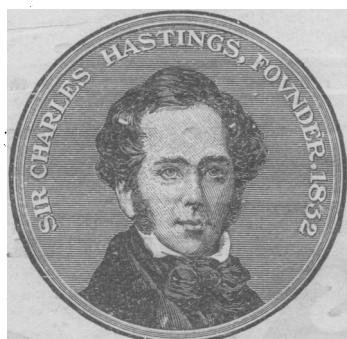


ANNUAL MEETING, WINNIPEG, AUGUST 26th—29th.

The

# British Medical Journal

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.



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No. 3634.

SATURDAY, AUGUST 30, 1930.

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The cases that originally did badly show deplorable results later, whereas those in which there was an immediate response now give far superior results. The difference is so marked that it can be used for purposes of prognosis; it seems reasonable to infer that a patient who does badly during and immediately after antigen treatment has a bad prognosis, whereas those who improve after the treatment have a much better chance of ultimate survival.

The after-history of the groups testifies to the accuracy of the original clinical work, and it is only just to record my deep obligation to all the Salford practitioners who sent patients and reported upon them.

The accuracy with which the groups were originally formed lends increased value to the clinical opinions given on the same cases now, but it is recognized that there is no agreement among clinicians as regards data useful for prognosis; so the percentage of those now alive has, therefore, been given, for at least there can be no question as to the living and the dead. It will be seen that the proportion of survival after two to three years is three times as high in the group that responded immediately to treatment. It may be added that in the case of the 32 patients who remain improved the benefit is such that 19 are at work without ill effect; the majority of the remainder are women doing housework, which is difficult to assess. In any future series the obviously hopeless cases would be refused treatment, and the results no doubt would show a higher proportion of success.

Attention was concentrated upon pulmonary tuberculosis because it constitutes the largest section of the disease, and has a bad prognosis as it is usually treated. Other forms of tuberculosis have been investigated, and it has been found that the most spectacular results were obtained in young adults with tuberculous enteritis but with no clinical evidence of pulmonary involvement. In this class the antigen rapidly brought down the temperature, and the patients usually gained 30 or 40 pounds in weight during the treatment; all clinical signs cleared up, and the patients remain apparently cured. The utility of the antigen is necessarily limited by the comparative rarity of the condition.

culosis, and the sputum, when obtained, was found to be negative for the tubercle bacillus.

Three days after admission the cervical swelling was explored in its lower part, and 34 c.c.m. of thick, greenish pus with a foul odour were aspirated. A smear of this pus stained by Ziehl-Neelsen's method showed enormous numbers of typical tubercle bacilli and polymorphonuclear leucocytes, many of which contained clumps of the bacilli. Rather less than three weeks later 52 c.c.m. of pus were withdrawn, and 8 c.c.m. of Calot's fluid were injected. Three days later still the abscess was found to be very tense; the pus had suddenly made its way to the skin at two points close together in the upper part of the swelling, the appearance being as if two large deep-seated pustules had formed. Despite the aspiration of another 65 c.c.m. of purulent fluid the abscess burst. This pointing and bursting took place with an entire absence of inflammatory reaction, which otherwise might have suggested a secondary infection of the abscess. Smears of pus from an unruptured pustule on the forearm also contained the tubercle bacillus, although in much smaller number than in the case of the pus from the cervical abscess.

The patient's general condition was poor from the outset; his temperature was high and swinging (100°-103°), with a pulse persistently over 110 at night, and he showed evidence of grave toxæmia. He gradually sank and died on December 7th.

This case seems to be of interest in three particulars.

1. The presence of the tubercle bacillus in the pus from the cervical abscess in such enormous numbers is very unusual; the organism is rarely to be found at all in the pus from a tuberculous abscess.

2. The rapid manner in which the abscess filled up and finally burst, with no preliminary warning changes in the skin, was surprising.

3. The extensive and atypical lesions on the forearm simulated a low-grade pyogenic infection; they were, however, proved to be tuberculous by the finding of the organism in the pus from an unruptured bulla. No doubt the lesions were later contaminated by pyogenic organisms, but the initial lesion would appear to have been tuberculous.

I am indebted to the medical superintendent, Dr. Thompson Campbell, for permission to report on this case.

R. C. HOLDerness, M.B., B.S.Lond.,  
Assistant R.M.O., West Riding Sanatorium.

## CONGENITAL UMBILICAL HERNIA OF LIVER AND BOWEL.

THE rarity of the following condition entitles it, perhaps, to publication.

A baby, two weeks premature, was brought to the Bradford Children's Hospital thirteen hours after normal birth; the mother had had two other healthy children. It appeared healthy and well developed, except that the recti muscles were separated for one and three-quarter inches at the umbilicus, through which there was an expansion of the base of the umbilical cord, forming a thin transparent sac about the size of an orange. The sac was very tense and elastic, and it was obvious that the contents consisted of at least two different structures; the larger appeared dark red and opaque, the smaller part being translucent. The umbilical cord was continuous from the lower aspect of the expansion as a normal cord.

