

MEMORANDA :

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

ADENITIS MISTAKEN FOR CANCER OF THE PANCREAS.

At the present time, when one is constantly reading of cures of cancer by all sorts of methods, it seems worth while recording the after-history of what was considered a hopeless case of cancer of the pancreas.

A woman, aged 35, attended a London general hospital with a tumour of the upper part of the abdomen. Her abdomen was opened, and the disease pronounced to be cancer of the head of the pancreas. She was discharged unrelieved. Complaints of pain and rigidity of the spine only confirmed the diagnosis, and she went home to die.

I was asked to see her to advise as to giving her some relief for the intolerable pain in her back. She had just been confined, but was unable to lie down or to remain easy in any position. There was deep fluctuation on the left side of the spine in the mid-dorsal and lower dorsal region, and on cutting down at the outer edge of the erector spinae I opened a large and foul abscess cavity, letting out about half a pint of pus. The abdominal tumour disappeared, and in three weeks the woman was well.

The case was evidently one of suppurating glands in front of the spine, pushing forward the head of the pancreas, and spreading backwards along the posterior branches of the dorsal and lumbar arteries.

A. E. KENNEDY,
Honorary Surgeon Maternity Charity and
St. Mary's Children's Hospital.

Plaistow, E.

GANGRENE OF MECKEL'S DIVERTICULUM.

G. R. C. was first seen at 7 a.m. on November 12th, 1902, having been taken suddenly ill with violent pain in the abdomen on November 5th. His parents at first thought he had colic, but as the pain kept on, the temperature rose, the abdomen became distended, and neither purgatives nor enemata succeeded in getting the bowels to act, they got a doctor on November 10th, from about eighty miles away, and he ordered the boy to be taken into Kimberley for operation. This journey, sixty miles by wagon and forty by luggage train, did not improve matters, and operation was evidently only a very forlorn hope, as the abdomen was greatly distended, fairly acute peritonitis was present, and there was a good deal of fluid in the peritoneum. On opening the abdomen in the middle line, the fluid was found to be clear and quite sweet, but the peritoneum was acutely inflamed, a thin band ran from the anterior abdominal wall, a little to the right of the incision and midway between the umbilicus and pubes, deeply amongst the coils of intestine towards the sacral promontory where it was apparently adherent, but owing to the great distension of the intestines it was impossible to make out the exact relations of the parts. This band partially strangulated several coils of intestines which lay between it and the lateral wall of the abdomen on the right, and there was a good deal of flaky lymph exuded on the bowels at the seat of the strangulation. Ligatures were tied round each end of the band, and a piece about 2 in. long was excised between these ligatures. Not being quite satisfied that this band was sufficient to cause all the symptoms, a further examination of the bowel was made, and whilst feeling down in the pelvis a sudden gush of thin, black, fetid fluid, evidently faecal, welled up. Examining carefully a sloughy piece of bowel was felt, and I found that it was an end, and at first thought I had torn a gangrenous piece of bowel right across, but, failing to find the other end, I brought the gangrenous piece to the surface, and then discovered that it was the end of a diverticulum 3 in. long, which sprang from the ileum about 4 in. from the caecum, and was of about the same calibre as the ileum. The appendix was quite healthy, and had nothing to do with the peritonitis. Only the last 1½ in. of the diverticulum was gangrenous, so there was no difficulty in cutting it off close to the ileum and closing the resulting opening with Lembert sutures.

The abdomen was washed out as carefully as possible with warm boracic solution, and a search made for any concretion or foreign body which might have started the inflammation in the diverticulum, but nothing was found. The wound was closed, but a large gauze drain was put down into the pelvis. The patient did not rally, but died about six hours after.

The case is an unusual one; the band was evidently a part of the vitello-intestinal duct which had become obliterated fairly completely, but a part of it had remained patent and persisted as the diverticulum. I think the partial strangulation by the band only took place after the peritonitis set in and the bowel became distended. The real seat of the trouble was at the closed end of the diverticulum, but what caused it is not clear, as no necropsy could be obtained.

