

this the closets, and a bath and pantry-room. There are earth-closets, on a Melbourne patent, said never to work. Each of those wards is intended for twenty-five patients, and the cubic space must be ample, though I unfortunately neglected to obtain the exact measurements. The lowest ward is as yet the only one in use.

[To be continued.]

## ASSOCIATION INTELLIGENCE.

### BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

A MEETING of this Branch will be held in the Theatre of the Midland Institute, Birmingham, on Thursday, December 14th, at 3 P.M.

A meeting of the Council of the Branch will be held in the same place at 2.30 P.M.

On the same day, and in the same place, the Committee appointed by the Branch for making arrangements for the annual meeting of the British Medical Association, will meet immediately after the Branch meeting.

T. H. BARTLEET, *Honorary Secretary*.

Birmingham, November 26th, 1871.

### BATH AND BRISTOL BRANCH.

THE second ordinary meeting of the above Branch will be held at the College Green Hotel, Bristol, on Thursday, December 14th, at seven o'clock: CROSBY LEONARD, Esq., President, in the Chair.

R. S. FOWLER, Bath, } *Honorary Secretaries*.  
E. C. BOARD, Clifton, }

Bristol, December 1871.

### SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT MEDICAL MEETINGS.

THE next meeting of the above Society will be held at the Greyhound Hotel, Croydon, on Thursday, December 21st: Dr. COLES will take the Chair at 4 P.M.

The dinner will take place at 6 P.M.

Papers, etc., are promised by Mr. S. Lee Rymer, Dr. Jeaffreson, the Chairman, etc.

HENRY T. LANCHESTER, M.D., *Honorary Secretary*.

Croydon, December 6th, 1871.

### SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEETINGS.

THE forty-second meeting was held at the Fountain Hotel, Canterbury, on Thursday, November 23rd, at 3 P.M.

*Papers.*—The following papers were read.

1. Rupture of Aorta within the Pericardium. By B. Browning, Esq. (See page 661).

2. Cases of Variola during the latter months of Pregnancy and at Delivery, with the Results. By G. Rigden, Esq. The author read an abstract of five cases of variola occurring in women during the latter months of their pregnancy; and two cases of the disease existing in the mother at the time of delivery at the full term, in which it seemed so little to affect their offspring, that they were not only born at the full term without any evidence of the disease having affected them, but were in all the cases susceptible to the influence of vaccination at ages varying from three to six months. Three other cases were reported of females suffering from the disease in the earlier months of their pregnancy, in which the embryo did not appear to be affected, but there had been no opportunity of tracing the mothers to their time of delivery, and consequently it had not been possible to ascertain their susceptibility to vaccination.

3. Hernia, with Cases of Operation for Strangulation. By R. Hicks, Esq.

4. Remarks on the Diagnosis and Surgical Treatment of Fibroid Tumours of the Uterus. By Alfred Meadows, M.D.

The members afterwards dined together.

### SOUTH-EASTERN BRANCH: EAST SUSSEX DISTRICT MEETING.

A MEETING of this district society was held on November 24th, at the Old Ship Hotel, Brighton; ALFRED HALL, M.D., in the Chair. Twenty-six members and two visitors were present.

*Communications.*—1. The PRESIDENT related a case of Mechanical Dysmenorrhœa and Chronic Endometritis. (See p. 667.)

2. Mr. J. JARDINE MURRAY exhibited an instrument invented by Mr. Spencer Wells for Tapping in Ascites. Opinions were much divided respecting its merits.

3. Dr. ORMEROD showed a Fractured Humerus from a young Horse four years old, caused by muscular action. Under the microscope, the bone-cells showed no canaliculi; there was a general infiltration of fat, but no fatty degeneration. Several members present mentioned cases of fracture from muscular action which had occurred in their experience, both in the human subject and also in horses.

4. Mr. J. JARDINE MURRAY read a paper on the Danger of Ill-constructed and Neglected Cisterns, which time would not permit of discussing.

*Dinner.*—Twenty-one members and two visitors subsequently dined together at the Old Ship, under the presidency of Dr. A. Hall.

