

of inflammation in the lung itself. This we know experimentally, as the following experiment performed by Eyre and myself shows: a rabbit was anaesthetised and a catheter passed through the larynx into the trachea. A cubic centimetre of a broth cultivation of the pneumococcus was poured down the catheter. The animal was killed fifteen days later: there was marked pleurisy and pericarditis, but the lungs were quite normal. The pneumococcus may also enter the body in other ways than through the lung, consequently various lesions are caused by it and not preceded by pneumonia, such as septicaemia, pleurisy, endocarditis, arthritis, meningitis and cerebritis, nephritis, parotitis, peritonitis, pericarditis, colitis and gastritis, cellulitis, osteo-mylitis, acute otitis media, and conjunctivitis.

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MEMORANDA:

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

TWO CASES OF CONSUMPTION PROBABLY INFECTED BY TUBERCULOUS MILK.

IN the course of my investigation of cases of consumption in connexion with the voluntary notification of phthisis in Manchester, the following history has been recorded which strongly points to infection by means of tuberculous milk.

The patient, E. S., male, aged 17, was visited on November 1st, 1902. The illness commenced in December, 1901, with loss of appetite especially in the morning. He had no cough then, but began to lose flesh very slightly. This continued up to the third week in May, 1902, when an ischio-rectal abscess developed which was opened. After this, the patient began to lose flesh rapidly and has continued to do so up to the present. The abscess discharged for about three months and left a fistula which was operated on about seven weeks before the date of my visit. One week after the operation as the patient was drinking a large quantity of liquids, diabetes was suspected, the urine was examined and found to be loaded with sugar. He had been drinking a large amount of water at his work for some weeks previously, but this had not been observed at home, so that the diabetes had certainly not been present for more than three months. There was no cough before the operation on the fistula; the patient and his mother are both certain on this point. After the operation, cough developed rapidly, and the sputum now contains tubercle bacilli. There is no family history of consumption, with the exception that the patient's sister, aged 5 years, died of tuberculosis on July 2nd, 1901. This child was removed from home to another address on April 18th, 1901, where she remained until her decease, and where E. S. also stayed for about two months at the same time. For some weeks before her removal the girl had suffered from loss of appetite and some vague symptoms of discomfort in the abdomen, but she had no cough then; in fact, she never developed a cough. On May 26th she complained of epigastric pain, and vomited. The abdomen was hard and tender, the tongue furred, and the pulse small and quick. Appendicitis was diagnosed, and an abscess ultimately formed which began to discharge through the umbilicus. On June 26th, 1901, an operation was performed, and an abscess evacuated. After the operation, from the condition then found, the conclusion was come to that the disease was tuberculous, and the mother was informed of this fact at the time.

Neither of these two patients drank much milk, probably not more than 3 oz. each daily; but the milk supplied to this family has been almost continuously tuberculous for over two years, and at one period especially (March, 1901) was very markedly so. Specimens of the milk which the family was using were taken on September 5th, 1900, and found by Professor Delépine to cause tuberculosis in the guinea pig; from

a fresh milk supply on March 4th, 1901 (two cows with tuberculous udders found by Mr. Lloyd, Veterinary Surgeon to the Manchester Corporation), and again from the first milk supply on January 18th, 1902 (one cow with tuberculous udder found by Mr. Brittlebank, M.R.C.V.S., Veterinary Surgeon to the Manchester Corporation). When the address of the two patients was changed in the end of April, 1901, the new milk supply was again tuberculous, for on July 11th, 1901, the farm from which the milk was obtained was visited by Mr. Brittlebank, and a well-marked case of tuberculosis of the udder found. The milk from this cow was also found by Professor Delépine to cause tuberculosis in the guinea-pig. The cow in question was slaughtered, and the udder submitted to examination by Professor Delépine, who reported the lesions in the udder to be most extensive, the mucous membrane of the acini being very markedly tuberculous. In the opinion of Mr. Brittlebank the udder must have been affected with tuberculosis for at least three or four months.

The disease in both these cases began in the abdomen, and in the case of the girl never reached the lungs, while in the case of the boy the lungs were only affected secondarily. No source of infection apart from milk could be ascertained in either case.

JAMES M. COWIE, M.B., Ch.B., D.P.H.,
Assistant to the M.O.H., Manchester.

A CASE OF HAEMORRHAGIC NEPHRITIS.

THE following notes may prove of interest. I publish them in the hope that some one may offer an explanation of what seems to me an obscure case:

K. A., aged 32, multipara, single, was transferred at term from the Birkenhead Workhouse to the Infirmary on May 11th, 1902, and was there delivered of a male child. I was called to her after the expulsion of the placenta, as the nurses had some trouble with the membranes. These, however, I removed without difficulty. I then noticed that in front of the well-contracted uterus, but unconnected with it, was a second tumour of similar size and consistency—obviously, from its position, the bladder. I passed a soft male catheter and drew off several ounces of what was apparently almost pure blood. The anterior tumour on this decreased somewhat, but remained still distinctly palpable, being about three fingerbreadths above the pubes. I then learned for the first time from the patient that her water had been "red like blood" for some days before labour set in. Except for this statement, and the fact that she had been troubled with slight dribbling from the bladder during her pregnancy, no other urinary history could be elicited.

The following morning the anterior tumour was still *in situ*, and the visiting medical officer who saw the patient with me washed the bladder out with hot boracic solution, which cleared out several clots, followed by tinct. ferri perchlor. The next day the patient could micturate naturally, and the blood which was passed with the urine was less in quantity; but during the whole course of her illness the urine was never free from blood. The blood was never intimately mixed with the water, and came most freely during the first part of the flow. There was no actual pain on micturition, but the patient complained of slight discomfort during the act—this was probably due to the presence of some urethritis. The bladder gradually decreased in size, but always remained palpable. Its cavity was evidently contracted, as during irrigation it only retained about 8 cz. of fluid.

On May 20th the patient complained of pain in the left calf, and on examination one of the veins of the leg was found to be thrombosed. There was nothing further of note in the course of the case, which terminated fatally on June 10th.

I may say that there was never any sign of purpura haemorrhagica, nor was there loss of blood from any source otherwise than per urethram. The heart and lungs presented no abnormality. The blood, unfortunately, was not examined, but the patient never looked markedly anaemic. During the last fortnight of her illness there was irregular evening pyrexia, but the temperature never rose above 101° F.

Treatment was mainly symptomatic, with a view to controlling the haemorrhage and keeping up the patient's strength.

Necropsy.—The brain and alimentary tract were not examined. The thoracic organs showed no abnormality.

Urinary Tract.—Both kidneys were much enlarged (roughly I should say each would weigh double the size of a normal kidney); they were bright red in colour—the capsules were slightly adherent. On section the engorgement was seen to be generalized, neither cortex or medulla being specially affected; the pelvis were dilated and full of blood. A small abscess about the size of a split marble was seen in the upper segment of each organ at the junction of the cortex and medulla. Both ureters were much enlarged and their walls were hypertrophied; each was filled with blood. There was no sign of stone. The bladder wall was enormously hypertrophied and the cavity was full of blood—evidently from the kidneys, as beyond the hypertrophy of the wall the organ appeared healthy. The uterus, ovaries, and tubes were healthy. It is interesting to note that the child, which for the first few days was breast-fed, developed icterus neonatorum.

