

me four crystalline alkaloids from the "mescal buttons"; the alkaloids and percentages obtained were as follows:

1. Mescaline	{	...	...	1.16 per cent.
2. Anhelonidine	{	...	...	0.46
3. Anhelonnine	...	...	...	0.13
4. Lophophorine	...	...	...	"

All are freely soluble in water, and possess a remarkable similarity in their physiological actions. It is not proposed here to give detailed differences between these substances, but only to indicate the general conclusions obtained. The following data apply to all:

Skin.—Absolutely non-irritant, hence injection is a suitable mode of administering the alkaloid. A 5 per cent. solution has no effect when applied directly to the conjunctiva.

Mouth.—The substance behaves as a specific sialagogue.

Gastro-intestinal.—After large doses nausea and vomiting may occur. Small doses are apt to cause constipation, but, when the dose is large, diarrhoea sometimes occurs, and in exceptional cases even bloody stools have been observed.

These results are produced whether the alkaloid is given by injection or by the mouth.

Blood.—No effect.

Circulatory.—From the therapeutic point of view this is the most important action, although any action on the circulatory system by this plant has been denied by some observers. Small doses slow the heart, and cause it to beat much more vigorously, whilst after a varying period, dependent on the dose, the beat recovers its normal rate, and generally exceeds it, but is never very rapid.

There is also a considerable rise in arterial pressure. These results are probably due (a) to direct stimulation of the intracardiac ganglia and nerve terminals of the vagus, and (b) to stimulation of the vasomotor centre.

In toxic doses paralysis of the nerve endings of the vagus and subsequently of the nerve cells occurs. In a cat, after section of both vagi, the heart beat was slow and arterial pressure increased by an injection of 0.025 g. of the alkaloid, when a strong stimulation of the vagus failed to produce inhibition.

Respiration.—In moderate doses no effect. Toxic doses give rise to rapid shallow respiration and death subsequently occurs from failure of the respiratory centre. This is the main danger to be apprehended when experimenting with the drug in the human subject.

Nervous.—There is a preliminary stage of excitement, talkativeness and exuberance of spirits followed by a stage of intoxication. Like Indian hemp its effects vary considerably in different individuals. During the stage of intoxication there are increased reflexes, wide dilatation of pupils, auditory and nasal hyperæsthesia, inco-ordination, tremors, blunting of cutaneous sensation, a rapid flow of ideas with difficulty in concentrating the attention and sensory hallucinations, especially visual.

These latter consist of a kaleidoscopic play of colours ever in motion and the tints constantly changing. The movements may be linear, rotatory, or pulsating. The visions generally are only seen with closed eyes. Colouring of external objects is exaggerated. Intellection and introspection seem to the experimenter to be normal. Occasionally there is an indescribable sensation of dual existence.

Lethal doses produce complete paralysis, and death is due to respiratory failure. *Post mortem*, a faradic current applied to the motor nerves produces contraction.

The important effects of these alkaloids in therapeutic doses would appear to be:

1. A direct stimulation of the intracardiac ganglia.
2. An initial slowing of the heart.
3. An elevation of arterial tension.
4. A direct stimulation of the brain and motor centres of the cord, as shown by the increase in reflex excitability.

A FUND FOR WOMEN MEDICAL STUDENTS.—According to the provisions of the will of the late Miss Arethusa L. Forbes, of Brooklyn, the residuary estate, after a few bequests to relatives, is left in trust with instructions "to apply the net income of all the estate which shall remain after the payment of existing debts to the payment of the tuition and instruction of meritorious young women at the Women's Medical College of the New York Infirmary."

MEMORANDA:

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

A CASE OF HÆMORRHAGE INTO THE PONS VAROLII.

THE following case presents some points of practical interest: On September 11th I was sent for to see an old man at a public-house. The only history I could get was that he was found lying on his back on the bed with his feet on the floor, and quite unconscious. He had gone to bed in his usual condition, "drunk."

I found him comatose, with contracted pupils, livid countenance, and heavy breathing. He was quite powerless, and his head dropped forward unless propped up. He appeared like a person suffering from opium poisoning. He died about two hours after I saw him.

With the assistance of Dr. A. J. Wheatley I made a *post-mortem* examination. The only point calling for notice was the condition of the brain. The dura mater was adherent in two or three places to the surface of the brain. There was some subarachnoid effusion of bloody serum. The pons Varolii contained a clot about the size of half a walnut communicating with the floor of the fourth ventricle. There were no other visible signs of disease in the brain.

LEONARD CANE, M.D.Lond., B.S.,
Physician to Peterborough Infirmary, etc.

CONGENITAL SUBLUXATION OF THE HEAD OF THE FIBULA.

THE following case was sent to me for examination by Dr. Brittin. The patient was a child, aged 9 months, and since it was 3 months old the parents had noticed that "one of the bones of the left knee slips in and out." On examining the knee there was apparently nothing abnormal, but when the child moved the leg the head of the fibula suddenly appeared prominent under the skin at the side of the knee, the biceps tendon at the same time standing out like a cord. Another movement sent the head back with a loud crack, and the tendon disappeared. I could not produce this dislocation by manipulation, but by standing the child up it immediately reappeared, and reduced itself with another crack. The tibia remained in its normal position, so I concluded that there was probably some congenital absence of the tibio-fibula ligaments, as the head of the fibula was quite movable when thrown out of its place.

P. CLENNELL FENWICK, M.B.Lond.,
Christchurch, New Zealand. M.R.C.S., L.R.C.P.

A CASE OF HYPERPYREXIA.

AT 7 P.M. on September 25th I received an urgent call to a single woman, aged 20, wildly singing and shouting, and requiring restraint. She was so violent, trying to bite and so on, that it was impossible to examine her properly. Her previous history gave no clue at all. The present attack was said to have commenced with absolute suddenness, and with no immediate cause. It appeared to me to be an acute maniacal attack. I quieted her with an opiate, and saw her early the next morning, when she was quiet. The most obvious symptom about her was anæmia. She was somewhat undersized, perhaps, but not at all wasted; the clavicles were well covered. The finger nails were very extraordinary, being all of them markedly concave. No *râles* in the apices. Temperature 97, and pulse 120. The heart sounds were full and rapid, but quite pure. No œdema of feet or elsewhere tonsils swollen.

Not satisfied with the want of relation between pulse and temperature, I visited her again between 5 and 6 P.M., and took the temperature very carefully; it was 97.2°. The patient was quiet, and answered questions intelligibly. I ordered a sleeping draught at 8 P.M. Nevertheless, a fresh maniacal attack broke out soon after, and was not quieted till after two more doses. The next morning I saw her about noon, and found her temperature 106.2°. I had some antipyrin with me, which I at once administered,

and ordered ice. At 2.30 I called again, and found her no better; and, the ice arriving, I cleared the room, took the vaginal temperature, 108.2°, and sedulously rubbed her down with ice and ice-cold cloths. The bladder appearing to be full, I drew off about a pint of urine, which, after examination, proved to contain a little albumen; but am I right in supposing that the hyperpyrexia alone might account for that?

