later and vomited on September 29th, when she was observed to be jaundiced.

CASES VIII AND IX.—G. N., aged 50. "I felt poorly and uncertain on my feet. I had no vomiting or diarrhœa. I felt just like when I had ague when I lived in the fen country. Jaundice came on gradually. I have been a total abstainer for twenty-seven years." W. N., aged 16, son of the last, was taken ill a fortnight later. "I had headache and pain in my stomach. I vomited, but jaundice was on me at the time."

CASES X, XI, AND XII.—A. L., aged 24. "I began with a cold; I felt starved and cold. I felt sick and vomited, and had jaundice three days afterwards." E. L., aged 38, wife of the last, was jaundiced a fortnight after him. E. L., aged 15 months, daughter of the couple, was on the breast, and had diarrhœa, vomiting, and jaundice at the same time as her mother.

CASES XIII, XIV, AND XV.—J. F. D., aged 23. "I was sick and had pains and ached all over. I had a shivering fit at the beginning and vomited. Jaundice came on three or four days after vomiting." J. W. D., aged 31, began to be ill a week after the last patient—his brother—and had the same symptoms. "There was no difference." F. N., aged 16, living in the same house as the last two, "felt poorly and was sick. I felt tired and worried. I was jaundiced after a week."

I could adduce a large number of cases, the symptoms of which agreed in the main with those given above, but the latter appear to me sufficient to show the usual course followed by the disease.

CONCLUSIONS AND REMARKS.

1. I believe the disease to be icterus gravis or epidemic jaundice, sometimes called Weil's disease. It differs from the accounts given of previous outbreaks in its onset being sometimes gradual, and in the comparatively low temperatures recorded.

2. The incubation period is perhaps six or seven days.

3. The period of duration of the disease from exposure to infection to commencing recovery is ten or twelve days, but the jaundice may persist after complete recovery in other respects.

4. The mode of infection cannot be deduced by consideration of the cases recorded in this outbreak, but bacteriological examination might elucidate it.

5. The disease is not due to the ingestion of food or drink. The popular impression that the outbreak was caused by the drinking of water from the Ramsley reservoir is incorrect, for none but isolated cases occurred outside Speedwell and Poolsbrook, which villages contain only about 2,000 of the 23,000 persons thus supplied.

6. The disease is probably conveyed by individuals. Being informed that a Speedwell collier had carried the disease to Buckley, Flintshire, I wrote to the Medical Officer of Health, Dr. Fraser, making inquiries, and was informed that he had had 3 cases. Dr. Kershaw, of Farnsworth, near Bolton, wrote under date of October 11th, to say that an outbreak of jaundice, presumably infectious, was progressing in that district.

PATHOLOGICAL REPORT ON SPECIMENS FROM FATAL CASE OF JAUNDICE.

We are indebted to Professor Arthur Hall, University College, Sheffield, for the following:

Portions of liver, spleen, and kidney were sent to my laboratory for examination by Dr. Arthur Court, of Staveley, from a woman who had died with jaundice during the epidemic. Of these the spleen was so fragile that it was impossible to make sections in gum, and I have not as yet had time to examine sections in paraffin.

Liver.—The lobular arrangement of the liver is almost entirely lost, and, except for the presence of the interlobular vessels and ducts at intervals, it would hardly be possible to recognise the organ. It consists of a mass of loose, shaggy, irregular connective tissue, a large number of fat cells of various sizes, liver cells in all stages of fatty degeneration, some retaining their size and form but full of minute fat globules, others granular and shrunken, and the rest of the tissue a more or less amorphous *débris*. Here and there are a few hepatic cells retaining something of their normal arrangement, but even these show fatty changes. There appears to be some slight increase in the intralobular connective tissue, but possibly this is more apparent than real. The smaller interlobular bile ducts show distinct evidences of catarrh, the lining epithelium being overgrown, and the lumina, in places, completely obstructed thereby.

Kidney.—There is a certain amount of increase of the interstitial tissue, but the most striking feature is the marked fatty degeneration of the tubular epithelium of the cortex. Some of these cells show cloudy swelling, but the greater number are distended with small closely-packed fat globules. The nuclei stain fairly, but the lumina are narrowed or completely obstructed.

Sections stained with Sudan III show that the fatty changes well. The microscopical appearances resemble very closely those seen in the liver and kidney in acute yellow atrophy, and correspond with those which I described fully in the *Quarterly Medical Journal*, vol. ix, p. 140, February, 1901.

We are indebted to Dr. Alfred Kershaw, Farnworth, near Bolton, for the information that towards the end of August, and early in September, a number of cases of jaundice which occurred in his practice led to the belief that the disorder was not the ordinary type of catarrhal jaundice, and at about the same time Dr. Kershaw learned from a medical friend that he also had met with many cases. From inquiries made recently, Dr. Kershaw believes that, speaking roughly, there have been about 150 cases under treatment in the district, which has a population of 26,000 people. It is a manufacturing and mining district, stands high, has a good water supply, and is well drained. The persons affected were chiefly of the working class, well fed, and well housed. A few cases were of the well-to-do class. The ages were from 3 years to 60, the majority being from 17 to 25. In a few cases the disease attacked a second person in the same house. Certain neighbourhoods suffered more than others, and usually a new case occurred in a street where others who had suffered resided. Some parts of the district were quite exempt. The attack usually began by vomiting, often very severe, gastric pain (sometimes quite absent), pains in the limbs, and languor. The temperature was usually normal, but in a few cases slightly raised; there was little or no itching; after a few days the skin and conjunctivæ were observed to be bright yellow. The urine was yellowish brown, or of the colour of porter. The fæces were clay-coloured, and there was constipation. Some of the sufferers had to keep to bed, most of them could get about. The duration was from two to three weeks. All made good recoveries. In one case the illness preceding the characteristic jaundice was so acute that it was notified as typhoid fever, but after the jaundice appeared the case ran the usual course, and did well. There is no reason to think that the habits of the affected people had any share in the causation; on the contrary, the ages of many would preclude this, and, indeed, most of the sufferers were temperate people. So far as had been ascertained, none of the patients have been in any way associated with Derbyshire. Many workmen from various parts of the country have been engaged upon an electric tram scheme, but no case is known to have occurred amongst them. New cases are now less frequent, though within the last few days two or three have come under observation.

MEMORANDA:

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

RECTAL SERUMTHERAPY.

A FEW months ago I was hastily summoned one Saturday to meet Dr. Wallis near Tunbridge Wells, regarding a gentleman, aged 58, who had been under my care before he removed from the neighbourhood. He had for many years been the subject of considerable permanent glycosuria, which I regarded as gouty, inasmuch as he was addicted to the pleasures of the table, had lost no flesh, and maintained fairly good health. However, as indicating the suspicion with which his glycosuric condition was regarded, I may mention that various insurance offices quite recently had declined to insure his life save with such heavy increase of premium as practically to make his life uninsurable.

I found him suffering from erysipelas of the face spreading towards the neck and head from a pimple at the end of his nose, which gave me the impression of having been produced by gnat bite. He had been very sick and drowsy all day. I arranged to see him again with Dr. Wallis on the following day. It struck me that under the circumstances, if there was

no improvement by the morrow, serumtherapy ought to be tried. With that object I procured three vials, each containing 10 c.cm. (about 3 fluid drachms) of antistreptococcus serum, prepared by the Jenner Institute of Preventive Medicine, from Messrs. Allen and Hanburys, and went down in the afternoon ready to inject the serum, if so decided, either subcutaneously or by the rectum.

