

creased growth of the epiphyses, or ends of bones, accompanied with delayed, imperfect, and irregular nutrition. So far the combination of rickets with other correlative defects in the second 50,000 children has not yet been worked out, but in the first 50,000 it was combined with nerve signs in 69 cases, with low nutrition in 45 cases, with mental dullness in 74 cases, and with cranial abnormalities in 169 cases.

"EXCEPTIONAL CHILDREN."

Lastly, we come to a very important group of cases, namely, exceptional children, 305 of whom were noticed, of whom 157 were boys and 148 girls. This class includes imbeciles, children feebly gifted mentally, children mentally exceptional, epileptics, and dumb children. The imbeciles were five in number and should not have been sent to a Board school, but to the Darenth Asylum for Imbecile Children, where they would have been specially educated and trained; 101 children were feebly gifted mentally; the defects from which they suffered have not yet been worked out, but in the first 50,000 examined, 234 were found to be feeble minded, and of these, 67 suffered from defects of development, and nearly three-fourths from abnormal nerve signs. Ten were epileptic; 8 crippled or paralysed; 36 were "eye" cases; and 5 had cold, blue hands, a sign of bad circulation. From this we see that feebleness of mind involves the presence of other concomitant diseases. Seven were mentally exceptional, that is to say they were children who, with fair intelligence, were of feeble or low moral character. Such are the truants, the excitable children, those of "irregular mental conformation," who, if not specially trained, later in life commit some offence and are afterwards numbered among the criminal population. No fewer than 55 children, 20 boys and 35 girls, were epileptic, or had a history of fits during school life. In the first 50,000 children, who were seen from 1889 and 1891, 54 were epileptic or had a history of fits, so that the number of these cases in 100,000 children amounts to 109. Other defects were combined with epilepsy; in the first 50,000 children, 35 had also abnormal nerve signs, 35 were dull, 11 suffered from low nutrition, and 28 from defects of development. Only 4 dumb boys were noticed. This seems to show that the Act for providing education for the deaf and dumb is well observed, and probably these four children will be sent to the special schools established for them as sufficient accommodation can be provided.

SUMMARY.

Summarising the results, we find that defects of development were most frequently noticed, and of these defects of the cranium and of the palate are the most important. Cranial defects were more commonly met with in boys than girls; but while more boys had large heads than girls, the latter exceeded the former in the possession of small heads. As far as the defective palate was concerned, this was again found to be more frequently seen in boys than girls, and of the various forms the narrow and the V-shaped palate were most often noted. Mental dullness was more frequently observed in boys than girls, but the sexes were nearly equal in number among the exceptional children. It is for the last two classes, the mentally dull and the mentally exceptional, that special education is required, and it is encouraging to know that this can be obtained in London, Leicester, Birmingham, and other cities. If it should be found that the epileptic children upset the others in the special classes which have been formed, place can no doubt be found for them either in Lady Meath's "Home of Comfort," or in the colony which is now being opened by the National Society for the Employment of Epileptics.

III.—J. WIGLESWORTH, M.D.,
Medical Superintendent County Asylum, Rainhill.

CRANIECTOMY.

DR. WIGLESWORTH quite agreed with Dr. Shuttleworth that the operation of craniectomy was useless in the case of microcephalic idiots. The operation was based on an erroneous pathology, the sutures not being prematurely synostosed in microcephaly, not, at any rate, in the great majority of cases. The results obtained in practice had not been satisfactory.

IV.—W. J. MICKLE, M.D.,
Medical Superintendent Grove Hall Asylum, Bow.

CLASSIFICATION.

DR. MICKLE referred to the necessity for a complete and sweeping reclassification of the various forms of congenital—or early-appearing—mental defects; the present classification was eminently unsatisfactory, confusing and jumbling together cases which ought to be kept distinctly separate. Dr. Mickle proposed to adopt a pathological and anatomical classification, dividing the cases into two great groups. First, those in which the mental defect was based upon the results of gross organic intrauterine processes of disease affecting brain and nervous system. Secondly, those in which the fundamental condition was a general developmental nervous failure or defect. These groups would require subsequent subdivision and description.

