

## MEMORANDA:

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

## MENTAL DISTURBANCE AS A CAUSE OF HERPES ZOSTER.

LOOKING over my notebook I have been struck with the frequency of the apparent origin of herpes zoster from causes producing mental depression or anger. I find this has been noticed by others. Bateman says: "Like erysipelas, it has been ascribed by some authors to paroxysms of anger." Schwartz saw three cases which followed violent fits of anger. The following cases I have recorded:

1. A lady suddenly received the news that her husband had been ordered to India. The next morning the herpes was noticed on her left side.
2. An old gentleman learned that a firm in which he was interested had failed. The same evening the spots had appeared on his left side.
3. A lady was much distressed at the sudden illness of her son. The following morning the spots were marked.
4. A child, aged 6, of remarkably equable temperament, was for once disobedient, and sent to bed as a punishment. She cried much during the night, and the next morning the herpes was apparent.
5. A lady, whose only son was shortly to be married, consulted me about a rash on her left side—well-marked herpes zoster. She herself ascribed this to her grief at the loss of her son.

In the last case there were pains in the side for several days before the appearance of the spots—not in the other cases.

I do not know whether in all these cases it was *post hoc ergo propter hoc*, but I consider it is not unreasonable. We have many recorded examples of mental disturbance producing sudden trophic changes.

Dublin.

ANTONY ROCHE, M.R.C.P.I.

## CARBOLIC ACID POISONING.

ON July 29th about 8 A.M., a strong young man took a dose of what he supposed to be cough medicine. Almost immediately afterwards he felt a burning sensation in his mouth and throat. An examination of the bottle showed that it contained crude concentrated carbolic acid, used for disinfecting purposes, out of which he had taken about a tablespoonful. I saw him about a quarter of an hour after, when he appeared very flushed and excited, and complained of burning in his mouth, throat, and epigastrium. A woman had given him some sweet oil, and he had tried to vomit, but without success.

I immediately administered a large cupful of warm water with two heaped teaspoonfuls of mustard, soon followed by another cupful of the same, vomiting being encouraged by tickling the throat with a long feather, which he did very effectively himself.

He soon vomited freely, the vomit smelling strongly of carbolic acid, and this was kept up until clear water came back colourless, thus proving that the stomach had been completely emptied, for, of course, as long as any of the coloured mixture remained the vomit was yellow.

Symptoms proper of carbolic acid poisoning were thus practically prevented. The inside of the gums, the throat, etc., were white and dead looking, and he complained much of pain in swallowing, which extended down to the epigastrium. At 8 P.M. he was going on well, but had vomited twice. In about fourteen days he had completely recovered.

Carbolic acid is an exceedingly active and dangerous poison. Death has sometimes been almost immediate, and in several cases a matter of only minutes, and that even when the greater part of the poison has been almost immediately vomited. In one case, even, where the best medical assistance was immediately obtainable, and the stomach emptied and washed out in a very few minutes, death has nevertheless occurred under an hour, and on a *post-mortem* examination the blood, brain, and tissues have smelt strongly of the acid. Unconsciousness and collapse usually quickly develop, and there seems to be no actual antidote. Much less than my

patient took has killed, and it is therefore a matter of gratification to have attained such complete success by such homely measures.

Blackpool.

WILLIAM HARDMAN.

## REMOVAL OF AN AURAL EXOSTOSIS BY THE CHISEL AFTER DETACHMENT OF THE AURICLE.

MR. MARK HOVELL'S case in the BRITISH MEDICAL JOURNAL of June 16th induces me to place this on record.

H. A., 16, consulted me on April 20th, 1894, about his right ear, which has discharged with attacks of pain for three or four years. Since August, 1893, there has been constant aching and discharge. He had measles when quite a child, but never scarlatina. On examination there could be seen without a speculum in the meatus a large, rounded-looking, smooth, pale pink body, which proved very hard and fixed on being tried with a probe; pus was exuding between its anterior part and the meatal wall, but so small was this chink that, even after cocaine and repeated attempts, I failed to get a wire noose past it.

Thinking from its extremely hard feeling and very slightly vascular condition that it was probably an ivory exostosis, I, two days later, under an anæsthetic, detached the auricle posteriorly, when a tap with a chisel applied to its base at once set free a curiously elongated and irregularly shaped bony exostosis, exactly  $\frac{1}{2}$  inch long, and weighing 14 grains. (See figure).



Aural exostosis (*fac simile* drawing),  $\frac{1}{2}$  inch long, weight 14 grs. Apex growing into tympanic cavity. Base presenting externally.

The thicker base—the site of attachment to the posterior meatal wall—was the part which presented externally whilst the longer limb was growing loosely into the tympanic cavity, the membrana tympani being quite destroyed. Since then his progress has been very satisfactory and the hearing much improved. Unfortunately the growth was somewhat spoilt as a museum specimen, as I understand a small piece of bone had previously been removed by another surgeon from its presenting part.

Of course the chisel must be used with the greatest care in this region; the complete detachment of the auricle gives much more room to work in, whilst by getting rid of the cartilaginous part of the meatus, one gets a third of an inch nearer the part to be operated on. This method is also very useful where foreign bodies are impacted in the meatus, and where the symptoms demand immediate removal thereof.

Norwich.

S. JOHNSON TAYLOR, M.B.

## ENEMATA RASHES.

As corroborating Dr. Suckling's note on enemata rashes in the BRITISH MEDICAL JOURNAL of June 5th, I have at the present time a marked example under observation.

The patient, a housemaid, was suddenly attacked with violent hæmatemesis, which, being thrice repeated, rendered her condition very critical. She was extremely constipated at the time, and this was somewhat increased by the necessary treatment. It was not considered advisable to attempt to move her bowels before the third day, and success was only obtained by repeated injections of various substances. Some six hours after I found her covered by a scarlatiniform rash, spreading rapidly from above downwards. This shortly gave place to typical small wheal urticaria, accompanied by great irritation, which was for the time at once relieved by the application of the cut surface of a lemon. This condition persisted for over a week, and enemata being used every second day, an exacerbation of the irritation uniformly occurred about three hours after each injection. After the rash had been out for some three days desquamation occurred, thus allaying the condition to the Erythema scarlatiniforme

mentioned by Morris. No sore throat or rise of temperature was observed at any time. The chief points of persistence were the ears and eyelids, on which Dr. Suckling remarks.

Judging by my own hospital and private experience, such attacks of erythema must be very rare after enemata, as I have no personal recollection of any previous case. In a case of supposed enterica in the practice of a friend, a rash of pure scarlatinal character appeared six hours after a simple enema; it faded quickly, and no further signs have arisen. Neither of these patients has ever been subject to these rashes, nor has ever had enemata before. Where urticarial symptoms are absent these rashes are very suggestive of scarlatina, especially in private practice, where contagion is so easy.

W. H. COUPLAND, L.R.C.P. Edin.,  
Resident Medical Officer, Stoke-on-Trent Workhouse  
Infirmary.

#### SCARLATINA AND MEASLES COEXISTING IN THE SAME PERSON.

On June 29th last I saw a boy of 9 who had sickened and complained of sore throat that morning; next day a scarlatinal rash was undoubted. By July 6th desquamation was distinct on neck, breast, abdomen, and thighs. On the 9th he had severe coryza and a constant irritating cough. On the 10th I found him covered over with a most intense eruption of measles. Desquamation, as if accelerated by the second skin attack, proceeded with unusual rapidity. I was not able to trace the source of infection, but it is noteworthy that the two poisons must have found a lodgment in the child at much the same time. The boy made an excellent recovery.

