The Pure Enamel Bath Company, Limited (Imperial Works, Bromley-by-Bow, London, E.), exhibited baths and other appliances for medical and domestic use, and for sinks, urinals, or vessels liable to contain corrosive fluids. The glaze is hard, of a good smooth surface, and is said to stand all ordinary usage well.

Alexander Riddle and Co. (36 and 38, Commercial Street, London) showed their preparations of lime juice and lemon squash.

Ronuk Limited (83, Upper Thames Street), had on view a number of their sanitary polishes for the wood flooring and other fittings of hospitals and allied institutions.

The Sanitary Wood Wool Co. (26, Thavies Inn, Holborn Circus, E.C.), showed a number of preparations of Hartmann's wood-wool wadding, including sheets, towelettes, and ordinary dressings; also antiseptic sponges, vaccination pads, and infant's napkins.

Messrs. Scott and Bowne (Stonecutter Street, London, E.C.) exhibited their emulsion consisting of cod-liver oil, hypophosphites of lime and soda, and glycerine.

Messrs. Slack and Brownlow (Abbey Hey, Gorton, Manchester), showed "the Brownlow germ filter," made for use both with high and low pressure water systems.

Messrs. Smith and Wade (20, Baker Street, London, W.) exhibited a mica plate static machine, a multinebulizer, physicians' cabinets, and a portable thermo-light.

THE PATHOLOGICAL MUSEUM.

The Pathological Museum consisted of a collection of macroscopic and microscopic specimens, radiographs, and photographs, which reflected great credit on the Museum Committee and the contributors.

Section A consisted of the macroscopic specimens. Diseases of the heart and blood vessels were first illustrated; of more than ordinary interest were specimens showing syphilitic fibrosis of the heart, an arterio-venous aneurysm of the aorta and superior vena cava, and two specimens of cured popliteal aneurysm. Dr. Poynton and Dr. Paine showed a series of specimens of experimental endocarditis and osteo-arthritis, which was perhaps the most important exhibit in the collection. Experimental, simple, and vegetative endocarditis in the rabbit's heart was seen in five specimens, the result of inoculation of the diplococcus described by the exhibitors. Two specimens showed experimental arthritis; the one animal was injected with a diplococcus obtained from the knee-joint of a man suffering from chronic rheumatic arthritis, and developed an osteo-arthritis of the knee which was shown; the other was injected with a diplococcus obtained from a case of rheumatic fever, and arthritis of the shoulder was seen. Diseases of the respiratory system were represented by specimens of perichondritis of the larynx, sarcoma of the lung, and others of interest. Diseases of the digestive system were well represented; among the specimens were particularly to be noted, a large hairball from the stomach shown by Mr. Morton, two specimens of acute intestinal obstruction caused by a Meckel's diverticulum shown by Mr. W. Sheen, a portion of small intestine showing atrophy from sprue by Dr. Bassett-Smith, of Haslar, and a liver showing monolobular cirrhosis with haemosiderin pigmentation by Dr. George Parker. Various morbid conditions of the spleen were shown, among them a spleen removed by operation from a patient with splenic anaemia shown by Dr. R. Salusbury Trevor, death occurring from haematemesis. The genito-urinary system was numerously represented; amongst the most interesting exhibits were a collection of renal calculi removed by Mr. W. F. Brook, a kidney showing multiple anaemic infarcts from a boy with congenital syphilis, and prostatic adenomata removed by Mr. Elsworth and Mr. Brook. Among the miscellaneous exhibits was a piece of pom-pom shell removed from the chest at the level of the second rib by Mr. Elsworth.

In the Eye Diseases Section was a very beautiful collection, shown by Mr. Henry Juler, of gliomata retinae and sarcomata of the choroid. Mr. Juler's exhibit included also very fine specimens illustrating glaucoma and other conditions. Mr. Frank G. Thomas (Swansea) also showed a similar collection illustrating a variety of conditions; the specimens were beautifully mounted and preserved.

Section B included the microscopic exhibits, on the whole rather disappointingly small in number. Staff Surgeon Bassett-Smith, of Haslar Hospital, showed some highly interesting blood films of sprue and a collection of mounted mosquitos. Dr. Michell Clarke showed sections of the liver and spleen from a case of Banti's disease, and specimens from diphtherial paralysis and alcoholic neuritis. Dr. Poynton and Dr. Paine illustrated microscopically the relation of the specific diplococcus to rheumatic diseases in mitral valve sections, sections through the cardiac wall, the tonsil, a rheumatic nodule, etc., in all of which the organism was seen.

Section C—radiographs, photographs, and drawings—was undoubtedly the feature of the museum. Mr. Noble Smith showed radiographs of a variety of bone and joint lesions; a large number of valuable drawings from the Polyclinic Museum illustrated various rare eruptions, deformities, new growths, and other conditions, among which a coloured photograph of a case of chloroma and portraits of framboesial syphilis were of particular interest. Dr. David Morgan's exhibit of radiographs of a number of Mr. Robert Jones's cases was remarkable; of much value were those of congenital hip displacement showing the results of rectification, and a study of these showed the excellent results anatomically which were obtainable by Mr. Robert Jones's procedure.

MEMORANDA:

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

A RARE CASE OF DISLOCATION OF THE HUMERUS (LUXATIO ERECTA).

I observed the patient, a man of middle age, well knit and muscular, walking towards the hospital holding his right arm straight up, with the forearm flexed at right angles and resting upon the head. His face had a pained and puzzled look, and altogether he presented a peculiar appearance, such as I had never before seen.

He presently explained what had happened. He had been riding a young, lively horse on a road beside the railway. Hearing a train coming he had jumped off and held the reins in his right hand. When opposite him the engine whistled, which frightened the horse and caused it to rear up suddenly, thus jerking the man off his feet, and pulling him along the ground as he still kept hold of the reins. After the train had passed and the horse had quieted down the patient rose to his feet, but found he could not bring his arm down to his side without excruciating pain. He therefore held it above his head, led the horse home, holding the reins with his left hand, and then came on to the hospital as described.

The diagnosis of dislocation of the humerus upwards (luxatio erecta) was easily made. Upon measuring from the point of the acromion to the condyle of the humerus on either side I found an increase in length of ½ in. on the injured side, the lengths being 12½ in. and 12 in. respectively. Knowing that such a condition would constitute an exception in the whole realm of dislocations, I made many measurements, and, further, asked the wardsman to apply the tape independently, with the result of confirming this unusual condition of things.

I tried to reduce the dislocation without chloroform, but the pain caused thereby was too great. An anaesthetic was therefore given, and reduction easily followed.

The rarity of this injury, the clear account of its occurrence, and the observation of lengthening in a dislocation are my excuses for publishing an otherwise trifling case.

Geraldton Hospital, N.Q. T. F. Macdonald, M.B., C.M., etc.

ACUTE RHEUMATISM: THREE CASES OF APPARENTLY DIRECT INFECTION.

1. Early in March a patient of mine living in Nantwich asked his brother, who was recovering from an attack of acute rheumatism contracted and treated in a neighbouring town, to come to Nantwich and stay with him for some weeks. About a week after his arrival, my patient (J. T., aged 36) began to feel ill, had slight tonsillitis, followed by an affection of his legs, which appeared to me to be erythema nodosum, and a few days later developed a typical attack of acute rheumatism, which ran an ordinary course. I may say that the brother when he came down here had still remaining excessive perspiration and some stiffness of the joints, and presumably still had some of the rheumatic poison in his system.

2. A fortnight ago I was called to see a patient (aged 22) in a village a few miles away, and found him to be suffering from typical acute rheumatism. I also found at the same time

that his sister was in bed with pains in her joints, and on examination I noted that she had marked rheumatic swelling of both ankles and one knee, and a temperature of 102.5 F. She has since developed endocarditis. The history I obtained was as follows: The brother is a railway porter, and lives in one of the smaller Staffordshire towns. A fortnight before I saw him he was attacked when in Staffordshire with acute rheumatism, and sent for his sister (M. J.) to nurse him. Exactly a week after her arrival she began to feel ill, had slight sore throat, and two days later had pain in her ankles. She and her brother then decided to get to their home as quickly as possible, and there on their arrival I saw them.

3. On June 19th, 1903, I was called to see a young man (aged 19), a grocer's assistant, living in lodgings in Nantwich. I found him to be suffering from a very marked attack of acute rheumatism which has since been complicated with pneumonia. His aunt, who lives in London, came down to help to nurse him. Three days after her arrival she complained to me of her legs causing her pain. On examination I found over the front of the lower part of her legs an urticarial eruption, and on taking her temperature I found it to be 101.5° F. On the next day her ankles were much swollen and acutely tender, and her temperature was 102° F. She has since developed an ordinary attack of acute rheumatism, which has improved greatly under salicylates.

I should be glad to know whether other members of the profession have come across similar cases of apparent infection. The first case I thought to be purely a coincidence; but the occurrence of two other cases so shortly afterwards has made me think that there is strong prima facie evidence that the disease was directly conveyed from one patient to another.

Nantwich. R. T. TURNER, M.D., Ch.B.Vict.

CRESCENTIC BODIES AND "MONONUCLEAR" LEUCOCYTOSIS IN BLACKWATER FEVER.

SEVERAL observers[1] have recorded the association of blackwater fever and the malarial parasite. On March 4th, 1903, I examined the blood of a patient, male, aged 35 years, under the care of Mr. W. C. Hamilton, convalescent from blackwater fever, who had been on the West Coast of Africa since the beginning of 1902. He had a short attack of "malaria" in February, 1902, and an attack of "fever" in February, 1903. He had taken, in all, a few hundred grains of quinine. On February 20th, 1903, on his homeward voyage, blackwater fever developed, with urine like treacle, which became solid on boiling.

On March 4th a blood examination showed a few crescentic bodies, and the following constitution:

Red Cells per Cubic Millimetre.	Haemoglobin Per Cent.	Leucocytes per Cubic Millimetre.	Large Mononuclear Cells.	Large Lymphocytes.	Lymphocytes.	Transitionals.	Polymorphonuclear Cells.	Eosinophiles.
2,420,000	30	25,591	9.9	11.7	9.9	1.0	64.6	2.7
			21.6					
			11.1	15.4	20.8	0.5	49.5	2.4
			26.5					

Index, 0.6. Mast cells, 0. White to red as 1 to 94.