I succeeded in reducing her temperature to 102.2°, and then wrapped her in a blanket. In this more complete exposure of the body I found a little pleurisy over the left base, but both lungs seemed to fill with air well and equally. Nothing else abnormal was observed. She was in a comatose condition when I saw her at noon, and never rallied, dying about 7 P.M. There was no *post-mortem* examination.

I must confess I am at a loss to understand the sequence of events, particularly perhaps the subnormal temperature, but on the whole I am inclined to think an overwhelming attack of rheumatic poison entering by the tonsils was the cause of the trouble. Perhaps the fatal course of events was assisted by defective kidneys.

Horncastle.

H. ALSTON, M.D.

SCLEREMA NEONATORUM.

On April 17th, 1898, I delivered at full term a well-developed male child. The infant presented a remarkable appearance. The skin was a dusky red colour, and universally indurated. It was quite impossible to pinch it up between the finger and thumb or to move it over the subcutaneous tissues, presenting a marked contrast to the supple skin of a normal child. The movements of the larger joints were limited somewhat, but still obtainable, otherwise the child could not have occupied the usual flexed position *in utero*. On pressure there was no indentation of the skin. The palms and soles differed in colour from the rest of the body, being reddish-purple, and they were so tense as to prevent movements of the fingers and toes. The eyelids were stiff and raised with difficulty. The rigidity of the lips prevented sucking, and necessitated careful feeding with a spoon.

The child took very little nourishment, and rapidly emaciated after a few days, the indurated skin of the body and extremities wrinkling in stiff folds as the wasting advanced. The skin of the head and face wrinkled but slightly, retaining in the main the board-like condition noticed at birth. The swelling of the palms subsided a little a few days after birth, but the soles retained their original condition to the end. A few pustules appeared on several parts of the body before death, and the skin faded to a dirty yellow tint. The child gradually sank, and died fourteen days after birth, apparently from asthenia.

Sclerema neonatorum, of which disease this seems to be an example, is said by the textbooks to commence a few days after birth, spreading from the lower extremities upwards. This case was hidebound at birth.

Birmingham. E. ARTHUR WILKES, M.R.C.S.Eng.,
L.R.C.P., D.P.H.Lond.

MULTIPLE INFLAMMATION IN SEROUS MEMBRANES.

M. S., aged 10 years, was admitted to hospital on December 7th. She was sent in as a supposed case of typhoid. On examination the abdomen was found to be swollen and tympanitic, the knees were drawn up, and there was a good deal of pain and tenderness on pressure. Bowels constipated. Tongue furred. She was very restless. Pulse 130 and feeble. Face shrunk. Temperature on evening of admission was 100°; next morning it rose to 101.8°; it then fell and was only 98°, the following evening. She was treated with pulv. ipecac. co., gr. iij, every third hour, and opium stupes applied to abdomen. The patient lapsed into a state of coma, and died on December 10th.

Necropsy.—Heart presented evidence of fatty degeneration, valves normal. Left lung showed signs of recent pleuritic exudation, otherwise fairly healthy. On right side there was extreme pleurisy, with effusion of thick green exudation. On opening the abdomen the viscera were matted together with greenish, purulent exudation. This exudation appeared to

penetrate some distance into the under surface of left lobe of liver, as there was localised grey discoloration for about $\frac{1}{4}$ in. below the surface. Spleen small, soft on section, and covered with pus; kidneys small and anæmic; stomach, uterus, and bladder normal. There was no ulceration of the intestines. The pelvis was full of pus, which covered all the organs. Mesenteric glands enlarged, but no evidence of suppuration having taken place.

The suppuration in this case would appear to be analogous to empyema as a sequel to pleurisy. It is probable that the case was one of severe multiple inflammation of the serous membranes, the pleuræ and peritoneum being attacked simultaneously, or more probably consecutively, the peritoneum being the original seat of the morbid process, which spread through the lymphatics of the diaphragm to the pleuræ.

J. C. MARTIN, L.R.C.P.,
Assistant Medical Officer, Donegal District Lunatic
Asylum, Letterkenny.

REPORTS

ON

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

CITY OF DUBLIN HOSPITAL.

EPITHELIOMA OF LIP IN A YOUTH 18 YEARS OF AGE.

(Under the care of G. JAMESON JOHNSTON, M.A., M.B., F.R.C.S.I.,
Surgeon to the Hospital.)

HAVING consulted Mr. Bland Sutton's work on *Tumours, Innocent and Malignant*, I found the statement that epithelioma of the lip has been recorded as early as 25. In a limited further search I have been unable to trace any case occurring in a patient as young as the one I wish to record.

T. B., aged 18, was admitted to the City of Dublin Hospital under my care in March last complaining of a small sore on his lower lip which would not heal. It had commenced about Christmas, 1896, as a small "sore or blister"; it periodically became covered with a scab, which remained for a space of two or three weeks, when the scab fell off leaving a raw surface, which did not bleed. Pain was not complained of unless the sore was touched. There was a history of occasional but not frequent smoking, and the patient did not remember holding the pipe more frequently on one side of the mouth than the other. There was no known cancerous disease in his family. The only treatment which had been adopted was that some saltpetre had been rubbed into the sore and the occasional use of carbolic lotion. The sore was about the size of a threepenny piece, and situated on the left side of the lower lip near the angle of the mouth; it partly involved the red margin of the lip, and was not distinctly demarcated, being surrounded by an irregularly indurated zone slightly inflamed; the edge was raised, slightly everted and uneven; the floor was depressed and covered by a scab, which left on removal a ragged floor devoid of granulations. Palpation revealed no enlarged glands.

It was decided to remove the growth, and this was done by means of a V-shaped incision, including healthy tissue on either side. The sides of the incision were brought together by silkworm-gut sutures, and the whole covered with collodion. The operation wound healed by first intention. There is at present no indication of disease. A microscopic examination of the part removed was made by Professor Sullivan, of Trinity College, and I am indebted to him for the following report:

"Microscopic section showed a depression on the outer surface of the lip covered with a thick layer of horny epithelium. The layers of epithelium under this were very irregular in thickness, sending deep prolongations into the subjacent tissue. The subcutaneous tissue was thickened and infiltrated, and contained numerous masses of epithelium concentrically laminated and degenerated in the centre. The muscle fibres were extensively infiltrated with small round cells and atrophied, and numerous cell nests were found among the muscle bundles similar to those in the subcu-

dent of the Royal College of Surgeons), and the first certificate of honour in Clinical Medicine, equal to the second prize. He served the posts of dresser in the hospital to Henry Lee, afterwards surgeon to St. George's Hospital, and of Clinical Clerk to Dr. Arthur Farre, Sir George Johnson, and Dr. Todd.

On the completion of his curriculum, he betook himself directly to the practice of medicine, in which he met with much success.