Under chloroform and ether anaesthesia an attempt was made to reduce the contents of the sac, but this was unsuccessful; the part of the cord forming the wall of the sac was then incised, and the sac was opened. Part of the contents was found to consist of a dark red, almost spherical, mass with paler areas; it resembled liver substance and was about the size of a small orange. The wall of the sac was adherent to the mass along its mid-line on the anterior surface, and had to be dissected off. There was also small bowel in the sac, which was returned to the abdomen; the red mass was traced upwards and appeared to be continuous with the liver. Since the child's condition was poor, it was not considered advisable to explore further. Owing to the smallness of the orifice, compared with the hernia, the mass was with difficulty returned to the abdominal cavity. The excess of the sac and the cord were excised, and the abdomen was closed. The child only survived three and a half hours after the operation.

The mass was found to consist of liver representing more than half of that organ; at its extremity was the ligamentum teres. The line along which it had been dissected from the sac was its anterior peritoneal reflexion. On its lower surface was the gall-bladder, practically concealed in liver substance, and three-quarters of the bile duct. No other developmental abnormalities were found.

I am indebted to Mr. Gordon D. Latimer, assistant surgeon to the hospital, for permission to record the case.

Bradford.

KATHLEEN A. ALLISON, M.B., Ch.B.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### TUBERCULOUS ADENITIS WITH DERMAL BULLAE.

THE following case appears to be worthy of record in view of the unusual occurrence of tubercle bacilli.

A plumber, aged 41, was admitted to the West Riding Sanatorium on October 1st, 1929; he had been healthy until four years previously, when the illness commenced. A brother had died of pulmonary tuberculosis.

On the right side of the neck above the clavicle was a diffuse, fairly tense, tender, and fluctuating swelling; in the posterior part of this could be felt deeply some harder masses of obviously enlarged and matted cervical glands. There was in this region the scar of an old gland operation. The skin over the swelling was quite healthy, but below the angle of the jaw on each side was an ulcerated area similar to the ones to be described. The swelling had commenced a month before admission, but the ulceration was of much longer duration.

The left forearm and hand were swollen; the skin was extensively and irregularly involved in a sloughy, ulcerative condition, particularly in the interdigital clefts and on the back of the hand. On the forearm about the elbow were three clear-cut shallow ulcers, one to two inches in diameter, with a low granulating surface. Purulent subcuticular bullæ had formed over the rest of the forearm; some of these had ruptured, leaving a sloughy base, this being apparently the early stage of the more clearly marked ulcers previously mentioned. The appearance was that of a pyogenic infection of the skin with little inflammatory reaction. Fresh pustules appeared, containing greenish pus and having no inflammatory areola, and these also underwent a similar breaking down. The arm was not examined radiologically, but there did not seem to be any involvement of the bones. This condition had commenced about four years before.

A similar condition commencing at the same time on the left hip had cleared up; more recently, two small ulcers in the region of the great trochanter had again appeared, but presented no special features. There was no indication of pulmonary tuber-

## Obituary.

HUGH SMITH, M.D., F.R.C.S.,  
Consulting Physician, Somerset Hospital, Cape Town.

We regret to have to record the death of Dr. Hugh Smith, which took place at his home in Cape Town on July 2nd.

Hugh Smith, who was born in London in 1863, received his early education at the City of London School, subsequently entering the London Hospital after winning an entrance scholarship. In 1886 he obtained the diploma M.R.C.S., and in the following year he graduated M.B.Lond. with first-class honours in medicine; he proceeded M.D. in 1889, in which year he also became a Fellow of the Royal College of Surgeons. After holding several resident appointments, among them that of house-physician to Hughlings Jackson, he commenced general practice in North London in 1891, remaining there until 1900, when he went to Cape Town to join the late Sir Alfred Thompson in partnership. In 1902 he became honorary physician to the Somerset Hospital at Cape Town, and was appointed consulting physician on his retirement from this post in 1919. During the war he was consulting physician to the military hospitals at Wynberg and Maitland. Until the time of his death he was lecturer in dermatology in the faculty of medicine of the University of Cape Town, and during the greater part of his professional life in that city he was also consulting dermatologist to the Somerset Hospital.

Dr. Hugh Smith was recognized as a reliable and careful physician, imbued with the highest ideals of his profession, and devoted to the service of his colleagues and the public. He was an active member of the British Medical Association, holding office as president of the Cape of Good Hope (West) Branch in 1914, and being a member of the Branch Council from 1915 to 1925. He was also president of the medical congress which met at Cape Town in 1921, and served on the South African Committee of the British Medical Association. His publications included articles on cerebral tumours. He is survived by his widow.

Dr. WILLIAM CRAIG was the senior medical practitioner and one of the most prominent citizens in the town of Cowdenbeath, Fife, where his death took place on August 14th. A native of Dumfries, he graduated M.B., C.M. at the University of Edinburgh in 1886, proceeding M.D. in 1900. In addition to conducting a busy practice, he had held the position of medical officer of the burgh for the long period of thirty-seven years. In all activities promoted for the welfare of the district he took an active part, and among the many institutions which benefited by his guidance and help were the literary society, the golf club, the angling club, and the curling club. He was also prominently identified with Beath parish church. Dr. Craig is survived by a widow and a family of three, one of whom is a member of the medical profession.