On March 17th the patient had a sharp attack of "malaria." He was not taking quinine at the time, and on administration of 5-gr. doses of the sulphate no haemoglobinuria occurred.

In view of the uncertain origin of this disease, it is of interest to note:

1. The proof of malignant malarial infection.
2. The deficient specific treatment with quinine of the infection when contracted.
3. The absence of any history of dosage with quinine as a factor in the cause of the onset of haemoglobinuria.

It appears that other agencies, for example, physical ones, as sudden alteration of temperature, etc., may well be credited with a share in precipitating its onset.

Recently the statement has been made that, in a blood count, 12 per cent. is a limit above which a large "mononuclear" percentage is diagnostic[2] or strong presumptive evidence[3] of malaria.

I believe that the microscopical distinction between large mononuclear cells and large lymphocytes by routine methods of staining is arbitrary; but, allowing that it is practicable, I may say that the suggested diagnostic value is not borne out in a series of 34 blood examinations in various diseases, as malaria (32.5 per cent.). lymphadenoma (17.3 per cent.), sarcoma of scapula (12.5 per cent.), sarcoma of testes, leukaemia, that I have recently made. It also occurs in trypanosomiasis.[4]

F. BUSHNELL,
Pathologist, South Devon and East Cornwall Hospital, and Public Dispensary, Plymouth.

[1] Allbutt's *System of Medicine*, vol. ii, pp. 745-6.

TREATMENT OF BRACHIAL NEURALGIA.

IN several cases of brachial neuralgia very similar to those described by Dr. Simon in his recent article, I have obtained good results by the local application of the positive electrode of a constant current battery.

One of these cases was of definitely traumatic origin, following a fall from a horse. The injury was on the right side, and wasting of the biceps in particular was very marked. There was also, as in one of Dr. Simon's cases, tingling pain in the course of the ulnar nerve. Electrical stimulation very soon restored the wasted muscles to their normal bulk and enabled the patient to move the arm with comparative ease. The pain proved more lasting, shifting from point to point, but was always relieved for a time after treatment. I have seen one case of what certainly appeared to be a brachial neuritis of rheumatic origin. In this case also there was considerable muscular atrophy and intense pain which had resisted all ordinary treatment. Improvement under the electrical treatment was surprisingly rapid, and permanent.

In both cases the larger (negative) electrode was applied near the upper dorsal vertebrae, while the smaller (positive) one was moved over the painful parts of the shoulder and arm. The current was of just sufficient strength to cause a slight deflection (one or two milliampères) of the needle of a galvanometer, while passing through the limb.

Rest is, no doubt, the chief indication, but there can be no reasonable doubt that mild electrical stimulation may shorten the period of recovery.

Bath. CHARLES J. WHITBY, B.A., M.D.Cantab.

PRELIMINARY NOTE ON THE APPLICATION OF THE CINEMATOGRAPH PRINCIPLE TO THE STUDY OF SERIAL SECTIONS.

AN interesting comparison can be drawn between the pictures on a cinematograph film and a series of sections in a paraffin ribbon. Each picture on the film presents a general resemblance to its neighbours, though differing from them in minute details. The result is a moving picture. In the paraffin ribbon the series presents similar likenesses and differences. What will be the effect of viewing them on the cinematographic principle?

To answer this question I have recently mounted on a clear celluloid film 25 ft. long 700 serial sections from the head and neck of a chick embryo six days old, and the result is extremely interesting and curious, for the impression produced is that of travelling through the embryo. The eye, for instance, appears first as a dot; this changes to a ring, the ring enlarges, then near the periphery another dot appears. This is the lens; it gets larger, takes on its proper shape, then diminishes and fades away; the ring gets smaller, and the eye finally disappears as a dot. The method of mounting is as follows:

The tissue is fixed, stained, and embedded in paraffin in the usual way, and a paraffin ribbon formed in a microtome. As the celluloid film is stainable, and as the subsequent proceedings are rendered easier, the tissue has been stained in bulk.

The "ribbon" is then floated directly on to warm water and stuck on to the celluloid film by means of an albuminate fixative. At first the larger films were tried, in which the pictures are three-quarters of an inch apart, but these have been discarded in favour of the smaller three-eighths of an inch. Now it follows that if the paraffin block from which the sections are cut is exactly three-eighths of an inch wide and has its sides perfectly parallel, then the resulting ribbon will be straight and have its sections exactly three-eighths of an inch apart. Practically they never quite float out to this size unless the water is too hot, consequently the block is cut a shade larger than three-eighths of an inch.

[2] BRITISH MEDICAL JOURNAL, March 28th, 1903, p. 725.
[3] Ibid., September 27th, 1902, p. 965.
[4] Ibid, May 30th, 1903.

Having, therefore, properly indexed the sections, the whole film is dried on a barrel—a cheese box serves the purpose very well—and then the paraffin is dissolved in xylol and the sections fixed on the film by means of a varnish.

Covering is out of the question, and Canada balsam cracks when it is rolled. I have used a French oil varnish which dries perfectly flexile, but is just a little "tacky" and apt to stick. In future better results will be obtained with a gelatine cover. Oil of cloves cannot be used as it destroys the celluloid film.

When thoroughly dry, the film is rolled up and placed in the cinematographic apparatus. Then the sections are projected on the screen by means of the camera, or the working portion of the cinematographic camera is placed on the stage of a microscopic projection apparatus, or even on the stage of an ordinary microscope. Electric illuminations must be used for projections.

The greater the care taken in "indexing" the separate units, the less will be the flicker and the higher the magnification employed. The advantages claimed by this method are:

1. The ease with which a series of sections can be demonstrated to an audience.
2. The unique impression of continuity.

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Robert Gee Fellow in Anatomy, University College, Liverpool.

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

POPLAR HOSPITAL FOR ACCIDENTS, BLACKWALL, E.

CASE OF HEPATO-BRONCHO-BILIARY FISTULA DUE TO IMPACTED GALL STONES: CHOLEDOCHOTOMY: RELIEF OF SYMPTOMS.

(Under the care of Lewis Smith, M.D.Lond., M.R.C.P., Physician; and Hugh M. Rigby, M.S.Lond., F.R.C.S., Surgeon to the Hospital.)

As there are but few recorded cases of this form of biliary fistula, and because the relief by operation in the following case was so immediate and striking, it seems worthy of publication.

History.—A female patient, aged 50, was admitted into the Poplar Hospital on December 14th, 1902, with the following history:

She had been an in-patient in the Radcliffe Infirmary, Oxford, eighteen months ago, owing to a severe illness which lasted for six weeks. The symptoms, which were acute for the first week after admission, were those of cholangitis, due probably to gall stones, jaundice, pyrexia, and pain in the right hypochondriac region being present. The acute symptoms gradually subsided, and no operative treatment was carried out.

Since leaving the Radcliffe Infirmary she had been in fair health, but from time to time had had attacks of abdominal pain; these occurred usually after food, generally lasted an hour or two, came on suddenly, and went as suddenly. She had noticed that her skin was yellowish on several occasions, but never deeply jaundiced. She had noticed nothing abnormal about her urine or faeces. Her family history contained nothing of special importance. The present illness came on gradually.

For the last three months she had been troubled with pain in the back and right shoulder, not sufficiently severe to prevent her doing her ordinary work. The pain had no special relation to food.

About ten days before admission she had a severe fit of coughing, which resulted in the expectoration of some green fluid with a very bitter taste; since that time she had been troubled with a persistently distressing cough and expectoration of similar fluid. She had kept in bed and lived on milk diet for the last ten days. She thought she had wasted a good deal.

Condition on Admission.—A fairly well-nourished woman looking somewhat prematurely aged. The colour of the face appears normal, but the conjunctivae are a little yellow. The tongue is red and clean. She is not in pain, but complains greatly of cough, which is frequent and distressing. After each fit of coughing she brings up, with but little effort, a drachm or two of dark green frothy fluid expectoration, which she says has a bitter unpleasant taste. She cannot lie down at all owing to this constant desire to cough. There is no pyrexia.

The lungs on examination show well-marked signs of emphysema as evidenced by hyper-resonance with prolonged expiration, rhonchi and *rdles* are audible on both sides. The heart sounds are clear, and the apex beat is heard in the normal position.

The abdomen is flaccid, but examination in the recumbent posture is difficult owing to the incessant desire to cough. The liver can be felt below the costal margin for about two fingerbreadths, and on percussion dullness corresponds with this. There is no increase of liver dullness in an upward direction. Some tenderness is evinced on palpation over its anterior margin and in the gall bladder region, but this is slight and nothing resembling an enlarged gall bladder can be felt. No rub can be felt over the liver region. The rest of the abdomen both to percussion and palpation appears normal.

The sputum was carefully examined, and gave the characteristic reactions for bile, which appeared to be present in considerable quantities.

The urine was normal, and contained no evidence of bile. The stools were normal in colour and consistency.

Progress.—For three weeks after admission to the hospital her condition remained practically unchanged. The amount of expectoration measured daily was found to vary from 20 oz. to 30 oz.; its character was unaltered.

On January 5th, 1903, she began to complain of increased pain in the right hypochondriac region, and it was found on palpation over the liver that local tenderness was more marked. The physical signs in the chest were unaltered.

Nothing further developed until January 17th, when for the first time the stools were found to be pale in colour, but not definitely clay-coloured. The urine was also found to contain a slight trace of bile.

On January 21st the stools were found to be clay-coloured. On January 24th the note was as follows: "Her condition remains mainly unchanged; she is not losing ground, but the cough remains nearly constant, and very trying, while the expectoration of frothy greenish fluid containing much bile persists. The examination of the lungs still shows emphysema, with the signs of bronchitis. There is no area of dullness, nor alteration of breath sounds in the right lower lobe. The liver dullness is not increased in an upward direction. The heart sounds are clear. The cough is much worse when she lies down and she says that when she lies on her left side she coughs up much more fluid. There is some definite tenderness on palpation under the right costal margin. The gall bladder cannot be felt."