In October, 1887, he was placed on the Commission of the Peace for the County of Middlesex and Liberty of Westminster, and became by statute Justice also for the new County of London. By this appointment he became an *ex officio* member of the Board of Guardians of the district of St. Pancras. He served for a time on the Committee of the Infirmary of Highgate. He was at one time a member of the Council of the Metropolitan Branch of the British Medical Association, and of the Board of Directors of the Society for the Relief of Widows and Orphans of Medical Men. He occupied for some years a seat at the Jewish Board of Guardians until obliged to resign by stress of work, retaining, however, his connection with the Board through the Sanitary and Industrial Committees as its medical adviser. For a considerable period he served as a member of the Council of the Anglo-Jewish Association, and of the Medical Staff of the Jewish Convalescent Home.

Dr. Davis possessed literary gifts of a high order. He had an extensive knowledge of English etymology, and his style, as displayed in his articles and private letters, was at once forcible, clear, and harmonious, closely akin to that of some of the descriptive writers of the earlier days of the present century. He contributed to the *Sanitary Record*, a series of valuable communications on Sanitary Defects in Houses which appeared in that periodical from 1884 to 1890; and in 1875 an interesting essay appeared in the *Jewish Chronicle*, entitled *The Cosmopolitanism and Longevity of the Jewish Race*. In some addresses for dramatic performances and extravaganzas he was most happy in subjects and methods of treatment. These were executed for the benefit of King's College Hospital and the Great Northern Hospital, of which latter he was a life governor.

He possessed a technical and wide knowledge of architecture, and perhaps there is not a cathedral in Europe worth seeing that he had not visited. A comprehensive knowledge of subjects belonging to the more refined side of life is also seen in connection with his collections of old china, engravings, lace, etc.; and possessed as he was, even up till the last, of an excellent memory, his accumulated information made him a most delightful companion. One of the truest of friends, ever ready to help in any difficulty, the wholehearted loyalty which on every occasion he displayed towards his medical brethren, has carved for him an indelible memory on the hearts of not a few who knew him.

He married, in 1854, Esther, daughter of James Graham Lewis, founder of the firm of Lewis and Lewis, solicitors, Ely Place. The death of his wife in September, 1891, made his life desolate. Sorrow had stripped him of endurance, and he retired from the active duties of medicine, but not into idleness. Soon he drifted into judicial work, and especially (in his magisterial capacity) into the examination of lunatics. The number of cases examined in his district, together with those arising out of his duties as one of the Committee of Visiting Justices at Holloway Prison amounted to from three to four hundred every year, and every case was examined with most conscientious care.

HENRY LEWIS, M.D.BRUX., M.R.C.S.

WE regret to chronicle the death of Dr. Henry Lewis at his house at Folkestone on September 5th at the age of 62 years. He had been in failing health for two years past; but death, which was due to cardiac failure, supervened somewhat unexpectedly. He died almost in harness, having seen a few patients during his last week of life. He received his medical education at St. George's Hospital, and was House-Surgeon there. Subsequently he was Assistant Medical Officer of the Chester County Lunatic Asylum. Going to Folkestone some thirty years ago he at first acted as House-Surgeon to the dispensary, and joined his friend Dr. Bowles in a partnership which lasted fifteen years. In 1886 he became for three years

President of the Brussels Graduates' Association, and more recently had been President of the British Balneological and Climatological Society, of which he was one of the founders. He was also a Fellow of the British Gynaecological Society, and a member of the Medico-Psychological Association.

Dr. Lewis was much attached to his profession and devoted to his patients, of whom for years he had a very large number. He was a Liberal in politics before the introduction of the Home Rule Bill; he subsequently abjured party politics altogether.

He was buried in Folkestone Cemetery on the Friday following his death. Nearly all the members of the medical profession resident in the town were present at the graveside. He leaves a son, Dr. Percy G. D. Lewis, who had been his partner for the past eight years. Mrs. Henry Lewis also survives her husband.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Slawiansky, Professor of Gynaecology in St. Petersburg; Dr. H. Koch, specialist in ear diseases, of Brunswick, aged 47; Dr. Betances, of Paris, formerly well known in Cuba, not only as a physician, but as a prominent "rebel"; and Dr. Carl Mettenheimer, of Schwerin, an active promoter of sanatoria for children on the German coast, aged 74.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

ARMY MEDICAL STAFF EXCHANGE.

The charge for inserting notices respecting Exchanges in the *Army Medical Department* is 8s. 6d., which should be forwarded in stamps or post office order with the notice, not later than Wednesday morning, in order to ensure insertion in the current issue.

MAJOR, Royal Army Medical Corps, returning to Malta in December to complete tour of service, which will expire in March, 1901, is open to an exchange with an officer proceeding to India this trooping season.—Address, "Leonard," care of Messrs. Holt and Co., London.

ROYAL NAVY MEDICAL SERVICE.

THE following appointments have been made at the Admiralty: EDWYN R. GRAZEBROOK, Surgeon, to the *Empress of India*, September 27th; JAMES H. FERGUSSON, Surgeon, to the *Thunderer*, additional, September 27th; ERNEST E. BRAY, Staff Surgeon, to the *Dido*, September 29th; SHIRLEY H. BIRT, Surgeon, to the *Icarus*, additional, October 1st.

STAFF-SURGEON OCTAVIUS STEPHENS FISHER, H.M.S. *Rodney*, died at South Queensferry, N.B., on September 28th, aged 35. He was appointed Surgeon August 20th, 1885, and Staff-Surgeon twelve years later. He was a son of the late Joseph T. Fisher, of Stroud, Gloucestershire.

THE EXPEDITION TO KHARTOUM.

THE *London Gazette* of September 30th contains the despatch of Sir Herbert Kitchener, Sirdar of the Egyptian army, describing the operations in the Soudan of the troops under his command, culminating in the battle at Omdurman on September 2nd. Sir Francis Grenfell, the General Officer in Command of the forces in Egypt, in forwarding the despatch, acknowledges the services, among others, of Surgeon-General H. S. Muir, M.D., Principal Medical Officer in Egypt.

Sir Herbert Kitchener, after relating the nature of the service undertaken by the troops, goes on to say: "The medical department was administered with ability and skill by Surgeon-General Taylor, Principal Medical Officer, who was well assisted by Colonel McNamara, whilst the medical organisation of the Egyptian army fully maintained its previous excellent reputation under the direction of Lieutenant-Colonel Galloway and his staff. The general medical arrangements were all that could have been desired, and I believe the minimum of pain and maximum of comfort procurable on active service in this country was attained by the unremitting energy, untiring zeal and devotion to their duty of the entire medical staff."