Dr. FREDERICK GEORGE LLOYD of Oakwood Court, Kensington, who died on August 6th, in his sixty-sixth year, was educated at St. Bartholomew's Hospital, and became M.R.C.S., L.R.C.P. in 1892. He was subsequently resident medical officer at the West London Hospital. In 1896 he was in medical charge of the transport *Harlech Castle*, which brought back many of those who had taken part in the Jameson raid. During the Boer war he was for some time attached as surgeon to the Brigade of Guards Hospital, London, and afterwards served as a civil surgeon in H.M. Field Force, receiving the medal and clasps. During the more recent war Dr. Lloyd served at home, and was for a time in medical charge of the late Lord Dunraven's yacht *Grianaig*, which was used as a hospital ship. A regular attendant at the meetings of the West London Medico-Chirurgical Society, of which he had been a member since 1902, he was for some time on the council, and also a vice-president, reading papers from

time to time. In the session of 1920-21 he opened a discussion on the interim report of the Consultative Council of the Ministry of Health on Medical and Allied Services. He also took a keen interest in the voluntary hospital question, and spoke on it frequently in various places. He was very popular with his patients and colleagues.

Dr. JAMES BURNETT LAWSON, who died at Rothesay on August 9th, at the age of 71, was a well-known figure throughout the West of Scotland. He was a graduate of Glasgow University, where he received the degrees of M.B., C.M. in 1883 and of M.D. in 1886. Soon after graduation he built up a large practice in Rothesay, from which he retired some time ago on account of ill-health. For many years he held the offices of medical officer of Rothesay parish and of Bute schools; he was also medical officer to the Admiralty. He was a justice of the peace, president of Bute Benevolent Society, and for some time a member of the town council. Only a few weeks ago he received a public testimonial in recognition of his services. Dr. Lawson was possessed of much literary ability; his writings include *Glimpses of Rothesay and its People Fifty Years Ago* and *A Cameronian Officer*, the latter a memoir of his son, Lieutenant James B. Lawson, who was killed in the war. He contributed articles on "Phthisis pulmonalis with emphysema" to the *Glasgow Medical Journal* in 1890, and on "A general practitioner's experience of lunacy certification" to the *Practitioner* in 1925. Dr. Lawson is survived by his wife, two sons, and two daughters.

Dr. JOHN HUMPHRY WILLIAMS, J.P., who died on August 17th, at the age of 72, had practised in Flint during the greater part of his life. He received his medical education at Edinburgh, where he graduated M.B., C.M. in 1881, and proceeded M.D. five years later. He was medical officer of health for the borough of Flint, Connah's Quay Urban District, and Chester Port, and honorary surgeon to Flint Cottage Hospital. He held a commission in the R.A.M.C.(T.). He was a member of the British Medical Association, and was chairman of the Denbigh and Flint Division in 1922; he served on the executive committee in 1928. A colleague writes: Dr. Williams was a prominent member of, and a regular attendant at, meetings of the British Medical Association and of the local panel committee. As "Father" of the Flintshire County Council, he was prominent on the Liberal side, enjoying debates, politics, hard-fought elections, and platform speaking. He was a particularly well-read man, fluent in two languages. As a physician he was excellent and most hard-working, snatching his recreation in the form of public work. Dr. Williams was highly respected and beloved by his colleagues, patients, and political opponents, by reason of his blunt honesty and kindness of heart. He leaves a widow, daughter, and two sons.

The following well-known foreign medical men have recently died: Dr. C. LENORMANT, professor of surgical pathology in the Paris faculty of medicine; Dr. HANS KNORR, professor of orthopaedics and head of the orthopaedic clinic at Heidelberg; Dr. JULIUS RAECKE, a Frankfurt psychiatrist; Geheimrat Dr. PAUL KRASKE, emeritus professor of surgery at Freiburg, aged 80; Professor SIEGFRIED KAMINEN, co-founder with Professor Senator and for many years editor of the *Zeitschrift für Balneologie* and *Jahrbücher für Balneologie*, aged 57; Professor LUDWIG REHN, an eminent Frankfurt surgeon; Dr. EDMUND HERRMANN, an obstetrician and gynaecologist of Vienna, aged 55; Professor LOUIS BOK, professor of anatomy and formerly rector of the University of Amsterdam, aged 64; Dr. EMIL REDLICH, extraordinary professor of neurology and psychiatry at Vienna, aged 64; Dr. ERNEST CONSEIL, director of the Tunis bureau of hygiene, and a collaborator of Dr. Charles Nicolle of the Pasteur Institute of Tunis, and Dr. Lalanne, an alienist of Nancy.

