

results enhanced pleasure in the taking of all foods, rich and simple, and especially in the appreciation of good wines, the quantities of these foods and beverages that suffice to fully satisfy the appetite is much smaller than formerly, while there is a marked preference for the simpler kinds of food. The author now can imagine no more pleasurable meal than one consisting of good brown bread, eggs, butter, cheese and cream. These, with fresh vegetables and a very little fruit, form his staple diet. This tendency and preference for simple foods is the general experience among those who have recovered their reflexes of deglutition.

Following on the ingestion of a lessened quantity of food, and on its better assimilation there is less waste, the faeces are voided less frequently, sometimes only once in five to eight days. The lower bowel is not the reservoir it formerly was, hæmorrhoids cease from troubling and constipation cannot exist. For this same reason the body, at the beginning of the practice, commences to approximate to its normal weight, increasing or decreasing as the individual be too thin or too stout. Temperature and exercise have an immediate influence on the new appetite, which can now be relied upon, for it has become instinct.

A few more words only must be said. It has been simple to state the result of experiments and observations; but the acquiring of this new reflex while pursuing daily occupations is not simple and needs more than a little patience and much serious thought. The habits of a lifetime cannot be changed in a few days or weeks. The shortest time in which the reflex has been re-established is four weeks, and this only by avoiding conversation at meal times and concentrating the attention on keeping the food in the mouth until complete alkaline reduction has taken place and taste has disappeared.

The author finds that he is taking so much less food that, while his mind is open as to his arriving at the final diet of Luigi Cornaro, said to have been only an egg a day of solid food, and, presumably, some liquid nourishment as well, yet it is easily conceivable to him that living a similar life of retirement in a placid environment it would be quite possible to do as he did, hence the title of this paper and the queries at its commencement.

Dr. A. LOCKHART GILLESPIE could not see how it was practicable for any but the few to devote such a length of time to the consumption of food as Mr. Van Someren's directions would entail. Nor could he accept the doctrine without qualification that everybody ate too much. He pointed out that the "ruling race" in every instance where conflict between different peoples arose was always a large consumer of flesh meat, nor were the environments which Mr. Van Someren claimed, as necessary adjuncts, at all possible for most people.

Professor W. H. THOMPSON would like to see an exact experiment with analysis of ingesta and egesta carried out on the lines of Mr. Van Someren's paper. He ventured to think, if this were done, that the difference in calories between the diet advocated, and that ordinarily used, would not be very great.

Dr. ERNEST CARTER, Professor R. J. ANDERSON (Galway), Mr. ELLIS and the PRESIDENT also spoke, and Mr. VAN SOMEREN briefly replied.

MEMORANDA:

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

THE AGGLUTINATION REACTION IN TYPHOID FEVER.

In the paper on Enteric Fever at the Imperial Yeomanry Hospital, Pretoria, published in the *BRITISH MEDICAL JOURNAL*, October 5th, p. 976, I omitted to refer to the subject of the value of the agglutination reaction in enteric fever. It should have been stated that this reaction was applied to a number of the cases, but was not employed as a matter of routine. It is noteworthy that a positive reaction was only obtained in 64.5 per cent. of cases clinically regarded as certainly enteric.

This difference between the clinical diagnosis of enteric fever and the agglutination reaction raises in the first place

the question of the personal equation as regards the data. But regarding the data as reliable for the sake of argument, it is quite possible to explain this divergence on the supposition that the cultures used in the test contained a different strain of the bacillus typhosus from that with which the patient was infected. Failure to give the agglutination reaction is therefore analogous to the failure of inoculation to protect absolutely against enteric fever in South Africa and of the failure of one attack of enteric fever to protect against a second attack.

As a practical outcome of this hypothesis it follows that inoculation should be made with a mixture of cultures obtained from as many different sources as possible.

London, W.

H. D. ROLLESTON.

ERRATUM.—In the paper by Dr. Rolleston in the *JOURNAL* of October 5th, p. 977, 14 lines from bottom of column 2, for "many" read "any."

CASE OF HYDATID CYST OF THE SCROTUM CLOSELY SIMULATING HYDROCELE.

ONE of my old teachers at Aberdeen used to impress upon his students the necessity of keeping in mind the possibility of hydatid cysts being the cause of obscure tumours in any part of the body. The peculiarity of the case now to be described serves as an example of the usefulness of this advice:

A. K., a strong young carter, aged 26, presented himself to me on account of "enlarged testicle." On examination there was found a swelling on the left side of the scrotum about the size of a small cocoa-nut, in shape slightly pyriform, with the base downwards; the skin over the swelling was smooth; fluctuation was most distinct, and by the candle-light test the testicle of that side was readily made out lying above and behind the tumour. The history was that eight years before a small tumour was noticed which gradually increased in size. There was never any pain felt, and no violence had ever been sustained at the part.

A diagnosis of hydrocele was made, and I advised the patient to have the tumour tapped, but he did not wish to have this done at once, as he had to make arrangements for his work being carried on while he was laid up. Eventually, three weeks later he again came, stating that while on his way to see me he felt "something come out of the swelling and fall down his leg." This "something" he showed me; it consisted of a small globular mass containing clear contents, and having the feel of an over-ripe gooseberry. The spot where this globe had been expelled was at the most dependent part of the scrotum. On enlarging the minute opening I was able to remove a large number of similar globes, varying in size from a pearl-barley seed to a small pigeon's egg. Many of these globes burst before and during removal. There was no distinct membrane enclosing all the small cysts in one mass, but attached to the greatly hardened and thickened connective tissue of the scrotum and among the cysts were many pieces of broken-down membranous tissue which might have been the remains of an original enveloping membrane; no bleeding occurred during removal.

All 544 cysts were counted after removal. Careful examination of several did not reveal any scolices or hooklets, and the diagnosis was accordingly one of sterile hydatid cyst. The patient made an excellent recovery.

The case is of interest for the following reasons: (1) The scrotum not being mentioned in textbooks as a site for hydatid cysts; (2) the difficulty of differential diagnosis between this and hydrocele of the tunica vaginalis; thus a clear fluid like that of hydrocele would be drawn off, and this would almost certainly be accepted as conclusive evidence of hydrocele; (3) the slow rate of growth; (4) the large number of cysts removed.

Larnaca, Cyprus.

GEORGE A. WILLIAMSON, M.A., M.D.

SPONTANEOUS CURE OF INTUSSUSCEPTION.

Dr. BOISSIER's case of intussusception in the *BRITISH MEDICAL JOURNAL* of September 28th, p. 900, is very interesting; but such cases of spontaneous cure are not quite so rare as he imagines. Many years ago I remember attending a young patient of about 10 years of age, from whom a good portion of the bowel came away, and who ultimately made a good recovery; and the late Dr. Bowman, whom I took to see the case with me, told me he had had a similar case of a

grown-up person who parted with a much larger portion—also getting well.

Relative to the treatment of the above complaint, I had a little boy of about 3 years of age under my care some six years ago. He was seized suddenly with extreme collapse, pulse almost imperceptible, pallor, vomiting, and the passing of slime and blood, while a small lump about the size of a walnut appeared in the right ileo-cæcal region. I was at once sent for, and began to employ injections, frequently repeated, sending at the same time for a surgeon; but before his arrival the bowels had acted and the lump had disappeared—the child rapidly rallying.

Sunderland.