E. OLIVER ASHE, M.D. Lond., F.R.C.S. Eng.,
Surgeon to Kimberley Hospital, South Africa.

PARTURITION COMPLICATED BY MALARIAL FEVER.—M. C., an English lady, was admitted to the Maternity Hospital of the Government Civil Hospital, Hong Kong, on December 21st, 1902. She was a primipara, at full time, and stated that she had been suffering from fever for some days, and that her temperature had reached 105° F. Though not in labour when admitted, she was recommended to come in at once owing to the fever, and especially as both she and her relatives were very anxious. Her temperature on admission at 9 p.m. was 101.6° F., descending to 98° F. on the following morning. She was placed on low diet, milk OJ, and chicken-broth Oss, with a diaphoretic mixture ordered every four hours. A blood film examined at noon showed her to be suffering from malarial fever of mixed infection (simple tertian and aestivo-autumnal). Five grains of quinine in pill were ordered thrice daily, and one pill was given at 6 p.m. when the temperature was 98.2° F. Symptoms of commencing labour were then apparent, and the pains continued during the night. At 6 a.m. on December 23rd the temperature was 100° F.; it reached 100.5° F. at 12.15 p.m., when the child was born. Beyond slight *post-partum* haemorrhage, checked by a hot lysol douche, the labour was normal. The pills were now ordered every four hours, but the temperature steadily rose and at 8 p.m. the same evening reached 104° F. Except for a severe headache the patient stated that she felt very comfortable. The diaphoretic mixture was continued and by noon on December 24th the temperature registered 97.4° F. The temperature now remained normal and on December 27th a blood film was examined when a few ring-form parasites were found, but no simple tertian parasites were to be seen. Quinine was continued and the patient discharged eighteen days afterwards free from malaria after repeated careful blood examinations; temperature had been normal for twenty days.

This case is interesting from the fact that the patient had arrived in this Colony only a few months previously. She had never had malaria before, and did not come from a malarial district, but during her stay in Hong Kong she had resided in a locality known to be infested with *Anopheles*, and where malaria was rife (Macdonnell Road).

Immediate blood examination revealed the cause of the fever, and the subsequent rise of temperature after labour caused no anxiety as to sepsis, etc., besides enabling us to ease the mind of the patient and her relatives as to prognosis.

WM. ATKINSON, M.B. Lond., etc.,

Hong Kong.

Principal Civil Medical Officer.

NOTES ON A CASE OF EXTREME HYPERPYREXIA.

The following notes may be of interest, as a temperature of 111° F. is not often met with in general practice.

The history of the case is as follows: J. L., aged 24, cook, had enjoyed good health until May, 1903.

History of Illness.—At the end of May she had an attack of rheumatic fever, for which she was treated at her employer's house. Not making good progress there she came home at her own request, and was attended by her family doctor (Dr. W. H. Stevens, Bristol), for whom I saw the patient, and by whose permission I publish these notes. He informed me that she had had a relapse, and that he had been treating her for rheumatic fever complicated by mitral incompetence—the temperature varying between 101° and 104° F. When I visited her on the morning of June 24th she was unconscious, and presented all the clinical symptoms of one dying of rheumatic fever and extreme hyperpyrexia, the temperature, which I took twice to prevent error, being 111° F. She died ten minutes after I left the house. I was, unfortunately, unable to make a necropsy.

REMARKS.—Such an extreme rise of temperature is unusual, but when met with nearly always a symptom of the final stage of a fatal disease. This is well illustrated in this case, as her temperature the previous evening was 104° F., when she was conscious and able to recognize her friends, her unconsciousness not coming on till about two hours before death.

Very high temperatures are not uncommon in patients after spinal injury, Weber recording one of 111.2° F., and Quincke another of 110.2° F.; in both these instances the patients had sustained spinal injuries.

I have before this met with a temperature of 107° F. shortly before death in a girl suffering from acute general peritonitis. Bristol. E. G. BUNBURY, M.R.C.S., L.R.C.P.

POTASSIUM PERMANGANATE IN THE TREATMENT OF LUPUS.

MR. J. HALL-EDWARDS'S communication on the above subject appeared in the BRITISH MEDICAL JOURNAL at a time when I was treating a most intractable case of ulcerative lupus of the nose, and with only partial success. I hastened, therefore, to try potassium permanganate, and with the most excellent result. The patient, a boy aged 15, had a large ulcerated patch of lupus embracing the point of the nose, with the outer edge and part of the septum of one nostril. The portion on the point of the nose had healed by the use of a Miller lamp, with ice compress and adequate pressure, which latter could be exerted on that part of the ulcer; the remaining surface, however, gave a good deal of trouble, refusing to heal, and simply crusting over. These crusts I painted with a saturated solution of potassium permanganate, and on the third application they came away, leaving a healthy-looking surface. To this I am now applying the rays from a Miller lamp, and, although not yet quite healed, it is responding in a most gratifying way to the treatment, healing steadily, and forming no crusts.

I feel greatly indebted to Mr. Hall-Edwards for what has been to me a most timely suggestion.

Bideford, N. Devon.

ELLIS PEARSON, F.R.C.S.E.

REPORTS

ON

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

LIVERPOOL INFIRMARY FOR CHILDREN.

OBSTRUCTION OF ILEUM BY ADHERENT APPENDIX EPILOICA OF SIGMOID FLEXURE.

(By R. C. DUN, C.M., F.R.C.S. Eng., Surgeon to the Infirmary.)

ABNORMALITIES of the appendices epiploicae of the large intestine have for long been recognized as among the rarer pathological conditions giving rise to intestinal obstruction. But the recorded cases are few, and the following one is of interest in adding to their number, and in differing, in some respects, from any previously reported case.

