

## SOME POPULAR SUPERSTITIONS.

By JOHN ROBERT WILLIAMS, M.B.,  
Assistant Surgeon, Penmaenmawr Quarries.

It is surprising and deplorable in this age of civilisation to find what a vast amount of superstition prevails regarding the nature and treatment of different maladies, not only amongst the poor but, incredible as it may seem, amongst some of the comparatively well educated classes. Far from saying anything disparagingly of my countrymen, I am only pointing out what exists to a great extent in many districts throughout the kingdom; but I shall confine myself to giving two or three instances of what may daily be seen in North Wales.

Take shingles for example. This in Welsh is termed "Yr Eryr" which interpreted, means "The Eagle." It was held in ages gone by, that a person partaking of the flesh of eagles, derived immunity from shingles, which was then looked upon with awe as a dreaded affection. It was likewise believed that the direct descendants of such a person, down to the ninth generation, could not contract it, and furthermore had the power transmitted to them of curing others so afflicted, by blowing on the eruption. There are at present, scattered over the principality, many old women who claim to be the ninth descendants, and therefore the last of the race endowed with this fanciful virus. They trade upon the gullibility of nervous superstitious individuals.

A short time ago I had a patient with herpes zoster, who was daily pestered by several persons persuading him to submit to this ridiculous treatment, or otherwise it would prove fatal by encircling the body. I know the case of a wealthy person who, getting impatient of the rational treatment of a well-known practitioner, went to one of these shingle healers, and attributes his recovery to this blowing process for which doubtless the old woman was well paid.

In some parts of Ireland I am told the treatment consists in enveloping the patient with a kind of clay, which is removed when all traces of the eruption has disappeared. Why the supposed power should go no further than the ninth generation I cannot tell, but it reminds me that in most febrile affections the ninth day is thought to be the climax or crisis, and if there is no improvement after this, the prognosis is considered very grave.

If the locality is near the sea, one frequently hears a midwife ask at a confinement, "How is the tide now?" for they imagine that the state of the tides has a great influence upon the progress of the pains. As soon as the child is washed after birth, it is given sometimes a little gruel, but more frequently two or three teaspoonfuls of sugared water, or, if thought to be griped, a dose of castor oil—indeed, the midwife will not hesitate to give a few drops of gin. It is useless to argue that such a procedure is atrocious at so early a stage of the child's existence. There is amongst the poor a strong aversion to immersing a child in a hot bath if seized with a convulsive attack from whatever cause, and I feel certain many infants would thus have been saved were it not for the interference of some foolish persons who considered it a most formidable measure to adopt. Take, again, their belief in the efficacy of red flannel. Whether it is a cough, swollen joint, or a sore throat, the part affected is generally covered with red flannel, in which they think there is some virtue not possessed by any other colour. These are only a few instances, which are as common as the proverbial belief that a gold wedding ring is a universal cure for sore eyes. It is a difficult matter, and, indeed, often impossible to convince people of the utter absurdity of such ideas. Although a medical man may try his best to do so, the result will be that he himself is looked upon as the ignorant one, and may often lose a patient in consequence. I mention these facts in order to show how important it is to try to educate the people to abandon such beliefs, which in many cases would prove dangerous to the patient.

DONATIONS.—Messrs. Coutts and Co. have contributed £25 towards the sum of £2,000 required by the Royal Chest Hospital, City Road.

## DEATH FOLLOWING VACCINATION.

By REGINALD FARRAR, M.D. Oxon.,

Public Vaccinator, Barnack and Ryhall Districts, Stamford Union.

E. C. was one of a family of delicate though not specifically diseased children, the mother being a feeble woman who has had a large family very rapidly. I have no reason to suspect either syphilis or tubercle in the parents, nor do any of the children bear marks of constitutional syphilis.

This child was brought to me on October 10th, 1893, for vaccination. She struck me as being rather small and thin for her age—5 months—but otherwise had nothing obviously amiss. I did not, therefore, at the time see sufficient cause to postpone the vaccination, though in view of the poor development of the child I should have done so had the mother desired it. I vaccinated in four places, using a carefully cleaned lancet, and Dr. Renner's calf lymph. Other children vaccinated at the same time, and from the same supply of lymph, did perfectly well in all respects.

On inspecting the arm a week later I found three vesicles of perfectly normal aspect; neither at this, nor at any subsequent date, was there any inflammatory area round the vesicles; nor did the ulceration at any time spread beyond their limits. Instead, however, of the scabs drying up and separating in the usual time they persisted unduly, and from the intermixture of clotted blood, presented a "limpet shell" aspect, resembling rupial scabs. When at last they separated the ulceration was found to have penetrated the whole skin, exposing the muscles beneath, and leaving holes which looked as if they had been punched out. There was no oedema of the arm, and the skin round the vesicles appeared perfectly healthy throughout.

The child "dwindled, peaked, and pined," and finally died, from no very obvious cause, on November 29th, 1893, six months old, seven weeks after the vaccination, and about a week after the separation of the scabs.

I consider her death to have been due to a constitutional *malaise*, induced by vaccinia in a poorly nourished child; for vaccinia is, after all, a specific constitutional fever, though most children take it very mildly; and I publish the case, partly as a warning to vaccinators to avoid weakly children even though presenting no obvious disease, for I cannot but think that I should have acted more wisely in postponing the vaccination in this instance, and partly because I hold it to be our duty to place on record any untoward effects of vaccination (and they are fortunately extremely rare, considering the universal prevalence of the custom), even at the risk of causing the enemy to blaspheme.

## MEMORANDA:

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

## A CASE OF OPIUM POISONING.

I was asked to see W. J. at 11 A.M. on June 26th, as he was supposed to be dead. On my arrival a few minutes later I found the patient in bed and to all appearances dead, but the heart was beating vigorously, although the breathing appeared to have ceased. Artificial respiration was immediately commenced, and in a few minutes the patient began to breathe deeply and stertorously. This enabled me to observe the other symptoms. He was profoundly unconscious, the whole body was bathed in a profuse perspiration, the pupils of both eyes were strongly contracted, and the corneæ were quite insensible to touch. I had the patient partially dressed and carried from the close room in which he was lying into the passage or hall of the house, and a little later on, the day being fine and warm, into the open air. Every attempt to produce emesis having failed, including the hypodermic injection of apomorphine, the contents of his stomach were emptied by means of a stomach pump; they smelt slightly of tincture of opium. In the meanwhile everything was done to rouse the patient; he was flicked and flipped with wet towels, and was continually moved about from chair to chair. Half a pint of strong black coffee was put into the

stomach through the stomach pump, and at intervals of two hours about two-thirds of a pint of milk and egg were administered in the same way. The respiration repeatedly failed, and was only effectually dealt with by artificial respiration. Hypodermic injections of sulphate of atropine one tenth of a grain were administered every quarter of an hour for four doses, but no appreciable result was observed from its use either on the pupils, the pulse, or the respiration. The only method of treatment that produced any result was artificial respiration, which I maintained during one portion of the day for over three consecutive hours. In spite of all that was done the patient died rather suddenly from heart failure at 9 P.M. On searching the room I found one half-ounce and two two-drachm bottles marked "Laudanum—Poison," two having been purchased at one chemist's and the other at another chemist's. In the evidence given at the inquest it transpired that deceased had been in the habit of taking laudanum for sleeplessness, and a verdict of death from misadventure was returned.

