

life from embarrassment of the heart, brought on by hurrying to catch a train after a hasty meal: he had been brought home pulseless, cold, and cyanosed. For some time afterwards he was liable to attacks of faintness and breathlessness in the night or after food, and the action of the heart faltered after the least exertion. Great dilatation of the stomach was found to exist, with considerable upward displacement of the heart. This had, no doubt, been kept up by incessant feeding, which an anxious wife had insisted upon against the advice of the medical man, but when the diet was properly ordered the dilatation persisted sufficiently to give rise to serious discomfort from heart symptoms. Here a few washings out by Dr. Callender were followed by remarkable relief, although the gastric contents were on the first occasion which I witnessed only a few shreds of undigested food and a small quantity of mucus.

The moral of this communication is the desirability and usefulness of a careful physical examination even in an affection which is so generally regarded as a purely functional derangement as is dyspepsia.

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

POISONING BY ESSENCE OF PENNYROYAL.

I WAS called to Mrs. S., a small, delicate woman, at 10 P.M., October 29th. An hour previously she had taken three-pennyworth (3 iij) of essence of pennyroyal, with the object of procuring abortion. She was two months pregnant. She was in a very excited and frightened state. Both pupils were dilated to the size of a sixpence. The pulse at the wrist was very feeble on my arrival, and in a few minutes after not perceptible at the wrist. I gave a stimulating emetic immediately, followed by two quarts of tepid water. This acted well, and she rapidly recovered. Next day she was nearly quite well, but kept her bed.

I find pennyroyal described in Taylor's *Medical Jurisprudence* as having no therapeutic action, and being quite harmless. The patient assures me she took nothing else, and when I arrived the room smelt strongly of the peculiar pungent odour of essence of pennyroyal; and the bottle, an 8-ounce one, which contained it, was handed to me, and I searched the room, and could find nothing else. It is quite possible she may have taken more than she says. I saw the chemist where she obtained it, and he says the quantity he sold was 3 iij.

Clapham Common, S.W. E. F. FLYNN, L.R.C.S., L.R.C.P.

COW-POX AND SMALL-POX.

I HAVE read Dr. Edwin Rickards's presidential address, reported in the BRITISH MEDICAL JOURNAL of October 4th, from which it appears that Dr. Rickards holds the opinion *inter alia* that "cow-pox in the cow is inoculated small-pox."

The following circumstance, which came under my observation when acting as dispensary medical officer in an adjoining district would hardly bear out that view:

In the summer of 1887 some patients appeared at the dispensary suffering from a rash over their hands and arms, which so closely resembled small-pox that they would seem to have been inoculated a few days previously. On inquiry I found they had all been engaged occasionally in milking, and noticed a somewhat similar rash on the teats and udders of the cows, and believed that they had contracted it from them. Soon after I examined some of the cows; they seemed to be suffering from typical cow-pox, the rash, which was almost exclusively confined to the teats and udder, being in some cases pustular, in others vesicular, according to the stage of development. There seemed little constitutional disturbance, but the animals failed greatly in their milk. About the fourteenth or fifteenth day the rash began to disappear. Almost all the cows within an area of 3 and 4 miles were affected. No death occurred. The outbreak lasted over one month. I was informed that a similar outbreak occurred in the district about ten years previously. With regard to the patients affected: (1) None but milkers were affected; (2) the rash ran a typical inoculated small-pox course; (3) one patient was inoculated on the left arm from lymph taken from a vesicle on the right, which "took" splendidly; (4) there had not been small-pox or scarlatina in the district, nor any adjoining district, for at least three years previously;

(5) no one seemed to be in any way affected by using the milk.

I much regretted that I was unable to procure a supply of the lymph, either from the patients affected or from the cows, the idea having become in some way prevalent that it would be against their interests. In what manner the disease originated it is impossible to say, but I was unable, after a good deal of inquiry, to trace any source or cause. It seemed to occur spontaneously, and to spread from one animal to another in the same building and in the immediate neighbourhood. There was one farm, about three miles from the village, on which the animals were affected, but I had not been able to trace any connection with the others, the nearest cattle being over half a mile.