## Universities and Colleges.

### UNIVERSITY OF LONDON.

APPLICATIONS for the William Julius Mickle Fellowship must be sent in before October 1st. Full particulars can be obtained from the Academic Registrar, University of London, South Kensington, S.W.7. The Fellowship, which is of the value of at least £200, is awarded to the man or woman who, being resident in London and a graduate of the University, has, in the opinion of the Senate, done most to advance medical art and science during the preceding five years.

### UNIVERSITY COLLEGE HOSPITAL MEDICAL SCHOOL.

The Goldsmid Entrance Exhibitions for 1930 have been awarded to Mr. G. Quist and Mrs. M. H. James of University College, London.

### UNIVERSITY OF ABERDEEN.

DR. DAVID CAMPBELL, Pollok Lecturer in pharmacology and therapeutics in the University of Glasgow, has been appointed Regius professor of *materia medica* in the University of Aberdeen, in succession to Professor Charles Robertshaw Marshall, whose resignation takes place on September 30th.

### SOCIETY OF APOTHECARIES OF LONDON.

THE following candidates have passed in the subjects indicated:

**SURGERY.**—G. P. Charles, H. G. Edmunds, C. W. Ellison, E. J. Jones, N. I. Kronenberg, W. Montgomery Smith, H. I. Newman, R. D. Newton, K. V. Pillai, L. Sachs, I. J. Todd-Naylor, G. H. C. Walmsley.

**MEDICINE.**—H. W. E. Dickey, E. A. Freywirth, N. I. Kronenberg, J. M. L. Love, W. Montgomery Smith, H. I. Newman, I. J. Todd-Naylor.

**FORENSIC MEDICINE.**—M. M. Barratt, J. S. P. Coutts, C. R. Graham, M. Halperine, N. I. Kronenberg, W. Montgomery Smith, H. I. Newman, W. K. Schnarr, G. H. G. Walmsley, I. M. Williams.

**MIDWIFERY.**—S. Gurevitch, M. Halperine, E. I. B. Hawes, W. Montgomery Smith, W. W. Parry.

The diploma of the Society has been granted to Messrs. M. M. Barratt, G. P. Charles, H. W. E. Dickey, H. G. Edmunds, C. W. Ellison, E. A. Freywirth, N. I. Kronenberg, W. Montgomery Smith, I. J. Todd-Naylor, G. H. C. Walmsley.

## Medical News.

THE University of Birmingham will celebrate, on October 13th, the jubilee of the foundation of Mason College and the thirtieth anniversary of the granting of the University charter.

ST. Bartholomew's Hospital old students' annual dinner will be held on Wednesday, October 1st, at 7.30 p.m., in the great hall of the hospital, with Mr. L. B. Rawling in the chair. The honorary secretary is Sir Charles Gordon-Watson, 82, Harley Street, W.1.

THE St. Thomas's Hospital old students' dinner will take place at St. Thomas's House, Lambeth Palace Road, S.E.1, on Friday, October 3rd, at 7.30 for 8 p.m. The chair will be taken by Dr. R. Muzio Williams, J.P.

THE opening ceremony of the winter session of the Middlesex Hospital Medical School will take place at the Queen's Hall, Langham Place, W.1, on October 1st, at 3 p.m. The prizes and medals gained by students and nurses during the past year will be given away by Mr. Arthur Greenwood, M.P., Minister of Health, and the introductory address will be delivered by Mr. Eric Pearce Gould, M.Ch., F.R.C.S. The hospital and medical school will be open for inspection after the ceremony, and tea will be provided. The annual dinner of past and present students of the hospital will be held at the Savoy Hotel in the evening.

THE annual dinner of past and present students of St. Mary's Hospital Medical School will be held at the Trocadero Restaurant on Friday, October 3rd, at 7 p.m., with Dr. J. Reginald Fuller in the chair.

THE prize distribution and conversazione of the Royal Dental Hospital of London School of Dental Surgery will be held at the hospital, Leicester Square, W.C., on Thursday, October 2nd, at 8 p.m. Sir John Rose Bradford, P.R.C.P., will preside.

UNDER the auspices of the National Association for the Prevention of Infant Mortality a special course of maternity and child welfare lectures will be held for health visitors, nurses, midwives, school teachers, and welfare workers in the lecture theatre of University College, Nottingham, from September 15th to 19th. In conjunction with this course visits will be paid to various institutions; arrangements for board and lodging in Nottingham will be made on application before September 1st to the secretary, Health Department, Guildhall, Nottingham. Further details of the course may be obtained from the honorary secretary of the National Association, Carnegie House, 117, Piccadilly, W.1.

