

of the ulcer itself, I used the actual cautery a good deal in the rapidly sloughing cases, but I must confess it has frequently failed in my hands to arrest the sloughing process, and I do not now employ it so often. Having indicated the two main features of this plan of treatment, namely, the use of quinine drops, and the radial incision as described, it now only remains for me to make one or two further observations.

First, I believe the quinine acts as an antiseptic, both by direct contact with the ulcer and by absorption into the anterior chamber. As far as I know the atropine has no curative influence, but is combined with the quinine because there is generally iritis present. Secondly, my experience of Saemisch's incision is so slight that I have purposely refrained from saying anything about it; but I may be allowed to say that theoretically at least it has always appeared to me inferior to the radial incision which I have described. I believe with Mr. Brudenell Carter that Saemisch's incision has no curative effect other than what is due to the evacuation of the anterior chamber and the relief of tension. If that is so, it seems to me that these objects can be attained more completely by means of the radial incision. Moreover, I cannot help feeling that to open the anterior chamber by cutting through a part of the cornea which is already weakened by ulceration is objectionable, and tends to increase the liability to staphyloma, which we know is one of the deplorable results of extensive ulceration in these cases. At any rate, I may say in conclusion that the advantages I claim for this method of treatment are:

1. A more complete evacuation of the anterior chamber, and union by first intention, so that there is no necessity in the large majority of cases to re-open the incision.

2. The impossibility of producing prolapse of the iris. The moment the knife is removed and the chamber evacuated, the edges of the incision fall together by the natural tension of the globe, and effectually prevent any incarceration of iris; and as the union in the majority of cases is by first intention, and the chamber becomes quickly refilled, the body of the iris soon becomes separated from the edges of the incision, and remains free. In fact, I think the only objection that can be advanced against this incision is the thin linear scar that results. This, however, is of no practical importance, as it is scarcely visible to the naked eye, and in no way interferes with the integrity of the vision.

Numerous cases could be cited in support of this plan of treatment, but it would be taking up your time unnecessarily to report cases the merits of which can only be properly appreciated by the personal observation of each one.

Major H. HERBERT, I.M.S., referred especially to the high tension secondary to irido-cyclitis, which was often clinically evident in advanced *ulcus serpens* and in some atypical cases of hypopyon keratitis. The condition of the filtration angle in glaucoma secondary to irido-cyclitis, whether due to keratitis or not, was not sufficiently known. Was it usually closed or widely open? If the former, one could understand how atropine alone might not suit such cases. On the other hand, a case was quoted in which atropine relieved the tension. His experience favoured the free use of atropine, together with the use of the knife, for reduction of tension. If the cautery had been used, the simplest measure appeared to be puncture—preferably crucial—through the base of the ulcer. Otherwise a small subconjunctival sclerotomy seemed to be most suited for out-patients.

Mr. TATHAM THOMPSON attributed the frequency of the occurrence of these cases in a colliery district to the infection of trivial corneal injuries by the germ-laden atmosphere of the return airway of a colliery. Formerly he had freely used the cautery, scraping, etc., but latterly he had reserved these things for the worst cases only, owing to the leucoma which these instruments were liable to leave behind. Formalin had greatly lessened his dread of this condition. His routine now was first to cleanse the whole eye thoroughly with formol (1 to 100), and sometimes to paint the ulcerated surface with formol. The eye was then tied up and doused with warm formol lotion every three hours, with iodoform ointment applied and the pad readjusted. The patient was then encouraged to get fresh air. If the hypopyon increased, he did not hesitate to evacuate it, though it was not often

necessary. About the fourth day he substituted a more stimulating ointment for the iodoform.

Mr. H. E. JONES thought that cauterisation often failed to arrest the septic process, and was liable to leave a dense leucoma. He strongly approved of the radial incision, and relied chiefly on antiseptics; iodoform, perchloride of mercury, and quinine.

Dr. DARIER (Paris) thought that when possible the cause and nature of the infection should be ascertained. This, however, was not always possible, and in a severe case energetic action was demanded. The extent of the lesion should be made out with fluoresceine, and then the whole surface should be gone carefully over with the electro-cautery. Should the hypopyon persist it should be let out with an incision. Should the infection still be present he would then use a sub-conjunctival injection of cyanide of mercury. In slighter cases repeated instillations of cyanide of mercury or sub-conjunctival injections of sodium chloride were sufficient to effect a cure.

Mr. E. DYKES BOWER, while agreeing with Mr. Hamilton, thought that he did not go far enough, and he considered that in all cases it was better to open the anterior chamber by a peripheral incision rather than by Saemisch's section, and to remove all lymph and sloughing tissue, with forceps if necessary. Fluoresceine was most valuable for showing up the part to be cauterised, and, lastly, he strongly urged that no dressing should be afterwards applied, so that all discharge might at once escape. This treatment caused cessation of pain, rapid subsidence of the inflammation, and a remarkably small opacity of the cornea. He could not agree with Mr. Tatham Thompson when he said that the application of the cautery was followed by a dense leucoma; certainly that was not his experience. He attached but little value to external application. Atropine, unless it dilated the pupil, appeared to be powerless. Eserine caused pain and did harm, and he preferred frequent bathing with hot water and a hot boracic compress. As cocaine did not act in these cases a general anæsthetic was necessary when operating.

MEMORANDA:

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

THE ACTION OF RESORCIN ON THE KIDNEYS IN YOUNG CHILDREN.

As resorcin is a drug largely used by some physicians in the treatment of intestinal diseases of infants and young children, it is, I think, desirable to record any ill-effects which have followed its use in comparatively small doses.

In August last, while attending a child aged 20 months for considerable disturbance of the alimentary tract, I found it desirable to administer an intestinal antiseptic, and accordingly prescribed resorcin grs. iij to be taken every four hours.

The child improved under treatment, and after three days, during which time she had taken about five doses (each of 3 grs.) every twenty-four hours, I reduced the doses to three a day. On the sixth day from the date of beginning the resorcin she passed the typical greenish urine of carbolic acid poisoning, and the presence of phenol sulphates was confirmed by the Clinical Research Association. The resorcin was discontinued, and the urine resumed its normal colour after some four days.

Now, in some textbooks on children's diseases it states that 6 grs. or more may be given every four hours to a child of 12 months for a period of seven to ten days. In this case I gave 3 grs. every four hours to a child of 20 months, with the result that phenol appeared in the urine. I may say that the kidneys were healthy. As I have hitherto regarded resorcin as a safe remedy in such doses as I have mentioned, and knowing that my belief is shared by other medical men of my acquaintance, I send this account, hoping that my experience may be of use to others when prescribing this drug.

£ Weston-super-Mare. C. PERCIVAL CROUCH, F.R.C.S., M.B.

HOUSE FLIES AND DISEASE.

DR. COLIN CAMPBELL's case of an infant infested with maggots naturally suggests fly "blows" as the cause. The following case, however, shows that maggots may infest the human body without the deposition of eggs direct on the skin.

A. H., a widow of 42 years of age, and living in a country town, had been seen by me at intervals for a chronic chest complaint for some years.