V.—DR. SHUTTLEWORTH'S REPLY.

IN reply, Dr. Shuttleworth said that he was interested to find that Dr. Wiglesworth bore out his own experience as to the general inefficacy of craniectomy in producing mental improvement, and stated, with reference to the brains of microcephalic idiots, that though in some cases the arrangement of convolutions closely resemble those of the chimpanzee, this was not an invariable rule, the characteristic human arrangement being traceable in many, though on a miniature scale.

MEMORANDA:

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

CHLOROFORM DURING SLEEP.

THE following case is of interest, as bearing on the question whether a sleeping person can be chloroformed without awaking. I was asked to take two teeth out for a girl, aged 7, and as she is very timid and excitable, to give her chloroform. On going to her home, I found her lying on her back, in bed, sound asleep. Having poured about 2 drachms, probably more, of chloroform on a folded towel, I gradually brought it to about 2 or 3 inches from her mouth, and held it there. She went on breathing quite quietly, and neither coughing nor making any unwonted movement. In a very short time she was so well under its influence that her hand fell plump down when raised, and the conjunctiva was insensible to touch. I then lifted her out of bed, carried her into another room, and laid her on a sofa without her giving any sign of consciousness. On my opening her mouth, however, she put up her hands and turned her head on the pillow. More chloroform was given, and almost immediately she was in a state of complete anaesthesia, and the teeth were extracted. She was easily roused, but almost momentarily again fell asleep, and slept for two hours. When she awoke she was much astonished to find that her teeth were out.

Hawick.

JAMES BRYDON, M.D.

APPENDICULAR ABSCESS BURST INTO ABDOMINAL CAVITY DURING EXAMINATION; OPERATION; RECOVERY.

M. W., aged 27, first came under my care about ten months ago. She complained of a severe pain in the right iliac region, accompanied with vomiting, constipation, and fever. It had commenced about three days previous and was gradually getting worse. Purgatives instead of relieving had rather increased the pain.

On examination there was a distinct circumscribed swelling, very painful, but no distinct centre of softening that would lead me to suspect suppuration, and she had had no rigors. I therefore suggested the application of six leeches and hot fomentations, and gave her a saline mixture with large doses of belladonna internally, and a $\frac{1}{4}$ -gr. of morphine hypodermically. The next morning she was much better, the bowels had acted copiously, and in three or four days she appeared quite well again.

Two months after she had a similar attack, the same treatment was adopted, and she appeared to get quite well again. Since then she has had several other attacks, coming on after intervals of three or four weeks. After the fourth attack I suggested operation, which she declined, and consulted another practitioner. The last attack had commenced whilst she was away at Blackpool, and had lasted for three weeks without any material improvement. Her doctor told her she had better get home, as he had done all he could do, and that it might require an operation.

On April 7th, the day after her return from Blackpool, I was called in to see her; she was then suffering severe pain in the right iliac region, constipation, rigors, hectic, and great emaciation. The swelling which I first saw had considerably increased in size, and was distinctly fluctuating; and, whilst examining it, to be sure of my diagnosis, I felt it suddenly give way under my fingers; the patient felt it also, and fainted. After coming round, she said she felt relieved. I explained to her friends the nature of the case, and they sanctioned my operating. On opening the abdomen the pus welled up through the incision as I made it. The whole of the intestine was soaked in pus. I washed out the abdomen freely, first with warm water, and then with a saline solution, sponged out the abscess cavity, and dusted well with iodoform. The cæcum and colon were matted together, and the appendix could not be found. I made a counter-opening over the abscess, and put in a drainage tube, and dressed antiseptically. The same evening she expressed herself as feeling very comfortable; there had been no vomiting; temperature 102°, pulse 108. Next morning I removed the dressing from over the drainage tube, and soaked out of the tube about two teaspoonfuls of fluid with pus. On the second day there was scarcely any fluid in the tube, and the patient was still feeling better; temperature 100°, pulse 96. On the third day there was no fluid in tube, which felt firmly fixed on account of the cavity contracting, so I removed it, and dressed antiseptically. The wound continued to discharge for three or four days, and eventually healed up. The abdominal incision never gave any trouble. The woman is now wearing a belt, and is gaining flesh rapidly.