THE new session of the Medical Society of London commences on Monday, October 13th, when the annual general meeting will be held at 8 p.m. At 8.30 p.m. Dr. R. A. Young will deliver his presidential address on "The stethoscope—past and present." On October 27th, at 8.30 p.m., a discussion entitled "The prophylactic and therapeutic values of vaccines" will be introduced by Sir Almroth Wright. Professor Chevalier Jackson will open a discussion, on November 10th, on the diagnosis and treatment of malignant disease of the chest. The Lloyd Roberts Lecture on "Painting and the healing art" will be delivered by Professor William Rothenstein on Wednesday, November 19th, at 5 p.m. A clinical evening will be held on November 24th, at 8 o'clock, and on Monday, December 8th, a discussion on pathological conditions of the eye due to inflammatory changes in other parts of the body will be introduced by Mr. A. F. MacCallan, F.R.C.S., followed by Mr. Ernest Clarke, F.R.C.S. The syllabus of the second half of the session will be issued in December. The Lettsomian Lectures, entitled "The spleen—its structure, functions, and diseases," will be delivered by Dr. J. W. McNea on February 16th and 25th, and March 4th, 1931. Sir John Rose Bradford, P.R.C.P., will give the annual oration on Monday, May 11th, 1931.

THE Fellowship of Medicine announces that from September 1st to 13th there will be an all-day course at the Queen's Hospital for Children, when instruction will be given in the various departments of the institution. A revision course, particularly of interest to panel practitioners, will be conducted at the Westminster Hospital from September 15th to 27th; the daily sessions will begin at 10.30 in the morning and continue until 5.30 p.m. All branches of medicine and surgery will be dealt with, and two clinics will be held on the Saturday mornings at mental institutions connected with the hospital. A revision course will also be held at the Metropolitan Hospital from September 29th to October 11th, of a similar nature to that at the Westminster Hospital. An intensive course at the Central London Throat, Nose and Ear Hospital from October 5th to November 1st will be preceded by a course in "methods of examination," starting on September 17th; applications should be made to the Fellowship of Medicine. The subjects of other courses in October are tropical medicine and gynaecology; there will be two evening courses at 8.30—a M.R.C.P. course and a final Fellowship course. For full particulars of the post-graduate study arranged for the winter session, also for the 1931 list of special courses and the *Post-Graduate Medical Journal*, application should be made to the secretary of the Fellowship, 1, Wimpole Street, W.1.

THE annual meeting of the German Society for Light Research will be held in conjunction with the German Hygiene Society at Dresden on September 5th and 6th.

AN elementary practical course in diseases of the digestive system, organized by Professor F. Gallart, assisted by other members of the medical faculty of Barcelona, will be held at the Hospital de la Santa Cruz y San Pablo, Barcelona, from October 12th to 20th. The fee is 100 pesetas.

THE seventeenth French Congress of Hygiene will be held at the Institut Pasteur, Paris, under the presidency of Professor Delépine of the Académie de Médecine, from October 20th to 23rd, when the following subjects will be discussed: the successive changes in the French pharmacopoeias, introduced by the President; comparative statistics of infantile mortality, introduced by Dr. Lessage; the relation of health offices to health inspection, introduced by MM. Aublant and Prunet, and Brocq-Lacombe and Bennet; and hygiene and reconstruction in the flooded area in the South of France. Lectures will also be delivered by Professor Sacquépée on psittacosis, and by Dr. Dujarric de la Rivière on Lavoisier as hygienist. Further information can be obtained from Dr. Dujarric de la Rivière, Institut Pasteur, Rue Dotot, Paris, XV<sup>e</sup>.

THE twentieth Congress of the Italian Society of Laryngology, Otology, and Rhinology will be held in Sardinia from October 15th to 23rd. Further information can be obtained from Professor Deodato De Carli, Clinica Oto-rino-laringologica, Ospedale Gesu e Maria, Naples.

THE thirtieth French Congress of Urology will be held at the Paris Faculty of Medicine, under the presidency of Dr. Chevassu of Paris, on October 7th, when a discussion will be held on renal contusions and their remote sequels, introduced by Dr. Gérard of Lille. Further information can be obtained from Dr. P. Pasteau, 13 Avenue de Villars, Paris, VII<sup>e</sup>.

LIEUT.-COLONEL C. T. SAMMAN has been re-elected Master of the Society of Apothecaries.

DR. JOSEF JADASSOHN, professor of dermatology at Breslau, has been invited by the Government of Uruguay to be president of the South American Conference on Syphilis at Montevideo in September.

## VACANCIES.

ALL SAINTS HOSPITAL FOR GENITO-URINARY DISEASES.—House-Surgeon (male). Salary £150 per annum.

ARGYLL COUNTY COUNCIL.—Medical Officer for the District of Glenorchy. Salary includes payment of £126 per annum for services as Local Medical Officer and a grant from the Highlands and Islands (Medical Services) Fund.

BANGOUR MENTAL HOSPITAL, West Lothian.—Second Assistant Medical Officer. Salary £350 per annum, rising to £400.

BARNSTAPLE: NORTH DEVON INFIRMARY.—Resident Medical Officer. Salary £150 per annum.

BARROW-IN-FURNES: NORTH LONSDALE HOSPITAL.—Two House-Surgeons (males). Salary £175 per annum.

BATH: ROYAL UNITED HOSPITAL.—Assistant House-Surgeon (male, unmarried). Salary £120 per annum.

