

day's work in the world. Yet these persons are apt to ponder over their health, put us through a catechism as to their diet, almost constrain us to go beyond our knowledge, and even glory in the dietetic chains which are fastened around them by their medical advisers. Unluckily it sometimes happens that one practitioner's rules flatly contradict those of his neighbour, and so a shrewd patient is liable to arrive at the unpleasant conclusion that, as Sir W. Roberts puts it, our notions on dietetics are little better than a farrago of whims and fancies.

We are too formal in our rules, and impose unnecessary and unmeaning restrictions. We prescribe diet by printed forms, making no allowance for idiosyncrasies, and giving even our educated patients little or no latitude or opportunity for exercising their own sense of what is good and what is bad for them. In my judgment the main precept we need enjoin as a golden rule upon our patients suffering from diseases of the skin is moderation and temperance in all matters of eating and drinking, especially as regards alcohol. And we should seek to train the public to observe for themselves whether such and such an item of diet really agrees with them or not.

With all this borne in mind there is plenty of room for judicious advice tempered with common sense, and a hint or a suggestion is often better, although less showy, than the imposition of conventional rules. This latter course is, no doubt, sometimes requisite with the hypochondriac, the sensualist, or the careless, who will not listen to, or are incapable of understanding, the still small voice of healthy instincts and of personal experience.

To sum up in a few words:

1. Very few skin diseases are directly traceable to dietetic causes, but improper diet may aggravate existing eruptions. Idiosyncrasy must be largely allowed for.

2. The diseases that may so arise are of a transitory character, and mostly belong to the class of erythematous.

3. Diet has very little influence in promoting the cure of cutaneous eruptions. The results are far behind popular expectations, even in such cases as acne rosacea, where we are led to hope for much.

4. Avoidance of alcohol, regulation of the bowels, and the cure of anaemia are of infinitely greater importance than special dieting in the management of diseases of the skin.

Dr. RADCLIFFE CROCKER, the President of the Section, agreed most fully with Dr. Smith's views, but he admitted that in practice it was not wise to go in the face of the prejudices of patients in the matter of diet. Salt in moderation had no effect, either in producing or modifying skin diseases. He considered, however, that undigested starch and sugar were apt to disagree in and aggravate cases of urticaria and eczema. As regards alcohol, he thought there was much difference in the exact form of alcohol taken, the fully fermented forms being the least harmful. In the treatment of furuncles careful local antiseptic measures were far more useful than directions as to diet. Dr. Crocker concluded his remarks by insisting on the importance of the cook.

Dr. A. J. HARRISON (Bristol) considered that fruit disagreed with children more frequently than anything else. He did not think that food had anything to do with boils. In his opinion there were patients wholly unable to take certain alcoholic preparations, and he instanced champagne as capable of always disagreeing with the same individual.

Dr. A. S. MYRTLE (Harrogate) agreed with Dr. Smith. He had ceased to impose strict dietary rules in cases of chronic skin disease, and he was convinced that a patient's own taste in food might as a rule be safely followed. Dr. Myrtle had been greatly struck by the good effects of a change of diet on leprosy in Norway. He considered that well-matured spirit was wholesome in moderation. He thought he had traced gout to excessive tea drinking in some cases.

Dr. GEORGE THIN thought the frequent recommendation of whisky by medical men was becoming a great evil. He doubted the alleged prejudicial effects of tea drinking on the skin, since they were not obvious in those countries where tea drinking was very much more prevalent than in England, such as China and Japan. Nor was the method of preparing the beverage of so much importance as was thought. Strict

diet rules, in his own experience, had been productive of much discomfort and sometimes injury in the case of patients suffering from skin disease. With regard to alopecia areata, he had usually found the condition in strong young adults; it was more probably due to contagion.

Dr. MORGAN DOCKRELL insisted on the absurdity of the dictum that diet had scarcely any effect on most forms of cutaneous disease. He did not agree with Dr. Smith's views. He considered that diet was an important factor in eczema, acne, etc., and also in tuberculosis of the skin. Lupus was rare among the Jews, owing to the care taken to exclude tuberculous meat, which was probably sold to poor Christians. He was in the habit of excluding meat from the diet of lupus patients. He considered alopecia areata was related to diet.

Professor McCALL ANDERSON (Glasgow) agreed with what his friend Dr. Jamieson had stated. He held that it was not wise to take the patient's taste as a guide to diet. In Scotland there was a great abuse of tea drinking, which acted very injuriously. China tea was much more wholesome than Indian or Ceylon tea. He alluded to the importance of the teeth. Their proper care was as important as regulating the diet.

Dr. T. D. SAVILL agreed with the last speaker with regard to tea. He wished to emphasise the importance of alcohol in the etiology and treatment of skin diseases. He alluded to Anstie's interesting experiments on the vasomotor effects of alcohol. In his experience the omission of this article from the dietary had frequently cured skin diseases, even of very long duration.

Dr. BUCHANAN said that in cases of prurigo, pruritus, eczema, etc., in which itching was the prominent symptom, he had found that an exclusively vegetable diet for four or six months greatly alleviated the sufferings of the patients and materially aided in their recovery.

Dr. G. G. STOPFORD TAYLOR (Liverpool) was astonished at the extraordinary difference of opinion that existed. Lupus patients should always receive a most generous diet, as the vast majority of cases came from the poor and half-starved ranks of life. The diet of eczema should be conducted on common-sense principles. Alcohol should be avoided.

Dr. ALLAN JAMIESON, in reply, said he thought that boils were undoubtedly sometimes caused by sudden changes of diet, but it was merely in the inception of such that the diet had an influence; their further extension was due to auto-infection. The bad effects of tea on the skin were partly due to its substitution for nutritious food. As regards alopecia areata he thought, whatever might be its exact pathology, that bad feeding, including hurry in taking meals, was of considerable importance in its production.

Dr. WALTER SMITH also made a few remarks, and the discussion closed.

MEMORANDA:

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

SEVERE CASE OF CHICKEN-POX.
On June 22nd a child, M. H., aged 4, was admitted into hospital, the notification being scarlatina. The child presented a well-marked eruption, sore throat, temperature 103°. The rash gradually disappeared. On the fifth day after admission (June 27th) there was a sudden rise of temperature to 105°, followed by a most copious varicella rash all over body, head, scalp, palms of hands, and soles of feet. So close were the vesicles together that a pin point could not be placed anywhere between them. The only part free from eruption was the four large vaccination marks on the left arm. The case presented many appearances of variola, but each cell was unilocular, and collapsed entirely on puncturing. None of the cells had the central depression or umbilication, although many of them were broad and flattened, and had a red areola. The contents of the vesicles, at first clear, became turbid, and on the fifth day (July 2nd) dried up into brown scabs and fell off. Vesicles appeared also on the inside of the

mouth and soft palate. After the spots fell off, especially on the nose and face, many pits were left.

