washing. Applications to H. F. Aveling, Clerk to the Guardians, 289, Harrow Road, by November 12th.
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—Election to the Court of Examiners. Applications to the Secretary by November 30th.
- ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—Examiner in Anatomy for the Second Professional Examination. Applications to the Secretary by November 24th.
- ROYAL HOSPITAL FOR INCURABLES,** Dublin.—Resident Medical Officer, qualified in Medicine, Surgery, and to compound medicines. Salary, £70 per annum, with board and furnished apartments. Appointment tenable for two years. Applications to Mr. Thomas Grey, Registrar. Election on November 14th.
- ROYAL INFIRMARY OF EDINBURGH.**—Superintendent, must be member of medical profession. Salary, £500 per annum, with free house and gas. Applications to Mr. James S. Trainer, Treasurer and Clerk, by December 5th.
- ST. LUKE'S HOSPITAL,** London, E.C.—Clinical Assistant; appointment for six months. Board and lodging. Applications to the Secretary by November 24th.
- ST. MUNGO'S COLLEGE,** Glasgow.—Chair of Anatomy. Applications to Henry Lamond, Secretary, by December 1st.
- SHEFFIELD GENERAL INFIRMARY.**—House-Surgeon, doubly qualified. Salary, £120 per annum, with board, lodging, and washing, with a prospective advance of £10 per year for the second and third years. Applications to "Medical Staff," to the care of the Secretary, by November 19th.
- SHEFFIELD GENERAL INFIRMARY.**—Assistant House-Surgeon, doubly qualified. Salary, £80 per annum, with board, lodging, and washing. Applications to the "Medical Staff," to the care of the Secretary, by November 19th.
- TAUNTON AND SOMERSET HOSPITAL.**—Honorary Surgeon. Applications to J. H. Biddulph Pinchard, Secretary, 13, Hammet Street, Taunton, by November 21st.
- WESTMINSTER HOSPITAL,** Broad Sanctuary, S.W.—Second Dental Surgeon. Applications to S. M. Quennell, Secretary, by November 15th.
- METROPOLITAN HOSPITAL,** Kingsland Road, N.E.—Assistant Physician. Applications to Charles H. Byers, Secretary, by November 28th.
- WEST LONDON HOSPITAL,** Hammersmith Road, W.—House-Physician; appointment for six months. Board and lodging provided. Applications to R. J. Gilbert, Secretary, by December 7th.
- WEST LONDON HOSPITAL,** Hammersmith Road, W.—House-Surgeon; appointment for six months. Board and lodging provided. Applications to R. J. Gilbert, Secretary, by December 7th.
- WOLVERHAMPTON EYE INFIRMARY.**—House-Surgeon.—Salary, £60 per annum, with board, rooms, and washing. Applications to the Secretary by November 22nd.

MEDICAL APPOINTMENTS.

- ADDENBROOKE, E. H.,** M.R.C.S., appointed Medical Officer for the Wolverley Sanitary District of the Kidderminster Union.
- ASHE, E. Oliver, M.D. Lond.,** F.R.C.S. Eng., appointed Senior House-Surgeon to the Kimberley Hospital, South Africa.
- BARNES, E., M.B.,** B.C. Cantab., appointed Second House-Physician to the General Infirmary, Leeds.
- BLACK, W. G.,** F.R.C.S. Eng., appointed Honorary Assistant Surgeon to the Royal Infirmary, Newcastle-on-Tyne, *vice* Mr. T. A. Dodd, resigned.
- BOND, C. Hubert, M.B.,** C.M. Edin., appointed Resident Clinical Assistant to the West Riding Asylum, Wakefield.
- BRITTON, Thomas, M.D. St. And.,** M.R.C.S., D.P.H. Camb., reappointed Medical Officer of Health to the Shelf Local Board.
- CAMPBELL, James, M.B. Glas.,** L.R.C.S. Edin., appointed Public Vaccinator for Clunes, Victoria, Australia.
- CLARK, F. W.,** L.R.C.P. Lond., M.R.C.S., appointed *pro tem.* Assistant Medical Officer of Health for the Tyne Ports.
- CLARKE, J. Jackson, M.B. Lond.,** F.R.C.S., etc., appointed Assistant Surgeon to the North-West London Hospital, Kentish Town Road.