Perth.

JAS. FERGUSON, M.B., C.M.

## REPORTS

ON

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

#### COVENTRY AND WARWICKSHIRE HOSPITAL.

##### INTRAPERITONEAL RUPTURE OF URINARY BLADDER:

##### LAPAROTOMY: SUTURE OF BLADDER.

(By C. HAMILTON WHITEFORD, M.R.C.S., L.R.C.P., late  
House-Surgeon.)

I AM indebted to Dr. Iliffe for permission to report the following case: On May 5th a man, aged 36, was admitted to the Coventry and Warwickshire Hospital complaining of severe pain in the lower abdomen. An hour previously while riding a bicycle he had collided with a horse and trap coming in the opposite direction. He had last passed water five hours before the accident, and had passed none since.

The patient was greatly distressed and sat in bed bent forwards to relax the abdominal muscles. There was considerable bruising of the right thigh and iliac region with great tenderness above the pubes where the percussion note was resonant. Palpation revealed nothing. A soft black olive-headed catheter would not pass the perineum where the urethra appeared tortuous; about 1½ ounce of bright red fluid, blood and urine, was withdrawn. A silver catheter was then passed without using any force right up to the handle, on depressing which the point of the catheter could be plainly felt half an inch below the umbilicus. Nothing was revealed by rectal examination. While assistance was being procured a black olive-headed catheter was tied in, the end probably being outside the bladder, that is in the peritoneal cavity, and through this prior to operation a considerable quantity of blood-stained urine was passed into the bed.

Chloroform was administered and a silver catheter was passed through the rent in the bladder. The abdomen was opened by a vertical incision 4½ inches long 1 inch to the left of the middle line extending from the pubes to within 1 inch of the umbilicus. This incision was afterwards enlarged upwards to 5½ inches to give more room in introducing sutures. The left side was chosen to avoid the contused muscles on the right side. There was some extravasation of blood into

the substance of the left rectus. On opening the peritoneum a coil of small intestine presented and was kept up by the fingers of an assistant. The point of the catheter was then seen protruding through a rent in the posterior wall of the bladder. The bladder was ruptured 2 inches from the apex horizontally across its entire posterior surface for 3 inches. The rent on the right side extended for 1½ inch into the lateral reflexion of the peritoneum. On gently lifting the apical flap the whole interior of the bladder was exposed. There was only about an ounce of blood-stained fluid in the pelvis. The lower portion of the posterior wall, which lay very deeply in the pelvis, was drawn up and held by two pairs of catch artery forceps. Twelve fine silk Lembert sutures were passed by means of a needle in a handle and tied. The suture at each end was beyond the actual rent, as suggested by Sir William Mac Cormac. A small tag of lacerated bladder muscle was removed. The rent in the lateral reflexion of the peritoneum was closed by a continuous suture of fine silk. Injection of warm boracic lotion proved the bladder to be watertight. Sponges on holders were passed into the pelvis till they returned dry. The abdominal incision was closed with silkworm gut sutures passed through the peritoneum and all the layers of the abdominal wall and tied with a double twist, as suggested by Mr. Treves. Bearing in mind the difficulty in getting a catheter past the perineum I thought it advisable to tie in a catheter.

The operation lasted two and a-half hours, owing to the difficulty of access of the rent. The patient never rallied, and died thirty-six hours after the operation. During this time a quantity of urine, at first bloodstained and afterwards clear, was passed through the catheter and tube into the vessel below the bed.

On *post-mortem* examination the bladder was found still water-tight, and the other viscera, with the exception of slight injection of one coil of intestine, probably that which was seen at the operation, normal.

REMARKS.—The case demonstrates the futility of any measures short of laparotomy and suture in a case of ruptured bladder definitely diagnosed. The tying in of a catheter while preparing for operation, through which a large amount of bloodstained urine and probably some peritoneal fluid also was voided, shows the possibility of not only checking further effusion of urine into the peritoneum, but of even largely evacuating the fluid already effused. The direction of the rent, transverse instead of oblique or vertical, appears from recorded cases to be unusual, and from its position, low down on the posterior wall, considerably increased the difficulty of applying sutures.

## REPORTS OF SOCIETIES.

### PATHOLOGICAL SOCIETY OF LONDON.

F. W. PAVY, M.D., F.R.S., President, in the Chair.

Tuesday, October 16th, 1894.

#### STRANGULATED VENTRAL HERNIA.

MR. STEPHEN PAGET recounted the case of a woman, 50 years of age, who had been subject to attacks of pain in the left iliac region, these recurring latterly once a week; they began suddenly without known cause, and were followed by some obstruction and vomiting; a swelling existed in the region mentioned. The patient was admitted into the West London Hospital with acute obstruction, which was succeeded by faecal vomiting. On operation the tumour was found to be a strangulated hernia, of which the neck lay 2½ inches above Poupart's ligament, the sac being outside the rectus muscle. The hernia dated from a severe labour. The intestine was easily reduced, but as it was gangrenous an artificial anus was made, though without a successful issue.

#### RECTO-VESICAL TUBERCULOUS FISTULA.

MR. STEPHEN PAGET exhibited a second specimen, showing a fistula due to tuberculous ulceration. The patient was an intemperate man, suffering from hæmoptysis. Nine months before death he was treated for chronic cystitis, and previously to that for an affection of the bowels. Faeces had been noticed in the urine for some time. After death extensive tuberculous was found in various organs, and in the bladder an aperture large enough to admit a No. 10 catheter, through which there opened a tortuous fistula leading to the rectum. Mr. Cripps's statistics showed that tuberculous was a rare cause of recto-vesical fistula. The exhibitor thought that the disease commenced in the bladder rather than in the rectum, as the testicle was extensively diseased.

MR. HURRY FENWICK could cite four similar cases; he thought that in the example recorded by Mr. Paget the disease more probably commenced in the intestine. In only 8 out of 1,000 cases were the urinary organs secondarily affected from the lungs; and in only 4 per cent. were

"When a practitioner is consulted by a patient (or other member of the family) whom he has previously attended as the officiating friend or *locum tenens* of another during sickness or absence from home, he should act in strict accord with the principle laid down in Rule 9, and decline attendance, except in consultation."—Code. Chap. II, Sect. 5, Rule 5.

#### PARTNERSHIP ACCOUNTS.

**RECTUS.**—Messrs. Orridge and Co. (32, Ludgate Hill, London) inform us that the ordinary course is for the vendor to receive half the agreed purchase money, at the commencement of the introduction, and the remainder at the end of the introduction. The proceeds of practice during that period being equally divided after paying all expenses. The matter of board and lodging is one which must be arranged for by mutual convenience.

#### ABSENT FRIENDS.

**SEMPER PARATUS** writes: A practitioner, A., leaves home for a holiday, entrusting the whole of his practice to a brother practitioner, B., whose work is thereby much increased, so much so that but little spare time is left for B. Is B. justified in accepting an honorarium for his services; and, if so, should the amount be fixed arbitrarily, or on the basis of the amount of work done?

\*.\* The question submitted is an exceptional one, and somewhat difficult to answer, seeing that, so far as our experience extends, it is customary for a practitioner who accepts charge of a professional friend's practice in the same town during a holiday trip to act on the simple principle of a mutual reciprocal duty, unless his absence be protracted and the work exacting and laborious; in which case an honorarium in one form or other may fairly be tendered and excepted; and such, in our opinion, should be the guiding principle in the above case. If, on the other hand, remuneration be determined on, we would suggest that it be based on that generally made to a first-class *locum tenens*.