January 28th. Slight pyrexia to 100.4° this morning, but there are no altered physical signs to account for it. The epigastric tenderness is less marked. The lung signs are unchanged. The stools are still pale in colour.

February 4th. The general condition is slightly improved, the epigastric tenderness is practically absent. The stools are only somewhat paler than normal. The urine contains no bile. The skin is slightly yellow, but there is a definite icteric tinge in the conjunctivae. The skin is noticeably dry. The amount of sputum containing bile remains unchanged, varying from 20 to 30 oz. per diem, and the cough is still persistent.

February 7th. There is a return of epigastric tenderness to-day, and the stools are quite clay-coloured.

Diagnosis.—The physical signs and symptoms of the case pointed clearly to the fact that a biliary fistula had been established between the liver, lung (probably the right), and bronchus. That this was due to the giving way of the wall of an old liver abscess caused by her first illness at the Radcliffe Infirmary was more than probable. In view of the fact that since her admission into the Poplar Hospital, she had shown signs of some obstruction to the flow of bile through the common duct as evidenced by clay-coloured stools, slight jaundice, and epigastric pain, it was decided that an exploratory operation with a view to relieve this obstruction was clearly justified. It was decided therefore, after consultation, to transfer her to the surgical ward.

Operation.—On February 17th, the patient was anaesthetised with A.C.E. mixture, and the following operation performed by Mr. Hugh Rigby. A sandbag was first placed transversely beneath the lower dorsal region. An incision was then made in the upper part of the right linea semilunaris three and a-half inches in length. The liver came into view on opening the peritoneum. It was enlarged downwards, its edge extended one inch and a half below the costal margin, it appeared congested, and its anterior border was rounded.

The fundus of the gall bladder was seen, but the body of this viscus was concealed from view by the hepatic flexure of the colon, which was adherent to it, and to the inferior surface of the liver. The adhesions were carefully separated; the colon was found to be firmly fixed at one point to the liver to the right of the gall bladder. In separating this the wall of the gut was slightly torn; the opening was immediately closed by two Lembert sutures of silk. The gall bladder, cystic, and common bile ducts were then exposed. The gall bladder was found to be empty, contracted, and its walls thickened and fibrous. The cystic duct was slightly dilated. The common duct was distended to about the size of one's forefinger. Some calculi were felt low down in the common duct behind the head of the pancreas.

An incision 1 in. in length was made in the common bile duct above the first part of the duodenum. A good deal of dark bile escaped, which was quickly sponged away. By means of a finger and thumb the calculi were squeezed up from behind the pancreas and first part of the duodenum, and made to present in the wound in the duct, and were then extracted without difficulty. There were two calculi present. After their extraction a probe could be easily passed down into the duodenum. The opening in the common bile duct was then closed by two rows of sutures, one for cut edges of the wound, and another for serous covering by Czerny-Lembert method. The gall bladder was next sutured by silk to the peritoneum of the wound in the belly wall at its upper part, and the rest of the wound closed by silkworm-gut sutures.

The fundus of the gall bladder was incised and a small drainage tube inserted, but no bile escaped at all from the gall bladder. A gauze drain was passed down to the opening in the common duct through the lower part of the abdominal wound. The calculi were facetted, dark green in colour, and evidently composed of bile pigment and cholesterin. The larger was the size of a marble, the smaller that of a hazel nut.

appointed Inspector of Hospitals in 1868 under the contagious diseases ordinance. During those twelve years many important improvements in sanitary matters were effected, the European mortality being reduced from 7.52 to 2.92 per cent. During his Colonial surgeoncy Dr. Murray received from King Victor Emanuel of Italy, in 1867, and from King Carl of Sweden, in 1868, the Order of Merit of the First Class for assistance to scientific expeditions to China, and the thanks of the Imperial and Royal Academy of Vienna for similar services. In 1859, while in Japan, he was asked by His Majesty's Consul to assist him and the Japanese authorities to select a site for the British settlement, and he selected that on which the town of Yokohama now stands. In 1872 Dr. Murray finally returned to England. In 1875, owing to pecuniary losses, he had to return to active work, and settled in Scarborough, where he soon had a large practice, holding the appointments of Honorary Consulting Physician to the Sea-Bathing Infirmary and Cottage Hospital. In 1890 he retired from practice, and spent the remainder of his days in London. He was an ardent Mason, having held office both in China and Scarborough, and was Junior Warden of the Grand Lodge of the North and East Ridings of Yorkshire. Compelled by failing health, he retired to London in 1900, and was elected President for that year for the British Balneological Society. Dr. Murray married, in 1861, the daughter of Dr. Alexander of Wooler. He leaves a widow, two daughters, and four sons, two of whom are members of the medical profession.

WE regret to announce the death of Dr. JAMES WEAVER, which took place at his residence at Southport on August 1st, at the age of 71. He was a native of Oswestry and belonged to an old Herefordshire family. He studied medicine at University College, London, and obtained the Licence of the Apothecaries' Hall in London in 1854. One year previously to this he became L.F.P.S. and L.M.Glasg., and in 1874 he obtained the degree of M.D. from the University of St. Andrews. He entered the Royal Navy, and served as surgeon during the Crimean war, and was also with the British fleet in the Baltic. Dr. Weaver was the Medical Officer of Health for Longton in Staffordshire for a considerable time, and practised in this town for about twenty years. He was also Surgeon to the Longton Cottage Hospital. He went to Southport about twenty years ago. Dr. Weaver wrote many papers on medical subjects, and was the author of a *Practical Treatise on the Cure of Pulmonary Consumption*, which was published in 1874. He was a Freemason and a member of the Committee of the Southport Provident Society. Mr. J. J. Weaver, who is his elder son, is the Medical Officer of Health for Southport, while his younger son is practising as a solicitor in Longton. The funeral took place on Wednesday, August 5th, at Southport.

WITH deep regret we announce the death of Professor EDMOND NOCARD, Director of the School of Alfort. Professor Nocard, who was one of the most distinguished disciples of Pasteur, took part in the Congress for the Cure of Tuberculosis held in London in July, 1901, where he came forward as a strenuous opponent of Koch's theory concerning the propagation of the disease by milk or animal food. Following the results of experiments made by his masters and predecessors, especially Professor Chauveau, Dr. Nocard argued that it was possible to infect cattle by inoculating them with tuberculous products drawn from the human species. Professor Nocard, who began his career as a veterinary surgeon, was the author of several important bacteriological discoveries, chiefly affecting animals. He was in his 54th year.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Oliveira Monteiro, Professor of Medicine in the Medical School of Oporto; Dr. Vacher, Mayor of Treignac, formerly Member of the French Chamber of Deputies, author of numerous works dealing with social economy and hygiene, aged 71; Dr. Bele, sometime Senior Surgeon to the Hospital of Maus, aged 82; Dr. Rudolf Trzebitzki, Professor of Surgery in the University of Cracow, aged 41; and Dr. Julien Bouglé, Surgeon to the Paris Hospitals, and one of the editors of the *Archives Générales de Medecine*, aged 35.

ROYAL NAVY AND ARMY MEDICAL SERVICES.

ROYAL NAVY MEDICAL SERVICE.

FLEET SURGEON S. KEAYS has been placed on the retired list at his own request, July 14th. His commissions are thus dated:—Surgeon, March 30th, 1878; Staff Surgeon, March 30th, 1890; and Fleet Surgeon, January 3rd, 1899.

Staff-Surgeon ROBERT HILL has been appointed to the *Racer*, for Osborne College Cadet Sick Quarters, August 1st.

THE DEFECTS OF THE NAVAL MEDICAL SERVICE.

MR. GERALD SICHEL, F.R.C.S. (Guy's Hospital), writes: In my letter published in the BRITISH MEDICAL JOURNAL of July 18th I suggested the appointment of an Advisory Board, but since then it has been pointed out to me that the Admiralty have already the advantage of the opinion of such a Board, although not under quite the same name.

I take it that in an important question like this criticism is allowable. In the first place, then, I am sure that the present composition of this Board will never conduce to the thorough reorganization which we desire; the most that can be expected from it is, I fear, only the miserable patchwork makeshift with which, unfortunately, naval medical officers are only too accustomed.

My personal feelings towards those individual members of the Board whom I happen to know are nothing but friendly; four out of the five I have at one time or another met, and have reason to respect. But what I say I say for this reason: we cannot, when we are begging concessions from the Admiralty, expect an entirely impartial opinion from a Board on which the President and Secretary, still on the active list, are the paid servants of the Admiralty itself; and moreover, in spite of their unimpeachably high professional status, I doubt very much indeed whether the three civilian members of the Board are in a position to deal with the all-important disciplinary matters which are such a just cause of grievance to us.

Honest criticism can at all events carry no offence, even to the members of the Board themselves, and if they are really capable of effecting our much desired reforms, then I trust this letter will spur them on to do so quickly, and thus cover themselves with honour and me with confusion.

Personally, I would far rather see the civilian element extended, say by two younger men, and extended, too, beyond the limits of the Medical Board of Examiners to the Admiralty. I would like to see two senior retired naval medical officers and one of the Lords of the Admiralty to complete the Board.

The presence of the retired naval medical officers, as they can hope for no further advancement from the Admiralty, would engender a feeling of confidence, and ensure a proper representation of our disabilities, while the presence of a Lord of the Admiralty would show that the authorities are in earnest.

The first duty of the Board is to institute—as I believe the Army Advisory Board did—an exhaustive inquiry into the conditions under which we work. Until this is done, and until it is certain how far the Admiralty are willing to grant us concessions, but little can be formulated as to our reorganization.

Before ending I must again state my high personal opinion of all the members of the present Board whom it is my privilege to know, but a public board of gentlemen appointed to deal with an important public question must necessarily be open to criticism, which if it is honest cannot always be too appreciatory, although I am sure that each individual member, as far as in him lies, is in the present case honestly desirous of doing his best both by the navy and by the medical profession.