I think this case illustrates another instance of the dangers of delay, and, had it not been for my prompt action, the case might have turned out much more seriously.

Cheadle.

JAMES DANIEL, M.D.Brux.

CASE OF PRIMARY SARCOMA OF LUNG IN BOY, AGED 11.

C. G., aged 11, a delicate-looking lad, was brought to me on July 8th, with the following history and symptoms. Previously to May last, when a schoolfellow emptied a bucket of water over him, he had enjoyed good health. He wore his wet clothes all afternoon, and in the evening complained of pain in the chest and headache. For the next week he suffered from dyspnoea, stabbing pain in the right chest, and cough. These gradually passed off, and in ten days he seemed himself again. In June he began to lose flesh, and became very weak and short of breath. I saw him on July 8th. There was then considerable bulging of the right chest, especially in its upper half, complete dullness, and absence of air entry; tenderness on pressure; slight cough; sputum occasionally blood-stained; heart's apex beat displaced to the left mid-axillary line, sixth interspace; body and limbs emaciated; temperature in evening, 99°.

The case was thought to be one of pleural effusion, and on July 10th 3 pints of slightly blood-stained serum were drawn off by an aspirator, affording great relief to the dyspnoea, and allowing the heart to resume a more natural position. Very slight return of air entry noticed over upper half of the right chest.

On July 15th, the dyspnoea being again urgent, the pleura was again aspirated, and 3½ pints drawn off, the fluid this time containing considerable blood and some clots. Little relief was experienced, the dyspnoea continuing, with much aching pain under the right scapula. Some ease was obtained by daily ¼-grain injections of morphine.

From this point he went steadily downhill. The bulging of the upper half of the right chest wall increased markedly, the subcutaneous tissue over the swelling becoming infiltrated with effused blood from dilated and ruptured blood

vessels. (Edema, at first of the right side of the face and right leg, and subsequently of both sides, became considerable. The superficial abdominal veins became much dilated. A hard painful mass could be felt occupying the site over the head of the pancreas. The heart's apex beat could be felt at a point half an inch posterior to the left mid-axillary line. The dyspnoea became so urgent that for the last fortnight of his illness the boy was unable to lie down at all, but spent all his time sitting on the edge of his bed, propped up by pillows. There was no rise of temperature. In the beginning of August the right supraclavicular glands became enlarged and indurated, and both eyes protruded considerably. Death occurred suddenly on August 11th, apparently from interference with the heart's action due to the great displacement. Unfortunately, a *post-mortem* examination was not allowed.

The case is of interest as having presented the history, and at first the appearance of simple pleural effusion. Subsequently the very localised chest deformity, intrapleural hæmorrhage, the rapidity with which the fluid reaccumulated, absence of temperature, and the secondary glandular implication, pointed to the more fatal disease. From the patient's age the case was in all probability one of sarcoma rather than carcinoma.

Ealing.

R. MILBOURNE WEST, M.R.C.S.

REPORTS OF SOCIETIES.

BRITISH GYNÆCOLOGICAL SOCIETY.

HEYWOOD SMITH, M.D., Vice-President, in the Chair.

Thursday, July 12th, 1894.

SPECIMENS.

DR. GODSON showed a Uterus removed by vaginal hysterectomy for malignant disease, from a patient aged 57, who had had six children. She made a good recovery.—MR. BOWREMAN JESSETT showed two specimens of Uteri removed by vaginal hysterectomy for malignant disease. He also showed a new Broad Ligament Forceps to secure the broad ligaments in cases of vaginal hysterectomy.—DR. BANTOCK showed two large soft Fibroids of the Uterus, removed by abdominal hysterectomy.—DR. HEYWOOD SMITH showed: (1) Double Hydrosalpinx, removed from a patient, aged 50; (2) Double Pyosalpinx and Tubo-Ovarian Abscess; (3) Double Hæmatosalpinx and Papilloma of the Broad Ligament. The important question in the last case was whether the disease was malignant. All three patients made a good recovery.