**VERITAS.**—As our correspondent states that there is not the slightest foundation for the verbal statement as to his professional conduct, we think there cannot be a doubt that the assertion mentioned is slanderous.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF EDINBURGH.

THE following candidates have passed the Final Examination for the Degrees of M.B. and C.M.:

W. B. Anderson, R. P. Dawson, H. W. Dun, J. A. Featherstone, J. G. Kay, C. H. D. Moore, N. Macvicar (with distinction), J. C. Rees, C. Telfer, C. H. H. Cazalet, W. T. B. Fox, T. W. Gee, J. Philip, R. A. Ross, C. R. Sheward, T. Sidebottom, F. V. Thomas, W. H. Williams, W. B. Broster, A. Cowper, J. Cookson, H. T. Elliot, A. G. F. Forster, R. M. Freer, T. A. Glover, J. E. Good, S. H. Hall, J. Mackinnon, J. J. Ross, J. R. Williams, W. S. Anderson, S. P. Hyam, D. A. Farquharson, A. K. Jarratt, H. W. G. Landor, A. Selkirk, W. Bannerman, A. J. Koppelstone, T. D. Forbes, H. Forrester, G. E. Gabitez, H. L. Lewis, J. C. Mackenzie, W. H. Mackenzie, J. M. N. Paton, G. B. Pieterston, and T. E. Watson.

The following candidates have passed the first professional examination in Elementary Zoology:

F. H. Dommesse, T. L. Gilbert, G. Hamilton, E. C. J. Maddock, H. K. Paxton, A. J. Kyle, C. F. T. Scott, W. E. Tillett, and P. A. Leighton.

The following have passed in Botany and Zoology:  
D. G. Barkley, and A. K. Traill.

### UNIVERSITY OF DURHAM.

#### FACULTY OF MEDICINE.

AT the Convocation holden on Saturday, September 29th, the following degrees were conferred:

*Doctor in Medicine for Practitioners of Fifteen Years' Standing.*—E. Birt, D. Elcum, J. T. Jones, A. Kinsey-Morgan, C. H. Penny, C. H. Phillips, G. Rice, and R. Samuel.

*Doctor in Medicine.*—J. V. Blachford, T. Carr, W. J. Durant, G. Elam, W. A. Hatton, G. G. Howitt, and G. J. C. Thomson.

*Bachelor in Medicine (M.B.).*—Honours (Second Class): T. Horton, W. E. Alderson, J. C. Hoyle, E. J. Brewis, J. W. Summerhayes, R. A. Dunn, and A. E. Merewether.

*Pass List.*—C. H. Bryant, H. S. Byers, F. A. Cooke, L. Harman, J. O. Hollick, H. G. McAllum, R. A. Morris, E. F. J. Norman, H. Simmons, F. H. Simpson, P. H. Wardell-Johnson, W. M. Whitehouse, F. J. I. Willey, P. Withers, C. R. Wood, and E. E. Woodhouse.

*Bachelor in Surgery (B.S.).*—W. E. Alderson, E. J. Brewis, C. H. Bryant, R. A. Dunn, T. Horton, J. C. Hoyle, W. D. Johns, H. G. McAllum, A. E. Merewether, R. A. Morris, E. F. J. Norman, H. Simmons, F. H. Simpson, P. H. Wardell-Johnson, W. M. Whitehouse, F. J. I. Willey, P. Withers, C. R. Wood, and E. E. Woodhouse.

*Bachelor in Hygiene (B.Hy.).*—R. B. Duncan and E. Mitchell.

*Diploma in Public Health (D.P.H.).*—H. Renney and H. Shore.

### ROYAL COLLEGE OF SURGEONS.

A QUARTERLY council was held at the College on October 11th; Mr. J. W. Hulke was in the chair. The minutes of the last Council were read and confirmed.

On the recommendation of the Museum Committee, it was resolved

that the sum of £100 should be expended in purchasing the collection of skulls in the possession of the Anthropological Institute.

A report was received from the Committee on the Annual Report of the Council. In accordance with their recommendations, the following rules for the conduct of the meetings of Fellows and Members were adopted, to be added to the regulations of the Council as Section xxv:

1. A meeting of Fellows and Members shall be summoned annually for the Thursday following the ordinary meeting of the Council in November, or for such other time as the Council may determine.

2. Other meetings may be summoned, either with or without a requisition, at such times and for such objects as may by the Council be thought desirable.

3. Such requisition shall be signed by not less than thirty Fellows and Members, or Fellows or Members, and shall contain a statement of the object or objects for which the meeting is requested.

4. At the annual meeting the report of the Council shall be presented.

5. Motions introduced by Fellows or Members

(a) shall have direct reference to the object or objects for which the meeting has been summoned;

(b) shall be signed by the mover, or the mover and other Fellows or Members;

(c) shall be received by the Secretary not less than ten days before the meeting.

6. The President shall determine what motions are in order, and direct the arrangement of the agenda.

7. The quorum of each meeting shall be thirty, and if at the expiration of fifteen minutes from the hour for which the meeting has been summoned a quorum be not present the meeting shall not take place. If, after the commencement of the meeting, it shall be found upon a count that a quorum be not present, the meeting shall be dissolved.

8. The President or one of the Vice Presidents, or in their absence the senior member of the Council present, shall be Chairman of the meeting, and the Chairman's decision shall be final upon all points of order which may arise.

9. Notice of each meeting shall be given by advertisement.

10. The agenda paper shall be prepared three days before the meeting, and shall be issued to any Fellow or Member who shall have applied for it.

11. A record of the proceedings shall be kept by the Secretary.

The Committee further recommended that the title and first clause of Section viii should be altered so that it would read: Section viii. *Annual Report of the Council.*—1. A report to the Fellows and Members shall be made annually by the Council.

Dr. Edward Seaton was appointed an Examiner for Part II of the Examination of Public Health. Mr. Bryant was re-elected to the Committee of Management, and Mr. Bowlby to the Laboratories Committee.

It was referred to the Dental Board to consider and report to the Council upon a recommendation that candidates rejected for the diploma in Dental Surgery should be required to produce certificates of additional study to the satisfaction of their teachers before presenting themselves for re-examination.

The returns of the results of the several examinations during the past year have been issued, and from them the following percentages of passes have been compiled:—

|  | Number of<br>Candidates. | Percentage<br>of Passes. |
|--|--------------------------|--------------------------|
| First F.R.C.S. ... ..                      | 160                      | 38                       |
| Final F.R.C.S. ... ..                      | 99                       | 54                       |
| First Conjoint (Five Years' Regulations):  |                          |                          |
| Chemistry ... ..                           | 497                      | 57                       |
| Pharmacy ... ..                            | 197                      | 70                       |
| Biology ... ..                             | 486                      | 67                       |
| Elementary Anatomy ... ..                  | 467                      | 80                       |
| Second Conjoint (Four Years' Regulations): |                          |                          |
| Anatomy ... ..                             | 722                      | 60                       |
| Physiology ... ..                          | 762                      | 57                       |
| Second Conjoint (Five Years' Regulations): |                          |                          |
| Anatomy and Physiology ... ..              | 89                       | 66                       |
| Third Conjoint:                            |                          |                          |
| Medicine ... ..                            | 869                      | 56                       |
| Surgery ... ..                             | 843                      | 57                       |
| Midwifery ... ..                           | 859                      | 67                       |
| Dental Surgery ... ..                      | 129                      | 68                       |

The following gentleman having previously passed the necessary examinations and conformed to the by-laws and regulations, and having now attained the legal age of 25 years, was, at the quarterly meeting of the Council on Thursday, October 11th, admitted a Fellow of the College: William Watson Griffin, M.B., B.Ch. Otago, of Dunedin Hospital and Otago University, New Zealand, and London Hospital; diploma of Member dated November 15th, 1893.

