

effect a cure, and in which the disease had spread into the attic but had not extended into the mastoid antrum: (1) Mr. W., aged 30, has had discharge from right ear as long as he can remember. There have been frequent attacks of pain. Watch was heard at 2 inches. A small polypus was seen protruding through Shrapnell's membrane. This was cauterised with chromic acid three times in May, 1893. On June 2nd the perforation had healed. In July there was again a small polypus, which disappeared after use of chromic acid. In October the pain was very severe. In November, under chloroform, an examination was made and rough bone found. The malleus and incus were diseased and removed. There was great improvement until January, 1894, when the pain became very severe and the patient consented to an operation. A large incision was made behind the ear and the cutaneous external meatus cut through. A large number of diseased cells were found near the attic. The pars epitympanica was removed with the chisel and the cells were scraped out. Wound was kept open for six months. Recovery. (2) Miss P., aged 25, has had attacks of pain in left ear for two or three years, and slight offensive discharge off and on. The attacks are becoming more frequent and more severe. Small perforation of Shrapnell's membrane was seen. In December the opening was enlarged and the diseased incus and malleus removed. In May the pain returned. In July a large incision was made behind and above the ear, the whole of the cutaneous external meatus cut through. The pars epitympanica of the attic was removed and the attic and neighbouring mastoid cells well scraped out. The upper part of wound was kept open for two and a-half months. There has been no pain or discharge since. The hearing is slightly worse. Watch can be heard at 3 inches instead of at 5 inches. (3) Mrs. S., aged 30; there has been discharge from right ear as long as she can remember. When I saw her in January, 1894, there had been attacks of severe pain in the ear for two or three months. There was a flat polypus of middle ear, which was removed by the snare and chromic acid. A bent probe could be passed into the attic, and rough bone felt there. The attic was scraped out through the external meatus four times with a small sharp spoon, and much granulation tissue removed. As the pain and discharge did not cease, I opened the attic in May. There was a very large cavity, which was thoroughly scraped. In three months the wound had healed. The hearing was about the same. Watch heard on contact. (4) Mr. T. saw me in November, 1893. There has been pain of left ear for three to four months, with slight discharge. There was a small perforation of Shrapnell's membrane. In January, 1894, the cavity was gently scraped and washed out. The diseased incus came away. In June a large incision was made behind and above the ear, the pars epitympanica removed, and the enlarged attic well scraped. The fistula healed in four months. The hearing is about the same; watch just heard on contact. (5) Miss S. saw me at Eye and Ear Hospital in October, 1893. There has been discharge from the ear for eight to ten years; never much pain. A large polypus was removed; chromic acid frequently applied and iodoform drops used. There was constant recurrence of the polypus. In February, 1894, the attic was scraped out from the external meatus. In July the attic was exposed; a large number of mastoid cells were scraped out, and the posterior and upper wall of the osseous external meatus removed. In six months the fistula had healed, and there was no more discharge from the ear. The hearing had slightly improved; watch was heard at about 2 inches instead of 1. These few cases seem to show how important it is that in all cases of chronic purulent otitis media, or of perforation of Shrapnell's membrane, we should carefully examine the attic, and if necessary lay it open and remove all diseased bone. In many cases we naturally will find that the mastoid antrum is also affected, and this must then be opened. Before operating we should of course try all the ordinary methods of treatment, enlarging, if necessary, any opening of the membrana tympani, removing any polypi or granulations, and, if possible, also the malleus and incus if these are diseased or loose. These methods suffice in a large number of cases; but if they do not we should at once proceed to open up the attic thoroughly, and operate according to ordinary surgical principles. If this method of treatment were carried out hundreds of lives would be saved every year.

ON THE USE OF THE PNEUMATIC SPECULUM IN DISEASES OF THE EAR.

Dr. J. M. E. SCATTLIFF said that the comparatively meagre records of the use of a pneumatic (or aspirating) speculum in the treatment of ear diseases was sufficient apology for bringing forward the subject; more particularly as his remarks applied chiefly to the treatment by passive motion of adhesions affecting the chain of ossicles. "Siegle's speculum" was first introduced to his notice by his colleague, Mr. Cresswell Baber, some seventeen years ago, and since that time he had used it very constantly in the treatment of deafness where the tympanic membrane was entire. The uses of the instrument were various, but he wished in this paper especially to call attention to the following, namely: (1) The systematic production of passive motion of the ossicular joints and the stretching of contracted or adherent tendons of the intrinsic muscles of the tympanum. (2) The breaking down and stretching of adhesions (so common in all joints affected with rheumatoid inflammations, and which, owing to the structure of the intratympanic lining membrane, are even more likely to occur in middle-ear affections than in other regions, as I think Toynbee has indisputably demonstrated). (3) The breaking and stretching of bands of adhesions affecting the membrane itself, and, directly or indirectly, crippling the joint movements. (4) The relief of tinnitus consequent upon these morbid conditions. The diagnosis of these various maladies was in many cases very difficult, but as Dr. Urban Pritchard said, Siegle's speculum was often of great service in clearing this point up, and Toynbee—giving a list of over 1,000 *post-mortem* examinations—has proved these conditions to be of very common occurrence. Owing to the nature of the normal nasopharyngeal intratympanic air supply, these ossicles were likely to become fixed in a position causing increased rather than diminished pressure on the vestibular foramen (particularly at its anterior surface) which was just the condition most likely to be relieved by the use of the pneumatic speculum. Sometimes recovery appeared to be almost instantaneous, and such a case occurred to him in the very early days of his practice, the patient being a young officer of artillery, who was rendered deaf by a violent explosion (a long time previous to his consulting Dr. Scatliff). In his case the violent shock had probably produced some traumatic condition ending in adhesion, which so luckily yielded to suitable treatment. Other cases were accompanied by distressing tinnitus, which symptom was generally relieved for a time, and often permanently, by pneumatic treatment. In the more common class of cases, however, patience and perseverance were required, and were followed by very satisfactory results; many chronic cases recovering to a marked degree. In these cases mercurial inunction over the mastoid and drops of weak oleate of mercury iodide in the meatus have been of aid, following up the treatment by passive motion.

MEMORANDA:

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

A CASE OF MELÆNA NEONATORUM.

THE following case of this rare disease has come under my notice:—

On October 14th Mrs. B. was delivered of her sixth child, a boy. Everything proceeded normally and without the least difficulty. The infant seemed to be typically healthy, red and well nourished. After its birth it passed two natural motions and on being put to the breast took it readily. When it was 24 hours old it vomited a few ounces of blood and shortly after passed a large quantity of blood by the rectum, and died a few hours later.