B. STRACHAN, M.B.

REPORTS

ON

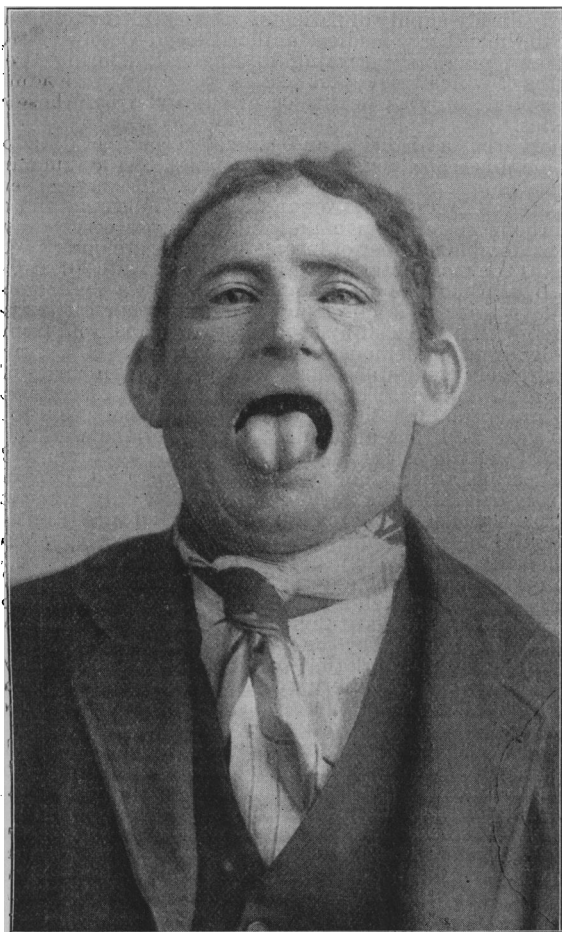
MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF THE BRITISH EMPIRE.

ROYAL INFIRMARY, PRESTON.

CASE OF BIFID TONGUE.

(By H. HAWARD BYWATER, M.B. Vict., Senior House Surgeon to the Infirmary.)

THE patient, a corporation labourer, aged 35, came to the Preston Royal Infirmary, suffering from burns to the face. On asking him to put out his tongue I noticed that it was



separated into two parts by a central depression extending backwards for quarter of an inch from the tip. From this depression a median groove (which was deeper near the bifid

tip) extended backwards on the dorsum of the tongue and also beneath it. The tongue was of normal size, and healthy in appearance. The frænum linguæ was normal. The patient has had this deformity all his life. This congenital malformation is very rare. I have only found mention of one previous case—that communicated by Brothers to the New York Pathological Society, and quoted by Holt in his book on *Diseases of Children*.

Gould and Pyle (*Anomalies and Curiosities of Medicine*, page 255) refer to cases of supernumerary tongue, and quote that of the Rev. Henry Wharton, Chaplain to Archbishop Sancroft, who in his journal, written in the seventeenth century, says that he was born with two tongues and so passed through life, one, however, gradually atrophying.

REPORTS OF SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

PETER HORROCKS, M.D., F.R.C.P., President, in the Chair.
Wednesday, October 2nd, 1901.

LEUKÆMIA IN PREGNANCY.

DR. G. E. HERMAN read a paper on this subject, reporting a case of his own and 12 other cases already published. Critical examination showed that in 5 of these latter cases the evidence of leukæmia was deficient. There were therefore only 8 cases from which to draw conclusions as to the mutual influences of pregnancy and leukæmia. These agreed on the following points: (1) The presence of an enlarged spleen and liver caused patients with leukæmia to suffer more from the abdominal distension of pregnancy than healthy women; (2) the symptoms of leukæmia were aggravated during pregnancy; (3) in pregnancy with leukæmia there was a great tendency to abortion or premature labour; (4) death sometimes quickly followed the termination of pregnancy with leukæmia; (5) if the patient survived the termination of pregnancy great improvement took place. The author concluded from these facts that in pregnancy with leukæmia the induction of premature labour or abortion was indicated as a therapeutic measure.

DR. AMAND ROUTH remarked that the paper was one of special value. As Dr. Herman had said, the combination was one of a blood dyscrasia with a condition causing pressure from the presence of a large spleen. It was, therefore, different from ordinary blood dyscrasias such as in other specific diseases, and also from conditions causing simple pressure, such as the presence of an ovarian tumour; and these facts imparted a special feature to the condition. He asked for information in regard to the effect of leukæmia on the *fetus in utero*. A good deal had been written on the transmission of disease to the fetus; and it appeared that a process of filtration might be effected by a perfect chorionic epithelium, whilst a defective epithelium would allow of the transmission of disease to the fetus. This was illustrated by cases of twins, in which one fetus was healthy and the other affected with the same disease as the mother, such as had been shown to obtain in cholera, glanders, malaria, erysipelas, and many of the acute specific fevers. Had any of the children of these leukæmic women had their blood examined after birth? He quite agreed with Dr. Herman's conclusion that premature labour should be induced when symptoms threatened to become urgent, without waiting for serious developments.

DR. GALABIN had met with one instance of the association of pregnancy with a disease as to which he was rather doubtful whether it should be classed as splenic leukæmia, or so-called pseudo-leukæmia. There was a large splenic tumour, reaching as low as the crest of the ilium, with extreme anæmia and tendency to hæmorrhage. But the relative proportion of leucocytes in the blood was only moderately increased, not to that extreme degree which was seen only in leukæmia. He had watched the lady for several years, and under treatment with arsenic and large doses of quinine the tumour somewhat diminished in size and the general condition improved. On one occasion she came for consultation, being about three months pregnant, and reported herself as feeling better. The spleen also seemed to have diminished

WE regret to announce the death on September 19th of Mr. RICHARD GRAVELY, of Newick, Sussex, at the advanced age of 80. He received his medical education at University College Hospital, and became M.R.C.S.Eng. and L.S.A. in 1846. Three years later he commenced practice in Newick and continued in active work there almost up to the time of his death. He was Medical Officer of Health to the Sanitary Authority and to the Board of Guardians, and Surgeon to the Newick Cottage Hospital, in which institution he took a great interest. Besides carrying on an extensive practice, he had always taken a prominent part in public affairs, particularly in his own parish, and he was ever to the front in all matters which were for the good of the village or of the inhabitants. He was greatly beloved by the poor, and his kindness of heart and genial nature endeared him to all who knew him.

OUR Hong Kong correspondent writes: One of the best known medical men in China has passed away in Dr. J. G. KERR, medical missionary. He was born in Adams County, Ohio, in 1824, educated at Denison University, and graduated from Jefferson Medical College, Philadelphia. After seven years general practice in the United States, he came to China in 1854. For the long period of forty-five years his energies were devoted to medical work among the Chinese. During the last few years of his life he founded and superintended an asylum for the insane—an entirely new departure in China. The asylum was conducted on modern lines, and many cases showed marked improvement. Canton is in the centre of a great "stone" district, and Dr. Kerr was known far and wide as a great and successful operator for urinary calculi. In 1898 he was called to Peking to operate on the American Minister to China; the operation was entirely successful. Dr. Kerr probably operated on more stone cases than any other man of his time. During his earlier days he preferred lateral lithotomy, but later adopted lithotripsy as the better operation. He rarely performed suprapubic lithotomy. His training of students in Western medicine has done much to spread medical knowledge among the Chinese. Dr. Kerr took part in translating many medical works into Chinese for the use of Chinese students. He held very decided opinions as to the harm wrought by opium smoking. His character was strong and upright, and his life-work will ever form part of the history of Canton.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

A MEETING of Convocation was held at the University, South Kensington, on Tuesday, October 8th. It was fully twelve minutes after the usual time of commencing the proceedings before the quorum of fifty members were present.

The Virchow Celebration.—Sir E. H. Busk, Chairman of Convocation, presided, and stated that, in his official capacity, he had signed an address of congratulation from the University to Professor Virchow on the completion of 80 years of his life, and he trusted that Convocation would approve of his action. The members present unanimously signified their approval.

Yale University.—Sir E. H. Busk further asked the consent of Convocation to his signing another address from the University which it was proposed to send to Yale University on the approaching two hundredth anniversary of the foundation of the Collegiate School of Connecticut. The House unanimously agreed to the proposal.

Civil Rights of Members.—Dr. J. Wilkie proposed the following resolution: "That a permanent Committee of Convocation, consisting of five members, be appointed to safeguard the civil rights of members of the University, and their interests." This was duly seconded, but was opposed by several speakers, and on being put to the vote was lost.