From the above it will, I think, be admitted that it is a little premature to put forward the view "that cow-pox in the cow is inoculated small-pox," and "that the rarity of cow-pox at the present time is due to fewer persons following their occupations while suffering from small-pox."

Bundoran, co. Donegal. J. D. McFEELY, L.R.C.S.I., etc.

CONCEALED ACCIDENTAL HÆMORRHAGE.

IN October, 1892, I was called to see Mrs. A. I found her in a collapsed condition, markedly anaemic, face bathed with a profuse perspiration, cold extremities, sighing respiration, and pulse imperceptible at the wrist. The abdomen was much distended, the right side being more prominent than the left. I could distinctly make out the outline of the uterus with its contents. On firm pressure on the right side and posteriorly, it felt unusually soft and boggy, and feeble uterine contractions could be detected on firmly grasping that organ, but the patient was apparently insensible to them. No foetal heart sounds were audible. There was no external show; the os was high up, soft, and dilated to admit two fingers, the head presenting.

Her previous confinements were normal. She was over eight months pregnant, and had only arrived in the village the previous day. She stated that when leaving home in the morning she felt perfectly well, but on the way she was sitting behind a van, and accidentally slipped off, coming heavily to the ground. She got up and proceeded on her journey, feeling no great inconvenience from the fall. This occurred in the evening. When she arrived at her destination she partook of a hearty supper, went to bed, and slept soundly till the morning, when she awoke with cramp-like pains in the stomach. On attempting to get out of bed she fainted.

I diagnosed concealed accidental haemorrhage. I lowered her head, elevated the limbs, applied heat to the body, gave her a full dose of ergotin and sal volatile hypodermically, and put on a firm binder. I also ordered her brandy and milk in small quantities frequently by the mouth. I then introduced my hand and ruptured the membranes. What little liquor amnii came away was almost clear. Having no uterine dilators with me, I proceeded to dilate with my fingers. Fortunately the os was in a pliable condition, and after some little time I got it sufficiently dilated to enable me to apply the forceps and deliver.

The child was born in an asphyxiated state, and possibly might have survived had I been able to pay it sufficient attention; but the mother's condition was so alarming that it occupied all my time, as she fainted with the birth of the child. I gave a hypodermic injection of ether, and an enema of hot water and salt, removed the binder and got firm hold of the uterus, and succeeded in expelling the placenta and a basinful of clots. I still kept firm hold of the uterus to prevent any relaxation. She rallied after some little time, and the uterus contracted firmly without any further loss of blood. Recovery was uninterrupted though slow.

My reasons for publishing the case are as follow: First, the time that elapsed between the accident and the appearance of the symptoms—about seventeen hours—for I have no doubt that the fall the previous evening was the cause. Secondly, the fact that the child, in spite of the imperfect blood supply, was born alive; the placenta, in my opinion, was centrally detached, and only adherent to the uterine wall by its margins. Thirdly, the lateral bulging of the wall of the uterus causing a prominence of the abdomen.

Harlington.

TOM C. DONALDSON, M.D.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

WALSINGHAM MEDAL.—The first award of the High Steward's medal for research in Biology, including Physiology, has been made to Mr. E. W. MacBride, Fellow of St. John's College.

BALFOUR STUDENTSHIP.—This studentship, founded in memory of Professor Frank Balfour, has been awarded to Mr. Arthur Willey, B.Sc. Lond. This is the first occasion on which the Balfour student has not been a member of the university.

MEDICAL EXAMINATIONS.—The plan of the examinations for M.B., B.C., and M.C. has been published in the *University Reporter* for December 5th. The examinations extend from December 8th to the 21st.