Finding the patient no better but rather worse with the erysipelas continuing to spread, with Dr. Wallis's approval I obtained the consent of the family—as it was not considered advisable to mention the matter to the patient—to try serumtherapy, on my assurance that the serum could do no harm, and could be given by the bowel, for they objected to its being given by the skin. After a lavement of hot water in order to wash out the bowel, I injected from an ordinary glass syringe through a Jaques catheter, high up into the rectum, the contents of one of the vials of serum at 5 P.M. When examined four hours later the patient already felt and looked better. Next morning, at 7 A.M., the nurse said he had passed an excellent night, and his temperature had become normal. The erysipelas had ceased to spread, and was declining. The rectum having been washed out as before, I then gave him by the bowel the contents of the second vial of serum. Two hours later, after a breakfast which he had enjoyed, at our final consultation we found him so much improved that he was walking about the room dictating business telegrams. His further progress was entirely satisfactory.

I was much impressed by the rapidity and efficacy of serumtherapy in this instance no less than by the simplicity of its administration. Early in 1896 M. Chantemesse recounted his experience in favour of rectal serumtherapy in 20 cases, laying stress upon the fact that in all of them the fluid was absorbed easily and quickly, without subsequent unpleasant or untoward effects, such as pyrexia, joint pains, or skin eruptions; noting also that the same effect was produced by the same dose of serum administered either subcutaneously or by the rectum. My own experience so far accords absolutely with that of M. Chantemesse in cases of diphtheria as well as of erysipelas in which I have resorted to this method. I am fully satisfied of the advantage of administering serum by the bowel owing to its efficacy, rapid action, absence of unpleasant sequelæ, and simplicity of employment; and it appears to me that this safe and easy method of serumtherapy has not received the attention it deserves.

E. WOLFENDEN COLLINS, M.D.Univ.Dubl., F.R.C.S.Irel.,
Surgeon, Children's Infirmary, Sydenham.

CASE OF ECTOPIC GESTATION: RUPTURE INTO THE GENERAL PERITONEAL CAVITY: OPERATION: RECOVERY.

I WAS called to see Mrs. D., aged 31, at 5.30 A.M. on April 19th, who had been taken suddenly ill. The patient, on my arrival, complained of excruciating pain in the lower part of the abdomen; she was extremely collapsed, deadly pale, with a pulse small and frequent, and the body bathed in a cold perspiration; in short, she had all the symptoms of an intense internal hæmorrhage.

On examination there was found extreme tenderness over the lower part of the abdomen, chiefly on the right side, the slightest pressure causing the patient to call out. The breathing was purely thoracic. *Per vaginam* a little fulness could be made out in Douglas's pouch and on the right side of the uterus.

History.—The patient for the previous six weeks had suffered from irregular hæmorrhagic discharges, and sometimes solid material was passed. This discharge was accompanied by a great deal of pain of a neuralgic character. Previous to the appearance of the symptoms the patient had not menstruated for six weeks, that is, she had missed one period. From the above symptoms and history I diagnosed ectopic gestation at three months, with rupture into the general peritoneal cavity. After consultation with Dr. Fell, who confirmed the diagnosis, I decided to operate as soon as possible.

Operation.—At 7.50 A.M. with the assistance of Dr. Fell, ether being given by Dr. Maclean, I opened the abdomen in the middle line between the umbilicus and the pubes, the incision being three inches long. On reaching the peritoneum that membrane bulged into the wound, and on cutting through it a large quantity of fluid blood and clots escaped. I easily reached the tube, brought it out through the wound and transfixed it with an aneurysm needle armed with stout silk. The needle was withdrawn and the loop of silk cut so as to leave two ligatures which were firmly tied round the two halves of the pedicle. One ligature was cut short while the other was thrown round the whole pedicle and tied again, and the pedicle allowed to drop into the abdominal cavity. All clots were now removed and Douglas's pouch was well washed with boracic lotion and sponged. The abdominal wound was stitched in the usual way. Everything went on well until the twenty-first day when I was again sent for; there was now great abdominal distension, vomiting, constipation, great pain and a temperature of 102° F. *Per vaginam* there was felt bulging of the posterior vaginal wall, the cervix being pushed upwards and forwards. I made certain there was an abscess in the pelvis and decided to open it *per vaginam*. On examination *per rectum*, however, the abscess was found to be pointing there, and slight pressure by the finger was sufficient to open it, when a large quantity of pus escaped. The patient afterwards made an uninterrupted recovery. The operation was performed in a small private house, where strict antiseptic principles could not be carried out. The patient was so bloodless that not a single drop of blood escaped while cutting through the abdominal wall, and the fact of the patient recovering although so heavily handicapped makes me desirous of reporting the case.

D. LLOYD CLAY, M.R.C.S.Eng., L.R.C.P.Lond.
Wellington, New Zealand.

PAROXYSMAL DYSPNŒA IN ANEURYSM OF THE ARCH OF THE AORTA.

I AM able to answer in part the question of Dr. Seymour Taylor as to whether relief would not accrue from the induction of anæsthesia in cases of orthopnœa arising in aneurysm of the arch of the aorta. I have administered chloroform to a patient after tracheotomy under these conditions, with immediate cessation of the dyspnœa. The answer to the further question whether chloroform anæsthesia alone, without tracheotomy, would suffice, must perhaps depend on the state of the patient. It seems clear that if the administration of an anæsthetic did not immediately abolish the laryngeal spasm, laryngotomy would have to be at once performed, and artificial respiration (? with the administration of an anæsthetic) resorted to.

The following are brief notes of the case I refer to: R. J., aged 34, ex-soldier, suffered from cough with expectoration for six weeks after "congestion of the lungs." He had rhonchus over the front and back of the chest; no physical signs of aneurysm or mediastinal tumour, except "tracheal tugging," were observed, though he was carefully examined. There was no laryngeal growth. The expectoration resembled prune juice. One morning he became acutely orthopnœic, cyanosed, and rapidly unconscious. Tracheotomy was immediately performed, without an anæsthetic, to save life, though the cause of the dyspnœa was uncertain. The relief afforded was slight, though a rubber drainage tube the size of the ring finger was inserted into the trachea; the spasms of the ordinary and extraordinary muscles of respiration continued. The amount of spasm suggested a reflex irritation of a laryngeal nerve; chloroform and amyl nitrite in capsules were therefore administered, and caused immediate cessation of symptoms, air entering at once freely into the lungs with easy respiration. Inhalations of oxygen and hypodermic injections of strychnine and ether were also given. The patient lived two days.

At the necropsy on February 1st, 1901, I dissected out the vagi, and found the left with its recurrent branch lost in a matted inflammatory tissue, which was continuous with a sacculated aneurysm, the size of a tangerine orange, projecting from the lower and posterior part of the arch of the aorta immediately beneath the origin of the left subclavian and common carotid arteries. It had ulcerated into the trachea without pressing upon it sufficiently to cause much obstruction, the cartilaginous rings being intact. The aorta had lost its resiliency. The aneurysm contained firm, pale, and red fibrinous clot. The lungs were grey and solid, and sank in water, but contained no blood; the tracheotomy wound was

septic; the larynx was apparently normal. Scarring on the shins and thighs were the only possible signs of syphilis. The abdominal cavity contained an excess of clear yellow fluid. The wall of the left ventricle of the heart was slightly hypertrophied but there was no valvular lesion.

The specimen was shown at a meeting of the Plymouth Medical Society.

F. BUSHNELL, M.D.
Clinical Laboratory, South Devon and East Cornwall Hospital.
Plymouth.

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

BRADFORD ROYAL INFIRMARY.

DOUBLE INGUINAL HERNIA WITH UNUSUAL SAC CONTENTS.

By WILLIAM H. HORROCKS, F.R.C.S., Honorary Surgeon to the Infirmary.)

P. F., a delicate male child, aged 9½ months, was admitted on April 18th, 1901, with a painful swelling in the left inguinal region.