CRAVEN, R. M., L.R.C.P. Edin., M.R.C.S., reappointed Medical Officer of Health for the Westmoreland Combined Sanitary Districts.

CROSLAND, G. W. K., M.R.C.S., L.R.C.P., appointed Fourth House-Surgeon to the General Infirmary, Leeds.

DALISON, B. E., M.B., C.M. Edin., appointed Medical Officer for the Puddletown District of the Dorchester Union.

DUFF, W. W., M.D. R.U.I., appointed Medical Officer for the Aghalee Dispensary District, *vice* Dr. Scott, resigned.

EDKINS, Mr. A. E., appointed County Analyst for Hertfordshire.

ENGLISH, T. H., L.R.C.P. Lond., M.R.C.S., L.S.A., appointed Junior House-Surgeon to the Poplar Hospital for Accidents, East India Road, E.

FIRTH, E., L.S.A., appointed Resident Obstetric Officer to the General Infirmary, Leeds.

FOOT, Ernest G., appointed Medical Officer of the Fourth District of the Petworth Union, *vice* S. Rutherford, resigned.

FOSBROKE, G. H., M.R.C.S., D.P.H. Camb., reappointed Medical Officer of Health for the Worcestershire Division of the Alcester Rural Sanitary Authority.

FRASER, D. A., M.D. Brux., M.R.C.S., reappointed Medical Officer of Health for the Borough of Totnes.

FREELAND, Reginald Stilwell, M.R.C.S. Eng., L.R.C.P. Lond., L.S.A., appointed Resident Medical Officer to the Pay Wards of Guy's Hospital.

GORNALL, J. G., M.A., M.B. Cantab., M.R.C.S., L.R.C.P., appointed Assistant Medical Officer of Health for the Borough of Warrington and Medical Superintendent of the Hope Hospital for Small-pox.

HAWORTH, John, appointed Public Analyst for Tiverton Borough.

HAYCOCK, Henry Edward, L.R.C.P. Edin., M.R.C.S., appointed Medical Officer for the Thirteenth District of the Basford Union.

HOGG, G. H., M.B., C.M. Edin., appointed Junior House-Surgeon to Clayton Hospital, Wakefield, *vice* J. A. Wait, M.B., B.C. Camb., resigned.

HUGHES, W. L., M.R.C.S., reappointed Medical Officer of Health to the Carmarthen Town Council.

JACKSON, J. J., L.R.C.P., L.M. Edin., L.R.C.S. Irel., appointed Medical Officer of Health for the Rural Sanitary District of the Wakefield Union.

JEPHCOTT, R. W., 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.

KEMMIS, H. M., L.R.C.P. Irel., M.R.C.S., appointed Medical Officer to the Workhouse of the Bridgwater Union.

KEMPSTER, W. H., M.D. St. And., L.R.C.P., L.M. Edin., M.R.C.S., appointed Medical Officer of Health for Battersea.

LEGGATT, Gerard S., M.R.C.S., L.S.A., appointed Medical Officer of the Outdoor Poor and the Workhouse of the Hoo Union.

MACKENZIE, J. Cumming, M.B., appointed Medical Superintendent of the Northern Counties Asylum, Inverness, *vice* Dr. Aitken, deceased.

MAYO, W. C., M.R.C.S., L.R.C.P., appointed Resident Medical Officer at the Ida Hospital of the General Infirmary, Leeds.

MOORE, A. J., M.R.C.S., reappointed Medical Officer for the St. Lawrence Sanitary District of the Reading Union.

MORTON, Edwin, M.D. Edin., reappointed Medical Officer of Health for Redditch.