Early in the present year the patient came in a great fright, stating she was passing maggots in her urine, and presented me with a phial containing two or three of the creatures. Knowing my patient to be of a hysterical temperament, I was inclined to believe she had placed the maggots in the bottle herself. I endeavoured to convince her that maggots could not possibly live in urine, but all to no purpose. More maggoty urine being brought on the three subsequent visits, I had the patient's bladder and internal genitals thoroughly examined by a surgeon, with a negative result. After this more maggots came, and the patient evidently believed I would never be convinced. I had early insisted on a thorough examination of all the chinks and crannies of the bedroom, especially by the creeping plants by the windows, but the source of the maggots still remained a mystery. At length my patient came with a beaming face and announced that on superintending the changing of her mattress she found some maggots on it, and further examination showed that the wool inside was swarming with them.

Weymouth Street, W.

CHAS. W. CHAPMAN.

DR. COLIN CAMPBELL's note on this subject (BRITISH MEDICAL JOURNAL, October 5th, p. 980) impels me to record a precisely similar case in my own practice. While attending an infant which suffered from vomiting, diarrhoea, and continual crying, my attention was called to some "worms" which had come from it. Upon examination the so-called worms were seen to be maggots, in great numbers, while the smell from the infested clothing was overpowering. They continued to show themselves for about three days, and the child has now recovered, though the nates are still very red and irritable.

Bolton.

J. JOHNSTON, M.D. Edin.

ERYTHEMA NODOSUM COMPLICATED WITH
IRITIS.

As many authorities have held, and possibly still hold, the opinion that erythema nodosum is associated with rheumatism, I think the following case worth recording:

I was called to see a farmer's wife, aged 33, on August 13th last. She said she had suffered from pains in the legs and back for about a week, but that she had been able to keep about till two days before, when the pains became much worse, and she noticed some spots on her legs. I found numerous patches of erythema nodosum on both shins and anterior aspects of knees and ankles. The patches on the shins were tense, shiny, and very tender, and the tissues over the joints were puffy and swollen, but there was no swelling of the joints themselves. The temperature was 101° , and was accompanied by the usual febrile symptoms—dryish, coated tongue, etc. There was no sweating or smell of rheumatism, and the heart sounds were normal. I ordered an aperient; sodium salicylate, gr. 10, to be taken every four hours, and hot fomentations to be applied to the legs, to be followed by a dusting powder when the pains were easier.

During the next few days a few fresh crops of nodules appeared on the legs, and the pain was so intense that I ordered an opiate at night and belladonna fomentations constantly to the legs. The febrile symptoms gradually abated, and she was generally better by August 19th. I did not see her on August 20th. On that evening her husband came up and said that for the past twenty-four hours she had suffered most severe pains over her eyes and the front of the head. On the following morning I found distinct episcleral zones in both eyes, accompanied by intense supraorbital neuralgia. The temperature was 101° . The patches on the legs were less marked but still tender. I ordered hot boracic fomentations to the eyes, and sent liquor atropinæ to be instilled; but this was

not used until I saw her next day, when the right eye was certainly more inflamed. Fortunately, however, no synechiæ formed, and the iritis cleared up in a few days, the erythematous rash dying away with the usual discoloration of the skin during the same period.

I do not think in this case there was any association with rheumatism. She had never had rheumatic fever, and there is no family history of rheumatism. There was no endocarditis or pericarditis. The joints themselves were never enlarged, nor have I ever seen actual swelling of a joint in any of the few cases of erythema nodosum that have come under my observation. The iritis, though slight and bilateral, was undoubted.

I saw the patient a month later. There had been no recurrence of any kind and the heart sounds were normal.

A. W. ALLAN, M.D. Brux., M.R.C.S., L.R.C.P.,

Wainfleet.

THE MEANS OF ARRESTING ACUTE ENDOCARDITIS. With reference to the discussion on this subject, published in BRITISH MEDICAL JOURNAL of October 12th, may I be allowed to point out the great advantage to be derived from the combined use of blisters and poultices in the earlier stages of acute endocarditis, pneumonia, pleurisy, etc., where pain is a marked and troublesome symptom?

A blister of the requisite size is first placed over the point where pain is most acute, and is firmly fixed with adhesive plaster. A large linseed meal poultice, as hot as it can possibly be borne, is at once applied above the blister and changed as often as is necessary until the latter has fully risen. The blister is then punctured and dressed in the usual way. When this has been done, a thick layer of cotton wool or spongiopiline should be placed over the entire surface lately covered by the poultices, to prevent any possibility of chill, and allowed to remain *in situ* as long as may be considered desirable.

In recent years poultices have, no doubt, fallen into more or less disuse; but no one who has had personal experience of the immense relief which they give in painful inflammatory disease will fail to use them in suitable cases.

They should, however, be applied at the very commencement of the disease, and be discontinued as soon as the pain has been relieved. Their beneficial action is no doubt due to the fact that they produce a very decided determination of blood to the surface, thereby increasing the exudation of serum and lessening nerve sensibility.

G. H. YOUNGE, F.R.C.S.I.,
Lieutenant-Colonel, R.A.M.C.

SURGICAL EMPHYSEMA FROM A WOUND OF
THE ARM.

SURGICAL emphysema is, I believe, a rare condition when occurring apart from fractured ribs, fracture of nasal sinuses, or subsequent to tracheotomy. The following may, therefore, be worth reporting:

P. H., a painter by occupation, applied for treatment at the external department of this hospital. He had a punctured wound of the left arm, just over the line of the brachial artery, and about 2 inches above the internal condyle of the humerus. About a quarter of an hour before coming to hospital he was painting a window-sill, when the plank on which he was standing slipped, and to save himself from falling he hung by the left hand. In doing so a nail, projecting from the wall, entered his arm.

On examination well-marked surgical emphysema was present some inches down the forearm, most marked at the flexure of the elbow and extending half-way up the arm. There was free venous hæmorrhage, which was easily controlled.

No ecchymosis appeared subsequently, and the emphysema disappeared in four days. I can only suppose that it was caused by muscular action.

PERCY STEWART.
House-Surgeon.

Richmond Hospital, Dublin.

THE University of Aix-Marseilles has followed the example of the University of Bordeaux in deciding on the establishment of a diploma for colonial medicine.

PROMOTION EXAMINATION FOR MAJOR UNDER EXISTING RULES.