DR. J. H. BRYANT (London, W.) writes: My letter, which was published in the BRITISH MEDICAL JOURNAL of July 25th, has brought me several communications from naval surgeons which stimulate and encourage me to write further on the necessity for reform in this important branch of the public service.

It must appear quite evident to all who take an interest in the Royal Navy Medical Service that the Admiralty do not intend to grant the concessions which are absolutely necessary to render this service popular and efficient, for their hand has been exposed by the promulgation of the scheme for obtaining temporary surgeons (BRITISH MEDICAL JOURNAL, July 18th, page 174), which is nothing more or less than a direct attempt to avoid the carrying-out of the reforms which are so essential. Commissions have also been offered to medical schools in Australia without a pretence of examination.

The war in South Africa was a revelation to this country of the inefficiency of the R.A.M.C., and the necessary reform has followed. What would be the effect of a big naval war? In the words of a naval surgeon, "the deficiencies of the Naval Medical Service will be a scandal to the world." According to the July Navy List, an Order in Council fixes the strength of the Naval Medical Service at 544 surgeons of all ranks, but the actual number on the List is 489, a deficiency therefore existing of 55 surgeons. The number on the active list will continue to diminish, for a sufficient number of candidates of the proper standard will not be forthcoming so long as the present antiquated arrangements are in vogue.

What more striking evidence can be adduced as to the unsatisfactory conditions existing in this service than the fact that the three most successful members of it—namely, the late Director-General, the present Director-General, and the probable future Director-General—have all placed their sons in the executive, and not in the medical branch?

ROYAL ARMY MEDICAL CORPS.

LIEUTENANT-COLONEL J. ARMSTRONG retires on retired pay, July 29th. He was appointed Surgeon, August 5th, 1877; became Surgeon-Major, August 5th, 1889; was granted the rank of Lieutenant-Colonel, August 5th, 1897; and made Brigade-Surgeon-Lieutenant-Colonel, July 20th, 1900. He was in the South African war in 1899-1900.

Captain R. T. BROWN, M.B., is placed on temporary half-pay on account of ill-health, May 13th. He joined the department as Lieutenant, April 25th, 1900, and was made Captain three years thereafter.

Captain T. H. M. CLARKE, M.B., D.S.O., Medical Adviser to H.R.H. the High Commissioner of Crete, recently received the warm appreciation and thanks of the Cretan Chamber of Deputies, expressed by a resolution carried unanimously, for his services to Crete.

principal infectious diseases during the quarter ending June last were more than 31 per cent. below the corrected average number in the corresponding quarters of the ten preceding years. The lowest death-rates from these diseases last quarter were recorded in Kensington, Fulham, the City of Westminster, Hampstead, the City of London, and Camberwell; and the highest rates in St. Pancras, Holborn, Finsbury, Shoreditch, Poplar, and Battersea.

HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 8853 births and 4,158 deaths were registered during the week ending Saturday last, August 1st. The annual rate of mortality in these towns, which had been 13.7, 13.5, and 13.4 per 1,000 in the three preceding weeks, rose last week to 14.4 per 1,000. The rates in the several towns ranged from 3.3 in Hornsey, 5.4 in Leyton and in Handsworth, 6.5 in Plymouth, 6.6 in Bournemouth, 7.6 in Tottenham and in East Ham, 8.1 in Croydon, 8.2 in Kings Norton, and 8.3 in Reading, to 19.9 in Tynemouth, 20.1 in Great Yarmouth, 20.2 in Birkenhead, 20.6 in Sunderland, 21.2 in Liverpool, 24.9 in Bootle, and 25.9 in Warrington. In London the rate of mortality was 13.5 per 1,000, while it averaged 14.8 per 1,000 in the seventy-five other large towns. The death-rate from the principal infectious diseases averaged 2.0 per 1,000 in the seventy-six large towns; in London this death-rate was equal to 1.6 per 1,000, while it averaged 2.3 in the seventy-five large provincial towns, among which the highest death-rates from the principal infectious diseases were 4.0 in Grimsby and in Tynemouth, 4.1 in Walsall, 4.2 in Sheffield, 4.4 in Rhondda, 4.9 in Stockport, 5.3 in Aston Manor, and 6.0 in Bootle. Measles caused a death-rate of 1.5 in Sheffield and in Merthyr Tydvil, 2.2 in Wolverhampton, in Coventry, and in Stockport, and 2.3 in Ipswich; scarlet fever of 1.0 in Great Yarmouth, and 1.7 in Walsall and in Bootle; diphtheria of 1.0 in Stockton-on-Tees and 1.4 in Reading; whooping-cough of 1.3 in York; "fever" of 1.6 in Grimsby and 1.8 in Rotherham; and diarrhoea of 3.1 in Rhondda, 3.4 in Bootle, 3.9 in Warrington, 4.0 in Tynemouth, 5.3 in Aston Manor, and 6.0 in Birkenhead. Of the 5 deaths from small-pox registered in these towns last week, 1 belonged to Liverpool, 1 to Bootle, 2 to Leeds, and 1 to Gateshead. The number of small-pox patients under treatment in the Metropolitan Asylums Hospitals, which had been 77, 71, and 71 at the end of the three preceding weeks, was 66 at the end of last week; 9 new cases were admitted during the week, against 31, 7, and 12 in the three preceding weeks. The number of scarlet fever cases in these hospitals and in the London Fever Hospital on Saturday last, August 1st, was 1,726, against 1,701, 1,710, and 1,711 on the three preceding Saturdays; 237 new cases were admitted during last week, against 253, 243, and 229 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, August 1st, 934 births and 480 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality, which had been 16.2, 15.2, and 15.4 per 1,000 in the three preceding weeks, fell last week to 14.7 per 1,000, and was 0.3 per 1,000 above the mean rate during the same period in the seventy-six large English towns. Among these Scotch towns the death-rates ranged from 10.8 in Perth, 12.3 in Aberdeen, and 12.4 in Leith to 15.4 in Edinburgh and 18.0 in Greenock. The death-rate from the principal infectious diseases averaged 2.0 per 1,000 in these towns; the highest rates being recorded in Paisley and Glasgow. The 225 deaths registered in Glasgow last week included 4 which resulted from diphtheria, 8 from whooping-cough, 3 from "fever," and 15 from diarrhoea. Three fatal cases of measles and 3 of diarrhoea were recorded in Edinburgh; 4 of diarrhoea in Dundee, 3 in Aberdeen, and 3 in Paisley; and 2 of whooping-cough in Aberdeen and 2 in Leith.

BACTERIOLOGICAL DIAGNOSIS AT NEWCASTLE-ON-TYNE.

DURING the last twelve months there has been a slight decrease in the number of specimens examined in the Bacteriological Diagnosis Department of the University of Durham College of Medicine, Newcastle-upon-Tyne. Some of these examinations have been made for medical practitioners, others by special arrangements for the County Councils of Northumberland and Durham, the Guisborough Combined District Councils of the North Riding of Yorkshire, the Town Councils of Sunderland and West Hartlepool, the Newcastle Royal Infirmary and other public institutions. The total number of specimens examined in the laboratory during the year ending May 31st, 1903, amounts to 938, as compared with 1,009 during the preceding twelve months. The different kinds of examinations carried out were as follows: 513 samples of sputum from suspected cases of phthisis were examined for tubercle bacilli, which were found in 218 cases; 101 specimens of blood were examined from suspected cases of enteric fever by Widal's method, a positive result being obtained in 44 cases; 205 swabs from suspected cases of diphtheria were examined for the bacilli, which were found in 66 specimens; 10 specimens of pus were examined, the pneumococcus was found in 2, streptococcus pyogenes in 3, staphylococcus pyogenes aureus in 4, and the gonococcus in 1; tubercle bacilli were found in 1 specimen of urine, and in 1 of faeces; 8 specimens of anthrax were examined, positive results being obtained in 4; 50 samples of water were examined quantitatively for bacteria.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF LONDON.

THE following candidates have passed the Intermediate Examination in Medicine in Honours as undernoted:

Anatomy.—First class: G. Cockcroft (Exhibition and Medal), Guy's Hospital; P. L. Giuseppi, St. Bartholomew's Hospital; M. L. Hine, Middlesex Hospital; T. B. Layton, Guy's Hospital; G. P. Mills (Gold Medal), University of Birmingham; H. E. Quick, B.Sc., St. Bartholomew's Hospital; J. B. F. Wilson, Yorkshire College. Second class: J. S. Bookless, Guy's Hospital; Josephine Coupland London School of Medicine for Women; J. B. Dawson, University of Birmingham; T. E. Francis, St. Mary's Hospital; J. Molyneux Hamill, B.Sc., University of Cambridge and St. Bartholomew's Hospital, Janet Elizabeth Lane-Claypon, University College and London School of Medicine for Women; G. W. Lloyd, St. Bartholomew's Hospital; R. H. Mole, B.A., University College, Liverpool; C. O. Stallybrass, Royal Infirmary and University College, Liverpool; C. E. Tangye, B.A., University of Birmingham; J. A. Watt, University College; S. R. Wilson, Owens College; C. Yorke, University College, Liverpool.

Physiology and Histology.—First class: J. M. Hamill, B.Sc. (Gold Medal), University of Cambridge and St. Bartholomew's Hospital; Janet Elizabeth Lane-Claypon (Exhibition and Medal), University College and London School of Medicine for Women. Second class: S. R. Wilson, Owens College. Third class: G. Cockcroft, Guy's Hospital; J. B. Dawson, University of Birmingham; L. F. Hirst, University College.

Materia Medica and Pharmaceutical Chemistry.—First class: Janet Elizabeth Lane-Claypon, University College and London School of Medicine; S. R. Wilson (Exhibition and Medal), Owens College. Second class: J. M. Hamill, B.Sc., University of Cambridge and St. Bartholomew's Hospital; Zillah Mary Scruby, London School of Medicine for Women. Third class: T. F. Francis, St. Mary's Hospital; C. S. van R. Harwood, Westminster Hospital; Eleanor Lowry, London School of Medicine for Women; Helen Irene Moss, London School of Medicine for Women; H. E. Quick, B.Sc., St. Bartholomew's Hospital.