H. W. McCaULLY HAYES, M.R.C.P.E.

Ilchester Gardens, W.

#### ECONOMY IN VACCINE LYMPH.

It does not appear to be generally known that it is possible to vaccinate several persons from a single small tube of calf lymph. On several occasions I have vaccinated four and five children with the contents of one tube, and in each case every insertion produced a good vesicle. Recently I employed one tube for seven children, 27 good vesicles resulting from 28 insertions. The method adopted was to blow four minute drops of lymph directly on to the arm, to make a few light scratches with an ordinary sewing needle, and use the eye of the needle to rub the lymph in. It is advisable to use a new needle for each case. The calf lymph used was that supplied by Dr. Renner in small tubes. The advantages of this plan are self-evident, especially during an epidemic of small-pox, or when a good supply of lymph is difficult to obtain.

Berkhamsted.

R. L. BATTERBURY, M.D.

#### CASE OF STRYCHNINE POISONING.

On August 14th, we were sent for to see N. aged about 35, who was said to be very ill. We found her lying on a couch oreathing rapidly, muttering to herself in a semi-delirious state and complaining of pain in her legs. We gathered from her wanderings, and from her friends' information that she had been much upset by a love affair, and had refused food for four or five days, and only had a cup of tea on the day in question, about 5 o'clock. Knowing her to be an hysterical subject we raised her, and tried to rouse her, when the limbs at once began twitching rhythmically. The spasm was intermittent, and rapidly became worse, and she exclaimed "I am dying, I have taken poison." On being asked what poison, she said she did not know, and her niece found a packet of Battle's vermin killer, which had been opened and part of which was missing. The spasms now rapidly became more frequent and severe, and she cried out "Oh! hold my legs." When they came on opisthotonos and trismus were well marked, and blowing on the patient produced a spasm. An injection of gr.  $\frac{1}{10}$  apomorphine was given, followed by another of gr.  $\frac{1}{2}$ , in ten minutes, but neither produced vomiting. The pulse was feeble, 160, and the breathing laboured and rapid. Chloroform was now given, a gag introduced, and the stomach pump passed, but the stomach proved to be nearly empty, and only a little fluid and mucus was removed. A good deal of chloroform was found necessary to overcome the trismus, and much difficulty was found in fixing the gag after removing the upper set of false teeth. Recovery from anæsthesia was slow, and the spasms became less and less frequent, and at 10 P.M. had ceased. The pulse was now 118, and full and bounding. A quarter of a grain of morphine was given at 10.20 P.M. Vomiting began at 11 o'clock, and continued at intervals through the night, the vomit consisting of bile-stained mucus. Very little sleep was obtained in spite of a sedative draught. On weighing the remains of the powder and the contents of a similar packet it was found that there was a difference of 4 grains. As it was a freshly opened packet,

and each packet contains 3 grains of strychnine (with starch and blue colouring matter), about  $\frac{3}{4}$  gr. of the alkaloid had to be accounted for. No doubt some must have been wasted, as it seems almost impossible that so large a dose could be recovered from.

The case appears interesting from the mitigation of the convulsions following the apomorphine and chloroform; perhaps the depressant effect of the former acted beneficially, though without inducing vomiting at once, and the latter continued the good effect. The patient was more or less under the influence of chloroform for half an hour.

G. BLAKE MASSON, M.D.

Ramsgate.

R. C. WORSLEY, M.R.C.S., L.R.C.P.

#### A DETAIL IN THE TREATMENT OF HARE-LIP AND OTHER OPERATIONS ABOUT THE FACE IN YOUNG CHILDREN.

In young children it is often a difficult matter to control the hands after operations for hare-lip, and others of a similar nature about the mouth and face, and what would otherwise have been a successful operation is sometimes spoiled by the patients tearing open the wounds. Some time ago I was discussing this matter with Mr. Secker Walker, and he told me of a plan he had adopted some years ago for the treatment of a case of nævus on the chest wall. It was this—to fix up the elbow-joints in the extended position with a few turns of a plaster-of-paris bandage. I thought the idea an excellent one and determined to try it at the first opportunity; this arose about six weeks ago—a case of double hare-lip in a child six months old. The method answered admirably, and so pleased am I with its success, that I feel every surgeon who is not already acquainted with this method should know of it.

H. LITTLEWOOD, F.R.C.S. Eng.,

Honorary Assistant Surgeon to the Leeds General Infirmary.

#### INEFFICIENT RESULTS OF INFANTILE VACCINATION.

In reference to your article upon this subject, I may say that for the last fourteen years I have, when a child shows only one resulting scar, whether it be good and typical or not, always revaccinated the child from itself in two or three places. The result has invariably been that the revaccination was perfectly successful. At the sixteenth day the secondary scars present exactly the same appearance as the primary one, and in all the cases that I have inspected at a later period the "pitting" is as perfect in the second as in the first. From this it seems fair to conclude that if a child were revaccinated from itself until the receptivity was exhausted (probably only two or three times), we should get as a result an absolute immunity from small-pox instead of the partial protection that we obtain by the present system.

Although I have to contend continually with the strong popular objection to vaccination *in toto*, I have never had any difficulty in persuading the mother to allow this secondary inoculation, after explaining that the new vaccination keeps pace with the primary one, and so does not involve any lengthening of the process.

MARK WARDLE,

Public Vaccinator, Bishop Auckland District.

#### CONJOINT TRUE AND MOLAR PREGNANCY.

On August 7th of this year I delivered Mrs. M., aged 39, of a healthy full time child. The labour was a long and tedious one, but otherwise normal. The placenta and membranes came away easily and in their entirety. Her temperature went up after labour and remained up for a few days, during which the vagina was well douched with perchloride of mercury solution (1-3,500). She was out of bed on the ninth day, and enjoyed good health till September 12th, when she sent for me. On my arrival I found that she was flooding severely. On examination by the vagina I found a large fleshy mass which, with my assistance, she expelled. It proved to be a carneous mole, weighing 20 ounces. The subsequent hæmorrhage was severe, but soon yielded to the hot douche. I communicate this case as I believe that delivery of a mole within such a short period—five weeks—of true delivery is, to say the least, unusual.

Eelper.