The patient was ill-nourished, and had a spina bifida in the lumbar region and an inguinal hernia on each side. On the right side the hernia could be partly reduced, the skin over the left inguinal hernia was red and œdematous, and the scrotum and inguinal canal filled with a tense tumour, over which no impulse could be felt when the child cried. There was no vomiting, and the bowels were moved after admission.

On April 23rd an incision was made over the left inguinal swelling and the hernial sac opened. It was found to contain pus, and along the back part of the sac a thin band about ⅜-inch in diameter and 2¼ inches long extended to the bottom of the sac, where it was adherent. This was easily separated from the sac wall, and found to be continuous above with the small intestine, of which it was a diverticulum. The tissues were so infiltrated that it was considered desirable to remove the testicle and sac. The diverticulum was cut off near its origin from the intestine, and its stump inverted and buried by two rows of catgut sutures. The pillars of the inguinal canal were brought together with catgut, and the skin with silkworm-gut; collodion dressing was applied. The part removed from the sac was found to be a thin, hollow band, which had perforated and become attached at its distal extremity. The fluid contained in the sac was a glutinous pus, which had not found its way along the patent inguinal canal, owing to the narrow nature of that connection. The wound healed without trouble.

On May 7th an incision was made over the right scrotal hernia; the sac was opened and found to contain the lower part of the cæcum, which had a mesentery of sufficient length to allow its return to the abdomen without disturbing its vascular connection to any extent. A pad was formed of the sac, and the pillars of the ring brought together.

REMARKS.—Perforation of Meckel's diverticulum in a hernial sac is a rare occurrence. Dr. Stretch Dowse in the *Transactions* of the Pathological Society describes a case in which a fæcal fistula had formed from ulceration of the diverticulum. Dr. Keeling in the BRITISH MEDICAL JOURNAL, December 21st, 1899, records a case of gangrene of the diverticulum with extravasation of its contents (crab shell) into a hernial sac. In the present case the long narrow band stretching down the back of the sac had little resemblance to the ordinary finger-like process of a Meckel's diverticulum. It was only after tracing it upwards to its origin and drawing down the small intestine from which it came that its nature was discovered. The cæcal hernia on the right side had a long mesenteric attachment, so that it was reduced without difficulty, care being taken to avoid injury to the vessels going to the right testicle as the left had been previously removed. The wall of the spina bifida was thick and the skin sound, and it was not interfered with on the present occasion.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

W. WATSON CHEYNE, F.R.S., President, in the Chair.

Tuesday, December 3rd, 1901.

LYMPHADENOMA AND ITS RELATION TO TUBERCULOSIS.

A DISCUSSION upon the above subject was opened by Mr. H. T. BUTLIN, who commenced by stating that the term lymphadenoma must be limited to a particular set of cases of glandular enlargement. In one form the glands were soft to the feel; they might in time become adherent; other groups than those originally affected might enlarge, together with the spleen and liver. In a second form the glands were firm. In his opinion the disease was not a true hypertrophy, it was not tuberculous, and not inflammatory; it was a disease *sui generis*. It had not as yet been proved to be infective, though that was, of course, a possibility. The disease could at present only be classified by its morbid anatomy; and the author went so far as to believe that the diseased glands presented a characteristic or pathognomonic structure. The structure had been figured by Dr. Greenfield in the Society's *Transactions*. Insuperable difficulties at times presented themselves in the diagnosis between tuberculosis and lymphadenoma. What was more, the two diseases might coexist; and he thought that glands affected with lymphadenoma were slightly more liable to tuberculosis than normal ones.

The PRESIDENT having adverted to the difficulty of differential diagnosis,

Dr. F. W. ANDREWES remarked that he had examined 23 cases chiefly supplied by Mr. Butlin's practice. The disease was that known as Hodgkin's, or by Virchow as lymphosarcoma—a progressive enlargement of lymphatic glands and lymphatic tissues, without metastasis in the usual sense, and without distinctive changes in the blood. Histologically, the general plan of the gland was abolished; the number of lymphocytes was diminished; the stoma underwent hyperplasia, the endothelial cells proliferating; the eosinophile cells, of which normally only a few are present, were increased. The whole gland was affected. In the soft form endothelial hyperplasia was chiefly present; but between the soft and the hard there were intermediate stages. Caseous foci might be encountered, and these sometimes, at least, were probably indicative of an added tuberculous infection. In tuberculosis a gland might exhibit miliary tubercles, or caseous foci, or endothelial proliferation; the disease was not generalised through the gland, and here the number of eosinophile cells tended to diminish. In undoubted examples of lymphadenoma, the speaker had not been able to discover tubercle bacilli. He considered a mixed infection as at times occurring, and in such cases experimental inoculation in the guinea-pig led to tuberculosis; in unmixed lymphadenoma such inoculations with the diseased glands gave negative results. Nevertheless, some cases offered extreme difficulties in diagnosis, not only clinically, but after death, the lesions in the organs being of both kinds; in such cases the tuberculosis was the secondary affection.

Dr. LEE DICKINSON recounted at length a case in which tuberculosis supervened upon lymphadenoma.

Professor J. MACFADYEAN had not had an opportunity of examining lymphadenoma in animals, though the disease was alleged to occur. Doubtless some such cases were tuberculous, as for instance those where nodules occurred in the spleen; tubercle bacilli could be demonstrated in such, as well as the histological signs of tuberculosis. He had a suspicion that in lymphadenoma the glands first enlarged did not, in many cases, correspond with those first diseased in tuberculosis.

Dr. N. PITT adverted, like other speakers, to the great clinical difficulty of the diagnosis as between lymphadenoma and tuberculous disease. In three cases, regarded during life as typically lymphadenoma, the necropsy revealed tuberculosis as a complication. Possibly the tuberculin test might be applied. As to whether caseation occurred in uncomplicated lymphadenoma he was doubtful. In the visceral lesions of lymphadenoma he pointed out that fibrosis was uncommon; and he did not think lymphadenoma related to tuberculosis—it was not a para-tuberculous affection.

most interested will be certain to have on intending candidates. Sir F. Treves has clearly great influence with the War Secretary. I trust he will use it in pressing on his attention the matters referred to in this letter.

Believe me, faithfully yours,

Omagh, Nov. 18th. EDWARD THOMPSON, F.R.C.S.I.

MEDICO-LEGAL AND MEDICO-ETHICAL.

A LIBEL CASE.

CLARA COOPER, described in the report of the *Devon and Exeter Gazette* as a nurse, was indicted at Exeter for maliciously writing and publishing defamatory libels concerning Dr. Charles Lovely, of Dawlish. The defendant pleaded guilty. From the statement of Mr. Clavell Salter for the prosecution it appeared that for some time various libellous documents were received by the prosecutor and his wife, the vicar of an adjoining parish, and even the editor of a local paper. These libels were directed against Dr. Lovely and were unfit for publication. The defendant, in order to avert suspicion from herself, wrote similar libels to herself and brought them to Dr. Lovely. The matter was placed in the hands of the London and Counties Medical Protection Society, and certain steps taken which resulted in Miss Cooper being charged and committed. The prosecution most generously believing that the defendant's mind was not normal had her examined at their expense, and counsel stated that the medical examiner considered that although the defendant was fit to plead, yet at the time the libels were published she was not.

The Judge decided, after some discussion with counsel, to sentence the defendant to six months imprisonment in the second division, leaving the question of her sanity or insanity to be dealt with by the prison authorities.

We congratulate Dr. Lovely upon this result and upon the successful action taken by the London and Counties Medical Protection Society on his behalf.

DR. WILLIAM BRUCE v. PROPRIETORS OF *NORTH STAR* (NEWSPAPER).

