

precaution against *post-partum* hæmorrhage. Nothing could be worse. Everyone who has practised midwifery knows that the presence even of a clot in the uterus may lead to serious hæmorrhage, distension of the uterus, and bursting of the incision, with speedy death of the patient. This is no mere theory, but is what has actually taken place where these means have been tried.

On no account should the uterine cavity be washed out or medicated in any way, and the less the parts are interfered with the better.

Dr. HEYWOOD SMITH said he had been present at the Middlesex Hospital a few months before at a case of Cæsarean operation by Dr. William Duncan, where the flattened pessary was used with good effect, but after the uterus was drawn out of the wound it wholly failed to contract, in spite of hypodermic injection of ergotine, kneading the uterus, and hot water flushing, and it was not until a lump of ice was introduced into the uterine cavity that contraction took place. He would insist on the operation, where a choice could be made, not being undertaken before labour had actually set in, in order to ensure proper and efficient contraction.

Dr. HERBERT SPENCER had two months earlier a case of Cæsarean section for fibroids, terminated by Porro's method successfully to mother and child, in which the ingenious suggestion of Dr. Murdoch Cameron failed to check the hæmorrhage. The reason was probably the presence of fibroids in the uterine incision.

Dr. BATCHELOR had seen a fatal case in which the use of the hot sponges recommended by Dr. Cameron had entirely failed to arrest *post-partum* hæmorrhage from the wound. He thought that hæmorrhage was more likely to result from atony, the result of uterine exhaustion due to prolonged labour, than from uterine inertia, in consequence of the operation being undertaken prior to the onset of labour, as in the case described by Dr. Heywood Smith.

## MEMORANDA:

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

#### POST-SCARLATINAL NEPHRITIS: URÆMIC CONVULSIONS: VENESECTION: PERMANENT BENEFIT.

In connection with Dr. Samuel West's paper in the *BRITISH MEDICAL JOURNAL* of November 5th, it may be worth publishing the following case:

On October 14th, 1892, G. H., a well-built, phlegmatic youth of 17, was first seen with a scarlatinal rash, which covered the whole body; he had also pricked his right knee some time previously, and this was followed by bursitis, which suppurated but healed up without trouble. The lad had had repeated "fits" when a young child during dentition, for which he was bled by a doctor, with the result that he had no more of them.

The scarlatina ran the usual course of a rather more than ordinarily severe type of the disease. The treatment was directed towards the prevention of uræmia. He was kept warm, and he was only allowed milk with soda water, barley water, or lemon "tea." All went well till the beginning of the second week, when albumen appeared in the urine, and pains in the joints were complained of. He was put on sodium salicylate with Fowler's solution, and the former treatment as to diet, etc., strictly enforced.

Early on November 2nd I was called, and found him suffering from uræmic convulsions. These had been recurring every fifteen minutes for two and a half hours previously. Now, although one has no scientific basis on which to defend venesection for uræmic convulsions—but the same may be said for the use of pilocarpin, because the total poison eliminated by the skin is infinitesimal—yet I resolved to try it. I withdrew from the median basilic vein of the left arm blood till it came away bright, altogether about eight fluid ounces. This was followed by  $\frac{1}{4}$  grain of pilocarpin nitrate hypodermically, hot bottles applied around the body, 25-grain doses of potassium bromide hourly, and a purge of Epsom

salts. He had only one more slight convulsion half an hour afterwards, and has now for eighteen days gone on "peeling" and feeling remarkably well. The albumen has almost disappeared.

A week ago I received a sample of his urine, which I thought must contain blood, but gave no blood test. I evaporated it down, extracted the colouring matter with absolute alcohol and then with ether, and found it to be diphenol-pyrocatechin, and on inquiring next day found he had been drinking freely of a water made from preserved blackberries. This shows how cautious one should be of judging by mere ocular appearances.

Ashton-under-Lyne.

G. SHARP, M.B. Edin.

#### OBSTRUCTION TO DELIVERY DUE TO DISTENDED BLADDER.

On November 27th I was sent for by the midwife of the Marylebone Workhouse, because she could not complete the delivery of E. D., a primipara, aged 25, who said she was seven months gone in pregnancy.

The patient had been admitted on the previous evening, and had been in labour twenty-seven hours when I saw her. The child's head had been born half an hour, but the body would not follow. The pains had ceased, and the child was dead.

By means of firm and steady traction I was able to deliver the shoulders and arms in twenty minutes, and was then able to examine the body as far as the umbilicus and hips, but could not detect anything unusual. While again using firm and careful traction, the child was suddenly delivered, and there was a rush of about three pints of clear fluid from the vagina.

On examining the foetus (a female) there was found a rent, about six inches long, straight across the abdomen, about an inch above the umbilicus, and on looking further it was seen that the fluid had come from a very distended bladder, which had ruptured at the same time as the abdominal wall. The bladder seemed large enough to contain about three pints of urine. The ureters were very dilated, and so translucent that they were at first taken for part of the bowel. The kidneys were normal. The urethra was perfect, and allowed a probe to pass easily. There was meconium in the first foot or so of the jejunum only, none in the colon or rectum, both of which were so cord-like as to be easily mistaken for ureters, as were also the lower two-thirds of the small intestine.

W. RAYNER,

Visiting Medical Officer, Marylebone Workhouse.

#### TWO CASES OF MYXŒDEMA TREATED BY THYROID INJECTIONS.

The first case, Mrs. T., aged 64, a widow in comfortable circumstances, presented in the end of May of this year all the typical symptoms of myxœdema, which she considered had commenced some five years previously. She was about this time seen by Professor Victor Horsley, who approved of my proposal to try the effect of thyroid injections. Up to the end of September she had received over thirty injections, usually given twice a week. She had lost 19 lbs. in weight, and could with comfort walk three or four miles, in place of about 100 yards before treatment. She perspires freely on exertion, which she has not done for some years, and, in fact, considers herself to be perfectly well. Since the end of September she has only had one weekly injection, and with this maintains her position, with no further alteration in weight.

The second case, Miss T., aged 55, well-to-do, came under treatment in the beginning of September. The symptoms of myxœdema were well marked, the speech very characteristic, hair lost, skin dry and furfuraceous. She had lost all her teeth, and on two occasions had nearly died from hæmorrhage after the removal of some stumps. In less than seven weeks after thirteen injections the weight had fallen from 10st. 5lbs. to 9st. 1lb., there was free perspiration on exertion, the speech was clear and distinct, without the previous hesitation, and the facial expression had greatly altered for the better. She is now going on with a weekly injection, which is being administered to her by her own medical attendant, Dr. Smith of Dumfries. In both cases the improvement has been most remarkable.