This case was unlike chicken-pox in this respect—the rash came out all at once and not in crops; the shape of the vesicles, and the pitting after falling off of the scabs. The proof that it was not small-pox was the age of the child (4 years), the efficiency of the vaccination (four large marks), and the absence from the district of other cases of small-pox. Another peculiarity of the case was the evidence that the chicken-pox virus must have been in the child's system prior to the scarlatina, the symptoms of the latter disease being so well developed when the child was admitted; and the hospital had had no case of varicella previous to the admission of this child. The child was isolated at once on the appearance of the varicella rash, yet every other inmate of the ward has since had an attack of genuine varicella.

The case was seen by several leading medical men of the district, and the diagnosis of chicken-pox agreed upon by all.

C. H. PHILLIPS, M.D.,
Medical Superintendent of Infectious Hospital, Bucknal.

A CASE OF SPINA BIFIDA OCCURRING IN THE CERVICAL REGION.

THE unusual occurrence of spina bifida in the cervical region may be of interest to some of your readers, and so form an excuse for my encroaching on your valuable time and space.

On June 19th, 1895, I attended Mrs. B. in her first confinement, when she was delivered of a full-timed female child, the labour being normal. At the birth of the child I noticed on the back of the neck a tumour which was about the size of a tangerine orange, slightly constricted at its base and depressed at its summit; the skin covering the tumour was normal, and plentifully covered with hair at the base, but became thinner as it spread over its surface, and at the apex was thin, glistening, and bluish-white in colour, and much wrinkled; the tumour could be emptied of its contents by pressure. The child died twelve hours after its birth. During its short period of life it had (the nurse informed me) several fits, the characteristics of which I am unable to describe, as I did not happen to be present at any of the attacks. I had the opportunity of making a *post-mortem* examination, and found the following conditions: The tumour communicated with the interior of the skull by passing through the foramen magnum and an opening in the neural arch of the atlas. The foramen magnum did not appear to be unusually dilated, the neural arches and formation of all the other cervical vertebrae being normal, neither was there any abnormality of the occipital bone, the torcular Herophili and the sinuses being complete. Spina bifida of the lumbo-sacral region is fairly common, but becomes rarer the higher the situation. In the Museum of the Royal College of Surgeons, amongst the specimens of the malformations, there is a specimen of a ligatured spina bifida occurring at the sixth and seventh cervical vertebrae, but I can find no record of a case occurring above this position, except accompanied by hydrocephalus or considerable malformation of the skull. In this case there was no other abnormality in the skull or elsewhere.

ROBERT EDWARDS, M.R.C.S., L.R.C.P.
Brunswick Square, W.C.

REPORTS

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

VICTORIA HOSPITAL FOR CHILDREN, CHELSEA. AN UNUSUAL CASE OF ACUTE INTESTINAL OBSTRUCTION IN AN INFANT.

(By D'ARCY POWER, M.B., F.R.C.S.Eng., Surgeon to the Hospital.)

[From Notes furnished by Dr. CHANING PEARCE, House Surgeon.]

T. L. B., aged 8 months, a badly fed child, had been ailing for some time with bronchitis. He was comparatively well on April 6th, but his mother noticed that his mouth was

full of small white ulcers. He had a green motion on April 7th, about 7 o'clock in the morning. He began to vomit about 11 o'clock, and at 5.45 P.M. he passed a large motion of altered blood, containing small gelatinous masses. He was admitted into the hospital at 6.30 P.M. It was noticed at this time that he was drowsy, and occasionally drew up his legs and cried out as if in pain. His abdomen was soft, flaccid, and free from tenderness, whilst no tumour could be detected either by palpation through the abdominal walls or *per rectum*. At 11 P.M. there was much retching, and the belly was tender, especially upon the right side, where pressure caused increased retching. A cylindrical mass could be seen and felt in the right hypochondrium. It lay transversely, but did not pass beyond the middle line. There was a slight discharge of blood *per rectum*. I was summoned, and an hour and a-half later, or 13 $\frac{1}{2}$ hours after the initial symptom, laparotomy was performed, inflation having proved useless. The intussusception was of the rare ileo-colic variety, in which the ileum slips through the ileo-cæcal valve and enters the colon unaccompanied by the cæcum, the apex of the intussusception being formed by the reflexion of the ileum upon itself. It could not be reduced *in situ*, the proper method, and the tumour had to be brought out of the wound. Reduction was then easy, and when it had been completed the thickened ileo-cæcal valve was distinctly felt. The wound was closed with deep sutures, and the child bore the operation well. It was fed from 5 A.M. with an ounce of peptonised milk every two hours. It passed a moderately good day after the operation. Its abdomen was flaccid, there was no vomiting, but its bowels were not open. The child had two motions on April 10th, the night but one after the operation. The first of these was of a reddish-brown colour, the second of a natural yellow colour. The food was well taken during this day, the child appeared to be comfortable, and the temperature fell to normal. It had two more motions during the day, both natural. At 8 P.M.—forty-five hours after the laparotomy—the child again began to vomit a brownish fluid. He refused his food, became drowsy, and was cold. He was in condition of collapse by 11.30 P.M. His abdomen was then supple, but fuller than it had been during the day. The wound was perfectly aseptic. No tumour could be felt through the abdominal walls, but three lines of small intestine could be seen in the left hypochondrium. The child vomited all the following day, though it was not fed by the mouth. His bowels were open twice. The abdomen became more full, but it was not tender. There was retention of urine. The vomiting continued throughout April 12th, and there was one large and normal motion. The abdomen was still more full, but—as on the previous day—it was supple, and there was no tenderness. The coils of intestine were distinctly visible through the abdominal walls, though they were not moving so freely as on the previous day. Matters went from bad to worse, and at 4 P.M. on April 13th the abdominal wound was gaping widely, and the gut had become prolapsed. Dr. Pearce replaced it under an anæsthetic, and closed the wound with sutures. The child died on the following day.

The necropsy showed that the small intestines were distended with flatus to within 12 inches of the ileo-cæcal valve. The distension suddenly stopped at this point, although there was no visible cause for its arrest, either outside or within the intestine or abdomen. The colon, like the lower part of the ileum, was collapsed. The thickened ileo-cæcal valve projected for a short distance into the cæcum. The valve and the mucous membrane for about two inches beyond it were congested, but there was no intussusception and no signs of peritonitis.

Microscopical examination of a portion of the invaginated ileum showed a slight extravasation of blood into the whole circumference of the submucous coat. The glands, the adenoid tissue, the circular muscular coat and the serous coat appeared to be healthy in every respect. The individual fibres of the longitudinal muscular coat stained less deeply than they should do, and in many cases appeared to have undergone some degenerative change, for they were unduly granular and they were more highly refracting than usual. I hesitate to say that they had undergone fatty degeneration, as it is well known that similar changes are not unusual in the muscles of children. The extravasation of blood in the dilated part of the intestine immediately above the point of

the dilated heart was so marked that it was difficult to believe it. Probably, however, the real diminution is less than the apparent. A transverse section of the thorax would show both heart and chest wall of circular outline, hence lines drawn from the side limits of the area of cardiac dulness towards the heart would tend to approximate, just as would lines drawn from the tire of a wheel to the hub, although, of course, to a far greater extent than in the case of the heart. This fact would explain something. It has, however, very little bearing on the diminution of the top limit of dulness, but then this diminution is never, so far as my experience goes, so great as the transverse, nor is the vertical outline of the chest wall so circular as that of the transverse outline.—I am, etc.,

RICHARD GREENE.