M. G. McELLIGOTT, L.R.C.S.I.

## MEDICO-LEGAL AND MEDICO-ETHICAL.

## UNQUALIFIED PRACTICE IN SOUTH AFRICA.

FROM a report in the *Friend of the Free State and Bloemfontein Gazette* we learn that an action for libel, brought by a person who for some years had held himself out at Jagersfontein as a qualified practitioner, against a local apothecary for libel, has resulted in a verdict for the plaintiff; £1,000 damages were claimed, but the jury awarded £25 and costs, and the facts brought out in evidence were extremely damaging to the plaintiff. He was unable to produce a diploma, but in its place put in an old certificate that someone of his name (Bruce) had attended the necessary time at the Aberdeen Infirmary. The word "Doctor" had evidently been inserted over some erasure, and a few ink smudges and pieces of paper stuck about gave it a venerable appearance. Evidence was given by officials to the effect that the plaintiff had been repeatedly asked to take out his licence, but had not done so, and was not on the *Medical Register*. He had been convicted in February, 1894, and had promised to leave the town in a few weeks, and not to practise again. Letters were handed in, from which it appeared that the plaintiff had made some claim to be a graduate of the University of Edinburgh, but that the University authorities had stated that no one of the name had graduated in medicine at that university. This was in 1888, and the plaintiff seems to have been engaged in practising medicine ever since. The report concludes by stating that the plaintiff had left Jagersfontein. The case is a curious example of the need of an international and intercolonial understanding as to the validity and mutual recognition of medical diplomas and degrees.

## SUBSTITUTE MIDWIFERY FEES.

WE have with much regret noted in the *Dundee Advertiser* of September 25th the report of an action instituted in the "small debt court" by Dr. Robert Miller, of Dundee, against Dr. Charles Moon, for the recovery of an alleged debt of one guinea, being the moiety of two fees, as the customary share of the amount for attendance as accoucheur in the absence of the family doctor. We note also with like regret the exceptionally strange course pursued by the plaintiff in objecting to the defendant being legally represented by his solicitor, on which the defendant at once determined to conduct his own case, and pleaded non-engagement by himself of the plaintiff in the cases in question. During the trial it was elicited that the patient had, in the absence of her usual attendant (the defendant), sent for the plaintiff, and subsequently tendered payment to him, which however, for some unexplained reason, he refused to accept. The court, therefore, consisting of three justices, unanimously absolved the defendant from all pecuniary liabilities in the case. Need we add that, in our opinion, a more ill-judged and indefensible proceeding against a professional brother could not well be.

## THE COVENTRY PROVIDENT DISPENSARY.

WE have received the following communication:—

SIR,—We beg to call your attention to a matter which we believe to be of some importance to general practitioners, and to enter a protest against the insertion in the *BRITISH MEDICAL JOURNAL* of the enclosed advertisement. It is possible that you are not aware of the serious grounds of our complaint against the Coventry Dispensary. This institution was originally started by voluntary subscriptions to provide medical attendance for the poorer classes. As a charity it enjoyed the privilege of self-advertisement, and though by its overgrowth it inflicted serious loss on the medical men of the town, no protest was raised for many years, it being understood that well-to-do persons were not eligible for dispensary treatment. Two years ago, however, when the dispensary had more than half the population on its books, certain facts came to the knowledge of the profession in Coventry, the most important being, first, that well-to-do persons were being treated at the dispensary; secondly, that the dispensary staff had caused a rule to be made prohibiting them from meeting outside practitioners in consultation on dispensary cases. It was accordingly decided to approach the dispensary committee and to ask them to withdraw the obnoxious rule and to adopt the wage-limit system. The answer we received was a direct refusal, which was followed by a public announcement that the dispensary was open to all comers. The dispensary staff did not assist us in our effort at reform, but stated that they were not in sympathy with the movement. They continue to hold their appointments, notwithstanding the fact that a leading medical organ has pronounced their position to be untenable.

Now, Sir, we feel that we may well despair of reform if an institution which is avowedly indifferent to the professional rights of medical men is allowed to make use of the *BRITISH MEDICAL JOURNAL*. We think the *JOURNAL* should refuse such advertisements, lest it appear to sanction what the bulk of the profession undoubtedly disapprove.—We are, Sir, yours truly,

MILNER MOORE.  
CHARLES WEBB ILIFFE.  
EDWARD PHILLIPS.  
F. FAULDER WHITE.

WM. RICHARDSON RICE.  
THOMAS A. B. SODEN.  
F. L. HARMAN BROWN.  
A. HAWLEY.

\*.\* We have on previous occasions commented on the manner in which the dispensary is conducted, and have expressed the opinion that persons able to pay adequate fees should be kept out of the dispensary. Writing on the subject on April 15th, 1893, we added: "We are happy to see that assurances were given at the meeting that this end is really kept in view, and that as far as the managers could ascertain no such ineligible members had been admitted."

A "provident dispensary" which admits all comers without question of income at ordinary club fees, in this case we believe 4s. 4d. a year, is sailing under false colours, and is not an undertaking the advertisement of which would knowingly be admitted to the columns of the *BRITISH MEDICAL JOURNAL*.

## CONSULTING AND GENERAL PRACTITIONERS.

M.B.—If, as affirmed by Mr. F. Dr. M. was informed that "M.B." was his wife's medical adviser, he (Dr. M.), in ignoring the family doctor, wittingly or otherwise disregarded a more or less important duty devolving upon him as consultant, and so far may, as suggested by our correspondent, be held to have "unduly strained (by omission of a special obligation) the relation of consultant to general medical practitioner."

## A LOCAL DIRECTORY.

BOURNEMOUTH.—With reference to our correspondent's remarks on the weekly insertion of the names, qualifications, and addresses of the various medical practitioners in the local newspaper, we would observe that they form part of a list which is practically a local directory, and as it apparently includes all the practitioners in the district, it can hardly conduce to unprofessional competition. The sectarian designation attached to one of the names should be brought to the notice of the Royal College of Physicians. In view of the provisions of the Medical Act, the General Medical Council would probably deem itself debarred from disciplinary action in this case.

## LIABILITY FOR MEDICAL TREATMENT OF AN ILLEGITIMATE CHILD.

A. T. B.—The mother is bound to maintain her illegitimate child. She alone is liable for the medical account, and she cannot legally reclaim the amount from the putative father.

## "CHANGING THE DR."

K. S.—The ill-judged note of Mr. H. needs no comment. With reference to the line of conduct pursued by our correspondent in the case, it was, under the circumstances related, in accord with the true ethical principle; it is, however, in such cases, judicious, and medico-ethically essential, that the superseding practitioner, ere determining to assume charge of the patient, should assure himself that the necessary intimation that his professional services were no longer required, has, *de facto*, been made to the superseding medical attendant (*vide Code*, chap. ii, sec. 5, rule 9.)