CAPTAIN R.A.M.C.—The subjects for this examination are: Medicine, Surgery (including Surgical Anatomy), Hygiene (including Bacteriology, Medical Regulations and Organisation, Military Law. A choice might be made from the following books for the examination: *Manual of the Practice of Medicine*, by Frederick Taylor, M.D., sixth edition (London: J. and A. Churchill, 1901, 16s.), or *Handbook of the Theory and Practice of Medicine*, by P. T. Roberts, M.D., ninth edition (London: H. K. Lewis, 1894, 21s.); *Science and Art of Surgery*, by Sir John Erichsen, tenth edition (London: Longmans, Green, and Co., 1895, 48s.); or *Surgery: the Theory and Practice*, by W. J. Walsham, F.R.C.S., seventh edition (London: J. and A. Churchill, 1900, 15s.); *Surgical Applied Anatomy*, by Sir F. Treves, K.C.V.O., C.B., new edition (London: Cassell and Co., 1901, 9s.); *Wounds in War*, by Surgeon-Colonel W. F. Stevenson, A.M.S. (London: Longmans, Green, and Co., 1897, 18s.); *The Theory and Practice of Hygiene*, by Colonel J. L. Notter, M.D., and Major W. H. Horrocks, B.Sc., F.R.C.S., second edition (London: J. and A. Churchill, 1900, 21s.); *The Theory and Practice of Military Hygiene*, by E. L. Munson, A.M. M.D. (London: Baillière, Tindall, and Co., 1901, 38s.); *An Introduction to the Bacteriological Examination of Water*, by Major W. H. Horrocks, B.Sc., F.R.C.S. (London: J. and A. Churchill, 1901, 10s. 6d.); *Reports on Progress of Hygiene as published in the Report of the Army Medical Department for 1898 and 1899* (London: Eyre and Spottiswoode, 1900 and 1901, 2s. 7d. and 2s. 9d.); *Regulations for Army Medical Services* (London: Eyre and Spottiswoode, 1900, 9d.); *Manual of Military Law* (London: Eyre and Spottiswoode, 1894, 2s. 6d.).

THE OFFICE OF DIRECTOR-GENERAL, I.M.S.

FORCEPS writes: There is no doubt that a good deal of feeling has been aroused by the orders of the Government of India that the Director-General I.M.S. shall henceforward be drawn from the Bengal Presidency only. I am not a Bengal man, but the shameless jobergy that has filled with disgust and discontent my own Presidency compels my approval of that arrangement. In cases of specific and grievous wrong, it is well for the service to have in Bengal an unbiased centre of appeal where an officer's record alone is considered, and not the personal antipathies more or less masked of the local authorities. In the serene air of the north, remote from the unworthy intrigues of the job-masters, an officer has good hope of his claims and his appeals being considered on their merits. If his work is good, local injustice may be rectified, and the Director-General may be expected to stand by a man whom the personal hostility of an individual in a distant Presidency has clearly wronged. No criticism, however, warranted apparently on *a priori* grounds, can touch the present settlement if it is seen to work as a curb on local injustice. If the Director-General is able to move the Government of India to insist in a few cases that fair play and not private prejudice is to govern appointments, local governments will be more careful, and a perpetual Director-General from Bengal be justified.

ARMY MEDICAL SERVICE.

STRANDED AND EXILED writes: What are our prospects under the new scheme? No promotion unless through examinations at every step. Who will consent to serve abroad at risk of health and life for such chance promotion? No pension; the whole magnetism of the Imperial and Colonial Medical Services lies in pensions; make these insecure and the only inducement to serve on is gone.

MEDICO-LEGAL AND MEDICO-ETHICAL.

MEDICAL CERTIFICATION OF THE DEATH OF A LIVING CHILD.

We learn from the *Edinburgh Evening Dispatch* that on September 5th a woman falsely stated to the registrar at Glasgow that her child had died at a certain address. She subsequently obtained a medical certificate from a medical practitioner certifying death to be due to "enteric catarrh and convulsions," and on the strength of the erroneous certificates from these two sources obtained the sum of £4, for which amount her child was insured. The child itself was still living. For this offence she was sent to prison for three months, and the medical practitioner who gave the certificate was strongly criticised by the judge "for having granted a certificate of death without having satisfied himself of the fact." No further particulars are in our possession as to whether the medical practitioner in question had been in previous attendance on the child who was stated by its mother to be dead. We presume that he had, and that the statement did not appear improbable in view of what he knew of the child's previous condition. This being so, although the practitioner was guilty of an error of judgment, we cannot consider him blameworthy to the same extent as the judge appears to have done. It was clearly desirable that he should have verified the fact of death before signing a certificate. But the mere fact of his expressing a wish to do this—unless it were made obligatory on him to do so—might have lost him a patient on account of the supposed reflection on his informant's veracity, and the tax on the time of a busy practitioner is not to be disregarded. In order to prevent the recurrence of incidents like the above, a practical remedy would be found in the third recommendation of the Report of the Select Committee on Death Certification (1893), which runs as follows: "That a medical practitioner in attendance should be required, before giving a certificate of death, to personally inspect the body; but if, on the ground of distance or for other sufficient reason, he is unable to make this inspection himself, he should obtain and attach to the certificate of the cause of death a certificate signed by two persons, neighbours of the deceased, verifying the fact of death."

DIFFICULTIES BETWEEN PARTNERS.

A CORRESPONDENT propounds the following query: A. and B. are in partnership, have been at law with one another, and are at present not

on speaking terms. A. feels that in operations it is not to the patient's interest for B. to give an anæsthetic for him, as A. feels nervous, not to speak of a probable scene taking place. Has B. any right to object to A. getting another anæsthetist, and can A. refuse to give an anæsthetic for B.?

* Such relations between partners are much to be deplored. Under the circumstances it would be better that neither partner should administer an anæsthetic for the other, and under no ordinary partnership deed would this be required.

FEES FOR VACCINATION.

LIGNUM asks if a charge of twice the usual visiting fee for a single vaccination, with a reduction of 25 per cent. where several are vaccinated, this to include the visit of inspection, would be reasonable.

* Such a scale would on an average be very convenient, but where the visiting fees were low it might be too little, and on the other hand, where they were high, possibly on account of distance to be traversed by the practitioner, they might be somewhat too much.

DOCTORS AND MIDWIVES.

A MEMBER wishes to know if there is any legal authority for the following statement: "Every medical man on being sent for by a midwife is compelled by law to attend."

* The statement is incorrect. There is no legal obligation whatever.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

EXAMINATION IN SANITARY SCIENCE.—The following candidates have satisfied the Examiners in both parts of the Examination for the Diploma in Public Health:

J. J. Buchan, F. M. Burnett, A. F. Cameron, H. S. Capper, J. M. S. Coutts, J. Crawford, F. Dittmar, J. E. Dowling, D. Forbes, Grace Haxton Giffen, K. W. Goadby, J. D. McCrindle, J. W. Miller, W. P. Rodrigo, P. R. Roy, H. R. D. Spitta, H. J. Starling, J. Stoddart, H. Stuart, A. J. Turner, D. P. Watson, W. Wright.

UNIVERSITY OF EDINBURGH.

GRADUATION CEREMONIAL.

A SPECIAL graduation ceremonial was held in the McEwan Hall on October 17th, the Vice-Chancellor and Principal (Sir William Muir) presiding. There were present Professors Sir William Turner, K.C.B., Patrick, Crum Brown, McGregor, Laurie, Rankine, Chrystal, Simpson, Hume Brown, and Sir Ludovic Grant, Bart. The following degrees were conferred:

Degrees of M.B. and C.M.—C. G. Hey, A. H. M'Shine, A. C. Peterson, P. W. Shephard.