LYMPHANGIECTASIS OF THE OMENTUM TREATED BY ABDOMINAL SECTION.

The SECRETARY read a paper on this subject for Professor KRANTZ. The patient was a girl, aged 15, who in the beginning of 1893 observed a tumour, the size of a small orange, in the lower part of her abdomen. It was then freely movable. She had no pain except some cardialgia. She had menstruated, the first time, in October, 1892, scantily and painlessly; the second, and last time, in February, 1893, abundantly and with pain. When seen, in March, 1893, the tumour extended from the pelvis to a distance of two inches above the umbilicus; it occupied the middle of the abdomen, and a little to the left side. No contractions in the cyst; no fetal or placental souffle. Liver and right kidney normal. Left kidney and spleen not palpable. On making an internal examination, as the external hand was pressed down behind the symphysis pubis the tumour was pushed higher up, and was easily moved up and down, less from side to side, and always causing pain in the cardia when moved to the right side. The uterus was of virginal shape, size, and consistency; tubes normal, and both ovaries somewhat enlarged. There was no connection between the uterus or its appendages and the tumour. In diagnosis, pregnancy was excluded by the condition of the uterus; and a phantom tumour by the absence of hysterical symptoms and by the uniform fluctuation. It was obviously not a genital tumour. There were no symptoms to indicate that it was a renal or hepatic tumour (echinococci do not exist at all in Norway); a pancreatic cyst would not be movable. There remained only two possibilities—an omental or a mesenteric cyst. The former was thought the more probable because of the pain in the cardia when the tumour was moved to the right. Laparotomy was performed, and the diagnosis was confirmed. The cyst was hanging in the omentum majus. It could not be shelled out, and the omentum had to be ligatured and cut off. As both ovaries were cystic, they, with the tubes, were removed. The patient made an uninterrupted recovery. On examination the cyst was found to be the size of a child's head, unilocular, with a wall from 0.5 to 1.00 mm. thick. The contents were a clear, thin, dark fluid. Microscopical examination showed that the cyst wall consisted of a more or less cellular fibrillary connective tissue; on the inner surface was a single layer of endothelial cells. It seemed evident, therefore, that the case was one of lymphangiectasis of the omentum majus. The special interest of the case was that these cysts are extremely rare, and that the diagnosis was made before operation. The paper concluded with a reference to the literature of the subject.

DR. BANTOCK said he had reported three cases; one was a hydatid; of the other two, one (recorded in the *Obstetrical Transactions*) was unilocular, the other was multilocular.

vestigation cannot be proved. He was certainly not a violent "contagionist," and, on the other hand, he felt himself constrained, from his own observations, to give up the "fish theory," and to attach but little importance to heredity in the spread of the disease.

It is an open secret that he was about to receive well merited promotion, and that one of the most important medical posts in the Colonial Service was shortly to be placed at his disposal. This would have given very general satisfaction, for, quite apart from his professional and scientific attainments, by his gentle unassuming bearing, his kindly disposition, and his high character, he had made sincere friends of most people with whom he had come in contact.

In the midst of his arduous official and professional duties he found time to pursue his favourite studies in natural history, and was the moving spirit of the local society in Trinidad. He was for some time the Honorary Secretary, and was lately elected the President. He was President of the Trinidad Branch of the British Medical Association, and we published recently his presidential address.

Beaven Rake was born on April 28th, 1858, and consequently has been cut off in the 37th year of his age. He married in 1884, and leaves a widow and three sons to deplore his loss. It is to be hoped that steps will be taken to collect and publish his scattered works in a memorial volume.

THOMAS ODELL, M.R.C.S.Eng., L.S.A.