BEDFORD COUNTY HOSPITAL.—House-Surgeon (male, unmarried). Salary £175 per annum.

BIRKENHEAD GENERAL HOSPITAL.—(1) House-Physician. (2) Casualty Officer. Males. Salary £100 per annum each.

BIRMINGHAM AND MIDLAND SKIN HOSPITAL.—Clinical Assistants in the Out-patient Consulting Room Honorary 26 guineas per annum.

BOURNEMOUTH: ROYAL VICTORIA AND WEST HANTS HOSPITAL.—House-Surgeon (male) at Boscombe Branch. Salary £150 per annum.

BRIGHTON: ROYAL SUSSEX COUNTY HOSPITAL.—Casualty House-Surgeon (male, unmarried). Salary £120 per annum.

BRISTOL ROYAL INFIRMARY.—Assistant for Cancer Research Laboratories. Salary £400 per annum.

BURSLEM: HAYWOOD HOSPITAL.—Resident Medical Officer. Salary £175 per annum.

CARDIFF CITY MENTAL HOSPITAL, Whitchurch.—Post-graduate Research Studentship. Honorary £100 per annum, augmented by locum work in the Hospital to approximately £180.

CENTRAL LONDON THROAT, NOSE AND EAR HOSPITAL, Gray's Inn Road, W.C.1.—Honorary Assistant Anaesthetist.

CHICHESTER: ROYAL WEST SUSSEX HOSPITAL.—Junior House-Surgeon. Salary £125 per annum.

DERBYSHIRE HOSPITAL FOR SICK CHILDREN.—Resident Medical Officer (lady). Salary £150 per annum.

DERBYSHIRE HOSPITAL FOR WOMEN.—House-Surgeon. Salary £150 per annum.

DURHAM COUNTY AND SUNDERLAND EYE INFIRMARY.—Clinical Assistant in Out-patient Department. Salary £250 per annum.

ESTBOURNE: PRINCESS ALICE MEMORIAL HOSPITAL.—House-Surgeon (male). Salary £100 per annum.

EDINBURGH: JORDANBURN NERVE HOSPITAL, Morningside.—Assistant Physician. Salary £400 per annum.

ESSEX COUNTY HOSPITAL, Colchester.—(1) Assistant House-Surgeon and Registrar. (2) House-Physician. Males. Salary £120 and £150 per annum respectively.

GLOUCESTERSHIRE ROYAL INFIRMARY AND EYE INSTITUTION.—(1) House-Physician. (2) Second House-Surgeon. Salary £150 and £120 per annum respectively.

GREAT YARMOUTH: GENERAL HOSPITAL.—Two House-Surgeons, Senior and Junior. Salary £150 and £140 per annum respectively.

HALIFAX: ROYAL HALIFAX INFIRMARY.—Third House-Surgeon (male, unmarried). Salary £125 per annum.

HOSTEL OF ST. LUKE, 14, Fitzroy Square, W.1.—Resident Medical Officer. Salary £200 per annum.

HULL ROYAL INFIRMARY.—Honorary Physician.

ILFORD: KING GEORGE HOSPITAL.—Resident Medical Officer. Salary £200 per annum.

IPSWICH: EAST SUFFOLK AND IPSWICH HOSPITAL.—(1) Casualty Officer. (2) House-Surgeon. Males. Salary £150 and £120 per annum respectively.

LEEDS PUBLIC DISPENSARY.—Junior Resident Medical Officer. Salary £150 per annum.

LEICESTER ROYAL INFIRMARY.—(1) House-Surgeons. (2) Casualty Officer. Salary £125 per annum each.

LIVERPOOL AND DISTRICT HOSPITAL FOR DISEASES OF THE HEART.—House-Physician. Salary £52 per annum.

LIVERPOOL EYE AND EAR INFIRMARY.—Honorary Assistant Surgeon to the Ear, Nose, and Throat Department.

LONDON FEMALE LOCK HOSPITAL, 283, Harrow Road, W.9.—House-Surgeon. Salary £150 per annum.

LONDON LOCK HOSPITAL, 91, Dean Street, W.—(1) Surgical Registrar. (2) Additional Surgical Registrar. (3) House-Surgeon at Male Lock Hospital. Honorary for (1) and (2) £100, for (3) £200 per annum.

LOWESTOFT AND NORTH SUFFOLK HOSPITAL.—Junior House-Surgeon (male). Salary £120 per annum.

MACCLESFIELD GENERAL INFIRMARY.—Resident House-Surgeon. Salary £180 per annum.

MANCHESTER: ANCOATS HOSPITAL.—House-Surgeon (male). Salary £100 per annum.

MANCHESTER CITY.—Assistant Medical Officer at Baguley Sanatorium. Salary £350 per annum.

MANCHESTER: ROYAL MANCHESTER CHILDREN'S HOSPITAL.—(1) Resident Medical Officer. (2) Resident Surgical Officer. (3) Two Assistant Medical Officers for Out-patients' Department. Salary for (1) and (2) £125 per annum, and for (3) £150 per annum.