*Mode of Preparing the Thyroid Juice.*—The method of preparation of the extract which I have followed has been somewhat different in detail from that used by Dr. Murray. Usually, on Monday at the killing hour, either I or my friend, Dr. J. E. Gemmell, who has kindly assisted me in this matter, and acted for me in my occasional absence, have gone to the abattoirs here and removed from newly-killed sheep three lobes of the thyroid; these have been placed in a bottle containing  $\frac{1}{2}$  per cent. carbolic solution. In the course of the evening the capsules have been carefully and completely stripped, the glands thinly sliced on a sterilised slab, and placed with 45 minims of  $\frac{1}{2}$  per cent. carbolic solution in a conical 2-drachm measure, this being covered over with a piece of sterilised blotting paper. Next morning the mass is squeezed through a piece of well-boiled cambric, the resulting 60 minims or so of turbid fluid being then reckoned as four doses. The hands and instruments used are always sterilised by heat, or by the use of 1 in 20 carbolic solution. The syringe used for injection is always washed out with the same solution, both before and after use.

A. BARRON, M.B.Lond.,

Professor of Pathology in University College, Liverpool;  
Physician Bootle Borough Hospital.

#### ACUTE ASCENDING (LANDRY'S) PARALYSIS.

THE following are condensed notes of another case of the above disease: A.D., aged 15, of a healthy stock, was visited on December 25th, 1891. He had got thoroughly wet a few days before and considered his illness arose from that. He complained of trembling of his legs and inability to stand. The temperature was normal and remained so throughout the illness. He was seen again next day and though the trembling still existed, nothing otherwise being detected, he was advised to go out.

He was visited again on December 29th, when it was seen that there was something seriously wrong. Trembling of the legs and inability to stand were more pronounced, and anæsthesia had set in in the feet. Tenderness of the lumbar region was detected. From that date till January 6th, 1892, the paralysis and anæsthesia advanced until the body was involved up to the level of the sixth rib. The reflexes also were abolished up to that level. The sphincters retained their power. At this time double vision was detected and headache was a most troublesome feature.

Between January 6th and 13th the disease remained stationary. From January 13th amendment set in slowly, beginning at the part last affected. The first indications were return of sensation and reflexes. By January 16th sensation had returned to the feet. From that date recovery proceeded more rapidly until, by February 12th, he had full command of his body though weak from the long confinement. He is now (October 26th) apparently in perfect health.

**TREATMENT.**—A blister was applied to the lumbar region when the pain disappeared. Ergot and potassium bromide, with the addition in the second week of potassium iodide, on the advice of a consultant, were prescribed. Cascara for constipation and antipyrin for headache were also given.

Glasgow.

R. McC. SERVICE, M.B., C.M.Glas.

#### OXYGEN GAS AS A PALLIATIVE IN CARDIAC AND PULMONARY DYSPNOEA.

A. B., aged 56, suffered from pulmonary phthisis (2½ years), came under my care twelve months ago with loud mucous râles apparently over the upper half of the left lung, physical signs indicative of a cavity, and slight dulness over the left apex. The disease, progressive in its course, was complicated with albuminuria (2½ to 3½ per cent.), resulting in extreme anæmia with weak action of the heart and consequent dyspnoea of a severe and suffocating type, ultimately orthopnoea, and death from cardiac failure. Having failed to relieve the dyspnoea, which was the most distressing symptom throughout this case, I decided to give oxygen a trial and sent to the Manchester Oxygen (Brin's Patent) Co., for a supply. The inhalation was attended with marked relief (for a period extending over two and a-half months).

It was not until the final stage of the disease had been reached, however, that the beneficial effects of the gas became most pronounced. On October 10th I was summoned to see my patient; he was then in a state of collapse, skin cold and clammy, face and lips pallid, respirations 48, laboured and noisy (the patient sitting up in bed waving his hands for breath); pulse 135, feeble and intermittent, evident signs of an approaching end. Having a cylinder of oxygen at the bedside ready for inhalation, I administered the gas in a full stream direct from the cylinder,

by means of a piece of glass tubing attached by an indiarubber tube, allowing the tube to play over the mouth for about fifteen minutes; the effect was marvellous, the patient declaring himself able to breathe as well as ever he could, so long as he inhaled the gas. With this relief to the breathing there was noted a marked improvement. The respirations fell from 48 to 36, and the pulse from 135 to 120. This condition of collapse was maintained for three days with constantly recurring paroxysms of dyspnoea, and, with a view to stimulating the heart's action during the attacks, the inhalations were continued until within a few hours of death, when unfortunately the supply of gas had run out, and I was not able to test it in the last few paroxysms, the patient dying suddenly on October 13th from cardiac failure. This case not being adapted for curative treatment, we could only look upon the gas as a palliative; it relieved the respiratory distress to a degree, I think, which no other therapeutic agent could have effected.

Workshop.

JAMES MENZIES, L.R.C.P.Lond.

#### ACUTE INVERSION OF THE UTERUS.

I WAS called to attend Mrs. W., aged 27, multipara, at 2.30 P.M. The membranes had ruptured at 1.30 P.M. The pains were strong and quick. At 4.30 P.M. the head was well down on the perineum, when a heavy pain came on driving the head through the vulvar orifice, and the patient gave a scream and became unconscious. My left hand on the uterus felt it relax, and then the anterior wall of the fundus became inverted. I passed my finger in and found the cord wound round the child's neck, and a rigid portion passing upwards, which I at once divided. The child was rapidly extracted, making very violent efforts to breathe, being livid as the shoulders emerged. A tremendous gush of blood followed, after the child was extracted; I passed in my hand and found the placenta partly detached and partly adherent to the anterior portion of the fundus, which was inverted. This was separated as soon as possible, and the inversion pushed back with the closed hand. The uterus then contracted, and bleeding stopped. The patient was getting collapsed, and there was no radial pulse. Strychnine, ether, and ergotine were injected, but the patient showed very little signs of life for two hours, and did not regain consciousness until 6 A.M. next morning. At about 6 P.M. the next night she had an attack of acute mania, lasting an hour, and one each night for nine days. The cord was four times round the child's neck, and was so stretched that it did not bleed on division. The patient is now progressing well.

LEONARD BARNES, M.R.C.S., L.R.C.P.,

T. HILLIER CHITTENDEN, M.R.C.S., L.R.C.P.,

Whitwell, Welwyn, Herts.

#### ON THE SPECIFIC GRAVITY OF THE URINE IN DIABETES MELLITUS.

It will scarcely be contended that in the following case glycuronic acid was mistaken for sugar.