Discipline of Professors.—Dr. J. Wilkie next moved: "That, in the opinion of this House, earnest representations be made to the Senate that any professor, teacher, or lecturer in this University, who shall be insolvent, or who shall have his salary attached, or who shall for money provide testimonials or credentials in favour of miscellaneous public companies, shall be, *ipso facto*, discharged from all employment in the University." This was formally seconded, but was opposed by various speakers, and rejected by the House, which then adjourned.

UNIVERSITY OF GLASGOW.

FIRST PROFESSIONAL EXAMINATION FOR THE DEGREES OF M.B. AND CH.B.—The following have passed this examination in the subjects indicated (B., Botany; Z., Zoology; P., Physics; C., Chemistry):

J. A. Aitken (B., Z.), G. A. Allen (B., Z., P., C.), R. Anderson (Z.), J. H. Baird, B.A. (B., P.), E. Barnes (B., P.), G. D. M. Beaton (B.), J. C. Bosworth (C.), D. L. Carmichael (B., P.), J. P. Carmichael (B., C.), C. G. A. Chislett (Z., P.), D. Clark (B., P.), J. A. Cowie, B.A., B.Sc. (B.), A. M. Crawford (B., P.), H. W. Dempster (B., Z., P., C.), R. S. Dewar, M.A. (B.), W. Duffy, M.A. (Z., P.), J. S. Dunn (Z.), E. J. Dyke (B., C.),

H. W. Dyke (B., P.), J. Fairley (B., P.), H. P. Fairlie (B., P.), A. B. Ferguson (B., P.), T. H. Forrest (B., P.), J. W. Georgeon (B.), W. Gilbert (B., P.), J. Glaister (C.), A. Graham (Z.), J. I. Greig (B., Z.), W. Grier (B., P.), R. N. Guthrie (B., P.), C. F. D. Hammond (P., C.), J. Hamond (B., Z.), F. Hauxwell (B., P.), R. M. Hill (C.), L. Hishop (C.), R. Howell (C.), A. Hunter (P.), D. G. Hunter, M.A. (Z.), W. B. Jack (B., P.), A. E. Jones (Z., C.), P. J. Kelly (B., Z.), J. Keys (B., P.), J. D. Kidd (B., P.), J. T. Kirkland (P.), W. L. Kirkwood (B., P.), P. Lowe, M.A., B.Sc. (B., Z.), A. Macaulay (Z., C.), J. D. MacCallum, M.A. (B., Z.), J. McCarty (B., Z.), T. McCosh (B., Z.), D. MacDonald (B., P.), D. MacEwan (B., P.), J. Macintyre (B., P.), F. J. Mackay (B., P.), H. MacNaught (B., P.), R. C. Macpherson (Z., P.), P. Maguire (B., P.), C. J. Miller (B., P.), W. Miller (B., P.), H. J. Milligan (B., P.), Z. W. Mitchell (B., P.), J. Moffat (Z.), K. Morrison (P., C.), A. G. Paxton (B., P.), T. T. Rankin (B., P.), D. M. K. Reid (B.), J. M. Renton (B., P.), A. Robertson (B., P.), J. H. A. Robertson (B.), W. Rolland (Z., C.), A. C. Russell (B., P.), J. C. Russell, M.A. (B., C.), J. C. D. Simpson (P., C.), R. A. Slater (Z.), T. B. Smith (B., P.), A. A. Stewart (P., C.), D. Stewart (B., P., C.), J. L. Stewart, M.A. (B., Z., P., C.), T. Strain (B., Z., C.), W. A. Stuart (B., P.), J. R. Sutherland (B., P.), W. R. Taylor (B., C.), T. Them (B., P.), C. S. Thomson (B., P.), R. Todd (B., P.), W. Y. Turner, M.A. (B., Z.), J. K. Welsh (Z.), G. Young (B., P.).

Women.—B. S. Alexander (P.), J. T. Clark (B., Z.), A. R. Hird (B., Z.), R. I. Hudson (B., Z.), K. R. M. Lucas (P.), A. M'Phun (C.), E. M. M'Vail (B., Z.), M. W. Millar (P., C.), E. Oversby (B.), V. D. Reis (B., Z.), L. Smellie (P.), M. B. Taylor (B., Z., P.).

SECOND PROFESSIONAL EXAMINATION FOR THE DEGREES OF M.B. AND CH.B.—The following have passed this examination in the subjects indicated (A., Anatomy; P., Physiology; M., Materia Medica and Therapeutics):

R. Adam (M.), A. Anderson (P.), J. R. S. Anderson (P., M.), T. Bennett, M.A. (M.), A. G. Bisset (A., P.), A. Blair (A.), R. G. Bradford (P., M.), J. Brown (P.), C. H. Browning (A., P., M.), J. M. H. Caldwell (A.), A. Connal (A., P., M.), J. Cross (A.), H. C. Davies (A., M.), D. Dickie (M.), J. Forsyth (A., P., M.), W. M. Gilmour (P., M.), J. Glover (A., P.), G. Gordon (P.), J. Hanson, M.A. (A., P., M.), S. H. Harris (M.), W. Harvey (M.), J. M. Huey (A., P.), M. Hutton, M.A. (A., P., M.), A. Jamieson (P., M.), J. M. Kelly (A.), A. D. Kennedy (A., M.), R. D. Kennedy (P.), A. Leggat (P.), A. Leitch (A.), W. J. Logie (P.), T. W. Love (M.), D. Macaulay (A., P.), J. B. McCabe (P., M.), J. F. Macdonald (A., P.), D. D. F. Macintyre (P.), N. A. Macleod (A., P., M.), A. M'Whan (P.), A. Matheson, M.A., B.Sc. (M.), J. B. Morton (A., P., M.), G. Muir (A.), J. C. Pairman, M.A. (A., P., M.), D. S. Richmond (P., M.), G. Richmond (A., P., M.), P. H. Robertson (M.), R. T. C. Robertson (M.), C. Ross (A., P.), L. D. Shaw (P.), J. M. Smith (P., M.), J. B. Stevenson (M.), W. D. H. Stevenson, M.A. (M.), J. Stewart (A., M.), N. B. Stewart (A., P.), W. Stewart (M.), P. L. Sutherland (M.), J. Walker, M.A. (M.), A. M. Watson (M.), E. Watson (P.), W. N. Watson (M.), G. J. Williams (M.), A. S. Wilson (A.), R. M. N. Wilson (A., P.), E. Wright (A.), H. Young (M.), J. Young, Glasgow, (M.).

Women.—J. Auld (M.), A. W. Cameron (M.), M. C. Cameron (M.), J. Campbell (A.), J. G. Duncan (M.), K. Fraser, B.Sc. (M.), J. R. F. Gilmour (M.), M. Hardy (M.), M. L. McNeill (M.), A. P. Martin (A.), E. J. Miller (M.), I. D. Mitchell (M.), M. H. Smart (M.), J. M. Stewart (M.), J. G. Waddell (M.).

THIRD PROFESSIONAL EXAMINATION FOR THE DEGREES OF M.B. AND CH.B.—The following have passed this in the subjects indicated—(P., Pathology; M., Medical Jurisprudence and Public Health):

W. Armitage (P.), R. J. Arthur (P., M.), R. Bryson (P.), A. Campbell (P., M.), R. H. Campbell (P., M.), A. A. Carruthers (M.), R. P. Cartwright (M.), J. C. Christie, M.A. (A., P., M.), S. C. Cowan (P., M.), J. Craig (P., M.), J. Dick, M.A. (P., M.), M. I. Dick (M.), D. Douglas, M.A. (M.), W. Dow (M.), W. W. George (P., M.), J. A. Hagerty (M.), J. Kennedy (P.), D. D. M'Dougall, M.A. (M.), A. A. MacFarlane (P., M.), J. M. Mackellar (M.), I. M'Kenzie, M.A., B.Sc. (P., M.), J. R. M'Vail (P., M.), R. H. Manson (P.), R. Menzies (M.), A. J. Mitchell (P., M.), J. M. Reid (M.), N. C. Rogers (M.), J. Russell (P.), F. D. Scott (M.), J. B. Stewart (P., M.), J. R. Thomas (M.), J. F. Weston (M.), J. White, M.A., B.Sc. (P., M.), J. Wilson (P.).