EVA MCCALL, M.D. Glasg.,
Late Resident Medical Officer, Birkenhead Union
Infirmary.

"SLOW CONTINUOUS FEVER"

THERE have been under this heading bracketed at least four different cases of sickness with temperature during the campaign in South Africa. Apart from cases of fever in the malarial district of this country and the recrudescence of malaria in soldiers who have served in India I have noticed the four following types: (1) Cases with a temperature from 99° to 102° which last for three days almost invariably, accompanied more often than not by diarrhoea and always with headache, feelings of chilliness and general weakness. The resolution occurs by lysis, and no treatment is required beyond rest in bed and fever diet. These often occur after exposure. (2) Cases with temperatures from 100° to 102° or 103° accompanied by severe pains in the lumbar region and thighs, headache often severe and diarrhoea the rule; the temperature falls consistently on the seventh day in a series of cases, and the case is much benefited by doses of 30 gr. of sodium salicylate or more. Quinine and the other febrifuges have no special effect, but sodium salicylate relieves the symptoms almost immediately, especially the pain in the lumbar region, and starts the fall in temperature. I have also met cases with these symptoms and subnormal temperatures (once 95.6°), and rapid pulses which after rest in bed and low diet regain the normal temperature and pulse-rate in 7 days. (3) Cases with temperature from 100° to 103° or 104°, which resolve in 14 days about and which are accompanied by headache, vomiting, and irregular pains. Constipation is the rule but sometimes pea-soup stools are found. These I look upon as 14-day typhoid cases, but unfortunately I had no opportunity of trying the Widal reaction. (4) Cases beginning with a rigor and which eventually resolve themselves into ordinary cases of enteric. The fever is often very irregular and constipation is the rule. I have seen some and heard of many cases of cardiac failure without any apparent sign on auscultation previously. Pleurisy and other lung complications are not uncommon.

R. V. DOLBEY, Civil Surgeon,
Naaupport Hospital, Transvaal.

TUBERCLE A PROBABLE CAUSE OF PERIPHERAL NEURITIS.

THE interesting case reported by Dr. J. Geddes Scott, published in the *BRITISH MEDICAL JOURNAL* of August 16th, under the heading, "Peripheral Neuritis of Tuberculous Origin," has recalled to my mind a peculiar case of paraplegia associated with pulmonary phthisis which I had under treatment some three years ago, and in this connexion may be of interest.

I was unable to account satisfactorily for the condition at the time; but it has occurred to me, since reading the notes of the above-mentioned case, that it may also have been of tuberculous origin.

I first saw the patient—an unmarried woman, aged 26—about four months before the paralytic seizure. She presented all the classical signs and symptoms of phthisis affecting the

upper lobe of the left lung. Under treatment her condition rapidly improved, and she was beginning to resume her ordinary household duties, when, one afternoon—as she described to me—she was sitting down quietly peeling an apple and on rising to dispose of the rind she suddenly collapsed on the floor and was unable to get up without assistance; after a little time she was able to walk, with the help of her sister, across the room, but again lost all control of her lower limbs.

I saw her shortly after this and found on examination complete loss of power of both legs, the left being even more helpless than the right. There were no sensory disturbances, but she complained of the left foot and ankle being cold—a condition which persisted for some months. The "knee-jerk" was slightly exaggerated in both legs, and "ankle-clonus" could be elicited in the left ankle but not in the right. She also complained of lumbar pain and "weakness." The bladder and rectum were intact, and not in the slightest degree affected, but acted regularly all through.

There was no paresis of the upper limbs, and speech was not interfered with. After the first few days I began applying electricity (faradic) every day for fifteen minutes at a time, gradually increasing the duration and strength of current. I also gave a mixture containing iron and large doses of strychnine. By the end of a month her condition was considerably improved. I applied the current on alternate days and then twice a week for six months. At the end of that time the patient was able to walk about, and some three months later all trace of the paralysis had disappeared and has not since recurred.

The symptoms were so incongruous that it was difficult to classify the case as belonging to any well-defined type of nervous disease, and I was forced to the conclusion that it was either an example of peripheral neuritis due to tubercle or else a case of hysterical paraplegia.

It could not have been due to organic disease of the cord—though the onset was sudden, as there were no trophic lesions such as wasting of the muscles, cystitis, bedsores, etc., and no paralysis of the sphincters. As a hysterical element in the case appears to me to be doubtful, I am inclined to lean to the opinion that it was a tuberculous peripheral neuritis.

ARTHUR BAILIE FRANCIS, L.R.C.P., L.R.C.S.
Carrickfergus.

REPORTS

ON

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

THE INFIRMARY, BURY.

CASE OF HERNIA OF CAECUM AND APPENDIX: PERITYPHLITIS;
FAECAL FISTULA: OPERATION.

(Under the care of Dr. JEFFERY, Honorary Medical Officer.)

[Reported by EDGAR WILLIAM SHARP, M.B. Glasg., Senior
House-Surgeon.]

History.

THE patient was a male child, aged 2½ years. The mother stated that the rupture first appeared when he was about two months old, and up to March, 1902, it "used to go back." She also stated that he was a very cross child. She had not weaned him till he was 2 years old. It is interesting to note that the child had also an internal squint of the right eye and a distinct tendency to hypospadias.

There was a distinct history of a somewhat acute inflammation of the contents of the hernia in March, 1902, at which time the mother said that it became swollen, painful, and red, whilst at a later stage the part got darker in colour, and almost black. The child at this time was very ill, but was evidently not seen till a late stage by a medical man, who deemed it a hopeless case of strangulated hernia. However, the child lived, an abscess forming and bursting externally, discharging—according to the mother—a quantity of pus and also blood; the pus was very foul-smelling. This discharge continued for a fortnight.

The jury found a verdict for the plaintiffs, awarding £500 to Mr. Waters and £20 to Mrs. Waters.

Application was made to the judge at a subsequent date for judgement, and Mr. Justice Lawrance, in entering judgement for the plaintiffs, with costs, refused, according to the report in the *Standard* of November 20th, to grant costs on the higher scale for the medical witnesses, remarking, "I will give nothing to the medical witnesses."

POLICE SURGEONS' VISITS *RE* INFECTIOUS DISEASE.

THE point raised by a correspondent under this heading in the *BRITISH MEDICAL JOURNAL* of November 15th is one of some complexity, and it may be necessary to vary the answer there made. The matter will be brought under the notice of the Ethical Committee of the British Medical Association, which will be asked to express an opinion upon it.

MEDICAL ETIQUETTE.