I made a *post-mortem* examination and found the intestines full of blood and some blood mixed with milk in the stomach. I carefully examined these viscera, but could detect no ulceration of the mucous membrane. The other organs of the body seemed healthy, but the lungs looked rather red and were not thoroughly expanded. I sent the stomach and part of the

intestines to the Clinical Research Association for microscopic examination. Their report says: "Careful examination of the stomach and duodenum submitted to us has failed to discover any ulceration or other lesion of the intestinal wall, and the lung tissue is normal though not fully expanded."

One of Mrs. B.'s other children died of tuberculous meningitis, but the rest are healthy and there is no history of hæmophilia in the family.

Seaford, Sussex.

WM. PRINGLE MORGAN, M.B.

ON THE IMPORTANCE OF EXAMINING THE PERINEUM IN ALL CASES OF RAPID DELIVERY IN PRIMIPARÆ.

THE perineum is necessarily examined in all cases of instrumental delivery. But, in my own experience, it is in natural delivery, and more especially in the rapid (natural) delivery of primiparæ, that a rent in the perineum is most likely to occur. Within the last few months, I have had two typical cases of "ruptured perineum" in primiparæ from rapid delivery, no "interfering doctor" being present. In both cases the perineal rent extended close up to the anal orifice, and implicated some of the fibres of the sphincter. In the first case, having nothing with me, I borrowed an ordinary sewing needle and some white (tailor's) silk from a woman present, and although using no antiseptic, except the greatest of all antiseptics, namely, cleanliness, the wound healed perfectly by first intention within a few days. The second case I sutured with carbolised catgut ligature, and it did equally well.

In neither of these cases were there any subjective symptoms, beyond the usual soreness and tenderness consequent upon delivery, and my proposed examination was considered a work of supererogation by the nurse; however, the *مند* justified the means. The perineum should always be examined in cases of rapid delivery in primiparæ, notwithstanding that the nurse assures you that the patient is "quite comfortable."

Leicester.

W. L'HEUREUX BLENKARNE,
Surgeon to the Leicester Provident Dispensary.

COMMON SALT FOR RINGWORM:

I FORWARD details of a remedy for ringworm which I have used for the past seven years. So far as I know it is entirely new. I was led to this discovery by noticing the following facts:

1. Stray dogs destroyed my favourite laurels by urinating at their roots and over the leaves.
2. My dog in the same way destroys my lawn. Urine, of course, contains a certain amount of chloride of sodium.
3. My gardener destroys weeds in the gravel paths with the same chemical element, namely, dinner salt or chloride of sodium.
4. Children who are suffering from tinea tonsurans are sent to the seaside and almost invariably improve in the salt air. This improvement has been hitherto ascribed to the general favouring influence of the open air life and improved hygienic conditions under which the children live at the seaside. But when we remember the fact that the air near the sea is impregnated with minute particles of sea water containing in solution as it does a large proportion of chloride of sodium, may we not reasonably ascribe the disappearance of the skin disease rather to this circumstance?

The considerations enumerated above arrested my attention and led me to think that common salt might prove to be a valuable remedy in ringworm. I prepared a solution and applied it in the next three cases which I was called upon to treat to the diseased scalp every night for five nights, washing it off the following morning with 10 per cent. boracic acid soap. The result of this treatment was marvellous. In less than four weeks a cure was effected in each case.

In conclusion I would remark that the penetrating character of common salt is well known and indisputable.

F. J. REILLY, M.R.C.S.Eng., L.R.C.S.Ed., L.S.A., L.M.
Hackney.

THE women dentists of the United States have organised an association. It has forty-two members. There are about 150 women who pursue the gentle craft of dentistry in the United States.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

HENRY TRENTHAM BUTLIN, D.C.L., F.R.C.S., President, in the Chair.

Tuesday, November 19th, 1895.

DERMOID OF THE TESTIS.

MR. JACKSON CLARKE showed a dermoid tumour of a testis which had been presented to the museum of St. Mary's Hospital by Surgeon-General Giles, who removed it from an infant, aged 1 year. The following description of the specimen was given: "A right testis containing a dermoid cyst as large as a hen's egg. The cyst is everywhere surrounded by the tunica albuginea. Its cavity is almost entirely occupied by a large intracystic projection which springs from the neighbourhood of the hilum; the remaining cleft-like space within the cyst is filled with hairs and sebaceous matter. The central part of the intracystic projection contains bone and cartilage. The microscope shows the cyst to be lined with skin provided with pilo-sebaceous follicles, sweat glands, etc. No trace of the tubular structure of the testis could be found in the loose areolar tissue which separated the outer walls of the cyst from the tunica albuginea, though the vas deferens and blood vessels are normal." The condition was a rare one, only one other case being recorded in the Society's *Transactions*, namely, by D'Arcy Power. The opinions of Lannelongue, Jacobson, Bland Sutton, and others were briefly discussed. As to diagnosis, cystic sarcoma occurring in infancy were alone likely to give even a superficial resemblance to the condition in question. When the cyst occupied the interior of the testis, the treatment was that practised by Giles in this case.

CYSTIC ACCESSORY THYROID.

MR. WALTER EDMUNDS exhibited the above specimen, in which the cyst was about 1½ inch in diameter, its contents being a pale brown, glairy fluid. Into the interior of the cyst there projected two small excrescences, and attached to one part was a solid portion of tissue about the size of an almond. Microscopic examination showed the solid tissue to be thyroidal; a certain number of the vesicles contained colloid, but most of them were filled with proliferated cells. There was a certain amount of lymphoid tissue between the vesicles. The tumour was removed from near the angle of the jaw in a man, aged 28, and had been noticed three months. It lay some distance from the proper thyroid, which was not seen at the operation, and was apparently normal.

MR. JAMES BERRY observed that it was necessary to distinguish between true and spurious accessory thyroids; there were three varieties. In the first the accessory gland was quite distinct from the proper thyroid; this condition was rare. The second form was commoner. In this the accessory body was connected by means of a piece of capsule to the main gland, to the upper or lower extremities of the lateral lobes, or in the line of the lingual duct. He thought that Mr. Edmunds's case was possibly one where a pedicle had been overlooked at the time of operation. Thirdly, under the term "accessory thyroids" were sometimes included adenomata arising within the thyroid proper, and becoming secondarily pedunculated, the capsule of the main gland becoming attenuated; the whole process resembled what happened in the course of a submucous myoma of the uterus. He knew of one such case, published some years ago, where the tumour before removal projected just below and in front of the angle of the jaw; at the operation the thyroid proper was seen. Death occurred a month afterwards, when it was found that the tumour had arisen in connection with the upper part of the proper gland.

MR. J. H. TARGETT referred to a calcified cystic goitre in the Museum of the Royal College of Surgeons; the goitre lay above the division of the trachea, and presumably the proper thyroid was normal, as no contrary record was preserved.