MANCHESTER AND SALFORD HOSPITAL FOR SKIN DISEASES.—House-Surgeon. Salary £100 per annum.

MANCHESTER UNIVERSITY.—Demonstrator in Chemical Pathology. Stipend £350 per annum.

MANCHESTER UNIVERSITY AND MANCHESTER COMMITTEE ON CANCER.—Assistant in the Cancer Research Laboratories. Salary £400 to £650 per annum.

MANSFIELD AND DISTRICT HOSPITAL.—House-Surgeon and Casualty Officer (male). Salary £150 per annum.

MIDDLEBROUGH: NORTH RIDING INFIRMARY.—Junior House-Surgeon (male). Salary £150 per annum.

MIDDLESEX COUNTY COUNCIL.—Resident Medical Officer (male) at Hillingdon Institution, Uxbridge. Salary £600 per annum.

MIDDLESEX HOSPITAL, W.1.—Dental House Surgeon.

MIDDLESEX HOSPITAL MEDICAL SCHOOL, W.1.—Assistant in Radiological Research bearing upon the treatment of malignant disease. Salary £350 per annum.

MILLER GENERAL HOSPITAL, Greenwich Road, S.E.10.—(1) Casualty Officer. (2) House-Physician. (3) House-Surgeon. Salary for (1) £150, and for (2) and (3) £125 per annum.

NATIONAL HOSPITAL FOR DISEASES OF THE HEART, Westmoreland Street, W.1.—(1) Resident Medical Officer. (2) Out-patient Medical Officer. Males. Salary £150 and £125 per annum respectively.

NORTHAMPTON GENERAL HOSPITAL.—(1) House-Physician. (2) Two House-Surgeons. (3) Two Assistant House-Surgeons. Salary £150 per annum.

NORTHERN IRELAND GOVERNMENT.—Medical Officer. Salary £800-£25-£1,000, plus bonus.

NOTTINGHAM: GENERAL HOSPITAL.—(1) House-Physician. (2) Second Casualty Officer (male). Salary £150 per annum each.

OLDHAM ROYAL INFIRMARY.—Two House-Surgeons. Salary £175 per annum.

OLDHAM COUNTY BOROUGH.—Female Assistant Resident Medical Officer (unmarried) at the Boundary Park Municipal Hospital. Salary £200 per annum.

OXFORD: RADCLIFFE INFIRMARY AND COUNTY HOSPITAL.—(1) Three House-Surgeons. (2) House-Physician. (3) Obstetric House-Physician.

POOLE: CORNELIUS AND EAST DORSET HOSPITAL.—House-Surgeon (male).

PRINCESS LOUISE, KENSINGTON HOSPITAL FOR CHILDREN, W.10.—House-Surgeon and Casualty Officer. Salary £75 per annum, rising to £100 on appointment as Senior Resident.

QUEEN CHARLOTTE'S MATERNITY HOSPITAL, Marylebone Road, N.W.1.—(1) Assistant Resident Medical Officer. (2) Resident Anaesthetist. Salary for (1) £80 per annum, rising to £100 on appointment as Senior, and for (2) £80 per annum.

QUEEN'S HOSPITAL FOR CHILDREN, Hackney Road, E.2.—Casualty Officer. Salary £100 per annum.

ROYAL EYE HOSPITAL, St. George's Circus, S.E.1.—(1) Twelve Salaried Refractionists. (2) Twelve Clinical Assistants. (3) Pathologist.

ROYAL NATIONAL ORTHOPAEDIC HOSPITAL, Great Portland Street, W.1.—House-Surgeon (male). Salary £150 per annum.

RYDE: ROYAL ISLE OF WIGHT COUNTY HOSPITAL.—(1) Member of Honorary Medical Staff. (2) Resident House-Surgeon, salary £180 per annum.

ST. JOHN'S HOSPITAL, Lewisham, S.E.13.—Resident Casualty Officer. Salary £100 per annum.

ST. PAUL'S HOSPITAL FOR GENITO-URINARY DISEASES, Endell Street, W.C.2.—(1) Resident Medical Officer. (2) House-Surgeon. Salary £200 and £150 per annum respectively.

ST. VINCENT'S ORTHOPAEDIC HOSPITAL, Eastcote.—Resident Medical Officer (unmarried). Salary £150 per annum.

SALFORD ROYAL HOSPITAL.—(1) House-Surgeon attached to the Orthopaedic Department. (2) House-Surgeon. Salary £125 per annum each.

SEAMEN'S HOSPITAL SOCIETY.—(1) Two House-Physicians at the Hospital for Tropical Diseases, Endsleigh Gardens, W.C. (2) House-Physician and House-Surgeon at Dreadnought Hospital, Greenwich. (3) Medical Officer at Albert Dock Hospital. (4) House-Surgeon at Tilbury Hospital. Males. Salary for (1) and (4) £150, and for (2) and (3) £110 and a proportion of fees.

SHEFFIELD ROYAL HOSPITAL.—Resident Anaesthetist (male). Salary £80 per annum, rising to £100 after six months.