The names of the following officers of the Royal Army Medical Corps are specially brought to notice:

Lieutenant-Colonel A. T. Sloggett (wounded)	Major H. B. Mathias
Lieutenant-Colonel G. A. Hughes	Captain A. Y. Reilly
Major C. A. Webb	Captain R. H. Penton
Major G. Robinson	Captain H. E. Hill Smith
Major G. F. A. Smythe	Captain C. S. Spong
Major D. Wardrop	Captain P. H. Whiston
Major R. W. Barnes	Captain G. A. T. Bray
Major E. M. Wilson	Captain J. W. Jennings
Major A. Dodd	Captain H. N. Dunn
Major M. O'D. Bradbell	Lieutenant E. W. Bliss
Major C. R. Kilkelly	Lieutenant S. L. Cummins
Major W. H. Pinches	
Major M. H. Adamson	First-Class Staff-Sergeant Hoist
Major D. M. O'Callaghan	Sergeant Scrase

INDIAN MEDICAL SERVICE.

LIEUTENANT-COLONEL M. O'DWYER, M.B., Bengal Establishment, retires from the service from November 30th next. He was appointed Assistant-Surgeon, September 30th, 1878, and Lieutenant-Colonel, September 30th, 1898. He was in the Afghan war of 1879, and has the medal granted for that campaign.

Major J. SHEARER, M.D., D.S.O., Bengal Establishment, has been appointed Secretary to the Principal Medical Officer Her Majesty's Forces in India, *pro tem.*, from August 13th.

Surgeon-General JAMES CLEGHORN, M.D., C.S.I., Bengal Establishment, Director-General Indian Medical Service, is appointed Honorary Surgeon to the Queen, *vice* Deputy Surgeon-Generals S. B. Partridge, C.I.E., deceased, October 5th.

Major M. B. BRAGANZA, Bombay Establishment, Medical Officer 30th Bombay Infantry (3rd Belooch Battalion) is permitted to retire from the service from September 15th. His first commission dates from April 2nd, 1881; that of Major from twelve years later. He was with the Burmese Expedition in 1886, and has the Frontier medal with clasp.

THE VOLUNTEERS.

SURGEON-LIEUTENANT J. YOUNG, M.D., 1st (City of Bristol) Volunteer Battalion the Gloucestershire Regiment, is promoted to be Surgeon-Captain, October 5th.

THE DIRECTOR GENERAL'S TENURE OF OFFICE.

It has been decided that the tenure of appointment of the Director-General of the A.M.S. shall in future be for five years, unless the term be specially extended by the Secretary of State for War for a further period not exceeding two years. It will be in the recollection of our readers that Captain Cecil Norton, M.P., urged the desirability of this change during the discussion on the medical vote in Parliament. Presumably the order will not apply to the present occupant of the post.

THE VOLUNTEER AMBULANCE SCHOOL OF INSTRUCTION.

The winter work of this school was commenced on October 3rd, when two large classes paraded for instruction under Brigade-Surgeon-Lieutenant-Colonel F. B. Giles, V.D., and Surgeon-Captain E. Ryan. One class is being given a course of roller bandaging and duties in hospital, the other in first aid and stretcher drill. As both classes are well attended it is announced that no more can be taken in after October 10th. The officers' class recently held at the headquarters of the first Middlesex Rifle Volunteers was well attended, and altogether nearly 300 officers have now passed through the school.

CONVALESCENT HOMES FOR SOLDIERS.

THE *Army and Navy Gazette* states that the feasibility of carrying out the scheme for such homes was much discussed before Parliament rose, and that the heads of the War Office are now going into the whole question. The Secretary of State for War is willing to adopt the views set forth in the *BRITISH MEDICAL JOURNAL* on September 10th, and in other papers, but the Treasury stands in the way.

VOLUNTEER MEDICAL OFFICER'S PROFICIENCY EXAMINATION.

SURGEON-LIEUTENANT writes: I beg to enclose copy of questions submitted at the Proficiency Examination held on October 4th. For the information of surgeons in Volunteer regiments it may be as well to let them know that the examination consists of two parts—a written and an oral. For the written the best book to read is without doubt Matthews' and Harper's *Handbook for Volunteer Medical Officers*. For the drill an intimate knowledge of words of command for company drill (infantry) is absolutely essential, especially as regards advancing and retiring. For stretcher drill details are required as well as words of command, and especially the full details of preparing and closing stretchers. The textbook I recommend is Marshall's *Stretcher Drill Illustrated*.

QUESTIONS.

1. Describe the services performed in an action by the ambulances of a bearer company. How many ambulances are there, and what medical supervision is there during their journey?
2. What directions would you give to a stretcher party which was about to dress and carry off the field a man with a penetrating wound under the right nipple?
3. Give the personnel of a field hospital, and state the number of beds. Whence are its diets derived and whence its extras?
4. How is a goods waggon made suitable for the reception of sick wounded?
5. In recruiting how do you test the eyesight, and how do you measure chest girth?
6. How may water be purified on service?
7. When a soldier is admitted into a station hospital what becomes of (1) his uniform, (2) his money and valuables?
8. When a case of enteric fever develops in barracks, state steps which medical officer in charge is required to take?
9. Describe generally the duties of a wardmaster in a station hospital.
10. Mention the points to be considered in selecting a camp.
11. How are regimental bearers trained? What is their number per company? What are their duties in an action where a bearer company is also present?
12. What is the regulation cubic space in (1) barracks at home, (2) hospitals at home? How do you calculate the number of men to be put in any given room?

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF DURHAM.

At the Convocation, held on September 24th, the following degrees were conferred:

Doctor in Medicine.—G. Cocher, M.B., B.S.Durh.; G. R. Hall, M.B., M.S.Durh.; T. G. S. Hodson, M.B.Durh.; H. M. Meyrick-Jones, M.B., B.S.Durh.; T. B. Poole, M.B., B.S.Durh.; T. Sanderson, M.B., B.S.Durh.; G. W. Scott, M.B., B.S.Durh.; J. D. Shapland, M.B., B.S.Durh.; F. H. Simpson, M.B., B.S.Durh.; C. Stewart, M.B., B.S.Durh.; T. Streatfield, M.B., B.S.Durh.; W. R. Thurnam, M.B., B.S.Durh.; F. S. Walker, M.B., B.S.Durh.; A. Warner, M.B.Durh.

Doctor in Medicine (Practitioners of Fifteen Years' Standing).—T. W. Aird, M.R.C.S., L.R.C.P.; R. R. Allen, L.R.C.P., F.R.C.S.I.; A. F. Blagg, M.R.C.S., L.R.C.P., L.S.A.; W. E. Cree, M.R.C.S., L.R.C.P., L.S.A.; E. O. Croft, M.R.C.S., L.R.C.P.; G. W. H. Cumming, M.R.C.S., L.R.C.P.; H. P. Dimmock, M.R.C.S., L.R.C.P.; A. W. Emms, M.R.C.S., L.S.A.; G. Frost, M.R.C.S., L.R.C.P.; W. H. Gimblett, L.R.C.P., L.S.A.; B. J. Glissan, L.R.C.P.E., L.F.P.S.G.; S. S. Hoyland, M.R.C.S., L.S.A.; A. S. Morton, M.R.C.S., L.S.A.; T. W. Scale, M.R.C.S., L.R.C.P., L.S.A.; H. F. Stokes, M.R.C.S., L.R.C.P., A. Warburton, M.R.C.S., L.R.C.P.; T. Wingrave, M.R.C.S., L.S.A.