Women.—H. S. Baird, B.A. (M.), G. D. Bostock, B.Sc. (P., M.), M. E. Bryson (P., M.), E. MacL. Lochhead (P., M.), E. C. Wallace (P., M.).

ROYAL UNIVERSITY OF IRELAND.

THIRD EXAMINATION IN MEDICINE.—The following candidates have passed this examination:

Upper Pass.—Lily A. Baker, Catholic University School of Medicine; D. J. Boyle, Catholic University School of Medicine; P. Dwyer, Catholic University School of Medicine; M. F. Farrell, Catholic University School of Medicine; D. Gillespie, Queen's College, Belfast; J. M. A. Holmes, Queen's College, Belfast; T. Lyle, Queen's College, Belfast; J. C. McPherson, Queen's College, Belfast; J. N. Meenan, Catholic University and School of Medicine; J. H. Moore, Queen's College, Belfast.

Those marked with an asterisk may present themselves for the further Examination for Honours.

Pass.—A. P. Barry, Catholic University School of Medicine; C. Baylor, Queen's College, Cork; C. J. Boucher, Queen's College, Belfast; M. Cagney, Queen's College, Cork; J. S. Campbell, Queen's College, Belfast; P. T. Crymble, Queen's College, Belfast; Lillie E. Dunn, Queen's College, Belfast; M. Fitzgerald, Catholic University School of Medicine; D. Forde, Queen's College, Galway; Marie E. Hayes, Catholic University School of Medicine; J. I. Jaffé, Queen's College, Cork; E. B. Kenny, Catholic University School of Medicine; C. G. Lowry, Queen's College, Belfast; J. F. McDermott, Queen's College, Cork; D. McGrath, Queen's College, Belfast; J. C. MacHugh, Catholic University School of Medicine; R. G. Meredith, Catholic University School of Medicine; W. Minford, B.A., Queen's College, Belfast; J. W. Pitt, Queen's College, Belfast; Jane E. Reynolds, Queen's College, Cork; D. J. Roantree, Catholic University School

of Medicine; F. C. Sampson, Catholic University School of Medicine; Mary E. Simms, Queen's College, Belfast; W. A. Simpson, Queen's College, Galway; J. Thompson, Queen's College, Belfast; C. B. F. Tivy, Queen's College, Cork; D. H. Vickery, Catholic University School of Medicine; T. Walsh, B.A., Queen's College, Galway; J. E. Wilson, Queen's College, Belfast.

M.B., B.Ch., B.A.O. DEGREE EXAMINATION.—The following candidates have passed this examination:

Upper Pass.—*J. H. Ferris, Queen's College, Belfast; R. W. Fisher, Queen's College, Belfast; *J. H. Gill, Queen's College, Belfast; P. Heffernan, B.A., Catholic University School of Medicine; *M. J. Laffan, B.A., Catholic University School of Medicine; A. McCloy, Queen's College, Belfast; H. M. McCrae, Queen's College, Belfast; *J. E. MacIlwaine, Queen's College, Belfast; *J. S. F. Weir, Queen's College, Belfast; J. A. Williams, Queen's College, Cork.

Candidates marked with an asterisk may present themselves from the further Examination with Honours.

Pass.—J. M. Aherne, Catholic University School of Medicine; W. J. Bannister, Queen's College, Cork; F. C. Bullen, Queen's College, Cork; R. H. Coughy, B.A., Queen's College, Belfast; W. J. B. Fergus, Queen's College, Belfast; F. Garland, Catholic University School of Medicine; J. Knox, Queen's College, Belfast; R. R. McCandless, Queen's College, Belfast; D. S. A. O'Keeffe, Queen's College, Cork; H. E. S. Richards, Queen's College, Galway, and Catholic University School of Medicine; W. Rodgers, M.A., Queen's College, Belfast; H. Ross, Queen's College, Cork; W. A. Sandys, Catholic University School of Medicine and Queen's College, Galway; R. A. Stewart, Queen's College, Belfast.

M.D. DEGREE EXAMINATION.—The following candidates have passed this examination:

W. J. Dargan, M.B., B.Ch., B.A.O., Catholic University School of Medicine; J. Reid, B.A., M.B., B.Ch., B.A.O.

Charles Cooper, M.D., of Queen's College, Cork, and the Catholic University School of Medicine, has passed the examinations for the M.Ch. and M.A.O. degrees.

UNIVERSITY OF DURHAM.

At the Convocation held on Saturday, September 28th, the following degrees and diplomas were conferred:

Doctor in Medicine.—H. E. Davison, M.B., B.S., B.Hy.Durh.; H. G. Harris, M.B., B.S.Durh.; H. D. Johns, M.B., B.S.Durh.; A. E. Neale, M.B., B.S.Durh.; V. Pendred, M.B.Durh., F.R.C.S.; A. Riley, M.B., B.S.Durh. (*in absentia*); F. W. Rowland, M.B., B.S.Durh.; A. E. Stevens, M.B.Durh.; R. H. Vincent, M.B., B.S.Durh., M.R.C.P.; L. H. Walsh, M.B., B.S.Durh.

Doctor in Medicine for Practitioners of Fifteen Years' Standing.—W. R. Etches, M.R.C.S., L.R.C.P., D.P.H.; C. J. J. Harris, L.S.A., M.R.C.S., L.R.C.P.; J. H. Harris, M.R.C.S., L.S.A., D.P.H.; E. G. Hunt, M.R.C.S., L.R.C.P.; J. T. Neech, L.R.C.P., L.M., L.F.P.S.G., D.P.H.; W. H. Wright, M.R.C.S., L.K.Q.C.P.I., L.S.A.

Master in Surgery.—B. C. Stevens, M.D., B.S., F.R.C.S.E., M.R.C.S., L.R.C.P., L.S.A.; G. G. Turner, M.B., B.S.Durh., M.R.C.S., L.R.C.P.

Bachelor in Medicine (M.B.).—C. C. Adeniyi-Jones, College of Medicine, Newcastle-upon-Tyne; A. J. S. Brandon, M.R.C.S., L.R.C.P., St. Thomas's Hospital; C. H. Brookes, L.S.A., St. George's Hospital; T. S. Coates, College of Medicine, Newcastle-upon-Tyne; G. E. Froggatt, Middlesex Hospital; P. G. Garrett, M.R.C.S., L.R.C.P., Middlesex Hospital; C. H. Gibson, College of Medicine, Newcastle-upon-Tyne; J. S. Hall, M.R.C.S., L.R.C.P., St. Thomas's Hospital; R. S. Hindmarch, College of Medicine, Newcastle-upon-Tyne; A. E. Hodge, College of Medicine, Newcastle-upon-Tyne; E. G. Klumpp, M.R.C.S., L.R.C.P., St. Bartholomew's Hospital; E. E. Norman, College of Medicine, Newcastle-upon-Tyne; A. Parkin, College of Medicine, Newcastle-upon-Tyne; G. W. Procter, M.R.C.S., L.R.C.P., Middlesex Hospital; F. R. Scott, College of Medicine, Newcastle-upon-Tyne; J. E. Sidgwick, College of Medicine, Newcastle-upon-Tyne; R. Thorne-Thorne, M.R.C.S., L.R.C.P., St. Bartholomew's Hospital.