### EXAMINING BOARD IN ENGLAND BY THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS.

THE following gentlemen passed the Second Examination of the Board in the subjects indicated at a meeting of the Examiners on Monday, October 8th:

*Passed in Anatomy and Physiology.*—W. Rains and F. W. E. Courtenay, students of Owens College, Manchester; J. W. Watson, J. E. Long, and R. Willcox, University College, Bristol; C. C. Pratt, St. George's Hospital and University College, Bristol; R. M. Clark and W. J. MacKeown, Queen's College, Belfast, and Royal University of Ireland; T. J. Kenny, Queen's College, Belfast, and the Catholic University, Dublin; J. Battersby, St. Mungo's College, Glasgow; C. Black, Firth College, Sheffield; W. J. H. Williams, St. Mary's Hospital; O. C. Andrews, Mason College, Birmingham; R. T. Bailey,

University College, Liverpool; and A. E. Gladstone, St. Thomas's Hospital.

*Passed in Anatomy only.*—E. T. McDonnell, Queen's College, Belfast, and the Catholic University, Dublin; and W. E. Fairweather, Owens College, Manchester.

*Passed in Physiology only.*—T. P. Yates and H. Blackmore, Owens College, Manchester; T. J. Davies, Middlesex Hospital; P. H. Stratton, Mason College, Birmingham.

Fifteen gentlemen were referred in both subjects, 4 in Anatomy only, and 2 in Physiology only.

Tuesday, October 9th:

*Passed in Anatomy and Physiology.*—P. Wood, C. F. Winkfield, E. F. Palgrave, C. W. Mainprize, and G. R. Baker, St. Bartholomew's Hospital; A. E. Weld, Charing Cross Hospital; F. L. A. Greaves, St. Thomas's Hospital; H. J. Chater and J. B. Addison, St. Mary's Hospital; G. C. Owsley and M. H. Way, Guy's Hospital; K. B. Stamford, Guy's Hospital and Mr. Cooke's School of Anatomy and Physiology; R. C. Rumbelow, Middlesex Hospital and Mr. Cooke's School of Anatomy and Physiology; R. J. Stilwell, Westminster Hospital; and J. H. Morton, London Hospital.

*Passed in Anatomy only.*—E. W. Woodbridge, St. Bartholomew's Hospital; T. J. Vick, Guy's Hospital; and A. L. H. Smith, University College, London.

*Passed in Physiology only.*—H. C. Harrison, St. Bartholomew's Hospital; A. C. Bird, St. Thomas's Hospital; S. Wellby, Oxford University and St. Thomas's Hospital; J. H. C. Fagan, Charing Cross Hospital and Mr. Cooke's School of Anatomy and Physiology; H. Markby, Yorkshire College, Leeds; L. A. W. French, University College, London; and M. I. Baker, St. George's Hospital and Mr. Cooke's School of Anatomy and Physiology.

Fifteen gentlemen were referred in both subjects and 4 in Anatomy only.

Wednesday, October 10th:

*Passed in Anatomy and Physiology.*—D. B. Behramjee, Grant Medical College, Bombay; C. H. K. Provis, St. Bartholomew's Hospital; H. J. Gibbs, Madras Medical College; C. C. Smith, Middlesex Hospital and Mr. Cooke's School of Anatomy and Physiology; J. G. Owen, Charing Cross Hospital; R. M. Cooper, Western University, Ontario, Canada; and A. Brewer, Freiburg and Munich Universities.

*Passed in Anatomy only.*—J. B. A. Treusch, Guy's Hospital; F. J. Waldmeir, Protestant College, Beyrout, and London Hospital; R. L. Storrar, St. Thomas's Hospital and Mr. Cooke's School of Anatomy and Physiology; J. H. Pegg, Cambridge University and St. Thomas's Hospital; G. L. Thornton, St. George's Hospital and Mr. Cooke's School of Anatomy and Physiology; A. O. Way, H. G. McKinney, and B. E. Lawrence, St. Bartholomew's Hospital; and R. L. Wilcox, University College, London.

*Passed in Physiology only.*—J. H. Powell, R. D. Dobie, and A. M. Ross, King's College, London; A. E. Street and L. N. Lloyd, Charing Cross Hospital; S. H. Longhurst, J. E. H. Parsons, G. B. Pearson, and J. Ponsouby, Guy's Hospital; B. Lewitt, St. Mary's Hospital; H. R. Rice, Mason College, Birmingham, and London Hospital; T. B. Jones, St. Bartholomew's Hospital and Mr. Cooke's School of Anatomy and Physiology; and D. Price, St. Thomas's Hospital.

Twelve gentlemen were referred in both subjects, 8 in Anatomy, and 5 in Physiology.

Thursday, October 11th:

*Passed in Anatomy and Physiology.*—H. W. Henshaw and A. F. Page, students of St. Bartholomew's Hospital; J. H. Jones, Guy's Hospital; H. C. Whiteside, Middlesex Hospital; T. C. Kece, Middlesex Hospital and Mr. Cooke's School of Anatomy and Physiology; R. W. Clark, London Hospital; T. Pearson, Charing Cross Hospital; A. Sandner, Rush Medical College, California and St. Mary's Hospital; R. D. Dalal, Grant Medical College, Bombay.

*Passed in Anatomy only.*—S. G. Butler and E. W. Clapham, London Hospital; G. S. Haynes, W. H. Crossley, W. L. Burn, and S. Roach, St. Bartholomew's Hospital; W. H. Gray, University College, London; A. J. A. Lennane, University College, London, and Mr. Cooke's School of Anatomy and Physiology; A. G. Eastment, Middlesex Hospital and Mr. Cooke's School of Anatomy and Physiology; R. S. Rowland, Cambridge University and Guy's Hospital; E. T. Longhurst, St. Mary's Hospital; and C. F. Backhouse, King's College, London.

*Passed in Physiology only.*—L. J. Bartlett, St. George's Hospital; R. T. Richmond, Cambridge University and Mr. Cooke's School of Anatomy and Physiology; H. C. Meacock, St. Thomas's Hospital; B. Holländer, King's College, London; A. E. B. Crosby, Guy's Hospital; and J. J. Haverson, London Hospital.

Six candidates were referred to both subjects.

daughter of the late Sir Henry Meredyth Jervis-White-Jervis, the second baronet, and aunt of the present baronet. He leaves several sons and daughters, the eldest of whom, Mark Style, M.R.C.S., L.R.C.P., of Moreton-in-Marsh, Gloucestershire, is married to a daughter of the late Major-General Frederick English, C.B.

DR. M. ROSSBACH, some time Professor of Medicine and head of the Medical Clinic of the University of Jena, passed away last week at Munich, after a long illness, at the age of 52. He qualified as *Privat docent* at Würzburg in 1869, and was appointed Extraordinary Professor of Pharmacology in the same University in 1874. In 1882 he accepted a call to Jena, and there he continued to teach till illness compelled him to resign his chair in 1892. Professor Rossbach's name is associated with a number of researches, chiefly in the domain of pharmacology and therapeutics. His most important work is his *Lehrbuch der physikalischen Heilmethoden*, the first edition of which was published in 1881 and the second in 1892. He also collaborated with Professor Nothnagel in the great German textbook of materia medica and therapeutics, *Handbuch der Arzneimittellehre*, of which a seventh edition recently appeared.