Master in Surgery.—W. E. Alderson, M.D., B.S.

Bachelor in Medicine (M.B.).—A. S. Arthur, College of Medicine, Newcastle-upon-Tyne; J. E. Baker, College of Medicine, Newcastle-upon-Tyne; G. B. Brown, L.S.A., Guy's Hospital; F. A. Cooke, College of Medicine, Newcastle-upon-Tyne; H. C. Coxon, College of Medicine, Newcastle-upon-Tyne; L. S. Davison, College of Medicine, Newcastle-upon-Tyne; H. H. C. Dent, M.R.C.S., L.R.C.P., Mason College, Birmingham; C. E. Fenn, King's College, London; H. A. Fielden, College of Medicine, Newcastle-upon-Tyne; J. M. Gover, College of Medicine, Newcastle-upon-Tyne; H. G. Harris, M.R.C.S., L.R.C.P., St. Bartholomew's Hospital; M. Joyce, London School of Medicine for Women; G. W. Middlemiss, College of Medicine, Newcastle-upon-Tyne; R. F. Moorshead, University College, Bristol; W. B. Milbanke, College of Medicine, Newcastle-upon-Tyne; Claudia Anita Prout Rowse, London School of Medicine for Women; Grace Harwood Stewart, London School of Medicine for Women; G. G. Turner, College of Medicine, Newcastle-upon-Tyne; L. H. Walsh, M.R.C.S., L.R.C.P., King's College, London; W. H. Warwick, College of Medicine, Newcastle-upon-Tyne.

Bachelor in Surgery (B.S.).—A. S. Arthur, College of Medicine, Newcastle-upon-Tyne; J. E. Baker, College of Medicine, Newcastle-upon-Tyne; G. B. Brown, L.S.A., Guy's Hospital; F. A. Cooke, College of Medicine, Newcastle-upon-Tyne; H. C. Coxon, College of Medicine, Newcastle-upon-Tyne; L. S. Davison, College of Medicine, Newcastle-upon-Tyne; H. A. Fielden, College of Medicine, Newcastle-upon-Tyne; J. M. Gover, College of Medicine, Newcastle-upon-Tyne; H. G. Harris, M.R.C.S., L.R.C.P., St. Bartholomew's Hospital; Margaret Joyce, London School of Medicine for Women; A. P. Lloyd, M.B., College of Medicine, Newcastle-upon-Tyne; G. W. Middlemiss, College of Medicine, Newcastle-upon-Tyne; R. F. Moorshead, University College, Bristol; W. B. Milbanke, College of Medicine, Newcastle-upon-Tyne; Grace Harwood Stewart, London School of Medicine for Women; G. G. Turner, College of Medicine, Newcastle-upon-Tyne; L. H. Walsh, M.R.C.S., L.R.C.P., King's College, London.

Bachelor in Hygiene (B.Hy.).—J. Wreford, M.B., M.R.C.S., L.R.C.P.

PUBLIC HEALTH
AND
POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In thirty-three of the largest English towns, including London, 6,652 births and 4,695 deaths were registered during the week ending Saturday last, October 1st. The annual rate of mortality in these towns, which had declined from 24.6 to 23.6 per 1,000 in the three preceding weeks, further fell to 21.8 last week. The rates in the several towns ranged from 13.8 in Croydon, 15.5 in Cardiff, 16.4 in West Ham, and 16.5 in Leicester, to 28.8 in Hull, 32.3 in Sunderland, 35.7 in Gateshead, and 35.5 in Salford. In the thirty-two provincial towns the mean death-rate was 23.3 per 1,000, and exceeded by 3.6 the rate recorded in London, which was 19.7 per 1,000. The zymotic death-rate in the thirty-three towns averaged 5.2 per 1,000; in London the rate was equal to 3.9 per 1,000, while it averaged 6.1 in the thirty-two provincial towns, among which the highest zymotic death-rates were 10.2 in Salford, 10.9 in Hull, 11.1 in Gateshead, and 13.1 in Norwich. Scarlet fever caused a death-rate of 1.0 in Salford; measles of 1.9 in Norwich; whooping-cough of 1.5 in Gateshead; "fever" of 1.0 in Huddersfield, 1.3 in Bolton, and 1.4 in Birkenhead; and diarrhoea of 7.2 in Sunderland, 8.5 in Salford, 9.0 in Gateshead, 9.3 in Manchester, 10.0 in Hull, and 10.7 in Norwich. The 60 deaths from diphtheria in the thirty-three towns included 33 in London, 6 in Swansea, 5 in Leeds, 3 in Birmingham, and 3 in Liverpool. No fatal case of small-pox was registered during the week under notice, either in London or in any of the thirty-two large provincial towns; and no small-pox patients were under treatment in any of the Metropolitan Asylum Hospitals on Saturday last, October 1st. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had increased from 2,178 to 2,353 at the end of the five preceding weeks, had further risen to 2,459 on Saturday last; 300 new cases were admitted during the week, against 273, 242, and 288 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, October 1st, 882 births and 577 deaths were registered in eight of the principal Scotch towns. The annual

rate of mortality in these towns, which had been 18.8 and 19.7 per 1,000 in the two preceding weeks, declined to 19.1 last week, and was 2.7 per 1,000 below the mean rate in the same period in the thirty-three large English towns. Among these Scotch towns the rates ranged from 15.7 in Leith and 17.6 in Glasgow to 25.5 in Greenock and 28.2 in Paisley. The zymotic death-rate in these towns averaged 4.2 per 1,000, the highest rates being recorded in Dundee and Paisley. The 245 deaths registered in Glasgow included 6 from scarlet fever, 10 from whooping-cough, 6 from "fever," and 32 from diarrhoea. Three fatal cases of diphtheria, 4 of whooping-cough, and 14 of diarrhoea were recorded in Edinburgh; and 5 deaths resulted from "fever" in Paisley.

SERVICE RECKONED FOR SUPERANNUATION UNDER ACT 1896. INCERTUS asks whether service in one union for the past fifteen years, and also in another union (concurrently) for the past six years, is to be reckoned as fifteen or twenty-one years' service.

** As the total duration of service is fifteen years only no longer time than this can be reckoned, but if "Incertus" continues to hold both his present appointments till he can claim superannuation, he will of course then have a claim against both unions.

MEDICO-LEGAL.

INQUESTS AND POST-MORTEM EXAMINATIONS.

MR. A. BRAXTON HICKS (The Coroners' Society of England and Wales, 20, Lupus Street, London, S.W.), writes: In the BRITISH MEDICAL JOURNAL of September 17th, page 848, there is a heading "Inquests and Post-mortem Examinations." Without discussing the general question, I think you should be aware that coroners at times have great difficulty in obtaining from the Home Office and the county councils the expert assistance considered necessary, and the Coroners' Society is bringing the matter to the notice of the Home Office.