ZYGOMA.—(1) It is impossible to make an absolute rule that medical men shall refuse to see any patient already under the care of a fellow practitioner except in consultation with the latter; there are cases in which this may be done without impropriety, and in particular the public claim the right to seek further advice whenever they please. The question is too complicated to be dealt with at length here, but we would refer our correspondent to the article headed "Medical Etiquette," which appeared in the *BRITISH MEDICAL JOURNAL* of November 2nd, 1901, p. 1382. (2) The conditions under which practitioners may take over the management of cases under the care of their colleagues have been repeatedly formulated in the *JOURNAL*. They are briefly, that every patient has the right to select his or her own medical attendant and to change him at will, and that one practitioner may succeed another in attendance upon any person without affording ground for complaint, the essential condition being that the former medical attendant should be courteously informed by the patient or the patient's friends that his services are no longer required. The circumstances under which no one is at liberty to take over the treatment of a case are where he has been called in consultation or has acted as the substitute for the ordinary medical attendant during the illness.

VIA, VERITAS, VITA.—(1) The medical officer of health may claim the right to see a patient notified as suffering from an infectious disease, but he should ask the medical attendant to meet him when he pays his visit. (2) We do not think the medical officer of health is bound to accept the diagnosis on the certificate; for instance, it is quite common in cases of diphtheria to require the diagnosis to be supported by a bacteriological examination. (3) A medical officer of health is put in an exceptionally delicate position, and should hesitate to take over the treatment of a case of infectious disease which has been notified to him; but while such incidents emphasize the objections there are to a medical officer of health being in private practice, we do not feel able to say that he is thereby deterred from taking over cases provided he pays regard to the rules regulating such transfers. (4) As our correspondent resides in a distant colony, the only remedy we can suggest is to bring the conduct complained of before the local Branch of the British Medical Association, or any other local medical society of which both are members.

RETIREMENT OF PARTNER.

DUX writes: A. and E. have been partners for nearly two years in a large manufacturing town. A., the senior, wishes to leave the town, and B. agrees to buy his share of the practice. A. is desirous before leaving to introduce B. to patients of his whom B. has never attended. (1) Which patients on the books would it be suitable for A. to introduce B. to without running the risk of calling on patients who may possibly have gone to another doctor? Would it be safe to go to those attended by A. within the last two years? (2) Is it necessary under the law of partnership to inform every patient by circular of the retirement of the senior partner? If so, would the same test as to who are actual patients hold good?

*** (1) The fact of being on the books during the last two years would not by itself be a sufficient test. A. should introduce B. only to those whom he has every reason to believe continue to be his patients. A distinction must be drawn between casual and regular patients, since with regard to the former it would seldom be justifiable to assume that they continued to be patients when an interval had elapsed from the time of the attendance. (2) It is not necessary under the law of partnership to inform every patient of the retirement of the senior partner.

ASSISTANCE IN MIDWIFERY OPERATIONS.

INQUIRER asks the following question: A. is called in by B. to assist him in a confinement. A. puts on forceps and delivers the patient and removes placenta. Is not A. entitled to part of the fee?

*** As A. was called in by B., and it is to be presumed he went to assist him as a professional brother, he cannot claim to be entitled to any part of the fee. It is the duty, however, of B., on receiving his fee, to offer half of it to A.

"SPECIALIST IN ARTIFICIAL TEETH."

DENS asks if it is legal for a man to call himself a "specialist in artificial teeth," he not being qualified or registered as a dentist.

*** We doubt if a prosecution would succeed. Some convictions have been obtained against persons who have used forms of description other than those categorically prohibited by the Act, but in these all depends on the view taken by the individual magistrate, no higher court having determined the interpretation to be placed on the words of the Act.

UNIVERSITIES AND COLLEGES.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

ANNUAL MEETING OF FELLOWS AND MEMBERS.

THE President, Sir HENRY HOWSE, took the chair at the annual meeting of Fellows and Members held at the College on November 20th, and in placing the annual report of the Council for 1902 before the meeting, stated that 544 Fellows and 3,245 Members had applied for and had received that document. Last year's figures were 540 Fellows and 2,505 Members.

Mr. CORNISH, referring to the Cancer Research scheme mentioned in the report, asked if the College money had been expended on the matter. He noted that Mr. Thomas Nunn, the most distinguished authority in the country on cancer, had not been placed on the committee.

THE PRESIDENT stated that none of the College money had been used for the purpose. There was a special fund raised for cancer research.

After some remarks from Surgeon-Major INCE, Mr. HENRY MORRIS obtained leave from the President to make an explanation in regard to the omission of Mr. Nunn's name from the Committee of the Cancer Research scheme, in order to correct the idea that there had been any intention of slighting Mr. Nunn. The Committee was necessarily a small one and had Mr. Nunn been on the active staff of Middlesex Hospital he would have been a member of the Committee.

Surgeon-Major INCE having again addressed the meeting, Mr. DENNIS VINRACE asked for some explanation from the President of the following resolution of the Council in reply to a resolution adopted at the last annual meeting:

4. That, as it is essential that the Representative of the College on the General Medical Council should be a member of the Council of the College, the Council of the College are of opinion that the election should remain in their hands.

THE PRESIDENT said that if Mr. Vinrace found fault with the General Medical Council for accepting the nomination of the Council of the College, then Mr. Vinrace should complain to the General Medical Council.

Mr. VINRACE said that he would appeal first to the consciences of the members of the Council of the College of Surgeons.

Mr. JOSEPH SMITH said that it was perfectly patent to all that when the Council sent a representative to the General Medical Council that man did not represent the 17,000 members of the College.

THE PRESIDENT pointed out that the action of the Council of the College was not only legal but also ethically right.

Dr. THOMAS MORTON then moved the following:

That this meeting regrets that the Council has not responded to the invitation made to them last year to formulate a scheme by means of which the Members may receive that representation to which they have for many years claimed to be entitled. The Council is, moreover, respectfully assured that the Members cannot consider this question closed, on their part, so long as they have opportunities of expressing their views, and are supported by the general opinion of the profession.

He contended that the Members were an integral part of the College, and asked them to consider what the College would be without its Members. It would, he said, be but a poor, bankrupt, attenuated shadow of itself. The Members were an integral part of the College, and he held that the property was vested in them. The Council claimed to represent the Members as well as the Fellows, yet the former had no voice in the election of the Council.

Mr. J. SMITH, in seconding the motion, which he observed had been passed again and again during the last eighteen years, said that if he were a member of the Council he would be ashamed to appear at the annual meeting year after year, and refuse an act of justice. The small number of members of the Council present showed little interest in the College, while want of representation was the great cause of the indifference of the Members, especially Members resident in the country, many of whom did not even know the name of the President or Secretary.

Sir R. CRAVEN said that until the Royal Charter of the College was altered things must go on as they were. He would be glad to see the Members given some share in the manage-

ment of the College, but it could not be said that the affairs of the College were not well managed.

Mr. J. O. WAKELIN BARRATT, F.R.C.S., spoke in favour of the motion.

The motion was put to the meeting by the PRESIDENT and declared carried by 30 votes to 2.

Dr. HERBERT SNOW moved the following:

That strangers should be allowed to be present in the gallery during the annual meeting.

