MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

OLD-STANDING IRREDUCEIBLE HERNIA, WITH REPEATED ATTACKS OF OBSTRUCTION: RESECTION OF THE IRREDUCEIBLE MASS, CONTAINING SIX FEET OF INTESTINE: COMPLETE RECOVERY.

W. J., aged 59, had suffered for ten years from a left inguinal hernia. For past three months it had apparently been only partially reducible, and he had suffered from attacks of subacute obstruction. On May 13th, 1901, the hernia increased considerably in size and became completely irreducible. He was seized with abdominal pain and vomiting, and was sent to hospital on May 15th, 1901.

His condition at that time was described as follows: A well-nourished man, with a big heavy tumour in the left side of the scrotum about the size of a man's head, which was painful, tender, irreducible, and tympanitic. Coley's pain in the abdomen, nausea, and slight vomiting; urine was normal; heart sounds faint and irregular, and he had some chronic bronchitis. As there were no signs of strangulation he was treated by copious enemata, elevation of the tumour, and strychnine given hypodermically—but as relief was not obtained operation was decided upon.

May 16th, 1901.—Methylene was selected as the anaesthetic, owing to the state of the heart and lungs. On opening the sac a large coil of apparently healthy intestine was exposed, but all efforts to reduce it failed, even after free division of the neck of the sac and abdominal wall. The causes of irreducibility were (1) a large overgrowth of fat between the layers of the tunica vaginalis; (2) adhesions between the coils of intestine.

There were four alternatives: (1) Free division of the abdominal wall and forcible reduction. As this would certainly have been followed by rapid recurrence, it was at once negatived. (2) To attempt removal of the fatty growth and then reduce the bowel. As the interference with the mesenteric vessels involved in this proceeding would have resulted in gangrene of the bowel, it was also discarded. There only remained to resect the offending mass; (4) to close the wound, leaving the hernia in situ.

After a hurried consultation with my colleague, Mr. Kirk, resection was decided on. The entire contents of the sac were removed as rapidly as possible, and the ends of the bowel united by double row of continuous sutures without artificial support. The hernial sac was next removed and an attempt at a radical cure carried out. Shock was profound, but the patient rapidly rallied. The portion of intestine removed on subsequent measurement was found to be six feet in length. It certainly did not appear at the time of operation to be nearly so long, or probably I would not have removed it. Recovery was uninterrupted, with the exception of some local reaction with cicatrization of the deep sutures about three weeks after operation. On the third day slight diarrhcea set in and continued some time.

At the end of the first week he began to suffer from continuous drowsiness, and this symptom persisted till his discharge to the Convalescent Home six weeks after operation. It then rapidly disappeared, and he is now quite well and attending his business, apparently suffering no inconvenience from the loss of the six feet of intestine.

The hernia up to the present has shown no sign of recurrence, and it is now sixteen months since operation. I have thought the case worthy of record on account of (1) the great length of intestine successfully removed in a patient in his 50th year; (2) the curious drowsiness which followed the removal for a limited period; (3) the absence of any permanent ill-effect from the loss of so much of the digestive tract; (4) the rare condition which caused the irreducibility, that is, overgrowth of fat between the layers of the mesentery.

A. B. MITCHELL, M.B., F.R.C.S.I.
Surgeon, Royal Victoria Hospital, Belfast.

DOUBLE EMPYEMA OF TUNICA VAGINALIS IN SCARLET FEVER.

On March 24th a boy, aged 4, developed an attack of scarlet fever, which ran a normal course for three weeks. There was no albumen, and the patient was allowed to get up at the end of this period. A week later he complained of pain in the lower abdomen, and vomited frequently; there was considerable constitutional disturbance—temperature 103.5° within 24 hours. The scrotal integuments became red and infiltrated and both testicles very hard and swollen. The next day there was considerable supuration, and a small quantity on each side was therefore made through the inflamed tissues into the tunica vaginalis, when a quantity of thick yellow pus escaped. There was no discharge on inclining the superficial structures, so that the condition was not a mere cellulitis of the scrotum. The testes felt enlarged and hard, but there was no evidence of suppuration in the organs themselves.

A drain was inserted into each wound. The inflammatory condition speedily subsided, and the wounds healed without any tendency to the formation of a hernia testis. There was no parotitis at any period of the illness.

Lowestoft.

KELOID IN VACCINATION SCARS.

The following two cases of keloid developing in the cicatrices after vaccination may be of interest and worth recording, especially as the condition occurred only in the scars after primary vaccination of two children, both females, at a time when I was vaccinating a great many, all the remainder, to the best of my recollection, being cases of recent vaccinations.