APPOINTMENTS.—The following appointments of members of the Medical Faculty are announced: Dr. Clifford Albutt to be one of the *Sex Viri* and a member of the Fitzwilliam Museum Syndicate; Dr. Donald MacAlister to be a member of the Local Examinations Syndicate, the State Medicine Syndicate, and the Agricultural Examinations Syndicate; Dr. Alexander Macalister and Dr. Guillemard to be members of the Antiquarian Committee; Mr. E. G. Browne, M.B., to be a member of the Library Syndicate and of the Board of Indian Civil Services Studies; Dr. Lea to be a member of the Museums Syndicate, of the State Medicine Syndicate, and of the Agricultural Examinations Syndicate; and Dr. J. Griffiths to be a member of the Special Board for Medicine.

PUBLIC HEALTH EXAMINATIONS.—Dr. Ransome, Dr. J. Lane Notter, Dr. Stevenson, and Dr. Thorne Thorne have been appointed Examiners in State Medicine for the current year.

CONJOINT EXAMINATIONS OF THE ROYAL COLLEGE OF SURGEONS AND APOTHECARIES HALL OF IRELAND

At the examinations held by the Conjoint Board in November, 1893, the following gentlemen passed the Final Examination and were granted their Diplomas as Licentiates of the Royal College of Surgeons and the Apothecaries' Hall of Ireland: W. A. H. Egerton, E. T. Coady, and J. M. Stoker.

MEDICO-LEGAL AND MEDICO-ETHICAL.

THE HARNESS CASE.

THE hearing of this case was resumed before the magistrate at Marlborough Street on December 5th. The cross-examination of Mr. Burbage, one of the plaintiffs, was concluded, and the evidence of Colonel Brasyer, C.B., another of the complainants, was taken. He stated that the first inquiry made to him, on going to the Medical Battery Company's establishment, was as to his finances, and he was induced to sign a cheque. He derived no benefit from the treatment he received then or from the belt, but blisters were produced. He considered that he had been injured by the treatment. Colonel Brasyer was under cross-examination when the case was adjourned. The cross-examination was resumed on the following day, and dealt chiefly with matters of detail. Mr. Peter Keddie, whose evidence-in-chief had been taken previously, was also cross-examined with regard to a cheque he had given, and as to the treatment he received at the Medical Battery Company's office.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

TYPHOID FEVER IN DUBLIN.

IT will be remembered that last year a committee was formed in Dublin for the purpose of inquiry into the causes of the recurring outbreaks of typhoid fever in Dublin. It was composed of medical men, sanitary engineers, and laymen, and they have just published the report, which they have forwarded to the Corporation.

In 1891 the death-rate from typhoid was 5.5 per 1,000, and was higher than any of the thirty-three large towns in the United Kingdom except Belfast, where it was 5.9. With regard to the possible modes of conveying infection the Committee observe that the general results of the examination of the Vartry water during January and February of the present year show that it is often and for a considerable period of exceptionally high purity. On the other hand, rapid but temporary reduction of organic purity was detected on two occasions by daily analyses. These changes were not connected with the presence of an excess of peaty matter in solution, and were probably due to the faulty action of street valves, or to similar preventable causes operating even within the area of distribution. The filtration of the water was not always satisfactory, which may be accounted for in part by the absence of suitable filtering beds on the city side of the Stillorgan Reservoir. But while the water supply from the street mains proved to be very good on nearly all the occasions on which it was examined, numerous cases have been brought to notice of contamination, after delivery, by storage in foul cisterns, which were either exposed to the atmosphere of waterclosets, or, being placed in areas, were liable to pollution by sewer gas or by direct drainage from the higher street level. With regard to milk infection they point out that several epidemics have been traced to this source. Some of the best kept yards are near possible sources of contamination, such as the Hardwicke and Cork Street Fever Hospitals and the Corporation depot in Marrowbone Lane. The greater number of the yards were in a very filthy condition, rendering personal cleanliness of the attendants impossible, and the use of clean vessels highly improbable. The official inspection must be of the most imperfect and superficial character.