BANKRUPTCY AND POOR-LAW MEDICAL APPOINTMENTS.

ANXIOUS writes: If a medical man becomes a bankrupt will he lose his qualifications or any appointment such as Poor-law medical officer's post he may hold?

** The law imposes no such disqualification as is suggested; but a Board of Guardians or other governing body might possibly consider that bankruptcy would interfere with the proper discharge of his duties by their officer, and consequently dismiss him or insist on his resignation.

"ARE THE POLICE LIABLE?"

FAIRPLAY writes: A police constable called me up at 1 A.M., saying he had a man coming along, carried by some men, and he thought with fractured skull. On arrival, I found that the patient, a labourer, was seen by his bearers to fall (evidently through drink) and cut his head. I dressed a slight incised wound on his head; there was no other injury, and as he had no home had him taken to the station and kept under observation. The man after a good sleep left in the morning none the worse for his fall. The usual fee from the police for night work is 7s 6d. I believe, but no medical order is forthcoming.

** We are certainly of opinion that our correspondent is entitled to his certificate for 7s. 6d., the granting of such certificates for similar services being a matter of everyday occurrence in the Metropolitan Police district. Application by letter should be made to the nearest superintendent, and if any further difficulty arises the case should be reported to our Parliamentary Bills Committee.

MEDICAL NEWS.

THE late Sir Benjamin Ward Richardson left a considerable number of unpublished memoirs of leading physicians. These have been collected into two volumes, and will, it is announced, shortly be published under the title of *Disciples of Æsculapius*. The work contains a large number of portraits and illustrations.

THE UNIVERSITY OF ST. ANDREWS.—A short and interesting article on the University of St. Andrews, under the heading of "The Oxford of Scotland," appears in *Chambers's Journal* for October. In this article it is pointed out that each undergraduate "enjoys—or can enjoy if he chooses—a bursary that is never lower than £10, and may rise to £30 a year. St. Andrews also promises to become the favourite University for girls in Scotland.....it is already recognised as the Scottish Girton." The Edinburgh Medical School has given two of her very ablest young teachers to St. Andrews—namely, Drs. Musgrove and Robert Muir.

ALCOHOL IN THE HOSPITALS OF TRINIDAD.—In his last annual report to the Legislative Council of Trinidad, Surgeon-General Hon. F. H. Lovell, C.M.G., again records his great satisfaction at the decreased consumption of alcohol in the hospitals of that colony. In a previous number of the

BRITISH MEDICAL JOURNAL it was pointed out that there had been during the past years a reduction of about 60 per cent. in the alcoholic expenditure. The Surgeon-General states that, though there had been a nominal increase in 1897 over 1898, accounted for by internal rearrangements, etc., the proportionate reduction had been maintained. As a matter of fact, the amount consumed at Port of Spain, San Fernando, and the Leper Asylum, per number of diets, was less in 1897 than in 1896, or in any of the last five years. In 1896 the cost for alcohol for 381,301 diets was £227 10s. 4d.; and in 1897, for 14,149 diets more, £381 14s. 4d.

TATTOOING IN AMERICA.—It is said that since the outbreak of the late war tattooing has come greatly into vogue among the American sailors, who are all anxious to have their chests, backs, or arms decorated with designs of anchors, guns, shells, and so forth. The design most in demand, however, is a representation of the blowing up of the *Maine* on the chest. The operation appears to be performed by an improved process; instead of the needles and special ink formerly in use electricity is employed, and the operation, instead of being spread over several sittings, is completed in half an hour.

THE PREVENTION OF SLANDER ON HEALTH RESORTS.—Health resorts are naturally jealous of their good repute, and as nothing is more damaging to them than rumours of epidemics, the authorities of such places are extremely sensitive with regard to such reports. They will doubtless be interested to learn that it is proposed to introduce a Bill in the Florida Legislature making the spreading of false and malicious reports as to the existence of infectious and contagious diseases in the State punishable by a fine of from 100 to 1,000 dollars (£20 to £200) or by imprisonment for three to six months.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.—A meeting of the Northern and Midland Division of the Medico-Psychological Association will be held at the Derby County Asylum, Mickleover, near Derby, on Wednesday, October 12th. After luncheon, provided by Dr. Legge, a paper will be read by Dr. James Middlemass on the Treatment of Insanity by Thyroid Extract. After the meeting members will be shown through the asylum, and will dine together at the Midland Hotel, Derby at 8 P.M. A meeting of the Western Division of this Association will be held at the Grand Pump Room Hotel, Bath, on Wednesday, October 19th, at 2.45 P.M. The discussion of Dr. Blachford's paper, read at the last meeting, will be taken; Dr. Bristowe will read a paper on Lunacy in Private Practice, and Dr. Weatherly a paper on Lunacy and the Public. Members will afterwards dine together in the Hotel.

THE SPANISH DRUG BILL IN CUBA.—A German medical journal states that from the commencement of the Cuban insurrection in February, 1895, to the end of January, 1898, there were sent from Spain to Cuba 20,000 kilograms of various preparations of quinine, 400 kilograms of opium, 2,890 kilograms of carbolic acid, 1,400 kilograms of corrosive sublimate, 2,370 kilograms of iodoform, 350 kilograms of rhubarb, and 2,530 kilograms of castor oil. In the way of dressings there were 16,000 metres of diachylon plaster, 66,070 kilograms of cotton wool, and more than 545,000 metres of gauze. The total value of these consignments is estimated at nearly three million and a-half pesetas (£140,000). The medical service of the Spanish army comprised from five to six hundred medical officers and about one hundred pharmacists. During the three years 50 medical officers and 16 pharmacists died, mostly of yellow fever.

ONE of the Sections of the forthcoming International Medical Congress to be held in Paris in 1900 is to be devoted to "Urology." Professor Guyon is the President, and Dr. E. Desnos Secretary, of the Section. This is, we believe, the first occasion on which urinary diseases have been assigned a section to themselves at any International Congress.

YELLOW FEVER IN THE UNITED STATES.—Isolated cases of yellow fever have been reported in New Orleans, and in Jackson, Oxford, and other places in Mississippi. Precautions are being taken by the authorities to prevent the spread of the disease.

A course of lectures will be given by members of the staff of the Hospital for Sick Children, Great Ormond Street, on Thursdays at 4 p.m., from October till Christmas. The first lecture was given on October 6th. The course is free to qualified medical practitioners.

A SYSTEMATIC course of lectures and demonstrations for sanitary inspectors has been arranged at King's College, London. The introductory lecture will be given by Professor W. J. Simpson on Friday, October 14th, at 8 p.m., on which occasion the chair will be taken by Mr. T. McKinnon Wood, Chairman of the London County Council.