DEATH has removed a very faithful officer of the Obstetrical Society of London. On October 11th, Mr. RICHARD WADE SAVAGE, the Librarian, died suddenly at his residence. Mr. Savage had held his appointment over fifteen years, and much hard work fell to his lot, as he had the superintendence of the candidates at the quarterly examination of midwives, and also chanced to be Librarian when the old Berners Street Societies moved to Hanover Square, and much trouble resulted as to legal deeds, new furniture, and the retention of the old bonds between the Societies. Lastly, he prepared an excellent second general *Index* of the Obstetrical Society's *Transactions*, and fortunately lived to see it published this year, as he partially recovered from a grave illness with which he was stricken a few years since. His health, however, though sufficiently good to allow him to complete the important piece of work just noted, was never perfectly restored, and after a short but severe illness a few weeks since he was left extremely weak and subject to syncope, one attack proving fatal. He was aged 49, and leaves a wife and son. His father was a medical man, Mr. J. W. Savage, of West Bromwich.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession who have recently died are Dr. Laureano Perez Arcas, Professor of Zoology, and Dean of the Faculty of Science in the University of Madrid; Dr. B. F. Helper, formerly President of the Kansas State Medical Society and editor of the *Kansas Medical Journal*; Dr. Ferdinand Dinstl, formerly Physician to the General Hospital, Vienna, who was decorated some years ago with the Gold Service Cross with Crown, and with the large Gold Medal of Honour (Civil); Dr. Victor Widal, retired *Médecin-Inspecteur* of the French Army; and Dr. G. Zizold, Professor of Bacteriology in the University of Guatemala.

## PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

### HEALTH OF ENGLISH TOWNS.

INSPECTOR-GENERAL MARK STYLE.  
INSPECTOR-GENERAL MARK STYLE, who died on September 30th, aged 77, at Tivoli House, Cheltenham, entered the Bombay Medical Service in 1842, and early in his career served under the late Sir Charles Napier, in Scinde, being present with the Light Company of H.M.'s 22nd Regiment at the attack by the Amers on the Residency of Hyderabad in 1843. He afterwards became Vaccinating Officer in Guzerat, and in 1857 was appointed Surgeon in Medical Charge of the 1st Grenadier Regiment of Bombay Native Infantry. He retired from the service with the rank of Surgeon-Major in 1875. Inspector-General Mark Style married in 1856, Marian,

In thirty-three of the largest English towns, including London, 5,860 births and 3,346 deaths were registered during the week ending Saturday, October 13th. The annual rate of mortality in these towns, which had been 16.1 and 16.0 per 1,000 in the preceding two weeks, rose again to 16.7 last week. The rates in the several towns ranged from 9.3 in Croydon and 11.4 in Norwich and in Birkenhead to 23.1 in Liverpool, 23.4 in Bolton, and 25.2 in Preston. In the thirty-two provincial towns the mean death-rate was 17.5 per 1,000, and exceeded by 2.0 the rate recorded in London, which was 15.5 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.0 per 1,000; in London the rate was equal to 1.7, while it averaged 2.3 per 1,000 in the thirty-two provincial towns, and was highest in Burnley, Bolton, and Sunderland. Measles caused a death-rate of 2.6 per 1,000 in Derby and 3.8 in Sunderland; scarlet fever of 1.2 in Wolverhampton and 1.6 in Burnley; whooping-cough of 1.1 in Oldham; "fever" of 1

## OBITUARY.

in Preston and 1.5 in Sunderland; and diarrhoea of 2.7 in Burnley and 3.5 in Bolton. The 92 deaths from diphtheria in the thirty-three towns included 54 in London, 8 in West Ham, 6 in Manchester, 5 in Liverpool, 3 in Cardiff, and 3 in Leeds. Three fatal cases of small-pox were registered in Liverpool and 2 in Birmingham, but not one in any other of the thirty-three large towns. There were 63 small-pox patients under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday last, October 13th, against 100, 98, and 84 at the end of the preceding three weeks; 8 new cases were admitted during the week, against 23, 14, and 11 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 2,171, against 2,060, 2,084, and 2,145 at the end of the preceding three weeks; 262 new cases were admitted during the week, against 252 and 258 in the preceding two weeks.

#### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, October 13th, 920 births and 501 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had risen from 14.9 to 15.9 per 1,000 in the preceding three weeks, further increased to 17.6 last week, and was 0.9 per 1,000 above the mean rate during the same period in the large English towns. Among these Scotch towns the death-rates ranged from 8.7 in Leith to 24.1 in Perth. The zymotic death-rate in these towns averaged 2.1 per 1,000, the highest rates being recorded in Glasgow and Perth. The 270 deaths registered in Glasgow included 6 from diphtheria, 7 from scarlet fever, and 5 from "fever." Two fatal cases of diphtheria were recorded in Edinburgh.

#### FEEES FOR VISIT TO SUPPOSED LUNATIC.

DISTRICT MEDICAL OFFICER writes to say that he received a medical order marked "Urgent—supposed insanity." He immediately visited the case, but did not find sufficient evidence of mental derangement to enable him to certify for removal to an asylum, and notified this to the relieving officer. He asks is he entitled to the fee usually allowed for certificates of insanity?

\*.\* We are of opinion that in this case our correspondent is not entitled to any fee, as he was not called in by, nor did he make any report to, a magistrate on the case. We are unable to see that he was called upon to notify the result of his visit to the relieving officer; had he not done this it would have been the duty of that official to bring the case under the notice of a magistrate, who would probably have called our correspondent to his assistance, and would then have had the power to order him a fee for his opinion on the case.

#### REGULATIONS FOR MEDICAL OFFICERS OF WORKHOUSES.

J. C., who is a workhouse medical officer, may assume that if he has Glen's *Consolidated Orders*, 10th edition, Dr. Sheen's book on *The Workhouse Medical Officer*, and Dr. Dolan's articles on Workhouses and Infirmarys, he is in possession of the most important publications on the medical management of workhouses, and ought not to be at a loss for guidance in the performance of his duties. There is a Poor Law Medical Officers' Association, and our correspondent should address the Secretary, 3, Bolt Court, Fleet Street, London, E.C.

#### VENTILATION OF MAIN SEWERS.

MR. ANDREW REID.—If the sewer is well laid and flushed street-level ventilating openings, at intervals of 50 to 100 yards, usually prove satisfactory in wide streets. In very narrow streets it would be proper to substitute ventilating shafts, of large calibre, opening above the roofs of houses; and the same plan is advisable where particular openings are offensive, if attention to flushing fails to effect a remedy. The fact of the sewers being periodically blocked by the tide in the particular case stated obviously increases the necessity for ventilating them, and, under such conditions, shafts are likely to be required at many points. We are unable to say what has been done at Torquay or Scarborough.

#### FEEES FOR DOUBLE NOTIFICATIONS OF DIPHTHERIA.

SUFFOLK writes to say that he attended two cases of diphtheria for several days, in conjunction with a brother practitioner, and that both of them notified the two cases. The guardians now refuse to pay the full fee to both practitioners, but offer one-half to each, namely, 1s. 3d. per case. He asks whether he ought to sue for the full fee?

