

In keeping with the severity of the anaemia which the infant's colour indicates we find marked changes in the blood. Much confusion has arisen through applying the standards met with in adults to the blood of infants, but bearing in mind the differences in its characters, both normal and pathological at the two periods of life, much may be gained from a study of it in anaemia in infancy. The haemoglobin is greatly reduced, in some cases down to 30 per cent. The red corpuscles are reduced but not to the same extent, so that the haemoglobin index is below 100 per cent. In the severer cases they may be but little above two million, in the less severe between three and four million. They show marked departure from the normal in size, shape, and staining capacities. Macrocytes, microcytes, and poikilocytes are present in abundance, also large numbers of red corpuscles which exhibit polychromatophilism and the so-called granular degeneration.

These changes, along with the presence of nucleated red corpuscles, a considerable proportion of which are typical megaloblasts or more or less closely approach the megaloblast type, give rise to the picture of a blood condition which in the adult is only found in the most severe forms of pernicious anaemia; scarcely even then so extreme. The blood, however, in infancy is much less stable than in adult life, and these marked evidences of imperfect blood formation are of less diagnostic or prognostic significance than they would be in adults. But the suggestion that they are practically without significance, as some would have us believe, is one that I emphatically repudiate. They give evidence of a greater degradation of the characters of the blood than I have met with in the anaemias of rickets, malnutrition from chronic gastro-intestinal catarrh or congenital syphilis.

The leucocytes are commonly increased, the average in the 8 cases being 17,600. In this respect, however, there are very great differences, from 6,000 to 28,000 per c.mm. being met with in the various cases. Generally speaking the higher leucocyte counts were in the more severe cases, and in those that improved under treatment the number of leucocytes underwent decided diminution. In every blood examination but one the lymphocytes, including in this term the various large and small mononuclear, granule-free cells, were well over 50 per cent., a condition not uncommon in chronic disease of whatever kind in children. In children the increase of leucocytes in leucocytosis is, as a rule, less strictly confined to the polymorphonuclear cells than in adults. Still even in children the increase is mainly in this latter form of cell, and it is unusual to meet with a leucocyte count of over 20,000 in which the lymphocytes form more than 50 per cent. in any other condition than the one under consideration. The presence of leucocytosis combined with a proportion of over 50 per cent. of lymphocytes is thus an important, though not an absolutely constant, characteristic of splenic anaemia. The percentage of polymorphonuclear neutrophiles is diminished to a degree corresponding to the increase of the lymphocytes, the eosinophiles are about the normal, and a small proportion of myelocytes is constant, this being higher, as a rule, in the severer cases. The presence of these last cells in the blood either of adults or of children is evidence of serious blood mischief, but they more readily make their appearance in the blood of children, and their significance is accordingly lessened.

As not uncommonly happens in grave blood lesions there is a tendency to haemorrhages, both subcutaneously and from the mucous surfaces. This, however, was not very marked in the cases above recorded, and only in two was it distinctly in evidence. Much more notable was the great liability to bronchitis and broncho-pneumonia, which all the cases exhibited without exception, the fatal termination in those that died in hospital being either caused or hastened by pulmonary trouble.

Finally, a brief word with regard to pathology, prognosis and treatment. Microscopic examination of spleen, liver and other organs in one fatal case failed to reveal any characteristic changes: the liver was free from excess of iron-containing pigment. The prognosis, though serious, is not hopeless. Some 50 per cent. of the cases, if they can be tided over their strong tendency to bronchitis and broncho-pneumonia improve greatly under treatment and may finally recover. The treatment is mainly symptomatic, iron, arsenic and careful

feeding, with cod liver oil or such a substitute as virol if rickety symptoms are present.

POSTSCRIPT.

In such a paper as this, prepared to be read before a Section of the British Medical Association the attempt to give references to the enormous bibliography of the subject would be out of place. I may mention, however, that a very full account of the literature is given by Wentworth in the paper, already mentioned, in the *Boston Medical and Surgical Journal* for October 17th and 24th, 1901.

MEMORANDA:

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

A CASE OF OYSTER POISONING SIMULATING SMALL-POX.

THE notes of the following case are of interest as illustrating the difficulties which sometimes beset the diagnosis of small-pox:—

J. L., aged 33, a sailor, and of Swedish nationality, a muscular and well-developed man, was admitted to Dagenham Small-pox Hospital on July 17th. He had six small distinct vaccination marks (infancy), three on each arm, as is the custom in Sweden. There was no history of exposure to the contagium of small-pox.

On admission the patient's condition was one of extreme exhaustion. He complained of headache, pain between the shoulders, giddiness, and great weakness. Temperature was 101° F. The mental condition was clear, although the expression was one of listlessness and apathy. The pulse was quick, small, and of low tension; the respirations more rapid than one expects to find in a case presenting, on examination, no evidence of pulmonary mischief.

On the forehead there was a very profuse papular eruption, with a good deal of merging of the individual papules, and hyperaemia of the surrounding skin. The rash was much less profuse on the cheeks and chin. It preserved, however, the characteristic induration of the bases of the individual papules which was a feature of the rash on the forehead. The mucous membranes were clear, the conjunctiva somewhat injected. The chest, abdomen and extremities, on the other hand, presented a rash of quite a different type. It consisted of small, round, discrete, slightly raised spots, fading on pressure, and with no feeling of shottiness. This eruption was most abundant on the wrists, ankles and legs.

History.—On the evening of July 13th the patient had oysters for supper. On July 14th he went to work but complained of diarrhoea and sickness. On July 15th he felt worse and remained in bed. On July 16th the rash appeared on the face. On July 17th he saw a doctor for the first time, who diagnosed his case as one of small-pox and sent him here.

Subsequent History.—On July 18th I saw the patient at 11 a.m. The condition of intense weakness had, to a certain extent, disappeared. The temperature was 99° F., and the pulse of better volume and tension. The eruption on face had subsided somewhat, without any approach to a condition of vesiculation; the roseolar rash remained. There had been no diarrhoea and no sickness.

When I saw the patient at 8 p.m. the rash on the face had still further disappeared, and as a precautionary measure I vaccinated him in three places. On July 19th the eruption had totally vanished; temperature remained normal, and he felt quite well. The vaccination took, and the patient was disinfected, and sent home.