Bachelor in Surgery (B.S.).—C. C. Adeniyi-Jones, College of Medicine, Newcastle-upon-Tyne; A. J. S. Brandon, M.R.C.S., L.R.C.P., St. Thomas's Hospital; T. S. Coates, College of Medicine, Newcastle-upon-Tyne; G. E. Froggatt, Middlesex Hospital; P. G. Garrett, M.R.C.S., L.R.C.P., Middlesex Hospital; C. H. Gibson, College of Medicine, Newcastle-upon-Tyne; J. S. Hall, M.R.C.S., L.R.C.P., St. Thomas's Hospital; R. S. Hindmarch, College of Medicine, Newcastle-upon-Tyne; E. G. Klumpp, M.R.C.S., L.R.C.P., St. Bartholomew's Hospital; E. E. Norman, College of Medicine, Newcastle-upon-Tyne; A. Parkin, College of Medicine, Newcastle-upon-Tyne; F. R. Scott, College of Medicine, Newcastle-upon-Tyne; J. E. Sidgwick, College of Medicine, Newcastle-upon-Tyne; A. E. Stevens, M.B., St. Thomas's Hospital; R. Thorne-Thorne, M.R.C.S., L.R.C.P., St. Bartholomew's Hospital.

Bachelor in Hygiene (B.Hy.).—T. M. Clayton, M.B., B.S.Durh.; T. Yeates, M.B., C.M.Ed.

Diploma in Public Health (D.P.H.).—T. M. Clayton, M.B., B.S., B.Hy.Durh.; H. E. Davison, M.B., B.S., B.Hy.Durh.; D. M. Millar, M.B., C.M.Glas., B.Hy.Durh.; E. Mitchell, M.D., B.S., B.Hy.Durh.; T. Yeates, M.B., C.M.Ed., B.Hy.Durh.

CONJOINT BOARD IN IRELAND.

PRELIMINARY EXAMINATION IN ARTS.—Candidates have passed this examination as undernoted:

Honours in Order of Merit.—W. R. M. Orr, C. W. Greene, W. T. M. Browne, J. E. Hogan. (R. A. Barbour and A. C. Taylor equal.)

Passed Alphabetically.—F. G. Allan, N. Allaun, D. Anderson, J. J. Begley, E. G. Carroll, L. Clifford, Andrew Cullen, C. M. Donovan, A. J. Faulkner, P. Foran, J. Gleeson, J. Halton, M. D. Healy, A. Hogan, G. M. Loughman, J. Madden, T. N. Massey, W. S. L. Moorhead, Charles Murphy, J. H. McCrea, James O'Brien, T. O'Farrell, W. Ogilvy, H. Pentland, W. G. G. Quinn, W. H. Soady, M. Walters, P. I. Wigoder.

SOCIETY OF APOTHECARIES OF LONDON.

PRIMARY EXAMINATION, PART II.—The following candidates passed in: *Anatomy.*—R. S. Dollard, Royal College of Surgeons of Ireland; G. H. Henry, Belfast; A. C. Jenkins, London Hospital; J. D. Staley, Manchester.

Physiology.—H. Bennett, Manchester; R. S. Dollard, Royal College of Surgeons of Ireland; G. H. Henry, Belfast; P. J. Martin, St. Bartholomew's Hospital; J. O. Sergeant, Leeds; J. D. Staley, Manchester; D. A. Stepany, Royal Free Hospital; R. J. S. Verity, Charing Cross Hospital.

PRIMARY EXAMINATION, PART I.—The following candidates passed in: *Biology.*—J. C. Fletcher, Royal Free Hospital.

Chemistry.—H. W. Phillips, Manchester.
Materia Medica and Pharmacy.—G. C. M. Davies, Charing Cross Hospital; A. B. Gosse, Royal Free Hospital; G. H. Henry, Belfast; P. S. Hopkins, London Hospital.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,378 births and 3,435 deaths were registered during the week ending Saturday last, October 5th. The annual rate of mortality in these towns, which had been 18.3, 16.8, and 16.7 per 1,000 in the three preceding weeks, further declined last week to 15.6 per 1,000. The rates in the several towns ranged from 10.8 in Bradford, 11.0 in Huddersfield, 11.3 in Derby, and 12.0 in Cardiff, to 19.8 in Gateshead, 20.0 in Liverpool, 21.3 in Newcastle, and 23.1 in Sunderland. In the thirty-two large provincial towns the mean death-rate was 16.2 per 1,000, and exceeded by 1.5 the rate recorded in London, which was 14.7 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.4 per 1,000; in London this death-rate was equal to 1.9 per 1,000, while it averaged 2.7 in the thirty-two large provincial towns, among which the highest zymotic death-rates were 3.9 in Leeds and in Sunderland, 4.5 in Salford, 4.7 in Gateshead, and 7.2 in West Ham. Measles caused a death-rate of 1.1 in Wolverhampton and 1.7 in West Ham; scarlet fever of 1.4 in Preston; whooping-cough of 1.0 in Plymouth and in Newcastle; "fever" of 1.0 in Sheffield and 1.4 in Sunderland; and diarrhoeal diseases of 2.5 in Leicester, 2.7 in Burnley, 2.8 in Salford, 3.5 in West Ham, and 4.2 in Gateshead. The 74 deaths from diphtheria in the thirty-three towns included 30 in London, 8 in West Ham, 8 in Liverpool, 5 in Brighton, 5 in Hull, and 4 in Bristol. Three fatal cases of small-pox were registered in London, but not one in any other of the thirty-two large towns. The number of small-pox patients under treatment in the Metropolitan Asylum Hospitals, which had increased from 13 to 163 at the end of the seven preceding weeks, had further risen to 160 on Saturday last; 51 new cases were admitted during the week, against 62, 37, and 44 in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital at the end of the week was 3,157, against 3,064, 3,098, and 3,151 on the three preceding Saturdays; 426 new cases were admitted during the week, against 457, 427, and 460 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, October 5th, 926 births and 463 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 17.5, 16.2, and 16 per 1,000 in the three preceding weeks, further declined last week to 14.5 per 1,000, and was 1.1 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 9.1 in Greenock and 9.4 in Leith to 16.2 in Aberdeen and 16.4 in Dundee. The zymotic death-rate in these towns averaged 2.6 per 1,000, the highest rates being recorded in Dundee and Greenock. The 210 deaths registered in Glasgow included 12 from measles, 5 from scarlet fever, 3 from diphtheria, 5 from whooping-cough, 3 from "fever," and 16 from diarrhoea. Three fatal cases of measles and 2 of whooping-cough were recorded in Edinburgh. Nine deaths from diarrhoea occurred in Dundee, 7 in Aberdeen, 4 in Greenock, 3 in Paisley, and 3 in Leith.

EYESIGHT OF SCHOLARS IN SCHOOLS IN LARGE TOWNS.

THE following circular to managers and teachers of urban elementary schools was issued by the Board of Education, Whitehall, London, S.W., on October 1st, 1901:—

Sir,—The Board of Education are anxious to call the attention of the managers and teachers of elementary schools situate in large towns to certain conditions injuriously affecting the eyes and eyesight of the scholars; and they do so in the hope that measures may be generally adopted for arresting the extension of evils prejudicial to the national welfare, in so far as these measures appear to fall within the powers of teachers and managers.

The sight of children is liable to be injuriously affected by two distinct classes of conditions, namely:

(a) From what are technically called errors of refraction, that is to say, from faulty shape or proportion of the eyeball, producing the several conditions of myopia or short sight, hypermetropia or flat-eye, and astigmatism; all of them liable to occasion much strain and difficulty in using the eyes, and some of them liable to such an extent of aggravation, during and in connection with school life, as seriously to cripple the future usefulness of the individual.

(b) From various forms of disease, such as contagious or non-contagious ophthalmia, eczema affecting the lids, inflammation of the follicles of the eyelashes, pimples or pustules upon the eye surfaces, or inflammation or ulceration of the cornea. Many of these forms of disease are inconspicuous in their origin and might easily escape notice, unless special

INDIA AND THE COLONIES.

INDIA.