MR. ARTHUR BARKER inquired of Mr. Berry whether any microscopic differences existed in the three varieties he had described; clinically the distinction was of little import.

To this Mr. BERRY replied that few structural differences

the appointment of a small committee of, say six, to consider this subject is very desirable, and that if they could secure the services of Sir Walter Foster as chairman of such committee, it would be a great gain to the Association?—I am, etc.,
H. NELSON HARDY.

Dulwich, S.E., Nov. 20th.

WELL-TO-DO PATIENTS IN RATE-SUPPORTED HOSPITALS AND THE PUBLIC.

SIR,—No one can find fault with Mr. Osborn's remarks in the *BRITISH MEDICAL JOURNAL* of November 9th, but he omits to mention that the cause of abuse is, in a great measure, due to the action of medical men themselves. So many practitioners are so nervous and frightened over an infectious case—and, of course, the friends become so also—with the result that the first and only thought is the quickest method of getting the unfortunate patient out of the house, and so prevent the neighbours from knowing anything about the matter. The ambulance is sent for, and the medical man sees the last of what ought to have brought grist to the mill.—I am, etc.,

London, Nov. 14th.

EDWARD CARNALL.

OBITUARY.

RICHARD ROSS, M.D.,

Physician to the Belfast Royal Hospital.

THE most profound regret was felt in Belfast on Wednesday, November 13th, when it became known that Dr. Richard Ross had expired that morning. He had been in full work until about a week before his decease, and it was not generally known that his illness was of a serious nature. The cause of death was angina pectoris. Dr. Ross was a native of co. Monaghan, and received his professional education chiefly in Dublin. He took the L.M. of the Coombe Hospital so far back as 1847, and in the following year he became a Licentiate of the Royal College of Surgeons of Ireland. He was admitted to the M.D. of St. Andrews in 1850.

Shortly after obtaining his qualifications he undertook some work in the west of Ireland in connection with the prevailing cholera epidemic; but in 1850 he settled in Belfast, and soon came to the front. He was one of the first Poor-law medical officers appointed for the town of Belfast on the introduction of the Poor-law system into Ireland, and he continued to discharge the duties of this position until 1865, when he was elected one of the Visiting Physicians to the Belfast Royal Hospital, a post he held at the time of his death. He was Consulting Physician to the Belfast Hospital for Cutaneous Diseases and to the Belfast Consumption Hospital. He was an ex-President of the Ulster Medical Society. His private practice was extensive, and included many of the leading families of Belfast and neighbourhood.

We are indebted to a correspondent in Belfast for the following estimate of Dr. Ross's character: "It is difficult for one who was his colleague and intimate personal friend to speak of Dr. Ross as a physician and a man without either on the one hand failing to do justice to a rare personality, or on the other hand using language that may seem extravagant to those to whom the subject of this brief obituary was unknown. Dr. Ross was one of the purest, kindest, most unselfish, and most faithful men who have ever adorned the profession of medicine. His nature had no flaw of meanness or pettiness. He was absolutely devoid of jealousy or greed or unworthy ambition. He lived for his profession and his patients, and he received in return an enthusiastic affection and a profound esteem such as few men have ever evoked. No word of bitterness or censure or discontent or repining ever passed his lips. His presence brought help and comfort and benediction wherever he went. If ever man 'wore the white flower of a blameless life' it was Richard Ross. Indefatigable in labours, unwearied in well doing, careless of self, prodigal of professional aid, of wise counsel, and of kind sympathy, he has gone to his rest amidst the deepest and most unaffected mourning. The tears of the poor are, perhaps, his best epitaph. His death leaves a sad blank in the busy life of Belfast, but his memory will long be affectionately cherished in many a home and many a heart."

DR. ALBERT BRUNSKILL, of Liverpool, whose death at the early age of 31 we regret to have to record, was a prizeman of Trinity College, Dublin, where he graduated with honours. After serving the office of Resident Pupil in Sir Patrick Dun's Hospital he came to Liverpool in August, 1895, and undertook temporary duty at the North Dispensary, where his cousin, Dr. R. R. Brunskill, is head Surgeon. Subsequently he acted as *locum tenens* in two of the Liverpool hospitals, that at Parkhill and that in Netherfield Road. Shortly after entering on residence in the latter institution he contracted typhoid fever, of which he died. The remains were removed to Dublin, and there was a large attendance of professional friends at the graveside.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently passed away are Dr. James E. Garretson, a well-known surgeon, author of a treatise on Oral Surgery, and Dean of the Philadelphia Medical College, aged 67; and Professor Hermann Seidel, Chief of the Surgical Section of the Brunswick Hospital, and for a long time assistant to Volkmann at Halle, aged 41.

NAVAL AND MILITARY MEDICAL SERVICES.

THE ASHANTI EXPEDITION.

EIGHTY-FIVE warrant officers, non-commissioned officers, and men of the Medical Staff Corps have joined the Depot Medical Staff Corps at Alder shot to form a provisional company for active service in Ashanti. This company will be under the command of Surgeon-Major Wolseley, with Surgeon-Captain O'Callaghan as company officer, and Lieutenant and Quartermaster Lines as quartermaster. Orders have been received to arm this company, the warrant officers and non-commissioned officers with the revolver, and the rank and file with the Martini-Henri carbine. An advance party leaves England on November 23rd.

Further medical arrangements provide for the nursing of sick. Mrs. T. A. Gray, Acting Superintendent of Nurses, and a dame of the Royal Red Cross, has been ordered to embark. She will be accompanied by nursing sisters for work in hospitals.

Large stores of medical comforts are to be accumulated at Accra, which will be a base. The provision of means of transporting sick and wounded from the moving columns down the country to the hospitals by hand litters or stretchers has also received attention.

The medical arrangements, both in *personnel* and *matériel*, are likely to be amply sufficient, seeing that both the Commander-in-Chief and the Director-General of the Medical Department have personal experience of active service on the West Coast.

THE NAVY.

STAFF-SURGEON ALFRED PATTERSON has been promoted to be Fleet-Surgeon, October 26th. He was appointed Surgeon, March 31st, 1875, and Staff-Surgeon twelve years thereafter.

Fleet-Surgeon GEORGE KELL has been placed on the retired list from November 14th, at his own request, with the honorary rank of Deputy-Inspector-General. He entered as Surgeon, March 8th, 1867; became Staff-Surgeon, September 5th, 1877; and Fleet-Surgeon, June 10th, 1886.

Surgeon JOHN DUNCAN MENZIES died at the Royal Naval Hospital, Portland, on November 12th, at the age of 34.