Remarks.—The history of an illness of four days' duration with the appearance of the rash on the third day, the very characteristic eruption on the face, the great debility, and the hurried character of the respirations, with nothing in the lungs to account for it, appeared to me to point to the accuracy of the diagnosis of small-pox. Indeed, the prominence of the last two symptoms suggested to my mind the possibility of the case ultimately proving to be one of haemorrhagic small-pox. The roseolar rash I took to be an initial rash of an aberrant type which persisted somewhat longer than usual.

The very limited area of distribution of the typical papular rash might at first have suggested a doubt as to the diagnosis, but it is recognized that occasionally the parts of the body affected by the roseolar rash escape the small-pox rash. The persistence of the roseolar rash in this case after the appearance of the papules on the face seemed to support the opinion that this might be one of those rare cases. The absence of that very constant symptom *backache*, the temperature of 101° F., with rash developed, and the history of oyster eating five days previously were disconcerting facts. The balance of evidence, however, appeared to me to be in favour of small-pox.

CHARLES FRASER, M.A., M.B., Ch.B.,
Resident Medical Officer, Dagenham Hospital.

A PHENOMENON OF EXOPHTHALMIC GOÏTRE.

A STRIKING demonstration of the purely vascular nature of the enlargement of the thyroid in exophthalmic goitre is effected by letting the patient raise his head in a certain way which puts the cervical fascia on the stretch. When this is done the goitre instantly disappears. To show this the patient, as he lies on his back in bed with all pillows removed, should be told to raise his head off the bed and look towards his feet; he should do this without assistance, using only the muscles of the neck and back.

I noticed this first when house physician at the Bradford Infirmary a few years ago. I was examining a case of Graves's disease when by chance the patient raised her head as above described, and I was surprised to see the swollen thyroid become obliterated at once. As long as the head was raised the neck exhibited normal contours; there was a hollow between the tense sterno-mastoids, and no trace of the lobes or isthmus of the thyroid could be distinguished by touch or sight. The gland swelled up directly she dropped her head. I have noticed this phenomenon since then in other cases, and not having seen it elsewhere described have thought it interesting enough to deserve mention. It might be useful as an aid to diagnosis in swellings of the thyroid.

The explanation of the collapse of the goitre in this test is, of course, that tension on the cervical fascia empties the engorged vessels of the gland on which the enlargement depends in this disease. In this bloodless state it may be compared to the state in which it is usually found *post mortem*, where, after cessation of the heart's action, its dimensions are much reduced, its vessels not being full.

Sydenham, S.E.

HOWARD B. GLADSTONE, M.D.

REMARKABLE CASE OF NAIL IN THE LIVER.

W. C., aged 64, was admitted to Barnhill Hospital on January 8th of this year suffering from cancer of the rectum. Three months before he had been in another hospital where he had refused operative treatment for the removal of the growth. When he came to us the disease had involved the rectum further than the finger could reach. He consented to undergo colotomy, and this was performed in the left inguinal region on January 19th, and an artificial anus was established in due course. The patient lived for nearly six months, dying on July 2nd. At the section the rectum was found enormously thickened in all its circumference, and for about 7 in. in length by the cancerous growth, and it was surrounded by a large abscess which filled the greater part of the true pelvis. The left inguinal glands were involved, and also some retro-peritoneal ones. There was a small retention cyst in the left kidney. In the left lobe of the liver a nail was found which had penetrated the organ from below upward. The head of the nail was almost flush with the under surface of the liver, and was covered by the peritoneum. The point of the nail was bare and blunt. On the under surface of the liver, running transversely, was a white elliptical cicatrix about 3 in. long, and the head of the nail was in the centre of this scar. On the upper surface of the liver there were two small scars close to the point of the nail, and the peritoneum and capsule round the point had the same opaque appearance as the cicatrix underneath. It seemed as if the nail had caused a good deal of irritation on the lower surface of the liver before entering, and it evidently emerged twice on the upper surface before assuming its final position. It may be that the nail was swallowed in a drunken fit—the patient was given to excess—and that becoming jammed in an upright position

near the narrows of the pylorus it was gradually pushed through the stomach wall, so that the point scratched the lower surface of the liver with the movements of the stomach. No traces of injury could be found other than those seen in the liver. The nail is a carpenter's ordinary iron one, and measured $1\frac{1}{2}$ in. in length. No complaint of pain apart from that due to cancer was made by the patient, and we are ignorant of the manner in which the nail reached its remarkable destination.

The patient had been a jockey in his better days.

DONALD M. LIVINGSTONE, M.B.

Glasgow.

ARCHIBALD JUBB, M.B.

REPORTS

ON

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

CORK NORTH INFIRMARY.

CASE OF COLOTOMY FOR RECTOVESICAL FISTULA, WITH STRICTURE OF RECTUM: COLPOTOMY: COLECTOMY: AND CIRCULAR ENTERORRHAPHY.

(Reported by JEREMIAH COTTER, F.R.C.S.I., Surgeon to the Infirmary.)

History.—Mrs. B., widow, aged 41, married seventeen years, no family, was admitted in March, 1900. She had a history of pelvic inflammation, ending in abscess, which opened simultaneously into the rectum and bladder. In January, 1899, she noticed that faeces passed into her bladder, and were voided with the urine, flatus also passed per urethram. She suffered intense pain from this date till her admission, and had constant recourse to opium by the mouth, and morphine hypodermically to relieve her sufferings.

Condition on Admission.—She was careworn and emaciated, complained of pain over the pubes, and had much tenderness on pressure in the same situation; micturition was very frequent, and sleep in consequence disturbed. The urine was thick and turbid, alkaline in reaction, loaded with pus and albumen, and at times presented somewhat the appearance of a typhoid stool, with distinctly faecal odour. Rectal examination, which was intensely painful, revealed the existence, about 3 inches from the anus, of extreme contraction of the bowel, evidently due to organized inflammatory deposit in Douglas's pouch. One prominent cicatricial band could be distinctly felt passing across the front of the bowel. The mucous membrane appeared healthy, and there was no evidence of malignant or other ulceration. Vaginal examination showed that the uterus was absolutely immovable, and that the posterior part of the pelvis was choked with adhesions.