MR. THOMAS ODELL, M.R.C.S.Eng., L.S.A., who recently died at Hertford, was born at Newport Pagnell in 1816. After receiving a preliminary education at Mr. Burn's Academy he was articled to his cousin, the late Dr. Goodwin of that town. He then entered as a student of St. Bartholomew's Hospital, and, after having qualified, was for a time assistant to the late Dr. J. Neill. On the death of Mr. Shillitoe, of Hertford, Mr. Odell purchased his practice, and soon became widely known and appreciated for his kindness and attention to his patients, and was highly esteemed by the poor of the districts of which he was Poor-law medical officer. For twenty-four years he held the appointment of honorary medical officer to the Hertford Infirmary, and, upon his retirement, received a handsome testimonial from the governors in appreciation of his valuable services. He was elected one of the consulting officers to the institution. For the last few years he suffered from paralysis agitans, and on this account was obliged to retire from active practice, but he retained his interest in all the concerns of his profession to the last. Becoming gradually weaker he passed away peacefully on the morning of August 23rd.

We regret to announce the death of Dr. LÉON WARNOTS, Professor of Operative Surgery in the University of Brussels. The cause of death was septicæmia following a dissection wound. Dr. Warnots, who was only 38 years of age, has already won for himself a great reputation, and was very popular among his professional brethren in Belgium.

It is with deep regret that we have to announce the death of Dr. C. BRAINSFORD, who expired at his residence at High Street, Haverhill, on August 13th. He was born at Painswick, Gloucester, in the year 1805. He took his degree at St. Andrews University, L.S.A., 1828, and M.D., 1862. For some years the deceased gentleman was a missionary in Jamaica, and for some time editor of the *Medical Times*. According to the express wish contained in his will, his body was cremated at Woking, and the ashes interred in the Haverhill cemetery.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Wilhelm Parow, a well-known hydrotherapist and orthopædist of Weimar, aged 77; Dr. Joaquín Maldonado, Dean of the Medical Faculty of Bogotá, and Professor of Gynæcology for forty years in that University, and one of the leading practitioners of that speciality in South America; and Dr. Khomiakow, Professor of Therapeutics in the University of Kasan.

MEDICAL NEWS.

THE winter session at University College, Dundee, will open on October 9th.

WE are informed that Dr. Robert Barnes has resigned the post of Consulting Physician, and Sir Spencer Wells and Mr. Jonathan Hutchinson that of Consulting Surgeon to the Chelsea Hospital for Women.

SUCCESSFUL VACCINATION.—Mr. W. H. Kerbey, M.R.C.S., Public Vaccinator of the Charmouth District of the Axminster Union, has again received the Government award for official vaccination.

THE Local Government Board have fixed September 20th as the date on which the official inquiry into the irregularities connected with the administration of the Poplar Workhouse shall be held.

PROFESSOR VON HELMHOLTZ celebrated his 73rd birthday on August 31st. It is satisfactory to learn that he has now almost recovered from the paralytic stroke which disabled him some weeks ago.

THE MEDICAL FACULTY OF LYONS.—The number of theses for the degree of doctor of medicine presented to the Medical Faculty of Lyons during the academic year 1893-94 was 124. This represents the largest number of degrees conferred in any one year since the creation of the Faculty in 1877.

CHARING CROSS HOSPITAL MEDICAL SCHOOL.—A *conversazione* will be given at this school on October 1st, when Professor Alexander Macalister, F.R.S., will distribute the prizes. Short descriptions, illustrated by lantern slides, will be given subsequently by Dr. Abercrombie of a tour in Greece, and by Mr. Victor Corbould of a tour in Brittany.

ITALIAN OBSTETRICAL AND GYNÆCOLOGICAL SOCIETY.—The first annual congress of the Italian Obstetrical and Gynæcological Society will be held in Rome in the second half of October next. The following subjects are proposed for discussion:—(1) The Results, immediate and remote, of Vaginal Hysterectomy for Cancer (to be introduced by Professor Mangiagalli); (2) Castration for Osteomalacia (to be introduced by Professor Truzzi).

THE new ambulance steamer of the Metropolitan Asylums Board, *The Geneva Cross*, has begun to run on the Thames, and is now conveying small-pox patients to and from the hospital ships at Long Reach. Provision is made for carrying fifty patients in a recumbent position. *The Geneva Cross* is considered to be the best type of ambulance steamer yet built. The Board has three other ambulance steamers. Last year they ran altogether over 10,000 miles, and carried 1,400 patients and attendants.