They find that disconnecting traps to prevent direct communication between the house and the main drains are comparatively rare—the scullery sinks are either untrapped or fitted with the ineffective bell or D trap. As to house drainage, it is now reported that a vast number of the house drains are extremely defective, and are saturating the basement subsoil with sewage.

The subsoil water is in most cases sewage-polluted. The level was very high in February, 1892, and in some cases the basements are saturated. There is also clear proof, that the disuse of pumps since the introduction of the Vartry has, by reason of the overflow of wells supplied by springs, raised the level of the ground water in parts of Dublin—a result also contributed to by leakage of waste Vartry water.

The committee recommend an efficient system of subsoil drainage; a constant check on the quality of the water supply; the disuse of cistern water for drinking purposes; inspection of dairy yards bi-monthly; compulsory closing of such as are considered a danger to the public health by proximity to fever hospitals or decomposing refuse, or for continued infringement of the rules; house drainage to be under a special department; regular inspections and testing of drains.

The report is signed by the following: Thomas Drew, George F. Duffey, D. Edgar Flinn, R. O'B. Furlong, Wm. R. Graves, James F. Maunsell, Edmond J. M'Weney, John William Moore, C. J. Nixon, Jonathan Pim, Frederic W. Pim, J. Emerson Reynolds, Stewart Woodhouse.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,092 births and 5,185 deaths were registered during the week ending Saturday last, November 23rd. The annual rate of mortality in these towns, which had increased from 18.3 to 21.0 per 1,000 in the preceding four weeks, further rose to 26.3 during the week under notice. The rates in the several towns ranged from 10.8 in Halifax, 13.8 in Gateshead, 15.0 in Huddersfield, 16.1 in Swansea, and 17.8 in Portsmouth, to 30.5 in Salford, 30.7 in Birmingham, 30.9 in Liverpool, 33.4 in Wolverhampton, and 35.2 in Oldham. In the thirty-two provincial towns the mean death-rate was 25.9 per 1,000, and was 0.6 below the rate recorded in London, which was 26.5 per 1,000. The 5,185 deaths registered during the week under notice in the thirty-three towns included 496 which were referred to the principal zymotic diseases, against numbers increasing from 447 to 513 in the preceding four weeks: of these, 120 resulted from whooping-cough, 114 from diphtheria, 78 from scarlet fever, 67 from "fever" (principally enteric), 53 from measles, 43 from diarrhoea, and 21 from small-pox. These 496 deaths were equal to an annual rate of 2.5 per 1,000; in London the zymotic death-rate was equal to 3.0 per 1,000, while it averaged 2.1 in the thirty-two provincial towns, among which the lowest rates were recorded in Brighton, Halifax, Gateshead, and Swansea, and the highest rates in Sheffield, Bradford, Norwich, and Burnley. Measles showed the highest proportional fatality in Norwich, Wolverhampton, and Sheffield; scarlet fever in Plymouth, Liverpool, and Burnley; whooping-cough in West Ham, Derby, Birkenhead, Bolton, and Sheffield; and "fever" in Burnley and Salford. The 114 deaths from diphtheria recorded during the week under notice in the thirty-three towns included 90 in London, 3 in West Ham, and 3 in Salford. Ten fatal cases of small-pox were registered in Bradford, 4 in Birmingham, 3 in London, 3 in Bristol, and 1 in West Ham, but not one in any other of the thirty-three large towns. There were 140 small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, against 110, 150, and 151 at the end of the preceding three weeks; 21 new cases were admitted during the week, against 52 and 20 in the preceding two weeks. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital was 3,140 at the end of last week, against 2,906, 3,071, and 3,129 on the preceding three Saturdays; 322 new cases were admitted during the week, against 484 and 363 in the preceding two weeks. The 669 deaths referred to diseases of the respiratory organs in London were 232 above the average, and were equal to an annual rate of 8.1 per 1,000.