SHREWSBURY: EYE, EAR, AND THROAT HOSPITAL FOR SHROPSHIRE AND WALES.—House-Surgeon (unmarried). Salary £200 per annum.

SOUTH SHIELDS: INGHAM INFIRMARY.—Junior House-Surgeon (male). Salary £150 per annum.

STAFFORDSHIRE GENERAL INFIRMARY.—(1) House-Surgeon. (2) House-Physician. Salary £200 and £150 per annum respectively.

STOCKTON AND THORNTON HOSPITAL, Stockton-on-Tees.—Junior Resident Medical Officer (male). Salary £150.

STOKE-ON-TRENT: NORTH STAFFORDSHIRE ROYAL INFIRMARY.—Assistant House-Physician. Salary £125 per annum.

SWANSEA HOSPITAL.—House-Surgeon (male, unmarried). Salary £150 per annum.

TYNEMOUTH COUNTY BOROUGH.—Assistant Medical Officer of Health (male). Salary £540 per annum.

WALSALL COUNTY BOROUGH.—First Assistant Resident Medical Officer at Manor Hospital. Salary £200 per annum.

WEST BROMWICH AND DISTRICT GENERAL HOSPITAL.—(1) House-Physician. (2) Casualty House-Surgeon. Males, unmarried. Salary £200 per annum.

WEST HARTLEPOOL: CAMERON HOSPITAL.—House-Surgeon. Salary £150 per annum.

WEST LONDON HOSPITAL, Hammersmith Road, W.6.—(1) House-Physician. (2) Two House-Surgeons (males). (3) Resident Anaesthetist. Salary £100 per annum.

WEST NORFOLK AND KING'S LYNN HOSPITAL.—(1) Senior House-Surgeon. (2) Junior House-Surgeon. Salary £150 and £100 per annum respectively.

WILLESDEN URBAN DISTRICT COUNCIL.—Resident Medical Officer at the Willesden Municipal Hospital. Salary £250 per annum.

WOLVERHAMPTON AND MIDLAND COUNTIES EYE INFIRMARY.—House-Surgeon. Salary £150 per annum.

WOOLWICH AND DISTRICT WAR MEMORIAL HOSPITAL, S.E.18.—House-Surgeon. Honorary £100 per annum.

YORK: COUNTY HOSPITAL.—House-Physician. Salary £150 per annum.

CERTIFYING FACTORY SURGEONS.—The following appointments are vacant: Llanbythor (Carmarthenshire); Paisley (Renfrewshire). Applications to the Chief Inspector of Factories, Home Office, Whitehall, S.W.1.

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 Tuesday morning.

POST-GRADUATE COURSES AND LECTURES.

FELLOWSHIP OF MEDICINE AND POST-GRADUATE MEDICAL ASSOCIATION.—Queen's Hospital for Children, Hackney Road, E.2: Special Course, all day. Fee £2 12s. 6d. for two weeks. Syllabus and ticket of admission from the Fellowship of Medicine, 1, Wimpole Street, W.1.

CENTRAL LONDON THROAT, NOSE AND EAR HOSPITAL, Gray's Inn Road, W.C.1.—Fri., 4 p.m., Acute Mastoiditis.

LIVERPOOL UNIVERSITY CLINICAL SCHOOL ANTE-NATAL CLINICS.—Royal Infirmary: Mon. and Thurs., 10.30 a.m. Maternity Hospital: Mon., Tues., Wed., Thurs., and Fri., 11.30 a.m.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcement of Births, Marriages, and Deaths is 9s., which sum should be forwarded with the notice not later than the first post on Tuesday morning, in order to ensure insertion in the current issue.

MARRIAGES.

ANDERSON—HYTCH.—At St. George's Church, Bloomsbury, on June 21st, 1930, by the Rev. W. C. Roberts, M.A., Rupert George Anderson, M.B., Ch.B.Ed., D.P.H.Lond., only son of the late D. L. Anderson, C.A., F.F.A., Glasgow, and of Mrs. Anderson of London, to Dorothy Preston Hytch, M.R.C.S.Eng., L.R.C.P.Lond., only daughter of Mr. and Mrs. E. Preston Hytch of Normandy, Surrey.

GEDYE—LOCKE.—On August 20th, at St. Paul's Church, Clifton, Bristol, Francis Ronald Gedye, M.B., Ch.B., son of the late Rev. E. F. Gedye, to Doris Kathleen Locke, daughter of Mr. and Mrs. T. W. Locke of Redland, Bristol.

MACKINTOSH—HAWORTH.—On August 26th, 1930, at Christ Church, Didsbury, by the Rev. E. N. Giles, assisted by the Rev. E. R. Hayes, Vicar of Melling Church, James Mackintosh, M.C., M.R.C.V.S., of Embo, Sutherland, to Doris Adeline Haworth, M.B., Ch.B., D.P.H., widow of the late Dr. Albert Haworth, M.Sc., M.B., Ch.B.