This was seconded by Mr. BRINDLEY JAMES, and after some remarks by Surgeon-Major INCE it was put to the vote and lost by 17 to 16.

The following was moved by Mr. W. G. DICKINSON, seconded by Mr. J. SMITH, and carried by 17 votes to 7:

That this meeting desires to draw attention to the fact that the candidates' fees for the Fellowship examination "just suffice to defray the out-of-pocket expenses," while those for the Membership yield an annual profit of some thousands of pounds, besides paying the whole of the expenditure of the College in connexion with the Examination Hall. In view of this fact this meeting considers it unjust that in the Fellows alone should be vested the election of the Council and the government of the College, while the Members have practically no collegiate rights or privileges. And this meeting further considers that the general working expenses of the College, apart from those of the Museum and Library are much too high.

Mr. BRINDLEY JAMES moved and Mr. COLLINGWOOD seconded the following:

That this meeting supports the proposal to enter into combination with the University of London in order to facilitate the acquisition by London students of a degree carrying with it the title of "Dr.," and will be glad to have submitted to it the report (if made) of the Conjoint Committee of the two Colleges on this subject.

After some discussion the PRESIDENT said that it was a matter involving considerable legal difficulties. Moreover, there was a want of unanimity in regard to the object to be sought. The Privy Council had refused to make the College a university in a single subject, and that decision prevented the granting of a university degree. In regard to the title "Dr.," application should be made to the College of Physicians to alter its rules.

On the motion being put to the meeting it was declared carried by a large majority.

The proceedings then terminated with a cordial vote of thanks to Sir Henry Howse for occupying the chair.

MR. DENNIS VINRACE (Kensington, S.W.) writes with reference to the inquiry he addressed to the President as noted above: My object in drawing attention to the matter was to point out how anomalous it is that the representative of the College on the Council should be elected by only one of the constituent parts of the College. The anomaly is rendered the more striking by the fact that the Members of the College have no part whatever in the selection of the Council. Thus, while a person nominated by the Council of the College may be said in a sense to represent the Fellows, since the latter are responsible for the election of the Council, he can in no way be said to represent the general body of Members. The consequence is that the General Medical Council admits to its membership as delegate from the College a gentleman who is in fact simply a representative of the Council, or, at most, of the Council and Fellows. I submit that it is neither just nor politic that the ordinary Members, who form, of course, by far the greater part of the College, should be ignored in this way. Even granting that, as the resolution says, it is "essential" that the representative of the College should be a member of its Council, there seems no reason why the general body of Members should be prohibited from participating in his election.

UNIVERSITY OF CAMBRIDGE.

Degrees.—On November 20th the following were conferred:

M.B.: R. W. Wakefield, Trinity; A. Whitmore, Caius; J. W. Pettinger, Selwyn. B.C.: J. W. Pettinger, Selwyn.

Medical School Building.—A second payment of £1,000 has been made from the funds in the hands of the State Medicine Syndicate towards the cost of erecting the new buildings for the Medical School. Provision is being made in these buildings for teaching and examination in sanitary science.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

The following gentlemen have passed the First Professional Examination for the Diploma of Fellow:

F. B. Ambler and R. H. Bott, St. Bartholomew's Hospital; H. C. Cameron, M.A. Glasg., B.A. Camb. Guy's Hospital; D. K. Coutts, St. Thomas's Hospital; J. Cunningham, Trinity College, Dublin; F. W. Daniels, London Hospital; L. Dukes, B.A. Camb., Cambridge University and King's College, London; H. E. Dyson, University College, London; F. W. Ellis, M.B., Ch.B. Aberd., Aberdeen University and Yorkshire College, Leeds; C. H. Fielding, St. Bartholomew's Hospital; H. H. Formby, M.B., B.S. Melb., Adelaide and Mel-

bourne Universities and London Hospital; A. D. Griffith and F. A. Hadley, M.R.C.S. Eng., and L.R.C.P. Lond., King's College, London; H. Hardwick-Smith, B.A. Camb., Cambridge University and St. Bartholomew's Hospital; F. J. M. Hasslacher, M.B. Lond., M.R.C.S. Eng., and L.R.C.P. Lond., King's College, London; R. J. Howard, M.B., B.S. Lond., London Hospital; L. R. Hughes, M.R.C.S. Eng., and L.R.C.P. Lond., University College, London; T. M. Hughes and H. Irving, Owens College, Manchester; H. S. Jenkins, M.B. Lond., M.R.C.S. Eng., L.R.C.P. Lond., University College, Bristol, and King's College, London; W. W. Jones, B.A., M.B. Toronto, M.R.C.S. Eng., L.R.C.P. Lond., Toronto University and King's College, London; F. A. Juler, B.A. Camb., Cambridge University and King's College, London; T. Lewis, B.Sc., University of Wales, University College, Cardiff, and University College, London; F. W. Marlow, M.D., C.M. Trinity College, Toronto, L.R.C.P. Lond., M.R.C.S. Eng., Trinity Medical College, Toronto, and University College and King's College, London; A. H. Miller, B.A. Camb., Cambridge University and Guy's Hospital; L. E. C. Norbury, St. Thomas's Hospital; A. B. O'Brien, Guy's Hospital; T. Perrin, M.B. Lond., M.R.C.S. Eng., L.R.C.P. Lond., St. Thomas's Hospital; G. L. Ranking, B.A. Camb., St. Bartholomew's Hospital; W. S. Sweet, B.Sc. Lond., University College, London; P. Talbot, Owens College, Manchester; H. B. Tawse, M.B., Ch.B. Aberd., Aberdeen University and King's College, London; G. G. Turner, M.B., B.S., M.S. Durh., M.R.C.S. Eng., L.R.C.P. Lond., Durham University; H. Upcott, M.R.C.S. Eng., L.R.C.P. Lond., St. Thomas's Hospital; J. G. Wallis, B.A. Trin. Coll., Dubl., Trinity College, Dublin; P. Wood, M.R.C.S. Eng., L.R.C.P. Lond., St. Bartholomew's Hospital; R. A. Worthington, B.A. Camb., Cambridge University and London Hospital; Garnett Wright, M.B., Ch.B. Edin., Edinburgh University and King's College, London.

The following gentlemen have passed the First Professional Examination for the Licence in Dental Surgery in the subjects indicated:

Mechanical Dentistry and Dental Metallurgy.—J. H. Balls, A. C. Bartlett, and J. Bourdas, Royal Dental Hospital, London; C. S. Beckett, A. O. Calland, A. B. Charlick, and C. F. Dickens, Liverpool Dental Hospital; H. A. de Pinna, Royal Dental Hospital, London; B. J. Eccles, Dental Hospital, Birmingham; J. H. Fitzgerald and R. P. Gwynne, Royal Dental Hospital, London; G. E. Fritcher, National Dental Hospital; W. Hargrave, Victoria Dental Hospital, Manchester; A. E. Holman and V. S. Houchin, Guy's Hospital Dental Department; A. B. Oddie, Dental Hospital, Birmingham; W. C. Palk, National Dental Hospital; P. V. G. Pedrick, Guy's Hospital Dental Department; F. Rawsthorne, Victoria Dental Hospital, Manchester; M. Richards, Royal Dental Hospital, London; H. H. Tomlinson, Liverpool Dental Hospital; W. W. Vaughan, Guy's Hospital Dental Department; T. G. Walford, Royal Dental Hospital, London; J. H. Westmorland and W. H. Williams, Victoria Dental Hospital, Manchester; H. E. W. Williams and G. E. Wood, Guy's Hospital Dental Department; and G. Woolford, Royal Dental Hospital, London.