Degrees of M.B. and Ch.B.—J. A. Brock, A. Brown, J. W. Duffus, M.A., J. M. Dupont, W. F. L. A. Holcroft, J. Jamieson, E. W. Lewis, Harriet M'Cloghry, J. B. M'Cutcheon, L. A. MacMunn, K. D. C. Macrae, A. F. Gaston, R. Murray, P. Pattison, G. A. P. Ross, R. Rutherford, G. W. Smith, C. W. Somerville, W. C. Spooner, G. H. Steven, G. C. Strathairn, J. P. Thorne, N. N. Wade, E. A. Walker, D. L. Wall, H. E. Wareham, and P. Weatherbe.

The degree of B.Sc. in the Department of Public Health was conferred on John Fleming Goodchild, M.D., and a special University Certificate in Diseases of Tropical Climates was granted to Antoine Felix Gaston Masson, M.B., Ch.B.

At the end of the capping the Dean of the Faculty of Medicine, Professor A. R. Simpson, gave a short address to the graduates.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A QUARTERLY Council was held on October 17th, Mr. H. G. Howse, President, in the chair.

THE DEATH OF THE DOWAGER EMPRESS FREDERICK OF GERMANY.

A letter was read from the Secretary of State for Home Affairs, reporting the submission of an address of condolence to His Majesty the King, stating that His Majesty was pleased to receive the same very graciously.

PROFESSOR VIRCHOW'S 80TH BIRTHDAY.

Mr. Howard Marsh, Vice-President, reported that in accordance with the wishes of the Council, he had attended the Virchow celebration at Berlin on October 12th, and had presented him, on behalf of the Council, with an address of congratulation.

ANNUAL REPORT OF THE COUNCIL.

This will be laid before the annual meeting of Fellows and Members to be held at the College on Thursday, November 21st, at 3 P.M. Fellows and Members can obtain copies on application to the Secretary, and can, if they so desire, register their names as wishing to receive the report annually.

COMMITTEES.

Sir William MacCormac, Bart., was re-elected on the Committee of Management. Mr. H. T. Butlin was elected a member of the Laboratories Committee in the vacancy occasioned by the retirement of Mr. H. G. Howse.

FOURTEENTH INTERNATIONAL MEDICAL CONGRESS.

The President read a letter from the President and Secretary of the above, announcing that the Congress will be held at Madrid from April 23rd to 30th, 1903. Information in regard to the meeting may be obtained at the College.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At the annual stated meeting of the College, held on St. Luke's Day, the following officers were elected for the ensuing year:

President.—Sir Christopher J. Nixon, M.D.

Vice-President.—Joseph Redmond, M.D.

Censors.—Joseph Redmond, M.D., Joseph O'Carroll, M.D., E. H. Tweedy, and W. Langford Symes.

Additional Examiners (to take the place of an absent Censor or Examiner).—Medicine: E. E. Lennon. Medical Jurisprudence and Hygiene: S. T. Gordon. Midwifery: H. Jellett, M.D.

Examiners for the Licence to Practise Midwifery.—J. H. R. Glenn, M.D., and T. H. Wilson.

Additional Examiners under the Conjoint Examination Scheme.—Biology: E. MacDowel Cosgrave, M.D. Chemistry and Physics: H. T. Bewley, M.D. and Professor E. Lapper. Materia Medica and Pharmacy: N. Falkner, M.D. and H. D. Drury, M.D. Physiology: H. C. Earl, M.D. Pathology: A. C. O'Sullivan, M.D. Medicine: J. B. Coleman, M.D., and G. J. Peacocke, M.D. Hygiene and Forensic Medicine: A. Nixon Montgomery.

R.C.P.I. Examiners for the Conjoint Diploma in Public Health.—Chemistry: Professor Lapper. Hygiene: H. T. Bewley, M.D. Meteorology: Ninian Falkner, M.D.

R.C.P.I. Examiners in Preliminary Education.—Science: Professor W. E. Thrift, F.T.C.D. Languages: W. Kennedy, F.T.C.D.

Representative on the General Medical Council.—Lombe Atthill, M.D.

Representatives on the Committee of Management.—J. Magee Finny, M.D., Sir John W. Moore, M.D., and James Craig, M.D.

Treasurer.—Lombe Atthill, M.D.

Registrar.—James Craig, M.D.

Dr. W. A. Winter was elected a Fellow of the College.

In the evening the annual banquet of the President and Fellows took place in the College Hall.

CONJOINT BOARD IN IRELAND.

FIRST PROFESSIONAL EXAMINATION.—Candidates have passed this examination as undernoted:

In all Subjects.—M. J. Ahern, C. W. N. Anderson, J. B. Dwyer, G. H. Gallagher, D. T. O'Flynn.

Completed the Examination.—Miss H. O'D. M. Beamish, J. W. Bell, C. J. D. Bergin, R. J. Bonis, G. H. Caldwell, R. Calvian, P. M. Carroll, J. Daniels, O. S. Delany, M. J. C. Kennedy, G. H. Kinmonth, C. H. Lambert, B. Martin, P. Mullany, E. C. MacDermot, J. J. McNelis, J. O'Donnell, J. M. J. Rhatigan, F. J. Strahan, W. J. Tobin, N. R. Usher, C. R. Wallace, T. Young.

SECOND PROFESSIONAL EXAMINATION. OLD REGULATIONS.—Candidates have passed this examination as undernoted:

In all Subjects.—M. W. Kelly.

Completed the Examination.—T. M. Allen, F. X. Costello, D. E. Crosbie, Miss S. F. Dickson, J. Nash, E. O'Grady, M. O'Keefe, C. R. Richardson.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, October, 1901.—The following candidates passed in:

Surgery.—C. E. C. Child (Section II), Charing Cross Hospital; G. B. Dixon (Sections I and II), Charing Cross Hospital; P. J. Fitzgerald, Dublin; I. Griffith (Section I), London Hospital; W. B. Harris (Section I), St. Mary's Hospital; D. Morrow (Sections I and II), Middlesex Hospital; W. Parker (Section I), Manchester.

Medicine.—D. E. Lockwood (Section II), Royal Free Hospital; E. E. Naggiar (Sections I and II), St. Mary's Hospital; W. Parker (Sections I and II), Manchester; F. M. Payne (Section II), Royal Free Hospital.

Forensic Medicine.—E. C. Curtis, Charing Cross Hospital; R. Gillett, Royal Free Hospital; E. E. Naggiar, St. Mary's Hospital.

Midwifery.—T. J. M. Clapperton, King's College Hospital; A. F. Heald, Cambridge; P. S. Hopkins, London Hospital; H. Johnson, Guy's Hospital; G. F. G. De Laubenque, Middlesex Hospital; T. G. Miles, Guy's Hospital; W. Parker, Manchester; H. Richardson, Leeds; C. W. Smith, Sheffield; A. Turner, Charing Cross Hospital.