History.—The patient, a boy aged 4½, was admitted to the infirmary on a Saturday evening. On the Tuesday, five days before admission, he had complained of slight abdominal pain on getting up in the morning, and could not eat his breakfast. A dose of Gregory's powder was given and immediately vomited. Very shortly after a severe attack of pain in the abdomen was experienced, causing the boy to scream and "double himself up." When put to bed, he lay with his legs drawn up, and the "stomach was very hard." During the day a number of similar paroxysms of pain occurred at intervals (about six in all), and everything taken by the mouth was vomited. An enema given in the evening led to no movement of the bowels. Attacks of pain occurred during the night, the child sleeping quietly in the intervals. On Wednesday the abdominal pains were more frequent and severe, and were always accompanied by vomiting. The next day the same symptoms continued, and the boy was taken to a doctor. Castor oil and some medicine, to be taken thrice daily, were ordered. Vomiting followed immediately on their administration, and all food taken was at once returned. On the Friday and Saturday the symptoms gradually increased in severity. The vomiting became almost continuous, and the vomited matter was of a green colour. The abdominal pain was constant, with occasional exacerbations. During the last two days the boy had lost flesh rapidly and become very weak. The bowels had not moved since the night before the onset of symptoms, when a natural motion occurred. Neither flatus, blood, or mucus had been passed per anum. The child had been in perfect health up till the Tuesday morning. There was no history of tubercle in the family, and five other children were all strong and healthy.

State on Examination.—The child was well grown but extremely thin. He was in a state of collapse, with face pale and drawn; the pupils were dilated; pulse 100 and easily compressible; temperature 99° F. He lay on his back with the legs drawn up. The abdomen was moderately and generally distended, and moved slightly with the respirations. I could

distinguish no irregularities of the abdominal wall such as might have been caused by distended coils of intestine. The boy did not appear to be suffering severe pain, but when asked where it hurt him he placed his hand on the umbilicus. On palpation the whole abdominal wall was equally resistant. The child appeared to suffer increased pain when gentle pressure was made in the epigastric region, and the finger tips could be passed more readily than normally into the right iliac fossa. On percussion a tympanitic note was given over all the regions of the abdomen. No hernia could be found in any of the usual positions, and rectal examination threw no light upon the condition. While being examined a small quantity of bile-stained fluid with no faecal odour was vomited after much retching.

Diagnosis.—In the absence of the passage of blood-stained mucus from the bowel I set aside intussusception in coming to my diagnosis and decided that I had to deal with some form of internal hernia. The child was immediately prepared for laparotomy and chloroform administered. Under the anaesthetic abdominal palpation revealed a hard, slightly elongated swelling, about the size and shape of a walnut, lying with its long axis vertically placed, immediately below the umbilicus. This swelling appeared to be fixed and deeply situated.

Operation.—I opened the abdomen in the middle line below the umbilicus. The great omentum was found thickened and congested and firmly adherent to the abdominal wall, necessitating its division in the line of the skin incision, with ligature of bleeding points. Numerous coils of distended and congested small intestine were thus exposed, the

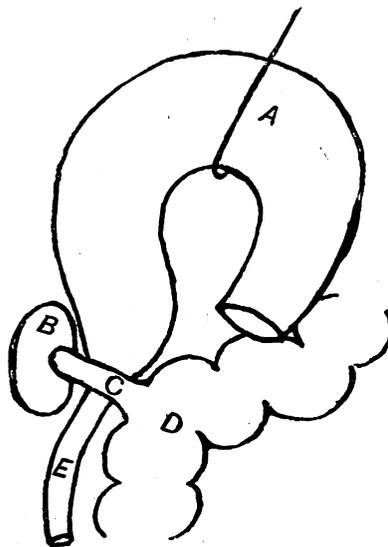


Diagram showing relations of adherent appendix epiploica. A, distended small intestine pulled up out of pelvis; B, enlarged gland; C, adherent appendix epiploica; D, sigmoid flexure of colon; E, collapsed small intestine.

vascularity being most marked in those lying towards the lower half of the abdominal cavity. To the left of the middle line a long narrow band passed down from the free lower edge of the omentum to be attached to the parietal peritoneum over the iliacus muscle at a point about one inch immediately posterior to the left anterior superior spine. This adhesion was stretched over several coils of small gut, and lay in a distinct groove in the intestines over which it passed. Seeing, however, that the intestinal coils on either side of it were equally distended, and that gas could readily be made to pass from one portion of the gut to another under the adhesion, it was obvious that the tension of this band was insufficient to cause complete obstruction. I next proceeded to examine the hard mass which had been felt through the abdominal wall before the operation, which was now readily palpable by the hand in the abdominal cavity. To get at it I had to pull up from the pelvis a deeply-congested and widely-distended loop of small intestine. On packing this coil up into the superior angle of my incision, and retracting the edges of the wound, I exposed an enlarged retroperitoneal gland nearly an inch long, lying on the anterior surface of the fifth lumbar vertebra, and bulging forward the overlying peritoneum. Several small yellow areas were present on its surface, indicating the caseous nature of its contents and thinning of its capsule. Above and below this larger gland were several much smaller ones. On raising the distended loop of small intestine, it appeared, at first sight, to end abruptly at the left side of this enlarged gland. But upon closer examination it was seen that the small gut was at that point bound down by an adhesion which crossed its anterior aspect, the intestine below the band being pale and collapsed and passing down again into the pelvis. The constricting band passed from the left side of the middle line, where it was attached to a portion of large intestine, and ran in front of the small gut, to become adherent to the anterior surface of the capsule of the enlarged gland. The portion of large gut to which this band was attached was recognized as the lower part of the sigmoid flexure of the colon; the mesocolon was long, and the gut was displaced towards the middle line