VICTORIA UNIVERSITY.

THE Vice-Chancellor conferred the medical degrees in the Whitworth Hall, Manchester, on July 31st. In his speech he recalled the fact that the new charter of the "Victoria University of Manchester" had passed the Great Seal, and that, although the change is a great one, continuity will be preserved. The Chancellor, Earl Spencer, still holds that office; it is for this reason that the name of the Chancellor is not cited in the new charter. All graduates will remain graduates of the same corporate body of which they are now graduates, and will have the same rights. Convocation also will continue to exercise the same rights as before, with some slight extension. For a time undergraduate members of the University of Liverpool and of the proposed University in Yorkshire, as well as of Owens College, will have the right of proceeding to the degrees on the same terms as at present, and the statutes of the Victoria University regarding examinations will continue in force until expressly altered. The Vice-Chancellor also expressed the satisfaction of those interested in medical education in the city that there is now an immediate prospect of a new infirmary being very shortly erected on the Stanley Grove Estate in Manchester, with adequate facilities for clinical study, and that owing to these increased facilities the proximity of the new infirmary to the College, and the hearty co-operation of the governing bodies, both lay and professional, of the two institutions there will soon be advantages offered for practical medical study in Manchester second to none in any part of the country. Mention was also made of the changes already accomplished in Liverpool, and of the impending changes in the Yorkshire College.

The candidates presented, with their names in alphabetical order, are printed below under the heading Final Examination Part II.

The following candidates have passed the Final Examination in the Faculty of Medicine as undernoted:

Part I.—A. Anderson, Yorks; B. M. Bennett, Owens; J. L. Browne, Univ.; W. Calverley, Owens; A. Cambell, Owens; Catherine Chisholm, Owens; Catherine L. Corbett, Owens; J. B. Dalton, Owens; G. D. Dawson, Owens; D. Elder, Univ.; J. Fletcher, Owens; T. Glover, Owens; A. E. Grisewood, Univ.; W. L. Hawksley, Univ.; W. H. Hey, Owens; P. Hick, Univ.; R. W. Higson, Owens; E. F. Hoare, Univ.; M. Hooper, Owens; E. E. Hughes, Owens; E. Hulme, Owens; L. Hutchinson, Univ.; G. J. Keane, Univ.; L. Kilroe, Owens; C. E. Lea, Owens; T. W. P. Leighton, Owens; J. T. R. MacGill, Owens; H. Mackenzie, Owens; R. N. Porter, Owens; F. G. Ralphs, Owens; W. Rotheram, Univ.; J. S. Rowlands, Univ.; J. L. Schilling, Yorks; W. G. Scott, Yorks; J. Smalley, Owens; J. F. Smith, Owens; P. Talbot, Owens; H. Thorp, Owens; L. Thorp, Owens; T. E. Walker, Univ.; T. W. Walker, Owens; H. W. L. Waller, Univ.; F. J. Walton, Owens; W. D. Wilkins, Owens; A. R. Wright, Owens; J. S. Young, Owens.

Part II.—R. Appleton, Yorks.; A. N. Benson, Owens; G. Binns, Owens, H. M. Birkett, Yorks; A. Boothroyd, Owens; N. Bradley, Univ.; *L. R. Braithwaite, Yorks.; C. H. Bromhall, Owens; H. Buck, Owens; G. G. Buckley, Owens; F. Bullough, Owens; W. H. Canter, Yorks.; L. Clay, Owens; R. Coates, Yorks; †T. Coogan, Owens; E. H. Cox, Owens; J. A. Davenport, Owens; *J. L. Falconer, Owens; E. A. Gibson, Univ.; J. L. Hawkes, Univ.; †H. D. Haworth, Owens; H. E. Heapy, Univ.; W. E. Hewitt, Univ.; G. R. Hitchin, Owens; H. Hodge, Owens; A. Howard, Owens; †C. A. Hughes, Univ; †A. D. Hunt, Univ.; †A. E. Johnson, Owens; S. J. C. Johnson, Owens; G. H. Joseph, Univ.; R. E. Knowles, Univ.; W. G. Lloyd, Univ.; H. Maffin, Yorks; J. D. V. Mather, Owens; C. T. Matthews, Yorks.; H. McManus, Univ.; †D. J. Mulholland, Univ.; R. V. A. Mosley, Yorks.; C. S. O'Neill, Owens; P. Pollard, Yorks.; W. E. Rothwell, Owens; †F. H. Salisbury, Univ.; H. Simms, Owens; †R. T. Slinger, Owens; J. C. Smyth, Owens; †P. K. Steele, Yorks; R. H. Swindells, Owens; F. P. S. Thomas, Owens; H. G. Thompson, Univ.; A. Wharton, Owens; H. Woods, Univ.

*First-class Honours. †Second-Class Honours.

The following candidates have passed the Second Examination in the Faculty of Medicine in the subjects undernoted:

Anatomy and Physiology.—F. Boothroyd, Owens; C. Brown, Owens; T. G. Burnett, Owens; J. S. Crawford, Yorks; J. G. da Cunha, Owens; F. G. Dobson, Yorks; J. F. Edmiston, Univ.; A. W. Howlett, Owens; J. F. McCann, Univ.; S. W. McLellan, Univ.; L. D. Napier, Univ.; T. W. Parry, Univ.; A. L. Walker, Yorks; B. V. Ward, Owens; E. Wharton, Owens; W. A. Wheeldon, Owens; Julia C. White, Owens; T. Whitehead, Yorks.

Materia Medica and Pharmacy.—L. Adamson, Univ.; E. Alderson, Univ.; G. C. Barnes, Univ.; J. P. Bibby, Yorks; N. Bradly, Univ.; H. Coppock, Owens; C. B. Davies, Owens; D. Dougal, Owens; J. F. Dow, Owens; T. B. Eames, Owens; M. L. Farmer, Univ.; P. Ferguson, Owens; Jane A. Fleming, Owens; E. F. S. Green, Owens; V. C. Hackworth, Yorks; J. T. B. Hall, Owens; W. T. Hessel, Yorks; C. Hibbert, Owens; C. G. Howlett, Owens; H. T. Lamb, Owens; T. E. Lister, Yorks; W. O. McKane, Yorks; R. H. Mercer, Owens; G. C. Mort, Owens; R. Ollerenshaw, Owens; G. F. Porter, Owens; A. E. Quine, Owens; C. H. S. Redmond, Owens; W. H. Ross, Owens; G. F. R. Smith, Univ.; F. R. Tickle, Univ.; J. A. Tobin, Univ.; F. D. Walker, Owens; H. G. Ward, Owens; J. S.

Webster, Owens; E. Wharton, Owens; A. W. T. Whitworth, Owens; W. Wilson, Owens.

The examination for the Diploma in Public Health has been passed by W. W. Clemesha, H. Lawrie, A. Ramsbottom, A. B. dos Remedios, F. M. Rodgers.

ROYAL UNIVERSITY OF IRELAND.

THE following candidates have passed the First Examination in Medicine:

S. Acheson, Queen's College, Belfast; T. Arnold, Queen's College, Belfast; D. Barry, Queen's College, Cork; R. N. Berman, Queen's College, Belfast; J. H. P. Boyd-Barrett, University College, Dublin; W. Bradbury, Queen's College, Belfast; D. Broderick, Queen's College, Cork; E. B. Brooke, University College, Dublin; T. G. Buchanan, Queen's College, Belfast; J. P. Cahir, University College, Dublin; M. F. Caldwell, Queen's College, Belfast; J. P. Carolan, University College, Dublin; W. F. A. Carson, Queen's College, Galway; D. S. Clarke, Queen's College, Belfast; J. Clarke, University College, Dublin; R. J. Clarke, Queen's College, Belfast; A. J. W. Compton, Queen's Colleges, Galway and Belfast; A. W. Connolly, Queen's College, Belfast; Mary Cowhy, Royal College of Science, Dublin; C. R. Crymble, Queen's College, Belfast; L. J. Curtin, University College, Dublin; J. Devereux, University College, Dublin; E. P. Dewar (Galway), Queen's College, Galway; J. Dewar, Queen's College, Belfast; F. T. Dowling, University College, Dublin; W. Faith, Queen's College, Belfast; E. Forbes, Queen's College, Cork; T. Forde, Queen's College, Cork; J. W. Garry, Queen's College, Galway; W. E. Graham, University College, Dublin; T. J. Hollins, Queen's College, Cork; J. Hughes, Queen's College, Galway; M. F. Huston, Queen's College, Belfast; J. G. Johnston, Queen's College, Belfast; A. H. Joy, Queen's College, Belfast; J. J. Kearney, Queen's College, Cork; R. G. Kevin, Queen's College, Belfast; R. G. C. M. Kinkead, Queen's College, Galway; R. R. Kirwan, University College, Dublin; J. B. Lapsley, Queen's College, Cork; M. Leane, Queen's College, Cork; S. Levy, University College, Dublin; J. E. A. Lynham, Queen's College, Galway; J. S. M'Combe, Queen's College, Belfast; J. P. J. M'Givern, University College, Dublin: A. P. MacMahon, Queen's College, Cork, and University College, Dublin; G. H. Martin, Queen's College, Belfast; R. Martin, Queen's College, Belfast; C. Murphy, University College, Dublin; J. F. Neary, University College, Dublin; P. J. O'Brien, University College, Dublin; P. C. O'Donnell, Queen's College, Cork; W. H. O'Grady, University College, Dublin; P. O'Hart, Charing Cross Hospital Medical School; C. F. X. O'Sullivan, Queen's College, Galway; D. O'Sullivan, University College and Royal College of Science, Dublin; H. H. Prentiss, Queen's College, Belfast; J. P. Quiery, Queen's College, Belfast; D. T. Sheehan, University College, Dublin; J. Sinclair, Queen's College, Belfast; M. Waldron, Queen's College, Cork; M. White, Queen's College, Cork.