Northampton, Nov. 23rd.

THE PROPOSED GENERAL HOSPITAL FOR CAMBERWELL.

SIR.—The letter which appeared in the BRITISH MEDICAL JOURNAL of November 23rd under the above heading, signed by nine medical gentleman attached to the provident dispensary in Camberwell, having come under my notice, I beg you will kindly allow me a small portion of your valuable space to reply to it.

I will preface my remarks by saying that the proposed general hospital is not designed for Camberwell alone, but for South London. It will, I think, be a matter of deep regret to all who have read the letter I am referring to that these gentlemen should combine in the invidious task of opposing a philanthropic scheme for the alleviation of the suffering and misery of large numbers of their poorer fellow-citizens. That they should support their opposition by a series of misstatements detracts moreover from the significance of their openly avowed hostility to the establishment of a new general hospital for South London.

The meeting held in Camberwell Vestry Hall, to which they so slightly allude, was a public meeting duly convened by public placards—I enclose one that you, Sir, may see it—and at that meeting, at which several members of the vestry were present, the following resolution was carried unanimously:

That having regard to the grievous want of a general hospital for South London, this meeting of residents in and about Camberwell is of opinion that early steps should be taken to establish such an institution.¹

The nine medical gentlemen who protest against the establishment of a general hospital are, of course, perfectly entitled to their opinion. That it is of sufficient weight to influence the public is, however, quite another matter; and against their opinion I would put the somewhat weightier and more valuable opinion of the Select Committee of the House of Lords, which was appointed "to consider the evidence taken during the sessions of 1890 and 1891 with regard to the hospitals and provident and other public dispensaries and charitable institutions within the metropolitan area." That Committee, with a full knowledge of the medical wants of South London, and aware also of the existence and work of the provident dispensary to which these nine medical gentlemen belong, reported to the House of Lords as follows:

"The Committee would strongly advise that more hospital accommodation should be provided South of the Thames, and were it possible to find the site, and were philanthropic endeavours to be made for further accommodation for the sick in London, a large general hospital (say) in the densely populated district of Camberwell would no doubt be of extreme value.....

"The Committee are convinced that more hospital accommodation is required South of the Thames."

I venture to think that the general public will attach very much greater weight to those strongly-expressed opinions of the Select Committee of the House of Lords, formed after a long and most searching inquiry, than it will to the opinion of the nine medical gentlemen who have availed themselves of the publicity afforded by your columns to publicly oppose the movement for the establishment of such a widely beneficent institution as a general hospital.—I am, etc.,

Cornwall Gardens, S.W., Nov. 15th.

HENRY JEPHSON.

¹ See report in the *South London Press* of June 22nd, 1895.

OBITUARY.

DR. HENRY COUTAGNE, of Lyons, who has died at the age of 49, was distinguished both in medicine and in music. In his childhood he was hailed as a musical prodigy, and at the age of 8 he was already much in request as a pianist at amateur concerts. He studied medicine at Lyons, and took his degree in Paris in 1871. When the Lyons School was transformed into a Medical Faculty, Coutagne was appointed lecturer on forensic medicine, and he held an official position in connection with the law courts as a medico-legal expert. He translated Taylor's great work, and afterwards published a work of his own on forensic medicine, besides contributing largely to the *Archives d'Anthropologie Criminelle* and the *Lyon Médical*. He found time, also, to indulge his passion for music, and he earned a considerable reputation as a composer. He embodied the impressions of a trip to Denmark, Sweden, and Norway in his *Voyage aux Pays Scandinaves*, and he was also the author of an interesting book entitled *Les Anciens Luthiers de Lyon*.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are: Professor W. N. Popoff, Lecturer on Physiology in the University of Dorpat; and Dr. Manuel Bertis, sometime Professor of Pathology in the Medical Faculty of San Salvador.

SURGEON-MAJOR GEORGE EDWARD DOBSON died on November 26th. He was the eldest son of the late Mr. Parke Dobson, of Killinagh, co. Westmeath. He was educated at Trinity College, Dublin, where he graduated B.A. in 1866, M.B. and M.Ch. in 1867, and M.A. in 1875. He was First Senior Moderator and First Gold Medallist in Experimental and Natural Science, Classical Honourman and Stearnes Exhibitioner, and a Member of the Senate of the University of Dublin. He entered the Army in 1868, retiring in 1888 with the rank of Surgeon-Major. His *Essay on the Diagnosis and Pathology of the Injuries and Diseases of the Shoulder-Joint* was awarded the gold medal of the Dublin Pathological Society in 1867. He also wrote *Medical Hints to Travellers*, published by the Royal Geographical Society, which reached a sixth edition in 1889. He was F.R.S., F.L.S., F.Z.S., and a Corresponding Member of the Academy of Natural Sciences of Philadelphia and of the Biological Society of Washington.

NAVAL AND MILITARY MEDICAL SERVICES.

THE EXAMINATIONS FOR THE MEDICAL SERVICES: SUCCESSES AND FAILURES.

IT appears from the table furnished to the General Medical Council that at the examination last August for commissions in the Army Medical Staff 23 candidates offered themselves for the 13 appointments; 10 only obtained the qualifying aggregate of marks, though 4 others "qualified, but their total marks did not reach the aggregate required." Of the 9 candidates rejected, 3 failed in all the subjects of examination, 1 in medicine only, 1 in surgery only, 2 in chemistry and pharmacy only, 1 in medicine and chemistry and pharmacy, 1 in anatomy and physiology and chemistry and pharmacy. At the examination for the medical department of the Royal Navy there were 22 candidates and 12 commissions were given, but 17 candidates altogether were found qualified; 3 of the unsuccessful candidates failed in four subjects, and the remaining 2 candidates in three.

At the examination for commissions in the Indian Medical Service in February, 1895, there were 33 competitors for 18 vacancies; 24 qualified altogether, and 9 were rejected. Of these 9, no fewer than 7 failed in medicine (3 of them in that subject only). In the examination for the same service held in August, 1895, there were 37 candidates for 18 vacancies; 22 qualified altogether, 11 failed to obtain half the compulsory marks, and 4 failed in one or more subjects.

while much injury is being done to the public estimation in which the medical profession has been held. The publicity which we are able to give to such advertisements by reproducing them in these columns has, no doubt, a deterrent effect in the case of those who have not finally determined to sacrifice the good opinion of their fellows, but we look upon it as the duty of all the medical corporations and universities to make and enforce by-laws dealing specifically with the practice of advertisement by members of these bodies. If such advertisers be members of the British Medical Association, which we are glad to think is not often the case, the advertisements should be brought under the notice of the Council of the Branch.

"THE WRONG COMPLAINT."

SENEX writes: A. is attending a patient B., who is dissatisfied with A.'s treatment and calls in C., who tells B. that he has been treated for the wrong complaint by A., but does not communicate in any way with the latter. Would it not have been more in accordance with professional ethics and the promotion of neighbourly feeling to do so?