The diploma of the Society was granted to C. E. C. Child, G. B. Dixon, P. J. Fitzgerald, D. Morrow, E. E. Naggiar, and H. Richardson.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

SMALL-POX IN CASUAL WARDS AND WORKHOUSES IN LONDON.
THE Local Government Board in England on October 19th issued a circular to guardians in the metropolis drawing attention to the precautions which should be taken with regard to the occurrence of small-pox in workhouses, and especially in casual wards. A copy ought already to be in the hands of every medical officer of a metropolitan workhouse, and ought also to have been supplied to the master of the workhouse, and the superintendents of the casual wards. The circular points out that it is very important that the attention of the medical officer should be at once called to any casual pauper who may complain of illness, or who, in the absence of complaint may present any suspicious symptoms, and advises that there should be a systematic daily medical inspection of casual wards. It is also advised that officers and other persons employed in the casual wards or brought into personal contact with a case of small-pox, if they have not recently been revaccinated or had small-pox, should be revaccinated at once, and that in the event of a case of small-pox occurring in the casual wards or in the workhouse—and, indeed, in times of small-pox prevalence generally—it is important that measures should be taken for the vaccination or revaccination of inmates, so far as the medical officer may con-

sider advisable. The circular also requests that the medical officer may be instructed to report to the Local Government Board the occurrence of small-pox or other dangerous infectious disease in the workhouse or in the casual wards, and should state what provisions have been made for preventing the spread of the disease.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,452 births and 3,684 deaths were registered during the week ending Saturday last, October 19th. The annual rate of mortality in these towns, which had been 15.6 and 15.9 per 1,000 in the two preceding weeks, further rose last week to 16.8. The rates in the several towns ranged from 10.3 in Derby, 11.1 in Bristol, 11.2 in Croydon, and 11.5 in Huddersfield, to 21.9 in Salford, 22.0 in Blackburn, 26.9 in Newcastle, and 28.8 in Gateshead. In the thirty-two large provincial towns the mean death-rate was 17.3 per 1,000, and exceeded by 1.3 the rate recorded in London, which was 16.8 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.1 per 1,000; in London this death-rate was equal to 1.8 per 1,000, while it averaged 2.3 in the thirty-two large provincial towns, among which the highest zymotic death-rates were 3.3 in Norwich, 3.8 in Gateshead, 4.1 in West Ham and in Sheffield, and 5.3 in Blackburn. Measles caused a death-rate of 1.8 in Sheffield, 2.3 in Norwich, and 4.1 in Blackburn; scarlet fever of 1.2 in Salford; and diarrhoeal diseases of 1.5 in Newcastle, 1.7 in Hull, 2.7 in West Ham, and 2.8 in Gateshead. The death-rate from whooping-cough and that from "fever" did not equal 1.0 per 1,000 in any of the thirty-three large towns. The 71 deaths from diphtheria in these towns included 33 in London, 6 in Sheffield, 5 in Leicester, 4 in Brighton, 3 in Portsmouth, and 3 in Leeds. Eleven fatal cases of small-pox were registered in London, but not one in any of the thirty-two large provincial towns. The number of small-pox patients under treatment in the Metropolitan Asylum Hospitals, which had increased from 11 to 175 at the end of the ten preceding weeks, had declined again to 172 on Saturday last; 47 new cases were admitted during the week, against 44, 51, and 37 in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital on Saturday last, October 19th, was 3,346, against numbers increasing from 2,994 to 3,280 on the six preceding Saturdays; 407 new cases were admitted during the week, against 460, 426, and 422 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, October 19th, 608 births and 537 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 14.5 and 16.1 per 1,000 in the two preceding weeks, further rose to 16.9 last week, and slightly exceeded the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 11.8 in Aberdeen and 12.4 in Leith, to 18.9 in Perth and 22.9 in Greenock. The zymotic death-rates in these towns averaged 2.5 per 1,000, the highest rates being recorded in Paisley and Greenock. The 267 deaths registered in Glasgow included 14 from measles, 2 from scarlet fever, 2 from diphtheria, 8 from whooping-cough, and 11 from diarrhoea. Three fatal cases of whooping-cough, 3 of "fever," and 4 of diarrhoea were recorded in Edinburgh. Five deaths from diarrhoea occurred in Dundee, 3 in Aberdeen, 3 in Paisley, and 2 in Leith; and 2 from scarlet fever, 2 from diphtheria, and 2 from diarrhoea in Greenock.

ENGLISH URBAN MORTALITY IN THE THIRD QUARTER OF 1901.

[SPECIALLY REPORTED FOR THE BRITISH MEDICAL JOURNAL.]

THE vital statistics of the thirty-three large towns dealt with in the Registrar-General's weekly returns are summarised in the accompanying table. During the three months ending September last, 23,397 births were registered in the thirty-three towns, equal to an annual rate of 29.2 per 1,000 of their aggregate population, provisionally estimated at 11,463,026 persons in the middle of the year. In the corresponding quarters of the three preceding years the rates had been 30.6, 30.2, and 30.3 per 1,000 respectively. In London the birth-rate last quarter was 28.9 per 1,000, while it averaged 29.4 in the thirty-two large provincial towns, among which the birth-rates ranged from 22.6 in Oldham and Huddersfield, 22.9 in Halifax, 23.5 in Bradford, and 23.6 in Brighton, to 34.0 in Hull, 34.7 in Sunderland, 35.8 in West Ham, and 37.6 in Gateshead.

During the quarter under notice 52,842 deaths were registered in the thirty-three towns, corresponding to an annual rate of 19.2 per 1,000, against 20.5, 22.2, and 19.1 in the third quarters of the three preceding years. In London the rate of mortality was 17.1 per 1,000, while it averaged 20.5 in the thirty-two large provincial towns, and ranged from 12.8 in Bristol, 13.4 in Cardiff, 14.0 in Croydon, 14.4 in Halifax, and 15.2 in Plymouth, to 23.9 in Liverpool, 25.4 in Sunderland, 25.5 in Newcastle, and 27.7 in Gateshead.

The 15,266 deaths referred to the principal zymotic diseases in the thirty-three towns during the quarter under notice included 11,609 which resulted from diarrhoeal diseases, 1,055 from measles, 840 from diphtheria, 691 from whooping-cough, 555 from "fever" (principally enteric), 480 from scarlet fever, and 36 from small-pox. Of the 36 fatal cases of small-pox 35 belonged to London, and 1 to Liverpool. The deaths from measles, which had been 631, 1,089, and 1,349 in the three preceding quarters, declined again to 1,055 during the three months ending September last, and were equal to an annual rate of 0.37 per 1,000; in London the death-rate from this disease was 0.39 per 1,000, while it averaged 0.36 in the thirty-two provincial towns, among which measles was proportionately most fatal in West Ham, Birmingham, Birkenhead, Salford, Oldham, Leeds, and Sheffield. The deaths from scarlet fever, which had been 381 and 461 in the two preceding quarters, further rose last quarter to 480, and were equal to an annual rate of 0.17 per 1,000; in London the scarlet fever death-rate was 0.15 per 1,000, while it averaged 0.18 in the thirty-two provincial towns, among which this disease showed the highest proportional fatality in Birmingham, Bolton, Salford, Blackburn, and Preston. The fatal cases of diphtheria, which had been 1,131, 967, and 683 in the three preceding quarters, rose again to 840 during the three months ending September last, and were equal to an annual

disorder; or who being in charge of any person so suffering exposes such sufferer; or who exposes bedding, clothing, rags, etc., which have been exposed to infection. The last-mentioned kind of exposure is intended to relate to clothing, etc., belonging to the sufferer, and not to the clothing of every person who happens to be under the same roof as the sufferer. Apparently the mother in this case is not liable to a penalty under public health legislation, but an action at common law for damages might be taken by the teacher with some prospect of success, if she suffers any loss from the parent's neglect to take those precautions which are by common knowledge necessary in order to protect others.