PERRY, S. Herbert, M.R.C.S., L.R.C.P., appointed House Surgeon to King's College Hospital.

PHILLIPS, Mr. E. W., appointed Medical Officer for the First Western District of the Billesdon Union.

SCOTT, Bernard, M.R.C.S., appointed Surgeon to the In-patients of the Royal Victoria Hospital, Bournemouth.

SCRATCHLEY, H. W., L.R.C.P. Lond., M.R.C.S., appointed Medical Officer for the Third Sanitary District of the Poole Union.

SNELL, Sidney H., M.B., B.S. Lond., M.R.C.S., L.R.C.P., appointed Medical Officer for the Grays Thurrock Urban Sanitary District of the Orsett Union, *vice* A. W. Stirling, M.D. Edin., resigned.

THEED, Wm. C., M.R.C.S., appointed Public Vaccinator for Allansford, Victoria, Australia.

THOMPSON, Dr., appointed Medical Officer of Earl Yarborough Lodge of Oddfellows, Newport, Isle of Wight, *vice* F. B. Tuttle, M.R.C.S. Eng., resigned.

WALKER, H. Stanley, M.B., C.M. Edin., appointed House-Surgeon to the Dover Hospital and Dispensary.

WHITEHEAD, A. L., M.B. Lond., appointed Third House-Surgeon to the General Infirmary, Leeds.

WICKHAM, Harry Townshend, M.B., C.M. Edin., appointed Medical Officer of the No. 2 District of the Newport Pagnell Union.

WILLCOCKS, Arthur Durant, M.R.C.S. Eng., L.S.A., appointed Medical Officer of the Workhouse of the Taunton Union.

YOUNG, James Martin, M.B., C.M. Aberd., appointed Ophthalmic Surgeon to the West Bromwich District Hospital.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. R. Marcus Gunn: Affections of the Crystalline Lens. Parkes Museum, 74A, Margaret Street, W., 4 P.M.—Dr. L. C. Parkes: Hospitals. 101, Great Russell Street, W.C., 8 P.M.—Dr. Galloway: Genito-Urinary Tract.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Clinical evening. The President: Specimen of Old Dislocation of Ankle. Dr. Percy Kidd: Tuberculous Ulceration of Pharynx successfully

treated by Lactic Acid. Mr. Goodsall: (1) Case of Left Inguinal Colotomy for Pelvic Tumour; (2) Case of Left Inguinal Colotomy, with subsequent removal of part of the rectum with the growth, in a man, aged 70. Dr. Hadden: Case of Urticaria Pigmentosa. Mr. Hurry Fenwick: "Caisson" Work in Bladder Surgery. Mr. Lockwood: Case of Radical Cure of Hernia. Mr. Turner: Bony Tumour of Pelvis associated with Rheumatoid Arthritis of the Hip. Dr. Abraham: (1) Case of Leprosy improving under Treatment; (2) Two Cases of Skin Disease. Dr. Herschell: Case of Pulsatile Tumour of the Neck. Mr. Sheild: (1) Case of Cystic Tumour of Auricle. (2) Early Case of Raynaud's Disease.

TUESDAY.

LONDON POST GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.—Dr. Theo. Hyslop: General Paralysis of the Insane. Hospital for Diseases of the Skin, Blackfriars, 4 P.M.—Dr. Payne: Eczema, its Treatment. 101, Great Russell Street, W.C., 8 P.M.—Dr. Herman: Treatment of Bleeding Fibroids.

ZOOLOGICAL SOCIETY OF LONDON, 3, Hanover Square, W., 8.30 P.M.

PATHOLOGICAL SOCIETY OF LONDON, 8.30 P.M.—Special general meeting to consider proposed alterations in by-laws. Ordinary meeting: Dr. Sherrington: Colour Granules in Cells in Cholera, etc. Mr. J. Jackson Clarke: (1) Epithelioma on the Legs of a Hen; (2) Genito-Urinary Organs of a Pseudo-Hermaphrodite, with Capillary Urethra and Symmetrically-Sacculated Bladder. Mr. C. F. Beadles: Fibroma of the Male Breast. Card Specimen—Dr. E. C. Perry: Colloid Carcinoma of the Stomach at 81.