Operation.—It was decided to perform anterior colotomy with the object of diverting the bowel discharges, and thus allowing the fistula an opportunity of healing. This was accordingly done on April 10th, 1900. A loop of the sigmoid flexure was sutured to the abdominal wall—the peritoneum and skin having been first approximated by a few interrupted silk sutures. The bowel was opened on the fifth day, when firm union had taken place. The artificial anus acted well, and the patient was considerably relieved, sleeping much better, micturition less frequent, and the urine gradually became clearer, and finally, examination proved it to be perfectly normal evidence that the fistula had completely healed.

Progress.—She was discharged from hospital on May 9th, wearing a Reeves's colotomy belt, which added materially to her comfort. From this date till October 24th, 1900, when she was readmitted to hospital, she enjoyed good health and gained considerably in weight. She had no urinary trouble, and except for the inconvenience of the artificial anus, expressed herself as feeling perfectly well. Rectal examination was now much less distressing, and the amount of pelvic exudation had markedly diminished.

Second Operation.—On October 28th the operation of posterior colpotomy was performed, and the prominent cicatricial bands

the Portuguese communities of Bombay and Goa, appointed a Councillor by the King of Portugal, who further conferred on him the decoration of the Order of Christ. Dr. da Gama was a Fellow of the University of Bombay, and a member of the Ophthalmological Society of the United Kingdom. An honour which he particularly prized was his membership of the British Medical Association, to which he was elected twenty years ago.

Dr. de Gama occupied a leading position in his own community, to which his death will be a serious loss.

WE regret to announce the death of Dr. J. E. TUXFORD, of Boston, Lincolnshire, who died recently at the age of 73. He was the son of the late Dr. James Tuxford, J.P., and was educated at University College, London. In 1850 he became a Licentiate of the Society of Apothecaries of London, and in the following year he became a Member of the Royal College of Surgeons of England, and a Licentiate of the Royal College of Surgeons of Edinburgh. In 1859 he obtained the diploma of Licentiate of the Royal College of Physicians of Edinburgh. In 1851 he started in practice at Boston. He was one of the original members of the staff of the Boston Hospital, to which he was afterwards appointed Consulting Surgeon. Dr. Tuxford was held in high esteem for his professional skill, and was trusted and beloved by his patients. He leaves a son and two daughters.

DR. F. W. WILLMORE, of Walsall, who died on August 25th, received his medical education at Queen's College, Birmingham, and obtained the diplomas of M.R.C.S.Eng. and L.S.A.Lond., in 1870. He had been in practice in that town for many years. For several years he held the post of Medical Officer of a district under the Walsall Union and Public Vaccinator, but he resigned these appointments some time ago. He was Honorary Surgeon to the Walsall Hospital, and he was well known as a local antiquarian. He was the author of a *History of Walsall*, of *Records of Rushall, Staffordshire*, and other works, and it is understood that at the time of his death he had been engaged for some years on a history of Freemasonry in Staffordshire. He was Chairman of the Walsall Philharmonic Union, and took an active part in the promotion of local musical talent. He took no part in the political or municipal life of Walsall. Dr. Willmore was held in the highest respect by all who knew him, and his death is regretted by a large circle of patients and friends. He was a member of the British Medical Association and of the William Salt Archaeological Society.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are:—Dr. Broes van Doert, a well-known Dutch dermatologist, and Dr. von Tappeiner, who was the pioneer in the development of Meran as a health resort, and the author of some valuable contributions to anthropological literature, aged 86.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

ROYAL NAVY MEDICAL SERVICE.

FLEET SURGEON R. D. WHITE, M.A., M.B., has been placed on the retired list with the rank of Deputy-Inspector-General, August 26th. He was appointed Surgeon April 1st, 1873; Staff Surgeon April 1st, 1885; and Fleet Surgeon October 24th, 1893.

Staff Surgeons W. H. NORMAN, J. M. C. MARTIN, D.S.O., and W. M. CRAIG, M.B., having completed twenty years' full pay service are promoted to be Fleet Surgeons from August 28th, their commissions as Staff Surgeons dating from August 28th, 1894. Fleet Surgeon NORMAN, while surgeon of *Reindeer* was mentioned in dispatches for his treatment of the wounded after an action with a slave dhow at Zanzibar, 1887; "deserves great credit for skilful surgery under trying circumstances" in the expedition (engaged at the base) at Mombasa, from the *St. George, Phoenix, Barrosa, Racoon*, and *Blonde*, accompanied by sixty Soudanese and fifty Zanzibar Askaris, for the punishment of Mburuk, a rebellious Arab chief, resulting in the capture of his stronghold, M'well, August 17th, 1895. Fleet Surgeon MARTIN, a Staff Surgeon of *Fortie*, served in the naval expedition to punish the King of Benin for the massacre of the political expedition, 1897, ending in the capture of Benin City, February 18th, 1897; carried Dr. Fyfe when wounded off the field, mentioned in dispatches, and D.S.O.

Fleet Surgeon G. F. WALES has been placed on the retired list, August 27th. He was appointed Surgeon, October 2nd, 1880; Staff Surgeon, October 2nd, 1892; and Fleet Surgeon, October 2nd, 1900.

Fleet Surgeon A. T. CORRIE has also been placed on the retired list,

August 26th. His commissions are thus dated:—Surgeon, March 30th, 1872; Staff Surgeon, March 30th, 1884; and Fleet Surgeon, September 8th, 1892. As Surgeon of the *Pearl* he was present at Santa Cruz, South Pacific, in 1875, when a treacherous attack was made on shore by natives, which resulted in the death of Commodore Goodenough and two men; he was in medical charge of the boats sent to punish the outrage. He was the author of a valuable paper on "Lord Howe Island," published in the *Transactions of the Royal Geographical Society*. In 1896 he was elected a member of the Council of the Epidemiological Society.

The following appointments have been made at the Admiralty:—EDWARD J. BIDEEN, Fleet Surgeon, to the *President*, for recruiting duties and medical department, temporary, September 8th; PERCY T. SUTCLIFFE, Surgeon, to Gibraltar Hospital, August 26th; JOHN T. DUDGING, Surgeon, to the *Hibernia*, for the *Matine*, August 26th; GODFREY TAYLOR, Surgeon, to the *Antelope*, August 26th; GEORGE R. MACMAHON, B.A., M.B., Surgeon, to the *Vivid*, undated; WALTER G. AXFORD, Staff Surgeon, and HUGH CLIFT, Surgeon, to the *President*, for three months' course of hospital study, September 1st; MATTHEW J. O'REGAN, M.B., Staff Surgeon to the *Calypto*, undated; ARTHUR S. NANCE, Staff Surgeon, and SAMUEL CONNER, M.B., Surgeon, to the *Britannia*, for the *Isis*, September 19th; ARTHUR F. FRASER, M.B., Surgeon, to the *Wildfire*, for disposal, August 28th; GRAHAM E. KENNEDY, Staff Surgeon, to the *President*, additional, for course of hospital study, August 27th.