MEDICAL VACANCIES.

The following vacancies are announced:

BETHLEM HOSPITAL.—Two Resident Clinical Assistants. Apartments, rations, and attendance provided. Applications, endorsed "Clinical Assistantship," to the Treasurer by October 1st.

CAMBRIDGE UNIVERSITY.—John Lucas Walker Studentship. Applications to Professor Roy, New Museums, Cambridge, by September 30th.

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 September 13th.

COVENTRY PROVIDENT DISPENSARY.—Surgeon; must be fully qualified medical practitioners. Applications and testimonials to W. Sleath, Honorary Secretary, by September 17th.

CORNWALL COUNTY ASYLUM, Bodmin.—Junior Assistant Medical Officer; unmarried. Salary to commence at £100 per annum, increasing annually to £120 per annum, with board, lodging, washing, and attendance. Applications to the Medical Superintendent by September 15th.

DENTAL HOSPITAL OF LONDON, Leicester Square.—Assistant Dental Surgeon. Must be Licentiate of Dental Surgery of one of the licensing bodies recognised by the General Medical Council. Applications and testimonials to J. Francis Pink, Secretary, by October 8th.

THE GENERAL INFIRMARY AT GLOUCESTER AND GLOUCESTERSHIRE EYE INSTITUTION.—Assistant Surgeon; must be F.R.C.S. or M.R.C.S.Eng., or F.R.C.S. or L.R.C.S. of Ireland or Edinburgh, or graduate of University recognised by the General Medical Council. Applications and testimonials to Henry T. Pike, Secretary, by October 10th.

GREAT YARMOUTH HOSPITAL.—House-Surgeon; must be doubly qualified. Salary, £90 per annum, with board and lodging. Applications and testimonials to Richard F. Ferrier, Honorary Secretary, by September 22nd.

NEW HOSPITAL FOR WOMEN, 144, Euston Road, N.W.—Female Assistant-Physician; appointment for two years. Also two Clinical Assistants for Out-patient Department; appointment for one year. Applications and testimonials to Margaret M. Bagster, Secretary, by September 26th.

NORTH WALES ASYLUM, Denbigh. Second Assistant Medical Officer. Salary £100 per annum, with board, washing, and apartments. Applications to W. Bark, Clerk to the Visitors, by September 12th.

PLYMOUTH PUBLIC DISPENSARY.—Physician's Assistant; doubly qualified. Salary, £80 per annum. Appointment for one year, but eligible for re-election. Applications to the Honorary Secretary before September 18th.

ROYAL ALEXANDRA HOSPITAL FOR SICK CHILDREN, Brighton.—House-Surgeon; doubly qualified. Salary, £80 per annum, with board, lodging, and washing, but no stimulants. Applications to the Chairman of the Medical Committee by September 8th.

ROYAL SURREY COUNTY HOSPITAL, Guildford.—Assistant House-Surgeon. No salary, but board, residence and laundry found. Applications and testimonials to the Honorary Secretary, by September 17th.

ROYAL UNITED HOSPITAL, Bath.—House-Surgeon, Candidates must be M.R.C.S.Eng. and registered. Salary, £60 per annum, with board, lodging, and washing. Appointment for one year. Applications and testimonials to W. Stockwell, Secretary-Superintendent, by September 18th.

ST. BARTHOLOMEW'S HOSPITAL.—Ophthalmic Surgeon, must be F.R.C.S.Eng. Applications and testimonials to W. Cross, Clerk, by September 10th.

SUSSEX COUNTY HOSPITAL, Brighton.—House-Physician; unmarried and under 30 years of age. Salary, £80 per annum, with board, residence, and washing, rising to £90. Applications and testimonials to Lieutenant-General E. F. Bouchier, Secretary, by September 19th.

E COPPICE, Nottingham.—Assistant Medical Officer for private patients. Candidates must be duly qualified, registered, and unmarried. Age not to exceed 28. Salary £120 per annum, with apartments, board, attendance, and washing. Applications and testimonials to Dr. Tate at the Asylum.