In August, 1887, J. T., then aged 58, was passing daily from six to seven pints of urine which contained sugar, but no albumen, and was of specific gravity 1035. During the intervening years he has continued to lose flesh and strength, but I have not seen much of him, except occasionally during the present year, on account of broncho-pneumonic complications. During the last few months his urine was repeatedly tested, and sugar always found (Fehling's and Trommer's tests); the specific gravity ranged from 1008 to 1012. The quantity was about six pints a day. For a considerable time he had had severe pains, especially in the legs; and, more recently, frequent shaking fits, during and after which he was in a state of semi-stupor and forgetfulness. On October 10th, one of these shivering fits lasted from noon till 2.30 P.M. When I saw him at 7 P.M. the temperature was 103° F., and he was perspiring freely, the first time he had done so. The urine taken at this time was of specific gravity 1010, and contained sugar and a slight trace of albumen. No renal tube-casts were found. On the following morning the temperature was 98° F.; the patient felt better. The urine passed during the night measured two pints. A specimen was sent to Dr. Luff, who kindly replied to my inquiry thus: "The sample of urine you sent me is of specific gravity 1006, and contains a small amount of sugar and a trace of albumen." This finding was exactly the same as my own. After this time the patient kept in bed; the

urine, now reduced to two pints daily, and of somewhat higher specific gravity, still contained sugar; the attacks of trembling and stupor by-and-by returned, though slighter and without sensations of cold; cough became troublesome, and weakness increased. The knee-jerks, though very feeble, were not entirely lost. On November 25th the urine (specific gravity 1020) was proved by the fermentation test to contain sugar. The same day incontinence of urine came on, and on November 27th the patient died, having been quite conscious during his last hours. He was a temperate man, strong and healthy previous to his illness, and had never suffered from any form of malarial fever.

Mirfield.

A. ANDERSON, M.D.

## REPORTS

ON

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

#### COLNEY HATCH ASYLUM.

##### A CASE OF MYXŒDEMA WITH INSANITY TREATED BY THE SUBCUTANEOUS INJECTION OF THYROID EXTRACT.

(By CECIL F. BEADLES, M.R.C.S., L.R.C.P., Assistant Medical Officer Colney Hatch Asylum.)

THE following is a further case of myxœdema treated by the method first proposed by Dr. George Murray, which is followed by such remarkable results, and has now been shown to be so successful. We all owe, I think, to Dr. Murray our best thanks for pointing this out.

M. B., a single woman, aged 50, was admitted on April 26th, 1892, upon the medical certificate which ran as follows: "She is suffering from mania. She destroys her clothes, and she also imagines that she has done some terrible crime for which there is no forgiveness. These mental symptoms are common in the third stage of myxœdema, from which she is suffering."

Mr. John R. Lunn, medical superintendent of St. Marylebone Infirmary, kindly informs me that the patient had been several times in that institution since the year 1884 suffering from advanced myxœdema with delusions and religious melancholia. Mr. Lunn supplies me with the following brief notes of her past history:

July, 1885. Always had good health; only ailing twelve months. First commenced in the big toes with intense pain, which was followed by swelling in the wrist. Is said to have slept in a damp bed in March, 1884, since which she has been unable to attend to her calling, and has been for the most part confined to her bed. There is swelling and thickening of the lower end of the femur, with grating in the joints; both knees can be bent. Phalangeal joints enlarged and thickened. Complaints of intense pain in all the joints. No nerve symptoms; pupils react to light; reflexes normal; catamenia stopped.

September, 1887. No change, with exception of religious delusions at times. December. Since last account the patient has remained in the same condition, not getting either worse or better, but on two occasions she has had paroxysms of religious mania. In these paroxysms on the first occasion she imagined the porter who cleaned the windows had bowed to the crucifix, and she threw herself flat on the floor and refused to move until the arrival of one of the medical officers. She completely recovered from this attack, but about a month afterwards she had another religious frenzy, calling out loudly, and falling on her knees before the medical officer. Between the fits she is the same as usual. April 13th. Patient seems better, and does not now have delusions.

April 30th, 1888. Discharged improved. Readmitted October 29th, 1891.

On admission into Colney Hatch the patient was in impaired health, suffering from advanced myxœdema. Nothing could be found out from her regarding her past life. She appeared to have no relatives or friends living. Her religion was Roman Catholic. If asked a question she made no attempt to answer it, but always made the sign of the cross, and said "Send me the priest." When asked if she was married she replied "Yes, to the cross." When the priest visited her she took no notice of him. She took not the slightest interest in anything that was going on around her.

The patient weighed 9 st. 12 lbs., and had the characteristic appearance of one suffering from well-marked myxœdema, with all the usual symptoms of that disease. The skin was thick, coarse, scaly, and cedematous-looking, without pitting on pressure. Eyelids much swollen, nose broad,

lips thick, scalp scurfy; hair on head thin, black, but turning grey; eyebrows and eyelashes very scanty. Slight flush on the cheeks. Fulness under the lower jaws. No thyroid could be felt. Hands large, fingers swollen and spade-like; much swelling at both wrists, more especially at the back, with what appears to be thickening of the bones and joints, probably the result of a chronic rheumatoid arthritis. Feet swollen and large. Tongue large and flabby. Voice slow, thick, and monotonous. She had no difficulty in swallowing, and took all food that was given to her. Hearing was very bad. Eyesight was impaired, but she was able to read by holding large print close to her eyes. She slept heavily at night and snored loudly. Her temperature was subnormal; it did not rise above 95.2° on the several occasions upon which it was taken. Urine: colour natural, specific gravity 1022, acid, no albumen and no sugar.

May 10th. She has remained in the same condition both bodily and mentally. The heart sounds were slow and prolonged, and there was a loud systolic murmur best heard at the apex. Pulse 56. Breath sounds weak over the whole chest, but very faint at the bases. Respirations 17. Temperature 95.2°. At 4 p.m. the patient had a subcutaneous injection (m xv) of thyroid extract. This I obtained from the fresh thyroid gland of a young cow that was slaughtered on May 9th on the farm, and was made according to the directions given by Dr. George Murray in the BRITISH MEDICAL JOURNAL of October 10th, 1891. At 7 p.m. the patient said she felt the same as usual, and there were no bad symptoms. Temperature 96°; pulse 44 at wrist. The following day she appeared a little brighter, and talked more. She said she felt better.

May 12th. She had passed a restless night, and complained of slight pain in the left side. The temperature in the morning had risen to normal, and in the evening was 99.4°.