ROYAL ARMY MEDICAL CORPS.

THE undermentioned Captains, having completed twelve years' full-pay service, are promoted to be Majors, dated July 20th: A. E. SMITHSON, M.B., P. H. WHISTON, G. S. MCLOUGHLIN, M.B., D.S.O. H. J. PARRY, M.B., D.S.O., W. W. O. BEVERIDGE, M.B., R. W. H. JACKSON, M.B., R. J. W. MAWHINNY, G. A. T. BRAY, B. FORDE, M.B., J. D. FERGUSON, D.S.O. Their war records are as follows: Major Smithson—South African war, 1899-1900. Major Whiston—Dongola expedition, 1896, including operations of September 19th (mentioned in dispatches, British medal, and Khedive's medal with clasp); Nile expedition, 1897 (clasp); Nile expedition, 1898, including battle of Khartoum (mentioned in dispatches, 4th class of the Order of the Osmanieh, clasp). Major McLoughlin—Uganda, 1897-8, as Senior Medical Officer, in several engagements (mentioned in dispatches, D.S.O., 3rd class of the Brilliant Star of Zanzibar, medal with two clasps); South African war, 1899-1901. Major Parry—South African war, 1899-1900, including relief of Ladysmith (mentioned in dispatches, D.S.O.). Major Mawhinny—Isaaz expedition, 1892; South African war, 1899-1901, including the actions at Elandslaagte and Lombard's Kop, and the defence of Ladysmith (mentioned in dispatches). Major Bray—Nile expedition, 1898, including battle of Khartoum (mentioned in dispatches, British medal, and Khedive's medal with clasp); South African war, 1899-1900. Major Forde—South African war, 1899-1901. Major Ferguson—Uganda, 1897-8, including attack of Kijumbo and several skirmishes (mentioned in dispatches, D.S.O., 3rd class of the Brilliant Star of Zanzibar, medal with two clasps); South African war, 1899-1900.

Surgeon-Captain J. J. CREAM, V.C., from the Imperial Light Horse, to be Captain, September 3rd.

The undermentioned gentlemen are appointed Lieutenants on probation, dated September 1st: A. B. SMALLMAN, M.B., P. DAVIDSON, M.B., D.S.O. (from Honorary Captain), W. F. TYNDAL, W. F. ELLIS, J. M'KENZIE, M.B., A. H. HAYES, H. J. CROSSLEY, N. D. WALKER, W. B. TAYLOR, R. STORRS, G. T. COLLINS, M.B., F. A. H. CLARKE, G. A. K. H. REED, R. L. V. FOSTER, R. B. AINSWORTH, C. A. J. A. BALCK, M.B., G. W. SMITH, J. M. H. CONWAY, F. R. C. S. I., S. M. W. MEADOWS, J. W. S. SKCCOMBE, H. V. BAGSHAW, C. V. B. STANLEY, M.B., D. S. SKELTON, H. G. S. WEBB, W. W. BROWNE, F. L. HENDERSON, N. E. J. HARDING, M.B., W. D. C. KELLY, M.B., R. RUTHERFORD, M.B., W. C. RIVERS.

Lieutenants on probation W. F. ELLIS and F. L. HENDERSON are seconded under Article 349 of the Royal Warrant of October 26th, 1900.

ARMY MEDICAL RESERVE.

SURGEON-LIEUTENANT T. THOMPSON, 1st Volunteer Battalion the South Staffordshire Regiment, to be Surgeon-Lieutenant, September 3rd.

ROYAL ARMY MEDICAL CORPS (VOLUNTEERS).

THE undermentioned Captains have been promoted to be Majors, dated July 20th:—DE B. BIRCH, M.D., Leeds Company; T. H. OPENSHAW, M.B., F.R.C.S., C.M.G., and G. S. WOODHEAD, M.D., the London Companies.

Sir FREDERICK TREVES, Bart., K.C.V.O., C.B., Sergeant-Surgeon in Ordinary to His Majesty the King, has been appointed Honorary Colonel Royal Army Medical Corps (Militia), August 30th.

THE EFFICIENCY OF THE R.A.M.C.

R.A.M.C., LIMITED, in the course of a letter on this subject, writes:—"While much has been said and done to promote army medical efficiency during recent years important reforms still press before the conscientious officer can be professionally satisfied. The medicines and materials supplied are not up to date. Many new drugs, if not official, yet in common use, are not supplied; and, if occasionally specially allowed, are only obtained with much difficulty. I recently got some thyroid extract for a case of exophthalmic goitre, after much correspondence and imposed limitations. In future, we are told, 'specialism' is to be encouraged and rewarded in the R.A.M.C., but how are officers to become specialists unless given special privileges in hospital treatment? I could give other instances where special drugs would prove more beneficial than the scheduled ones. Take dermatology as a special subject: how is specialism therein to be acquired without special remedies? It may be said such subjects can be cultivated during the six months' promised study leave, and in such institutions as the proposed London Staff College; but a specialist cannot be so made, he must have scope for his powers all the world over. Bacteriology cannot be pursued without special apparatus and appliances. The system of supplying district hospital appliances, such as electric batteries, etc., leaves much to be desired. Towards efficiency, radical changes must be made in the sanitary arrangements on active service; the medical service must have real and not nominal power in all that relates to camping, food, and water supply."

from scarlet fever, 10 from whooping-cough and 9 from diarrhoea. Two fatal cases of scarlet fever and 3 of whooping-cough were recorded in Edinburgh; and 2 of diarrhoea in Aberdeen.

PUBLIC VACCINATION.

X.Y.Z. asks the following questions: (1) Is it lawful for the public vaccinator to call to vaccinate a child before it is 4 months old? (2) Is it honourable for that official to press his services on the parents of a child when they have expressly stated their desire to have the child vaccinated by their private doctor?