The following appointments have been made at the Admiralty: ERNEST E. BRAY, Staff-Surgeon, to the *Thunderer*, November 13th; JOHNSTON H. ACHESON, Surgeon, to the *Cape of Good Hope* Hospital, November 13th; FRANCIS H. A. CLAYTON, Surgeon, to the *St. George*, November 13th; PERCY H. BAYDEN, Surgeon, to the *Thrush*, November 13th.

NAVAL MEDICAL SERVICE.

THE undermentioned gentlemen, who competed on November 4th and following days at Examination Hall, Victoria Embankment, for appointment as Surgeon in the Royal Navy, have been granted commissions:

	Marks.		Marks.
C. H. J. Robinson	2,634	H. H. Gill, M.B.	2,289
H. Huskinson, M.B.	2,579	W. D. Adams, M.A., M.B.	2,244
E. S. Tuck	2,548	W. R. Trythall	2,233
H. G. T. Major	2,529	E. G. E. O'Leary	2,188
M. P. Jones	2,372	J. C. Rowan, M.B.	2,165
A. W. B. Livesay, M.B.	2,344	R. A. Ross, M.B.	2,042

INDIAN MEDICAL SERVICE.

BRIGADE-SURGEON-LIEUTENANT-COLONEL G. HUTCHESON, M.D., Bengal Establishment, is granted the temporary rank of Surgeon-Colonel from September 28th, while officiating as Inspector-General of Civil Hospitals, North-West Provinces and Oude.

Brigade-Surgeon-Lieutenant-Colonel F. A. SMYTH, Bengal Establishment, has retired from the service, October 30th. His first appointment dates from October 1st, 1869; and Brigade-Surgeon-Lieutenant-Colonel

satisfaction requests his own family or other doctor to visit the patient and report to him thereon, it is the duty of the deputed practitioner to point out to the employer or other interested party their respective ethical obligations in the matter; and, prior to making such visit, to solicit and obtain the sanction of the medical attendant in the case; otherwise he will commit a grave breach of professional etiquette, and entail upon himself a just rebuke." *Ethical Code*, chap. ii, sec. 5, rule 15.

CHANGE OF ADDRESS.

FIBULA.—When impracticable to notify personally the change of residence, the most effective and unexceptionable mode is to transmit an autograph note, or a well-executed *facsimile* thereof, on notepaper to *bond-fide* patients; or to enclose an ordinary address card, with "Change of Address" inserted at the top, the old address in the lower right corner being defaced by a black line, and the new one engraved in the left hand corner, or *vice versa*.

A KNOTTY POINT.

F. W. L. writes: A. and B. are two general practitioners living in the same town. A. sees one of B's patients in consultation with B. The patient is a retired coastguardman, B. being the coastguard doctor for the district. A few weeks later a daughter of the patient calls on A. and wishes him to attend her, telling him that, with the exception of a married sister, the father is the only member of the family who has been attended by B. A. declines on the ground that he was introduced to the family as a consultant, but promises to state a case for the Editor of the *BRITISH MEDICAL JOURNAL*, and to be guided by the opinion he expresses.

*In view of the alleged fact that B. is not regarded as the family medical attendant of the retired coastguardman, we incline to the opinion that A., under the circumstances related, would be fairly justified in assuming charge of the would-be patient in question. At the same time, we think that, as a reasonable judicious mark of courtesy, he would act advisedly and in the true ethical spirit by calling upon B., and solicit an expression of his views and wishes on the point.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

ELECTORS OF PROFESSORSHIPS.—The vacancies on the Board of Electors to the chairs of Human Anatomy, and Zoology and Comparative Anatomy, caused by the death of Professor Huxley, have been filled respectively by the appointment of Sir William Turner, F.R.S., Professor of Anatomy in the University of Edinburgh, and of Lord Walsingham, F.R.S., High Steward of the University of Cambridge.

UNIVERSITY OF LONDON.

M.B. EXAMINATION PASS LIST—First Division.—B. L. Abrahams, B.Sc., University College; H. L. Barnard, London Hospital; V. J. Blake, University College; S. W. Brook, Owens College and Manchester Royal Infirmary; S. A. Bull, Westminster Hospital; A. R. Cook, B.Sc., Cambridge University and St. Bartholomew's Hospital; J. H. Cook, University College; F. G. Crookshank, University College; Rosina Clara Despard, London School of Medicine for Women; A. Dimsey, University College; L. E. V. Every-Clayton, Guy's and London Fever Hospitals; S. Gillies, St. Bartholomew's Hospital; W. S. Handley, Guy's Hospital; R. Hopton, Yorkshire College; E. Playfair, King's College; W. T. G. Pugh, Middlesex Hospital; A. J. Rodocanachi, B.Sc., University College; A. Salter, Guy's Hospital; H. B. Shaw, University College; G. H. Sowry, St. Bartholomew's Hospital; T. M. Thomas, Guy's Hospital; and H. J. Walton, St. Bartholomew's Hospital.

Second Division.—E. B. Allan, University College; J. A. Belcher, University College; F. L. Blenkinsop, University College; J. H. Bodman, University College Bristol and St. Bartholomew's Hospital; J. N. Brown, University College; P. K. Byrne, B.A., University College; J. B. Carter, University College; J. A. Coleman, Guy's Hospital; F. J. Counts, University College; G. A. Crace-Calvert, St. Bartholomew's Hospital; C. S. De Segundo, St. Bartholomew's Hospital; Adele Isabella De Steiger, London School of Medicine and Royal Free Hospital; P. W. Dove, St. Bartholomew's Hospital; G. L. Eastes, B.Sc., Guy's Hospital; P. J. Edmunds, B.Sc., University College; H. P. Ferraby, Guy's Hospital; A. P. Gibbons, London Hospital; A. C. Gurney, St. Bartholomew's Hospital; E. F. H. Hardenberg, Guy's Hospital; R. S. Hardman, Owens College and Manchester Royal Infirmary; C. J. Harnett, Guy's Hospital; P. H. Haylett, Guy's Hospital; J. Horan, Guy's Hospital; Charlotte Elizabeth Hull, London School of Medicine and Royal Free Hospital; A. Hunnand, University College; T. H. Hunt, Owens and Yorkshire Colleges; A. W. Jenkins, University College; W. H. Jewell, Guy's Hospital; B. H. Kingsford, St. Thomas's Hospital; R. G. Kirton, London Hospital; E. Knight, Owens College and Manchester Royal Infirmary; E. Miskin, St. Thomas's Hospital; T. G. Nicholson, B.Sc., St. Thomas's Hospital; J. P. O'Hea, St. Bartholomew's Hospital; M. G. Pearson, B.Sc., St. Bartholomew's Hospital; H. J. Scharlieb, University College; S. R. Schofield, University College; H. Siniglar, Mason College; J. C. Smellie, St. Mary's Hospital; F. A. Smith, St. Bartholomew's Hospital; J. C. Spillane, London Hospital; Florence Ada Stoney, London School of Medicine for Women; Margaret Marion Traill-Christie, London School of Medicine and Royal Free Hospital; P. N. Vellacott, Guy's Hospital; M. Wilks, University College.