** The alleged conduct of C. in relation to A. is not only the reverse of neighbourly action, but in direct contravention of the following rule: "When a practitioner is called into, or consulted by a patient who has recently been, or still may be, under the care of another for the same illness, he should on no account interfere in the case, except in an emergency; having provided for which he should request a consultation with the gentleman in previous attendance, and decline further direction of the case except in consultation with him. If, however, the latter refuse this, or has relinquished the case, or if the patient insist on dispensing with his services, and a communication to that effect be made to him, the practitioner last consulted will be justified in taking charge of the case; ere assuming which, however, he should satisfy himself that such intimation has been given by the patient or family. Under such circumstances no unjust or illiberal insinuations should be thrown out in reference to the conduct or practice previously pursued," etc.—*M. E. Code, chap. ii, sect. 5, rule 9.*

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

THE VICE-CHANCELLOR.—We are glad to learn that Mr. Charles Smith is recovering from the effects of his bicycle accident; but as he is advised on grounds of health to undertake no business during the remainder of the term, he has nominated the Provost of King's College and the Master of St. John's College as Deputy Vice-Chancellors.

LECTURES IN MEDICINE.—The Regius Professor of Physic (Dr. Albutt) proposes to lecture on medicine, in reference to cases under the care of the physicians in the hospital, during the ensuing Lent Term. He desires that the names of students or graduates desiring to attend may be sent to him this term.

UNIVERSITY OF EDINBURGH.

At a meeting of the University Court on Monday, November 18th, it was intimated that Dr. Heron Watson had been re-elected and Dr. Joseph Bell elected by the General Council as assessors in the University Court.

Mr. D. A. Welsh, M.B., was appointed one of the clinical medicine tutors in room of Dr. Tillie, resigned.

UNIVERSITY OF DUBLIN ELECTION.

WE are informed that Mr. Lecky's London Committee sits daily at Mr. Macrory's chambers, 7, Fig Tree Court, Temple, and will be glad to give information to medical men in England who have votes for Trinity College, Dublin.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following gentlemen having passed the necessary examinations, and having conformed to the by-laws and regulations, have been admitted Members of the College, namely:

Abbott, J. E., L.R.C.P.Lond.
Ash, P. R., L.R.C.P.Lond.
Ashwin, R. H., L.R.C.P.Lond.
Aubin, E. D., L.R.C.P.Lond.
Barron, T. A., L.R.C.P.Lond.
Beardies, A. H., L.R.C.P.Lond.
Belcher, G. C., L.R.C.P.Lond.
Bell, T. D., L.R.C.P.Lond.
Bernstein, M. M., L.R.C.P.Lond.
Bodman, J. H., L.R.C.P.Lond.
Bostock, E. B., L.R.C.P.Lond.
Bowes, T. A., L.R.C.P.Lond.
Boyton, A. J. H., L.R.C.P.Lond.
Breton, L. M., L.R.C.P.Lond.
Bradley, W. I., M.D. McGill.
Brown, R. C., L.R.C.P.Lond.
Bull, H. A., L.R.C.P.Lond.
Cagliari, G. E., L.R.C.P.Lond.
Campbell, A. J., L.R.C.P.Lond.
Cant, A., L.R.C.P.Lond.
Carden, W. A., L.R.C.P.Lond.
Cawley, G., L.R.C.P.Lond.
Child, G. A., L.R.C.P.Lond.

Clark, R. F., L.R.C.P.Lond.
Connell, A. M., L.R.C.P.Lond.
Cooke, A., L.R.C.P.Lond.
Cooke, M. A., L.R.C.P.Lond.
Coutts, F. J., L.R.C.P.Lond.
Cox, H. P., L.R.C.P.Lond.
Creasy, L. E., L.R.C.P.Lond.
Crosbie, H. P., L.R.C.P.Lond.
Crossley, S., L.R.C.P.Lond.
Dempsey, P. J., L.R.C.P.Lond.
Dhingra, B. L., L.R.C.P.Lond.
Dudley, A. D. P., L.R.C.P.Lond.
Dun, R. C., L.R.C.P.Lond.
Dyball, B., L.R.C.P.Lond.
Eames, C. W., L.R.C.P.Lond.
Evans, E. L., L.R.C.P.Lond.
Fairbairn, J. S., L.R.C.P.Lond.
Farmer, W. H., L.R.C.P.Lond.
Fincham, E. C., L.R.C.P.Lond.
Fleming, W. L. R., L.R.C.P.Lond.
Fletcher, R. H., L.R.C.P.Lond.
Flower, A. F. A., L.R.C.P.Lond.
Frazer, W. D., L.R.C.P.Lond.

Ganner, J., L.R.C.P.Lond.
Genge, G. F. S., L.R.C.P.Lond.
Giblin, W. W., L.R.C.P.Lond.
Gilmour, R. W., L.R.C.P.Lond.
Gross, C. F., L.R.C.P.Lond.
Hardcastle, W., L.R.C.P.Lond.
Hardy, F. S., L.R.C.P.Lond.
Harris, N. MacL., L.R.C.P.Lond.
Hartley, T. S., L.R.C.P.Lond.
Hay, J., L.R.C.P.Lond.
Hayden, G. A. T., L.R.C.P.Lond.
Hearnden, H., L.R.C.P.Lond.
Heptinstall, R. H., L.R.C.P.Lond.
Hewetson, H., L.R.C.P.Lond.
Hill, E. G., L.R.C.P.Lond.
Holme, C. W., L.R.C.P.Lond.
Hora, J., L.R.C.P.Lond.
Hubert, W. A., L.R.C.P.Lond.
Huckle, A. H. H., L.R.C.P.Lond.
Hughes, L. S., L.R.C.P.Lond.
Humphries, F. H., L.R.C.P.Lond.
Jones, E. F., L.R.C.P.Lond.
Joyce, R. D., L.R.C.P.Lond.
Kent, P. W., L.R.C.P.Lond.
Lambe, T., L.R.C.P.Lond.
Lelean, F. S., L.R.C.P.Lond.
Leon, J. T., L.R.C.P.Lond.
Lermite, E. A., L.R.C.P.Lond.
Lincoln, C. H. S., L.R.C.P.Lond.
Loud, F., L.R.C.P.Lond.
Lydall, W. F., L.R.C.P.Lond.
Mackenzie, A., L.R.C.P.Lond.
Macmillan, N. H., L.R.C.P.Lond.
Madden, F. B., L.R.C.P.Lond.
Manby, W. E., L.R.C.P.Lond.
Marshall, G. S. S., L.R.C.P.Lond.
Martineau, A. J., L.R.C.P.Lond.
Mayne, B. J., L.R.C.P.Lond.
Miller, G., L.R.C.P.Lond.
Muggleton, F. C. H., L.R.C.P.Lond.