. (1) The public vaccinator must call to vaccinate a child if required to do so by the parent or other person having the custody of the child. It is the duty of the vaccination officer to send to the public vaccinator only the names of such unvaccinated children as have attained the age of 4 months. (2) Under such circumstances the public vaccinator should not press his services.

THE REGULATION OF CONSUMPTIVE SANATORIA.

A CORRESPONDENT asks what is the law regulating the establishment of sanatoria for consumptive patients, and whether it is possible to proceed against the owner of such an institution on the ground of its being a nuisance.

. We do not know of any law specially regulating sanatoria for consumptives. Under the Public Health Acts the local sanitary authorities must be consulted with regard to the erection of all new buildings. Any institution may become a nuisance, and if so the owners can be proceeded against, and be compelled to abate the nuisance, and pay damages to the injured parties.

GRIEVANCES OF POOR-LAW MEDICAL OFFICERS IN THE SCOTTISH HIGHLANDS.

A POOR-LAW medical officer resident in the Scottish Highlands writes, calling attention to certain grievances. He mentions that in a case in which a boy was summoned to appear before the sheriff for damaging telegraph poles he certified that the boy was not well and unable to appear; this certificate, however, was not accepted, and another certificate on "soul and conscience" had to be given. He also refers to the injustice of a medical man being compelled to grant death certificates without any fee, even in cases where he gets nothing for the attendance, while the registrar is paid whenever he gives an excerpt certificate from his books. He further points out that he has no residence provided for him, and if he were to build one he might be dismissed from office, and refers to the case of the late Dr. Brown, Uig, who built a house and was shortly afterwards dismissed from office. Our correspondent also refers to a case in which, the proprietor having turned the doctor out of the only available house, he had to leave the district. The lot of a Poor-law medical officer in the Scottish Highlands is clearly not always a happy one. Our correspondent seems to be inclined to look to the General Medical Council for help; we fear, however, that the Council would consider such matters outside its province. It is a case in which it may fairly be said: "Who would be free, themselves must strike the blow." If medical men will take appointments in which they are exposed to unjust treatment, no Association or Council can effectually help them.

HOSPITAL AND DISPENSARY MANAGEMENT.

DERBY BOROUGH ASYLUM.

DURING the year 1901 there were 91 patients admitted; 78 were discharged and 21 died. Among the admissions a large proportion were incurable, yet fully 45 per cent. were recent and curable cases. Never before have so many puerperal cases and cases of resistive melancholia been admitted in one year. These require prolonged hospital treatment, and many made excellent recoveries. The excellent nursing now obtainable in this as in all well-managed hospitals for the insane is the natural result of the systematized teaching of the medical staffs of all up-to-date institutions of this character. Speaking of causation, Dr. Rutherford Macphail, the medical superintendent, calls attention to the fact that, although intemperance may be placed in the foreground as the chief cause of preventable insanity, we must never lose sight of the fact that in many cases intemperance is the result and not the cause of mental disease; and that, further, certainly one-third of relapsed cases are alcoholic. Of the 57 patients discharged, 40 were recovered, giving a percentage of 51.28 calculated upon the number admitted. The method of calculating the recoveries does not show the proportion of permanent cures, but the statistics of this asylum show that in thirteen years 19 per cent. only have been readmitted. The death-rate is low, standing at 5.28 per cent. of the total number under treatment, and is the lowest in the history of the asylum. It is to be regretted that, owing to the asylum being full, no more private patients could be accommodated. Of the present nursing staff, male and female, 19 have passed the examination of the Medico-Psychological Association, and of those who have left the service of the institution, 35 had also passed, giving a total of no fewer than 54 from this asylum alone.

THE CRICHTON ROYAL INSTITUTION FOR THE INSANE, DUMFRIES.

THE sixty-second annual report of this asylum covers the year 1901 and shows that the daily average number of patients resident during the year was 738. The admissions were 208, the discharges 122, the deaths 55, leaving on December 31st, 1901, 748 residents in the asylum. Dr. Rutherford calculates the rates of recoveries to the admissions to be 44 per cent. He states that in the majority of those who recovered the duration of the illness before coming to the asylum had been comparatively

short, and that over and above these recoveries 30 were discharged so far improved as to be able to return home. Twenty-two voluntary patients were admitted, and of these Dr. Rutherford says several of them had been addicted to drink or morphine. His experience of such patients is very unfavourable; they are disagreeable inmates, untruthful and untrustworthy. They exercise a bad influence over the other patients, and even try to corrupt the attendants, whilst the results of treatment are generally unsatisfactory. The death-rate is 5.8 per cent. of the total number under treatment. The chief causes of death were brain disease and tuberculosis, 25 per cent. being due to the latter, and over 30 per cent. in addition were found by necropsy to have had this disease at some former period. The building of a separate hospital (in connexion with this institution) for those who are suffering from consumption is under the consideration of the Board of Management.

The delightful and historic mansion of Friar's Carse in connexion with the asylum continues to be a most valuable adjunct, forming as it does an intermediate step on the way to recovery and discharge. As a means of recovery, outdoor employment stands unrivalled. Amusements are all very well, but they make a very bad second to useful employment, either outdoor or indoor, says Dr. Rutherford; and he quotes the case of a high-class patient who begins his day's work at 6 o'clock in the morning among the cows, and who does not consider his labours ended till he has seen them put up for the night.

The only change in the official staff was the resignation of a lady assistant medical officer, and "it has not been thought advisable to appoint another lady doctor."

MEDICAL NEWS.

DR. J. T. C. NASH, Medical Officer of Health for Southend-on-Sea, was voted an honorarium of 125 guineas at the last meeting of the Town Council in recognition of his valuable services in connexion with small-pox.

The President of the Pharmaceutical Society of Great Britain will distribute the prizes to successful students on October 1st at 3 p.m., after which the inaugural sessional address will be delivered by Dr. W. Palmer Wynne, F.R.S., Professor of Chemistry in the Society's School of Pharmacy.

FRENCH UROLOGICAL CONGRESS.—The French Urological Association will hold its sixth annual meeting in Paris on October 23rd, 24th, and 25th, under the presidency of Professor Guyon. The chief question proposed for discussion is the Indications and Results of Nephrectomy. The discussion will be opened by two papers read by MM. Forgeu and Michon. All communications relative to the meeting should be addressed to the General Secretary, Dr. E. Desnos, 21, Rue de Rome, Paris.