¹ Trans. Clin. Soc., vol. 1, 1868.

² Berl. klin. Woch., 1859, N. 29.

PROFESSIONAL SECRECY.

A CORRESPONDENT writes to complain of the action of an insurance company in sending him a telegram to ask whether "in view of nervous apprehension and other features do you think C. is likely to live as long as other healthy persons of his age?" As the place is a small one, and C. one of the most important inhabitants, our correspondent fears that the contents of the telegram would be the subject for local gossip, and he asks us to give our opinion upon the action of the insurance company in the matter.

. Upon the facts as stated to us it seems to have been a singularly indiscreet mode of making the inquiry. The plea of extreme urgency put forward by the secretary is not a valid excuse, as the telegram might have been so worded as not to reveal the identity of the proposer.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

MEETING OF THE SENATE.

Recognition of Teachers.

THE following were recognized as teachers of the University: Mr. W. McAdam Eccles, as a Teacher of Surgery at St. Bartholomew's Hospital; Dr. Farquhar Buzzard, as a Teacher of Clinical Medicine; Dr. Raymond Crawford, of Materia Medica and Pharmacology; Dr. G. C. Low, of Parasitology; Dr. W. J. R. Simpson, of Hygiene; and Sir Patrick Manson, K.C.M.G., of Tropical Medicine; all at the London School of Medicine for Women.

Examiners.

The following were appointed Examiners in Physiology: Dr. W. M. Bayliss (University College), Dr. Brodie (London School of Medicine for Women), Dr. Buckmaster (St. George's Hospital), Dr. Edkins (Bedford College), Professor Halliburton (King's College), Mr. Leonard Hill (London Hospital), Dr. Leathes (St. Thomas's Hospital), Dr. Pembrey (Guy's Hospital), Professor Starling (University College), Dr. Waller, (appointed teacher).

Committees.

Among the Committees of the Senate constituted for the year 1903-4 were the following: The Chancellor, Vice-Chancellor, and Chairman of Convocation being in each place members *ex officio*.

Committee of the Medical Members of the Senate.—Dr. Allchin, Sir Thomas Barlow, Dr. Bradford, Dr. Buzzard, Sir William Collins, Dr. Crosby, Dr. Fowler, Mr. Gould, Sir Henry Howse (Vice-Chairman), Dr. Payne, Dr. Waller, and Dr. Wells.

Institute of Medical Sciences Committee.—Dr. Allchin, Sir Thomas Barlow, Dr. Bradford, Sir William Collins, Dr. Farmer, Dr. Fowler, Sir Philip Magnus, Sir Edwin Perry, Sir Henry Roscoe, Dr. Waller.

Committee on Scientific Apparatus.—Dr. Bradford, Dr. Farmer, Mr. Gould, Mr. Hutton, Sir Henry Roscoe, Dr. Thompson, Dr. Waller (Vice-Chairman).

Faculty of Medicine Revision Committee.—Dr. Allchin, Sir Thomas Barlow, Dr. Bradford, Dr. Buzzard, Sir William Collins, Dr. Crosby, Dr. Fowler, Mr. Gould, Sir Henry Howse, Dr. Payne, Sir Edwin Perry, Dr. Wells.

University College.

Dr. Sidney Martin has been appointed Professor of Clinical Medicine, Dr. Page May Lecturer on the Physiology of the Nervous System, and Dr. J. H. Parsons Lecturer on Physiological Optics.

King's College.

Dr. Hugh Playfair has been appointed Assistant Obstetric Physician, and Dr. David Sommerville Senior Demonstrator of Public Health.

Matriculation Examination.

At the matriculation examination held in June under the old regulations 414 candidates passed, 6 in the honours division, 205 in the first division, and 203 in the second division.

In the general matriculation examination under the revised regulations 1,288 candidates passed, 469 in the first division, and 819 in the second division; in addition 12 candidates passed in logic only. Fifty-seven candidates matriculated by passing the School Leaving Certificate Examination, which was held at Mary Datchelor Girls' School, Camberwell; Owen's School, Islington; Elson House High School, Leytonstone; North London Collegiate School for Girls; and University College School. Thirty-four candidates were passed in the first division, and 23 in the second division.