THE Second Division of the Court of Session at Edinburgh (consisting of the Lord Justice Clerk and Lords Young and Trayner) on November 22nd heard a reclaiming note for the defenders against an interlocutor of Lord Low, approving of an issue for the trial of the action in which Dr. William Bruce, Dingwall, sued the proprietors of the *North Star* newspaper for £1,000 for alleged slander. The issue contained the question whether, in paragraphs admittedly published by the defenders in their newspaper on March 9th, 1901, they falsely and calumniously represented that the pursuer, as a medical man, and the Superintendent of the Ross Memorial Hospital, Dingwall, had been guilty of cruel treatment of a man, a patient in hospital, to the loss, injury, and damage of the pursuer.

The Lord Justice Clerk was of opinion that the paragraphs complained of were a mere criticism of facts that were not disputed, and that the decision in the case of Archer against Ritchie and Co. to the effect that criticism, however strong, of facts that were not disputed, was not libellous, applied to the present case.

Lord Young was of opinion, with the Lord Ordinary, that the paragraph complained of was actionably libellous. He thought the paragraph was defamatory of the pursuer in his profession as a practising physician, and as the holder of important medical offices in the district where it was published. The argument of the defender's counsel was generally to the effect that the strong language of condemnation used in the paragraph regarded only a rule of the hospital, of which the pursuer was medical superintendent, and did not impute cruelty or impropriety to him in his conduct. His Lordship could not accept that view, and he thought it would be unjust to the pursuer to deny him the opportunity which he sought of clearing his character against these imputations.

The issue of the action was that the Division (Lord Young dissenting) found that the pursuer (Dr. Bruce) had not set forth a relevant case entitling him to an issue, recalled the interlocutor of the Lord Ordinary, and dismissed the action with expenses.

FEES IN A LUNACY CASE.

FORCEPS asks what would be a reasonable charge for a patient for five or six professional visits (distance half a mile), and for filling up a lunacy certificate for committal to a private asylum. Patient is a retired tradesman, having no one dependent on him, with £60 per annum from private property.

*** For signing the lunacy certificate the fee could not be less than 1 guinea; but, considering the patient's means, the visiting fees should be small—for example, 2s. 6d. to 3s. 6d.

INTRODUCTION TO PRACTICE.

PARVUS GRACILISQUE.—As our correspondent is going to receive a partnership introduction, it will be better for him to be guided by his partner with regard to introducing himself to the neighbouring practitioners.

INCOME-TAX REMISSIONS AND FOREIGN INSURANCE COMPANIES.

J. McG. who writes from the North, states that he has a policy of insurance in the New York Life Insurance Company. He informs us that he has recently made a claim on the Inland Revenue for a rebatement of the premium, but without success. He is told that premiums payable to any foreign or Colonial insurance companies not registered under British law cannot be allowed as deductions from income for income-tax purposes.

*** There can be little doubt as to the correctness of the information received by our correspondent from the Inland Revenue Office. It is to be feared he will not be able to recover his premium. When contemplating insurance this must be taken into consideration.

ALLEGED COVERING.

R.—There would appear to by *primâ-facie* grounds for a charge of "covering." It is to be hoped that the facts may be brought out at the trial of the person alleged to have inflicted the wound. Our correspondent might communicate the facts to one of the medical defence societies. (The Medical Defence Union, 4, Trafalgar Square, W.C., or the London and Counties Medical Defence Society, 12, New Court, Lincoln's Inn, W.C.)

ADMISSION TO LOCAL MEDICAL SOCIETY.

ETHICS.—Without knowing the objects and constitution of the medical society we cannot give any answer, but we believe that the best way of improving the relations of the members of the medical profession in any district, and of raising the professional standing of those who may show a tendency to fall below what is desirable, is through such societies.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF OXFORD.

DIPLOMA IN PUBLIC HEALTH.—The following candidates have satisfied the Examiners:

Part I.—H. B. Foster, R. J. Willson.

Parts I and II.—G. J. Blackmore, H. A. Colwell, W. Watkins-Pitchford.

Part II.—E. B. Bostock.

UNIVERSITY OF CAMBRIDGE.

AN Allen Research Scholarship of £250 for one year will be filled up next term. Candidates must be graduates under 28 years of age on January 8th, 1902. Among the departments in which the researches of the scholar may be pursued is that of medicine. Names are to be sent to the Vice-Chancellor by February 1st, 1902.

Professor Woodhead is appointed a member of the General Board, Dr. D. MacAlister a member of the Local Lectures Syndicate and of the Special Board for Medicine, Dr. Anningson and Dr. Nuttall members of the State Medicine Syndicate, and Mr. E. G. Browne, M.B., a member of the Oriental Studies Board.

At a Congregation on November 30th Mr. J. S Clarke, Caius, was admitted to the M.B. degree.

UNIVERSITY OF EDINBURGH.

German Library.—A very important addition to the equipment of the University of Edinburgh was opened recently by Miss J. S. S. Gibson, whose name it bears, and who is the author of its existence. Miss Gibson offered in June of last year the sum of £500 for a German library on condition that the University authorities provided the necessary room. That, with difficulty, has been done, and the library is now an accomplished fact. The room, under the artistic care of Dr. Otto Schlapp, the German lecturer, has been re-created and made a place of beauty and comfort, at a cost of about £200, got partly from University funds and partly from private subscriptions. Sir William Muir presided at the inaugural ceremony, and a large and influential company lent him support.

UNIVERSITY OF LONDON.

M.B. EXAMINATION.—The following candidates have satisfied the examiners:

First Division.—J. Atkins, Guy's Hospital; H. Balean, London Hospital; Janet Mary Campbell, London (Royal Free Hospital) School of Medicine for Women; F. Challans, London Hospital; C. F. Coombs, St. Mary's Hospital; A. E. Jones, University College Hospital; H. C. Keates, Guy's Hospital; R. Kelsall, Owens College and Royal Infirmary, Manchester; R. A. Lloyd. St. Bartholomew's Hospital; J. F. Northcott, Guy's Hospital; R. H. Paramore, St. Bartholomew's Hospital; A. Ricketts, University College Hospital; C. A. S. Ridout, St. Bartholomew's Hospital; W. M. Robson, Guy's Hospital; Ellen Mary Sharp, London (Royal Free Hospital) School of Medicine for Women; J. H. Sheldon, Owens College and Manchester Royal Infirmary; J. E. Stratton, University College Hospital; A. E. Thomas, St. Bartholomew's Hospital; C. J. Thomas, B.Sc., St Bartholomew's Hospital; K. V. Trubshaw, Guy's Hospital; J. F. Walker, London Hospital; W. H. Wynn, B.Sc., University and Queen's and General Hospital, Birmingham; E. E. Young, St. Bartholomew's Hospital.

Second Division.—K. B. Alexander, Guy's Hospital; A. E. Baker, Middlesex Hospital; R. Balderson, Guy's Hospital; E. G. Bark, Queen's and General Hospital, Birmingham, and Birmingham University; H. S. Barwell, St. George's Hospital; A. Birch, St. Mary's Hospital; W. H. Bowen, Guy's Hospital; S. Bree, University College Hospital; J. C. Briscoe, King's College Hospital; H. M. Brown, St. Mary's Hospital; H. W. Brown, Guy's Hospital; Katherine Chamberlain. London (Royal Free Hospital) School of Medicine for Women; Olive Claydon, London (Royal Free Hospital) School of Medicine for Women; M. Coplans, Guy's Hospital; L. E. Dickson, University College, Liverpool, and St. Bartholomew's Hospital; A. Edmunds, B.Sc., King's College Hospital; B. G. Fiddian, Charing Cross Hospital and University College, Cardiff; H. Hallilay, Westminster Hospital; Helen Beatrice Hanson, London (Royal Free Hospital) School of Medicine for Women; T. A. Hawkesworth, King's College Hospital; Helena Gertrude Jones, London (Royal Free Hospital) School of Medicine for Women; E. W. J. Ladell, St Bartholomew's Hospital; E. L. Lilley, Charing Cross Hospital; E. V. Lindsey, St, Bartholomew's Hospital; T. L. Llewellyn, University College Hospital; K. F. Lund, Cambridge