Mr. J. J. Kearney passed with second-class honours in Botany, Chemistry, and Experimental Physics, and obtained an Exhibition of £10. Mr. M. F. Huston passed with first-class honours in Zoology and second-class honours in Botany and Experimental Physics, and obtained an Exhibition of £10. Mr. M. F. Caldwell passed with first-class honours in Experimental Physics; Mr. J. S. M'Combe and Mr. F. T. Dowling with second-class honours in Experimental Physics.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN ordinary comitia was held on Thursday, July 30th, the President, Sir William S. Church, Bart, K.C.B., in the chair.

Admission to Membership.

The following gentlemen were admitted as members of the College: Robert William Dodgson, M.D.Lond., L.R.C.P.; Frank Harwood Jacob, M.D.Lond., L.R.C.P.; George William Falconer Macnaughten, M.D.Edin.; Thomas Howard Morgan, M.D.Edin.; John Alexander Nixon, M.B. Cantab.; Beaumont Albany Percival, M.B.Cantab., L.R.C.P.; Paul Cunningham Edward Tribe, M.B.Lond., L.R.C.P.

Admission to Fellowship.

A by-law admitting Dr. George Francis Angelo Harris, elected a Fellow on April 30th, *in absentid*, he being resident in India, having been twice enacted, he was duly admitted to the Fellowship.

Bradshaw Lecture.

The President announced that the Bradshaw Lecture On Tuberculosis of the Nervous System would be delivered by Dr. Trevelyan on November 5th, and that Dr. Caton had been appointed Harveian Orator for 1904.

Diploma in Public Health.

In conjunction with the College of Surgeons, Diplomas in Public Health were granted to the following gentlemen:—J. P. Candler, M.B., B.C.Cantab.; T. Divine, M.B., C.M.Glasg.; H. Hewetson, L.R.C.P., M.R.C.S.; J. C. Hibbert, M.D.Lond., L.R.C.P., M.R.C.S.; F. C. James, M.B.Durh., L.R.C.P., M.R.C.S.; J. Jones, M.D., B.S.Lond, L.R.C.P., M.R.C.S.; W. D. Knocker, M.B.Lond., L.R.C.P., M.R.C.S.; G. J. A. Leclezio, L.R.C.P., M.R.C.S.; J. G. McNaught, M.D., M.S.Glasg.; W. H. Peile, M.D., Dubl., L.R.C.P., M.R.C.S.; M. H. Raper, M.D.Lond., L.R.C.P., M.R.C.S. M. F. Reaney, M.B.Lond., L.R.C.P., M.R.C.S.; R. Rennie, M.B., Ch.B., Glasg.; N. Robson, M.B., C.M.Glasg., F.R.C.S.Edin.; C. R. Salisbury, L.R.C.P., M.R.C.S.; T. W. Sinclair, M.D., B.S.Melb.; C. F. Wauhill, L.R.C.P., M.R.C.S.

Communications.

Communications were received from (1) The Secretary of the College of Surgeons, reporting certain proceedings of their Council on July 9th; (2) The Worshipful Company of Spectacle Makers, asking the views of the College on a proposal that competency in sight testing should in future form a subject of examination and certification for the diplomas granted by them to opticians; this was left to the Censors Board to inquire into and to report to the College at the next comitia; (3) the Dean of the Faculty of Medicine, University of Edinburgh, reporting the award of the Murchison Scholarship, July, 1903, to Charles John Shaw, M.B. Edin.; (4) Dr. Norman Moore, offering for the acceptance of the College an autotype portraitof Dr. FitzPatrick, which was accepted, and a cordial vote of thanks passed to Dr. Moore for his gift; (5) from the representative of the College in the General Medical Council, on the proceedings of that Council during its session in May last, and at a special session in the present month.

Election of Officers.

The following gentlemen were elected Censors, other College Officers, and Examiners on the nomination of the President and Council.

Censors: Sir Dyce Duckworth, M.D.; Frederick Thomas Roberts, M.D.; David Ferrier, M.D.; William Henry Allchin, M.D. *Treasurer:* Sir Dyce Duckworth, M.D. *Emeritus Registrar:* Sir Henry Alfred Pitman, M.D. *Registrar:* Edward Liveing, M.D. *Harveian Librarian:* Joseph Frank Payne, M.D. *Assistant Registrar:* Oswald Auchinleck Browne, M.D. *Elected Members of the Library Committee:* Samuel Gee, M.D; Philip Frank, M.D.; William Henry Allchin, M.D.; Archibald Edward Garrod, M.D. *Curators of the Museum:* William Howship Dickinson, M.D.; Henry Charlton Bastian, M.D.; William Cayley, M.D.; John Abercrombie, M.D. *Finance Committee:* George Fielding Blandford, M.D.; James Frederick Goodhart, M.D.; Sir Herbert Isambard Owen, M.D. *Examiners:* Chemistry and Chemical Physics: Henry Forster Morley, D.Sc., F.C.S.; Harold B. Dixon, F.R.S.; Frederick Daniel Chattaway, Ph.D., D.Sc.; Alexander Mitchell Kellas, F.C.S.; John Addyman Gardner, F.C.S., F.I.C. Materia Medica and Pharmacy: Frederick Willcocks, M.D.; Sir Edwin Cooper Perry, M.D; Walter Essex Wynter, M.D.; Henry Albert Caley, M.D.; Francis Whittaker Tunnicliffe, M.D. Physiology: Robert Arthur Young, M.D.; John Sydney Edkins, M.B.; Leonard Erskine Hill, M.B. Anatomy: Bertram C. A. Windle, M.D.; Robert Howden, M.B. Medical Anatomy and Principles and Practice of Medicine: Samuel Hatch West, M.D.; Percy Kidd, M.D.; John Abercrombie, M.D.; Nestor I. C. Tirard, M.D.; Theodore Dyke Acland, M.B.; George Newton Pitt, M.D.; Sydney Philip Phillips, M.D.; William Pasteur, M.D.; Francis George Penrose, M.D.; John Rose Bradford, M.D. Midwifery and Diseases peculiar to Women: Alfred Lewis Galabin, M.D.; Francis Henry Champneys, M.D.; George Ernest Herman, M.B.; William Rivers Pollock, M.B.; Edward Malins, M.D. Public Health: Part I. Arthur Pearson Luff, M.D. Part II. William Heaton Hamer, M.D. Murchison Scholarship: Lauriston Elgie Shaw, M.D.; Herbert Pennell Hawkins, M.D.

First Conjoint Examination.

A report, dated July 22nd, was received from the Conjoint Committee appointed to consider and report upon any alterations that may be desirable in the regulations for the First Conjoint Examination. After some remarks by Dr. Starling this was received and approved.

Final Conjoint Examinations.

A confidential report by the Visitor and Inspector of the General Medical Council on the Final Examination in Medicine, Surgery, and Midwifery of the Conjoint Board in England, January, 1903, was received.

Report of Director-General A.M.S., on Physical Degeneration.

A report was received from the Committee appointed to consider and report on the question of the alleged physical degeneration of recruits for the army. The Committee suggested to the College that its answer to the Home Secretary's letter be as follows:

"The College has carefully considered the statement of the Director-General of the Army Medical Service, forwarded through the Home Office, and would point out that the information furnished by it is of not such a character as to enable the College to express a decided opinion upon the question of whether there is, or is not, a necessity for an inquiry into the causes of the physical deficiency of those offering themselves as recruits for the army.

"The College is in possession of no means for comparing the condition of the population from whom recruits are drawn at the present time with that which obtained in former years. The figures given in the Director-General's statement show that there has been no increase in the proportion of rejections, and although the numbers of those discharged from the service in 1901-2 are proportionally larger than those in former years, no details are given as to the circumstances under which the increase has taken place; and, indeed, the figures may not be strictly comparable.

"Any investigation which does not take into account the condition of the labouring classes in the great industries of the country must necessarily give a very erroneous impression of the physique of these classes. The increase in the rate of wages in all forms of labour to that extent diminishes the attractions of a military career for those engaged in regular labour, and leads to a proportionally larger number of the 'unemployed' offering themselves for service in the army. It is obvious that the casual labourers of the large towns represent the poorest portion of the population, amongst whom the lowest standard of physique would be found; but the College is not in possession of any evidence which satisfies it that there is any physical degeneration of the urban population generally. Moreover, the fact that the urban death-rate has declined between 5 and 6 per thousand, and now more closely approximates that of the rural population makes it unlikely that such deterioration is taking place.

"The question of what means are available for remedying existing defects in and improving the national health may, perhaps, be briefly summed up as those which tend to diminish poverty. At the same time, the College desires to point out that very great changes in the conditions of life have taken place during the last fifty years, the effects of some of which are not yet determined. Among these should be considered the alterations in character of the food, the compulsory education and confinement in schools of young children, and the altered conditions of female labour in towns. Could an inquiry be made into the present physical condition of the nation it is self-evident that it would be of great value; but one dealing with a portion only of the population would be likely to lead to error. Such an inquiry would naturally include the above subjects, the experiences of the Royal Navy, and other services of the State.

"It hardly comes within the province of the College to state its views with regard to the composition of such a commission as is suggested. If decided upon by the Government, it would be prepared, in conjunction with the Royal College of Surgeons of England, to suggest names, should it be thought desirable to place members of the medical profession on the Commission."

Antityphoid Inoculation.

A report was received from the Committee appointed to consider and report on the practical safety and prophylactic value of antityphoid inoculations. The Committee arrived at the following conclusions:

"After careful scrutiny of the statistics from both official and private sources which have been made available, we are of opinion that not only is a lessened susceptibility to the disease brought about as a result of the inoculations, but that the case-mortality is largely reduced."

"We are further of opinion that with due care the process of inoculation is devoid of direct danger, but that under special circumstances there may possibly be some temporary increase of susceptibility to infection immediately following inoculation; and it is, therefore, desirable that the preparation of the vaccine and the inoculations should be carried out under specially skilled supervision."

Miscellaneous Reports.