UNIVERSITY OF GLASGOW.

At the November graduation in Glasgow University there were ten graduands to the higher degree in Medicine, three with commendation; and seven the ordinary degree of M.D. There were also twenty-four graduating M.B., C.M., and one Doctor of Science.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following gentlemen passed the First Professional Examination in Anatomy and Physiology for the diploma of Fellow at a meeting of the Board of Examiners on Thursday, November 14th:

C. J. Heaton, L.R.C.P.Lond., M.R.C.S.Eng., of St. George's Hospital; C. Ryall, L.R.C.P.Lond., M.R.C.S.Eng., of Westminster Hospital and King's College, London; R. T. FitzHugh and A. J. Cleveland, of Guy's Hospital; A. G. Wilson and G. Hutcheson, of London Hospital; A. W. Dickson, of St. Bartholomew's Hospital; S. H. Berry, of Charing Cross and St. Bartholomew's Hospital.

Eight gentlemen were referred for six months.

CONJOINT BOARD IN SCOTLAND.

The quarterly examinations for the triple qualification of the Royal College of Physicians, Edinburgh, the Royal College of Surgeons, Edinburgh, and the Faculty of Physicians and Surgeons, Glasgow, took place in Edinburgh during October, with the following results:

First Examination: Four Years' Course.—Of 18 candidates the following 12 passed: B. R. Roberts, J. Barkley, D. Wilson, T. H. O'Reilly, J. Farmer, E. R. S. Hale, W. C. Brown, J. J. Minihan (with distinction), Ellen Maud Wood, and J. Carruthers. Three candidates entered for divisions, and two passed. **Five Years' Course.**—Of 21 candidates the following 16 passed: A. B. Timms, J. Fulton, F. Hannah, M. King, W. A. Pitt, O. Green (with distinction), E. F. Cox, W. J. O'Sullivan, G. B. M'Kendrick, T. M. O'Driscoll, A. D. Cameron, J. E. Kerr, Mary Jane U'Vaz, J. A. Scotland, W. Pattullo, and W. H. Wharton. Fifteen candidates entered for divisions, and 11 passed.

Second Examination: Four Years' Course.—Of 56 candidates the following 25 passed: J. J. Curtain, M. P. Rogers, R. H. Munro, J. S. D. Robertson, W. Mangan, J. C. Mackenzie, O. L. Appleton, S. H. Smith, W. M. Harry, P. J. F. O'Sullivan, P. J. H. Mulholland, T. J. Enright, W. Campbell, D. Donovan, H. T. Wright, R. E. Russell, A. B. Hood, C. E. Proctor, D. Riordan, J. J. S. Healy, M. F. H. Gamble, C. H. Harris, E. Frost, M. G. Wilkins, and H. W. J. J. G. Cattell. Eleven candidates entered for divisions, and 7 passed. **Five Years' Course.**—Of 8 candidates the following 5 passed: W. Hibbert, W. J. Morgan, D. Heron, G. Potts, and Harriette Frances Bailey.

Third Examination: Five Years' Course.—Of 8 candidates the following 4 passed: J. G. Murray, E. C. Macintosh, Georgina Catherine Hogg, and Mary Ariel Stewart. Five candidates entered for divisions, and 4 passed.

Final Examination.—Of 132 candidates the following 68 passed and were admitted L.R.C.P.&S.E. and L.F.P.&S.G.: C. A. Francois, J. B. Chadwick, P. Bayley, W. D. Shunker, A. F. Thomas, Mary Harmar, C. H. B. Adams, Mary Helen Cruickshank, J. Young, J. C. Glen, J. R. Shotton, S. F. Blakely, N. Pinto, F. W. Martin, T. Gallacher, J. Barry, G. R. Leighton, J. L. S. Sherlock, W. O. R. Loft-house, Annie Caroline Smith, Josephine Cunin, W. H. Dixon, R. J. Black, A. A. Bartholomew, D. A. Porter, P. Wykesmith, W. G. J. Graham, E. H. Swan, J. Matson, A. G. Kewley, W. Hamilton, D. J. Duhig, V. N. Chitale, A. Lees, D. de W. Quay, H. S. O'Connor, J. H. Abrahams, J. Hartley, F. R. B. Quinn, R. Irvine, T. B. Hewson, A. MacGregor, G. Fowler, F. G. R. Grosett, Rosa Turner, Gertrude Keith, G. C. Henry, J. Johnston, R. A. Bowen, W. R. Forbes, W. J. Sturges-Davis, K. E. Master, M. M'Manus, J. G. Mylan, G. O'Toole, M. Kochmann (with honours), H. M. Pereira, J. O'Sullivan, Isabella Hardie Curr, Margaret Feroza Macnaughton, M. Luby, J. F. Stevenson, R. J. Erskine, E. H. Phillips, L. C. Saldanha, T. J. Perkins, J. V. Pratt, and G. Mason. Twenty-two candidates entered for divisions, and 5 passed.

CONJOINT BOARD IN IRELAND OF THE ROYAL COLLEGE OF PHYSICIANS AND ROYAL COLLEGE OF SURGEONS IN IRELAND. The following gentlemen have passed the examination for the Conjoint Diploma in State Medicine:

E. G. Annis, M.R.C.S.Eng.; G. W. Dawson, L.R.C.P. and S.I.; W. J. Greer, F.R.C.S.I.; J. J. G. Murray, L.R.C.P. and S. Edin.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,291 births and 3,876 deaths were registered during the week ending Saturday last, November 16th. The annual rate of mortality in these towns, which had increased from 19.1 to 22.1 per 1,000 in the four preceding weeks, declined again to 19.1 last week. The rates in the several towns ranged from 10.0 in Huddersfield, 12.2 in Brighton, and 13.0 in Derby to 26.2 in Bolton, 30.8 in Liverpool, and 34.4 in Blackburn. In the thirty-two provincial towns the mean death-rate was 19.9 per 1,000, and was 2.0 above the rate recorded in London, which was 17.9 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.6 per 1,000; in London the rate was equal to 2.6 per 1,000, while it averaged 2.5 in the thirty-two provincial towns, and was highest in Liverpool, Salford, Blackburn, and Wolverhampton. Measles caused a death-rate of 2.5 in Salford, 3.7 in Oldham, and 9.0 in Blackburn; scarlet fever of 1.1 in Gateshead; whooping-cough of 1.3 in Newcastle-upon-Tyne and 1.8 in Wolverhampton; and "fever" of 1.3 in Salford, 1.5 in Oldham, 1.6 in Burnley, and 1.9

MEDICAL NEWS.