University and Royal Infirmary, Liverpool; Z. Mennell, St. Thomas's Hospital; E. Morgan, University College Hospital; B. W. Moss, Guy's Hospital; F. H. Noke, St. Bartholomew's Hospital; W. G. Parker, Guy's Hospital; W. E. Peck, University College Hospital; J. A. Perdrau, University College Hospital; H. W. Reynolds, University College Hospital; R. E. Roberts, B.Sc., St. Thomas's Hospital; Florence Robinson, London (Royal Free Hospital) School of Medicine for Women; Agnes Catharine Scott, London (Royal Free Hospital) School of Medicine for Women; W. B. Secretan, Guy's Hospital; C. G. Seligmann, St. Thomas's Hospital; C. F. Selous, St. Thomas's Hospital; H. F. Seymour, London Hospital; H. W. Sinclair, St. Thomas's Hospital; Anna Maude Smith, London (Royal Free Hospital) School of Medicine for Women; D. W. Smith, Guy's Hospital; A. R. Spencer, University College Hospital: L. E. Stamm, B.A., B.Sc., Guy's Hospital; W. L. Stuart, King's College Hospital: J. H. Sykes, Owens College and Manchester Royal Infirmary; C. Tessier, Guy's Hospital; R. C. Turnbull, London Hospital; G. W. Watson, Yorkshire College and Leeds School of Medicine; G. E. Waugh, Cambridge University and University College Hospital, London; A. J. Wernet, Guy's Hospital; F. C. Wetherell, Guy's Hospital; C. B. Whitehead, St. Mary's Hospital; J. T. Williams, University College Hospital; A. G. Wilson, Owens College, Manchester; Edith Louisa Young, London (Royal Free Hospital) School of Medicine for Women.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

FELLOWSHIP EXAMINATION.—The following candidates, having passed the necessary examination, have been admitted Fellows of the College: M. Ballesty, E. T. Coady, F. P. Colgan, H. Clayton-Fox, P. G. Lodge, G. E. P. Meldon, E. F. Stapleton, F. S. Walker, R. J. White, and G. O'Keeffe Wilson.

The following candidates have passed the primary part of the Fellowship Examination: Miss L. A. Baker, M. Deeny, M. Fitzgerald, A. E. F. Hastings, Miss M. R. Kapadia, E. B. Kenny, J. N. Meenan, W. L. Murphy, H. R. C. Rutherford, J. W. Rutherford, and F. C. Sampson.

SOCIETY OF APOTHECARIES OF LONDON.

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

Surgery.—J. E. Bolton (Sections I and II), Leeds; E. N. de V. Dawson (Section I), St. Thomas's Hospital; R. Gauld (Section I), London Hospital; W. St. A. F. Hubbard (Section I), Charing Cross Hospital; B. S. O. Maunsell (Sections I and II), St. Bartholomew's Hospital; H. S. McLellan (Section I), Manchester; D. V. Muller (Section I), Charing Cross Hospital; R. Rees (Sections I and II), Cambridge and St. Mary's Hospital; C. M. Woods (Sections I and II), Charing Cross Hospital.

Medicine.—C. H. Allan (Sections I and II), London Hospital; P. C. Burgess (Section II), Middlesex Hospital; A. Dewar, McGill and Westminster Hospital; P. S. Hopkins (Section I), London Hospital; H. S. McLellan (Section I), Manchester; D. V. Muller (Section I), Charing Cross Hospital; B. E. Sansom (Sections I and II), St. Thomas's Hospital; F. I. Trimmer (Sections I and II), London Hospital.

Forensic Medicine.—C. H. Allan, London Hospital; J. H. Beasley, Birmingham; S. F. Cheesman, Charing Cross Hospital; A. Dewar, McGill and Westminster Hospital; P. S. Hopkins, London Hospital; C. E. A. Huddart, London Hospital; H. S. McLellan, Manchester; B. E. Sansom, St. Thomas's Hospital; F. I. Trimmer, London Hospital.

Midwifery.—R. Gauld, London Hospital; H. S. McLellan, Manchester; F. H. Rotherham, London Hospital.

The diploma of the Society was granted to C. H. Allan, J. H. Beasley, P. C. Burgess, B. S. O. Maunsell, B. E. Sansom, F. I. Trimmer.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,504 births and 4,459 deaths were registered during the week ending Saturday last, November 30th. The annual rate of mortality in these towns, which had been 19.7 and 19.4 per 1,000 in the two preceding weeks, rose again last week to 20.3 per 1,000. The rates in the several towns ranged from 9.9 in Huddersfield, 12.1 in Wolverhampton, 12.3 in Derby, and 13.0 in Plymouth, to 24.4 in Preston, 24.6 in Manchester, 25.8 in Birkenhead, 26.3 in Birmingham, and 28.5 in Oldham. In the thirty-two large provincial towns the mean death-rate was 20 2 per 1,000, and was 0.3 below the rate recorded in London, which was 20.5 per 1,000. In the thirty-three large towns the zymotic death-rate averaged 2.0 per 1,000; in London this rate was equal to 1.9 per 1,000, while it averaged 2.1 in the thirty-two large provincial towns, among which the highest zymotic death-rates were 3.4 in Oldham, 3.7 in West Ham, 4.5 in Blackburn, and 6.5 in Norwich. Measles caused a death-rate of 1.1 in Huddersfield, 1.3 in Manchester, 1.6 in Sheffield, 2.5 in Halifax, 2.9 in Blackburn, 3.0 in Oldham, and 5.6 in Norwich; scarlet fever of 1.1 in Liverpool and 1.2 in Salford; whooping-cough of 1.0 in Leicester and 1.1 in Swansea; and diarrhœal diseases of 1.5 in Derby. In none of the thirty-three towns was the death-rate from "fever" as high as 1.0 per 1,000. The 79 deaths from diphtheria in these towns included 40 in London, 8 in West Ham, 4 in Portsmouth, 3 in Cardiff, 3 in Leicester, 3 in Liverpool, and 3 in Sheffield. Twenty-one fatal cases of small-pox were registered in London, but not one in any other of the thirty-three large towns. The number of small-pox patients under treatment in the Metropolitan Asylums Hospitals, which had been 297, 368, and 396 on the three preceding Saturdays, had further increased to 427 on Saturday, November 30th; 123 new cases were admitted during the week against 62, 113, and 141 in the three preceding weeks. The number of scarlet fever cases in these hospitals and in the London Fever Hospital at the end of the week was 3,278, against 3,331, 3,353, and 3,336 at the end of the three preceding weeks; 320 new cases were admitted during the week, against 380, 376, and 379 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, November 30th, 856 births and 706 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 19.9 and 21.3 per 1,000 in the two preceding weeks, further rose last week to 22.2 per 1,000, and was 1.9 in excess of the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 17.5 in Greenock and 18.0 in Dundee, to 24.1 in Glasgow and 28.0 in Paisley. The zymotic death-rates in these towns averaged 2.4 per 1,000, the highest rates being recorded in Glasgow and Dundee. The 365 deaths registered in Glasgow included 23 from measles, 2 from scarlet fever, 5 from diphtheria, 7 from whooping cough, 6 from "fever," and 11 from diarrhœa. Four deaths from measles and 3 from diarrhœa occurred in Dundee, 4 from diarrhœa in Aberdeen, and 2 from fever in Paisley.

PAYMENT OF FEES UNDER THE NOTIFICATION ACT.