Murray, J. H., L.R.C.P.Lond.
Myrtle, G. Y., L.R.C.P.Lond.
Nott, H. W., L.R.C.P.Lond.
Nuthall, A. W., L.R.C.P.Lond.
Ormerod, E. W., L.R.C.P.Lond.
O'Sullivan, D., L.R.C.P.Lond.
Pearse, J. S., L.R.C.P.Lond.
Penny, W. R., L.R.C.P.Lond.
Pepper, H. W., L.R.C.P.Lond.
Perkins, G., L.R.C.P.Lond.
Perry, W. D., L.R.C.P.Lond.
Pritchard, H. W., L.R.C.P.Lond.
Ransome, A. C., L.R.C.P.Lond.
Rawson, W. F., L.R.C.P.Lond.
Rees, D. C., L.R.C.P.Lond.
Rogers, A. A., L.R.C.P.Lond.
Rundle, C., L.R.C.P.Lond.
Savin, L., L.R.C.P.Lond.
Sears, A. E., L.R.C.P.Lond.
Shelley, P. W. G., L.R.C.P.Lond.
Shepherd, H., L.R.C.P.Lond.
Shoppee, S. E., L.R.C.P.Lond.
Simpson, C. B., L.R.C.P.Lond.
Smith, F. A., L.R.C.P.Lond.
Sparrow, G. R., L.R.C.P.Lond.
Stamper, G. C., L.S.A.Lond.
Stonehouse, H., L.R.C.P.Lond.
Stuart, W. L., L.R.C.P.Lond.
Thornton, F. B., L.R.C.P.Lond.
Trotter, R. H., L.R.C.P.Lond.
Tyson, W., L.R.C.P.Lond.
Wakefield, C. F., L.R.C.P.Lond.
Watson, F. J., L.R.C.P.Lond.
Wilde, A. N., L.R.C.P.Lond.
Williams, F. D'A. M., L.R.C.P.Lond.
Willmore, W. S., L.R.C.P.Lond.
Wilson, H. B., L.R.C.P.Lond.
Wolfenden, H. C., L.R.C.P.Lond.
Wood, R. M., L.R.C.P.Lond.
Worthington, J. V., L.R.C.P.Lond.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

FELLOWSHIP EXAMINATION.—The following gentlemen having passed the necessary examination, have been admitted Fellows of the College: Mr. Thomas Eagleson Gordon and Mr. George Ainslie Johnston. The following gentlemen passed the primary part of the examination: Mr. Patrick Joseph Fagan and Mr. David Alexander M'Curdy.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, November, 1895.—The following candidates passed in: *Surgery*.—F. R. Baker, London Hospital; G. P. Y. Hulbert, Birmingham; P. G. Lodge, Leeds and St. Thomas's Hospital; D. Pettigrew, Glasgow and Sheffield; W. O. Piper, Westminster Hospital; E. A. B. Poole, Birmingham; E. H. Tipper, Guy's Hospital; J. B. Wall, St. Mary's Hospital; J. Watts, Manchester; H. C. Wimble, St. Bartholomew's Hospital; J. Winder, St. Mary's Hospital.

Medicine, Forensic Medicine, and Midwifery.—W. Benton, Charing Cross Hospital; E. G. Frederick, King's College; R. B. Jones, Liverpool; J. A. K. Renshaw, Cambridge and Manchester.

Medicine and Forensic Medicine.—F. E. Bromley, London Hospital; C. W. Moorshead, Guy's Hospital; E. H. Tipper, Guy's Hospital.

Medicine and Midwifery.—F. R. Baker, London Hospital.

Medicine.—W. H. Reed, Bombay and King's College.

Midwifery.—R. P. H. Whitmarsh, St. Thomas's Hospital; J. G. Owen, Charing Cross Hospital.

To Messrs. Hulbert, Lodge, Moorshead, Pettigrew, Poole, Reed, Renshaw, Tipper, Watts, and Whitmarsh was granted the diploma of the Society.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

TYPHOID AT PHILLACK.

THE action of the Phillack Urban District Council in censuring the owners of a grain store, as having by the storage of decomposing grain caused a prevalence of typhoid fever, would be amusing if it had not its serious aspect. Nuisance, indeed, may have been caused by the decomposing material in question, but there is evidence of a polluted drinking water in the neighbourhood of the fever prevalence, and the fact that analysis had pronounced the water to be unfit for drinking purposes. The report of the local health officer shows that the attention of the Local Government Board has been called to the occurrence, and that they are sending down one of their inspectors to investigate the matter, a step hardly likely to have been resolved upon if the storage of some wheat had been in question. The Council having deemed it unnecessary to have the implicated water analysed, one of their number has had it done privately, both in dry weather and after rain. There is no compulsory notification.

Eight cases have been heard of, with one death; but other other cases may be unreported. The health officer speaks of his inspection previous to the advent of the Government inspector having revealed a state of things that would have surprised his Council had they been with him in his round. The question that occurs to us is whether the Council would not have been nearer the mark if they had censured themselves, and passed a resolution to at once remedy the evils to which their medical adviser so strongly points.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,311 births and 3,863 deaths were registered during the week ending Saturday last, November 23rd. The annual rate of mortality in these towns, which had been 22.1 and 19.1 per 1,000 in the two preceding weeks, further declined to 19.0 last week. The rates in the several towns ranged from 12.6 in Brighton, 13.1 in Norwich, and 13.2 in Croydon to 27.2 in Liverpool, 27.3 in Salford, and 32.3 in Blackburn. In the thirty-two provincial towns the mean death-rate was 20.0 per 1,000, and exceeded by 2.3 the rate recorded in London, which was 17.7 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.7 per 1,000; in London the rate was equal to 3.0 per 1,000, while it averaged 2.5 in the thirty-two provincial towns, and was highest in Wolverhampton, Burnley, Salford, and Blackburn. Measles caused a death-rate of 2.5 in Salford, 2.6 in Burnley, 3.0 in Wolverhampton and in Oldham, and 9.4 in Blackburn; scarlet fever of 1.0 in Birkenhead; and "fever" of 1.0 in Salford and 1.1 in Sunderland. The 111 deaths from diphtheria in the thirty-three towns included 69 in London, 8 in Birmingham, 8 in West Ham, and 4 in Salford. One fatal case of small-pox was registered in West Ham, but not one in London or in any other of the thirty-three large towns. The number of small-pox patients in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital, which had been 106, 78, and 86 at the end of the three preceding weeks, had further increased to 89 on Saturday last, November 23rd; 20 new cases were admitted during the week, against 29, 14, and 23 in the three preceding weeks. There were 2,807 scarlet fever patients under treatment in the Metropolitan Asylums Hospitals and in the London Fever Hospital on Saturday last, against 2,841, 2,847, and 2,845 at the end of the three preceding weeks; 296 new cases were admitted during the week, against 215, 349, and 298 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, November 23rd, 812 births and 521 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 21.4 and 18.5 per 1,000 in the two preceding weeks, further declined to 18.1 last week, and was 0.9 per 1,000 below the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 13.5 in Leith to 23.3 in Aberdeen. The zymotic death-rates in these towns averaged 1.7 per 1,000, the highest rates being recorded in Glasgow and Aberdeen. The 246 deaths registered in Glasgow included 7 from scarlet fever, 6 from whooping-cough, and 5 from "fever." Three fatal cases of scarlet fever were recorded in Aberdeen.