In thirty-three of the largest English towns, including London, 5,977 births and 5,248 deaths were registered during the week ending Saturday, December 2nd. The annual rate of mortality in these towns, which had increased from 18.3 to 26.2 per 1,000 in the preceding five weeks, further rose to 26.5 during the week under notice. The rates in the several towns ranged from 13.4 in Croydon, 15.9 in Halifax, 16.8 in Brighton, 17.5 in Portsmouth, and 19.5 in Norwich to 29.7 in Hull, 30.9 in Wolverhampton, 33.0 in Liverpool, 33.3 in Manchester, and 34.7 in Birkenhead. In the thirty-two provincial towns the mean death-rate was 26.1 per 1,000, and was 1.0 below the rate recorded in London, which was 27.1 per 1,000. The 5,248 deaths registered during the week under notice in the thirty-three towns included 503 which were referred to the principal zymotic diseases, against 513 and 496 in the preceding two weeks. Of these, 129 resulted from whooping-cough, 108 from diphtheria, 78 from "fever" (principally enteric), 70 from scarlet fever, 61 from measles, 45 from diarrhoea, and 12 from small pox. These 503 deaths were equal to an annual rate of 2.5 per 1,000; in London the zymotic death-rate was 2.8 per 1,000, while it averaged 2.4 in the thirty-two provincial towns, among which these diseases caused the lowest death-rates in Blackburn, Derby, Cardiff, and Brighton, and the highest rates in Swansea, Plymouth, Norwich, Birkenhead, and West Ham. Measles caused the highest proportional fatality in Norwich; scarlet fever in Swansea and Leicester; whooping-cough in West Ham, Plymouth, Bolton, Birkenhead, and Leeds; and "fever" in Norwich, Preston, Sunderland, and Newcastle-upon-Tyne. The 108 deaths from diphtheria recorded during the week under notice in the thirty-three towns included 74 in London, 6 in Liverpool, and 4 in Manchester. Five fatal cases of small-pox were registered in Birmingham, 3 in Bradford, 2 in Leicester, and 2 in Oldham, but not one in London or in any other of the large towns. There were 141 small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, December 2nd, against 150, 151, and 140 at the end of the preceding three weeks; 33 new cases were admitted to these hospitals during last week, against 20 and 21 in the preceding two weeks. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital on the same date was 3,183, against 3,071, 3,129, and 3,140 on the preceding three Saturday.

MEDICAL NEWS.

DR. ALEXANDER EDINGTON, F.R.S.E., has been appointed Principal Medical Officer of Cape Colony.

At the recent examination for local surveyors held by the Sanitary Institute, ten candidates presented themselves, of whom eight passed.

DR. M. LANDOUZY has been appointed Professor of Internal Medicine and Therapeutics in the Paris Medical Faculty in the room of Professor Hayem.

DONATIONS.—The Charing Cross Hospital has received a donation of £50 from the Duke of Saxe-Coburg and Gotha, the president of the hospital.

We are informed that, after his recent accident at the Elswick Works, Prince Louis of Battenberg was attended in the first place by Dr. Neasham of Newcastle, who, finding the case to be one for the attention of an ophthalmic specialist, called in Dr. A. S. Percival, who was in attendance for two days.

THE ABDLAMONT SHOOTING CASE.—In connection with the trial of this now celebrated case, which will begin in the High Court of Justice at Edinburgh on Tuesday next, it is already known that some eight or ten medical men will appear as witnesses on one side or the other; among these there may be named Drs. H. D. Littlejohn, Patrick Heron Watson, Joseph Bell, and J. MacDonald Brown, all of Edinburgh.

MEDICAL VACANCIES.

The following vacancies are announced:

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—House-Physicians. Board and residence, and allowance for washing provided. Appointment for six months. Applications to the Secretary at the Office, 24, Finsbury Circus, E.C., by December 14th.