Reports were also received (1) from the adjudicators of the Weber-Parkes Prize. The prize was awarded to Dr. Hugh Walsham, and the essay of Dr. Jobson Horne was deemed worthy of a second medal; (2) the quarterly report of the College Finance Committee; (3) the annual report of the Library Committee; (4) the annual report of the Curators of the Museum; (5) the quarterly report of the Examiners for the Licence on the result of the April Examinations.

Moxon and Baly Medals.

On the recommendations of the Council the Moxon Medal was awarded to John Hughlings Jackson, M.D., F.R.S., as having specially distinguished himself by observation and research in clinical medicine, and the Baly Medal to John Newport Langley, D.Sc., F.R.S., of Trinity College, Cambridge, as having pre-eminently distinguished himself in the science of physiology.

Donations to Library.

Books and other publications presented to the Library during the past quarter were received, and thanks returned to the donors.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH.

A QUARTERLY meeting of the Royal College of Physicians was held on Tuesday, July 21st, Dr. Clouston (President) in the chair.

Loyal Address to King Edward: Reply from Secretary for Scotland

A letter was read from the Secretary for Scotland acknowledging the loyal address presented by the President and Fellows of the College on the occasion of the King's visit to Edinburgh, and announcing that the King had been pleased to receive the address in the most gracious manner.

Introduction of New Fellows.

William Thomas Ritchie, M.D., F.R.C.P.E., and Alexander Dingwall Fordyce, M.B., Ch.B., F.R.C.P.E., were introduced and took their seats as Fellows of the College.

Admission to the Fellowship.

The following Members were admitted by ballot to the Fellowship of the College: Gilbert Alexander Bannatyne, M.D., M.R.C.P.E., Bath; Percy Theodore Herring, M.D., M.R.C.P.E., Edinburgh; Herbert Henry Ernest Russell, M.B.Melb., M.R.C.P.E., L.R.C.S.E., Adelaide; John William Simpson, M.B., C.M., M.R.C.P.E., Edinburgh.

Admission to the Membership.

On a ballot Herbert David Coles, M.D., F.R.C.S.E., Bournemouth, was admitted to the Membership of the College after examination.

Admission to the Licence.

The Registrar reported that since the last quarterly meeting 35 persons had obtained the licence of the College by examination.

Curriculum and Examinations.

The regulations regarding the single licence, and Membership and Fellowship of the College for the ensuing year, and the regulations for the triple qualification were approved.

Recognition of Lecturer.

Dr. James Lamond Lackie, F.R.C.P.E., was recognized as Lecturer on Midwifery and Gynaecology.

Reporting on Morbid Specimens.

It was agreed that morbid specimens submitted by sanitary authorities in Scotland should, subject to the approval of the Council, be received and reported on at the laboratory on the basis of payment of a fee on the scale fixed by the College when an arrangement was entered into between the College and the town.

Donation for Research.

The Treasurer intimated, on behalf of the Council, that a donation of £300, to be held in trust by the College, had been made by a gentleman—who did not wish his name to be disclosed—to meet the expenses of a research on the micro-organisms of the upper respiratory tract, and their influence on the disease of that region.

Appointment of Morison Lecturer.

It was intimated that Dr. John Macpherson, F.R.C.P.E., had been appointed Morison Lecturer for two years (1903-1904).

School of Medicine of the Royal Colleges.

The Secretary laid on the table the annual statement by the Governing Board of the School of Medicine of the Royal College in terms of the Constitution. The report indicated that the number of classes during the winter session, 1902-03, was 41, and during the summer session 1903, 44; and that the number of students during the winter session was 1,244, and during the summer session 1,080, both so far as could be ascertained, as certain lecturers had not made returns.

Election of Representatives on the Governing Board of the School of Medicine of the Royal Colleges.

Dr. Andrew and Sir John Sibbald were re-elected representatives on the Governing Board of the School of Medicine of the Royal Colleges.

Hill Pattison-Struthers Bursary in Clinical Medicine.

The Treasurer announced that the examinations to determine the award of the Hill Pattison-Struthers Bursary for excellence in clinical medicine would commence at the next Final Examination for the Triple Qualification Examinations.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

AT a special meeting of the President and Fellows held on Thursday, July 30th, the President admitted as Licentiates in Medicine and Midwifery the following candidates who had been successful at the Final Professional Examination under the Conjoint scheme with the Royal College of Surgeons in Ireland: W. H. Anderson, J. W. Bell, R. W. Burkitt, J. Clarke, M. Deeny, K. F. Fleury, J. J. Gibney, A. E. F. Hastings, R. W. Hillis, J. P. Lynch, W. Ormsby, C. Robinson, L. P. Stokes.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

AT a meeting of the College held on July 30th, the following gentlemen, having passed the requisite examinations, were admitted Fellows of the College:—N. M. Gavin, L.R.C.S.E.; J. C. Nicholson, L.R.C.S.E.; E. C. Austin, M.R.C.S.Eng.; P. G. A. Bott, M.R.C.S.Eng.; W. H. E. Brand, L.R.C.S.E.; E. H. Brown, L.R.C.S.E.; E. A. Bulmore, M.R.C.S.Eng.; W. Darling, M.B., Ch.B.; F. W. Harlin, L.R.C.S.E.; F. B. Jefferiss, M.R.C.S. Eng.; C. E. Jones-Phillipson, M.R.C.S.Eng.; J. D. Lithgow, M.B., C.M.; T. H. Livingstone, M.B., Ch.B.; E. E. Naggiar, M.R.C.S.Eng.; E. J. O'Neill, M.R.C.S.Eng.; H. M. Peries, L.R.C.S.E.; J. M. Reid, M.B., Ch.B.; A. Sharp, L.R.C.S.E.; H. D. Shepherd, M.B., Ch.B.; T. S. Shepherd, M.B., M.R.C.S. Eng.; G. F. B. Simpson, M.B., Ch.B.; H. Wade, M.B., Ch.B.; and A. Whittome, M.B., Ch.B.

CONJOINT BOARD IN IRELAND.

CANDIDATES have passed the Final Professional Examination as undernoted:

In All Subjects.—Honours in Order of Merit: R. W. Burkit, R. J. B. Buchanan, C. Robinson, L. P. Stokes, J. P. Lynch. Second Pass: J. W. Bell, J. Clarke, M. Deeny, D. C. V. FitzGerald, K. F. Fleury, A. E. F. Hastings.

Completed the Examination.—W. H. Andeson, J. J. Gibney, R. W. Hillis, W. Ormsby.

Miss Marie Holst has passed the Special Examination for the Diploma in Public Health, with honours.

TRINITY COLLEGE, DUBLIN.

THE following have passed the Final Examination, Section B.:

J. G. Wallis, C. J. Coppinger, G. B. M'Caul, H. St. M. Carter, H. Stone, K. R. C. Hallowes, G. A. Crowley, H. E. M'Cready, T. J. T. Wilmot, J. C. Hall, T. C. A. Sweetman, C. J. Wyatt, F. W. Bury, A. W. Goldsmith, H. T. Marrable, C. E. Fawcett, O. J. Parry-Edwards.

HOSPITAL AND DISPENSARY MANAGEMENT.

DUNDEE ROYAL INFIRMARY.

THE 104th annual report of the Dundee Royal Infirmary shows that during the year 1902-3, 3,343 in-patients were under treatment, besides 157 women who were admitted to the maternity ward of the infirmary. Of the total, 3,500, the number discharged as either cured or relieved was 2,725, and unrelieved 266; while there remained under treatment at the end of the year 116 men and 119 women. The deaths numbered 273, or 8.4 per cent. of the admissions, but in 78 cases the patients were already moribund on admission. The daily average number of patients in hospital was 232, and the average number of days each patient was under treatment 24.62, which is slightly higher than in the previous year. The proportion of in-patients to each occupied bed was 14.52 to 1, which is approximately the same as in the majority of general hospitals in London. In the out-patient department, the number of patients treated was 12,941, being about 500 over the number in the previous year. The total attendances amounted to 43,404, the daily average being 141.72. Besides this, a good deal of house visiting was done by the district officers of the institution. The cost per bed was £50 14s. 7d., or about 15s. a bed more than in the previous year. The total expenditure exceeded the income by about £500. It appears that chloroform alone was administered 1,339 times and ether alone only 25 times, while gas was only used 26 times altogether. It is not stated whether there were any deaths during administration of anaesthetics, information which should never be omitted.

GERMAN CONGRESS OF SCIENTISTS AND PHYSICIANS.—The German Association of Scientists and Physicians will hold its seventy-fifth annual meeting this year at Cassel from September 20th to 26th. Among the general addresses promised are the following: Professor Ziehen of Utrecht, on the Physiological Psychology of the Feelings and Affections; Dr. Griesbach of Muhlhausen, on the Present Condition of School Hygiene; Professor von Behring of Marburg, on the Struggle against Tuberculosis. Among the communications to be presented to the Section of Medicine are the following: Dr. Jensen of Berlin, on the Physiological Effects of Light; and Dr. Rieder of Munich, on the Results of the Light Treatment; Dr. Hahn of Vienna, on the Resistance of the Fetus to Maternal Diseases, and the Prevalence of Puerperal Fever in Austria during the last decade; Dr. Bum of Vienna, on the Formation of Callus; Dr. Passini of Vienna, on Anaërobic Bacteria of the Intestine; Dr. Hochsinger of Vienna, on Congenital Stridor and Hypertrophy of the Thymus; and Dr. von Wunschheim of Innsbruck, on Haemolysis in Experimental Infections.

PROFESSOR GUIDO BACCELLI, the distinguished physician of Rome, who at present holds the portfolio of Agriculture in the Italian Government, has been elected a corresponding member of the Paris Académie des Sciences in the Section of Medicine and Surgery in the room of the late Professor Ollier of Lyons.

MEDICAL NEWS.

Her Royal Highness Princess Henry of Battenberg has appointed Mr. Edgar Hoffmeister, M.B., B.C., to be her Surgeon-in-Ordinary.

Medical Magistrate.—Mr. T. M. Murray Lyon, M.D., Mid-Calder, has been appointed to the Commission of the Peace for the county of Midlothian.