FRACTURES OF CLAVICLE IN POOR-LAW PRACTICE.

INQUIRER writes to ask whether fractures of the clavicle can be regarded as fractures of the arm, and so entitled to be charged for as extras.

** It has been ruled that a fracture of the clavicle does not come within the regulation which allows fractures of the arm to be charged for as extras.

PUERPERAL FEVER OR SEPTICÆMIA.

DUBITO asks whether he ought to notify as puerperal fever a case of septicæmia supervening on the third day after an abortion at the third month.

** Without attempting to supply a definition of puerperal fever for the purposes of the Notification Act, we think that it is usual and proper to notify in such a case.

NOTIFICATION QUESTIONS.

MR. WALTER CHAS. AYLWARD (Tunbridge Wells) asks for an opinion on the following case: A patient who lives near the border of two adjoining sanitary districts is attacked by scarlet fever while living in District 1, and the case is duly notified to A, the medical officer of health for that district. For the purpose of isolation the patient is removed to a cottage in District 2. Ought the case to be notified to B, the medical officer of health for District 2?

** The case ought to be notified to B, unless the circumstances are such that the cottage in District 2 can be regarded as "a hospital in which persons suffering from an infectious disease are received."

MR. A. MAUDE (Wrexham) asks: Is it necessary under the Infectious Diseases Notification Act for a practitioner called in consultation with another to report the case simultaneously with the other practitioner?

** According to the letter of the Act it is necessary for both to notify.

SCARLET FEVER IN EDINBURGH.

THE number of cases of scarlet fever in Edinburgh is again on the increase, ninety-two fresh cases having been reported last week. Unfortunately, too, some cases of a malignant type have appeared. Hitherto the cases have been mostly mild.

MEDICAL NEWS.

THE eighth annual *conversazione* of the Royal British Nurses' Association will be held at the Institute of Painters in Oil Colours, Piccadilly, W., on Monday, December 9th, at 8.30 P.M.

Two new convalescent houses, one for males and the other for females, which have been added to the Perth County Lunatic Asylum at Murthly, were formally opened on November 2nd by Lord Balvaird. The new structures will accommodate forty-eight patients and four nurses.

THE Bishop of Stepney will take the chair at a public meeting to be held at Cadogan House, 162, Sloane Street, on December 4th, at 3 P.M., to discuss the means which may be taken to encourage voice training as a branch of national education in accordance with the memorial of the British Medical Association of November, 1893.

PROSECUTION UNDER THE MEDICAL ACT.—The hearing of the case against an alleged unqualified practitioner, to which reference was made by our Bristol correspondent last week (p. 1323), was resumed on November 21st, and, as we learn from the report in the *Western Press*, again adjourned, a warrant for the arrest of the defendant being ordered.

WESTMINSTER HOSPITAL MEDICAL SCHOOL.—On Tuesday, November 19th, the students' annual dinner was held at the Criterion Restaurant, under the presidency of Mr. Spencer, the dean of the school. A large company were present, and, besides past and present students, many of the hospital staff attended, including Dr. de Havilland Hall, Dr. Donkin, and Mr. Bond.

ROYAL BRITISH NURSES' ASSOCIATION.—The first sessional lecture of the season was given on Friday, November 22nd, at 8 P.M., at the offices, 17, Old Cavendish Street, W., by Louis H. Parkes, M.D., D.P.H., on The Importance of Breathing Fresh Air. The Chair was taken by E. A. Fardon, M.R.C.S., Medical Honorary Secretary. The lecture was well attended by members and friends.

A MUNIFICENT GIFT TO THE UNIVERSITY OF CHICAGO.—Mr. John D. Rockefeller has recently given an additional sum of one million dollars and a further contingent contribution of two million dollars to the University of Chicago. These gifts make up the entire amount of the Chicago millionaire's gifts to the University to about 7,600,000 dollars (£1,520,000). This is probably the largest gift ever made by an individual for educational purposes.

SIR CHARLES CAMERON, M.D., was presented at Glasgow on November 26th with his portrait, which bore an inscription indicating that it was given by a large circle of admirers representing all shades of political opinion, in recognition of his services to the public during his twenty-one years in Parliament. The Lord Provost made the presentation. A fountain in honour of Sir Charles Cameron will also be erected at Charing Cross, Glasgow.

THE annual dinner of the past and present students of the National Dental Hospital and College, Great Portland Street, was held at the Holborn Restaurant on November 22nd, under the presidency of Sir Dyce Duckworth. The Chairman in proposing the toast of the evening—"Success to the National Dental Hospital and College"—said that he had within the last few days gone over the hospital, and he confessed that it was a revelation to him. The arrangements were in every way adapted to fulfil the purposes for which they were designed.

MR. GEORGE WIGHT, M.B., C.M.Edin., was at the Central Criminal Court convicted of manslaughter by negligence in the management of a confinement. Mr. Justice Wright, in passing sentence, said that the sentence would have been heavy if the maltreatment had been due to intoxication. He would pass a sentence of three months' imprisonment, but, having regard to the obvious consequences to the prisoner, and the absence of bad intentions, without hard labour. Further, he directed that, until the decision of the Secretary of State was known, the accused should be placed under the care of the medical officer of the prison.

RESTORATION OF THE APPARENTLY DROWNED.—Among the recent recipients of the medals presented by the Royal Humane Society for saving life were the Misses Amelia M. and Alice M. Bigsby, of Clifton House, Deptford, to whose exertions is due the fact that a would-be suicide mother and her child were restored after hope had been abandoned, the mother after three-quarters of an hour's treatment inculcated in instruction by the St. John Ambulance Association and the study of Dr. Sylvester's method of artificial respiration, and the child in one hour and a-quarter. The woman had jumped with her child into the Surrey Canal at Deptford, and after some time was brought ashore apparently lifeless. The Misses Bigsby, who had been apprised of the occurrence, hastened at once to the spot and had the bodies brought to their father's house, with the result that their prolonged efforts were crowned with success.

A PAPER on the need for a uniform curriculum for nurses was read at a recent meeting of the Matron's Council by Miss Stewart, Matron of St. Bartholomew's Hospital. Replies, including a very full expression of opinion from Miss Nightingale, received from matrons and others to questions bearing on the subject were considered in detail, and it was urged that registration of certificated nurses by the State was the only means of combating the evils due to the ease with which ignorant and unsuitable women of little or no training obtained employment as fully-trained nurses. A preliminary course of training and a preliminary examination would enable authorities better to discriminate among candidates, and would diminish the number of failures in the first year of training. The mode in which the three years of training should be spent, the establishment of a central board of examiners, the form of certificate to be granted, and the desirability of enforcing payment or an entrance fee, were also reviewed in the paper, and after some general discussion a resolution in favour of a uniform curriculum was adopted unanimously.