ST. BARTHOLOMEW'S HOSPITAL MEDICAL COLLEGE.

THE prize-giving ceremony of the Medical School of this hospital took place on July 15th, Sir Trevor Lawrence presiding. The Warden gave an account of the progress of the School during the year and showed that its prosperity had been fully maintained. The total number of students was 573, so that it still headed the list among the metropolitan schools in regard to the number of students who enter for the full course. The retirement from the active staff of Sir William Selby Church was suitably referred to as well as the appointment of Mr. Butlin as Consulting Surgeon. The retirement of the former led to the arrival of Dr. Norman Moore at the rank of full Physician, while Mr. Bruce Clarke succeeded Mr. Butlin. Five students had taken the degree of Doctor of Medicine at the University of London during the year, one of them, Dr. W. T. Rowe, obtaining the gold medal. Fourteen others had received the degree of Bachelor of Medicine, and five that of Bachelor of Surgery at the same University, Mr. S. R. Scott being awarded first-class honours and the gold medal. At Cambridge seven men became Doctors of Medicine, fourteen Bachelors of Medicine, and nineteen Bachelors of Surgery. At Oxford two students took the Mastership in Surgery, and one became Bachelor of Medicine. At the London Colleges the honours were two Fellowships of the College of Physicians and thirteen Fellowships of the College of Surgeons, sixty-three students taking the ordinary qualifications of these two Colleges. The School Scholarships were awarded as follows: Kirkes Scholar, Mr. C. M. H. Howell; Brackenbury Surgical Scholar, Mr. F. J. Faulder; Brackenbury Medical Scholar, Mr. C. M. H. Howell; Lawrence Scholar, Mr. A. A. Meaden.

UNIVERSITY OF EDINBURGH.

THE following candidates have passed the First Professional Examination in the subject indicated:

Physics.—J. L. Annon, Christina H. Barr, V. V. Blake, A. M. Britton, E. A. Brummitt, T. Buchan, L. A. P. Burt, G. Coats, C. E. A. Coldcutt, C. H. Corbett, H. C. D. Cross, S. K. Datta, C. H. Derksen, C. A. A. Dighton, Joanna M. F. Drake, J. Eaves, F. B. Eberhardt, R. Edwards, S. B. Faulkner, E. M. Figaro, C. Gamble, K. N. Ghosh, F. G. Harper, Hester M. Henderson, M. Heyns, P. F. Hugo, R. L. Hutton, J. A. Jamieson, S. W. Joubert, Beatrice Kippenberger, D. Lees, A. R. Leggate, J. Lorimer, T. Lyon, A. Macdonald, J. C. Mackenzie, E. R. D. Maconochie, S. E. Malherbe, W. J. Mayne, F. W. Michael, G. G. Middleton, C. C. Murray, P. F. Nolan, P. G. Palmer, E. M. Reid, W. A. Scobie, F. Shannon, J. T. Simson, Dorothy W. Stevenson, W. A. Stewart, A. E. Tait, H. B. Thomson, H. M. Vickers, L. J. Wallis, F. K. te Water, J. M. Heron Watson, J. C. B. Williams, W. A. Wyllie.

CONJOINT BOARD IN ENGLAND.

THE following gentlemen have passed the Second Examination (Anatomy and Physiology) of the Board:

C. E. H. Adams and A. K. Armstrong, St. Bartholomew's Hospital; C. Amarasuriya, King's College, London; G. F. E. Allison and W. H. S. Burney, Guy's Hospital; W. K. Beaman, Charing Cross Hospital; W. H. Bennett, Owens College, Manchester; J. E. M. Boyd, St. Mary's Hospital; H. W. Burman, University of Birmingham; O. Bruce and H. G. Cole, St. Thomas's Hospital; H. F. Collins, University of Madras; P. S. Connellan, University College, Bristol; P. A. Creux, Lausanne University and London Hospital; H. L. Deck, University of Sydney; H. C. Colyer and F. G. Edholm, Charing Cross Hospital; G. B. Edwards, London Hospital; H. R. Elliott, University College, Sheffield; J. J. W. Evans, Westminster Hospital; A. W. Eyles, Guy's Hospital; V. B. Green-Armytage, University College, Bristol; C. G. Grey, W. B. Griffin and J. H. Gurley, St. Bartholomew's Hospital; C. V. Griffiths, King's College, London; H. G. Hobson, Middlesex Hospital; E. T. C. Hughes, University College, London; G. M. Huggins, St. Thomas's Hospital; H. M. Inman, B.A.Oxon., St. Mary's Hospital; Q. S. Keat, B.A.Camb., Cambridge University and King's College, London; C. M. Kennedy, London Hospital; T. Lloyd-Williams, University of Birmingham; J. R. Lloyd and E. S. Marshall, St. Bartholomew's Hospital; P. C. Litchfield, B.A.Camb., E. Morgan, and H. H. Moyle, Guy's Hospital; E. J. C. McDonald, L.M. and S. Bombay, University of Otago, New Zealand; O. R. McEwen, London Hospital; F. E. W. Meadows and G. N. Montgomery, Middlesex Hospital; F. W. Murray, University College, Liverpool; A. Moore and R. B. Nicholson, Owens College, Manchester; C. M. Ockwell, Guy's Hospital; M. Onslow-Ford, St. Bartholomew's Hospital; G. S. Parkinson, University College, Bristol; C. R. M. Peaty, St. Mary's Hospital; O. P. N. Pearn, Westminster Hospital; R. H. Phillips, University College, Sheffield; S. Reader and R. J. Reynolds, Guy's Hospital; E. Roberts, L.M. and S. Ceylon, University of Ceylon; C. F. Robertson, Middlesex Hospital; F. S. Rood, University College, London; G. N. B. Sebastian, St. George's Hospital; H. W. Skan, St. Bartholomew's Hospital; W. H. Smith, Owens College, Manchester; J. H. Spencer, Charing Cross Hospital; G. Stone, D. W. Tacey, B.A.Camb., and H. F. Vellacott, London Hospital; A. H. C. Suhr, B.A.Camb., O. Teichmann, B.A.Camb., and H. B. Weir, B.A.Camb.; Cambridge University; S. Vosper, W. H. Williams, B.A.Camb., and H. D. H. Willis-Bund, St. Bartholomew's Hospital; G. Wachter, Guy's Hospital; J. W. Whiteman, University College, Bristol; G. E. Wood, St. Mary's Hospital; and F. P. Young, B.A.Camb., Cambridge University and St. Bartholomew's Hospital.

116 gentlemen presented themselves for this examination, of whom 74 passed, and 42 were referred.

SOCIETY OF APOTHECARIES OF LONDON.

PRIMARY EXAMINATION, PART I.—The following candidates passed in:
Chemistry.—J. M. Burke, Cork and Middlesex Hospital; C. J. Evans, St. Bartholomew's Hospital; J. N. Turner, Guy's Hospital.
Materia Medica and Pharmacy.—L. W. Bradshaw, Leeds; E. G. Briscoe-Owen, Cardiff; R. P. Wyde, Manchester.
PRIMARY EXAMINATION, PART II.—The following candidates passed in:
Anatomy.—H. R. Coombes, Westminster Hospital; C. E. Pring, Royal Free Hospital; C. A. E. Ring, Guy's Hospital; G. W. Simpson, Bristol; T. R. Williams, Cardiff and Glasgow.
Physiology.—A. J. K. Drayton, Liverpool; C. G. Grey, St. Bartholomew's Hospital; R. D. Neagle, St. Mary's Hospital; C. A. E. Ring, Guy's Hospital; T. R. Williams, Cardiff and Glasgow.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

VITAL STATISTICS OF LONDON DURING THE SECOND QUARTER OF 1903.

IN the accompanying table will be found summarized the vital statistics of the metropolitan boroughs and of the City of London, based upon the Registrar-General's returns for the second, or spring, quarter of the year. The mortality figures in the table relate to the deaths of persons actually belonging to the various boroughs, and are the result of a complete system of distribution among the several boroughs in which the deceased persons had previously resided.

The 33,237 births registered in London during the three months under notice were equal to an annual rate of 29.0 per 1,000 of the population, estimated at 4,613,812 persons in the middle of the year; in the corresponding quarters of the three preceding years the rates had been 29.2, 28.8, and 27.7 per 1,000 respectively, while the average rate for the second quarters of the ten years 1893-1902 was 29.5 per 1,000. The birth-rates last quarter ranged from 13.4 in the City of London, 17.5 in the City of Westminster, 18.2 in Hampstead, 19.9 in Kensington, 20.2 in Chelsea, 21.1 in Stoke New-

MEDICAL NEWS.

MEDICAL MAGISTRATE.—Dr. G. S. Stephenson has been appointed to the Commission of the Peace for the borough of Grimsby.

SIR WILLIAM CHURCH, President of the Royal College of Physicians, will deliver the opening lecture of the winter session of the Post-graduate College, West London Hospital, early in October.

A FELLOWSHIP founded at Newnham College by Mrs. Sturt has been awarded to Miss G. L. C. Matthaei, who is engaged in making investigations on the respiration and assimilation of plants.

FRENCH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.—The French Association for the Advancement of Science will hold its thirty-second annual meeting this year at Angers from August 4th to the 11th, under the presidency of M. Levasseur, Administrator of the Collège de France. The questions proposed for discussion in the Section of Medical Science are: (1) Direct interventions in local manifestations of general diseases; (2) influenza, its influence in the production and evolution of other diseases; family epidemics of influenza; (3) wine, from the medical and hygienic points of view. The Section of Hygiene will discuss the application of the law concerning the protection of the public health.