The next District Meeting will be held at Lewes, in March 1872; Mr. R. Turner in the Chair. Communications will be thankfully received by the Honorary Secretary, Dr. Trollope, St. Leonard's-on-Sea.

### SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE second meeting of the session 1871-2, was held at Maidstone on November 28th; ALBERT DAVIES, M.D., in the Chair.

The Next Meeting was appointed to be held at Gravesend in March.

The election of a member of the Medico-Ethical Committee, *vice* Joy, was deferred.

*New Members.*—The following were elected:—Samuel Prall, M.D., West Malling; John W. Fry, Esq., Watlingtonbury.

*Resolutions.*—1. It was resolved—"That the Honorary Secretary shall use open circulars for convening the district meetings (as lately practised tentatively)."

2. It was resolved—"That the members of this district recommend the Branch Secretary to apply for arrears by closed letter."

*Communications.*—1. A Case of Concussion of the Brain. By Charles E. Hoar, Esq. A young gentleman, aged 23, sustained a severe concussion of the brain from being thrown out of a dog-cart. No bones were broken. There was no paralysis. Unconsciousness existed without stertor. The pulse was very slow, the upper lid of the left eye dropped, and other symptoms of paralysis of the third nerve were present. Ophthalmoscopic examination discovered no intraocular lesion. The patient gradually recovered, and after three months is able to use his left eye. He cannot, however, read for a long period. Mr. Hoar considered the paralysis of the third nerve to have been caused by a small effusion of blood at the back of the orbit. The slow pulse of 40 to 50 he attributed to shock.

2. Two patients were exhibited by Mr. M. Adams, suffering from Intracocular Tumour; viz. (a), fibrous tumour of iris; (b) sarcomatous tumour.

*Dinner.*—The members and visitors dined at the Mitre Hotel.

### BIRMINGHAM AND MIDLAND COUNTIES BRANCH: PATHOLOGICAL AND CLINICAL SECTION.

*Hip-Disease.*—*Laryngeal Changes.*—*Tubercular Meningitis.*—*Mitral Stenosis.*—*Aortic Aneurism.*—*Factitious Urticaria.*—*Patency of Foramen Ovale.*—*Fracture of Neck of Scapula.*

THE second ordinary meeting of the session was held on November 24th. Present: ALFRED BAKER, Esq., in the Chair, and thirty-two members.

1. Mr. FURNEAUX JORDAN showed a specimen of Hip-disease in an early stage, undergoing repair. It was removed from a young man who died, while under treatment, from meningitis. The capsule was distended with liquid. The ligaments, synovial membrane (save slight thickening and vascularity), and cartilages, were little altered. The ligamentum teres was healthy. The epiphyseal lines of cartilage were distinctly seen on section. The bone generally presented the appearance of sclerosis. The epiphyses were little diseased, the principal pathological change being in the extremity of the diaphysis.

2. Dr. SAWYER exhibited two specimens of Phthisical Ulceration of the Larynx. He also showed sketches of the laryngoscopic appearances in two cases of unilateral paralysis of the adductors of the vocal chords.

3. Dr. UNDERHILL showed two specimens of Tubercular Meningitis. In the first case, that of a boy aged 10, the symptoms were of about eight months' duration, commencing with typhoid symptoms. There were large cheesy deposits in the cerebellum, with meningitis and miliary tubercle at the base of the brain, cheesy deposits in the

bronchial and mesenteric glands, and general tuberculosis. In the second case, that of a boy aged 9, the symptoms seemed to date from an injury to the head received three years previously. There were found cheesy deposits in the cerebellum and meningitis of the base, but no military tubercle. There was also general tuberculosis. He also showed the temperature-charts of these and similar cases which had come under his notice at the Children's Hospital, briefly narrating their histories and *post mortem* appearances.

4. Dr. WELCH showed the Heart removed from a woman aged 54, who died of general dropsy. There were adherent pericardium, narrowing of the mitral orifice, with thickening of the mitral valves and tendons, thickening and bulging of the aortic valves. A small aneurism, of the size of a large pea, also projected from the left into the right auricle, at the site of the valve closing the foramen ovale.