The winter course of clinical lectures at the National Hospital for the Paralyzed and Epileptic, Queen Square, London, W.C., will commence on Tuesday, October 11th, when Dr. Beevor will give a lecture on Cerebral Localisation at 3.30. Subsequent lectures will be given by various members of the staff at the same hour on Tuesday afternoons, terminating on December 20th. The course is free to students and practitioners.

MEDICAL VACANCIES.

The following vacancies are announced:

- AYR COUNTY HOSPITAL.**—House-Surgeon. Appointment for one year. Salary, £50 per annum, with residence, board, and washing. Applications to the Secretary by October 22nd.
- BIRMINGHAM AND MIDLAND EAR AND THROAT HOSPITAL.** Edmund Street, Birmingham.—House-Surgeon. Appointment for six months. Honorarium, £21 on completion of appointment, with board, lodging, and washing. Applications to the Honorary Secretary of the Medical Committee by October 15th.
- BURY INFIRMARY.** Bury, Lancashire.—Junior House-Surgeon. Salary, £60 per annum, with board, residence, and attendance. Applications to the Honorary Secretary by October 15th.
- CAMBRIDGE: ADDENBROOKE'S HOSPITAL.**—Resident House-Physician. Salary £65 per annum, with board, lodging, and washing. Applications to the Secretary by December 3rd.
- CANTERBURY: KENT AND CANTERBURY HOSPITAL.**—Assistant House-Surgeon: unmarried. Salary £50 per annum, with board and lodging. Applications to the Secretary by October 15th.
- CENTRAL LONDON THROAT AND EAR HOSPITAL.** Gray's Inn Road, W.C.—House-Surgeon and Clinical Assistants. Applications to the Secretary by October 10th.
- DOVER HOSPITAL.**—House Surgeon, unmarried. Salary, £100 per annum, with board and lodging. Applications to E. Elwin, Honorary Secretary, 13, Castle Street, Dover.
- EAST LONDON HOSPITAL FOR CHILDREN AND DISPENSARY FOR WOMEN.** Shadwell, E.—Medical Officer for the Casualty Department. Appointment for six months (renewable). Salary at the rate of £100 per annum. Applications to the Secretary by October 22nd.
- EVIE AND RENDALL PARISH OF.—**Medical Officer. Salary £45 per annum, with free house. Applications to Inspector of Poor, Evie.
- GRAVESEND HOSPITAL.**—House Surgeon. Salary, £80 per annum, with board and residence. Applications to the Honorary Secretary by October 15th.
- GREAT YARMOUTH HOSPITAL.**—House Surgeon. Salary £100 per annum, with board and lodging. Applications to R. F. Ferrier, Honorary Secretary, 33, Hall Plain, Great Yarmouth, by October 14th.
- HOSPITAL FOR SICK CHILDREN.** Great Ormond Street, Bloomsbury.—Resident Medical Superintendent. Salary, £105 per annum, with board and residence. Applications (on forms provided) to the Secretary by October 18th.
- HOSPITAL FOR WOMEN.** Soho Square, W.—House Physician. Appointment for six months. Salary, £80 for that period. Applications to the Secretary by October 16th.
- INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST AND THROAT.** Margaret Street, Cavendish Square, W.—Physician-in-Ordinary. Applications to the Secretary by October 14th.
- LEEDS UNION.**—Assistant Medical Officer for Workhouse Schools and Infirmary: unmarried, and not above 35 years of age. Salary, £100 per annum, with board, washing, apartments, and attendance. Applications, endorsed Assistant Medical Officer "to J. H. Ford, Poor Law Offices, East Parade, Leeds, by October 11th.
- LEICESTER INFIRMARY.**—House Surgeon. Tenure of office not exceeding three years. Salary, £120 for the first year, rising at the rate of £10 per annum until the third year, with board, apartments, and washing. Applications to the Secretary, 24, Friar Lane, Leicester, by October 24th.
- LEWISHAM UNION INFIRMARY.**—Second Assistant Medical Officer. Appointment for six months. Salary, £80, with lodging, board, and washing, and 45 a-year instead of beer. Applications for 10 a.m. and 12 noon to the Medical Superintendent.
- LONDON HOSPITAL.** Whitechapel, E.—Assistant Surgeon. Applications to House Governor by October 14th.
- LONDON TEMPERANCE HOSPITAL.** Hampstead Road, N.W.—Resident Medical Officer. Appointment for one year or more. Salary, 100 guineas per annum, with board, lodging, and washing. Applications to the Secretary by October 21st.
- LONDON THROAT HOSPITAL.** 240, Great Portland Street.—Non-resident House-Surgeon. Appointment for six months. Salary at the rate of £25 per annum. Applications to the Honorary Secretary of the Medical Committee by October 25th.
- MACCLESFIELD GENERAL INFIRMARY.**—Senior House-Surgeon. Salary, £100 the first year and £110 the second year, with board and residence. Applications to the Secretary by October 12th.
- MIDDLESBROUGH-ON-TEES: NORTH RIDING INFIRMARY.**—House-Surgeon. Salary, £100 per annum, with lodging, board, and washing, and 45 a-year instead of beer. Applications, marked "Application for post of House-Surgeon," to the Secretary by October 11th.
- NATIONAL DENTAL HOSPITAL AND COLLEGE.** Great Portland Street, W.—Anesthetist. Applications to the Secretary by October 26th.
- OLDHAM INFIRMARY.**—Junior House-Surgeon. Salary, £70 per annum, with board and residence. Applications to the Rev. Philip Lancashire, M.A., Honorary Secretary, by October 11th.
- ROYAL HOSPITAL FOR CHILDREN AND WOMEN.** Waterloo Bridge Road, S.E.—Resident Medical Officer. Appointment for twelve months. Salary, £70 per annum, with board, lodging, and washing. Applications to T. S. Conisbee, Secretary, by October 12th.
- UGANDA RAILWAY.**—Junior Assistant Medical Officer. Salary, £300 per annum, rising to £400. Applications to the Crown Agents for the Colonies, Downing Street, by October 15th.
- VENTNOR, ISLE OF WIGHT, ROYAL NATIONAL HOSPITAL FOR CONSUMPTION.**—Assistant Resident Medical Officer. Unmarried. Salary, £80 per annum, with board and lodging in the Hospital. Applications, addressed to the Board of Management, 34, Craven Street, Charing Cross.
- VICTORIA HOSPITAL FOR CHILDREN.** Queen's Road, Chelsea, S.W.—House-Surgeon. Appointments for twelve months. Honorarium of £50, with board and lodging. Applications to the Secretary by October 15th.
- WESTMINSTER HOSPITAL.** Broad Sanctuary, S.W.—Physician. Applicants to attend the House Committee on Tuesday, October 18th, at 10 a.m.

MEDICAL APPOINTMENTS.