The Central Provinces.—The population of these provinces underwent a serious reduction of more than half a million in consequence of the famine of 1897. The year 1898 was a healthy one, and 1899, which is the subject of Colonel A. Scott-Reid's interesting report, hardly less so. The year was a dry one, the rainfall being in defect by some 25 inches. There was a recurrence of famine towards the close of it; but the drought caused the usual outbreak of malarious fever to be unusually slight, and the scarcity of food did not raise the death-rate. The birth-rate, 47.25, was the highest known since 1881; the highest also in any province of India except the Punjab and Hyderabad Assigned Districts. The death-rate, 27.65, was somewhat higher than that of 1898, but considerably below the provincial average—also the lowest in India, Madras excepted. There was a substantial excess of births over deaths in all districts, and an increase of population by about a quarter of a million. These gratifying circumstances are put down to the more prosperous and healthy conditions of the year. The death-rate of infants under 1 year was abnormally high, namely, 382.99 per 1,000. The fact is explained by the numerous births and the low census basis. Plague accounted for 584 deaths: the disease was limited to parts of the districts of Nagpur and Wardha. There were only 76 deaths from cholera, and the small-pox mortality was moderate. Suicides were also fewer. A supply of Calmette's antivenene with a suitable syringe have been placed in all dispensaries; but no opportunity seems to have arisen for its employment during the year. Sanitary work was somewhat hindered in these provinces by the famine, but is being resumed. A satisfactory feature in sanitary administration is the care which is taken to test and check the accuracy of registration.

Hyderabad Assigned Districts.—1899: The conditions resembled those of the adjoining central province. The year was hot and dry; rainfall being short by 22 inches. Drought, high prices and deficient water supply marked the last half of the year. Relief operations became necessary in view of impending famine. The birth-rate was 50.5, the highest on record. The death-rate was 39.0, against 23.0 in 1891, which was exceptionally healthy. Only two reported cases of plague occurred. There were 541 deaths from cholera and 30.5 from small-pox. The death-rate from "fevers" rose from 11.5 to 17.5. As the mortality was higher in May, it is thought that influenza contributed largely to the increase. The amount of money devoted by municipalities and district Boards to sanitary purposes is considered creditable. The report is compiled by Lieutenant-Colonel C. L. Swaine, M.D., who is thanked for his famine services. 1900: This is the first sanitary report for the great famine year which has reached us. The famine which had arisen towards the close of 1899 became intensified, and continued throughout the year. It resulted in a depressed birth-rate, 31.3, and a greatly enhanced death-rate, 82.7. Only two imported cases of plague occurred, but cholera caused 18,375 deaths, or 6.4 per 1,000 of population. There was also an increase in small-pox mortality from 305 to 830. The fever-rate rose from 17.6 to 29.5. Influenza was prevalent in the early months of the year, and malarious fever broke out severely with the rains. Deaths from dysentery and diarrhoea were trebled, bad food and bad water being the main causes. Sanitary work was impeded by the famine. Permanganate of potash was used with advantage for purifying water sources during the prevalence of cholera. Lieutenant-Colonel Swaine and the civil surgeons are again commended for their devotion during the famine.

Coorg.—The statistics of this small province present the habitual anomaly of deaths exceeding births. The reason is that of the population of 173,055 some 50,000 are coolies employed on the coffee estates who come to work for six or seven months unaccompanied by their families. The birth-rate of 1899 was 25.59, or, excluding these, 35.97, and the death-rate 28.00. The former was higher and the latter lower than in the preceding year. The year was a healthy one. The rainfall was short, but the fall amounted to 91 inches. The price of food grains rose towards the close of the year, but this did not cause a rise in the mortality. The province escaped plague, which prevailed severely in the adjoining province of Mysore. Elaborate precautions were adopted to exclude it. There was no case of cholera, and only 28 deaths from small-pox. Deaths from fever and bowel complaints were below the average. The report, which is submitted by Lieutenant-Colonel D. S. E. Bain, also contains information regarding dispensaries and vaccination. There is one hospital and six dispensaries, in which were treated 33,753 patients. The death-rate among indoor patients (18.8 per cent.) was very high. The absurd mistake is made in the tables of totalling the rates of the two institutions in which indoor patients are treated, the resulting ratio of 36.92 being quoted solemnly in the report without comment. Vaccination, which was depressed by the plague scare in 1898, was restored to its usual level, the ratio of successful cases to population being 52.8.

Burma.—Registration of vital statistics in this province is very defective, but is held to be improving. In Upper Burma only deaths are registered. The population of the Province is growing, and that renders comparisons on the census basis of 1891 faulty; 1899 was a healthy year, with a normal rainfall. The registered birth-rate was 37.04 and death-rate 27.3—both in excess, but whether from improved registration or other reason is uncertain. In some places a low birth-rate is considered, as in Coorg, to be due to the large number of male coolies resident. Cholera mortality was in excess of 1898, but below that of the quinquennium. Small-pox deaths were twice as numerous as usual. Fever and bowel complaints were about the average. Two cases of plague were imported into Rangoon by steamers, but the disease did not spread. Sanitary effort in Burma is feeble in consequence of lack of money; but the Government is fully alive to the importance of pure water, drainage, and conservancy, and municipalities and district boards are impressed with their responsibilities in these matters. "The Sanitary Board was practically non-existent during the year." The report is written by Colonel Little, M.D., who relieved Colonel Sinclair in October.

On September 26th busts of Chassaignac and Maisonneuve were presented by the President of a Committee of subscribers to the town of Nantes.

MEDICAL NEWS.

We are requested to state that Dr. T. B. Adam has been appointed Assistant Secretary of the British Medical Temperance Association. He will reside with the Honorary Secretary, Dr. Ridge, at Carlton House, Enfield, and will specially work among the medical students in London.

THE REV. S. J. ROWTON, M.A., Mus.D., who is retiring from the teaching staff of Epsom College, was on October 2nd presented by the members of the Council of the Epsom College with a silver tea and coffee service in recognition of his devotion to the best interests of the school during thirty years.

THE PRINCE OF WALES'S HOSPITAL FUND FOR LONDON.—The Honorary Secretaries of the Prince of Wales's Hospital Fund for London have received the sum of one hundred guineas from the King, who has been pleased to continue the annual subscription which His Majesty—as Prince of Wales—has hitherto contributed to this fund.

DISTRIBUTION OF STERILISED MILK.—We learn from the *Medical News* that at the regular summer depôts of the Nathan Strauss Sterilised Milk Charity in New York City over three-quarters of a million bottles of milk were distributed for the use of infants during the past summer. In addition, one million glasses were drunk in the different booths; these numbered thirteen, and, with the exception of four, will be closed during the winter months.

THE "London Hospital" Masonic Lodge, originated by and intended for the convenience of the professional staff of the hospital, has been consecrated with Dr. A. E. Sansom as master; Mr. F. S. Eve, senior warden; Dr. F. J. Smith, junior warden; Dr. S. Luther Martin, treasurer; and Mr. T. H. Openshaw, secretary. It is the fourth lodge in London connected with metropolitan hospitals.

SHORTHAND FOR MEDICAL STUDENTS AND PRACTITIONERS.—Among the students who have just commenced their medical studies there are probably some who are acquainted with shorthand, having learnt it at school. The Society of Medical Phonographers desires to invite the attention of such students to its object which is to increase the practical service of shorthand to its members by publishing a monthly periodical and other shorthand medical works. Any medical practitioners who use shorthand and have not yet joined the Society are cordially invited to do so. No skill in shorthand is necessary for membership. The annual subscription for students is 5s., for practitioners 7s. 6d. A detailed prospectus of the Society will be sent on application to the Honorary Secretary, Dr. Fletcher Beach, 79, Wimpole Street, W.

EGYPTIAN MEDICAL CONGRESS.—The first Medical Congress in Egypt will be held in Cairo from December 10th to 14th next. According to the preliminary announcements communications on the following subjects will be made among others: Alcoholism and its progress in Egypt, ankylostoma duodenale, bilharzia hæmatobia, cardiac disease in Egypt, dysentery, the prophylaxis and treatment of epidemic disease in Egypt, malaria, filariasis in Egypt, insanity from haschisch, granular conjunctivitis and purulent ophthalmia in Egypt, plague, myxoedema and tuberculosis in Egypt. The President of the congress is Dr. Ibrahim Pacha Hassan, and the Secretary Dr. Voronoff.