E.—The action of the Deptford Borough Council is certainly most unusual. What is generally done is to make out the accounts due to medical practitioners in respect of the notifications of infectious diseases quarterly, and to send out the amounts by post to their private addresses. The only explanation which can be suggested is that some medical men may have neglected to return the acknowledgment of receipt, and that the Deptford Borough Council is taking the course complained of only with respect to those medical men who make such default.

SUPERANNUATION AFTER SERVICE IN TWO DIFFERENT UNIONS.

B. D. T., who has been district medical officer and public vaccinator in two different unions simultaneously for nine years, asks whether for superannuation purposes this is to be reckoned as nine or eighteen years service.

*** As our correspondent's total length of Poor-law service appears to have been nine years only, it cannot be reckoned as more than this, but the amount of his claim when made will depend on the amount of his earnings in each union during the last five years. He should, however, distinctly understand that his position as public vaccinator, whether in one union or more, has no bearing whatever on the amount of superannuation.

PUBLIC VACCINATION AND REVACCINATION.

PETROS writes: I am a public vaccinator, receiving 6s. 6d. for primary vaccination, and 1s. 6d. for the visit. I am now doing the revaccinations for the first time. What am I justified in charging the council for the operation and the visit; also must I put down in the vaccination register the patients that I vaccinate publicly, irrespective of social position? I have vaccinated myself. Can I charge for that?

*** Fee (*a*)—the visit fee—is only chargeable for primary vaccinations, not for revaccinations. All cases vaccinated publicly must appear in the register, irrespective of social position. If a public vaccinator successfully revaccinates himself, and has not been revaccinated successfully within a period of ten years, his claim to the usual fee would apparently be a valid one.

P.V.—All vaccinations with Government lymph must be entered in the register, and no charge can be made privately for any case thus vaccinated. Vaccinations performed privately, and for which a private fee is charged by a public vaccinator, must conversely not be performed with Government lymph, but with such other supply as the public vaccinator may approve, and will not appear in the register.

OBITUARY.

JAMES MANN WILLIAMSON, M.D., C.M.EDIN.,

Casualty Physician to the Royal National Hospital for Consumption, Ventnor.

UNIVERSALLY lamented by all classes of the community among whom he laboured for a quarter of a century, Dr. Williamson of Ventnor passed away on November 12th. Never robust, his life had been one of semi-invalidism, more or less, since he had the misfortune to lose his wife in 1890; but he did his work bravely, and only relinquished active practice about two months before his death. Three days before he died his patients presented him with a handsome clock and album, and a cheque for £150, as a token of their appreciation and affection.

Dr. Williamson was born on Christmas Day, 1849, at South Shields, where his father practised for more than forty years. He graduated at Edinburgh in 1872, having gained medals in surgery and midwifery. Immediately thereafter he was elected Resident Officer of the Marylebone

General Dispensary, from whence he passed to the Royal National Hospital for Consumption at Ventnor as Resident Officer, a post he had sought as his health had failed in London. He took his M.D. degree with honours in 1875. He then commenced general practice in Ventnor, and became a member of the hospital staff. In July, 1899, he was appointed Honorary Consulting Physician to the hospital.

Although absorbed by the claims of a large practice, Dr. Williamson found time for observation and reading, and in 1877 he published his *Ventnor and the Undercliff in Chronic Pulmonary Diseases*, a second edition of which was issued in 1884. He also published a work, entitled, *On Hæmorrhage and Altered Barometric Pressure*, which contained observations on 120 cases of hæmoptysis. He contributed several papers to this Journal upon questions principally relating to phthisis. He took much interest in the affairs of the British Medical Association, and was twice President of the Isle of Wight District of the Southern Branch—first in 1887, when he delivered a very able presidential address on A Plea for a Fuller Study of the Elimination of Drugs from the System. Ten years later he gave a most interesting account of the evolution of the treatment of phthisis.

Dr. Williamson stood in the front rank as a specialist in diseases of the chest, but his friends and patients will remember him best as a man who was always overflowing with sympathy and kindness.

We regret to have to announce the death of Mr. Francis Henry Lyon, L.R.C.S.I., L.R.C.P.I., which occurred at the Royal City of Dublin Hospital in his 54th year. For over twenty-four years he had been in extensive practice in Thatcham, Berkshire, where he was highly esteemed on account of his skill and benevolence. He had held the offices of Medical Officer and Public Vaccinator for the third district of the Newbury Union; Surgeon and afterwards Consulting Surgeon to the Cold Ash Hospital, and District Surgeon to the Newbury Dispensary. He was the eldest son of the late Rev. Thomas Lyon, M.A., and on his mother's side was descended from the late Sir Richard Cox, Bart., Lord Chancellor of Ireland.

Sir James Wilson Agnew, M.D., who, according to a Reuter telegram, died at Hobart on November 8th, was admitted a Member of the Royal College of Surgeons of England in 1838, and took the degree of M.D.Glasg. in 1839. Shortly thereafter he emigrated to Tasmania, and for many years practised in Hobart. He was a member of the Legislative Council for seven years, and in 1886 became Premier and Chief Secretary of the colony. He was Vice-President and Honorary Secretary of the Royal Society of Tasmania, a member of the Tasmanian Council of Education, and a member of the Council of the University of Tasmania.

Dr. Henry R. Rogers, the oldest physician in Chautauqua County, New York, died recently at his home at Dunkirk. He was born in 1822, and was a graduate of the Jefferson College in Philadelphia. He won distinction by his scientific investigations, and his original views of matter and the laws which govern it have attracted the attention of scientific men. His theory was that all physical phenomena, without exception, are transformations of electrical energy. His articles on astronomy and physics have had a wide circulation both in the United States and Europe, and have provoked much discussion. He was a member of the Chautauqua County Historical Society, the New York State Medical Society, the American Medical Association, and the American Association for the Advancement of Science. He abandoned the medical profession some years ago to devote all his time to literary work.

Dr. Hannah E. Longshore, who is said to have been the first woman who practised medicine in New York, died on October 18th at the age of 83. She was one of the ten members of the first graduating class of the Women's Medical College of Pennsylvania, and was for a time Demonstrator of Anatomy in that institution. When she started in practice as a doctor she met with sneers and ridicule. Male physicians refused to consult with her, druggists refused to dispense her prescriptions, and teachers in the public schools instructed their pupils not to walk with Miss Longshore, "because her mother was a 'woman doctor.'" Nevertheless her practice increased to such an extent that after forty years of activity she retired with a modest fortune. Her practice is said to have been larger, with one exception, than that of any other woman physician in the United States.

MEDICAL NEWS.

The Woman's Hospital of the State of New York celebrated the forty-sixth anniversary of its foundation on November 21st.

St. Andrews Graduates Association.—The annual general meeting of this Association was held at 11, Chandos Street, Cavendish Square, W., on November 29th, when the following officers were elected for 1901-2: *President:* Sir Charles Gage Brown. K.C.M.G., M.D. *Vice-Presidents:* Surgeon-General W. B. Beatson, Dr. R. L. Bowles, Dr. R. Braithwaite, Dr. T. B. Crosby, Dr. T. Duka, Deputy Surgeon-General E. McKellar, M.D., Professor J. Bell Pettigrew, M.D., F.R.S. *Treasurer:* Dr. T. Langston. *Honorary Secretary:* Dr. W. Rigden.

A University for Hamburg.—The Municipality of Hamburg has adopted a scheme by which all the scientific institutions of the city are to be grouped together into a University. The Directors of these institutes and the lecturers, who have the title of "Professors," will form the professorial College, which every year will elect its own President. It will also be the duty of the College every year to draw up a programme of lectures and practical courses. The programme for the current winter semester includes courses by 117 lecturers. This movement is a step towards the foundation of a fully-equipped university in Hamburg, a project which has long been under consideration.