FEMALE MEDICAL PRACTITIONERS IN GERMANY.—In 1900 only one lady took her degree as a doctor at the Berlin University, but during the past year no fewer than fourteen ladies have taken degrees in medicine at German Universities. Of these students only six were Germans. Five passed at Halle, three at Heidelberg, two at Göttingen, one in Berlin, one in Breslau, one at Freiburg, and one at Munich.

MEDICAL VACANCIES.

The following vacancies are announced:—**ARGYLE AND BUTE ASYLUM**, Lochgilphead, N.B.—Assistant Medical Officer; not over 30 years of age. Salary, £160 per annum, with rooms, board, etc. Applications to the Medical Superintendent.

BATH: ROYAL MINERAL WATER HOSPITAL.—Resident Medical Officer. Salary £100 per annum, with apartments and board. Applications to the Registrar and Secretary by September 8th.

BIRMINGHAM: QUEEN'S HOSPITAL.—(1) Honorary Surgeon. (2) Obstetric and Ophthalmic House-Surgeon. Salary, (2) £40 per annum, with board, lodging, and washing. Applications to Secretary for (1) by September 10th, (2) September 24th.

BURTON-ON-TRENT INFIRMARY.—House-Surgeon. Salary, £120 per annum, increasing to £140, with furnished rooms, board, coal, and light. Applications to the Honorary Secretary by September 12th.

CAMBRIDGE: ADDENBROOKE'S HOSPITAL.—Senior House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with board, lodging, and washing. Applications to the Secretary, 28, St. Andrew's Street, Cambridge, by September 20th.

CANCER HOSPITAL, Fulham Road.—Pathologist. Salary, £250 per annum. Applications to the Secretary by September 30th.

CANCER RESEARCH FUND.—General Superintendent of Cancer Investigation. Applications to the Secretary, Examination Hall, Victoria Embankment, by October 1st.

CARDIFF INFIRMARY.—Resident Medical Officer. Salary, £100 per annum, with furnished apartments, board, and washing. Applications to Secretary by September 29th.

CARLISLE: CUMBERLAND INFIRMARY.—Resident Medical Officer, to act as House-Physician during first six months and as House-Surgeon during next six months. Salary at the rate of £50 and £100 per annum respectively, with board, lodging, and washing. Applications to Secretary by September 9th.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Second House-Physician. Appointment for six months. Salary, £50 per annum, with board, washing, and residence. Applications to Secretary by September 8th.

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

EAST LONDON HOSPITAL FOR CHILDREN, Shadwell, E.—House-Surgeon. Board, residence, etc., provided, with honorarium of £25 at completion of six months' service. Applications to Secretary by September 18th.

EXETER: WOLFORD HOUSE HOSPITAL FOR THE INSANE.—Assistant Medical Officer. Salary, £150 per annum, increasing to £200, with board, etc. Applications to the Medical Superintendent by September 13th.

GREENOCK: SMITHSON ASYLUM AND POORHOUSE.—Assistant Medical Officer. Salary, £10 per annum, with board, furnished apartments, and attendance. Applications to Mr. E. P. Fairlie, Inspector of Poor, Parish Council Chambers, Greenock, by September 22nd.

HOSPITAL FOR SICK CHILDREN. Great Ormond Street, W.C.—House-Physician. Appointment for six months. Salary, £25, with washing allowance of £2 l.s., and board and residence. Applications to the Secretary by September 8th.

LICHFIELD INFIRMARY.—Assistant House-Surgeon. Salary, £30 per annum, with board, apartments, and washing. Applications to the Secretary, 24, Friar Lane, Leicester.

LEITH HOSPITAL.—House-Physician, Assistant House-Surgeon, and Surgeon. Appointments for six months. Applications to Secretary, Mr. G. G. Mann, 33, Bernard Street, Leith, by September 10th.

LEWES: EAST SUSSEX NEW LUNATIC ASYLUM.—Medical Superintendent; preference to candidates between 30 and 40 years of age. Salary, £300 per annum, with unfurnished house, etc. Applications, on forms provided, and endorsed "Medical Superintendent," to be sent to Mr. R. Blaker, Clerk of the Visiting Committee, 211 High Street, Lewes, by October 1st.

LIVERPOOL INFECTIOUS DISEASES HOSPITALS.—Assistant Resident Medical Officer, with board, lodging, and washing. Applications, endorsed "Assistant Medical Officer," to be addressed to the Chairman of the Port Sanitary and Hospitals' Committee, under cover to the Town Clerk, Municipal Offices, Liverpool, by September 2nd.

LIVERPOOL INFIRMARY FOR CHILDREN.—Assistant House-Surgeon. Appointment for six months. Salary, £25 for six months, with board and lodging. Applications to the Honorary Secretary by September 9th.

LIVERPOOL ROYAL INFIRMARY.—Honorary Physician. Applications to Chairman to the Committee by September 17th.

LONDON COUNTY ASYLUM. Horton, near Epsom.—Junior Assistant Medical Officer, between 23 and 30 years of age. Salary, £150 per annum, with board, furnished apartments, and washing. Applications, on forms provided, to be sent to the Clerk of the Asylums Committee, 6, Waterloo Place, London, S.W., by September 18th.

LONDON EPILEPTIC COLONY. Horton, near Epsom.—Medical Superintendent, not over 40 years of age. Salary, £300 per annum, with furnished house. Applications, on forms provided, to be sent to the Clerk of the Asylums Committee, 6, Waterloo Place, London, S.W., by September 27th.

MANCHESTER BAM HOSPITAL.—Clinical Clerkship. Appointment for six months. Honorarium, £250 per annum. Applications to the Secretary, 23, Byrom Street, Manchester, by September 9th.

MANCHESTER HOSPITAL FOR CONSUMPTION AND DISEASES OF THE THROAT AND CHEST.—Honorary Assistant Physician. Applications to the Secretary by September 19th.

METROPOLITAN HOSPITAL, Kingsland Road, N.E.—(1) House-Physician. (2) House-Surgeon. (3) Resident House-Physician. (4) Assistant House-Surgeon. Appointments for six months. Salary for (1) and (2) at the rate of £40 per annum, and (3) and (4) £20 per annum. Applications to the Secretary by September 14th.

MIDDLESBROUGH: NORTH RIDING INFIRMARY.—House-Surgeon. Applications to the Secretary by September 23rd.