May 13th. She had been very restless and noisy all night. Temperature 97.2°. This morning her voice appeared decidedly less hoarse, and she spoke more readily. Hearing was improved, as she could catch more readily what was said. She was generally brighter, and took more notice of what was said and was going on, and walks about. Second injection given (m xx). Talkative during the day; in the evening the pulse was 68°, and the temperature 98.7°.

The third injection (m xx) was given on May 15th. The injections have had to be discontinued, owing to the difficulty in obtaining a supply of the extract. The slight improvement noted above only continued for a day or two after the third injection was given, and on May 24th the temperature fell from 98° to 96.2°. The patient relapsed into the same condition as that before the injections were commenced.

On July 17th the treatment was recommenced, the extract being obtained from Brady and Martin, of Newcastle, and supplied regularly every week; m xx were given at a time, three times a week.

During the next month marked improvement took place. By August 15th, her temperature remained about normal, pulse had improved and was 76 to the minute, respirations 24, and her weight had dropped to 8 st. 8 lbs. She was not nearly so deaf, her voice had greatly improved, and she could be understood with ease. Her sight was much better, she answered questions readily, and whereas formerly her conversation was solely on various religious delusions, it was now rational and sensible and she volunteered statements as to her past life. She said that she felt much better, and would like to return to the workhouse, which she called her home. These changes had been gradual. On this date she asked the charge nurse if she might help to wash up, lay the tables, and otherwise help in the ward.

She continued to improve and work in the ward. On August 25th she talked sensibly, and said she felt well in her mind but very weak. She was anxious for the injections to be left off, saying that she always felt hot and had a sense of sickness after the injections, which, however, soon passed off. She weighed 8 st. 12 lbs.; the lips, eyelids, and skin in general had lost their appearance of fulness; the latter was moist and warm; the pulse was 80. Her appetite had always continued good. Some enlargement of the hands and thickness of the wrists remained, but the swelling of the feet had disappeared. She had the seventeenth injection since July 17th on August 24th. The injections were discontinued, and she was given a mixture containing quinine and iron.

## LONDON WATER SUPPLY.

PROFESSOR FRANKLAND, in his report, speaks unfavourably of the condition of water when taken for consumption in London during November. He says that on November 23rd the Thames at Hampton was chemically in an even worse condition than on October 17th, though bacterially it was considerably better. The water was turbid and brown, but was in every case except one efficiently filtered before delivery. The unfiltered water taken chiefly from the Lee by the New River Company was, on November 23rd, both chemically and bacterially in an unusually bad condition. Compared with the sample taken in the previous month, it contained more than twice as much organic matter and more than four times as many microbes. It was also turbid and yellow, but before it was distributed it was efficiently filtered and improved. The deep well waters of the East London and Colne Valley Companies contained more organic matter than usual, but they were organically much better than any of the river-derived supplies.

## EXPERIMENTS ON FILTERING SEWAGE EFFLUENT.

FILTRATION experiments have been carried out at the Barking outfall with coke breeze, pea ballast, burnt clay, and a compound filter known as the polarite, the first portion of which was sand and the second sand and polarite. The purification shown on analysis was very considerable in all the filters, coke breeze giving the best average results, the pea ballast coming next. The experiments are now to be conducted on a larger scale and a trial is to be made of a coke filter bed, so that reliable data can be obtained as to the most suitable rate of flow.

## PRINTING OF HEALTH OFFICERS' REPORTS.

Now that the time is approaching at which the attention of medical officers of health will be directed to the writing of their annual reports, we think it well to urge upon them the desirability of securing that such documents be printed by their sanitary authorities. The percentage of printed reports is steadily increasing, but we would gladly see it made incumbent upon all sanitary bodies to print the annual record of health and sanitation in their districts.

## NON-RE-ELECTION OF A MEDICAL OFFICER BY GUARDIANS.

A DISTRICT MEDICAL OFFICER, who has held his appointment for twenty-five years, but not being resident in his district, has consequently been subject to triennial re-election by the guardians writes to say that when the period for which he was last elected expired, he was, in consequence of the action of the chairman of the board, who had actively canvassed against him, outvoted by a small majority of the guardians, these not being usual attendants at the board, but whipped up for the occasion, and another non-resident medical officer appointed in his place. He has written a full statement of his case to the Local Government Board, and asks us if this action of the guardians is legal, and what course should be adopted by him to frustrate it?

“\* We cannot think that the Local Government Board will sanction this change which the guardians have voted for, especially as the newly-appointed officer is a non-resident in the district. It is within our knowledge that in a very similar case which occurred some years back the decision of the guardians to supplant a medical officer by making a fresh appointment was not confirmed; the former officer was therefore subsequently re-elected. The final decision in all such cases rests with the Local Government Board.

## MEDICAL ORDERS FOR FARM LABOURERS.

ENQUIRENS, who is a district medical officer, writes to ask if it is proper for a farm labourer (a widower with two children, aged 16 and 12) earning 14s. weekly, with rent, rates, and taxes free, to have an order granted for medical attendance on the elder child?

“\* In our opinion this case is not one in which an order for medical attendance at the expense of the ratepayers should have been given, as the elder of these two children ought to have been in receipt of wages and in a benefit society, which would leave the maintenance of one child only on the father. We feel sure that in very few unions would a medical order have been granted in such a case; and should therefore recommend our correspondent to take care that the facts are laid before the guardians at their next meeting, with a view to the order for medical attendance being cancelled by them.

## THE NOTIFICATION OF CROUP.

W.N.C.—The term “croup” is still often used in a very loose sense, and hence the limitation of notification to membranous croup. The Act and also the note printed on the certificate are quite explicit and clear. If the notifying practitioner believes that all croup is necessarily membranous, he has no reasonable excuse for omitting the adjective while inserting the noun; and still less if he holds the contrary view.

## COMPULSORY DISINFECTION OF ALL SECOND-HAND CLOTHING.

DR. J. TAYLOR (Medical Officer of Health, Tandragee, co. Armagh) writes: Permit me to call attention to the necessity for legislation which will compel all persons who dispose of or sell second-hand clothes or bedding to have them disinfected by a recognised sanitary authority. As the law now exists (at least in Ireland), clothes or bedding which have been in contact with persons suffering from infectious diseases may be disposed of or sold without any guarantee that they have been properly disinfected. Section 124, Public Health (Ireland) Act, makes it penal to do so, but there is no difficulty in evading it. I would suggest that an Act of Parliament should be promoted which would make it illegal to give, lend, sell, transmit, or expose any second-hand clothes or bedding, except they have a stamp to show that they have been recently disinfected. The stamp should be impressed on the fabric of which the

principal part of the article is made, and should be easily obliterated, so as to prevent its use for a second disposal. It should also have the date and place of disinfection.