THE treasurer of Guy's Hospital has received a cheque for £1,000 from Mr. A. L. Cohen for the endowment of a bed in memory of his late son, H. A. Cohen.

THE annual dinner of the Harveian Society of London will be held at the Café Monico on Thursday, November 28th, the president, Sir John Williams, Bart., in the chair.

MR. WILLIAM McVEAN of Brixton, who died on September 29th, has bequeathed £500 to the Evelina Hospital for Sick Children, Southwark Bridge Road.

SCARLET FEVER IN EDINBURGH.—It was reported at the meeting of the Edinburgh Town Council on November 19th that there were on that day 449 patients in the City Hospital, of which 104 were adults, and 345 children. Of these there were 384 cases of scarlet fever, and 39 of typhoid fever. Yet it is maintained by some that there is no epidemic of scarlet fever in Edinburgh.

THE Committee of the Conjoint Laboratories of the Royal Colleges of Physicians and Surgeons in London have made a grant of £100 out of the Goldsmiths' Company's grant to Dr. Cartwright Wood for investigations as to improved means of treating horses with a view to obtaining diphtheria antitoxic serum in a shorter time than is possible by the methods hitherto in use.

THE METRIC SYSTEM.—In replying to a deputation representing Chambers of Commerce, which waited on him on November 20th, Mr. Balfour, the First Lord of the Treasury, assented to the propositions that the metrical system of weights and measures should be legalised for all purposes, and that it should be taught in elementary schools, but expressed the opinion that it would be impracticable to attempt to render it, within the suggested period of two years, the only legal system.

THE Medico-Psychological Association of Great Britain and Ireland will hold an examination for its certificate in Psychological Medicine in London, Edinburgh, Glasgow, Aberdeen, and Dublin on Thursday, December 19th. Intending candidates are required to give fourteen days' notice to the Registrar, Dr. Spence, Burntwood Asylum, Lichfield, from whom further information can be obtained. Essays for the bronze medal and prize given by the Association must be received not later than May 30th, 1896.

THE CHOLERA.—The *Times* correspondent in St. Petersburg telegraphed on November 18th that the *Official Gazette* of that date states that cholera has reappeared in St. Petersburg. It refers to isolated cases with all the symptoms of cholera. Besides 27 seizures and 12 deaths down to November 6th, there have since been 38 more cases, of which 19 have proved fatal.—Up to November 16th the total number of deaths from cholera in Egypt were 795 and 620 deaths. All these, however, were confined to the district of Damietta and Lake Menzaleh. The health in all the big towns, such as Alexandria, Cairo, and Tantah, is reported to be excellent.

CITY OF DUBLIN HOSPITAL.—For the vacancy created by the retirement of Dr. H. Fitzgibbon from the surgery of this hospital there are several candidates—namely, Mr. F. Nixon, surgeon to the Mercer's Hospital; Mr. J. D. Pratt, surgeon to Jervis Street Hospital; Dr. Boyce; Mr. Jameson Johnson, assistant surgeon to the Richmond Hospital; Mr. Gordon, assistant surgeon to the Adelaide Hospital; and Mr. W. J. Thompson, demonstrator of anatomy in the College of Surgeons. Dr. C. B. Ball was also a candidate, but since his election as Regius Professor of Surgery in the University of Dublin he has withdrawn his name.

EDINBURGH ROYAL MEDICAL SOCIETY.—The following gentlemen have been elected office bearers: *Presidents*: J. E. Bowes, M.B., C.M.; W. M. Taylor, M.B.; C. M. Kenneth Maclean, M.B., C.M. *Secretaries*: J. Brunton Blairkie, Scott Carmichael, M.B., C.M. *Chairman of Finance Committee*: Edwin Bramwell. *Curator of Library*: Harry Fowler. *Curator of Museum*: T. Anderson. *Chairman of Public Business Committee*: W. T. Ritchie. *Editor of Transactions*: W. A. G. Alexander, M.B., C.M. *Treasurer*: J. R. Young. *Sublibrarian*: A. P. Ormiston.

MEDICAL VACANCIES.

The following vacancies are announced:

BATH GENERAL OR ROYAL MINERAL WATER HOSPITAL.—Resident Medical Officer; unmarried. Salary, £100 per annum, with board and apartments in the hospital. Applications to Frederick W. Dingle, Registrar and Secretary, before November 25th.

BLACKBURN AND EAST LANCASHIRE INFIRMARY.—Junior House-Surgeon. Salary, £50 per annum, with board, washing, lodging, etc. Applications to Nathan A. Smith, Secretary, Infirmary Offices, 15, Richmond Terrace, Blackburn, by November 27th.

BRADFORD INFIRMARY.—Dispensary Surgeon; doubly qualified; unmarried. Salary, £100 per annum, with board and residence. Applications, endorsed "Dispensary Surgeon," to William Maw, Secretary, by November 25th.

CENTRAL LONDON OPHTHALMIC HOSPITAL, 238A, Gray's Inn Road, W.C.—House-Surgeon. Rooms, coals, and light. Applications to the Secretary by December 10th.

CITY OF LIVERPOOL.—Assistant to the Medical Officer of Health, fully qualified, graduate of a British University, and possess diploma in Sanitary Science or Public Health. Salary, £350 per annum, subject to a contribution of £3 per cent. to the Corporation Superannuation Fund. Not more than 35 years of age. Applications endorsed "Assistant the Medical Officer of Health" to be posted to the Town Clerk, Municipal Offices, Liverpool, to be delivered by November 30th.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—House-Physician. Appointment for six months. Board and Residence provided and salary at the rate of £30 per annum. Applications to the Secretary by December 12th.

COUNTY BOROUGH OF BOLTON.—Medical Officer and Public Analyst, doubly qualified. Salary, £100 per annum. Applications to R. G. Hinnell, Town Clerk, Town Hall, Bolton, by December 4th.

DENBIGHSHIRE INFIRMARY, Denbigh.—House-Surgeon; must be duly qualified to practise medicine and surgery, and be conversant with the Welsh language. Salary, £80 per annum, with board, residence, and washing. Applications and testimonials to W. Vaughan Jones, Secretary, by December 2nd.

ENNIS DISTRICT LUNATIC ASYLUM.—Assistant Medical Officer, doubly qualified, unmarried, and not more than 30 years of age. Salary, £100 per annum, with furnished apartments, rations, washing, fuel, light, and attendance. Applications to Dr. Gelston, Resident Medical Superintendent, by December 13th.