ROYAL SOCIETY OF EDINBURGH.—At the statutory annual meeting on November 25th the following members of Council were elected for the ensuing session: *President*: The Right Hon. Lord Kelvin, F.R.S. *Vice-Presidents*: Professor Cope-land, Astronomer Royal for Scotland; Professor James Geikie, LL.D., F.R.S.; the Hon. Lord Maclaren, LL.D.; the Rev. Professor Flint, D.D.; Professor J. G. McKendrick, M.D., LL.D., F.R.S.; and Professor Chrystal, LL.D. *General Secretary*: Professor P. G. Tait. *Secretaries to Ordinary Meetings*: Professor Crum Brown, F.R.S., and Mr. John Murray, LL.D. *Treasurer*: Mr. Philip R. D. MacLagan. *Curator of Library and Museum*: Mr. Alexander Buchan, M.A., LL.D. *Councillors*: Alexander Bruce, M.A., M.D., F.R.C.P.E.; Professor Frederick O. Bower, M.A., F.R.S.; Mr. A. Beatson Bell, advocate; Sir Arthur Mitchell, K.C.B., LL.D.; Professor T. R. Fraser, M.D.; Robert Munro, M.A.; M. D. Noel Paton, B.Sc., F.R.C.P.E.; C. G. Knott, D.Sc.; Sir W. Turner, M.B., F.R.S.; Sir Stair Agnew, K.C.B.; James Burgess, C.I.E., M.R.A.S.; and John S. Mackay, LL.D.

LONGTON HEARTS OF OAK MEDICAL AGENCY.—The *Newcastle Guardian* gives an account of the annual dinner of this Society, from which it would appear that both the members and their medical officers are contented with the present arrangements. Dr. W. J. Dawes, in replying to the toast of "The Doctors," is reported to have said that, as "he was working in a good cause, the amount of remuneration was secondary to that which he looked on as a great pleasure, namely, doing what he could to assist an agency of this kind, where men combined to assist one another." If the remuneration is a penny a week per member, and there is no wage limit, as we believe is the case in most of the medical agencies in connection with the Hearts of Oak Benefit Society, Dr. Dawes is not to be congratulated on his sentiments, as affecting the interests of his own profession. It may be right enough for working men to combine to assist one another, but it is not quite so easy to see why this should be at the expense of the medical profession. It is equally incumbent on the latter to combine for its own protection, and the common cause is not assisted by utterances such as this of Dr. Dawes, which tend to make the public think the profession are satisfied with the present rate of payment of benefit societies to their medical officers.

THE BELFAST MEDICAL STUDENTS' ASSOCIATION.—The first general meeting of this Association was held on Friday, November 15th, Dr. Donnan, the outgoing President, in the chair. Before proceeding with the business proper of the meeting the chairman alluded to the recent sad death of Dr. Ross, and suggested that the Secretary should be authorised to send, on behalf of the Association, a letter of sympathy to Mrs. Ross in her great misfortune. The suggestion was unanimously adopted. The Secretary's and Treasurer's reports were then read, and showed the Society to be in a satisfactory condition. The office-bearers for the ensuing session were then elected, Dr. Magowan being chosen President, and Dr. Drummond, Dr. Fullerton, Dr. Donnan Vice-Presidents; W. A. Rice, B.A., Hon. Secretary.

MEDICAL VACANCIES.

The following vacancies are announced:

BROMLEY UNION, Kent.—Medical Officer for the No. 3 District. Salary, £70 per annum, vaccination fees, and extras about £15. Applications to Robert Gordon Mullen, Clerk to the Guardians, 96, High Street, Bromley, Kent, by December 5th.

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 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 £230 per annum. Applications to the Secretary by December 12th.

COUNTY BOROUGH OF BOLTON.—Medical Officer and Public Analyst, doubly qualified. Salary, £400 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, £280 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.

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 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.

LONDON COUNTY ASYLUM, Clapbury, Woodford, Essex.—Lady Assistant Medical Officer; unmarried; doubly qualified. Salary, £120 per annum, increasing £5 yearly to £150, with board, lodging, and washing. Applications on forms provided, to R. W. Partridge, Clerk to the Asylums Committee, London Asylums Committee's Office, 21, Whitehall Place, S.W., by December 5th.

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.

MONKWEARMOUGH 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.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, Shoreditch, 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 £60, 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.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, Shoreditch.—Ophthalmic Surgeon; must possess surgical qualification. Applications to the Secretary, 27, Clement's Lane, E.C., by December 9th.

NORFOLK AND NORWICH HOSPITAL.—House-Physician and House-Surgeon; doubly qualified; unmarried, and under 30 years of age. Salary for each office, £80 per annum, with board, lodging, and washing. Applications to Pool Gabbett, Secretary, by December 10th.

ROYAL BERKS HOSPITAL, Reading.—House-Surgeon and House-Physician. Salary in each case £80 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.

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 Bennett, by December 4th.

ST. MARK'S HOSPITAL, City Road, E.C.—House-Surgeon; must possess a surgical qualification. Salary, £50 per annum, with board and lodging. Applications to the Secretary by December 9th.

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.

TILLERY COLLIERIE, Abertillery.—Surgeon; doubly qualified. Applications to William McNeil, New Houses, Mitre Street, Abertillery, Newport, Mon., by December 6th.

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.

WEST LONDON HOSPITAL, Hammersmith Road, W.—House-Physician and House-Surgeon. Appointments for six months. Board and lodging provided. Applications to R. J. Gilbert, Secretary-Superintendent, by December 18th.

YORK LUNATIC ASYLUM, Bootham, York.—Assistant Resident Medical Officer. Salary, £100 per annum, with board, washing, and attendance. Applications, addressed to the Committee, to be sent under cover to R. D. Horne, Secretary, by December 11th.

MEDICAL APPOINTMENTS.

AUDEN, Frank T., M.B., C.M.Edin., appointed District Surgeon for the Rustenburg District of the South African Republic, vice W. H. Haw, M.R.C.S., resigned.

BAKENRIDGE, F. J., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Electrical Department at St. Thomas's Hospital.

CARLYON, F. H., M.B., C.M.Edin., appointed Honorary Surgeon to the Royal Cornwall Infirmary; also appointed Divisional Surgeon to the Cornwall County Constabulary.

CONFORD, G. J., B.A., M.B., B.Ch.Oxon., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital (extension).

CORNWALL, J. W., M.A., M.B., B.C.Cantab., appointed Clinical Assistant in the Special Department for Diseases of the Throat at St. Thomas's Hospital (extension).

CROUCH, H. C., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital (extension).

DAVIS, H. J., M.A., M.B., B.C.Cantab., M.R.C.S., L.R.C.P., appointed House-Surgeon to St. Thomas's Hospital (extension).

DAWNAY, A. H. P., L.R.C.P., M.R.C.S., appointed Junior Ophthalmic House-Surgeon to St. Thomas's Hospital.

DIXON, W. E., B.Sc.Lond., L.R.C.P., M.R.C.S., appointed Resident House-Physician to St. Thomas's Hospital.

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

EASBY, William, M.D.Bruix., L.R.C.P., L.R.C.S.Edin., appointed Medical Officer of Health to the Peterborough Rural District, vice W. E. Paley, M.B.Durh.

EWING, Dr., appointed Medical Officer to the East and West Ardley District Council.