SHERBORNE.—In answer to T. R. A.'s lengthy communication, it may be well to note that while we hold him to be fully justified in assuming charge of the case, he was in our opinion, and especially under the exceptional circumstances related by the lady, too exacting in enjoining her to first obtain Dr. E.'s "permission." A simple intimation, in person or by note, that his services were no longer needed would have conformed to the rule of professional etiquette.

## A DISSATISFIED PATIENT.

J. K. L. writes: A. and B. are two medical practitioners, residing in the same town. Some twelve months ago A. requested B. to attend a few of his cases whilst away for a holiday, among these being a patient, C. Since then B. has not heard of or seen C. till a few days ago, when C. called at his surgery and requested him to take sole charge of her case, as she had not been attended by A. for more than three weeks, and did not intend consulting him again. Was B. acting rightly in taking over this case, C. stating at the time that if B. refused to treat her she would have to go elsewhere?

\*.\* Before taking charge of the patient in question, B. should have ascertained from A. if C. had intimated to A. by note or otherwise, her intention to dispense with his professional services. Further, C.'s expressed intention to consult some other local practitioner in the event of B.'s refusal should not in any degree have influenced him to deviate from the well-known medico-ethical rule in such cases.

## A CLUE MAP.

A MEMBER B.M.A. writes to us on notepaper which has printed on it near the address a small clue map of the neighbourhood, showing the position of his house in which he receives patients. He states that a medical practitioner in the same town has objected to the map as "advertising."

\*.\* Although the appended sketch of the local street plan does not constitute medical advertising, its adoption by practitioners would nevertheless be an exceptional and, to our mind, a questionable proceeding—simulating, as it does, a well-known expedient which, though perfectly legitimate for traders, is contrary to the traditional custom and practice of the medical profession, and is, moreover, under ordinary circumstances, unnecessary.

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF CAMBRIDGE.

EXAMINATION IN SANITARY SCIENCE.—The following candidates have satisfied the examiners in both parts of the examination for the Diploma in Public Health:

J. M. Atkinson, S. Bodger, J. G. E. Colby, J. H. C. Dalton, A. A. Ferguson, J. G. Gornall, J. C. Holderness, S. K. Nariman, S. J. Parker, W. E. Rielly, G. C. Stephen, J. McD. Tudge.

PHARMACOLOGY.—The Downing Professor (Dr. Bradbury) will give his inaugural lecture in the large Anatomy Theatre on Wednesday, October 24th, at 2.30 P.M. Demonstrations in materia medica and pharmacology will be given this term in the Downing Laboratory by Mr. Marshall, the assistant to the Professor.

## ROYAL UNIVERSITY OF IRELAND.

SECOND EXAMINATION IN MEDICINE. Autumn, 1894.—The examiners have recommended that the following candidates be adjudged to have passed the above-mentioned examination:

*Upper Pass.*—J. J. Kinsella, Catholic University School of Medicine; O. E. McCutcheon, B.A., Queen's College, Belfast; R. R. McLean, Queen's College, Belfast; A. Montgomery, Queen's College, Belfast; L. Robinson, Catholic University School of Medicine, School of Physic, T.C.D., and Royal College of Science; G. Ross, Queen's College, Cork.

All the above candidates may present themselves for the further examination.

*Pass.*—A. Birmingham, Catholic University Medical School; W. J. Cousins, Queen's College, Belfast; T. F. Dillon, Queen's College, Cork; R. V. Donnellon, Catholic University School of Medicine; F. E. Dowling, Queen's College, Cork; P. J. England, Queen's College, Cork; D. Finnegan, Queen's College, Belfast; P. C. Geraghty, Queen's College, Galway; J. R. Gillespie, B.A., Queen's College, Belfast; J. Harvey, Queen's College, Belfast; B. P. Healy, B.A., Catholic University School of Medicine; T. F. Heas, Queen's College, Cork; M. Henry, Queen's College, Galway; G. A. Hicks, Queen's College, Belfast; A. Johnston, Queen's College, Belfast; W. G. Jordan, Queen's College, Belfast; J. Keogh, Catholic University School of Medicine; J. Lennon, Queen's College, Belfast; S. McCann, Catholic University School of Medicine; J. H. McComb, Queen's College, Belfast; C. E. McDade, B.A., Queen's College, Belfast; F. C. McKee, Queen's College, Belfast; T. McKelvey, Queen's College, Galway; M. McSherry, Queen's College, Belfast; J. H. Moag, Queen's College, Belfast; H. J. Monypeny, Queen's College, Belfast; C. J. Moore, Catholic University School of Medicine; R. Officer, Queen's College, Belfast; P. E. O'Flaherty, Queen's College, Galway; W. Porter, Queen's College, Belfast; J. Ritchie, Queen's College, Belfast; Frances O.C. Sir, B.A., Medical College for Women and Surgeons' Hall, Edinburgh; J. Sloan, Queen's College, Galway; Lucy E. Smith, Queen's College, Cork; J. H. Stewart, Queen's College, Belfast; R. W. G. Stewart, Queen's College, Belfast; R. B. Threlfall, Queen's College, Belfast.

FIRST EXAMINATION IN MEDICINE. Autumn, 1894.—The examiners have recommended that the following candidates be adjudged to have passed the above-mentioned examination:

H. Anderson, B.A., Queen's College, Galway; J. H. Barbour, Queen's College, Belfast; W. R. Beatty, Queen's College, Belfast; E. V. Cantillon, Queen's College, Cork; A. W. Crawford, Queen's College, Belfast; J. J. Cronin, Queen's College, Cork; H. Donnelly, Queen's College, Belfast; J. C. Franklin, Queen's College, Cork; G. H. Grills, Queen's College, Belfast; W. B. Heagerty, Queen's College, Cork; G. M. Keating, University College, Dublin; T. J. Little, University College, Dublin; J. J. Lynch, Queen's College, Cork; M. Lyons, Queen's College, Cork; D. McCay, Queen's College, Cork; H. McMaster, Queen's College, Belfast; J. Martin, Queen's College, Belfast; A. Murphy, Queen's College, Cork; T. Nyhan, Queen's College, Cork; T. F. O'Keefe, Queen's College, Cork; J. F. O'Mahony, Queen's College, Cork; J. J. O'Mahony, Queen's College, Cork; J. J. O'Sullivan, Queen's College, Cork; W. A. Rice, Queen's College, Belfast; J. Richardson, Queen's College, Cork; H. Ryan, Queen's College, Galway; J. Shea, Queen's College, Cork; J. Twhig, Queen's College, Cork; W. F. Waugh, Queen's College, Cork; S. H. Woods, University College, Dublin.