Dr. Frederick Mueller, who has for many years been Professor Lorenz's principal assistant, has been appointed Professor of Orthopaedic Surgery at the Milwaukee Medical College.

Dr. Waldemar Bie, whose name is well known in connexion with Finsen's light treatment, has recently qualified as a lecturer on physiology at the University of Copenhagen. The subject of his thesis was the action of light on bacteria.

German Medical Temperance Association.—The German Medical Temperance Association will hold its seventh annual meeting at Cassel on September 23rd. An address on Alcohol as Food will be delivered by Dr. Rosemann of Bonn, and one on the Effects of Large Quantities of Fluid on fhe Heart by Dr. Keferstein of Göttingen.

Hospital Roof Garden for Consumptives.—The new roof for consumptives at the Philadelphia Hospital was formally opened on July 14th in presence of the Mayor, and many members of the hospital staff. The roof garden is 200 ft. long and 30 ft. wide. Room will be furnished for from 80 to 100 cots.

International Congress on Tuberculosis.—An International Congress for the Study of Tuberculosis will be held in Paris from September 24th to October 1st, 1904. The Congress will comprise a Medical, a Social, and a Technical Section. In the Medical Section the following are the questions proposed for discussion: (1) The treatment of lupus by the new methods; (2) the early diagnosis of tuberculosis by the new methods; (3) comparative study of the different forms of tuberculosis. The Social Section will discuss the following questions: (1) The etiological factors of tuberculosis; (2) the value of the various methods of treating tuberculosis; (3) assurance and sickness societies in relation to the struggle against tuberculosis. The Technical Section consists of a museum in which will be exhibited collections of anatomo-pathological, histological, and bacteriological specimens and preparations; tables of statistics, plans, and designs for the installation of hospitals, sanatoria, and dispensaries; publications of all kinds relative to antituberculosis leagues and associations; and industrial products used in the treatment of tuberculosis. The President of the Congress is Professor Brouardel.

St. Bartholomew's Hospital.—The principal decisions of the Mansion House Committee with regard to this hospital having been noticed in the British Medical Journal at the time at which they were published, it is unnecessary to refer at any length to the full report of the Committee published last week. It may be noted, however, that an analytical summary of all the evidence is attached to the report, and that from a study of it it is obvious that no other decisions than those already published were possible. Only one witness was absolutely in favour of removal of the institution to the suburbs, and he coupled his suggestion with the proviso that a 200-bed hospital should be left on the present site. Sir Henry Burdett thought the only possible alternative to rebuilding on the present site was moving to the contiguous site occupied by St. Luke's Asylum, but wished to see the existing site, if retained, enlarged to 8 acres. The Committee seems to have rather favoured the idea of the St. Luke's site until it came to examine it closely, but then found that it was impracticable in itself, and that even, if possible, it would decrease rather than increase the efficiency of the hospital. Evidence given showed that the majority of patients, both in and out, lived at places within easy access of the hospital, that the tide of population was now flowing to and not from the hospital, and that its removal would leave vacant a larger area of inner London than at present exists anywhere. Expert evidence also showed that the selling value of the site had been greatly exaggerated. As for alleged extravagance in administration, the Committee found that the cost of each bed was actually less than that at the two hospitals which they took for purposes of comparison, Guy's and the London.

Medical Women in Algeria.—The Government of Algeria is organizing a gratuitous service of female practitioners for the Moslem women who decline to avail themselves of the services of medical men. The Government will supply the lady doctors with quarters, drugs, surgical instruments, and remuneration. A dispensary for Moslem women has already been established in Algiers, and others are about to be opened in the principal cities of the colony.

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.

BIRKENHEAD BOROUGH HOSPITAL.—Junior House-Surgeon. Salary, £80 per annum.

BIRMINGHAM: QUEEN'S HOSPITAL.—Two House-Surgeons, resident. Salary at the rate of £50 per annum.

BRIGHTON: SUSSEX COUNTY HOSPITAL.—Second House-Surgeon and Anaesthetist, resident. Salary, £70 per annum.

BULAWAYO MEMORIAL HOSPITAL.—Resident Surgeon, Salary, £500 per annum.

CANCER HOSPITAL, Fulham Road, S.W.—House-Surgeon, resident. Salary, £70 per annum.

CANTERBURY: KENT AND CANTERBURY HOSPITAL.—House-Physician, resident. Salary, £90 per annum.

CHELSEA HOSPITAL FOR WOMEN.—Clinical Assistant.

HULL AND COUNTY LUNATIC ASYLUM.—Second Assistant Medical Officer, resident. Salary, £150 per annum.

JENNER INSTITUTE OF PREVENTIVE MEDICINE, Chelsea.—Studentship value £150 for research in the Bacteriological Department.

LANCASHIRE COUNTY ASYLUM, Whittingham.—Assistant Medical Officer, resident. Initial salary, £175 per annum.

LIVERPOOL: ROYAL SOUTHERN HOSPITAL.—Junior House-Surgeon. Salary, 60 guineas per annum.

MACCLESFIELD GENERAL INFIRMARY.—Junior House-Surgeon, resident. Salary, £70 per annum.

NEWCASTLE-ON-TYNE: HOSPITAL FOR SICK CHILDREN.—Male Resident Medical Officer. Salary, £100 per annum.

NORTH STAFFORDSHIRE INFIRMARY.—Assistant House-Surgeon, resident. Honorarium, £25 at the end of six months.

SALFORD UNION.—Male Assistant Resident Medical Officer at the Infirmary, Hope. Salary, £130 per annum.

SAMARITAN FREE HOSPITAL FOR WOMEN, Marylebone Road, N.W.—Pathologist.

SHREWSBURY: SALOP INFIRMARY.—House-Surgeon, resident. Salary, £100 per annum.

STOCKPORT INFIRMARY.—(1) Assistant House and Visiting Surgeon. (2) Junior Assistant House-Surgeon. Both resident. Salary, £80 and £40 per annum respectively.

MEDICAL APPOINTMENTS.

Alexander, Victor George, M.B., B.Sc.Edin., Assistant District Surgeon for Johannesburg.

Boycott, A. E., M.A., M.B., B.Ch., B.Sc.Oxon., Gordon Lecturer in Experimental Pathology at Guy's Hospital Medical School, *vice* Dr. E. W. Ainley Walker, resigned.

Brown, F. L. Harman, M.B., C.M.Edin., to be Honorary Medical Officer to the Coventry and Warwickshire Hospital.

Brown, William Brodie, M.B., C.M., Medical Officer and Public Vaccinator for the Western Division of the Parish of Birse, *vice* Dr. Keith, resigned.

Cockle, Walter Ponsonby, B.A., M.D., B.Ch.Dub., Anaesthetist to the Metropolitan Ear, Nose, and Throat Hospital, Grafton Street, W.

Cuff, Archibald, B.A., M.B., B.C.Cantab., F.R.C.S.Eng., Surgeon to the Royal Infirmary, Sheffield.

Fraser, John H. P., M.B., M.R.C.S., Medical Referee under the Workmen's Compensation Acts for Southampton, Winchester, and Romsey, in County Court Circuit No. 31.

Kelly, T. Gordon, B.A., M.D., D.P.H.Lond., reappointed Medical Officer of Health for Market Bosworth Rural District.

Marlow, F. W., M.D., C.M.Trin.Tor., L.R.C.P.Lond., F.R.C.S.Eng., Assistant Surgeon to St. Michael's Hospital, Toronto.

Pardoe, John, M.B.Aberd., F.R.C.S.Eng., Assistant Surgeon to St. Peter's Hospital, Covent Garden.

Poynton, F. J., M.D, F.R.C.P.Lond., Assistant Physician to University College Hospital.

Simpson, Lilian G., M.D.Brux., L.R.C.P.&S.Edin., Assistant Medical Officer to the Camberwell Infirmary, Camberwell, S.E.

Walker, J. W. Thomson, M.B., C.M.Edin., F.R.C.S.Eng., Assistant Surgeon to St. Peter's Hospital, Henrietta Street, W.C.

Worrall, E. S., L.R.C.P., M.R.C.S., Medical Officer in charge of the Radiographic Department, Victoria Hospital for Children, Tite Street, Chelsea.

DIARY FOR NEXT WEEK.

POST-GRADUATE COURSES AND LECTURES.

Post-Graduate College, West London Hospital, Hammersmith Road, W.—Lectures will be delivered at 3.30 p.m. as follows: Monday, Medical Cases; Tuesday, Heart Disease in Children; Wednesday, Suppurative Diseases of the Central Nervous System; Thursday, Surgical Cases; Friday, Discharge from the Ear: Causes and Treatment.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTHS.

Kitchin.—On August 1st, at 107, Thursby Street, Bradford, the wife of James Tyson Kitchin, M.D., D.P.H., of twin daughters.

Lamb.—On July 31st, at 1, Ethel Terrace, Mount Florida, Glasgow, to David Lamb, M.B., C.M., and Mrs. Lamb, a daughter.

MARRIAGES.

Dalgetty—Rogers.—On July 23rd, Arthur Burness Dalgetty, C.M., M.D., D.P.H., of Fordoun, Kincardineshire, N.B., to Katharine Rogers, of Hailey bury and King's Somborne, Hants.

Hamilton—Reynolds.—On July 29th, at Havelock Street Church, Newport (Mon.), by Rev. J. Glyn Davies, Samuel Hamilton, B.A., M.B., B.Ch., to Alice Gwendolen, youngest daughter of the late George Reynolds, of Newport (Mon.).

Macgregor—McOnie.—In the Parish Church, Buchlyvie, N.B., on the 30th ult., by the Rev. John A. Macdonald, Patrick Fraser Macgregor, M.D., son of the late James Macgregor, Rannochlea, Pollokshields, to Margaret Muir, daughter of the late William McOnie, jun., engineer, Glasgow.

Morrison—Matthews.—On Saturday, August 1st, at St. George's Hanover Square, by the Rev. David Anderson, James Morrison, M.D., of 11, Brook Street, Hanover Square, to Henrietta Frances, youngest daughter of the late Mr. H. G. Matthews, J.P., of Southsea.