VERIFICATION OF NOTIFICATION ACCOUNTS.

COUNTRY MEMBER writes: As medical officer of health I receive accounts for notifications from medical men in the neighbourhood. Underneath their account follows a printed sentence: "I have examined this account and certify the same to be correct as regards the total number of certificates sent in to me," which I sign, passing on the account for payment to the clerk. On a recent occasion a medical man sent in an account for the second time, having been paid once already. I certified this account again as per above words, and the medical man was paid a second time. This has just been discovered and rectified. Failing any specific instructions, is it part of my duty to check notification accounts as having been presented, or does the above wording of my declaration absolve me from all such responsibility?

. It seems to be obvious that our correspondent has no responsibility beyond ascertaining if the items of the account are correct; his duty does not go further than that. The clerk keeps all the records of the accounts having been passed by committee and subsequently by the authority, and of a cheque having been dispatched. Clearly he is the officer who is responsible for any such event as that mentioned by our correspondent.

COST OF REMOVAL AND TREATMENT OF PATIENTS IN INFECTIOUS HOSPITAL.

ENQUIRER.—The local authority is not under obligation to remove each or any case of infectious disease to hospital, but if it does remove a case it cannot recover the cost unless the person receiving the benefit has come under an obligation to pay for the same. At the same time, having regard to the exceptional expense of transit in this instance, it is for our correspondent to consider whether he might not with propriety discharge the account of the railway company.

FREE PUBLIC VACCINATION IN BUSINESS ESTABLISHMENTS.

ETHICS writes: In reference to this subject, mentioned by two correspondents in the *BRITISH MEDICAL JOURNAL* of October 10th, I write to say that the public vaccinator a few weeks since called at a large hotel of which I am the medical officer, and offered to vaccinate all the staff "free" of charge. His offer was accepted, and it was only subsequently, when one of the staff was ill owing to the vaccination with inflammation all down the arm, that I became aware of the fact. I declined to attend the case, and told them to send for the public vaccinator. Surely such proceedings on the part of public vaccinators are unprofessional?

INDIA AND THE COLONIES.

HONG KONG.

The Malarial Parasite.—The Clinical Report on Malaria in Hong Kong, by Dr. J. Bell, Acting Principal Civil Medical Officer, and Lieutenant S. Stewart, I.M.S., shows a condition of affairs widely differing from that reported from any other malarial country. As disclosed by the blood examinations nearly all patients examined whether suffering from phthisis, liver abscess, plague, alcoholism, injury, or what not, had also parasites of malaria in their blood. The cases of "coma," of which there were five, are said not to have been much affected by quinine. It is surprising to be told that in a moderately-healthy place like Hong Kong these organisms were found more commonly than has been recorded for intensely malarious countries. The observations must therefore be accepted with reserve until confirmed.

MEDICAL NEWS.

It is said that at the next session of the Legislature of the State of Arizona an attempt may be made to exclude consumptives from the territory of the State.

PRESENTATION.—The Secretary-General of the recent Congress of Tuberculosis was entertained at the Café Royal on October 18th by all the secretaries of Committees and Sections, and the opportunity was taken to present him with a handsome chiming clock as a token of their regard and of their admiration of the way in which he had organised the successful gathering of last July. In accepting the memento Mr. Malcolm Morris acknowledged that the success of the Congress was in a large degree due to the fact that he had been happy in the various officers selected, and that he had

had such confidence in their talents that he had not tried to do too much himself, but had left them to work out their several departments.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.—A meeting of the Northern and Midland Division of the Medico-Psychological Association will be held at the Bootham Asylum, York, on Wednesday, October 30th. Dr. Hitchcock and Dr. Grove will show members round the asylum before the business meeting, which will take place at 4 P.M. Dr. Miller (Hatton Asylum) will report progress in the establishment of a bureau of information on matters of asylum administration, and Dr. Powell (Nottingham) will open a discussion on the question whether the photographing of insane patients is detrimental to them. The dinner will take place at the Station Hotel, York. Further particulars can be obtained from Dr. Hitchcock, Bootham Asylum, York.

MEDICAL SERVICE AT ST. PAUL'S CATHEDRAL.—The annual service in London, under the auspices of the Guild of St. Luke, was held on Thursday, October 17th, in St. Paul's Cathedral. There was a very large congregation, including nearly 1,000 medical practitioners, of whom 300 at least, wearing their gowns, walked in procession from the west-end of the cathedral to the seats allotted to them under the dome. The service was choral throughout. The preacher was Canon Gore, who chose for his text Ecclesiastes ix, 17, "The words of wise men are heard in quiet more than the cry of him that ruleth among fools." The unhealth of man was due, he said, to no law of nature in her fundamental intentions, but was a judgment, according to law, for the systematic violation of nature in bad living, in bad housing, in needlessly insanitary conditions of work, and widespread and incredible carelessness. The very idea and method of science was yet alien to the mass of mankind. There must, therefore, be a priesthood of medicine, and the mass of men must accept, reverence, and trust the physician, "for verily the Lord hath created him." He concluded by stating that in order to prepare himself for that occasion he had read the *Life of Sir James Paget*, "that great surgeon and great Englishman," whose professional practice was inspired by a large and wise and sympathetic love of his fellow men. A collection was made for the Medical Mission Fund of the Guild.

AN AMERICAN YELLOW FEVER INSTITUTE.—Surgeon-General Wyman, of the United States Marine Hospital Service, has determined to establish an Institute for the Study of Yellow Fever. The *personnel* is to be composed of the officers of the United States Marine Hospital Service, and of others specially qualified and appointed. The work will be divided into four departments or sections: (a) History and Statistic; (b) Etiology; (c) Transmission; (d) Quarantine and Treatment. An Executive Board will have general charge of the investigations and the publication of reports.

A GERMAN UNIVERSITY CHAIR OFFERED TO AN AMERICAN.—The Prussian Government recently offered to Dr. T. W. Richards, Assistant Professor of Chemistry at Harvard, a full Professorship of Inorganic Chemistry in the University of Göttingen, which he declined. This (says *American Medicine*) is believed to be the first time that a full German professorship of the highest type has been offered to an American.

THE MEDICAL PROFESSION IN NEW YORK.—The *Medical Directory of New York, New Jersey, and Connecticut* for the year 1901, just issued by the New York State Medical Association, contains the names of 12,644 practitioners. Of these, 10,112 are in the State of New York, 1,472 in New Jersey, and 1,060 in Connecticut. Of the 10,112 names in New York, 5,577 are in New York City, and of the latter number 3,991 are in the boroughs of Manhattan and the Bronx (New York County). It is said that after the present year the Association will discontinue this publication.

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.

BELGRAVE HOSPITAL FOR CHILDREN.—Honorary Dental Surgeon. Applications to the Honorary Secretary, 77 and 79, Gloucester Street, S.W., by November 2nd.