5. Dr. WELCH also exhibited an Aneurism of the ascending and transverse portion of the Arch of the Aorta, perforating the left side of the sternum and the intercostal muscles between the first and second and the second and third ribs, and rupturing externally. Within the chest, the aneurism extended from the aortic orifice to just below the origin of the left subclavian artery. The walls of this part of the aneurism were formed by the dilatation of the coats of the aorta until it came into contact with the sternum and ribs; then the arterial coats disappeared, and the walls consisted of thickened pleura and cellular tissue. Outside the chest, the aneurism extended from the left axilla to the right of the sternum, and from the first to the fifth rib, forming a large pea-shaped tumour, which had ruptured over the sternum opposite the third costal cartilage. The wall of this portion was formed by the pectoral muscles and skin. The specimen was taken from a man aged 62, a nailmaker, formerly a soldier. He was admitted into the General Hospital four months ago, under the care of Dr. Bell Fletcher, the aneurism being then not larger than a hen's egg outside the chest. There was never any *bruit* to be heard over the aneurism; and the heart's sounds were normal.

6. Dr. RUSSELL brought forward a case of Factitious Urticaria, and remarked that it had considerable interest in relation to the ordinary forms of urticaria, and supported the general opinion of dermatologists that in its origin the disease was a neurosis. The phenomena of the common forms of urticaria all pointed to this conclusion. The stinging and itching which ordinarily attended the eruption, and the perversion of tactile sensibility when the disease affected the hands and fingers; the febrile prodromata, the vertigo and nausea, the constricted throat and peculiar cough which accompanied severe forms of urticaria febrilis and urticaria *ab ingestis*, all indicated altered innervation. The remarkably fugitive and erratic nature of the wheals, their sudden production, brief duration, and speedy reappearance in some other part, were most satisfactorily explained on the hypothesis of their nervous origin. The usual causes of the eruption indicated direct or reflex irritation of the contractile tissues of the skin. Wilson alleges, "irritation of the gastro-pulmonary or genito-urinary mucous membrane as the most common cause; and the peculiar nature of many of the substances which give rise to urticaria, when introduced into the digestive canal," seemed to point to an anomalous state of nerve-function in the particular individual. As to direct irritation, many cases approached closely to the factitious form; the sting of the nettle, the bite of certain insects, the bug, the gnat, certain species of mites in fruit (Hebra), even simple scratching—especially when certain other forms of eruption were present—all these acted most probably on nerve-tissue. Mental excitement was pointedly adduced both by Hebra and Wilson, and the former spoke of urticaria as being occasionally caused by the ague poison. Opium and belladonna were neurotics, and each might originate an attack of urticaria. Dr. Russell quoted one remarkable case in his own practice, in which a single enema of laudanum was followed by an outbreak of urticaria of such intensity that he was at one time alarmed for the patient's reason. The patient's daughter suffered from protracted urticaria in two successive pregnancies. In conclusion, Dr. Russell commented on the peculiar contradiction exhibited in his case of *contraction* of the fibre-cells of the skin, and *relaxation* of the contractile fibres of the small arteries indicated by the surrounding vascularity; the vascular areola was, however, not a necessary attendant even of the present form of urticaria. His friend, Dr. Denne, mentioned to him a case in which the wheals produced by irritating the skin were free from any areola. He suggested as a subject of some interest to watch the effect of drawing the nail over the healthy skin in different individuals.

7. Dr. MACKEY showed a specimen of Patent Foramen Ovale. A history of the case is published at page 666.

8. Mr. WEST brought forward a specimen of Fracture of the Anatomical Neck of the Scapula which he had removed, together with the upper arm, from a boy aged 17, after amputation at the shoulder-

joint for a machinery accident, which had smashed the humerus and also the radius and ulna. Mr. West remarked on the extreme rarity of the accident, and also mentioned that in this case he ligatured the axillary artery prior to the amputation, with a view of preventing hæmorrhage, as the boy was in a state of great depression from previous loss. The ligature separated on the fourteenth day, and the boy was able to sit up, the greater part of the incision being united.

## REPORTS OF SOCIETIES.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, NOVEMBER 28TH, 1871.

T. B. CURLING, Esq., F.R.S., President, in the Chair.

#### A CASE OF UNILATERAL ATROPHY OF THE TONGUE.

BY WM. FAIRLIE CLARKE, M.A., F.R.C.S.