ST. THOMAS'S HOSPITAL: THE CHESELDEN LODGE OF FREEMASONS.—A warrant has been granted by the M.W. Grand Master for the formation of a Lodge to be called "the Chelselden Lodge," No. 2,870, and the ceremony of consecration will be performed on Monday, November 4th, at the Governors' Hall in St. Thomas's Hospital in the presence of the M.W. Grand Master H.R.H. the Duke of Connaught and Strathearn, K.G. (President of St. Thomas's Hospital), who will himself undertake a most important portion of the ceremony. The officers named in the warrant are W. Bro. Thomas Wakley, jun., L.R.C.P. Lond., as Worshipful Master, Bro. H. H. Clutton, F.R.C.S. Eng., as Senior Warden, and W. Bro. G. J. Crawford Thomson, M.D. Durh., as Junior Warden. The name chosen for the lodge is that of the great anatomist and surgeon of St. Thomas's Hospital who introduced the operation for lateral lithotomy. Freemasons connected with the hospital who desire further particulars concerning the lodge can obtain information by applying to Bro. C. R. Box, M.D., 2, Devonshire Place, Portland Place, W.

COUNTRY HOMES FOR CRIPPLED CHILDREN.—A new Cripples' Home was opened at Margate on October 2nd by the Marquis of Northampton, in connection with the Ragged Schools Union and the Shaftesbury Society. It contains thirty beds, and has a covered gymnasium adjoining. The Union has now homes at Southend, Bournemouth, Hove, Bognor, and Brenchley, in addition to that at Margate. During the past summer some 1,500 cripples have had a holiday at the seaside through the agency of the Union.

MEDICAL VACANCIES.

The following vacancies are announced:

BELFAST: ROYAL VICTORIA HOSPITAL.—Medical Superintendent. Salary commencing at £300 per annum, with board and apartments. Applications to the Honorary Secretary by November 1st.

BIRMINGHAM CITY ASYLUM.—Junior Assistant Medical Officer, not over 30 years of age and unmarried. Salary commencing at £150 per annum, with board, apartments, and washing. Application to the Medical Superintendent.

BIRMINGHAM GENERAL DISPENSARY.—Resident Surgeon; unmarried. Salary, £150 per annum, with £30 per annum allowance for cab hire, and furnished rooms, etc. Applications to the Secretary by October 21st.

BODMIN: CORNWALL COUNTY ASYLUM.—Junior Assistant Medical Officer; unmarried. Salary, £120, rising to £150 per annum, with board, furnished apartments, laundry, etc. Applications to the Medical Superintendent by October 24th.

BOURNEMOUTH: ROYAL VICTORIA HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board. Applications to the Chairman by October 14th.

BEWTON: ESSEX COUNTY ASYLUM.—Junior Assistant Medical Officer; not over 25 years of age. Salary, £140 per annum. Applications to the Medical Superintendent.

BRIGHTON: SUSSEX COUNTY HOSPITAL.—House-Physician; unmarried, and under 30 years of age. Salary, £80 per annum, with board, residence, and washing. Applications to the Secretary by October 30th.

BRISTOL GENERAL HOSPITAL.—Assistant House-Surgeon. Salary, £70 per annum, with board, residence, etc. Applications to the Secretary by October 28th.

CHELSEA, BROMPTON, AND BEAUFORT DISPENSARY, 41, Sloane Street, S.W.—Honorary Surgeon for the Western District. Applications to the Secretary by October 1st.

CITY ORTHOPEDIC HOSPITAL, Hatton Garden, E.C.—Assistant Anaesthetist. Applications to the Secretary by October 19th.

DENBIGH: DENBIGHSHIRE INFIRMARY.—House-Surgeon. Salary, £100 per annum to commence, with board, residence, and washing. Applications to the Secretary.

GLASGOW ROYAL ASYLUM FOR LUNATICS.—Resident Physician-Superintendent; not under 30 nor over 45 years of age. Salary, £1,000 per annum with house, etc. Applications to the Secretary, 190, West George Street, Glasgow, by October 21st.

GUYS HOSPITAL MEDICAL SCHOOL, S.E.—Gordon Lectureship in Experimental Pathology. Salary and fees approximately amount to £250 per annum. Applications to the Secretary of the Board of Electors of the Gordon Lectureship by November 10th.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—(1) House-Surgeon; unmarried. Appointment for six months. Salary, £30, with board, residence, and washing allowance of £2 10s. (2) Surgeon-Dentist; must be F.R.C.S. Eng. Applications, on forms provided to be sent to the Secretary by October 22nd.

MANCHESTER: MONSIEUR FEVER HOSPITAL.—First Medical Assistant. Appointment for one year, but renewable. Salary, £150 per annum, with board and lodgings. Applications, endorsed "Appointment of First Medical Assistant," to be sent to the Chairman of the Sanitary Committee, Town Hall, Manchester, by October 25th.

MIDLOTHIAN DISTRICT ASYLUM.—Assistant Medical Officer. Salary, £200 per annum, with furnished rooms, board, washing, and attendance. Applications to Mr. R. Addison Smith, 19, Heriot Row, Edinburgh by October 16th.

MORPETH DISPENSARY.—House-Surgeon; unmarried. Salary, £125 per annum, with furnished rooms, etc. Applications to the Honorary Secretary by October 25th.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, N.E.—House-Physician. Appointment for six months. Salary at the rate of £8 per annum, with board, residence, and laundry allowance. Applications to the Secretary by October 12th.

PADDINGTON GREEN CHILDREN'S HOSPITAL, W.—(1) House-Physician; (2) House-Surgeon. Appointment for six months. Salary at the rate of 50 guineas per annum, with board and residence. Applications to the Secretary by October 26th.

PLYMOUTH BOROUGH ASYLUM.—Assistant Medical Officer; unmarried. Salary, £150 per annum rising to £200, with furnished apartments, board, and washing. Applications, endorsed "Assistant Medical Officer," to be sent to Dr. W. H. Rows, Medical Superintendent, Plymouth Borough Asylum, Blockadon, Ivy Bridge, Devon, by October 22nd.

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.—(1) Resident House-Physician (female); (2) Resident House-Surgeon (female); (3) House-Physician (male); (4) Casualty House-Surgeon (male). Appointments for six months. No salary, but board, etc., provided. Applications to the Secretary by October 28th.

ST. MARY'S HOSPITAL, Paddington, W.—Casualty Physician. Salary, £75 per annum. Applications to the Secretary by October 19th.

SHANGHAI MUNICIPAL COUNCIL.—Assistant Health Officer; must possess D.P.H., and not be over 35 years of age. Salary, 3,600 taels a year (about £500), with means of locomotion and first-class passage to and from England. Applications to Messrs. J. Pook and Co., 63, Leadenhall Street, E.C., by November 30th.

SOUTH SHIELDS INGHAM INFIRMARY AND SOUTH SHIELDS AND WESTON DISPENSARY.—Senior House-Surgeon. Salary, £100 per annum, with residence, board, and washing. Applications to the Secretary, 74, King Street, South Shields, by October 14th.

STOKE-UPON-TRENT: NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL, Hartshill.—House-Physician. Salary, £100 per annum, increasing £10 yearly at discretion of Council, with furnished apartments, board, and washing. Applications to the Secretary by October 21st.

STIRLING DISTRICT ASYLUM, Larchart, N.B.—Junior Assistant Medical Officer. Salary, £100 per annum, with board, etc. Applications to the Medical Superintendent.

TEIGNMOUTH HOSPITAL.—House-Surgeon. Salary, £70 per annum, with board, lodging, and allowance of £5 yearly in lieu of stimulants. Applications to the House Committee.

TRURO: ROYAL CORNWALL INFIRMARY.—House-Surgeon; unmarried. Salary for the first year, £100, increasing £10 yearly, with board and apartments. Applications to Mr. J. O. C. Crewes, 4 Parkview Terrace, Truro.

YORK COUNTY HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board, residence, and washing. Applications to the Secretary by October 22nd.

YORK DISPENSARY.—Resident Medical Officer; unmarried. Salary, £110 per annum, with board, lodging, and attendance. Applications to W. Draper, Esq., De Grey House, York, by October 23rd.