WEST LONDON HOSPITAL, Hammersmith Road, W.—House-Physician and House-Surgeon. Appointments for six months. Board and lodging provided. Applications to R. J. Gilbert, Secretary Superintendent, by September 19th.

MEDICAL APPOINTMENTS.

BARCLAY, J., M.B., C.M.Édin., appointed Medical Officer for the Wetherall District of the Carlisle Union.

UCK, Arthur H., M.R.C.S.Eng., L.R.C.P.Lond., appointed Senior House Surgeon to Sussex County Hospital, Brighton.

CHILCOTT, Arthur E., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Superintendent of the Infirmary of the Parish of St. Pancras.

COWAN, Mr. J. J., appointed Medical Officer for the Leigh District of the Martley Union.

CRAWFORD, Mr. A., appointed Assistant Medical Officer of the Infirmary of the Parish of St. George's-in-the-East.

COLUM, Archie Tillyer, M.B.Lond., F.R.C.S.Eng., appointed Assistant-Surgeon to Charing Cross Hospital, *vice* Benjamin Wainwright, M.B., C.M.Édin., F.R.C.S.Eng., resigned.

DAVIES, Arthur T., M.D.Cantab., F.R.C.P.Lond., appointed Physician to the Metropoli-tan Hospital, *vice* Dr. Drysdale, resigned.

DUNCAN, William, M.D., M.R.C.P., F.R.C.S., appointed Physician to In-Patients at the Chelsea Hospital for Women.

FULLER, Mr. J., appointed Medical Officer of the Workhouse of the Bedminster Union.

GARMAN, E. C., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer for the Fourth District of the Hailsham Union.

HOLTOM, Charles, M.R.C.S., appointed Surgeon to the Avonmouth Branch of the St. John Ambulance Association, *vice* Dr. Duncan, resigned.

JOSEPH, Jas. John, L.R.C.P., L.R.C.S.I., appointed Medical Officer for the No. 2 Battersea District of the Wandsworth and Clapham Union.

KENWOOD, Henry R., M.B.Édin., D.P.H., appointed Medical Officer of Health to the Stoke Newington Sanitary District.

KING, A. F. W., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Throat at St. Thomas's Hospital (extension).

LAVER, J. W., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Skin at St. Thomas's Hospital.

LONG, Frank T., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer and Public Vaccinator for the Colton District of the Ulverston Union, *vice* F. C. MacNalty, M.D.Dub., resigned.

MARSH, J. H., M.R.C.S., L.R.C.P.Lond., appointed Senior House-Surgeon to the Macclesfield General Infirmary.

MELLAND, C. H., M.R.C.S., L.R.C.P., appointed Clinical Assistant at the Barnes Convalescent Home at Cheadle of the Manchester Royal Infirmary.

MERRY, W. J. C., M.B., B.Ch.Oxon., appointed House-Surgeon to St. Thomas's Hospital.

MISKIN, L. J., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital.

NICHOLSON, T. G., B.Sc.Lond., L.R.C.P., M.R.C.S., appointed Non-resident House-Physician to St. Thomas's Hospital.

NIX, R. E., B.A., M.B., B.C.Cantab., L.R.C.P., M.R.C.S., appointed Resident House-Physician to St. Thomas's Hospital (extension).

PLATT, John E., F.R.C.S.Eng., B.S., M.D.Lond., appointed Resident Surgical Officer to the Manchester Royal Infirmary.

PLUMMER, Selby W., M.D.Durh., appointed Medical Officer to the Durham Union Workhouse, *vice* Henry Smith, M.B.Durh., resigned.

POLLOCK, E. S., M.B.Dub., appointed Medical Officer for the Cheriton Fitzpaine B. District of the Crediton Union.

POWELL, Leslie, M.R.C.S.Eng., L.S.A., appointed Medical Officer for the Cheriton Fitzpaine A. District of the Crediton Union.

RADCLIFFE, Frank, M.B., B.Ch.Vict., appointed House-Physician to the Manchester Royal Infirmary.