GENERAL HOSPITAL, Birmingham.—Assistant House-Surgeon. Appointment for six months. No salary, but residence, board, and washing provided. Applications to Howard J. Collins, House Governor, by November 30th.

GENERAL INFIRMARY AT GLOUCESTER AND THE GLOUCESTERSHIRE EYE INSTITUTION.—House Surgeon; doubly qualified. Salary, £100 per annum, with board, residence, and washing. The Assistant House-Surgeon is a candidate for the post, and, if elected, the office of Assistant House-Surgeon will be vacant. Candidates must be doubly qualified. Board, residence, and washing provided. Applications to the Secretary by November 30th.

GLASGOW EYE INFIRMARY.—Resident Assistant House-Surgeon. Salary £50 per annum, with apartments and board. Applications to William George Black, Secretary, 88, West Regent Street, Glasgow, by December 10th.

HOSPITAL FOR DISEASES OF THE THROAT, Golden Square, W.—Resident Medical Officer. Salary, £50 per annum, with board, lodging, and washing. Applications to W. Holt, Secretary Superintendent, by November 30th.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Bloomsbury.—House-Surgeon to out-patients; non-resident. Appointment for six months but eligible for a second term. Salary, 25 guineas. Applications to the Secretary by December 3rd.

HOSPITAL FOR WOMEN, Soho Square.—Assistant House-Physician; non resident (appointment for three months) and Assistant Physician. Applications to the Secretary by November 25th.

KING'S COLLEGE, London.—Sambrook Surgical Registrarship. Applications (from King's College students only) to Walter Smith, Secretary, by November 30th.

LEICESTER INFIRMARY.—Honorary Ophthalmic Surgeon (temporary). Applications to the Secretary, 24, Friar Lane, Leicester, by November 25th.

LONDON HOSPITAL, Whitechapel, E.—Dental Surgeon. Applications to the Governor by November 30th.

LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.—Assistant Resident Medical Officer, doubly qualified. No salary, but board, washing, and residence provided. Applications to A. W. Bodger, Secretary, by December 6th.

MANCHESTER ROYAL INFIRMARY.—Assistant Medical Officer at the Mousall Fever Hospital; unmarried. Appointment for twelve months. Salary, £100 per annum, with board and residence. Applications to the Chairman of the Board, Royal Infirmary, Manchester, by November 30th.

MONKWEARMOUTH AND SOUTHWICK HOSPITAL, Sunderland.—House-Surgeon, unmarried, doubly qualified. Salary, £80 per annum, with board, residence, and washing. Applications to J. G. Jordan, Honorary Secretary, by December 2nd.

NEW HOSPITAL FOR WOMEN, 144, Euston Road.—Two Qualified Medical Women as House-Surgeons. Applications to Margaret M. Bagster, Secretary, by November 27th.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, Shore-ditch, N.E.—House-Physician; doubly qualified. Appointment for six months; at the expiration of this term he will be required, if eligible, to serve as House-Surgeon for a further period of six months.

Salary as House-Physician at the rate of £80, and as House-Surgeon at the rate of £80 per annum. Junior House-Physician for six months; doubly qualified. No salary, but board and lodging, including washing, provided. Applications to the Secretary, 27, Clement's Lane, E.C., by December 9th.

ROYAL BERKS HOSPITAL, Reading.—House-Surgeon and House-Physician. Salary in each case £60 per annum, with board, lodging, and washing. Also Assistant Medical Officer, with board, lodging, and washing provided, but not salary. Appointments for six months. Applications to the Secretary before December 9th.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, King William Street, West Strand, W.C.—Clinical Assistants. Applications to T. Beattie-Campbell, Secretary, by November 30th.

ST. GEORGE'S AND ST. JAMES'S DISPENSARY, 60, King Street, Regent Street, W.—Resident Medical Officer. Salary, £100 per annum, with furnished apartments, coals, and lighting; also Physician. Applications to the Secretary, St. Leger Bunnett, by December 4th.

SCARBOROUGH HOSPITAL AND DISPENSARY.—Assistant House-Surgeon. Appointment for six months. Salary, £50 per annum, with board and lodging. Stimulants and washing not provided. Applications to the Honorary Secretary by November 28th.

SWANSEA GENERAL HOSPITAL.—House-Surgeon. Salary, £50 per annum, with board, residence, washing, and attendance. Applications to Jno. W. Morris, Secretary, 9, Castle Street, Swansea, by December 16th.

TIVERTON INFIRMARY AND DISPENSARY.—House-Surgeon and Dispenser; registered and unmarried. Salary, £105 per annum, with lodgings, attendance, fire, and lights. Applications to Arthur Fisher, Honorary Secretary, by November 25th.

VICTORIA UNIVERSITY, Manchester.—External Examiner in Pharmacology and Therapeutics and in Surgery. Appointment for three years. Applications to Alfred T. Bentley, Registrar, by November 30th.

WARNEFORD HOSPITAL, Leamington.—House-Surgeon. Salary, £100, with board, lodging, and washing. Appointment for six months subject to re-election. Applications to the Secretary before December 14th.

WESTMINSTER GENERAL DISPENSARY, Gerrard Street, Soho, W.—Honorary Surgeon. Applications to the Secretary by November 26th.

MEDICAL APPOINTMENTS.

ABRAHAM, Phineas S., M.A., M.D., B.Sc., F.R.C.S.I., appointed Assistant Surgeon to the Hospital for Diseases of the Skin, Blackfriars.

ADAMS, F. E., M.D.R.U.I., D.P.H.Camb., appointed Medical Officer of Health to the Hereford County Council.

BARBER, George Walter, M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Officer to the Kalgoolie (Hannan's) Hospital, West Australia.

BROSTER, Arthur E., L.R.C.P.Edin., M.R.C.S.Eng., appointed Medical Officer to the Small-pox Hospital of the Wirksworth District Council.

CARLYON, F. H., M.B.C.M.Edin., appointed Medical Officer to the Royal Cornwall Infirmary, Truro.

CLARKE, T. H. M., B.A., M.B., B.Ch., B.A.O. Dub. Univ., appointed Senior Resident Surgeon to the Jervis Street Hospital, Dublin.

DAVIES, Albert Barnes, M.R.C.S.Eng., L.R.C.P.Lond., appointed Honorary Surgeon to the Stroud General Hospital.

DUNCAN, Robert Bruce, M.D., B.S.B.Hy.Dunelm., appointed Medical Officer for the Bradninch District of the Tiverton Union.

HARDWICKE, E. W., B.A.Camb., M.B., B.C., appointed Medical Officer of Health to the Quarry Bank Urban District Council.

HARDY, C. M., M.B.Durh., B.S., appointed Medical Officer of Health for the Darlington Rural Sanitary District.