MEDICAL APPOINTMENTS.

BURD: Cyril P., M.B.C.S. Eng., L.R.C.P. Lond., appointed House-Surgeon to the Salop Infirmary, Shrewsbury.

CAITHEORP: G. M.B., B.C. Cantab., appointed District Medical Officer of the Walsingham Union, vice J. S. Mellish, M.B.C.S. Eng., L.R.C.P. Lond., resigned.

COLLINS: E. Tenison, M.B.C.S. Eng., appointed Second Gynaecologist at the Cardiff Infirmary.

CUTFIELD: Arthur, B.A. Cantab., M.B.C.S. Eng., appointed Medical Officer of Health the Ross Urban District Council.

ELLIS: William C., L.R.C.P. & S. Edin., etc., appointed Deputy Medical Officer of Health to the County Borough of Brighton, and House-Physician to the Borough Sanatorium.

FINLAYSON: G. A. M.B., Ch.B. Aberd., appointed House-Physician at the Great Northern Central Hospital.

HADLEY: C., M.B.C.S. Eng., L.R.C.P., appointed District Medical Officer of the Foleshill Union, vice D. Crowe, M.D. Dub.

HAY: John, M.D. Vict., M.B.C.S., L.R.C.P., reappointed Medical Tutor and Registrar, Royal Infirmary, Liverpool.

HILL: Ernest, L.R.C.P., M.B.C.S., D.P.H., appointed Health Officer for the Colony of Natal.

HOWELL: John, M.B., B.S. Lond., F.R.C.S. Eng., appointed Honorary Surgeon to the General Hospital, Cheltenham, vice Dr. J. W. Bramwell, resigned.

KENNA: M. F., L.R.C.P., L.R.C.S. Irel., appointed Coroner for South Kildare, vice P. L. O'Neill, L.R.C.S.I., etc., deceased.

LAMB: J. M. A., L.S.A. Lond., appointed District Medical Officer and Public Vaccinator to the Second District of the Poole Union.

MONTGOMERY: Samuel, L.R.C.P., L.R.C.S. Ed., appointed District Medical Officer and Public Vaccinator to the Frankston District of the Poole Union.

MURPHY: Denis, L.R.C.P., L.R.C.S. Edin., appointed Pathologist to the North Charitable Infirmary, Cork.

NOALL: Wm. Paynter, M.B. Lond., M.B.C.S. Eng., L.R.C.P. Lond., appointed House-Surgeon to the East London Hospital for Children.

PENNEFATHER: Claud M., M.B.C.S., L.R.C.P. M.B., B.S. Durh., appointed Junior House-Physician to the Great Northern Central Hospital.

PRINGLE: Arthur Y., M.B.C.S. Eng., L.R.C.P. Lond., appointed Honorary Medical and Surgical Officer to the East Suffolk and Ipswich Hospital.

SHERREN: James, F.R.C.S. Eng., appointed Surgical Registrar to the London Hospital.

SPIERS: W. R., M.B. Glasg., C.M., appointed Medical Officer of Health for the Hailwistle Rural District, vice K. Roustead, L.R.C.P., L.R.C.S. Edin., D.P.H., resigned.

WADDINGTON: W. Heywood, M.B., B. Ch. Vict., appointed Medical Officer of Health for the Borough of Scarborough, vice T. Herbert Littlejohn, M.B., C.M. Edin., resigned.

WALKER: E. A., B.A., B.C. Cantab., M.B.C.S., L.R.C.P., appointed Junior House-Surgeon to the Great Northern Central Hospital.

WHITEHOUSE: William Henry, M.D. Durh., D.P.H. Edin., appointed Honorary Surgeon to the Birmingham Lying-in Charity.

WILLIAMS: Leonard, M.D. Glasg., appointed Assistant Physician to the German Hospital, Dalston, N.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Society of London. 11, Chandos Street, Cavendish Square, W., 8 P.M. General Meeting, 8.30 P.M.—Ordinary Meeting. Address by the President, Dr. W. H. Allchin, on the Responsibility of the Organism in Disease.

TUESDAY.

Pathological Society of London. 20, Hanover Square, W., 8.30 P.M.—Dr. Wakelin Harriett: A case of Sylvian Aneurysm. Dr. F. W. Andrews: Hemorrhagic Myositis in Enteric Fever. Mr. C. S. Wallace: Primary Melanotic Sarcoma of Small Intestine. Dr. Thursfield: A case of Pleuro-oesophageal Fistula. Mr. S. Shattock: Prehistoric Calculus. Card Specimens by Dr. Finlayson and Dr. Thursfield.

Chelsea Clinical Society. Jenner Institute of Preventive Medicine, Chelsea Gardens, Grosvenor Road, S.W., 8.30 P.M.—The President, Mr. Charles A. Morris, will deliver his opening address on Some War Sequelae.

WEDNESDAY.

Royal Microscopical Society. 20, Hanover Square, W., 8 P.M.

London School of Tropical Medicine (at Royal United Service Institution, Whitehall, S.W.).—Opening Address of third Winter Session by the Right Hon. Lord Brassey, K.C.B.

THURSDAY.

Harveian Society of London. Stafford Rooms, Titchborne Street, Edgware Road, W., 8.30 P.M.—Mr. Campbell Williams: Hematuria in Childhood.

Ophthalmological Society of the United Kingdom. 11, Chandos Street, Cavendish Square, W., 8.30 P.M.—Cases will be shown by Mr. R. Marcus Gunn and Mr. Sydney Stephenson. Papers:—Presidential Address: Some Clinical Experience of Primary Chronic Glaucoma and the Value of Iridectomy. Mr. S. Johnson Taylor: Notes of a case of Rodent Ulcer of the Cornea in a child. Mr. Edward Nettleship: Chronic Serpiginous Ulcer of Cornea (Mowen's Ulcer).

FRIDAY.

Royal College of Physicians of London. 4 P.M.—Harveian Oration: Dr. Norman Moore.

POST-GRADUATE COURSES AND LECTURES.

Central London Throat, Nose, and Ear Hospital, Gray's Inn Road, Wednesday, 8 P.M.—Introductory Lecture.

Charing Cross Hospital, Thursday, 4 P.M.—Surgical Cases.

Hospital for Sick Children, Great Ormond Street, Thursday, 4 P.M.—Lecture: Diarrhoea in Infants.

London Throat Hospital, 204, Great Portland Street, W., Wednesday, 5 P.M.—Practical Demonstrations in Examination of the Ear.

Medical Graduates' College and Polytechnic, 22, Chenies Street, W.C.—Demonstrations will be given at 4 P.M. as follows: Monday, skin; Tuesday, medical; Wednesday, surgical; Thursday, surgical; Friday, eye.

West London Hospital, Hammersmith Road, W., Monday 5 P.M.—Opening Address: Sir William MacCormac, Bart., K.C.V.O. Lectures will also be delivered at 5 P.M. on Tuesday: Minor Surgery. Wednesday: Surgical Anatomy. Thursday: Iritis. Friday: Therapeutics.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 8s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

MARRIAGE.

PRITCHARD-SILLS.—On October 8th, at Barrowby Church, Grantham, by the Rev. J. O. Ballett Fletcher, M.A., Vicar of Mundham and Rector of Hunston (cousin of the bride), assisted by the Rev. George Rubie, M.A., Rector of Hurrowby, and the Rev. Norman Campbell, B.A., Vicar of St. Ann's, Wandsworth, Edward J. Pritchard, M.B.C.S. Eng., L.R.C.P. Lond., of Wandsworth Common, youngest son of Josiah Pritchard, M.B.C.S., of Bristol, to Maud, youngest daughter of George Sills, of Casthorpe, Grantham, barrister-at-law.

DEATH.

WOOD.—At Kroonstad, Orange River Colony, on October 4th, 1901, Sarah, wife of Lieutenant-Colonel Oswald Gillespie Wood, C.B., B.A.M.C. (By cable.)