Mechanical Dentistry only.—H. S. Chandler, F. J. Cutler, Guy's Hospital Dental Department; H. W. Fuller, Royal Dental Hospital, London; W. Hopton, Victoria Dental Hospital, Manchester; A. J. Mundy, Royal Infirmary and General Hospital Dental Department, Bristol; F. N. Palmer, Guy's Hospital Dental Department; V. F. Sargent, Royal Dental Hospital, London; T. Whitaker, Victoria Dental Hospital, Manchester; H. J. de B. Wooldridge, Royal Dental Hospital, London.

Dental Metallurgy only.—J. J. Armitage and E. A. Emery, Royal Dental Hospital, London; E. H. Hollick, Dental Hospital, Birmingham; J. H. Lewars, Newcastle-on-Tyne Dental Hospital, Durham; W. J. Jones and G. H. Smith, Royal Infirmary and General Hospital Dental Department, Bristol; H. Thomson, Victoria Dental Hospital, Manchester; J. E. Watson, Royal Dental Hospital, London; R. C. Webster, Liverpool Dental Hospital; A. E. Williams, Guy's Hospital Dental Department; J. Williams, Liverpool Dental Hospital.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

FELLOWSHIP EXAMINATION.

The following candidates having passed the necessary examinations have been admitted Fellows of the College:

F. J. S. Heaney, G. S. L'Estrange, C. F. Marks, Miss M. S. P. Strangman, and Miss M. Thorne.

CONJOINT BOARD IN IRELAND.

Candidates have passed the Autumn examinations as undernoted:

Diploma in Public Health.—With Honours: Miss E. A. Sproull, M.B., B.Ch. Edin. Univ. Pass: C. L. Birmingham, M.D.R.U.I.; D. S. Browne, L.R.C.P. and S. Edin.; E. A. Husein, I.M. and S. Bombay; T. C. Lauder, L.R.C.P. and S.I.; Miss E. Macrory, M.B., B.Ch. Edin. Univ.; E. F. Stephenson, F.R.C.S.I.; J. G. Willis, L.R.C.P. and S. Edin.

TRINITY COLLEGE, DUBLIN.

The following candidates have passed the previous medical examination in the subjects undernoted:

Anatomy and Institutes of Medicine.—H. H. A. Emerson, W. Nunan, T. T. H. Robinson, J. Chambré W. S. Berry.

Physics and Chemistry.—J. du P. Langrishe, high marks; H. Stewart, T. O. Graham, J. H. Waterhouse, W. Hutcheson, C. G. Sherlock, H. D. Wright, W. H. Kennedy, F. O'Brien, Kennedy, W. Porter, E. G. Scroope, M. P. Leahy, G. H. Stack, O. St. J. Goharty, H. P. Hart, L. V. Hunt.

Botany and Zoology.—J. du P. Langrishe, R. A. Connell, W. L. Thunder, R. A. Askins, J. R. Yourell, A. J. J. McCreery, H. J. Keane, H. S. Millar, E. C. Phelan, E. Gibbon, J. Gray, J. E. N. Ryan, G. Friel, W. C. MacFetridge, E. D. Caddell, G. W. Thompson, W. E. A. Moore, H. V. Stanley.

The following candidates have passed examinations as under:

Final Examination—Section A.—T. J. T. Wilmot, H. St. M. Carter, G. A. Crowley, W. S. S. Berry, H. E. McCreedy, T. Wilson, A. W. Goldsmith, R. W. T. Clappett.

Final Examination—Surgery.—J. H. Torney, T. F. Wilson, M. FitzGibbon, C. A. Stone, A. H. Corley, J. McCutcheon, W. P. Ringland, T. W. Crowley, W. Leggett, J. E. Johnstone, H. B. Kelly, N. M. Cummins, C. Rolleston.

B.Sc. Degree.—H. A. Hanan.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, November, 1902.—The following candidates passed in:

Surgery.—A. E. Bird (Sections I and II), Manchester; G. M. Crockett (Sections I and II), Royal Free Hospital; B. M. Dunstan (Section II), St. Thomas's Hospital; L. Ettinger, New York; G. R. Hannon, King's College Hospital; R. J. O. Harley, McGill; L. J. A. Marry, Paris; J. P. Nettell (Section I), London Hospital.

Medicine.—A. E. Bird (Section I), Manchester; T. S. Davies, St. George's Hospital; H. B. Drake (Section I), St. George's Hospital; O. Gutermann, Berlin and Rostock; R. J. O. Harley, McGill; W. Martin (Sections I and II), St. George's Hospital; L. J. A. Marry, Paris; C. C. Rushton (Section I), University College Hospital.

Forensic Medicine.—F. G. Bennett, University College Hospital; A. E. Bird, Manchester; H. B. Drake, St. George's Hospital; L. Ettinger, New York; I. Griffith, London Hospital; O. Gutermann, Berlin and Rostock; W. Martin, St. George's Hospital; L. J. A. Marry, Paris; C. C. Rushton, University College Hospital; L. S. Shoosmith, St. Mary's Hospital.

Midwifery.—J. Bromley, Guy's Hospital; J. D. Keir, St. Mary's Hospital; L. H. Lewis, Guy's and Middlesex Hospital; G. Lucas, Cambridge, and St. George's Hospital; L. J. A. Marry, Paris; E. H. Price, Birmingham; H. Smith, Sheffield.

The diploma of the Society was granted to F. G. Bennett, I. Griffith, and L. J. A. Marry.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