HARRIS, H., L.R.C.P.Edin., M.R.C.S.Eng., appointed Medical Officer for the Bacup District of the Haslingden Union.

KEMP, Benjamin, M.R.C.S.Eng. L.S.A., reappointed Medical Officer of Health to the Horbury Urban District Council.

LITTLE, E. G. Gordon, M.D.Lond., B.A.CapeUniv., M.R.C.P.Lond., M.R.C.S.Eng., appointed Assistant Physician to the East London Hospital for Children, Shadwell.

MCGACHEN, F. W. D., L.F.P.S.Glasg., L.S.A., D.P.H.Eng., appointed Medical Officer for the Markyate District of the Luton Union.

MACKINTOSH, O. J., M.B., C.M.Edin., appointed Medical Officer and Public Vaccinator for the Parish of Portpatrick.

MELLERSE, W. Francis, L.D.S.R.C.S.Eng., appointed Honorary Dental Surgeon to the Thames Ditton Cottage Hospital.

MATTHEWS, Mr. T. G., appointed Medical Officer for the Sixth District of the Mansfield Union, *vice* W. A. Stamford.

MOORE, T., M.R.C.S.Eng., L.S.A., appointed Medical Officer for the Hazelgrove, etc., District of the Stockport Rural District Council.

NUTTING, E. S., M.B., C.M.Edin., appointed Medical Officer of Health to the Warsop Urban District Council.

PACKER, Harry D., M.R.C.S.Eng., L.R.C.P.Lond., appointed Assistant Resident Medical Officer to the East Riding Lunatic Asylum, Beverley, Yorks.

ROWAN, John, M.B., C.M., appointed Assistant Ophthalmic Surgeon to the Glasgow Ophthalmic Institution, Glasgow Royal Infirmary.

SHARP, E., M.R.C.S.Eng., L.S.A., appointed Honorary Consulting Medical Officer to the Royal Cornwall Infirmary, Truro.

SHARP, Hugh C., B.A., M.B.Camb., appointed Honorary Medical Officer to the Royal Cornwall Infirmary, Truro.

SPENCER, Edward, M.B., Ch.B.Vict., L.S.A., appointed Resident Medical Officer to the Colonial Hospital, Perth, Western Australia, *vice* William Elgee, resigned.

THOMAS, Mr. D., appointed Medical Officer of Health to the Ystradgynlais Rural District Council.

THURESSON, E. M., L.R.C.P., L.R.C.S.Edin., appointed Medical Officer for the Second District of the Parish of St. George-in-the-East.

TINDALL, Alex. McI., M.R.C.S.Eng., L.S.A., appointed Medical Officer for the No. 2 District of the Market Harborough Union.

TUXFORD, Arthur, M.D., appointed Medical Officer of Health to the Boston Town Council, the Port Sanitary Authority Boston, and the Ebbey Rural District, *vice* Mr. W. Clegg, resigned.

WATSON, J. K., M.B., C.M.Edin., appointed House-Surgeon to the Essex and Colchester Hospital.

LANDDOWN, G. H., M.R.C.S., L.R.C.P., appointed Assistant House-Physician to King's College Hospital.

BURRIDGE, H. A., M.R.C.S., L.R.C.P., appointed House-Accoucheur to King's College Hospital.

PLAYFAIR, E., M.B.Lond., M.R.C.S., L.R.C.P., appointed Assistant House-Accoucheur to King's College Hospital.

BODEN, J. S., M.R.C.S., L.R.C.P., appointed House-Surgeon to King's College Hospital.

TROUP, J. McD., M.A., L.S.A., appointed House-Surgeon to King's College Hospital.

TRIBE, P. C. E., M.R.C.S., L.R.C.P., appointed House-Surgeon to King's College Hospital.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, London Throat Hospital, Great Portland Street, 8 P.M.—Dr. Edward Woakes: Tinnitus and Vertigo.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. Edmund Owen: The Operative Treatment of Cleft Palate. Dr. C. E. Beavor: The Distribution of Motor and Sensory Symptoms after Injury to the Brachial Plexus.

TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlehem Royal Hospital, 2 P.M.—Dr. Craig: Insanity with Cardiac Disease, Phthisis, Gout, etc.

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

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.—Discussion on the Possibilities as to the Latency of Parasitic Germs or Specific Poisons in Animal Tissues, as in Hydrophobia, Erysipelas, Syphilis, Leprosy, Ringworm, Tuberculosis, etc. in which Mr. Jonathan Hutchinson, Dr. Washbourn, Dr. J. Kingston Fowler, Dr. Phineas Abraham, and Mr. J. Ernest Lane will take part.

WEDNESDAY.

HOSPITAL FOR CONSUMPTION, Brompton, 4 P.M.—Dr. J. Mitchell Bruce: On Asthma.

WEST LONDON HOSPITAL, Hammersmith, W., 5 P.M.—Mr. Cheatle: Surgical Cases (Post-Graduate Course).

HUNTERIAN SOCIETY, 8.30 P.M.—Dr. G. E. Herman: Vaginismus and Allied Affections. Dr. Arnold Chaplin: The Effect of Physiological Rest upon the Lung in Phthisis.

THURSDAY.

LONDON POST-GRADUATE COURSE, Hospital for the Paralyzed and Epileptic, Queen Square, 2 P.M.—Mr. Victor Horsley: Surgery of the Nervous System. Hospital for Sick Children, Great Ormond Street, 3.30 P.M.—The Surgical Registrar: Pathological Demonstration. Central London Sick Asylum, Cleveland Street, 5.30 P.M.—Mr. John Hopkins: Cases in the Wards.

FRIDAY.

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 3 to 5 P.M.—Professor Crookshank: Lecture; Tetanus, Rabies, and Cholera. Practical Work: Examination of Comma Bacilli, Chemical, and other Tests.

SATURDAY.

LONDON POST-GRADUATE COURSE, Bethlehem Royal Hospital, 11 A.M.—Dr. Craig: Lunacy Law.

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.

SANKEY.—On November 16th, at Boreatton Park, Baschurch, the wife of E. H. O. Sankey, M.A., M.B., B.C., of a daughter.

WIGAN.—November 18th, at Portishead, Somerset, the wife of Charles A. Wigan, M.D., of a daughter.

MARRIAGE.

MUDD—PRICE JONES.—On November 13th, at St. Mark's, Surbiton, by the Ven. Archdeacon Burney Barrington, William Mudd, M.B., Ewell, Surrey, son of Barrington Richard Mudd, M.R.C.S., late of Storrington, Sussex, to Evelyn, daughter of the late Wm. Price Jones, M.D., of Surbiton, and of Mrs. Price Jones, Farleigh House, Kingston-on-Thames.