CITY OF LONDON LYING-IN HOSPITAL, City Road, E.C.—District Surgeons. Applications to R. A. Owthwaite, Secretary, by December 19th.

DENTAL HOSPITAL OF LONDON, Leicester Square.—Dental Surgeon; must be a Licentiate in Dental Surgery. Applications to J. Francis Pink, Secretary, by January 8th, 1894.

DENTAL HOSPITAL OF LONDON, Leicester Square, W.C.—Demonstrator. Honorarium, £50 per annum. Applications to Mr. Morton Smale, Dean, by December 18th.

DUDLEY DISPENSARY.—Resident Medical Officer; doubly qualified. Salary, £130, with increase at the end of twelve months if the services are satisfactory. Good house, coal, gas, and water found, and all rates and taxes paid. Applications to H. C. Brettell, Honorary Secretary, by December 11th.

ECCLES AND PATRICROFT HOSPITAL.—House-Surgeon. Salary, £60 per annum, with board and lodging. Applications to the Secretary.

GLASGOW EYE INFIRMARY.—Resident House-Surgeon. Salary, £50 per annum, with apartments and board. Applications to William George Black, Secretary, 88, West Regent Street, Glasgow, by December 9th.

HOSPITAL FOR DISEASES OF THE THROAT, Golden Square, W.—Resident Medical Officer. Salary, £50 per annum, with board and lodging. Applications to the Secretary by December 18th.

KIMBERLEY HOSPITAL, Kimberley.—Senior House-Surgeon. Salary, £650 per annum, with unfurnished quarters for single men. Applications to H. A. De Beer, Secretary, by December 25th.

MANCHESTER ROYAL INFIRMARY.—Junior Administrator of Anæsthetics; non-resident. Salary, £50 per annum. Appointment for at least twelve months. Applications to W. L. Saundier, General Superintendent and Secretary.

NORFOLK AND NORWICH HOSPITAL, Norwich.—Assistant to the House Surgeon. Appointment for six months. Board, lodging, and washing provided. Applications to the House-Surgeon by December 26th.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, N.E.—House-Surgeon; doubly qualified; appointment for six months, and at the expiration of that time will be required, if eligible, to serve as Senior House-Surgeon for a further period of six months. Salary for the junior post at the rate of £60 per annum, and for the senior post at the rate of £80 per annum. Applications to the Secretary, 27, Clement's Lane, E.C.

ROYAL BERKS HOSPITAL, Reading.—Physician. Applications to the Secretary at least ten days before the election on December 12th.

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.—Senior Resident Medical Officer, doubly qualified. Salary, £100 per annum, with board, residence, and washing. Appointment for twelve months, but eligible for re-election. Applications to the Secretary by December 11th.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.—Assistant Lecturer in Obstetric Medicine; must be F. or M.R.C.P. Applications to the Dean by December 22nd.

ST. MARY'S HOSPITAL, Paddington.—Demonstrator of Chemistry. Salary, £75 per annum. Applications to the Secretary by December 9th.

VICTORIA HOSPITAL FOR SICK CHILDREN, Queen's Road, Chelsea, S.W.—House-Surgeon and House-Physician to the In-patients. Honorarium, £50 each per annum, with board and lodging in the hospital. Applications to the Secretary by January 13th.

WEST LONDON HOSPITAL, Hammersmith Road, W.—House-Physician. Appointment tenable for six months. Board and lodging provided. Applications to R. J. Gilbert, Secretary-Superintendent, by December 27th.

WESTMINSTER GENERAL DISPENSARY, Gerrard Street, Soho, W.—Resident Medical Officer. Appointment for one year. Applications to the Secretary by December 19th.

DIARY FOR NEXT WEEK.

MONDAY.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. Bland Sutton: Specimen of a Leg after Mikulicz's Operation. Dr. Herbert Spencer: A first series of Fifty Ovariectomies: a Plea for the Performance of Ovariectomy by Obstetric Physicians.