BETHNAL GREEN INFIRMARY.—Third Assistant Medical Officer. Salary, £100 per annum, with furnished apartments, board, and washing. Applications on forms provided to be sent to the Medical Superintendent at the Infirmary, Cambridge Road, N.E., by October 29th.

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

BACCHURIDGE ASYLUM, near Lincoln.—Junior Assistant Medical Officer: unmarried, and not over 30 years of age. Salary, £225 per annum, with furnished apartments, board, attendance, etc. Applications to Mr. W. T. Page, jun., Solicitor and Clerk to the Visiting Committee, 5 and 6, Bank Street, Lincoln, by November 27th.

BENTWOOD; 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.

CENTRAL LONDON OPHTHALMIC HOSPITAL Gray's Inn Road, W.C.—House-Surgeon. Salary at the rate of £50 per annum, with board and residence. Applications to the Secretary by November 4th.

CHelsea, BROMPTON, AND BELGRAVE DISPENSARY, 41, Sloane Street, S.W.—Honorary Surgeon for the Western District. Applications to the Secretary by October 31st.

CHelsea HOSPITAL FOR WOMEN, Fulham Road, S.W.—Registrar. Honorarium, 20 guineas per annum. Applications to the Secretary by November 9th.

CHESHIRE COUNTY ASYLUM, Parkside, Macclesfield.—Junior Assistant Medical Officer: unmarried. Salary, £144 per annum, rising to £160, with board, furnished apartments, washing, and attendance. Applications to the Medical Superintendent.

DOWNPATRICK COUNTY DOWN INFIRMARY.—Registrar: unmarried. Salary, 67 guineas per annum, with board, fuel, and washing. Applications to Dr. Tate by October 31st.

DUBLIN: TRINITY COLLEGE.—King's Professorship of the Institutes of Medicine (Physiology and Histology). Applications to Dr. J. Craig, Registrar, Royal College of Physicians, Kildare Street, Dublin, by November 30th.

GLASGOW UNIVERSITY.—Additional Examiners for Degrees in Medicine, with special reference to (1) Chemistry, (2) Materia Medica and Therapeutics, (3) Zoology, (4) Practical Medicine, (5) Surgery systematic and clinical. Salary for (1), (2), and (3), £30, and for (4) and (5), £50. Applications to the Secretary of the Glasgow University Court, 91, West Regent Street, Glasgow, by December 3rd.

GLOUCESTER GENERAL INFIRMARY AND GLOUCESTERSHIRE EYE INSTITUTION.—Assistant House-Surgeon. Appointment for six months, but eligible for re-election. Remuneration at the rate of £30 per annum, with board, residence, and washing. Applications to the Secretary by October 30th.

GREAT NORTHERN CENTRAL HOSPITAL, Holloway, N.—Surgeon. Applications to the Secretary.

GROVE HALL ASYLUM, Bow.—Junior Assistant Medical Officer (male). Salary, £120 per annum, with board, apartments, attendance, and laundry. Applications to the Medical Superintendent.

HOLLOWAY AND NORTH ISLINGTON DISPENSARY.—Two Honorary Medical Officers. Applications to the Secretary, Palmer Place, Holloway Road, N.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, S.W.—Resident Medical Officer: unmarried and not under 25 years of age. Salary, £200 per annum, with board and residence. Applications to the Secretary by October 30th.

HOSPITAL FOR DISEASES OF THE THROAT, Golden Square, W.—Senior Clinical Assistant. Appointments for six months, but renewable. Applications to the Secretary-Superintendent by November 9th.

LEICESTER INFIRMARY.—Assistant House-Surgeon. Salary, £80 per annum, with board, apartments, and washing. Applications to the Secretary, 24, Friar Lane, Leicester.

LINCOLN COUNTY HOSPITAL.—Senior House-Surgeon: unmarried, and under 30 years of age. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary by November 15th.

LIVERPOOL HOSPITAL FOR WOMEN.—House-Surgeon. Appointment for six months. Honorarium, £25. Applications to the Honorary Secretary of the Medical Board.

LONDON DISPENSARY, 27, Fournier Street, Spitalfields, E.C.—Assistant Medical Officer: non-resident. Salary, £50 per annum. Applications to the Secretary by October 31st.

MACCLESFIELD GENERAL DISPENSARY.—Junior House-Surgeon. Salary, £70 per annum, with board and residence. Applications to the Chairman of the House Committee by October 30th.

MARGATE: ROYAL SEA-BATHING HOSPITAL.—(1) Honorary Assistant Visiting Surgeon: (2) Resident Surgeon to act as junior for six months, and six months as senior. Salary at the rate of £95 and £120 per annum respectively, with board and residence. Applications to the Secretary, 30, Charing Cross, London, S.W., for (1) by October 31st, and for (2) by October 31st.

MORPETH DISPENSARY.—House-Surgeon: unmarried. Salary, £120 per annum, with furnished rooms, etc. Applications to the Honorary Secretary by October 28th.

NORTH LONDON HOSPITAL FOR CONSUMPTION.—Clinical Assistant at Central Out-patient Department. Appointment for six months. Honorarium at the rate of £35 per annum. Applications to the Secretary, 41, Fitzroy Square, W., by October 31st.

PRETORIA CIVIL HOSPITAL.—Resident Assistant Medical Officer: unmarried, and under 28 years of age. Appointment for three years. Salary, £300, £350, and £400 for each of the three consecutive years, with board, lodging, and washing. Allowance of £60 on arrival to cover expenses of journey. Must leave England on or about November 15th. Applications to the Private Secretary, Colonial Office, Downing Street, S.W.

ROTHERHAM HOSPITAL.—Assistant House-Surgeon. Salary, £80 per annum, with board, lodging, and washing. Applications to Mr. E. S. Baylis, Moorgate Street, Rotherham, by November 5th.

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). Appointment for six months. No salary, but board, etc., provided. Applications to the Secretary by October 28th.

SALFORD ROYAL HOSPITAL.—Medical Officer for the Pendleton Branch Dispensary. Salary, £150 per annum. Applications to the Secretary by October 28th.

SALISBURY INFIRMARY.—(1) House-Surgeon: unmarried. Salary, £200 per annum. (2) House-Physician: unmarried, and not exceeding 30 years of age. Salary, £75 per annum. Board, lodging, and washing provided in each case. Applications to the Secretary by November 20th.

SCHOOL BOARD FOR LONDON.—Medical Officer for the Board Truant School, Highbury Grove, N. Salary, £125 per annum. Applications to the Clerk to the Managers, School Board Offices, Victoria Embankment, W.C., by October 31st.

SHANGHAI MUNICIPAL COUNCIL.—Assistant Health Officer: must possess D.P.H., and not be over 35 years of age. Salary, 3,000 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.

SOUTHAMPTON: ROYAL SOUTH HANTS AND SOUTHAMPTON HOSPITAL.—(1) Surgeon. (2) Assistant Surgeon. Applications to the Secretary by November 5th.

SOUTH SHIELDS: INGHAM INFIRMARY AND SOUTH SHIELDS AND WESTOE DISPENSARY Junior House-Surgeon. Salary, £75 per annum, with board, attendance, and washing. Applications to the Secretary, 74, King Street, South Shields, by November 4th.

MEDICAL APPOINTMENTS.