In seventy-six of the largest English towns, including London, 8,144 births and 4,819 deaths were registered during the week ending Saturday last, November 22nd. The annual rate of mortality in these towns, which had been 16.6, 17.3, and 17.4 per 1,000 in the three preceding weeks, declined again last week to 16.9 per 1,000. The rates in the several towns ranged from 6.1 in Ipswich, 7.6 in Hornsey, 8.4 in Rotherham, 9.2 in Burton-on-Trent, 9.3 in Bournemouth, 9.5 in Wallasey, and 9.8 in Croydon, to 21.5 in Stockport and in Liverpool, 21.7 in Gateshead, 22.3 in Middlesbrough, 23.0 in St. Helens, 24.2 in Newport (Mon.), 28.1 in Merthyr Tydfil, and 34.2 in Hanley. In London the rate of mortality was 17.4 per 1,000, while it averaged 16.7 in the seventy-five other large towns. The mean death-rate from the principal infectious diseases was 1.8 per 1,000 in the seventy-six large towns; in London this death-rate was equal to 1.7 per 1,000, while it averaged 1.8 in the seventy-five other large towns, among which the highest rates were 3.6 in Rhondda, 3.7 in Cardiff and in Merthyr Tydfil, 3.8 in Newport (Mon.), 4.0 in West Hartlepool, and in South Shields, 4.2 in Hull, and 7.5 in Hanley. Measles showed a death-rate of 1.6 in Salford, 1.7 in Liverpool and in Bootle, 2.4 in West Hartlepool, 2.5 in Hull, 2.8 in Cardiff, 3.0 in Newport (Mon.), and 3.5 in South Shields; scarlet fever of 1.2 in St. Helens; diphtheria of 1.8 in Bury and 2.7 in Rhondda; whooping cough of 1.5 in Merthyr Tydfil; and diarrhoea of 1.2 in Rochdale, 1.5 in Coventry, 1.6 in Swansea, and 2.5 in Hanley. The mortality from "fever" showed no marked excess in any of the large towns. One fatal case of small-pox was registered in Oldham, 1 in Leeds, and 1 in Merthyr Tydfil, but not one in any other of the seventy-six towns. There were 12 cases of small-pox under treatment in the Metropolitan Asylums Hospitals on Saturday last, November 22nd against 10, 14, and 11 on the three preceding Saturdays; 6 new cases were admitted during the week, against 6, 0, and 2 in the three preceding weeks. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had been 2,860, 2,900, and 2,830 at the end of the three preceding weeks, had further declined to 2,768 at the end of last week; 249 new cases were admitted during the week, against 349, 345, and 285 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

During the week ending Saturday last, November 22nd, 903 births and 507 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 18.9, 17.1, and 15.4 per 1,000 in the three preceding weeks, further declined to 15.7 per 1,000 last week, and was 1.2 per 1,000 below the mean rate during the same period in the seventy-six large English towns. Among these Scotch towns the death-rates ranged from 10.9 in Perth and 11.2 in Leith to 18.9 in Greenock and 20.5 in Paisley. The death-rate from the principal infectious diseases averaged 1.3 per 1,000 in these towns, the highest rates being recorded in Dundee, Paisley and Greenock. The 232 deaths registered in Glasgow included 3 from scarlet fever, 6 from whooping-cough, and 11 from diarrhoea. Five fatal cases of diarrhoea were recorded in Edinburgh; 2 of scarlet fever and 2 of whooping-cough in Dundee; 2 of measles in Aberdeen; and 2 of scarlet fever in Paisley.

INDIA AND THE COLONIES.

CEYLON.

Medical and Sanitary Report of Ceylon for 1901.—The population of Ceylon is 3,600,165; the birth-rate of 1901 was 37.3 per 1,000, and the death-rate 27.5. The year was a healthy one; but several outbreaks of small-pox and cholera occurred. Malarial fever was not in excess. It is noted that no cases of haemoglobinuric fever have been observed except in arrivals from Africa. Attempts are being made to reduce the prevalence of malaria in accordance with the modern views by quinine treatment, prevention of mosquito bites, prevention of the formation of stagnant pools of water and destruction of *Anopheles*. The number of cases of enteric fever treated in the hospitals was 292, with 74 deaths. Leprosy, ankylostomiasis, and paranghi continue to prevail in the island. Sanitary administration appears to be enlightened and active, and the inhabitants are reported to be well protected from small-pox by vaccination. A large vaccine station for the preparation of animal lymph is to be established at Colombo. The arrangements for medical relief are generous. There are 66 hospitals and asylums to which the people resort freely. Ample provision is made for the treatment of sick coolies. Careful precautions are adopted to prevent the importation of plague, cholera, and small-pox. The Medical College continues to flourish, and a bacteriological institute has been organized, in which work necessary for the scientific diagnosis and treatment of disease is done for Government institutions and private practitioners. The report, which is very exhaustive, has been compiled by Mr. Allan Perry, Principal Civil Medical Officer and Inspector-General of Hospitals.

MEDICAL NEWS.

THE King has given 100 guineas and the Queen £100 towards a new operating theatre for the West Norfolk and Lynn Hospital at King's Lynn.

DR. ROBERT KOCH, of Berlin, has presented to the Committee of Management of the Mount Vernon Hospital for Consumption a portrait of himself, which is to be placed in the library of the new Central Out-patients' Department in Fitzroy Square.

A DISCUSSION on the Surgery of Acute Appendicitis will be opened by Mr. C. B. Lockwood at the meeting of the Harveian Society, Stafford Rooms, Titchborne Street, Edgware Road, at 8.30 p.m. on Thursday next. The meeting is open to all medical men.

THE twenty-fourth annual dinner of past and present students at the Leeds School of Medicine will be held at the Queen's Hotel, Leeds, on Thursday, December 4th. The chair will be taken by the President, Mr. H. Secker Walker, at 7 p.m. Tickets (7s. 6d.) and further particulars can be obtained from Mr. E. C. Hood or Mr. P. K. Steele, Honorary Secretaries, Medical School, Leeds.

It is with much regret that we learn of the death of Dr. Walter Reed, Major in the United States army, from appendicitis. It was while stationed at Havana that he made discoveries in regard to the transmission of yellow fever by mosquitos which have greatly helped towards its extermination as an epidemic disease in Cuba.

THE Board of Trustees of Cornell University, New York, have arranged to purchase sixteen additional acres of land, and to erect new buildings, including the Hall of Physics, for which Mr. John D. Rockefeller gave a quarter of a million dollars, and a Hall of Arts and Humanities, upon which a like amount is to be expended.

REIGATE AND REDHILL COTTAGE HOSPITAL.—From the annual report of this hospital it appears that 376 patients were treated during the year, the average weekly number being 22, and the average duration of each case 25.7 days. Included in the surgical cases were 61 accidents. Among the operations performed were 5 amputations, 3 for appendicitis, 2 for intestinal obstruction, 3 for strangulated hernia, and 4 for tumours. The mortality was about 4 per cent.

MEDICAL INSPECTION OF SCHOOLS IN AMERICA.—The schools in Brooklyn are under strict medical supervision. A special staff of medical officers visit each class-room and exclude from attendance all children that exhibit evidences of contagious disease, such as acute catarrhal conditions of the eyes, nose, and throat, and parasitic diseases of the skin and scalp.

THE North-Eastern Hospital for Children has received a further instalment of £200 on account of the *Little Folks* Ward Fund from the editor of that magazine, making a total of £1,000 towards the sum of £2,000 required.

At the meeting of the West Kent Medico-Chirurgical Society on Friday, December 5th, Mr. A. A. Bowlby, C.M.G., F.R.C.S., will deliver the Purvis Oration on the Simulation of Intestinal Obstruction. The meeting will commence at 8.45 p.m., and after the oration a *conversazione* will be held.