- ALFORD, H. J. M., L.R.C.P., M.R.C.S.,** appointed Resident Dispensary Medical Officer to the Weston-super-Mare Hospital.
- BAILEY, Matthews, M.R.C.S., L.R.C.P.,** appointed Senior House-Surgeon to the Bootle Borough Hospital.
- BOULTON, A., L.R.C.P., M.R.C.S.Eng., D.P.H.,** appointed Medical Officer of Health to the Horncastle Rural District Council.
- CAHILL, M., L.R.C.P.I. and L.M., L.R.C.S.I. and L.M.,** appointed Medical Officer of the No. 2 Division of the Fekard Dispensary District.
- CLARK, Andrew, F.R.C.S.,** appointed Consulting Surgeon to the St. Marylebone Dispensary.
- CONNON, Middleton, M.B., C.M., D.P.H.Aberd.,** appointed Medical Officer of Health for the Burgh of Montrose.
- CROSS, G. F., M.B., B.Ch.,** appointed District Medical Officer to the Downham Union.
- DAVIS, A. N., L.R.C.P. Edin., L.R.C.S. Edin.,** appointed Medical Superintendent of the County Asylum, Exminster, vice E. G. Symes Saunders, M.D., retired.
- DOWN, A. R., L.R.C.P. Lond., L.S.A.,** appointed Medical Officer for Bampton.
- GRIMLING, F. N., M.R.C.S., L.R.C.P. Lond.,** appointed Medical Officer of Health to the Walker Urban District Council.
- HEADLEY-HARDING, C., L.R.C.P. Lond., M.R.C.S.,** reappointed Medical Officer of Health for the Whiteles Urban District.
- KITCHON, H. H. T., L.R.C.P. Lond., M.R.C.S.,** appointed Medical Officer of Health for the Heywood Borough.
- JONES, T. C., L.R.C.P., L.R.C.S. Edin.,** appointed Medical Officer of Health to the Ruthin Rural District Council, vice J. M. Hughes, resigned.
- KEP, A. K. L.R.C.P., L.R.C.S. Edin.,** appointed District Medical Officer to the Taunton Union.

DIARY FOR NEXT WEEK.

MONDAY.

- Medical Society of London, 8 p.m.**—General Meeting, 8.30 p.m.—Mr. Edmund Owen (President): Remarks introductory to the work of the Session. Dr. W. H. Acland: Some Considerations Preliminary to the Study of Dyspepsia.
- London Post-Graduate Course.** London Throat Hospital, 8 p.m.—Dr. Edward Law: Examination of the Ear, Throat, and Nose.

TUESDAY.

- London Post-Graduate Course.** Bethlem Royal Hospital for Lunatics, 2 p.m.—Dr. Craigmiles: Acute Delirious. Hospital for Diseases of the Skin, Blackfriars, 4.30 p.m.—Dr. Phineas Abraham: Prurigo and Pruritus.
- National Hospital for the Paralyzed and Epileptic, Queen Square, W.C.,** 3.30 p.m.—Dr. Beevor: Cerebral Localisation.
- West End Hospital for Diseases of the Nervous System, 73, Welbeck Street, W., 4 p.m.—**Dr. T. D. Savill: On the Diagnosis of Disorders of the Nervous System, illustrated by cases of Syphilitic Affections.

WEDNESDAY.

- London Post-Graduate Course.** Hygiene at Parkes Museum, 4.30 p.m.—Professor Wynter Blyth: Refuse Removal and Disposal.
- West London Post-Graduate Course, West London Hospital, W.,** 5 p.m.—Dr. Seymour Taylor: Surface Anatomy of the Head and Neck.
- Hunterian Society, 8.30 p.m.—**Dr. J. F. Payne: On the Increase of Cancer. Hunterian Society Lecture II.

THURSDAY.

- British Gynaecological Society.** 8.30 p.m.—Specimens will be shown by Messrs. Arthur Giles, R. H. Hodgson, F. Bowman Jessett, J. Macpherson, J. Lawrie, Christopher Martin, and J. W. Taylor. Paper by Mr. Christopher Martin: On some Moot Points in the After-Treatment of Cases of Abdominal Section.
- Hospital for Sick Children, Great Ormond Street, W.C., 4 p.m.—**Dr. Barlow: Clinical Lecture or Demonstration of Recent Specimens.
- London Post-Graduate Course.** Central London Sick Asylum, 5.30 p.m.—Mr. Jonathan Hutchinson, F.R.S.: Clinical Lecture.
- Charing Cross Hospital, Post-Graduate Class, 4 p.m.—**Dr. Mitchell Bruce: Clinical Demonstration on Cases in the Wards.

FRIDAY.

- Clinical Society of London, 8.30 p.m.**—Address by the President. The following papers will be read: Dr. Herringham: A Case of Myositis Ossificans, with Skiagraphs of the Patient. Dr. Archibald Garrod: Cases illustrating the Association of Congenital Heart Disease with the Mongolian Type of Idiocy. Dr. Still: Erythema Emetogenes (Erema Rash) in Children.
- West London Post-Graduate Course, West London Hospital, W.,** 5 p.m.—Dr. Seymour Taylor: Surface Anatomy of the Abdomen and Thorax.
- London Post-Graduate Course.** Bacteriology at King's College, 3 to 5 p.m.—Professor Crookshank: The Microscope and Methods of Cultivation.
- West Kent Medical-Chirurgical Society, Royal Kent Dispensary, Greenwich Road, 8.15 p.m.—**Exhibition of Clinical Cases, Specimens, etc.: Dr. Hershbell: Demonstration on Intra-gastric Instruments. Mr. Ernest Clarke: Foreign Bodies in the Orbit. Dr. Dockrell: Dermatological Cases. Dr. Toogood: Cases from the Lewisham Infirmary.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post office order or stamps with the notice not later than Wednesday morning in order to insure insertion in the current issue.

BIRTH.

- LANGDON-DOWN.**—On September 21st, at Carina, Teddington, the wife of Reginald L. Langdon-Down, M.B., M.R.C.P., of a daughter.

MARRIAGES.

- MACLEOD-BUDD-BUDD.**—On the 5th inst., at St. Peter's Church, Brighton, by the Rev. Canon Hannan, Charles Edward Alexander MacLeod, F.R.C.S., of Pembroke Crescent, Baywater, W., eldest son of Surgeon-Colonel A. C. MacLeod, F.R.C.S., late of the Indian Army, to Edith Ann Budd-Budd, fourth daughter of F. J. Budd-Budd, Esq., of Restlands, West Hoathly, Sussex.
- WORBOYS-GOODWORTH.**—On October 1st, at All Saints, Winterton, by the Rev. Canon Fowler, D.C.L., M.R.C.S. Eng., Vice Principal Bishop Hatfield's Hall, Durham, Thomas Sanders Worboys, L.R.C.P., M.R.C.S. Eng., of Langsett, Penistone, to Rosetta, eldest daughter of E. P. Goodworth, J.P., C.C., L.R.C.P., etc., Beech House, Winterton, Doncaster.

DEATH.

- SEMPLER.**—At Karachi, Punjab, India, on August 31st, of enteric fever, Marion Ethelwynn the dearly loved wife of Major J. Sempler, R.A.M.C.