TUESDAY.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.—Mr. H. H. Clutton: Arthrectomy of Elbow and Ankle; a number of patients will be exhibited in illustration of this paper. Mr. Jonathan Hutchinson, jun.: Abdominal Section for Intestinal Obstruction due to Multiple Hydatid Cysts; Recovery.

WEDNESDAY.

HUNTERIAN SOCIETY, 8.30 P.M.—Pathological evening. Dr. Charlewood Turner: Two Specimens of Intussusception, Ileocecal and Ileoceolic. Dr. Fred. J. Smith: (1) Perihepatitis; (2) Bacillus of Leprosy. Dr. Arnold Chaplin: Aortic Stenosis. Dr. Hingston Fox: Cerebral Arteries from a Case of Subdural Haemorrhage. Dr. Hadley: Specimens.

LARYNGOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 5 P.M.—Clinical cases will be shown by Mr. R. Lake, Drs. Felix Semon, Scanes Spicer, Dundas Grant, and McNeil Whistler. Specimens, etc., by Drs. A. Bronner, Watson Williams, and Mr. Charles Parker. Dr. Kirk Duncanson: A Clinical Note on a Case.

THURSDAY.

SANITARY INSTITUTE, PARKE'S MUSEUM, 74A, Margaret Street, W., 8 P.M.—Professor Watson Smith: Manufacture of Alkalies and Acids.

NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY, Great Northern Central Hospital, 8.30 P.M.—Demonstration of Clinical Cases.

BRITISH GYNAECOLOGICAL SOCIETY, 8.30 P.M.—Dr. Benington: A Case of Ruptured Tubal Gestation, operated on eighteen months previously for a similar condition. Mr. John Taylor: Hysterectomy by the Clamp Operation; special method for its performance, with cases.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM, 8.30 P.M.—Specimens and Card Specimens at 8 P.M.:—Mr. J. Grosvenor Mackinlay: Congenital Dislocation of Both Lenses Upwards with marked Stretching of the Suspensory Ligament in One Eye. Dr. Rayner D. Batten: A Case of Pigmentary moles of the Retina, with drawing. Papers:—Dr. Brailey: Notes on a Case of Failure of Central Vision in Each Eye, with ophthalmoscopic drawing. Mr. E. Treacher Collins: Some Unusual Forms of Intraocular Neoplasms. Dr. S. Stephenson: Note upon a Form of Congenital Trichiasis. Mr. Charles Wray: Suggestions in the Interests of the Eyesight of Children.

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.

MOFFAT.—On November 28th, at Keighley, Yorks, the wife of J. Gay Moffat, M.B., C.M.Ed., of a son.

MOFFET.—On December 1st, at Dunalastair, Howwood, N.B., the wife of Surgeon-Captain Grenville E. Moffet, M.B., D.P.H.Camb., Army Medical Staff, of a daughter.

TUCKETT.—On December 3rd, at Woodhouse Eaves, Loughborough, the wife of W. Reginald Tucket, M.R.C.S.Eng., of a son.

MARRIAGE.

LATTER-BEECHEY.—November 30th, at Ripley, Yorks, by the Rev. Canon Gray, Vicar of Blyth, assisted by the Rev. W. T. Travis, Rector of the parish, Cecil Latter, M.B.Cantab., of 10, Earl's Avenue, Folkestone, third son of the Rev. A. S. Latter, Rector of Outwell, to Ruth, only child of the late William Innes Beechey, eldest grandchild of the Rev. Canon Beechey, Rector of Hildgay, and of Francis Spencer, of Ripley.

DEATHS.

SMITH.—On December 2nd, Herbert Arthur Smith, M.R.C.S.Lond., L.R.C.P.Eng., of 1, Clifton Villas, High Road, Chiswick, second son of the late W. C. Smith, of Fairlight, Gunnersbury, aged 28 years.

WOLLASTON.—Friday, December 1st, 48, Princes Road, Liverpool, Thomas Gulston Wollaston, M.D., aged 58.