GERMAN BALNEOLOGICAL CONGRESS.—The German Balneological Congress will hold its twenty-fourth annual meeting at Berlin in March, 1903, under the presidency of Professor Oscar Liebreich. All communications should be addressed to the General Secretary, Dr. Brock, 18, Melchiorstrasse, Berlin, S.O.

MEDICAL VACANCIES.

The following vacancies are announced:

BRIGHTON, HOVE, AND SUSSEX THROAT AND EAR HOSPITAL, Church Street, Brighton.—Non Resident House-Surgeon. Appointment for six months, but renewable. Salary at the rate of £75 per annum. Applications to the Secretary.

CAMBRIDGE: ADDENBROOKE'S HOSPITAL.—House-Physician. Salary £20 per annum, with board, lodging, and washing. Applications to the Secretary, 23, St. Andrew's Street, Cambridge by December 20th.

CARDIFF: UNIVERSITY COLLEGE OF SOUTH WALES AND MONMOUTHSHIRE.—Demonstrator and Assistant Lecturer in Physiology. Salary, £120 per annum. Applications to the Secretary by December 8th.

CENTRAL LONDON OPHTHALMIC HOSPITAL, Gray's Inn Road, W.C.—House-Surgeon. Appointment for six months. Salary at the rate of £50 per annum, with board, residence, and laundry allowance. Applications to the Secretary by December 21st.

CITY OF LONDON LYING-IN HOSPITAL, City Road, E.C.—District Surgeon for South Tottenham. Applications to the Secretary by December 16th.

CROYDON GENERAL HOSPITAL.—(1) Senior House-Surgeon. Salary, £105 per annum. (2) Junior House-Surgeon. Salary, £60 per annum. Board, laundry, and residence provided in each case. Applications endorsed "Senior" or "Junior" to be sent to the Secretary by December 1st.

DEWSBURY AND DISTRICT GENERAL INFIRMARY.—House-Surgeon. Salary commencing at £100 per annum, with board, residence, and washing. Applications, endorsed "House-Surgeon," to be sent to the Secretary by December 2nd.

EDINBURGH: ROYAL COLLEGE OF SURGEONS.—Conservator of the Museum. Salary, £105. Applications to Mr. James Robertson, Clerk to the College, 54, George Square, Edinburgh by December 8th.

HALIFAX ROYAL INFIRMARY.—Third House Surgeon, unmarried. Salary, £50 per annum, with residence, board, and washing. Applications to the Secretary by December 3rd.

HAYDOCK LODGE ASYLUM, Lancashire.—Assistant Medical Officer, unmarried. Salary £175 per annum, rising to £200, with furnished quarters, board, washing, etc. Applications to Dr. Street, Haydock Lodge, Newton le Willows, Lancashire.

HOSPITAL FOR DISEASES OF THE THROAT, Golden Square, W.—Junior Resident Medical Officer. Salary, £50 per annum, with board, residence, and laundry. Applications to the Secretary-Superintendent by December 6th.

HOSPITAL FOR EPILEPSY AND PARALYSIS AND OTHER DISEASES OF THE NERVOUS SYSTEM, Maida Vale, W.—(1) Physician to Out-patients. (2) Anaesthetist. Applications to the Secretary.

ITALIAN HOSPITAL, Queen Square, W.C.—Second Anaesthetist. Applications to the Secretary by December 6th.

LEITH HOSPITAL.—(1) Medical Registrar. (2) Medical Electrician. Applications to the Secretary, Mr. G. V. Mann, 33, Bernard Street, Leith.

LINCOLN COUNTY HOSPITAL.—Senior Male House Surgeon, unmarried and under 30 years of age. Salary, £100 per annum, with board, lodging, and washing. Applications to the Secretary by December 12th.

LONDON COUNTY COUNCIL.—Coroner for the South Eastern District of London. Not under 35 or over 50 years of age. Salary probably about £300 per annum. Applications marked outside "Coroner, S.E. District," to be sent to the Clerk of the Council, County Hall, Spring Gardens, S.W., by December 1st.

MIDDLESEX HOSPITAL CANCER RESEARCH LABORATORIES.—Junior Pathological Assistant. Salary, £100 per annum. Applications to the Secretary-Superintendent by December 13th.

NEW ROSS UNION.—Medical Officer for the Carriehyne Dispensary District. Salary, £125 per annum and usual vaccination fees. Will also be appointed Medical Officer of Health for the district at salary of £15 per annum. Must reside within the district. Applications to the Clerk to the Union by December 6th.

NORTH-EASTERN HOSPITAL FOR CHILDREN, Hackney Road, N.E.—Surgeon, must be F.R.C.S. Eng. Applications to the Secretary at the Office, 27, Clement's Lane, E.C., by December 8th.

OLDHAM INFIRMARY.—Junior House Surgeon. Salary, £75 per annum, with board, residence, and washing. Applications to the Honorary Secretary by December 8th.

PLAISTOW: ST. MARY'S HOSPITAL FOR SICK CHILDREN.—Assistant Resident Medical Officer, unmarried. Appointment in the first place for six months. Salary at the rate of £80 per annum, with board, residence, and laundry. Applications to the Secretary by December 3rd.

QUEEN'S JUBILEE HOSPITAL, Richmond Road, Earl's Court, S.W.—House-Surgeon. Appointment for six months. Board, laundry, and residence provided, and honorarium at the rate of £50 per annum. Applications to the Secretary by December 21st.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—Milroy Lecturer. Applications to the Registrar, Pall Mall East, S.W., by January 8th.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Member of the Court of Examiners; must be F.R.C.S. Eng. Applications to the Secretary by December 3rd.

ROYAL EAR HOSPITAL, Frith Street, Soho.—House Surgeon, non-resident. Honorarium at the rate of £50 per annum. Applications to the Honorary Secretary, Medical Board, by December 4th.

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.—Assistant Physician, must be for F. or M.R.C.P. Lond. Applications to the Secretary by December 13th.

ST. JOHN'S WOOD AND PORTLAND TOWN PROVIDENT DISPENSARY.—Third Medical Officer. Emoluments, a third share of honorarium, £120-£150, with midwifery and vaccination fees. Applications to the Secretary by December 4th.

WORCESTER GENERAL INFIRMARY.—(1) Surgeon; (2) House Surgeon. Salary, £70 per annum, with board and residence. Applications to the Secretary, Mr. W. Stallard, Worcester Chambers, Pierpoint Street, Worcester, for (1) by December 6th, and for (2) by December 1st.

MEDICAL APPOINTMENTS.

ADAMSON, C. H., M.B., C.M.Elin., reappointed Medical Officer of Health to the Edmonton District Council.

BREKE, Sidney, M.R.C.S., L.R.C.P. Lond., appointed Certifying Factory Surgeon for the Brantham District of the county of Suffolk.

FFYFE, W. Westwood, M.B., C.M.Glasg., appointed Medical Officer for the Postal Staff of the Johnstone Centre, and Medical Officer under the Elementary School Teachers' Superannuation Act.

HARTIGAN, T. J. P., F.R.C.S., appointed Pathologist to the Hospital for Diseases of the Skin, Stamford Street, Blackfriars.