RAY, J. H., M.B., B.Ch.Vict., appointed House-Surgeon to the Manchester Royal Infirmary.

RICHARDSON, S. W. F., B.Sc.Lond., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Ear at St. Thomas's Hospital.

RUSSELL, A. E., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Skin at St. Thomas's Hospital.

RUSSELL, William, M.B., C.M.Aberd., appointed Resident Medical Officer Netherfield Road Fever Hospital, Liverpool.

SANDFORD, G. C., M.B., C.M.Édin., appointed Assistant Medical Officer to the City Hospital, Birmingham.

SAYRES, Alex. W. F., M.R.C.S., L.R.C.P.Lond., appointed Medical Officer for the Wincanton District of the Wincanton Union.

STEVENSON, Mr. J., appointed Assistant Medical Officer at the Infirmary of the Parish of St. Leonard, Shoreditch.

SYMONS, R. Fox, L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital.

THOMSON, Daniel G. P., M.B.Édin., appointed Medical Officer for the Edmont Bridge District of the West Ward Union.

THOMSON, Peter, M.B., B.Ch.Vict., appointed House-Physician to the Manchester Royal Infirmary.

TOMKYS, Mr. L. M., appointed Medical Officer for the St. Chad District of the Lichfield Union.

TURNER, Mr. E. O., appointed Medical Officer for the Sixth District of the Wycombe Union.

WARRY, John K., M.B.Lond., appointed Medical Officer of Health to the Hackney Sanitary District, *vice* John W. Tripe, M.D., deceased.

WEBB, Frederic J., M.B., B.Ch.Vict., appointed Medical Officer and Public Vaccinator for the Gorton (Sixth) District of the Chorlton Union, Manchester.

WITHERS, Percy, M.R.C.S., L.R.C.P., appointed House-Surgeon to the Manchester Royal Infirmary.

WOODHOUSE, Mr. Walter M., appointed Junior Assistant Medical Officer of the Infirmary of the Parish of Kensington, *vice* A. Rudd, M.R.C.S., resigned.

YOUNG, R., M.D.Durh., M.R.C.S.Eng., appointed Medical Officer of the Workhouse and Schools of the Oldham Union.

DIARY FOR NEXT WEEK.

TUESDAY.

THE CLINICAL MUSEUM, 211, Great Portland Street.—Open at 2, Lecture at 4.

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 order or stamps with the notice not later than Wednesday morning, in order to insure insertion in the current issue.

BIRTHS.

EVANS.—On August 30th, the Castle Hill House, Shaftesbury, the wife of C. S. Evans, M.B., of a daughter.

MARTIN.—On September 2nd, at Arnheim, Blackburn, the wife of John M. H. Martin, J.P., M.D.Vict., F.R.C.S.Eng., of a daughter.

SQUARE.—On August 26th, at 22, Portland Square, Plymouth, the wife of J. Elliot Square, F.R.C.S., of a son.

MARRIAGES.

HARVEY—POWER.—On September 1st, at the Parish Church of St. Martin-in-the-Fields, by the Rev. T. K. Abbott, B.A., Frederick George Harvey, of 4, Cavendish Place, W., to Molly Power, of Mythe Cottage, Atherstone.

KENNEDY—SCOTT.—On August 30th, in the Parish Church of Lavenham, Suffolk, by the Ven. Melville H. Scott, Archdeacon of Stafford, assisted by the Rev. Cyril Egerton Hubbard, Angus Endicott Kennedy, M.R.C.S., L.R.C.P., L.S.A., eldest son of Dr. Alfred E. Kennedy, of Chesterton House, Plaistow, to Margaret, youngest daughter of the Rev. Canon Scott, Rector of Lavenham.

WOAKES—ALLINGHAM.—On September 1st, at the Parish Church, Marylebone, by the Rev. W. E. Cotes, M.A., Vicar of St. John the Baptist, Great Marlborough Street, Claud Edward, youngest son of Dr. Woakes, of Harley Street, W., to Ethel Maud (Doddie), younger daughter of William Allingham, F.R.C.S., of Grosvenor Street, W.