## OFFENSIVE SEWERS.

W. WRITES: May I call attention to the offensive state of the sewer in the Uxbridge Road, especially between Hyde Park Gardens and Lancaster Gate? The stench from the ventilating holes is at times almost overpowering to anyone passing near them and shows that the sewer must be in bad order, probably either from an obstruction or from want of flushing.

## QUALIFICATION FOR MEDICAL OFFICER OF HEALTH.

CANDIDATE WRITES: As a practical commentary on the point raised in the BRITISH MEDICAL JOURNAL of December 10th by “M.R.C.S.” under the above heading, will you allow me to state that at the late election in this town to the post of medical officer of health, the appointment was given to a gentleman possessing only the single qualification of M.R.C.S.? The Local Government Board, after only the slightest demur, sanctioned the appointment. There were other doubly qualified candidates for the post, one at least of whom had held the appointment of medical officer of health for the last seven years in another part of the country.

## INFECTIOUS HOSPITALS AT HEALTH RESORTS.

A. E. L.—Our correspondent would do well to make application to the Local Government Board for a list of health resorts possessing efficient hospitals for infectious disease, and asking also for a copy of their memorandum “On the Provision of Isolation Hospital Accommodation by Local Sanitary Authorities.” Bournemouth has, we believe, a hospital built according to the plans recommended in this memorandum, and Eastbourne also has a good hospital. Brighton possesses a hospital for 110 beds, that is, nearly 1 per 1,000 of population, with an average annual admission of 260 patients. Our correspondent should press for not less than this rate of beds as a commencement, on a site which will admit of future extension, temporary or permanent.

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF OXFORD.

THE following have passed in Anatomy and Physiology for the first M.B.: E. Blackburn, St. John's College; J. Fairbairn, Magdalen College; H. R. Fort, Worcester College; E. W. Palin, Christ Church; A. Partridge, Balliol College.

## UNIVERSITY OF CAMBRIDGE.

SECOND M.B. EXAMINATION.—Part I. *Pharmaceutical Chemistry*.—J. L. Allen, B.A., King's; Armitage, B.A., Emm.; Bassano, Trin.; R. H. Bell, Trin.; Bodington, M.A., Cai.; Carsberg, Cai.; Carter, Jes.; Charles, Cai.; Clarke, Trin.; Deller, Trin.; H. Dodson, Down.; W. B. Dove, Trin.; Eardley, M.A., Joh.; Forbes, Chr.; Gladstone, Joh.; Greg, Trin.; Haward, B.A., Sid.; J. P. Hill, Cai.; R. J. Horton-Smith, Joh.; Hughes, Cai.; L. T. R. Hutchinson, B.A., Trin.; Jeaffreson, Chr.; Jephcott, Cai.; Jordan, Sid.; Kirk, B.A., Chr.; MacCallan, Chr.; McDougall, Joh.; H. Marshall, B.A., Cai.; Martin, Cai.; Matthews, Trin.; Molesworth, Cai.; Moritz, Cai.; Mort, B.A., Trin.; Muir, Emm.; Nicholls, Joh.; Pearce, B.A., Trin.; Pentreath, B.A., Queens'; Philpotts, Trin.; S. P. Pollard, Cai.; Pollitt, Trin.; Rawling, Cai.; Robinson, Cai.; Roe, Pemb.; Sapwell, Cai.; C. C. Simpson, B.A., Trin.; M. H. Smith, B.A., Pet.; Snowden, Chr.; Somers, B.A., Pemb.; Stacey, Joh.; Talbot, King's; Thorp, Emm.; C. C. Webb, B.A., Cla.; Webster, Cai.; W. K. Wills, Joh.; Wingate, Jes.; Winkfield, King's; Woodhouse, B.A., King's; E. J. Woolley, Cai.

SECOND M.B. EXAMINATION.—Part II. *Human Anatomy and Physiology*.—E. M. Barker, B.A., Emm.; Beddard, B.A., Trin.; Bumsted, B.A., Joh.; Clark, M.A., Down.; Duckworth, B.A., Jes.; C. D. Edwards, B.A., Joh.; Evans, B.A., Trin.; Fletcher, Cai.; Griffin, M.A., Down.; Hadow, B.A., Cai.; Haigh, B.A., Joh.; L. K. Harrison, Cai.; Hobday, B.A., Chr.; L. T. R. Hutchinson, B.A., Trin.; Jackson, B.A., Joh.; M. B. Johnson, B.A., Trin. H.; Judd, B.A., New; P. R. Lowe, Jes.; Mackenzie, B.A., Cai.; C. E. Marriott, B.A., Cla.; E. B. Marriott, B.A., Cla.; Martin, B.A., Pet.; Maxwell, B.A., Corp.; Milsome, B.A., Trin.; P. L. Moore, B.A., Joh.; Nesham, B.A., Trin.; Pendlebury, Pemb.; Renshaw, B.A., Trin.; Roper, B.A., Chr.; Selby, Down.; Smallwood, Cai.; Taylor, B.A., Emm.; C. A. H. Thomson, B.A., Chr.; Tod, B.A., Trin.; Troup, B.A., Pemb.; Walker, M.A., Pemb.; Watson, B.A., Trin.; Wedd, Down.; Wingate, Jes.

THIRD M.B. EXAMINATION.—Part I. *Surgery and Midwifery*.—Alston, B.A., Cla.; Bardsley, B.A., Cai.; Bliss, B.A., Sid.; J. R. Carver, B.A., Chr.; Christopherson, B.A., Cai.; Fenton, B.A., Cai.; Fish, B.A., Chr.; J. C. Gardner, Emm.; W. J. Harris, B.A., Chr.; Hart, B.A., Jes.; Herd, B.A., N. C.; Hobart, B.A., Cai.; P. Horton Smith, Joh.; Lambert, B.A., Joh.; Langmore, B.A., Joh.; C. E. M. Lewis, B.A., Joh.; Locket, B.A., Chr.; Luce, B.A., Chr.; Moore, B.A., H. Selw.; Neill, B.A., Cai.; R. E. Nix, B.A., Cai.; Nowell, B.A., Cath.; Palmer, B.A., Down.; Poole, B.A., Cath.; Pulford, B.A., Trin.; Ransome, B.A., Trin.; Sharp, B.A., Cai.; W. M. Smith, B.A., Cai.; Still, M.A., Cai.; Stephens, B.A., Cai.; C. S. Storrs, B.A., Emm.; G. C. Taylor, B.A., Chr.; H. S. Willson, B.A., Emm.; Windsor, B.A., N. C.

THE *Occidental Medical Times* contains the history of certain cases of influenza in which the infection was, with great probability, attributed to a smoking jacket worn by a patient while suffering from an attack in Paris, and not again until more than two months later, in San Francisco.