LAWSON, T. C., M.R.C.S. Eng., appointed Medical Officer for the Southwick Division of the Fareham Union.

LYSTER, C. R. C., M.R.C.S., appointed to the newly-created office of Medical Officer to the Finsen Light and "X"-Ray Department at the Middlesex Hospital.

MOLFE, Harold F., F.R.C.S. Eng., appointed Surgeon in Charge of the Ear Department of the Bristol Royal Infirmary.

MORGAN, D. J., M.B., B.C.Camb., appointed Pathologist of the Cancer Hospital, Fulham Road, S.W.

MORTON, A. C., M.R.C.S. Eng., L.S.A., appointed Medical Officer for the Sixth District and the Workhouse of the Aylsham Union, vice Richard J. Morton, M.R.C.S. Eng., L.S.A.

NICOL, Alexander, M.D. Aberd., appointed Certifying Factory Surgeon for the Inverurie District of the county of Aberdeen.

PARMESON, A. Stanley, M.B., Ch.B.Vict., appointed Resident Medical Officer of the Worcestershire Sanatorium for Consumption.

PICKARD, Ransom, M.S., M.D. Lond., F.R.C.S., appointed Assistant Surgeon to the West of England Eye Infirmary, Exeter.

DIARY FOR NEXT WEEK.

TUESDAY.

University of London Physiological Laboratories, South Kensington, 5 p.m.—Dr. Ernest Starling: On the Sources of Animal Energy.

Pathological Society of London, 20, Hanover Square, W., 8.30 p.m.—Mr. C. S. Shattock: Changes occurring in a Mammary Scirrhus treated by "X" Rays. Mr. M. S. Mayou: Changes in Rodent Uter produced by "X"-Ray Treatment. Dr. Parkes Weber: Biliary Cirrhosis of the Liver with and without Cholelithiasis. Dr. Mullings: A Case of Tuberculosis of the Oesophagus. Dr. Thursfield: Atypical Ovarian Ovarian Obliteration of the Innominate Artery. Mr. W. T. Hillier: A Thoracic Duct containing Secondary Carcinoma. Card Specimen by Mr. W. T. Hillier.

WEDNESDAY.

University of London Physiological Laboratories, South Kensington, 5 p.m.—Dr. M. S. Pembrey: On Animal Heat and Respiration.

Obstetrical Society of London, 20, Hanover Square, W., 8 p.m.—Specimens will be shown by Drs. Blacker, Giles, Lewers, W. C. Swayne, Sikes, and Mr. Malcolm. Short communication on Dermoid Cyst containing a large number of Epithelial Balls, by Dr. Victor Bonney. Paper.—Dr. G. Ernest Herman and Dr. H. Russell Andrews: A Contribution to the Natural History of Dysmenorrhoea.

THURSDAY.

Röntgen Society, 20, Hanover Square, W., 8.30 p.m.—Dr. D. Walsh: An Observation bearing upon the Therapeutic Action of the Focus Tube. Mr. Stephen Mayou: "X" Rays in Ophthalmic Work, with lantern slides. Mr. Isenthal will show the Nodon Electric Valve for converting alternating into continuous current.

Neurological Society of London, Physiological Laboratory, University College, W.C., 8.30 p.m.

Harvelian Society of London, Stafford Rooms, Titchborne Street, Edgware Road, W., 8.30 p.m.—Discussion on the Surgery of Acute Appendicitis, to be opened by Mr. C. B. Lockwood.

FRIDAY.

North-East London Clinical Society, Tottenham Hospital, N., 4 p.m.—Clinical Cases.

Laryngological Society of London, 20, Hanover Square, W., 5 p.m.—Cases, specimens, and instruments will be shown by Dr. Logan Turner, Mr. W. R. H. Stewart, Mr. A. H. Burt, Dr. Scanes Spicer, Mr. F. J. Steward, and others.

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, S.W., Wednesday, 3 p.m.—Lecture on Mitral Stenosis.

Hospital for Sick Children, Great Ormond Street, W.C., Thursday, 4 p.m.—Demonstration of Preparation of Milk for Infants. The Uses of Paraffin in Plastic Operations.

Medical Graduate College and Polytechnic, 22, Chancery Street, W.C. Demonstrations will be given at 4 p.m. as follows:—Monday, skin; Tuesday, medical; Wednesday, surgical; Thursday, surgical; Friday, eye.

National Hospital for the Paralyzed and Epileptic, Queen Square, W.C.—Tuesday, 3.30 p.m.—Lecture on Epilepsy.

Post-Graduate College, West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 5 p.m. as follows:—Monday, The Uses of Paraffin in Plastic Operations; Tuesday, Congenital Heart Disease; Wednesday, Diabetes; Thursday, Fractures in and near the Shoulder-joint; Friday, Ether Administration.

Westminster Hospital, Broad Sanctuary, S.W., Tuesday, 4.30 p.m.—Demonstration of Medical Cases.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 2s. 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.

MARRIAGES.

CHAVASSE-EMERY.—On November 26th, at St. Michael's, Boldmere, by the Right Reverend the Lord Bishop of Liverpool (uncle of the bridegroom), assisted by the Reverend A. E. R. Bedford, M.A., Vicar, Howard Sidney Chavasse, M.R.C.S. Eng., L.R.C.P. Lond., L.S.A. Lond., eldest son of the late Charles E. Chavasse, of The Firs, Burton Coldfield, to Alice Greaser, eldest daughter of S. C. Emery, J.P., of Hermon House, Wyld Green, near Birmingham.

DUKE-HAWTHORN.—At All Saints Church, Rothbury, Northumberland, on November 19th, by the Rev. W. S. Wrenford, Vicar of Mafren and the Rev. Canon Blackett Ord, Rector of the parish, Alfred Duke, M.A., M.B., F.R.C.S.E., youngest son of Robert Duke, of Bearehill, Rothbury, N.B., to Marie Elise, youngest daughter of William Hawthorn, of Weighburn, Rothbury, Northumberland.

JOHNSTONE-BELL.—On November 19th, at Waterbeck Church, Ecclefechan, N.B., by the Rev. A. C. Welch, B.D., Glasgow, assisted by the Rev. A. Alexander, B.D., Waterbeck, George Johnstone, M.B., C.M. Edin., Middleton, Lancashire, elder son of the late David Johnstone, of Carlisle, to Annie Johnstone, younger daughter of the late Thomas Bell, of Torbeckhill, Ecclefechan, N.B.

LEE-BRAEMER.—On November 19th, at Clay Cross Parish Church, by the Vicar, Rev. S. Oldham, assisted by the Rev. Dr. Shortt, Vicar of Pilsley, W. H. Lee, L.R.C.P., M.R.C.S., of Pilsley, to Edith, second daughter of George Bramley, of Northfield, Clay Cross.

DEATH.

GAMBIER.—On November 19th, 1902, at the Eversfield Hospital, St. Leonard's-on-Sea, Ellen, the wife of Thomas Gambier, M.D., Resident Medical Superintendent. "Asleep in Jesus—!!! He come."