The following candidates may present themselves for honours in the subjects mentioned after their names:

A. W. Crawford, Experimental Physics; G. H. Grills, Botany, Zoology, Experimental Physics; G. M. Keating, Botany, Zoology, Chemistry, Experimental Physics; T. J. Little, Botany, Zoology, Chemistry; J. J. Lynch, Experimental Physics; D. McCay, Botany, Chemistry, Experimental Physics; W. A. Rice, Botany, Zoology, Experimental Physics; H. Ryan, Zoology, Chemistry, Experimental Physics; J. Twhig, Chemistry, Zoology; W. F. Waugh, Botany; S. H. Woods, Botany, Zoology, Chemistry, and Experimental Physics.

EXAMINATION FOR DEGREES OF M.B., B.Ch., B.A.O. Autumn, 1894. The examiners have recommended that the following candidates be adjudged to have passed the above-mentioned examination:

*Upper Pass.*—W. J. Dargan, Catholic University School of Medicine; J. Dundon, Queen's College, Cork; G. J. Johnston, M.A., Trinity College, Dublin; P. N. O'G. Lalor, Catholic University School of Medicine; W. J. Niblock, Queen's College, Belfast; T. J. O'Meara, B.A., Queen's College, Cork; R. Watt, Queen's College, Belfast.

Candidates marked thus (\*) may present themselves for the further examination for honours.

*Pass.*—D. Barry, Queen's College, Cork; A. G. Caldwell, Queen's College, Belfast; D. E. Cantillon, Queen's College, Cork; J. G. Clokey, Queen's College, Belfast; J. Cunningham, Queen's College, Belfast; Emily E. Eberle, M.A., Royal College of Surgeons, Dublin; Jane S. Galletly, London School of Medicine for Women and Royal Free Hospital; J. Graham, Queen's College, Belfast; Edith B. Jöel, Durham University College of Medicine; T. D. Luke, Queen's College, Belfast; S. H. E. Montgomery, Queen's College, Belfast; J. O'Callaghan, Queen's College, Cork; D. O'Donnell, Queen's College, Cork; M. Sisk, Queen's College, Cork; J. R. Thompson, B.A., Queen's College, Belfast.

## SOCIETY OF APOTHECARIES OF LONDON.

PRIMARY EXAMINATION. PART II. October, 1894.—The following candidates passed in:

*Anatomy and Physiology.*—P. Bayley, Birmingham; J. B. Cautley, St. Bartholomew's Hospital; H. S. Dobie, Manchester; A. W. H. Edgelow, Charing Cross Hospital; J. M. Edwards, Charing Cross Hospital; W. R. Flint, St. Mary's Hospital; E. M. Jennings, Edinburgh; J. G. Owen, Charing Cross Hospital; J. F. Porter, London Hospital; J. H. Powell, King's College; J. A. Preston, Belfast; H. T. L. Roberts, St. Mary's Hospital; R. C. Rumbelow, Middlesex Hospital; R. J. Stilwell, Westminster Hospital; C. H. St. M. W. Toke, St. George's Hospital; J. H. Wilson, Middlesex Hospital; C. C. Worts, Guy's Hospital.

*Anatomy.*—G. F. M. Clarke, Charing Cross Hospital; J. Freeman, Bristol; S. H. Greene, Charing Cross Hospital; O. Hall, Durham; J. R. McKinlay, Westminster; H. M. Waller, St. Bartholomew's Hospital.

*Physiology.*—W. Allen, Birmingham; W. J. Bebb, Charing Cross Hospital; H. Charles, Middlesex Hospital; F. M. Cooper, Royal Free Hospital; E. E. Evans, Royal Free Hospital; F. R. Greenwood, St. Bartholomew's Hospital; H. Greenwood, London Hospital; P. A. Pierre, Westminster Hospital; E. A. Quirke, Birmingham; T. E. Saxby, Edinburgh.

*Biology.*—V. G. S. Adams, Royal Free Hospital.

*Chemistry.*—V. G. S. Adams, Royal Free Hospital; J. G. Gowland, St. George's Hospital; E. S. Milestone, Royal Free Hospital; T. E. Saxby, Edinburgh; T. W. Wakem, Charing Cross Hospital.

*Materia Medica and Pharmacy.*—G. W. J. Baker, Birmingham; W. A. Bibby, Manchester; H. S. Dobie, Manchester; W. W. Forbes, Aberdeen; E. M. Jennings, Edinburgh; P. C. Maitland, Middlesex Hospital; C. E. Moore, St. Thomas's Hospital; J. F. Porter, London Hospital.

*Pharmacy.*—S. Mullick, Edinburgh.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

## HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,043 births and 3,201 deaths were registered during the week ending Saturday, October 6th. The annual rate of mortality in these towns, which had been 15.7 and 16.1 per 1,000 in the preceding two weeks, declined again to 16.0 last week. The rates in the several towns ranged from 10.1 in Plymouth and 10.7 in Croydon to 22.5 in Preston and 23.7 in Liverpool. In the thirty-two provincial towns the mean death-rate was 16.3 per 1,000, and exceeded by 0.9 the rate recorded in London, which was 15.4 per 1,000. The zymotic death-rate in the thirty-three towns averaged 1.8 per 1,000; in London the rate was equal to 1.7, while it averaged 1.9 per 1,000 in the thirty-two provincial towns, and was highest in Portsmouth, Liverpool, and Sunderland. Measles caused a death-rate of 1.5 in Portsmouth and in Sunderland; scarlet fever of 1.1 in Gateshead and 1.2 in Liverpool; whooping-cough of 1.2 in Blackburn; "fever" of 1.0 in Norwich and 1.1 in Sunderland; and diarrhoea of 1.6 in Nottingham and 2.3 in Preston. The 85 deaths from diphtheria in the thirty-three towns included 66 in London, 4 in West Ham, and 3 in Birkenhead. Four fatal cases of small-pox were registered in Liverpool, 2 in Birmingham, and 1 in London, but not one in any other of the thirty-three large towns. There were 84 small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, October 6th, against 109, 100, and 98 at the end of the preceding three weeks; 11 new cases were admitted during the week, against 19, 23, and 14 in the preceding three weeks. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital on Saturday last was 2,144, against 2,080, 2,060, and 2,084 at the end of the preceding three weeks; 258 new cases were admitted during the week, against 258 and 252 in the preceding two weeks.

## HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, October 6th, 903 births and 454 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 14.9 and 15.1 per 1,000 in the preceding two weeks, further rose to 15.9 last week, but was slightly below the mean rate during the same period in the large English towns. Among these Scotch towns the death-rates ranged from 13.8 in Aberdeen to 25.8 in Perth. The zymotic death-rate in these towns averaged 1.8 per 1,000, the highest rates being recorded in Leith and Perth. The 204 deaths registered in Glasgow included 6 from diphtheria, 3 from measles, and 3 from "fever." Two fatal cases of small-pox were recorded in Edinburgh, and 2 of diphtheria in Perth.

## VACCINATION IN TUNIS.

VACCINATION seems to be making good progress in Tunis, where it is to a large extent in the hands of military surgeons. The number of vaccinations in 1893 was 6,482 as against 1,129 in 1892, and a total of 4,783 for the whole period from 1886 to December 31st, 1892.