MIDDLESEX HOSPITAL, W.—Medical Officer in charge of Pinsen and X-Ray Department. Salary, £150 per annum. Applications to Secretary-Superintendent by September 11th.

MORPETH DISPENSARY.—House-Surgeon; unmarried. Salary, £120 per annum, with furnished rooms and attendance. Applications to the Honorary Secretary by September 27th.

NATIONAL DENTAL HOSPITAL, Great Portland Street, W.—Medical Superintendent. Honorarium, £120 per annum. Applications to the Secretary by September 17th.

NEW HOSPITAL FOR WOMEN, 144, Euston Road, N.W.—(1) Resident Medical Officer for the Maternity Department. (2) Clinical Assistant. Applications to the Secretary for (1) by September 18th, and for (2) by September 24th.

NORTHAMPTON GENERAL INFIRMARY.—House-Surgeon. Salary, £125 per annum, with furnished apartments, board, attendance, and washing. Applications to Secretary by September 27th.

NORTH HAVESAM HOSPITAL FOR CHILDREN. Hackney Road, N.E.—Resident Medical Officer. Salary, £120 per annum, with board, residence, and washing allowance. Applications to the Secretary, 27, Clement's Lane, Lombard Street, E.C., by September 24th.

PLYMOUTH PUBLIC DISPENSARY.—(1) Second Medical Officer for the Provident Department. Remuneration is a moiety of net receipts. (2) Physician's Assistant in the charitable Department. Salary, £70 per annum. Applications to the Hon. Secretary, 7, Athenaeum Terrace, Plymouth, by September 16th.

READING: ROYAL BERKSHIRE HOSPITAL.—Assistant House-Surgeon. Salary, £50 per annum, with board, lodging, and washing. Applications to the Secretary by September 16th.

ROTHERHAM HOSPITAL AND DISPENSARY.—Assistant House-Surgeon. Salary, £35 per annum. Applications to E. S. Baylis, 19, Moorgate Street, Rotherham, by September 9th.

ROXBURGH DISTRICT ASYLUM, Melrose, N.B.—Assistant Medical Officer. Salary begins at £120 per annum, with board, rooms, and washing. Applications to the Medical Superintendent.

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.—(1) Physician for Diseases of Women, with charge of in-patients. (2) Assistant Physician for Diseases of Women, with charge of out-patients. Applications to the Secretary by October 11th.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—House-Physician. Appointment for six months. Salary at the rate of £80 per annum, with furnished apartments, board, and washing. Applications to the Secretary by September 23rd.

ST. BATHOLOMEW'S HOSPITAL, E.C.—Lecturer on General Anatomy and Physiology in the Medical School. Applications to the Clerk by September 8th.

ST. MARK'S HOSPITAL FOR FISTULA, Etc., City Road, E.C.—House-Surgeon. Salary, £30 per annum, with board, lodging, and washing. Applications to the Secretary by September 20th.

ST. PETER'S HOSPITAL FOR STONE, Henrietta Street, W.C.—House-Surgeon. Appointment for six months, but eligible for re-election. Salary at the rate of £10 per annum, with board, lodging, and washing. Applications to the Secretary by September 24th.

SALFORD ROYAL HOSPITAL.—(1) House-Surgeon. (2) House-Physician. (3) Junior House-Surgeon. Salary, (1) £100, (2) £80, (3) £70 per annum, with board and residence in each case. Applications to the Secretary and Superintendent by September 13th.

SHEFFIELD INFECTIOUS DISEASES HOSPITALS.—Second Assistant Medical Officer. Salary, £150 per annum, with board, lodging, and attendance. Applications, endorsed "Second Assistant Medical Officer," to be sent to the Town Clerk, Town Hall, Sheffield, by September 15th.

SHEFFIELD ROYAL HOSPITAL.—Junior Assistant House-Surgeon. Salary, £50 per annum, with board and lodging. Applications to Dr. Stanley Riseley, 230, Glossop Road, Sheffield, by September 9th.

STOCKPORT INFIRMARY.—Junior Assistant House-Surgeon. Appointment for six months. Salary at the rate of £40 per annum, with board, washing, and residence. Applications to the Secretary.

THREE COUNTIES ASYLUM, Arlesey, near Hitchin.—Second Assistant Medical Officer; unmarried, male and under 30 years of age. Applications to the Medical Superintendent by September 19th.

VICTORIA HOSPITAL FOR CHILDREN, Tite Street, Chelsea, S.W.—House-Surgeon. Appointment for six months. Honorarium, £35, with board and lodging. Applications to the Secretary by September 26th.

WEST LONDON HOSPITAL, Hammermith Road, W.—(1) House-Surgeon; (2) House-Physician. Board and lodging provided. Applications to Secretary-Superintendent by September 24th.

WESTON-SUPER-MARE HOSPITAL AND DISPENSARY.—Medical Officer of Dispensary. Salary, £100 per annum, with board, lodging, and washing. Applications to the Honorary Secretary by September 9th.

MEDICAL APPOINTMENTS.

ALLIOTT, E., M.R.C.S.Eng., L.R.C.P.Lond., appointed District Medical Officer of the Braidre Union.

FIDDLIAN, E. G., M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to the Newport Hospital, vice A. F. Hayden, M.R.C.S.Eng., L.R.C.P.Lond., resigned.

FINN, P. T., L.R.C.P. L.R.C.S.Eng., appointed Certifying Factory Surgeon for the Ashwick District of Somersetshire.

FORMAN, Bernard Gilpin, M.B. Edin., appointed Medical Officer of Health to the Seabury Urban District Council, and District Medical Officer for the Seabury District of the Scarborough Union, and Public Vaccinator.

HILL, W. J., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer of Health for the Clevedon Urban District Council, vice Stephen Skinner, M.B., O.M. Aberd.

KNOCKER, D., M.B. Lond., M.R.C.S.Eng., appointed Medical Officer of Health for Lenden. Macfarlane, Aylmer A., M.D., appointed Resident Medical Officer to the Parkside Lunatic Asylum, Adelaide, South Australia.

MACMILLAN, J. I., M.B., M.S. Glasg., appointed Certifying Factory Surgeon for the Laurencekirk District, Kincardineshire.

MENZIES, Mary J., M.B., B.S. Edin., appointed Assistant Resident Medical Officer to the Birkenhead Workhouse Infirmary.