\*.\* It is a statutory duty for each practitioner to notify, and equally so for the sanitary authority to pay to each the prescribed fee. To halve it is absurd. The authority may be unwilling to pay for a second (and to them, perhaps, useless) notification, just as the second practitioner may wish to be spared the trouble of sending it; but until the latter is relieved from his legal obligation to notify, we see no reason why he should not claim the statutory fee for performing a statutory duty. It would be satisfactory to have this principle enforced in a test case for the enlightenment of sanitary authorities generally, but the enforcement is likely to be a troublesome and unprofitable task.

#### THE NOTIFICATION OF INFECTIOUS DISEASE.

THE medical officer of health for Fulham made application to a magistrate recently under the following circumstances:

A case of scarlet fever was notified to him, and he wrote to the medical man who gave the certificate, asking for some information, but received no answer. On calling at the house of the patient he was refused admission. It appears there was reason to suppose the child was not properly isolated, and Mr. Plowden, the magistrate, expressed the opinion it was extraordinary that the medical man should refuse to give information, and directed a constable to accompany the medical officer to the house, to point out to the mother the serious responsibility incurred by refusing to admit him.

## MEDICAL NEWS.

DONATIONS.—Messrs. Thomas De la Rue and Co. have given fifty guineas towards the sum of £2,000 required by the Royal Chest Hospital, City Road.

THE Royal College of Physicians of Edinburgh have sent in a report to the Public Health Committee of the Town Council indicating opposition to the idea of extension of the City Fever Hospital on its present site.

THE National Health Society is now organising a course of lectures, to begin on October 31st, on Home Sanitation. The lectures will be delivered at the offices of the Society, 53, Berners Street, by Mrs. Clare Goslett, an Associate of the Sanitary Institute, and will deal with dangers to health and how to avoid them.

A NEW infirmary, built by the guardians of the Lewisham Union, was opened with some ceremony on October 10th. The buildings are designed to accommodate 372 patients, and the total cost was £72,000, or £193 per bed, including the land.

THE Peninsular and Oriental Steam Navigation Company, on Saturday, October 13th, successfully launched a large new passenger steamer from the yard of Messrs. Caird and Co., of Greenock. This steamer, which is named the *Simla*, is intended for their India, China, and Australia mail services. She has a gross registered tonnage of nearly 6,000 tons, and, besides having accommodation for 145 saloon passengers, has a large cargo capacity.

ST. GEORGE'S HOSPITAL.—The following Entrance Scholarships have been awarded in the St. George's Hospital Medical School: A scholarship of £145, in Arts, open to sons of medical men only, to Mr. Thomas Miller Neatby, late of St. John's College, Cambridge. Scholarships of £85, open to Oxford and Cambridge men only, to Mr. George Trustram Watson, of St. Peter's College, Cambridge, and Mr. John Lamplugh Kirk, of Christ's College, Cambridge.

THE JAPANESE GOVERNMENT AND THE HEALTH OF ITS SOLDIERS.—We learn from the *Sei-I-Kwai Medical Journal* of Tokio that every Japanese soldier taking part in the Korean campaign was vaccinated before being sent to the front. Dr. C. Ishiguro, Surgeon-General of the Japanese army, minutely questioned all officers and men invalided home from Korea as to the climate, food supply, and general sanitary conditions of the country, and embodied the answers in a report which he submitted to His Imperial Majesty the Mikado. These facts speak well for the enlightened attention which the Japanese bestow on everything connected with the health of their soldiers.

TORQUAY MEDICAL SOCIETY.—At a special meeting of this Society on October 5th, Dr. Douglas Powell delivered an address on "A Right Perspective in Medical Thought and Practice." The annual dinner was held on the same evening. At the ordinary general meeting the following officers and Council were elected: *President*, Thomas Finch, M.B.; *Vice-President*, Mr. P. H. Gardner; *Honorary Secretary*, Mr. G. Young Eales (re-elected); *Honorary Librarians*, Mr. A. E. Watson and Dr. Wrinch; *Honorary Auditors*, Dr. Humphreys and Mr. G. Todd; *Council*, Drs. Pollard and Stabb, Mr. Odell and Mr. Thistle.

NEWPORT MEDICAL SOCIETY.—The inaugural meeting of this society, which was formed on June 20th, was held at the Newport and Monmouthshire Infirmary on October 3rd, Dr. A. G. Thomas in the chair. The following were elected officers of the society for the ensuing session:—*President*: B. Davies, M.D., F.R.C.S. *Vice-President*: A. G. Thomas, M.D. *Honorary Secretary*: W. Basset. *Committee*: Messrs. R. E. W. Brewer, O. E. B. Marsh, G. A. Davies, H. R. Hudson. The house-surgeon of the infirmary, Dr. S. H. Lee, was appointed honorary librarian. The business consisted chiefly in a general consideration of the future of the newly formed Society, and it was decided to adjourn the meeting, to allow time for the Committee to draft rules, etc. Votes of thanks to the directors of the infirmary and to the Chairman brought the meeting to a close.



**THE YORK MEDICAL SOCIETY.**—After the delivery of Sir J. Crichton-Browne's address, to which we refer elsewhere, a banquet was held in the De Grey's room. The Lord Mayor of York and the city members, Mr. J. C. Butcher and Mr. Frank Lockwood, Q.C., being among the guests. In reply to the toast of his health, Sir J. Crichton-Browne advocated the establishment in York of a Clinical Research Institute, under the management of the Society.

**THE LATE DR. WILLIAM RICHARDS.**—It has been decided to raise a fund to perpetuate the name of the late Dr. William Richards, of Birmingham, by means of a suitable memorial. The fund will be invested in the name of two trustees, and the interest will be given annually or biennially to found a prize, to be competed for by student members of the Queen's College Medical Society, Birmingham. Students will be required to send in a paper by a fixed date, and the prize paper will be read at a special meeting of the Society. Should the Society cease to exist as the Queen's College Medical Society, or altogether become extinct, the fund will be allocated to form the nucleus for a special prize at the Queen's Hospital. Subscriptions can be sent to Dr. John C. Grinling, honorary secretary, 26, Broad Street, Birmingham; or to the Treasurer, Mr. Arthur Hulme, at the Queen's Hospital, Birmingham.

**SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.**—A quarterly Court of the Directors of this Society was held last week under the presidency of Sir James Paget. The deaths of two ordinary and one honorary member were announced, and three new members were elected. Applications for relief were read from 53 widows, 9 orphans, and from 4 orphans on the Copeland Fund; £1,173 10s. was recommended for distribution at the next Court. At Christmas a present of £5 will be made to each widow and to each orphan on the Copeland Fund, and of £2 to each orphan. The death was announced of a widow who had been in receipt of grants since 1865; she had received in all £1,180, the sum subscribed by her husband having been £28. A special grant of £26 was recommended to be made to a widow at the next annual meeting.

**THE MIDWIVES' REGISTRATION ASSOCIATION.**—The first annual report of this Association states that the number of members is now 339, and includes practitioners residing in all parts of the country and engaged in various departments of practice. The report states that schedules have been circulated for the purposes of obtaining information as to the training and practice of midwives in different parts of the country, and that a considerable number have been returned. The draft scheme for dealing with the question of the registration of midwives, which has been circulated and published, is still under consideration; but a hope is expressed that it will serve to remove most if not all of the serious objections to legislation which have been urged by members of the medical profession. The secretaries of the Association are Dr. Boxall and Dr. F. R. Humphreys, 27, Fellows Road, London, N.W.