## MEDICAL NEWS.

It is announced that the establishment of a Pasteur Institute in Lisbon has been decided on.

DR. MATTHEW L. HEWAT, of Mowbray, has been appointed J.P. for the district of Wynberg, Cape Colony.

UNIVERSITY OF BERLIN.—The total number of students in the University of Berlin during the current semester is 4,876, of whom 1,254 belong to the medical faculty.

At a meeting of the Board of Trustees, held on Wednesday, November 30th, 1892, Dr. G. E. de Schweinitz was, on the unanimous recommendation of the faculty, elected Clinical Professor of Ophthalmology in the Jefferson Medical College.

A SUM of 690,000 marks (£34,000), has been voted for the purchase of a site in the Klopstockstrasse, in Berlin, for the erection of new buildings for the housing of the Imperial Public Health Department.

DEATH FROM HYDROPHOBIA.—On December 7th, Emily Davenport, aged 11, died from hydrophobia, the result, as is believed, of bites received on May 24th from a dog, which was afterwards destroyed at Colne, and was certified suffering from rabies. The wounds had healed, and the child appeared in her ordinary health until last week.

MR. THOMAS C. HODGKINS, whose gift of £20,000 to the Royal Institution was announced some time ago, has just died at Old Field, Long Island. He made many other munificent benefactions; and it is stated that not long ago he handed a "retainer" of £6,000 to a physician in return for a promise of constant attendance as long as medical service might be required.

BISHOP BUBICS, of Kassa, has recently published the correspondence of a Venetian volunteer in the allied European army which laid siege to Buda, then in the hands of the Turks, in 1686, and took it in the following year. From this work it would appear that, owing to the initiative of certain Roman Catholic dignitaries, ambulances were organised, and surgical assistance provided during the siege. This is probably one of the earliest instances of the organisation of ambulances in war, and of the provision of surgical assistance by an agency other than the surgeons attached to regiments.

GUY'S HOSPITAL LONDON UNIVERSITY CLUB.—The annual general meeting was held December 15th, at which Dr. Pavy, F.R.S., was elected president, and other officers chosen. Dr. Pye-Smith took the chair at the annual dinner held subsequently. The great success of Guy's men at the recent London University examinations was a matter of much congratulation. The medal in medicine was taken by Mr. Daldy, and that at the M.S. examination by Mr. Davies, while Mr. W. G. Rogers obtained marks qualifying for the same medal. The club now numbers 119. All Guy's students, whether graduates or undergraduates, are eligible for election. Particulars can be obtained from Dr. Horrocks.

MR. WILLIAM WEBBER MONCKTON, Coroner for the Western Division of Somerset, died at his residence at Curry Rivel, near Langport, on Monday evening, at the age of 74 years. The deceased had held the office of coroner for nearly forty years, having succeeded the late Dr. Caines, for whom he was deputy. Educated for the medical profession, he was well qualified for his office, the duties of which he carried out in a manner which gained the respect and esteem of many people with whom he was brought into contact. For the last few years he had been in failing health, and his duties had been performed by his deputy, Dr. Cordwent, of Taunton.

THE LATE DR. S. H. TAYLOR.—We regret to announce the death of Dr. Sidney Hamilton Taylor, of Willesden Green. The deceased gentleman was educated at Trinity College, Dublin, and had practised in Canada some time before coming to Willesden, which he did about ten years ago. He was for a number of years chairman of the sanitary committee, and amongst other things took great interest in the proposed isolation hospital, visiting, in company with the surveyor (Mr. O. C. Robson), several of the sites which were suggested. Latterly his name had been closely associated with the Cottage Hospital which is now being built.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—The Duke of York on December 15th opened the new buildings of the Royal South London Ophthalmic Hospital, St. George's Circus. His Royal Highness having inspected the extremely well-planned new buildings, an adjournment was made to the Surrey Theatre, where the opening ceremony took place. The Duke of Cambridge, as Chairman of the Reception Committee, delivered a brief address, after which the Duke of York formally declared the new hospital open. The hospital contains, besides ample provision for out-patients, four large wards, two of which hold seven beds each, and the other two eight beds. Four private rooms are reserved for paying patients, and there are six isolation wards for persons requiring special treatment or absolute quiet.

THE LATE DR. STEELE, OF GUY'S.—At the last meeting of the Royal National Pension Fund for Nurses, Mr. Walter H. Burns in the chair, the death of Dr. J. C. Steele, of Guy's Hospital, having been reported, it was moved by the chairman, seconded by Mr. Burdett, and resolved:—"That the Council of the Royal National Pension Fund for Nurses have heard with deep regret and sorrow of the lamented death of their colleague, Dr. Steele, who had been a member of the Council since its institution, and was ever ready to do his utmost to promote the welfare of the nurses by heartily co-operating to alleviate the sorrows and to minimise the risks attaching to the calling of a nurse. The Council desire to tender to Mrs. Steele and the family the expression of their sympathy with them in this heavy trial, and to place on record their appreciation of the services which Dr. Steele rendered not only to the Royal National Pension Fund for Nurses, but to the progress of nursing generally."

QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES: SCOTTISH BRANCH.—The fourth annual report of this institute, recently issued, states that the demand for nurses has grown so much that an addition to the Edinburgh home has become a necessity. The two flats above the existing home have been purchased, altered, connected, and partly furnished. In this way twenty-three nurses can now be accommodated, and there are possibilities of extension held in reserve. The Scottish branch of the institute has lost the services of Miss Peter, who has been appointed General Inspector for the United Kingdom. She has been succeeded by Miss Wade as superintendent of the training home, and Miss Robin as district superintendent. Twenty-seven district probationers have entered the home during the year, twenty have completed their training and have received appointments. At the close of the year the Council are responsible for thirty-one nurses, either on active duty or in training. More nurses and more funds are required. Fourteen new local associations have been formed in connection with the institute, and have engaged Queen's nurses. During the past year 1,969 cases have been nursed, and 40,977 visits paid.