WEDNESDAY.

LONDON POST GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.—Dr. J. Mitchell Bruce: Aneurysm of the Aorta. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. A. Stanford Morton: Retinal Affections.

ROYAL MICROSCOPICAL SOCIETY, 20, Hanover Square, 8 P.M.

ROYAL METEOROLOGICAL SOCIETY, 25, Great George Street, Westminster, S.W., 8 P.M.

THURSDAY.

LONDON POST GRADUATE COURSE, National Hospital for the Paralysed and Epileptic, Queen Square, 2 P.M.—Dr. Gowers: Cases in Hospital. Hospital for Sick Children, Great Ormond Street, 4 P.M.—Dr. Montague Lubbock: Bronchitis in Children. Central London Sick Asylum, Cleveland Street, W., 5.30 P.M.—Mr. Timothy Holmes: Surgical Cases in the Wards. London Throat Hospital, Great Portland Street, 8 P.M.—Dr. Woakes: Some Nasal Neuroses.

HARVEIAN SOCIETY, Stafford Rooms, Edgware Road, 8.30 P.M.—Dr. Rayner Batten will exhibit and explain a Clinical Pulse Manometer. Mr. Buckston Browne: The Treatment of Impassable Stricture of the Urethra. Mr. Charles Gross: Some Obscure Head Injuries.

NEUROLOGICAL SOCIETY OF LONDON, 20, Hanover Square, 8.30 P.M.—Dr. Head: On the Distribution of Sensory Disturbances, with Special Reference to the Pain of Visceral Disease.

FRIDAY.

LONDON POST GRADUATE COURSE, Bacteriological Laboratory, King's College, 11 A.M. to 1 P.M.—Professor Crookshank: Lecture—Leprosy and Glanders—Practical Work Sections. Hospital for Consumption, Brompton, 4 P.M.—Dr. J. Mitchell Bruce: The Prognosis of Heart Disease.

SATURDAY.

LONDON POST GRADUATE COURSE, Bethlem Royal Hospital, 11 A.M.—Dr. H. Corner: General Paralysis of the Insane.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 5s. 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.

BIRTHS.

DINGLEY.—On October 28th, at 11, Upper Woburn Place, the wife of Allen Dingley, F.R.C.S., of a son.

GRINDON.—On October 28th, at Olney, Bucks, the wife of J. J. Grindon, M.R.C.S., L.S.A., of a daughter.

MOSSE.—On October 8th at Mhow, Central India, the wife of Surgeon-Captain Charles G. D. Mosse, F.R.C.S.I., Army Medical Staff, of a son.

MARRIAGES.

MCCAUGHTAN-TAYLOR.—At the Catholic Apostolic Church, Catherine Street, Glasgow, on November 8th, by the Rev. Hugh Stewart, John McNaughtan, M.D. and L.R.C.S. Edin., South View, H.M. General Prison, Perth, to Janie Turnbull, younger daughter of James Taylor, Esq., Governor H.M. General Prison, Barlinnie, Glasgow. (No cards.)

WALKER-LAWRIE.—At Monte Video on October 29th, by the Rev. Samuel Handcock, chaplain to the British Legation, Herbert J. Walker, M.B., C.M. Edin., of San Jorge, Durazno, Central Uruguay, to Jessie, third daughter of the late Dr. T. Dick Lawrie, Monte Video. (By cable.)

DEATHS.

MACKENZIE.—On October 16th, at 47, Welbeck Street, John Ingleby Mackenzie, M.B. Cantab., aged 58.

MILLER.—At Rowallan, Saltcoats, Ayrshire, Hugh Miller, M.D., of Birkenhead, aged 47.