THE UNIVERSITY OF CHICAGO.—We announced some time ago that Mr. John D. Rockefeller had offered to endow Rush Medical College so that it might become a part of the University of Chicago, and to place it in a position to carry out the highest attainable idea in medical education. It was estimated that for this purpose a sum of £1,400,000 to £2,000,000 would be required. Mr. Rockefeller offered to give the required amount provided that £200,000 was raised by the College by July 1st, 1903. On that date the Committee appointed to deal with the matter reported that the £200,000 had been raised. Mr. Rockefeller has approved of the items in the fund raised by the College, which will doubtless now be incorporated with the University of Chicago. It is a curious coincidence that the sum of £3,000 has now at last, after thirty-four years of untiring effort, been raised to erect a fitting monument to the memory of Benjamin Rush. The movement was set on foot in 1879 at the meeting of the American Medical Association in New Orleans. Of the three Boards of trustees in charge of the movement, Dr. Henry D. Holton, of Vermont, President of the American Health Association, who has served on the three Boards, is now the only surviving member of the first two Boards.

THE MADRID CONGRESS.—A meeting of the National Committee of Great Britain and Ireland was held in the rooms of the Medical Society on July 15th; Dr. Pavy, F.R.S., the President, in the chair. A report was read, stating that 238 persons had enrolled themselves members of the Madrid Congress from the United Kingdom, and that of this number 150 were present in Madrid, of whom several were appointed to honourable offices in various sections of the Congress. It was noticed with regret that certain radical alterations had been made in the constitution of the Congress without any previous consultation with the National Committee for Great Britain and Ireland. The second article, for instance, of the general regulations for the last Congress, enacted that the Congress shall be composed of medical men, pharmacists, veterinarians, and other persons practising one of the different branches of medical science..... and that any one who holds a professional or scientific title shall be admitted to take part in the Congress on the same terms as members of the medical profession. The admission of a large number of members, apart from medical men, made the Congress unwieldy in point of size, and to a large extent frustrated the objects with which it was founded. It was further reported that much confusion had been caused by the omission of the Congress authorities to communicate the names of the official delegates to the National Committee. A discussion took place upon the report, and it was decided to appoint a subcommittee to inquire into the subjects complained of, and to suggest the most efficient remedy. It was announced that the next Congress would be held at Lisbon in the year 1906. A letter was read from the Medical Society of London suggesting certain alterations in the constitution and duties of the National Committee. The letter was referred for consideration to a subcommittee consisting of the President (Dr. Pavy, F.R.S.),

the two Secretaries (Dr. P. Horton-Smith and Mr. D'Arcy Power), Sir John W. Moore, M.D., ex-President of the Royal College of Physicians of Ireland; Sir Dyce Duckworth, M.D., Treasurer of the Royal College of Physicians of London; Dr. Allchin, ex-President of the Medical Society of London; and Dr. J. F. Sutherland, Deputy Commissioner for Lunacy in Scotland. The meeting adjourned after passing a vote of thanks to the Medical Society of London for the use of the rooms.

MEDICAL VACANCIES.

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column advertisements must be received not later than the first post on Wednesday morning.

AYLESBURY: ROYAL BUCKINGHAMSHIRE HOSPITAL.—House-Surgeon; unmarried; resident. Salary, £100, rising to £120 per annum.
BIEMINGHAM WORKHOUSE.—Duly qualified medical man for four weeks, resident. Salary, £3 8s. per week.
BRIGHTON: SUSSEX COUNTY HOSPITAL.—Second House-Surgeon and Anaesthetist, resident. Salary, £70 per annum.
CHELSEA HOSPITAL FOR WOMEN.—Clinical Assistant.
CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Second House-Physician, resident. Salary at the rate of £30 per annum.
DEVONPORT: ROYAL ALBERT HOSPITAL.—Assistant House-Surgeon, resident. Salary at the rate of £50 per annum.
EXETER: ROYAL DEVON AND EXETER HOSPITAL.—Junior Assistant House-Surgeon, resident. Salary at the rate of £50 per annum.
GATESHEAD UNION.—Assistant Resident Medical Officer at the Workhouse. Salary, £150 per annum.
HOSPITAL FOR SICK CHILDREN, Great Ormond Street.—(1) House-Surgeon. (2) House-Physician, Both resident. Salary, £20 for six months each.
IPSWICH: EAST SUFFOLK AND IPSWICH HOSPITAL.—House-Surgeon, resident. Salary, £10 per annum.
LANCASHIRE COUNTY ASYLUM, Whittingham.—Assistant Medical Officer, resident. Initial salary, £75 per annum.
LIVERPOOL DISPENSARIES.—Assistant Surgeon. Salary, £100 per annum.
SALFORD UNION.—Resident Medical Officer at the Union Infirmary. Salary, £130 per annum.
SOMERSET AND BATH ASYLUM, Cotford.—Assistant Medical Officer, resident. Salary £60, rising to £200 per annum.
STOCKPOET INFIRMARY.—(1) Assistant House and Visiting Surgeon. (2) Junior Assistant House-Surgeon. Both resident. Salary, £80 and £40 per annum respectively.
WIGAN INFIRMARY.—Male Junior House-Surgeon, resident. Salary, £30 per annum.