The expedition under Dr. Charles Balfour Stewart to the Gold Coast, arranged by the Liverpool School of Tropical Medicine, to conduct a series of operations there with a view to improving the conditions of health and sanitation, the departure of which has been delayed by Dr. Stewart's employment in connection with the occurrence of plague in Liverpool, sailed on November 30th. We learn that Sir Charles King Harman, Governor of Sierra Leone, has recently informed the Liverpool School of Tropical Medicine that at the time of writing out of 400 officials there, only 3 were in hospital, none of whom were suffering from malarial diseases, and that he highly appreciated the work done there by the School's expedition under Dr. Logan Taylor.

The Victoria Hospital for Consumption, Craigleith, Edinbubgh.—A number of ladies and gentlemen in the City of Edinburgh have formed themselves into an amateur dramatic club, bearing the name of the "Tragic Comedians Dramatic Club," their object being to make the study of dramatic works a pastime, and to devote their talents to the aid of some deserving local charity. Their first appearance was made in the Theatre Royal, under the patronage of Her Royal Highness the Duchess of Argyll, the Duke of Argyll, the Chief Magistrate of Edinburgh, and a distinguished company. The club made an excellent start by playing *David Garrick* to a crowded house. The performance was exceeding good, and the free proceeds are to be given to the funds of the Victoria Hospital for Consumption at Craigleith.

British and American Nursing.—The Society of American Women in London received the British delegates to the Nurses' Congress in Buffalo at Princes Hall on November 29th. The object of the reception was to hear from the delegates their impressions of the present condition of trained nursing in the States and by comparing notes to form an opinion by which to guide future work. Seven delegates were able to accept the invitation, and the subjects discussed were The Need of Legislation for the Profession, Preliminary Training for the Probationer, the Nursing of the Insane, District Nursing, Nurses Co-operations, and Nursing in the Colonies. Mrs. Webster Glynes, President of the Society, received the delegates and guests.

THE eleventh Congress of Russian Scientists and Medical Men will open on January 2nd, and will continue to sit till January 12th, 1902. Among the Sections there is one of Anatomy and Physiology, and one of Scientific Medicine and Hygiene.

MEDICAL VACANCIES.

The following vacancies are announced:

BETHLEM HOSPITAL.—Two Resident House-Physicians. Appointment for six months. Apartments, board, and washing provided, and honorarium at the rate of £25 per quarter each. Applications, endorsed "House-Physician," to be sent to the Treasurer, Bridewell Hospital, New Bridge Street, E.C., before December 16th.

BIRKENHEAD: BOROUGH HOSPITAL.—Junior Male Resident House-Surgeon. Salary, £80 per annum, with board and washing. Applications to the Chairman of the Weekly Board before December 19th.

BRADFORD CHILDREN'S HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board, residence, and washing. Applications to the Secretary by December 9th.

BRADFORD ROYAL INFIRMARY.—Dispensary Surgeon, unmarried. Salary, £100 per annum, with board and residence. Applications, endorsed "Dispensary Surgeon," to be sent to the Secretary.

BRIGHTON: SUSSEX COUNTY HOSPITAL.—(1) Second House-Surgeon and Anæsthetist. Salary, £70 per annum, with board and residence. (2) Third House-Physician. Candidates must be unmarried, and under 30 years of age. Applications to the Secretary by December 11th.

BRISTOL EYE HOSPITAL.—House-Surgeon. Salary, £80 per annum, with board and residence. Applications to the Secretary by December 11th.

BUXTON: DEVONSHIRE HOSPITAL.—(1) House-Surgeon. Salary, £100 per annum. (2) Assistant House-Surgeon. Salary, £50 per annum. Furnished apartments, board, and lodging provided in each case. Applications to the Secretary by January 25th, 1902.

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 December 9th.

DOWNPATRICK: DOWN DISTRICT LUNATIC ASYLUM.—Assistant Medical Officer, unmarried, and not exceeding 32 years of age. Salary, £150 per annum, increasing to £200, with furnished apartments, board, washing, and attendance. Applications to the Resident Medical Superintendent by December 17th.

DUBLIN: DR. STEEVENS'S HOSPITAL.—House-Surgeon. Salary, £100 per annum, with apartments, fire, and light. Applications to the Governors and Guardians by December 9th.

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.—House-Physician. Board, residence, etc., provided and honorarium of £25 at the completion of six months satisfactory service. Applications to the Secretary by December 14th.

GUILDFORD: ROYAL SURREY COUNTY HOSPITAL.—(1) Resident House-Surgeon. Salary, £110 per annum. (2) Assistant House-Surgeon. Salary, £75 per annum. Board, residence, and laundry provided in each case. Applications to the Honorary Secretary.

LEWES: EAST SUSSEX COUNTY COUNCIL.—Medical Officer of Health. Salary, £200 per annum, with fees, etc. Applications to the Clerk of the County Council, County Hall, Lewes, by December 19th.

LINCOLN COUNTY HOSPITAL.—Junior House-Surgeon. Appointment for six months, but eligible for re-election. Honorarium, £25 for each six months. Board, residence, and washing provided. Applications to the Secretary by December 19th.

MIDDLESEX HOSPITAL, W.—Medical Officer and Registrar to the Cancer Department. Salary, £100 per annum, with board and residence in the College. Applications to the Secretary-Superintendent by December 14th.

NOTTINGHAM GENERAL HOSPITAL.—House-Surgeon. Salary, £100 per annum, rising to £120, with board, lodging, and washing. Applications to the Secretary by December 12th.

NOTTS COUNTY LUNATIC ASYLUM, Sneinton.—Medical Superintendent, married, and over 30 years of age. Salary, £600 per annum, with unfurnished house, coal, light, washing, etc. Applications to the Clerk to the Committee of Visitors by December 18th.

PAISLEY: INFECTIOUS DISEASES HOSPITAL.—Resident Physician. Salary, £120 per annum, with board, washing, and attendance. Applications to the Town Clerk, Union Buildings, Paisley, by December 11th.

RAINHILL: COUNTY ASYLUM.—Assistant Medical Officer; unmarried, and not more than 30 years of age. Salary commences at £150 per annum, with prospect of annual rise of £25 to £200, and further increase according to promotion, with furnished apartments, board, attendance, and washing. Applications to the Medical Superintendent by December 14th.

ROCHDALE INFIRMARY.—Resident Medical Officer, unmarried, and legally qualified. Salary, £100 per annum with board, residence, and washing. Applications to the Honorary Secretary, Mr. R. W. Shaw, Southfield, Rochdale, by December 18th.

ST. MARY'S HOSPITAL MEDICAL SCHOOL, Paddington. Obstetric Tutor. Applications to the Dean by December 11th.

ST. MARYLEBONE GENERAL DISPENSARY, 77, Welbeck Street, W.—Resident Medical Officer. Salary, 100 guineas per annum, increasing to 120 guineas, with furnished apartments, attendance, coal and light. Applications to the Secretary by December 9th.

SCHOOL BOARD FOR LONDON.—Medical Officer, must give his whole time. Salary, £800 per annum, rising to £1,000. Applications, on forms provided, to be marked outside 'Application for the Post of Medical Officer," to be sent to the Clerk of the Board by January 1st, 1902.

STAFFORD: STAFFORDSHIRE GENERAL INFIRMARY.—House Surgeon. Salary, £120 per annum, with board, lodging, and washing. Applications to the Secretary by December 11th.

SWANSEA GENERAL AND EYE HOSPITAL.—Resident Medical Officer. Salary, £75 per annum, with board, apartments, washing, and attendance. Applications to the Secretary by December 10th.

TOTTENHAM HOSPITAL.—House-Surgeon. Salary, £50 per annum, with board, residence, and laundry. Applications to the Chairman of the Joint Committee by December 9th.

WESTERN GENERAL DISPENSARY, Marylebone Road, N.W.—Second House-Surgeon, unmarried. Salary, £80 per annum, with board, residence, and laundry. Applications to the Honorary Secretary.