## QUALIFICATIONS FOR APPOINTMENT OF MEDICAL OFFICER.

A MEMBER B.M.A.—By the regulations of the Local Government Board, no person can hold the office of medical officer unless he be duly registered, and be qualified to practise both medicine and surgery. The qualification L.R.C.P.Lond., L.S.A., registered May 5th, 1887, are quite sufficient to meet the requirements of the Local Government Board.

## TYPHOID FEVER AND SCHOOL EXCLUSION.

LANCASTRIAN.—It is not usually considered necessary to exclude children from school on the ground of their home containing a case of typhoid fever. In the present instance there appears to be some uncertainty as to the diagnosis, the case being described as "presumably" mild typhoid. We cannot take the responsibility of saying that it would be right to disregard the directions given by the medical officer of health.

## COST OF SMALL-POX.

At the meeting of the Whittington Local Board, held on October 2nd, a claim of £97 13s. was presented for twenty persons who had been sent to the infectious hospital suffering from small-pox.

## MEDICAL NEWS.

It is reported that Lord Armstrong has agreed to provide a new hospital to be used for out-patients in connection with the Hospital for Sick Children, Moor Edge, Newcastle. The site of the new hospital is in City Road, Newcastle, opposite the Jesus Hospital.

**SOCIETY FOR THE STUDY OF INEBRIETY.**—A quarterly meeting was held on October 4th, in the rooms of the Medical Society of London, the President, Dr. Norman Kerr in the chair. Dr. Thomas Morton read a paper on "The Problem of Heredity in Reference to Inebriety," the purpose of which was to suggest the reconsideration of the accepted evidence for the inheritance of an inebriate constitution, in the light of recent teaching on heredity in general, a short sketch of which was given. Weismann's views now held the field, and, though not proved, had to be reckoned with by those who maintained inebriety to be heritable, and on the other hand, biologists were ready to listen to any evidence of transmission of an acquired character, such as inebriety. He thought existing evidence should be sifted and arranged, with constant reference to standards of comparison furnished by non-alcoholised families, and to the important distinction between general degeneracy and the special inebriate condition. The alleged greater potency of transmission through the mother should also be kept in view, and further observations were wanted, especially of cases of precocious inebriety. He believed the result would be to establish the doctrine of inebriate heredity on a firmer basis, and to compel the attention of thinking men to it. A discussion followed, in which Drs. Henry Rayner, Hazell, A. M. Holmes, of Denver, Colorado, and the President took part; Dr. Morton replied.

**PROPOSED MEMORIAL TO DR. DANIELSSEN.**—A movement is on foot with which nearly all the leading dermatologists of Europe have associated themselves for the erection in Bergen of a suitable memorial to Dr. Daniel Danielssen, known to the whole medical world by his lifelong researches on leprosy, and author of the great treatise, *Om Spedalskhed*, who passed away recently at the age of 79. The following gentlemen are members of the Committee: Professor Kaposi, Professor Neumann, *Docent* Dr. Riehl and *Docent* Dr. Schiff, of Vienna; Professor Janovsky, of Prague; Professor Schwimmer, of Buda-Pesth; Dr. E. Besnier, Dr. L. Jullien, Dr. Thibierge, and Professor Hallopeau, of Paris; Professor A. Haslund, of Copenhagen; Dr. Unna, of Hamburg; Dr. R. Campana, of Rome; Professor E. Kromayer, of Halle; Dr. D. van Haren Noman, of Amsterdam; Dr. O. von Peterson, of St. Petersburg; Dr. J. Caspary, of Königsberg; Dr. E. von Düring, of Constantinople; Professor O. Lassar, of Berlin; Professor A. Neisser, of Breslau; Dr. E. Oedmansson and E. Welerand, of Stockholm; Dr. A. Wolff, of Strasburg; Dr. C. Boeck, of Christiania; Dr. G. Armauer Hansen (Dr. Danielssen's son-in-law and the discoverer of the *bacillus lepræ*), of Bergen; and Dr. J. J. Pringle of 23, Lower Seymour Street, W., by whom subscriptions for the purpose will be thankfully received.

**THE CHURCH CONGRESS.**—At the Church Congress a paper was read by Sir W. H. Flower, who attributed much of the existing cruelty to animals to the part of man's nature inherited from his savage ancestors. Mr. Pitkin, who described himself as the representative of two antivivisection societies, desired to put a question; but the Mayor, who occupied the chair, declined to allow it to be put, and said he should leave the chair if there were any discussion on vivisection. A resolution was carried recommending that the fourth Sunday after Trinity should be set apart for reference to kindness to animals in all churches. Dr. Woodward presided over the meeting of the Church Funeral Reform Association. He said the great aim of the Association was the real earth-to-earth burial and the cutting down of expense. Many people would not like to have cremation, but personally he had no objection to it. The greatest and best thing, however, was earth to earth and ashes to ashes. There was one great objection to cremation—it would be very expensive to the nation. The following resolution was carried: "That

this meeting regards with favour the efforts now being made to bring about the disposal of the dead in accordance with the spirit of the rubric—earth to earth, ashes to ashes, dust to dust; and considers it desirable that on one Sunday, such as the sixth after Trinity, reference should be made to the requirements of Christian burial."

**MEDICAL DEFENCE UNION.**—In accordance with the arrangements made by the Council to ensure convenient discussion by all the members of the matter of *Bloxham v. Collie* and the general question involved therein, special general meetings of the members were held as follows, the President (Mr. Victor Horsley, F.R.S.) and Drs. Ba'eman and Masters (the Honorary Secretaries) attending each meeting:—At Manchester, at the Victoria Hotel, on Thursday, October 4th, at 8 p.m.; at Bristol University College, October 5th, at 8 p.m.; at Birmingham, Medical Institute, October 6th, at 8 p.m. At each meeting the report of the Council on the whole question was read and discussion invited. Both at Manchester and Bristol the resolution expressing confidence in, and commendation of, the Council carried at the London meeting of October 3rd was put and carried unanimously. At the meeting at Birmingham a similar resolution was carried, also unanimously, which ran as follows: "That, having heard the statement of the Council respecting the case of *Bloxham v. Collie*, this meeting records its unabated confidence in the Council of the Union." As a result of the discussion upon the general questions, it was universally agreed that the ordinary procedure of the Council, namely, that arbitration should be suggested before going into court in cases in which a member of the Union is attacked by another medical man was the best and in thorough accord with the objects and articles of association of the Union.

## MEDICAL VACANCIES.

The following vacancies are announced:

**ANCOATS HOSPITAL, Manchester.**—Resident House-Surgeon, with charge of In-patients. Salary, £80 per annum, with board and washing. Applications to Alex. Forrest, Honorary Secretary, by October 17th.