**THE NIGHTINGALE FUND.**—From the report of this fund for 1893 issued on Wednesday, we learn that thirty-three nurses trained by the fund were entered on its register during the year. All the nurses but one were taken on to the staff of St. Thomas's Hospital, the exception being a nurse engaged by the Metropolitan and National Nursing Association to be trained as a district nurse in connection with the Queen Victoria Jubilee Institute for Nurses. At St. Marylebone Infirmary eleven nurses were added to the staff, being all those who had completed their training during the year. A list is given of the numerous appointments obtained by former nurses of the fund during the year. Special thanks are given to Dr. Ord, Dr. Sharkey, and Mr. Lunn for their lectures to the nurses, and to Mr. W. R. Dunstan for instruction in chemistry.

#### MEDICAL VACANCIES.

The following vacancies are announced:

**BOSCOMBE HOSPITAL,** Shelley Road, Boscombe, Bournemouth.—House-Surgeon, unmarried. Salary, £60 per annum, with board and residence. Applications to the Honorary Secretary by October 30th.

**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.

**CENTRAL LONDON OPHTHALMIC HOSPITAL,** Gray's Inn Road, W.C.—Two Assistant Surgeons. Applications to the Secretary by November 5th.

**CHARING CROSS HOSPITAL.**—Surgical Registrar; must be qualified to practise. Salary, £40 per annum. Applications to the Chairman, Medical Committee, by October 29th.

**FARRINGTON GENERAL DISPENSARY AND LYING-IN CHARITY,** 17, Bartlett's Buildings, Holborn.—Honorary Physician; must be F. or M.R.C.P. Lond. Applications to W. K. Taunton, Honorary Secretary, by October 27th.

**GENERAL HOSPITAL,** Birmingham.—Assistant House-Surgeon. Appointment for six months. No salary, but residence, board, and washing provided. Applications, with certificate of registration and copies of testimonials, on or before October 27th to the House-Governor.

**GREAT NORTHERN CENTRAL HOSPITAL,** Holloway Road, N.—House-Physician. Salary, £60 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 Anaesthetist. 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 24th.

**HOSPITAL FOR WOMEN AND LYING-IN INSTITUTE,** Brighton.—House-Surgeon, unmarried, and under 30 years of age. Salary, £80 per annum, with board and rooms. Applications to the Secretary by November 15th.

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

**LONDON TEMPERANCE HOSPITAL,** Hampstead Road, N.W.—Assistant Resident Medical Officer, doubly qualified. Appointment for six months. No salary, but board, washing, and residence provided, and an honorarium of 5 guineas on satisfactory completion of the term of appointment. Applications to E. Wilson Taylor, Secretary, by November 2nd.

**MANCHESTER HOSPITAL FOR CONSUMPTION AND DISEASES OF THE THROAT,** Bowdon, Cheshire.—Resident Medical Officer. Salary, £60 per annum, with board, apartments, and washing. Applications to C. W. Hunt, Secretary, by October 29th.

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

**METROPOLITAN ASYLUMS BOARD.**—Assistant Medical Officer at the South-Western and Fountain Hospitals situated in London Road, Stockwell, and Tooting Grove, Lower Tooting, S.W. Salary, £15 per month, with board, lodging, attendance, and washing in each case; must be doubly qualified. Applications, on forms supplied, to be sent to the offices of the Board, Norfolk House, Norfolk Street, Strand, W.C., by October 25th for the former, and October 24th for the latter.

**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.

**NORTH-WEST LONDON HOSPITAL,** Kentish Town Road, N.W.—Resident Medical Officer and Assistant Resident Medical Officer. Salary, £50, attached to the senior post. Appointments for six months. Applications to Alfred Craske, Secretary, by October 29th.

**ROYAL HOSPITAL FOR SICK CHILDREN,** Glasgow (Dispensary).—Extra Honorary Surgeon. Applications to M. P. Fraser, 91, West Regent Street, Glasgow, by October 26th.

**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.

**ROYAL ISLE OF WIGHT INFIRMARY AND COUNTY HOSPITAL,** Ryde.—House-Surgeon and Secretary, doubly qualified. Salary, £80 per annum, with board, lodging, etc. Applications to the Secretary by October 20th.

**ROYAL WESTMINSTER OPHTHALMIC HOSPITAL,** King William Street, West Strand, W.C.—Two Assistant Surgeons. Applications to T. Beattie Campbell, Secretary, by November 3rd.

**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.

**SMEDLEY'S HYDROPATHIC ESTABLISHMENT,** Matlock.—House-Physician: must be under 30 years of age. Appointment for six months. Honorarium, £40, with extension, if mutually desired, at the rate of £120 per annum. Board, lodging, etc., provided. Applications to the Secretary by October 30th.

**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.

**SUNDERLAND INFIRMARY.**—Honorary Physician. Applications to the Chairman of the Medical Board by November 5th.

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

**WEST RIDING ASYLUM, Wakefield.**—Two Resident Clinical Assistants. Appointments tenable for six months. Board and furnished apartments provided. No salary. Applications to the Medical Superintendent.

### MEDICAL APPOINTMENTS.

**ASHBY, T. H., M.B., L.R.C.P.Lond.,** appointed Medical Officer for the Workhouse of the shardlow Union, *vice* R. T. Forbes, M.B., C.M.Glasg., resigned.

**BARNES, E., M.D.Aberd.,** appointed Junior House-Surgeon to Ancoats Hospital, Manchester, *vice* J. L. B. Dixon, resigned.

**BELLSON, Mr.,** appointed Medical Officer for the Bampton District of the Tiverton Union, *vice* T. A. Guinness, L.R.C.P.I., M.R.C.S.Eng., resigned.

**BIBBY, Mr. James R.,** appointed Medical Officer for the No. 2 District of the Gloucester Union, *vice* J. S. Johnstone, M.D.Edin., resigned.

**BRACEY, W. E., L.R.C.S., L.R.C.P.Edin.,** appointed Assistant House-Surgeon of Birmingham General Hospital.

**BRODRICK, C. C., L.R.C.P., L.R.C.S.Edin.,** reappointed Medical Officer of Health to the Tavistock Sanitary Authority.

**COLLIER, J. H., M.B., C.M.Aberd., L.R.C.P., L.R.C.S., L.M.Edin., L.F.P. and S.G., etc.,** appointed Resident Medical Officer Sheffield Union Hospitals.

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

**CRESSY, George John, L.R.C.P., L.R.C.S.I.,** reappointed Medical Officer of Health to the Warsop Local Board.

**CROSBY, H. M., M.B., C.M.Edin.,** appointed Assistant House-Surgeon at the Birmingham General Hospital.

**DICK, James, M.D.Glasg.,** reappointed Medical Officer of Health to the Harrington Local Board.

**DIXON, James L. B., M.B., Ch.B.Vict.,** appointed Assistant Medical Officer of the Crumpsall Workhouse, and also to the Workhouse Receiving and Casual Wards, New Bridge Street, Manchester.

**FISH, C. E., B.A., M.B., B.C.Cantab., M.R.C.S., L.R.C.P.,** appointed House-Physician to the City of London Hospital for Diseases of the Chest.

**GOULD, John Edwin, M.D., L.R.C.P.Lond., M.R.C.S.Eng.,** reappointed Medical Officer of Health for the Borough of Chesterfield.