MRS. H., aged 45, had a malignant tumour removed from her right breast on February 16th, 1870. The wound healed slowly, but satisfactorily. On April 15th she complained of cough and slight dyspnoea, the latter only noticeable after exercise. Under treatment, the cough soon disappeared, but the dyspnoea continued. On October 3rd, Mr. Hume, of Islington, was called suddenly, and found her suffering from a deep-seated pain on the right side of the head, of a periodic character, returning each night between 1 and 2 o'clock A.M., and rendering her for some hours incoherent and unmanageable. The only thing which gave her relief was morphia in grain doses. At this date, atrophy of the tongue was first noticed, though it was not then so marked as it afterwards became. On March 29th, 1871, Mr. Hume was again urgently required to attend, and found the patient suffering from all the old symptoms in an aggravated degree; she had also alarming dysphagia, with paroxysms of suffocation, which recurred about three times in the twenty-four hours. On being asked to protrude the tongue, she always appeared unable to do so at first; and, after a few moments, put it out very slowly. The tongue was puckered and crimped along its whole right side from base to apex, mostly at the anterior two-thirds. An actual loss of substance had taken place, but it was bounded exactly by the median raphe; and the contrast between the plumpness of the left side and the shrivelled aspect of the right was very striking. When it was protruded, there was no deviation to either side. Articulation was slow and difficult. There was great pain along the right side of the neck, with a certain fulness and turgescence of the vessels; but no tumour could be felt in any part of the mouth or neck. Together with these symptoms, there were general cachexia and great prostration. From this time the dysphagia and dyspnoea gradually became worse; and on June 7th, in one of the attacks of suffocative cough, the patient died. At no time during her illness had there been any paralysis of the extremities, and her intellectual faculties remained clear throughout.

Unfortunately no necropsy could be obtained; but, looking at all the circumstances of the case, Mr. CLARKE thought there was good reason to believe that the ninth nerve on the right side was involved in a secondary cancerous tumour, such tumour being situated either within the cranium or at the upper part of the neck, and pressing upon the right hypoglossal nerve, and more or less implicating the pneumogastric and glosso-pharyngeal nerves as well.

The writer then proceeded to compare with this case two other instances of well-marked unilateral atrophy of the tongue: the one related by Dupuytren in the *Leçons Orales* (lecture on Hydatid Tumours); the other by Sir James Paget, in the third volume of the *Transactions of the Clinical Society*. The experience of Romberg and of Bidder was adduced to show that this remarkable condition of the tongue might be produced by a lesion of the ninth nerve; and to establish the same point the author related an experiment that he had made. On October 25th, he divided the right hypoglossal nerve in a rabbit, and took out a piece about a quarter of an inch in length. Immediately after the operation, and during the whole time that the animal was under observation, the tongue was strongly protruded to the right side. On November 27th the rabbit was killed. It was found that the nerve had united by a soft gelatinous and highly vascular substance, of about twice the ordinary calibre of the nerve. The right side of the tongue, along its posterior half, was slightly wasted and flattened.

The preparation was exhibited; and an outline sketch, illustrating the case which had been related, also accompanied the paper.

Dr. JOHN HARLEY agreed that the lesion of the tongue in Mr. Clarke's case was probably due to cancer pressing on the ninth nerve. But lateral deviation of the tongue also took place in some cases of scarlet fever, where the deeply seated glands of the neck were enlarged and pressed on the hypoglossal nerve. He had met with this in a lad

of the lobes was five inches in length by four inches in width. The superior vena cava, both innominate veins, the right subclavian and internal jugular veins, were completely obliterated, while the right external jugular was much dilated. No rupture of the sac had taken place, the cause of death having been apparently orthopnoea, the result of bronchitis.