**CARNARVONSHIRE AND ANGLESEY INFIRMARY AND DISPENSARY, Bangor.**—House-Surgeon. Must be registered to practise in Medicine and Surgery, and have a knowledge of the Welsh language. Salary, £70 per annum, with board and lodging. Applications to the Secretary, before October 27th.

**CORPORATION OF CROYDON.**—Resident Medical Officer for the Borough Isolation Hospital for Infectious Diseases, must be fully qualified. Salary, £120 per annum, with board and lodging, increasing by £20 at the end of the first year. Applications and testimonials endorsed "Resident Medical Officer," to be sent to the Medical Officer, 7, Kathrine Street, Croydon, before October 17th.

**GREAT NORTHERN CENTRAL HOSPITAL, Holloway Road, N.**—House-Physician. Salary, £80 per annum, with board, lodging, and washing. Applications to Lewis H. Glenton Kerr, Secretary, by October 23rd.

**HALIFAX INFIRMARY AND DISPENSARY.**—House-Surgeon. Unmarried. Salary, £80 per annum, advancing £10 per annum up to £100, with residence, board, and washing. Applications to Oates Webster, Secretary, by October 24th.

**HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.**—Surgical Registrar and Anæsthetist. Appointment for one year, an honorarium of £40 being voted at the expiration of that term. Candidates must appear before the Joint Committee on October 21th.

**KILBURN, MAIDA VALE, AND ST. JOHN'S WOOD GENERAL DISPENSARY.**—Vacancy in the Board of the Honorary Medical Staff. Applications to A. V. Short, Secretary, 13, Kilburn Park Road, N.W., by October 17th.

**LONDON LOCK HOSPITAL, Harrow Road, W.**—House-Surgeon. Salary, £50 per annum, with board, lodging, and washing. Applications to the Secretary before October 23rd.

**MASON COLLEGE, Birmingham.**—Professorship of Midwifery. Applications to G. H. Morley, Secretary, before October 27th.

**NATIONAL HOSPITAL FOR DISEASES OF THE HEART AND PARALYSIS, Soho Square.**—Resident Medical Officer; must be doubly qualified. Appointment for six months; residence in the Hospital and an honorarium of £10 10s. Applications and testimonials to Capt. F. Hanaley, Secretary, before October 13th.

**NORTH LONDON HOSPITAL FOR CONSUMPTION, Hampstead.**—Assistant Physician. Candidates must be graduated in Medicine of a University of the United Kingdom or Fellows or Members of the Royal College of Physicians of London. Applications to L. F. Hill, M.A., Secretary, at the Office, before November 3rd.

**ROTHERHAM HOSPITAL AND DISPENSARY.**—Assistant House-Surgeon. No salary, but board, lodging, and washing provided. Appointment for six months. Applications and testimonials to the House-Surgeon before October 18th.



**THE ROYAL HOSPITAL FOR DISEASES OF THE CHEST**, City Road, E.C.—Assistant Physician. Candidates must be Fellows or Members of the Royal College of Physicians of London. Applications to J. Harrold, Secretary, before October 24th.

**ST. OLAVE BOARD OF WORKS**.—Medical Officer of Health for the District; not less than 25 or more than 45 years of age; must reside in or within one mile of the district. Salary, £200 per annum. Applications to Edric Bailey, Clerk, Vine Street, Tooley Street, S.E., by October 15th.

**ST. PANCRAS AND NORTHERN DISPENSARY**, 126, Euston Road, N.W.—Resident Medical Officer, doubly qualified. Salary, £105 per annum, with residence and attendance; and a Physician Accoucheur. Applications to H. Peter Bodkin, Honorary Secretary, 23, Gordon Street, Gordon Square, by October 22nd.

**SOUTH DEVON AND EAST CORNWALL HOSPITAL**, Plymouth.—Assistant House-Surgeon. No salary, board and residence provided. Applications and testimonials to J. Walter Wilson, Honorary Secretary, before October 20th.

**STIRLING DISTRICT ASYLUM**, Larbert.—Second Medical Officer. Salary, £80 per annum, with board and lodging. Applications and testimonials to the Medical Superintendent, before October 17th.

**STOCKPORT INFIRMARY**.—Junior Assistant House-Surgeon. Appointment for six months, with board and residence. Honorarium of £10 will be given after six months' satisfactory service. Applications to Lieutenant-Colonel S. W. Wilkinson, Honorary Secretary, by October 17th.

**STOURBRIDGE DISPENSARY**.—House-Surgeon and Secretary. Must have a qualification in Medicine and Surgery from one of the Colleges of England, Scotland, or Ireland. Salary, £120 per annum, with furnished rooms, coal, and gas, with an allowance of £25 for travelling expenses. Applications to T. F. Bland, Honorary Secretary, Norton, Stourbridge, before October 24th.

**UNIVERSITY COLLEGE**, London.—Surgical Registrar. Applications to J. M. Horsburgh, M.A., Secretary, by October 22nd.

### MEDICAL APPOINTMENTS.

**ALLEN**, Dr. R. R., appointed Medical Officer of the Workhouse of the Dartford Union.

**BEAUMONT**, Mr. J. C. H., appointed Medical Officer of the Infirmary and Workhouse of the Lewisham Union.

**BLISS**, Mr. E. W., appointed Assistant Medical Officer to the Infirmary of the Parish of St. Marylebone.

**BUSFIELD**, J., M.R.C.S., L.R.C.P., F.I.C., appointed Medical Officer to Clapham General Dispensary, *vice* C. D. Greenwood, M.R.C.S., resigned.

**CHURCHILL**, Augustus Henry, M.R.C.S.Eng., L.S.A., appointed Consulting Medical Officer to the Walton-on-the-Hill Local Board.

**COLLIER**, H., M.D., appointed Medical Officer of the Workhouse of the Great Yarmouth Union.

**COPE**, A. E., M.B.Lond., B.S., appointed Medical Officer for the Third District of the St. George's Union.

**CRAWFORD**, Cyril R., M.R.C.S., L.R.C.P., appointed House-Physician to the Sussex County Hospital, *vice* W. A. Mallam, resigned.

**CRUTCHLEY**, Henry, M.D.Brux., L.R.C.P.Lond., L.F.P.S.Glasg., appointed Medical Officer of Health to the Alsagar Urban Sanitary District.

**DUKE**, T. A., appointed Medical Officer of the Third District of the Croydon Union.

**FLEMING**, A. J., M.D.R.U.I., L.R.C.S.I., appointed Medical Officer of the Workhouse of the Church Stretton Union.

**GODSON**, Mr. J. H., appointed Medical Officer of Health to the Cheadle and Gatley Urban Sanitary District, *vice* Alfred Godson, B.A.Camb., M.B., resigned.