**GRAY, Hampton, M.D.Dub.,** appointed Medical Officer to the Great Northern Railway, Armagh.

**GREEN, C. A. L., F.R.C.S.Eng., M.D.Heid.,** appointed Resident Surgical Officer of the Birmingham General Hospital.

**HICKS, Mr. T. W.,** appointed Medical Officer for the Sixth District of the Barnet Union.

**JONES, Benjamin Evans, L.R.C.P. and S.Edin.,** reappointed Lecturer on Ambulance and Sick Nursing to the Fylde Rural Districts Technical Committee.

**KEMPE, C. M., M.R.C.S.Eng.,** reappointed Medical Officer of Health to the Shoreham Local Board.

**KNAPP, E. M., L.R.C.P.Edin., M.R.C.S.Eng.,** reappointed Medical Officer of Health for Ross.

**LOGAN, Thomas, M.D.Aberd.,** reappointed Medical Officer of Health to the North Bierley Local Board.

**MACPAIL, J. F., M.A., M.B.,** appointed House-Surgeon to the Carlisle Dispensary.

**MEAKIN, Harold B., M.R.C.S., L.R.C.P.,** appointed Senior House-Surgeon to the Metropolitan Hospital, Kingsland Road, *vice* W. E. Miles, F.R.C.S., resigned.

**MIDDLEBROOK, Mr. Edwin,** appointed Medical Officer for Warboys and Wistow District of the St. Ives Union.

**MOON, E. F. W., L.R.C.P.,** appointed Assistant Medical Officer to the Derby Borough Asylum.

**POWERS, C. H., L.R.C.P.Lond., M.R.C.S.Eng.,** appointed Medical Officer of Health for the District of the Holme Cultram Urban Sanitary Authority.

**ROBINSON, H., M.B., C.M.,** appointed Medical Officer to the Sculcoats Union Workhouse, Hull.

**ROSE, John, M.A., M.B., M.D.Aberd., L.R.C.S.Edin.,** appointed Honorary Consulting Surgeon and Member of the Board of Management of the Chesterfield and North Derbyshire Hospital.

**STEED, John, M.B., C.M.Edin.,** appointed House-Physician of Birmingham General Hospital.

**VINTRAS, G. C. Louis, B.Sc.Paris, M.B.Durh., L.R.C.P.Lond.,** appointed Physician to the French Hospital, Shaftesbury Avenue, *vice* Armand Ruffer, M.D., resigned.

**WATERS, Harry G., L.R.C.P.Lond., M.R.C.S.Eng.,** appointed Assistant House-Surgeon to the Hull Royal Infirmary.

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

**WHITE, J. W., L.R.C.P.I., L.F.P.S.Glasg., M.R.C.S.Eng.,** appointed Medical Officer for the No. 2 District of the Westminster Union.

**WRIGHT, William Hy., L.R.C.P.I., M.R.C.S.Eng.,** reappointed Medical Officer of Health to the Alvaston Local Board.

### DIARY FOR NEXT WEEK.

#### MONDAY.

**LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.**—Mr. R. Marcus Gunn: Clinical Examination of the Eye. Bacteriological Laboratory, King's College, W.C., 3 to 5 P.M.—Lecture: Anthrax and Malignant Edema. Practical Work: Staining Sections. London Throat Hospital, Great Portland Street, 8 P.M.—Mr. G. Charles Wilkin: Nasal Polypi.

**MEDICAL SOCIETY OF LONDON, 8.30 P.M.**—Mr. Marmaduke Sheild: Ulcerations of the Duodenum, with an account of Two Cases in which Laparotomy was Performed. Mr. C. B. Lockwood: Additional Cases of Perforative Ulcer of the Duodenum. Mr. Harrison Cripps: Intestinal Anastomosis.

#### TUESDAY.

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

**ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 8.30 P.M.**—Mr. C. B. Lockwood: The Surgical Treatment of Diffuse Septic Peritonitis, with successful cases.

**LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 2 P.M.**—Dr. Hyslop: Delusional Insanity; Paranoia.

#### WEDNESDAY.

**LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.**—Dr. Sidney Martin: Cases of Pleurisy. Royal London Ophthalmic Hospital, 8 P.M.—Mr. A. Quarry Silcock: Myopia, with Illustrative Cases.

**HUNTERIAN SOCIETY, 8.30 P.M.**—Dr. Fred. J. Smith: The Treatment of Chorea, with especial reference to the Hypodermic Use of Arsenic. Dr. Arnold Chaplin: The Treatment of Fetid Expectorations by a New Method.

**POST-GRADUATE COURSE, WEST LONDON HOSPITAL, Hammersmith Road, W., 5 P.M.**—Dr. Abraham: Cases of Skin Disease.

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

#### THURSDAY.

**LONDON POST-GRADUATE COURSE, National Hospital for the Paralysed and Epileptic, Queen Square, 2 P.M.**—Dr. Buzzard: Cases in Hospital. 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.—Dr. Ord: Cases in the Wards.

#### FRIDAY.

**LONDON POST-GRADUATE COURSE, Hospital for Consumption, Brompton, 4 P.M.**—Dr. Sidney Martin: Cases of Asthma.

**CLINICAL SOCIETY OF LONDON, 8.30 P.M.**—Dr. Hector Mackenzie and Mr. F. C. Abbott: A Case of Subdiaphragmatic Abscess communicating with the Right Pleura successfully treated by Resection of Rib and Drainage. Dr. R. J. Colenso (introduced by Sir Dyce Duckworth): A Case of Poisoning: One Ounce of Chloral Hydrate: Recovery. Dr. T. Churton: A Case of Multiple Neuritis Fatal on the Fifth Day. Mr. Golding Bird: A Case of Pulsatile Congenital Cyst stimulating Aneurysm. Dr. Herringham and Mr. Bruce Clarke: A Case of Idiopathic Dilatation of the Sigmoid Flexure.

#### SATURDAY.

**LONDON POST-GRADUATE COURSE, Bethlem Royal Hospital, 11 A.M.**—Dr. Craig: Stupor, Catalepsy, Katatonia, Dementia.

### 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.

**ACHARD.**—On Sunday, October 14th, at 9, Blandford Street, W., the wife of A. L. Achard, M.D., of a son.

**ALDRIDGE.**—On October 13th, at Hamilton House, Southampton, the wife of Norman Elliott Aldridge, M.B., D.P.H., of a son.

**MULOCK-BENTLEY.**—On September 2nd, at Vrede, O.F.S., South Africa, the wife of T. Mulock-Bentley, L. and L.M.R.C.P., and L. and L.M. R.C.S.I., of a son.

#### MARRIAGES.

**BARRETT-ACKLAND.**—On October 13th, at Christchurch, Clifton, Bristol, by the Rev. T. C. Chapman, M.A., Vicar, Walter Russell Barrett, L.R.C.P.Lond., M.R.C.S.Eng., of 6, Chandos Street, Cavendish Square, W., to Lucy Mary, elder daughter of Mrs. Craig Ackland, of 5, Rodney Place, Clifton.

**WESTLAKE-ATKINSON.**—On October 11th, at Scartho, Lincolnshire, by the Rev. C. F. Thomas, assisted by the Rev. Canon Young, Algonon Westlake, M.B., C.M., of Grimsby, to Sybil Mary Williams, youngest daughter of Mr. J. P. Atkinson, of Scartho House, Scartho, near Grimsby.

#### DEATHS.

**INNES.**—At Napier, New Zealand, on July 29th, Francis William Innes, M.B., C.M., aged 39 years.

**WAGSTAFFE.**—On October 11th, at Purleigh, Sevenoaks, Eliza, widow of Matthew French Wagstaffe, in her 93rd year.