### MEDICAL VACANCIES.

The following vacancies are announced:

- BIRMINGHAM AND MIDLAND EYE HOSPITAL.—Assistant House Surgeon. Salary, £50 per annum, with apartments and board. Applications to the Chairman of the Medical Board by January 2nd, 1893.
- BRECON INFIRMARY, 6, Bulwark, Brecon, South Wales.—Resident House-Surgeon; unmarried; doubly qualified. Salary, £70 per annum, with furnished apartments, board, attendance, fire, and gas. Applications to W. Powell Price, Secretary, by December 26th.
- BRIDGWATER INFIRMARY.—House-Surgeon. Salary, £30 per annum, with board and residence. Applications to Mr. John Coombs, Honorary Secretary, by January 1st, 1893.
- CENTRAL LONDON OPHTHALMIC HOSPITAL, Gray's Inn Road, W.C.—House-Surgeon. Rooms, coal, and light provided. Applications to the Secretary by January 10th, 1893.
- CHELSEA HOSPITAL FOR WOMEN, Fulham Road, S.W.—Clinical Assistant. Applications to the Secretary.
- CHICHESTER INFIRMARY, Chichester.—House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to E. E. Street, Secretary, by March 1st, 1893.
- COUNTY OF CHESTER.—Medical Officer of Health; doubly qualified. Salary, £100 per annum, and out-of-pocket travelling expenses. Applications to Reginald Potts, Clerk to the Cheshire County Council, Chester, by December 31st.
- CROYDON GENERAL HOSPITAL.—House-Surgeon, doubly qualified, unmarried. Salary, £100 per annum, increasing £160 yearly to £120, with board and residence. Applications to the Secretary, by December 30th.



**GENERAL HOSPITAL, Birmingham.**—Assistant House-Surgeon. Board, residence, and washing provided. Applications to the House-Governor by December 31st.

**HOSPITAL FOR ST. PETER PORT, Guernsey.**—Surgeon. Salary, £50 per annum. Applications to the President of the Poor-law Board by December 28th.

**HOSTEL OF ST. LUKE, Devonshire Street, W.**—Honorary Visiting Medical Officer. Applications to the Secretary, Hostel of St. Luke, Church House, Westminster, by January 7th, 1893.

**HULL ROYAL INFIRMARY.**—Junior Assistant House-Surgeon. Salary, £40 per annum, with board and lodging. Applications to Chairman, House Committee, by December 26th.

**KILLARNEY DISTRICT LUNATIC ASYLUM.**—Assistant Medical Officer. Salary, £100 per annum, with allowances valued at £100 yearly. Candidates must be unmarried, and not over 30. Applications to Dr. L. T. Griffin, Resident Medical Superintendent. Election on January 19th, 1893.

**KING'S COLLEGE, London.**—Medical Registrar. Applications to J. W. Cunningham, Secretary, by December 30th.

**MANCHESTER ROYAL INFIRMARY.**—Resident Medical Officer for the Fever Hospital at Monsall; not less than 25 years of age, doubly qualified. Salary, £250 per annum, with board and residence. Applications to the Chairman of the Board by January 7th, 1893.

**NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC (Albert Memorial), Queen Square, Bloomsbury, W.C.**—House-Physician, doubly qualified. Salary, £100 per annum, with board and apartments. Applications to B. Burford Rawlings, Secretary and General Director, by January 5th, 1893.

**NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL, Harts-hill, Stoke-on-Trent.**—House-Surgeon: doubly qualified. Salary, £120 per annum, increasing £10 yearly, with furnished apartments, board, and washing. Applications to the Secretary by January 21st, 1893.

**ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, King William Street, West Strand.** Clinical Assistants. Applications to the Secretary, by December 31st.

**SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY.**—Senior Assistant House-Surgeon. Salary, £72 per annum, with board, lodging, and washing. Applications to Dr. Crochley Clapham, Honorary Secretary Medical Staff, The Grange, near Rotherham, by January 2nd, 1893.

**SOUTHPORT INFIRMARY.**—House-Surgeon, doubly qualified. Salary, £100 per annum, with board, furnished rooms, and attendance. Applications to Joseph Worall, Infirmary, Southport, by January 4th, 1893.

**STOCKPORT INFIRMARY.**—Junior House-Surgeon. Appointment for six months. Board and residence provided and £10 honorarium after six months' satisfactory service. Applications to Lieutenant-Colonel S. W. Wilkinson, Honorary Secretary, by December 27th.

**STRATFORD-ON-AVON RURAL SANITARY AUTHORITY.**—Medical Officer of Health. Salary, £110 per annum. Applications to John Charles Warden, 9, Guild Street, Stratford-on-Avon, by January 21st, 1893.

**STRATFORD-ON-AVON URBAN SANITARY AUTHORITY.**—Medical Officer of Health. Salary, £40 per annum. Applications to Thomas Hunt, Town Clerk, Municipal Office, Stratford-on-Avon, by January 2nd, 1893.

**UNIVERSITY COLLEGE OF SOUTH WALES AND MONMOUTHSHIRE, Cardiff.**—A Professor of Anatomy, and a Professor of Physiology. Stipend in each case, £350 per annum. Applications to Ivor James, Registrar, by February 1st, 1893.

**UNIVERSITY OF EDINBURGH.**—Examiner in each of the following subjects: (1) Anatomy, (2) Chemistry and Laboratory Work for the First B.Sc. Examination in Public Health, (3) Midwifery, (4) Practice of Physic, and (5) Botany. The salary in each of the departments Nos. 1, 3, 4, and 5 is £75 a year, and in No. 2 £90 a year, with an allowance of £10 per annum for travelling and other expenses in the case of Examiners not resident in Edinburgh or the immediate neighbourhood. Applications to M. C. Taylor, Secretary, by January 9th, 1893.

**UNIVERSITY OF GLASGOW.**—Assistant Examiner in Zoology. Salary, £30 per annum. Applications to the Secretary of the Court, Mr. Alan E. Clapperton, West Regent Street, Glasgow, by January 10th, 1893.

**WEST HERTS INFIRMARY, Hemel Hempstead.**—House-Surgeon and Dispenser; doubly qualified, unmarried. Salary, £100 per annum, with board, furnished rooms, light, fire, attendance, and washing. Applications to the Secretary by January 31st, 1893.

## MEDICAL APPOINTMENTS.

**BARRETT, R. H., L.R.C.P.Lond., M.R.C.S.**, reappointed Medical Officer for the Second and Third B. Sanitary Districts of the Wisbech Union.

**CAMPBELL, Dr.**, appointed Medical Officer for the Usk District of the Pontypool Union.

**CAMPBELL, John, F.R.C.S.Eng., M.A., M.D., M.Ch., M.A.O.I.**, appointed Surgeon to the Samaritan Hospital for Women, Belfast.

**COPLEY, W. H., L.R.C.P.Lond., M.R.C.S.**, reappointed Medical Officer for the Seventh Sanitary District of the Wisbech Union.

**CORT, John G. D., L.R.C.P.Lond., M.R.C.S.Eng.**, appointed Medical Officer for the Second District of the Blackburn Union.