MEDICAL APPOINTMENTS.

ANDERSON, W. M.B., C.M., Medical Officer of the Poplar Union Schools.
BROWN, William Brodie, M.B., C.M.Aberd., Medical Officer of Health for the Aboyne District of Aberdeenshire, vice Dr. Keith, resigned.
DYER, Charles Harold, M.D. and C.M.Aberd., Medical Superintendent of the Cleckheaton Small-pox Hospital, and reappointed Medical Officer of Health to the Cleckheaton Urban District Council.
GILL, Jos. Wm., M.R.C.S., L.R.C.P., D.P.H.Lond., Surgeon and Agent for the care of Sick and Wounded Seamen and Marines at Lantwit Major (Admiralty), and Medical Officer to the Nash Lighthouse Establishment by the Elder Brethren, Trinity House.
HAWTHORNE, C. O., M.D., M.R.C.P., Examiner in Medicine and Clinical Medicine in the University of Aberdeen.
HOLMES, J. W., M.R.C.S., L.R.C.P., District Medical Officer of the Sheffield Union.
MARWOOD, A. E., L.R.C.P. and S.Edin., District Medical Officer of the Portsmouth Parish.
PELLIER, C. de C., M.A., B.C.Camb., District Medical Officer of the Malling Union.
PERRETT, W. M.R.C.S., L.R.C.P., District Medical Officer of the Wellington (Somerset) Union.
POWERS, C. H., M.R.C.S., L.R.C.P., District Medical Officer of the Penrith Union.
PRIESTLEY, T., M.R.C.S., L.R.C.P., District Medical Officer of the Sheffield Union.
READMAN, T., L.R.C.P. and S.Edin., District Medical Officer of the Lancaster Union.
WATT, A. M., M.B., C.M.Aberd., Medical Officer of the St. Olave's Union Children's Homes.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTHS.

HATHAWAY.—On July 21st, at Grove House, Osborne Road, Windsor, the wife of Frank T. Hathaway, M.D. Edin., of a son.
MANSSELL.—On July 20th, 1903, at Crofton, West Hill, Hastings, the wife of H. E. Mansell, M.R.C.S., of a son.

MARRIAGES.

CALENDER—HOYSTER.—At St. John's Church, Sidcup, on July 15th, by the Rev. James E. Hoyster, Rector of Ransden, Crays, Essex, uncle of the bride, assisted by the Rev. M. C. S. and L.S.A., of "Hawthorndene," Wallington, Surrey, late of Park House, Camberwell New Road, S.E.
FAWCETT—SWAN.—On July 15th, at Holy Trinity, Wallington, Surrey, by the Rev. Canon Brooke, assisted by the Rev. A. F. Ryder Bird, James Hill Fawcett, The Mythe, Banstead Road, Ewell, to Edith Mary Jocelyn, only daughter of R. Jocelyn Swan, M.R.C.S. and L.S.A., of "Hawthorndene," Wallington, Surrey, late of Park House, Camberwell New Road, S.E.
HARPER—SCOTT.—On July 16th, at St. Mary's Church, Wimbledon, by the Rev. Ronald C. Scrimgeour, M.A., Vicar of Sibton, Suffolk, uncle of the bride, assisted by the Rev. J. Allen Bell, M.A., Vicar of Wimbledon, Alexander Harper, M.D., of Eastbourne, son of James Harper, M.D. of Herford Street, Mayfair, and West Norwood, to Constance Evelyn, daughter of Charles Scott, of Homedale Road, Wimbledon.
SEQUEIRA—ADAMS.—On July 16th, at St. Nicholas Parish Church, Kenilworth, by the Rev. E. Sequeira, M.A., brother of the bridegroom, assisted by the Rev. R. F. Hanning, M.A., vicar, James Harry Sequeira, M.D. Lond., M.R.C.P., to Nellie, daughter of Mr. and Mrs. J. E. Adams, of the White Lodge, near Stafford, niece of Mr. and Mrs. Harry Quick, Kenilworth.
SMITH—MORT.—On July 15th, at St. John's, Westminster, by the Ven. Archdeacon Wibbertorpe, D.D., Rector, Edward Archibald Smith, M.B., F.R.C.S. Eng., son of the late Dr. W. J. Smith, of Malvern Lodge, Southport, to Annie Erskine Mort, daughter of William Julius Winter, Esq., of Alexandra Road, Southport.

DEATH.

GOADBY.—On July 20th, at Guthlaxton, Southern Hill, Reading, Millicent Janet, widow of Rev. J. Jackson Goadby, in her 67th year. No cards.