REE, W. M.R.C.S. L.R.C.P.Lond., appointed Medical Officer of Health to the Llandilo Urban District Council, vice W. H. Lloyd, M.B. B.S.Eng., L.S.A.

SADLER, E. A., M.D. Lond., M.R.C.S.Eng., appointed Medical Officer of Health to the Ashbourne Rural District Council, vice O. E. Potter, M.D. Edin., resigned.

STEWART, J. H., L.R.C.P., L.R.C.S.Eng., appointed Certifying Factory Surgeon for the Cruden District of Aberdeenshire.

TYRIST, I. H. L., M.B., Ch.B. Vict., appointed Chief Medical Officer to the Gold Coast.

WILLIAMSON, H. M., M.B., Ch.B. Vict., appointed Assistant Medical Officer to the Chorlton Union Workhouse.

ST. THOMAS'S HOSPITAL.—The following gentlemen have been selected as House Officers from Tuesday, September 2nd, 1902:

House-Physicians.—A. D. Hamilton, M.B. Lond., L.R.C.P., M.R.C.S.; C. H. Sedgwick, M.B., B.C. Cantab.

Assistant House-Physicians.—W. H. Harwood Yarred, B.Sc. Lond., L.R.C.P., M.R.C.S.; A. Mavrogordato, L.R.C.P., M.R.C.S.

House-Surgeons.—W. Hill, B.A. Cantab., L.R.C.P., M.R.C.S.; J. Coates, L.R.C.P., M.R.C.S.; A. C. Hudson, M.A., M.B., B.C. Cantab.; H. Spurrier, B.A. Cantab., L.R.C.P., M.R.C.S.

Assistant House-Surgeons.—J. W. Rob, B.A., M.B., B.C. Cantab.; T. B. Henderson, M.A., M.B., B.Ch. Oxon.; J. P. Hedley, M.A., B.C. Cantab.; A. B. Bradford, L.R.C.P., M.R.C.S.

Obstetric House-Physicians.—(Senior) R. E. Roberts, M.B., B.Sc. Lond.; (Junior) F. J. Child, M.A., M.B., B.C. Cantab., L.R.C.P., M.R.C.S.

Ophthalmic House-Surgeons.—(Senior) F. Clarkson, M.B., B.S. Durh.; (Junior) A. A. Loosely, B.A. Oxon., L.R.C.P., M.R.C.S.

Clinical Assistants in the Special Department for Diseases of the Throat.—J. E. Adams, L.R.C.P., M.R.C.S.; S. B. Scott, M.A., M.B., B.Ch. Oxon.

Clinical Assistant in the Special Department for Diseases of the Skin.—A. T. Waterhouse, M.A., M.B., B.Ch. Oxon., L.R.C.P., M.R.C.S.; O. When, B.A. Oxon., L.R.C.P., M.R.C.S.

Clinical Assistant in the Special Department for Diseases of the Ear.—F. H. Pearce, B.A., L.R.C.P., M.R.C.S.

Clinical Assistant in the Electrical Department.—O. Hildesheim, B.A., M.B., B.Ch. Oxon.

Two other gentlemen received extensions of their appointments.

DIARY FOR NEXT WEEK.

POST-GRADUATE COURSES AND LECTURES.

Medical Graduates: College and Polytechnic, 23, Chenies Street, W.C. Demonstrations will be given at 4 p.m. as follows:—Tuesday, medical; Wednesday, surgical; Thursday, surgical; Friday, throat.

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.

GRAHAM.—On August 23rd, the wife of J. C. W. Graham, M.A. Cantab., M.R.C.S.Eng., L.R.C.P.Lond., Highgate, Priory Road, High Wycombe, of a daughter.

LOYD.—On August 31st, at Woodstock House, Aberavenny, the wife of T. S. Lloyd, M.D., etc., of a son.

LODGE.—On August 27th, the wife of Percy G. Lodge, F.R.C.S., Lee House, Bradford, of a daughter.

MASTERMAN.—On July 2nd, at Jerusalem, Syria, the wife of L. W. Gurney Masterman, F.R.C.S., D.P.H. Cantab., of a daughter.

WHITE.—On August 29th, at 100, Lewisham Road, the wife of Malcolm White, M.R.C.S., L.R.C.P., of a son.

MARRIAGES.

ELLISTON-WARNER.—On August 30th, at St. Mary's Parish Church, Wanstead, Essex, by the Rev. Sydney E. Elliston, M.A. Oxon., assisted by the Rev. John Scott, Canon and Prebendary of York, Rector of the Parish, Guy, third son of William Alfred Elliston, M.D., F.R.C., Stoke Hall, Ipswich, and Villa Sandes, Felicitate, to Clara Jane, younger daughter of Benjamin Warner, Sunnyside, Braintree, Essex, and Newgate Street, E.C.

MCDONALD-EDWARDS.—On August 26th, at Port Elizabeth, South Africa, at St. Mary's Collegiate Church, by the Rev. H. Mayo, W.M. McDonald, Esq., M.R.C.S., L.R.C.P., fourth son of John McDonald, Esq., of Grays Hill, Antigua, West Indies, to Hilda Ellen May, elder daughter of the late Dr. Arthur Edwards, of Antigua, West Indies, and granddaughter of the late Honourable Edwin D. Baynes, Lieutenant-Governor of the Leeward Islands. (By cable.)

TALBOT-SMITH.—On August 23rd, at St. Saviour's Church, Liverpool, by the Rev. Richard Smith, M.A., Rector of Lownton, uncle of the bride, assisted by the Rev. E. M. Ansell, M.A., Vicar of the Parish, Matthew Wright Talbot, M.B., B.S. 1, Gladstone Terrace, Preston, to Margaret Hilda, only daughter of the late William Smith and of Mrs. Smith, 16, Falkner Square, Liverpool.

WHALLEY-HENSON.—On August 27th, at Roundhay Church, Leeds, Edgar Whalley, M.R.C.S.Eng., L.R.C.S.Eng., to Lillian, youngest daughter of Thomas Henson, Esq., M.Inst.C.E., Engineer to the city of Leeds.

DEATHS.

HAYWARD.—On August 6th, at his residence, Hightown, Manchester, William Henry Hayward, M.R.C.S., L.S.A.

MCFARLANE.—At the Royal Hospital, Sheffield, on August 30th, George McFarlane, M.B., Ch.B. Edin., of Hawera, New Zealand.