FARMER, Gabriel William Stahel, M.A., M.B., M.Ch.Oxon., F.R.C.S., Radcliffe Travelling Fellow, appointed Examiner in Human Anatomy at the University of Oxford, vice Professor A. Thomson.

FRASER, W. D., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Electrical Department at St. Thomas's Hospital.

GENGE, G. G., L.R.C.P., M.R.C.S., appointed Junior Obstetric House-Physician to St. Thomas's Hospital.

HALL, Frederick W., M.D. & M.S.Lond., M.R.C.S.Eng., L.R.C.P.Lond., appointed Honorary Assistant Physician to the Sydney Hospital, Sydney, N.S.W.

HARDY, C. M., M.B., B.S.Durh., appointed Medical Officer of Health to the Croft Rural District Council.

HASLUCK, Mr., appointed Deputy Medical Officer of the Kidderminster Union Workhouse.

HOME, A. L., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital (extension).

KELYNACK, T. N., M.D., M.R.C.P., reappointed Pathological Registrar to the Manchester Royal Infirmary.

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

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

LAYTON, F. G., L.R.C.P., M.R.C.S., appointed Non-Resident House-Physician to St. Thomas's Hospital (extension).

MANNING, Guy E., M.R.C.S.Eng., L.R.C.P.Lond., appointed Resident House Physician to the Sunderland Infirmary, vice Burdon Cox, M.B., resigned.

PRAIN, J. L., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital (extension).

RANSON, Wilson, L.R.C.P., L.R.C.S.Eng., appointed Registrar and Assistant to the Surgeon at the County Down Infirmary, vice J. Garner, L.R.C.P., L.R.C.S.Eng., resigned.

ROBERTSON, John A., M.D.Glasg., M.B., C.M., appointed Medical Officer of Health to the Stilton Rural District.

SAUNDERS, E. A., M.A., M.B., B.Ch.Oxon., L.R.C.P., M.R.C.S., appointed Senior Obstetric House-Physician to St. Thomas's Hospital.

SECCOMBE, T. J. A., M.A.Cantab., L.R.C.P., M.R.C.S., appointed Non-Resident House-Physician to St. Thomas's Hospital (extension).

STONE, W. G., M.A., M.B., B.Ch.Oxon., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital (extension).

STROVER, H. C., L.S.A., L.A.H.Dub., appointed Medical Officer for the Tempsford District of the Biggleswade Union.

THORNLEY, W., B.A.Cantab., L.R.C.P., M.R.C.S., appointed Clinical Assistant in the Special Department for Diseases of the Throat at St. Thomas's Hospital.

THORNTON, F. B., L.R.C.P., M.R.C.S., appointed Resident House-Physician to St. Thomas's Hospital.

THURSTON, E. O., L.R.C.P., M.R.C.S., appointed House-Surgeon to St. Thomas's Hospital (extension).

TOOMBS, H. G., L.R.C.P., M.R.C.S., appointed Senior Ophthalmic Surgeon to St. Thomas's Hospital.

WALLACE, A. R., B.A., M.B., B.Ch.Oxon., L.R.C.P., M.R.C.S., appointed Assistant House-Surgeon to St. Thomas's Hospital (extension).

WILLIS, W. Morley, M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to the Bristol Hospital for Sick Women and Children, vice Dr. W. Ledingham Christie, resigned.

DIARY FOR NEXT WEEK.

TUESDAY.

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

PATHOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.—Mr. Adams: A New Form of Steriliser and Incubator. Dr. Rolleston: 1. Adenoma of the Sebaceous Glands. 2. Dilatation of the Oesophagus. Mr. Hutchinson jun.: 1. Gall Stone Impacted in Small Intestine. 2. The Formation of Intra-abdominal Bands. 3. Traumatic Separation of the Epiphysis of the Great Trochanter.

WEDNESDAY.

WEST LONDON HOSPITAL, Hammersmith, W., 5 P.M.—Dr. Seymour Taylor: Cardiac Affections in Children (Post-Graduate Course).

OBSTETRICAL SOCIETY OF LONDON, 8 P.M.—Specimens will be shown. Papers: Mr. J. Bland Sutton: On a Case of Tubo-uterine Pregnancy: Primary Intraperitoneal Rupture: Recovery. Dr. A. E. Giles: A Case of Uterus Diadelphe, with remarks on the clinical importance of this malformation. Dr. Remfry: The Effects of Lactation on Menstruation and Impregnation.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C., 3 P.M.—Lecture by Dr. Beevor.

HOSPITAL FOR CONSUMPTION, Brompton, 4 P.M.—Dr. Hector Mackenzie: On Thoracic Aneurysm.

THURSDAY.

ROYAL COLLEGE OF SURGEONS, 5 P.M.—Mr. N. C. Macnamara: The Bradshaw Lecture on Infective and Tuberculous Osteitis as Causes of Arthritis, and the Importance of their Early Treatment.

HARVEIAN SOCIETY OF LONDON, 8.30 P.M.—Dr. M. Handfield-Jones: First Harveian Lecture on the Heart in its Relation to Pregnancy, Parturition, and the Puerperal State.

FRIDAY.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY, West London Hospital, W., 8.30 P.M.—Clinical Evening: Dr. Taylor: 1. Myxadenia. 2. Deformity of Pinnae. Mr. Keetley: 1. Radical Cure of Hernia with Undescended Testicle. 2. Loss of Memory associated with Ovarian Tumour. Mr. Paget: 1. Resection of Elbow. 2. Fracture of Sacrum. Dr. Abraham: 1. Primary Chancre in a Child aged 18 Months. 2. Congenital Syphilis. Mr. Bidwell: Sclerosis of Superior Maxilla. Mr. Eccles: Multiple Exostoses.

WEST KENT MEDICO-CHIRURGICAL SOCIETY, Royal Kent Dispensary, Greenwich Road, 8.15 P.M.—Clinical meeting. Cases and Specimens by Drs. Herschell, R. K. Brown, Morgan Dockrell, Ezard; Messrs. Johnson Smith, Poland, the President, and others.

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.

BIRTH.

EVELYN.—On November 14th, at 24, Micklegate, York, the wife of W. A. Evelyn, M.D., of a daughter.

MARRIAGE.

PATERSON—AITCHISON.—On November 18th, at the British Consulate, Vienna, by the Rev. W. H. Hechler, Embassy Chaplain, James V. Paterson, M.A., M.B., C.M.Edin., to Susie, second daughter of the late John Robert Aitchison, India Office, London.

DEATHS.

BREMNER.—On November 25th, at Streatham, Canaan Lane, Edinburgh, Bruce Allan Bremner, M.D., L.R.C.S.Eng., late of Bombay, in his 78th year.

DELACHEROIS.—On November 18th, at West Malvern, Annie Delacherois, M.D., widow of N. Delacherois, Esq., J.P. (7th Dragoon Guards), of Ballywillim, co. Down, and daughter of the late R. J. Tennant, Esq., D.L., Rush Park, Belfast, aged 57. Cremated at Woking, Friday, November 22nd.

HUNT.—On November 22nd, at Tramore, Christchurch, Hants, Godfrey Leicester, only son of H. Rochfort Hunt, M.B., aged 2 years.