BARROWMAN, T. M.B., C.M.Glas., appointed District Medical Officer of the Grimsby Union.

BENNETTS, A. J., M.R.C.S.Eng., L.R.C.P.Lond., appointed Assistant Medical Superintendent of the Camberwell Infirmary, and Assistant Medical Officer of the Gordon Road Workhouse, vice T. Gibson, M.D. Edin., resigned.]

BIRD, Arthur Cyril, M.R.C.S.Eng., L.R.C.P.Lond., appointed Honorary Surgeon at the Victoria Cottage Hospital, Sidmouth, Devon, vice A. Macindoe, M.D. Glasg., resigned.

BYGOTT, Albert Henry, M.B. Lond., appointed District Medical Officer and Public Vaccinator for the Merland District of the Aston Union, vice Flamank Marshall, M.B. Lond., deceased.

BYHAM, W. L., L.R.C.P., L.R.C.S. Edin., appointed District Medical Officer of the Staines Union.

COLLINS, E. Treacher, F.R.C.S.Eng., appointed to the newly-created post of Ophthalmic Surgeon to the Charing Cross Hospital and Lecturer on Ophthalmology at the Medical School.

DRAGON, Mary Stewart, M.B., B.S. Lond., L.R.C.P. & S. Edin., appointed Medical Officer of Health to the Accra Town Council, West Africa.

FLETCHER, J. L., M.B., C.M. Edin., reappointed Medical Officer of Health for the South Derby Urban District.

FORDYCE, William, M.D. Edin., appointed Assistant Physician to the Edinburgh Royal Maternity and Simpson Memorial Hospital.

HADLEY, C., M.R.C.S.Eng., L.R.C.P., appointed District Medical Officer of the Nuneaton Union.

HIGGINS, Oakley Elford, M.A. Cantab., M.B. Dunelm., M.R.C.S., L.R.C.P., appointed Honorary Medical Officer to the Holloway and N. Islington Dispensary.

JOYCE, Miss M., M.B., B.S. Durh., appointed Assistant Medical Officer to the Camberwell Infirmary, vice Miss G. Russell, M.D. Brux., L.R.C.P., L.R.C.S. Edin.

KNOWLING, E. M., M.B. Camb., M.R.C.S.Eng., appointed District Medical Officer of the Pembroke Union.

LANGRISH, W., L.R.C.P., L.R.C.S., appointed Medical Officer of Health for the Axminster Rural District, vice G. Evans, M.R.C.S.Eng.

MILLER, A., M.B., B.C. Camb., appointed District Medical Officer of the Grimsby Union.

PARSONS, John Herbert, M.B., B.S., B.Sc., F.R.C.S., appointed Curator and Librarian to the Royal London Ophthalmic Hospital, City Road.

ROBINSON, G. A., M.B., B.S. Lond., M.R.C.S.Eng., appointed Surgeon to the Samaritan Hospital, and Lecturer in University College, Nottingham.

STEPHEN, J. A., M.A., M.B., Ch.B., D.P.H. Aberd., appointed Police Surgeon and Prison Surgeon at the District of Health for Burgh of Branderburgh and Lossiemouth, vice Dr. Grant, resigned.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Society of London, 11, Chandos Street, Cavendish Square, W., 8.30 P.M.—Dr. A. Elliott and J. W. Washbourn on Typhoid Fever in South Africa.

Odontological Society of Great Britain, 20, Hanover Square, W., 8 P.M.—Inaugural Address by the President. Communications by Mr. F. C. Wallis, Mr. J. C. Turner, the President, and Mr. Lewin Payne.

WEDNESDAY.

British Bacteriological and Climatological Society, 20, Hanover Square, W., 8.30 P.M.—Address by the incoming President, Dr. Douglas Kerr. Dr. Houchins on Aik Treatment of Syphilis in London.

THURSDAY.

Neurological Society of London, 11, Chandos Street, Cavendish Square, W., 8.30 P.M.—Cases will be shown by Drs. Ferrier, Hutchison, Head, and Muskens.

FRIDAY.

Laryngological Society of London, 20, Hanover Square, 5 P.M.—Cases will be shown by Mr. Spencer, Dr. Donelan, Dr. St. Clair Thomson, Dr. Tilley, Mr. Westmacott, Dr. St. George Reid, Mr. Lake, and Mr. Waggett.

West Kent Medico-Chirurgical Society, Royal Kent Dispensary, Greenwich Road, S.E., 8.45 P.M.—Mr. G. Chisholm Williams on High Frequency Electrical Currents in the Treatment of Certain Diseases.

West London Medico-Chirurgical Society, West London Hospital, Hammersmith Road, W., 8.30 P.M.

POST-GRADUATE COURSES AND LECTURES.

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

Hospital for Consumption and Diseases of the Chest, Brompton, Wednesday, 4 P.M.—Lecture on Pneumothorax.

Hospital for Sick Children, Great Ormond Street, W.C., Thursday, 4 P.M.—Clinical Demonstration.

London Temperance Hospital, Thursday and Friday, 2 P.M.—Clinical Demonstrations.

London Throat Hospital, 204, Great Portland Street, W., Wednesday, 5 P.M.—Practical Demonstration: Impaired Movement of Vocal Cords.

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

National Hospital for the Paralyzed and Epileptic, Queen Square, W.C., Tuesday, 3.30 P.M.—Lecture on Amyotrophic Lateral Sclerosis.

West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 P.M. as follows: Monday: Examination of the Throat and Nose. Tuesday: Minor Surgery. Wednesday: Surgical Anatomy. Thursday: Operative Treatment of Fractures. 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.

BIRTH.

HILL.—On October 16th, at Oakdene, Churchdown, Cheltenham, the wife of Leopold G. Hill, M.R.C.S., L.R.C.P. Lond., of the Church Missionary Society, Pak-hoi, S. China, of a son.

MARRIAGES.

COOMBE-JOHNSTON.—On October 22nd at St. Barnabas, Beckenham, by the Rev. A. H. Cooke, M.A., Fellow of King's College, Cambridge, Head Master of Aldenham School, assisted by the Rev. N. M. Morgan-Brown, M.A., Minor Canon of St. Paul's, and the Rev. George Griffith, Vicar, Russell Coombe, M.A., M.D. Camb., F.R.C.S. Eng., of Exeter, to Eve Harriot Cartledge, eldest daughter of John Cartledge Hirst Johnston, J.F., of Beckenham, and formerly of Hardwick Hall, county Durham.

GOING-EUGENE.—On October 16th, at St. Nicholas Church, Blundellsands, by the Rev. C. de B. Winslow, Vicar, Robert Marshall Going, F.R.C.S., of Littlehampton, son of the late Ven. Archdeacon Going, to Fanny Augusta, daughter of the late George Edgecombe, of Blundellsands.

DEATHS.

APLIN.—On October 21st, at Hill House, Notts County Asylum, Alfred Aplin, M.D., M.R.C.S., L.R.C.P., aged 47, Resident Medical Superintendent of Notts County Asylum.

BENTHAM.—On October 15th, Robert Bentham, M.D., at Ellerslie, Willesden, London, N.W., aged 81 years.