**MCLENNAN**, Quintin, M.B., Ch.M., appointed one of the Surgeons-in-Chief to the Glasgow Royal Infirmary.

**MOIR**, J. Mudro, M.D.Aberd., M.B., C.M., appointed Honorary Physician to the Northern Counties Institute for the Blind, Inverness, *vice* F. M. Mackenzie, M.A., L.R.C.P.Edin., resigned.

**PROBYN**, Mr. P. J., appointed Assistant Medical Officer of the Workhouse and Infirmary of the Parish of St. Leonard, Shoreditch.

**PROCTOR**, Dr. J., appointed Medical Officer for the Effingham District of the Dorking Union.

**SHAW**, Richard F., L.R.C.P., L.R.C.S.Edin., appointed Medical Officer of Health to the Whitley Upper Urban Sanitary District, *vice* C. J. Lownds, B.A.Camb., L.R.C.P., L.R.C.S.Edin.

**SHILLITON**, Mr. W. A., appointed Medical Officer for the Sixteenth District of the North Bierley Union.

**SIBLEY**, W. Knowsley, M.A., M.D., B.C., M.R.C.P., appointed Clinical Assistant at the Chelsea Hospital for Women.

**STALLARD**, J. Prince, M.B.Edin., appointed Physician to Manchester Southern Hospital for Diseases of Women and Children, *vice* W. Lauder, M.D., deceased.

**STUART**, Mr. C., appointed Medical Officer for the Tenth District of the North Bierley Union.

**WALKER**, A. F., L.R.C.P., L.R.C.S.Edin., appointed Senior Assistant Medical Officer at the Infirmary of the Township of Toxteth Park.

**WATSON**, Henry, M.D.Aberd., reappointed Medical Officer for the Fifth District of the Norwich Union.

**WATT**, Neish Park, M.A., M.B.Edin., appointed Assistant Resident Medical Officer to the Royal Lunatic Asylum, Dundee.

**WILLIAMS**, Edward C., M.B., appointed Medical Officer of Health to the Presteigne Urban Sanitary District, *vice* J. M. Balfour, M.B., C.M.Edin., deceased.

**WILSON**, Charles, M.B., C.M.Glasg., appointed Resident Medical Officer to the Victoria Hospital, *vice* Francis J. H. Coutts, M.B., Ch.B.Vict., resigned.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**LONDON POST-GRADUATE COURSE**, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. Lang: Conjunctival Affections.—Bacteriological Laboratory, King's College, W.C., 3 to 5 P.M.—Lecture: Examination of Air, Soil, and Water; Practical Work: Plate Cultivations. London Throat Hospital, Great Portland Street, 8 P.M.—Dr. Edward Law: Examination of the Throat and Nose.

#### TUESDAY.

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

**LONDON POST-GRADUATE COURSE**, Bethlem Royal Hospital, 2 P.M.—Dr. Craig: Acute Delirium. Hysterical Mania.

**PATHOLOGICAL SOCIETY OF LONDON**, 8.30 P.M.—Dr. J. E. Squire: Mediastinal Tumour Invading the Lung. Mr. Stephen Paget: Strangulated Ventral Hernia; Recto-Vesical Fistula (Tuberculous). Dr. H. D. Rolleston: Tumour of the Suprarenal. Mr. J. H. Targett: Polypoid Tumour of Esophagus. Dr. Jackson Clarke: Sporozoa of Variola and Vaccinia. Dr. Herbert Snow: Myeloid Corpuscles in some Rare Specimens of Cancerous Disease. Card Specimen: Dr. H. D. Rolleston: Traction Diverticulum of the Esophagus.

#### WEDNESDAY.

**LONDON POST-GRADUATE COURSE**, Hospital for Consumption, Brompton, 4 P.M., Dr. Habershon: The Gastric Disorders of Phthisis. Royal London Ophthalmic Hospital, 8 P.M.—Mr. A. Stanford Morton: Retinal Affections.

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

**NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC**, Queen Square, 3 P.M.—Lecture by Dr. Beever.

**POST-GRADUATE COURSE**, WEST LONDON HOSPITAL, Hammersmith Road, W., 5 P.M.—Mr. Keetley: Diseases of Joints due to Osteomyelitis and to Tubercle.

#### THURSDAY.

**LONDON POST-GRADUATE COURSE**, National Hospital for Paralyased and Epileptic, Queen Square, 2 p.m.—Dr. Tooth: Paraplegia. Hospital for Sick Children, Great Ormond Street, 3.30 P.M.—Mr. W. Arbuthnot Lane: Clinical Surgical Lecture. Central London Sick Asylum, Cleveland Street, W., 5.30 P.M.—Mr. Thomas Bryant: Cases in the Wards.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON**, 4 P.M.—Dr. T. Lauder Brunton: The Harveian Oration.

**HARVEIAN SOCIETY OF LONDON**, 8.30 P.M.—Clinical evening.

**NORTH LONDON MEDICAL AND CHIRURGICAL SOCIETY**, Great Northern Central Hospital, 9 P.M.—Dr. G. Sims Woodhead: On the Methods of Invasion of Tuberculosis. Illustrated by the Lantern.

**OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM**, 8.30 P.M. Living and Card Specimens at 8 P.M.—Messrs. Hartridge and Griffith: Microscopical Sections of a Case of Tuberculous Keratitis, which was shown as a living specimen at a previous meeting. Dr. Argyll Robertson: Notes on a Case of Filaria Loa in which the Parasite was removed from under the Conjunctiva. And other papers.

#### FRIDAY.

**LONDON POST-GRADUATE COURSE**, Hospital for Consumption, Brompton, 4 P.M.—Dr. Hector Mackenzie: Cases of Pulmonary Cavities.

#### SATURDAY.

**LONDON POST-GRADUATE COURSE**, Bethlem Royal Hospital, 11 A.M.—Dr. Percy Smith: Acute Mania.

### 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 ensure insertion in the current issue.*

#### BIRTHS.

**LYS**.—On October 1st, at Bournemouth, the wife of Henry Grabham Lys, M.D., of a son.

**PARSONS**.—On Monday, October 8th, at The Rowans, Lingfield Road, Wimbledon, the wife of F. W. Parsons, L.R.C.P. London, of a son.

**SAMMAN**.—On October 8th, at 90, South Circular Road, Portobello, Dublin, the wife of Surgeon-Lieutenant Samman, Army Medical Staff, of a daughter. American papers please copy.

#### MARRIAGE.

**KENWORTHY-MERCER**.—On October 3rd, at Broughton Park Congregational Church, Manchester, by the Rev. H. A. Phillips, of Southport, and the Rev. Samuel Pearson, M.A., of Broughton Park, Arthur Backwell Kenworthy, M.B., C.M.Edin., of Ivydene, Bold Street, Southport, elder son of Samuel Kenworthy, Southport, to Agnes Whalley, third daughter of James B. Mercer, Yew Bank, The Cliff, Broughton, Manchester.