WEST LONDON HOSPITAL, Hammersmith Road, W.—(1) Physician; (2) Assistant Physician; (3) House-Physician; (4) House-Surgeon. Board and lodging provided for (3) and (4). The appointments for which are for six months. Applications to the Secretary-Superintendent by December 25th.

WINCHESTER: ROYAL HANTS COUNTY HOSPITAL.—House-Physician; unmarried. Salary, £65 per annum, rising to £75, with board, residence, etc. Applications to the Secretary by December 9th.

WORCESTER COUNTY AND CITY ASYLUM.—Junior Assistant Medical Officer, unmarried, and not over 30 years of age. Salary, £120 per annum, rising to £150, with board, furnished apartments, and washing. Applications to the Medical Superintendent, Powick, Worcester, by December 17th.

MEDICAL APPOINTMENTS.

CHOYCE, Charles C., M.B., Ch.B.Edin., B.Sc.N.Z., appointed House-Physician to the Leicester Infirmary.

CUNNINGHAM, John, M.B., C.M., appointed Certifying Factory Surgeon for the Stewarton District of North Ayrshire.

DEE, J. P., M.B., B.S.R.U.I., appointed District Medical Officer of the Tendring Union.

DONALDSON, William Ireland, B.A., M.D.,Dub., appointed Medical Superintendent to the London County Asylum, The Manor, Epsom.

DUNCAN, Andrew, M.D., B.S.Lond., M.R.C.P., F.R.C.S., appointed Physician to the Westminster Dispensary.

HEWETSON, Alfred, M.R.C.S.Eng., L.R.C.P.Lond., appointed Civil Surgeon of the Military Depôt, Fremling Green, Aldershot.

LIMONT, A. W., M.B., M.S.Edin., appointed District Medical Officer of the Truro Union.

LOW, V. Warren, F.R.C.S., appointed Surgeon to Out-patients at the Great Northern Central Hospital.

NICHOL, F. E., M.B., B.C.Cantab., appointed Certifying Factory Surgeon for the Margate District of Kent.

PARRY, Leonard A., F.R.C.S.Eng., B.S., M.D.Lond., appointed Assistant Surgeon to the Royal Alexandra Hospital for Children, Brighton, *vice* T. H. Icnides, F.R.C.S.Eng., resigned.

STOKES, H. Fraser, M.D., appointed Medical Officer to the Highbury Truant School of the London School Board.

SUTCLIFFE, W. Greenwood, F.R.C.S., appointed Surgeon to the Royal Sea Bathing Hospital, *vice* W. K. Treves, F.R.C.S., appointed Consulting Surgeon.

WYNTER, Walter Essex, M.D., B.S., F.R.C.S., F.R.C.P., elected Physician to the Middlesex Hospital.

ST. THOMAS'S HOSPITAL.—The following gentlemen have been selected as House-Officers from Tuesday, December 3rd, 1901:

House-Physicians—W. M. G. Glanville, B.A., M.B., B.Ch.Oxon.; T. W. S. Paterson, M.A., M.B., B.C.Cantab., L.R.C.P., M.R.C.S.

Assistant House-Physicians—T. B. Henderson, M.A., M.B., B.Ch.Oxon.; H. S. Stannus, L.R.C.P., M.R.C.S.

Obstetric House-Physicians—(Senior) Z. Mennell, M.B.Lond., L.R.C.P., M.R.C.S.; (Junior) H. T. D. Acland, L.R.C.P., M.R.C.S.

Clinical Assistant in the Special Department for Diseases of the Throat—A. P. Bowdler, B.A.Cantab., L.R.C.P., M.R.C.S.

Clinical Assistant in the Electrical Department—L. S. Dudgeon, M.R.C.P., M.R.C.S.

Several other gentlemen have received an extension of their appointments.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Society of London, 11, Chandos Street, Cavendish Square, W., 8.30 P.M.—Dr. Alexander Crombie on the Physical Disabilities for Tropical Life. Dr. John Anderson, C.I.E., on the Remote Effects of Tropical Life on Europeans.

TUESDAY.

Royal Medical and Chirurgical Society, 20, Hanover Square, W., 8.30 P.M. Dr. S. M. Copeman will deliver an Address upon Modern Methods of Vaccination and their Scientific Basis. The address will be illustrated by lantern slides, and a discussion will follow.

WEDNESDAY.

South-West London Medical Society, Bolingbroke Hospital, 8.30 P.M.—Dr. Arthur E. Giles: Diagnosis of Pelvic Tumours.

Royal College of Surgeons of England, 5 P.M.—Mr T. R. Jessop: The Bradshaw Lecture on Personal Experiences in the Surgical Treatment of Certain Diseases.

Dermatological Society of London, 11, Chandos Street, Cavendish Square, W., 5.15 P.M.—Demonstration of Cases of Interest.

Hunterian Society, London Institution, Finsbury Circus, E.C., 8.30 P.M.—Dr. F. R. Humphreys: Antiseptic Midwifery in Private Practice.

THURSDAY.

Ophthalmological Society of the United Kingdom, 11, Chandos Street, London, W., 8.30 P.M.—Clinical Evening.

British Gynæcological Society, 20, Hanover Square, W., 8 P.M.—Mr Stanmor Bishop on a Demonstration of some Changes observed in Uteri the Seat of Fibromyomata. Specimens will also be shown.

FRIDAY.

Epidemiological Society, 11, Chandos Street, Cavendish Square, W., 8.30 P.M.—Dr. Mott: On Dysentery in Asylums.

Clinical Society of London, 20, Hanover Square, W., 8.30 P.M.—Dr. Habershon: The Association of Movable Kidney on the Right Side, with Symptoms of Hepatic Disturbance. Dr. Stacey Wilson: The Theory of Compensation in Disease of the Mitral Valve. Drs. W. Hale White and W. C. Pakes: A Case of Malignant Endocarditis giving Widal's Reaction. Mr. E. Percy Paton: A Case of Hair Ball removed from the Stomach of a Child of 9 Years.

POST-GRADUATE COURSES and LECTURES.

Charing Cross Hospital, Thursday, 4 P.M.—Demonstration of Medical Cases.

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

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

London Throat Hospital, 204, Great Portland Street, W., Wednesday, 5 P.M.—Practical Demonstration.

Medical Graduates' College and Polyclinic, 22, Chenies 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 Paralysed and Epileptic, Queen Square, W.C.—Tuesday, 3.30 P.M. Lecture: Surgery of Nervous System.

West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 P.M. as follows:—Monday: Empyema. Tuesday: Nephrorrhaphy and its Results. Wednesday: Surgical Anatomy. Thursday: Uterine Hæmorrhage. Friday: Medical Anatomy.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTHS.

BENHAM.—On November 26th, at 72, Sackville Road, Hove, to Dr. and Mrs. Charles Benham, a daughter.

MACGREGOR.—At 2, Burnbank Terrace, Glasgow, on the 3rd inst., the wife of G. Scott MacGregor, M.D., of a son.

DEATHS.

CAMPBELL.—On November 18th, suddenly, Andrew Campbell, surgeon, of Navenby, Lincolnshire, aged 63 years.

HARRIS.—On November 30th, at his residence, 6, Adam Street, Strand, London, John Russell Harris, M.D.Brux., M.R.C.S.Eng., L.R.C.P.&L.M.Edin., Medical Officer and Public Vaccinator to the Strand Union, aged 45 years.

HARVEY.—On December 1st, at Simla, Surgeon-General Robert Harvey, C.B., D.S.O., F.R.C.P., LL.D., Director-General of the Indian Medical Service, eldest son of the late Dr. Alexander Harvey, Regius Professor of Materia Medica in the University of Aberdeen.