**CRAIG, J., M.D., B.Ch., M.R.C.P.I.**, appointed Surgeon to the Meath Hospital, Dublin.

**CRAIGIE, James, M.D., C.M., B.Sc.**, Public Health, Edin., appointed Medical Officer of Health for the Burgh of Musselburgh, N.B.

**CULROSS, James, M.A., M.B., C.M.**, appointed Medical Officer and Public Vaccinator to the Newton Abbot (No. 4) District, *vice* Henry A. Davies, M.R.C.S., L.R.C.P., resigned.

**DOUGLAS, Norman G., L.R.C.P., L.R.C.S.Eng.**, appointed Medical Officer to the Western District of the Scarborough Union, and Public Vaccinator for the Borough.

**EVANS, Edward Prichard, L.R.C.P.Eng., M.R.C.S.Eng.**, reappointed Medical Officer of Health for the Mountain Ash Urban Sanitary District.

**FRASER, H. E., M.A.Eng., M.B., C.M.Eng.**, appointed Resident Medical Officer to the Northern Infirmary, Inverness.

**GILBERT, H. P., L.R.C.P.Eng., M.R.C.S.**, reappointed Medical Officer for the Eleventh Sanitary District of the Wisbech Union.

**GROOM, William, M.R.C.S., L.M.**, reappointed Medical Officer for the Eighth Sanitary District of the Wisbech Union.

**GROOM, William, jun., M.D.Camb., M.R.C.S.**, reappointed Medical Officer for the Newton and Tydd St. Giles District of the Wisbech Union.

**GUISANI, Joseph, M.D. R.U.I., M.Ch.**, appointed Visiting Physician to the Cork Union Hospital.

**HUGHES, Edward, L.R.C.P., L.R.C.S.Eng.**, appointed Medical Officer for the Collieries at Ton, Ystrad, Rhondda.

**JONES, Robert, M.D.Lond., B.S., F.R.C.S.Eng., L.R.C.P.Lond., L.S.A.**, appointed Medical Superintendent to the London County Council's New Asylum at Claybury.

**KEMPE, Arthur Wightman, M.D.Bruce, M.R.C.P.Eng.**, reappointed Medical Officer of Health to the Budleigh Local Board.

**KEYWORTH, Arthur F., M.R.C.S., L.R.C.P.I.**, appointed Surgeon to the Marple District of the Cheshire County Police, *vice* Henry Heginbotham, M.R.C.S., deceased.

**KYNOCB, John A. C., M.R.C.M.Eng.**, appointed *pro tem.* Medical Superintendent to the Dundee Royal Infirmary, *vice* R. N. McCosh, M.D. Glasg., resigned.

**LLOYD, Evan, M.B., C.M.Glasg.**, reappointed Medical Officer of Health for the Rural Sanitary District of the Tregaron Union.

**MACKAY, William, L.R.C.P.Eng., L.M., L.F.P.S.Glasg.**, reappointed Medical Officer of Health for the Norton District of the Malton Union.

**MARSHALL, R. J., M.B., C.M.Glasg.**, appointed Deputy Medical Officer for the Iwer Sanitary District of the Eton Union.

**MASON, George, M.R.C.S.**, reappointed Medical Officer for the Ninth Sanitary District of the Wisbech Union.

**METCALFE, Dr.**, appointed Medical Officer for the Capel District of the Tonbridge Union.

**MILLIGAN, William, M.D., C.M.**, appointed Lecturer on Diseases of the Ear, at the Owens College, Manchester.

**MUSPRATT, Charles Drummond, M.D., B.S.Lond., F.R.C.S.Eng.**, appointed Medical Officer for Out-patients to the Royal Victoria Hospital, Bournemouth.

**NIGHTINGALE, J., M.B.Eng.**, appointed Medical Officer of Health to the Horsforth Urban Sanitary Authority.

**PERRY, Edwin Cooper, B.A.Camb., M.D., M.R.C.P., M.R.C.S.**, appointed Medical Superintendent to Guy's Hospital, *vice* J. C. Steele, M.D., deceased.

**RICHARDSON, Richard T., M.R.C.S.Eng.**, appointed Medical Officer of Health for Trowbridge, *vice* Nicholas V. Wise, L.R.C.P., L.R.C.S.I., resigned.

**RILEY, James Woodward, M.R.C.S.Eng., L.R.C.P.Eng.**, appointed Medical Officer and Public Vaccinator to the Pontesbury District of the Atcham Union, *vice* A. M. Sutton, M.B.Lond., resigned.

**SINCLAIR, F. H., M.D., M.Ch., L.R.C.P., L.R.C.S.I.**, reappointed Honorary Attending Physician to the Belfast Hospital for Consumption and Diseases of the Chest.

**STACK, E. C., L.R.C.P., L.M., L.R.C.S.I.**, appointed Honorary Attending Surgeon to the Belfast Hospital for Consumption and Diseases of the Chest.

**SYMMERS, William St. Clair, M.B.Aberd.**, appointed Pathologist to the General Hospital, Birmingham.

**THOMAS, John T., L.R.C.P.I., L.R.C.S.Eng.**, appointed Medical Officer for the Magor District of the Newport (Mon.) Union.

**WARDON, A. D., L.R.C.P., L.R.C.S.Eng., L.F.P.S.Glasg.**, appointed Medical Officer for the Eastern Sanitary District of the Gairrie Parochial Board.

**WARRINGTON, W. B., M.B., B.Ch. Vict. Univ.**, appointed House-Physician to the City of London Hospital for Diseases of the Chest, Victoria Park.

**WOOLLETT, Sidney Winslow, M.R.C.S.Eng., L.S.A.**, appointed Medical Officer for the Wangford District of the Blything Union.

## 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.*

## BIRTHS.

**MCGEAGH.**—On December 15th, at 28 Spellow Lane, Liverpool, the wife of R. T. McGeagh, M.D., of a son.

**STOKES.**—On the 21st instant, at 2, Highbury Crescent, N., the wife of H. Fraser Stokes, M.R.C.S.Eng., L.R.C.P.Lond., of a son.

**TUKE.**—On the 6th of December, at Chiswick House, Chiswick, the wife of T. Seymour Tuke, M.A., M.B.Oxon., of a daughter.

**WINGATE-SAUL.**—At Fenton-Cawthorne House, Lancaster, on the 18th instant, the wife of W. W. Wingate-Saul, M.D., of a daughter.

## MARRIAGE.

**WELSFORD-CROSS.**—On December the 14th, at the parish church of Bexhill, by the Rev. W. L. Gane, M.A., Arthur Gerald Welsford, M.D., F.R.C.S., of Dover, to Frances Adelaide, youngest daughter of the late Alfred Cross, of Kilmarnock, Hastings.