*Large Aneurism of the Left Subclavian.*—Mr. TUFNELL presented a cast illustrative of the external changes induced by the increasing dilatation of a remarkable aneurismal tumour, or series of tumours, a drawing of the same, and the bony structures of the left half of the thorax, showing the ravages caused by the pressure on them of the sac. The patient was a soldier in the 46th Regiment, a comparatively young man, and had been for the first six months of his illness under the care of Mr. Longmore at Netley. He had suffered from venereal disease. In March of the present year, pain and stiffness set in in the left shoulder. The hand shortly became numb. He soon noticed a swelling above the collar-bone. When he first came under observation, the left pupil was dilated. A very marked clubbing of the nails on the left hand became developed in the course of some time. Two large tumours, separated by the clavicle, existed on the left side. Regarded as one, these were somewhat pyriform in shape. They were readily emptied by pressure, at least to a large extent, and a blowing sound was extensively audible over them. On raising the arm above the shoulder, they also were largely emptied. In September, the man came under Mr. Tufnell's care. The shoulder was now pushed up to a level with the ear. The poor man suffered terrible pain, which was alone relieved by hypodermic injection of morphia. His daily dose of the alkaloid at last rose to six grains. He died of exhaustion. The skin over the swelling was of a dirty yellow hue, in places very dark. The left clavicle was eroded on its under surface. Three aneurisms of the subclavian were found. Of these, one sprang from the first stage of the vessel, being of the size of a hen's egg; the other two arose from the second stage, one forming the supraclavicular tumour, the other passing downwards, and becoming an axillary aneurism. It was the last that had produced the greatest pathological changes. In consequence of its pressure, the left lung had become completely carnified. The first rib had totally disappeared, the second was more than half absorbed, and the third, fourth, and fifth ribs were thoroughly dissected out. The heart and right lung were quite healthy.

*Polypoid Growth of Left Auricle.*—Dr. ROBERT M'DONNELL regretted that no history of the specimen which he presented was forthcoming. A polypus as large as a plum, having a pedicle and serous membrane, had grown from the edge of the fossa ovalis into the left auricle of the heart. The tumour dangled close to the auriculo-ventricular opening, probably into the appendix. The growth might originally have been a fibrinous clot, which became organised, or it might have resulted from some inflammatory process, slight traces of which were found elsewhere in the left cardiac chambers.

*Rapid Formation of Cancerous Deposits in a Young Man.*—Dr. STOKES laid before the Society the thoracic and abdominal viscera of a man, aged 22 or 23, in many of which large depositions of cancerous material had taken place within less than two months. The man had been very intemperate. Ten weeks ago he got a wetting. In about a fortnight, the legs swelled. He soon came into hospital. He was generally anasarcaous, had shortness of breathing, bronchial râles, and a feeble pulse. There was slight ascites, which did not afterwards increase; a circumstance to which Dr. Stokes drew particular attention, as being characteristic of this symptom when observed in cancerous affections. About twenty nodules were noticed over the surface of the abdomen, most of them of the size of hazel-nuts. A large tumour also projected above the clavicle. Profuse watery diarrhoea occurred. On one occasion twenty-eight stools in one night were passed, and the patient quickly sank. The swellings were all between colloid and true encephaloid in character. The heart, which was small and atrophied, presented many nodules. The pleurae were affected, and also the mesenteric and other abdominal glands. Of these, some had a melanotic hue. The liver had quite escaped. Not long before his death, the man had suffered excruciating pain in the epigastrium, and here was found a large, evidently recently formed, mass of cancer.

*Molluscum Sebaceum.*—Dr. W. G. SMITH exhibited a portrait of this affection taken from life from a patient lately under his care in the Adelaide Hospital. The neck, chest, arms, and abdomen were thickly studded with the characteristic growths. The largest was situated over the left rectus abdominis muscle, and its dimensions were 3 by 3½ inches. They were mostly sessile, on a broad base. The parts most usually affected, the face and genitals, were in this instance free from any tumours.

## MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board, on December 6th.

Bodman, Francis Henry, Devizes, Wilts: diploma of membership dated July 28th, 1871.

Harbinson, Alexander, Newry, co. Down: November 17th, 1871.

Hughes, Evan Thomas, Tanyrallt, Llanfachraith, Anglesea: July 25th, 1871.

Two other candidates having failed to acquit themselves to the satisfaction of the Board, were referred. At the ensuing preliminary examinations in Arts, etc., for the Diplomas of Fellowship and Membership of the College, commencing on the 19th instant, 72 candidates have entered their names for the first named distinction, and 232 for the latter, making a total of 304 against 337 last December. The examinations will be conducted as heretofore at the Whittington Club, by a staff from the College of Preceptors, under the superintendence of the Rev. Dr. Jacob.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, November 30th, 1871.

Dickson, Thomas, Preston, Lancashire

Oates, James Pimlott, Stourbridge

The following gentlemen also on the same day passed their first professional examination.

Bevers, Edmund Augustine, Guy's Hospital

Comfield, Thomas, London Hospital

Manser, Robert, Guy's Hospital

Vowell, Charles Martin, King's College

As Assistants in compounding and dispensing medicines.

Pattinson, Dan, Dearham, Cumberland

Simpson, John, Colchester

Williamson, Nicholas, Harrington, Cumberland

## MEDICAL VACANCIES.

The following vacancies are announced:—

ABERDEEN DISPENSARY—Medical Officer.

AMERSHAM UNION—Medical Officer and Public Vaccinator for the Chesham No. 2 District: £70 per annum, and extra fees.

BLYTHING UNION, Suffolk—Medical Officer for District No. 1. Medical Officer and Public Vaccinator for the Wrentham District: £43 per ann., and extra fees.

BRADFORD FEVER HOSPITAL—Resident Medical Superintendent: £120 per annum, and board, first year.

BRIGHTON AND HOVE DISPENSARY—Two Surgeons.

CARNARVONSHIRE AND ANGLESEY INFIRMARY and DISPENSARY, Bangor—House-Surgeon: £80 per annum, board and lodging.

DENTAL HOSPITAL OF LONDON—Lecturer on Dental Surgery and Pathology.

DEVON AND EXETER HOSPITAL—Surgeon.

EARLSWOOD ASYLUM FOR IDIOTS—Assistant Medical Officer: £150 per annum, board and apartments.

EAST RETFORD UNION, Notts—Medical Officer for the Dunham District.

GOREY UNION, co. Wexford—Medical Officer to the Workhouse and Infirmary.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street—House-Surgeon.

JERSEY GENERAL DISPENSARY—Resident Visiting and Dispensing Medical Officer: £100 per annum, furnished rooms, attendance, coal, and gas.

KILBURN, MAIDA HILL, AND ST. JOHN'S WOOD GENERAL DISPENSARY—Resident Medical Officer: £100 per annum, furnished rooms, £45 per annum for a dispenser and servant, coal and gas.

LIVERPOOL—Public Analyst for.

LIVERPOOL SOUTHERN HOSPITAL—Senior House-Surgeon: £103 per annum, board and lodging.

METROPOLITAN FREE HOSPITAL, Devonshire Square—Hon. Surgeon.

NORTH MAVINE and DELTING, Shetland—Parochial Medical Officer.

NORTH STAFFORDSHIRE INFIRMARY, Hartshill—House-Physician: £80 per annum, board, furnished apartments, and washing.

NUNEATON UNION—Medical Officer and Public Vaccinator for the Nuneaton District: £55 per annum, and extra fees.

ROYAL INFIRMARY, Manchester—Senior House-Surgeon.

ST. PANCRAS, Middlesex—Medical Officer for the Workhouse and Infirmary.

ST. PANCRAS and NORTHERN DISPENSARY—Resident Medical Officer.

SEAMEN'S HOSPITAL (late *Dreadnought*), Greenwich—House-Physician.

STOCKWELL FEVER HOSPITAL—Resident Medical Superintendent.

TORQUAY, Devon—Medical Officer of Health: £100 per annum.

TOXTETH PARK TOWNSHIP—Medical Officer for District No. 2: £250 per annum.

UNIVERSITY COLLEGE HOSPITAL—Assistant Obstetric Physician.

WEST BROMWICH DISTRICT HOSPITAL—House-Surgeon: £70 per annum, board and residence.

WEST OF ENGLAND EYE INFIRMARY, Exeter—Surgeon.

## MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

\*GILLARD, Richard, Esq., appointed Medical Officer to the Hayle's Charity for the District of St. Mark's, Kennington.

\*GLYNN, T. R., M.B., late Physician to the Northern Hospital, elected Physician to the Royal Infirmary, Liverpool.