A., a girl aged 8 years, was primarily vaccinated by me last October in three places. All took well and followed the usual course; a few weeks back the child was brought to me with keloids developed in each cicatrix in the slightest pressure causing great pain, they were removed.

B., a girl aged 4 years, was also vaccinated for the first time in January last in the same number of places and with exactly the same result as in the first patient, for keloid developed in each cicatrix. The lymph was the same as I have used for years, and that with which I did all of the many revaccinations with most satisfactory results.

Worthing.
HENRY WIGGINS, M.R.C.S., L.R.C.P.

PROFUSE HAEOMORRHAGE TREATED BY ADRENALIN.

I have had under observation for some years a lady, single, aged 31, who suffers three or four times yearly from severe haemorrhage per rectum. Menstruation occurs once every third month and is scanty and painful. Prolapsus ani has been present for at least six years but is not very troublesome. Constipation is very marked, and a soap and water enema has to be employed almost nightly. There are no haemorrhoids. So profuse is this occasional haemorrhage that the patient is almost always confined to bed for a day or two, and for some weeks afterwards is so anaemic, though naturally a full-blooded woman, that her friends comment on her pallid appearance. The heart, lungs, and other organs are in every way normal, free from disease. I have for some time regarded this case as one of vicarious menstruation, but have had little success in arresting the haemorrhage till some days ago when I resolved to try adrenalin as prepared by Barrow, Welcombe and Co.
With this end in view I administered half a drachm of the firm's fluid adrenalin at night, followed by the same quantity in the morning during the patient's last attack. Immediately afterwards the patient journeyed to Scotland, and from a letter received from her three days after I quote the following: "I have not seen a drop made up since that last dose, not even with the shaking of the train. So it must be good and thanks for it. I am feeling wonderful." Although this is the sole occasion on which I have used adrenalin I consider the facts of the case worthy of being put on record.

G. MacMELLAN BLAIR, M.B.

CANCER AND THE ROENTGEN RAYS.

Instances of the successful treatment of cancer should be recorded. A lady, aged 45, consulted me on July 1st, 1902, she was suffering from a recurrent tumour of the mammary glands. The history of the affection dated back some two years, and during the last thirteen months she had undergone four operations for its removal. On examination there was to be felt a hard swelling on each side of the breast. The case was referred to me as the case related in the note was remarkably like a case that came under my care several years ago, and which gave myself and several of my medical friends some difficulty in diagnosis. The discharge increased, and on thirteenth days the clots were passed when, after lasting 7 days, the discharge ceased entirely. This is undoubtedly, I think, a case of early menopause.

J. Edwin Bates, M.B., B.C.

ACUTE NON-SUPPURATIVE PERINEPHRITIS.

In the British Medical Journal of July 19th there is a paper on a case of the above-named disease by Dr. Newman. The paper had an extraordinary interest to me as the case related in it was remarkably like a case that came under my care several years ago, and which gave myself and several of my medical friends some difficulty in diagnosis. The discharge increased, and on thirteenth days the clots were passed when, after lasting 7 days, the discharge ceased entirely. This is undoubtedly, I think, a case of early menopause.

Wimbledon.

J. Edwin Bates, M.B., B.C.

HOSPITAL REPORTS.

[SEPT. 27, 1902.]

EARLY MENSTRUATION.

The following case of early menstruation is of interest:—I delivered a well-developed female child on August 12th, 1902. The mother is a primipara. On August 16th a bloody discharge occurred from the vagina, the vulva and labia being turgid and swollen at the time, but not inflamed in any way. The discharge increased, and on the third days of the menstruation, the clots were passed which, after lasting 7 days, the discharge ceased entirely. This is undoubtedly, I think, a case of early menstruation.

Wimbledon.

J. Edwin Bates, M.B., B.C.

EYE, EAR, AND THROAT INFIRMARY, EDINBURGH.

CASE OF INTRACTABLE NASAL HAEMORRHAGE SUCCESSFULLY TREATED BY A NEW METHOD.

(By G. Hunter Mackenzie, M.D.)

On December 29th, 1901, I was asked by Dr. James Mill, of Leith, to see a case of nasal haemorrhage which was proving refractory to the usual methods of treatment. The patient was a man, aged 49, rather alcoholic of recent years, and with slight albuminuria. On examination of the right nostril the seat of the bleeding was readily located on the anterior third of the septum, about 1 cm. above the nasal floor. Cocaine was applied, the haemorrhagic area was freely electrocauterized, and a pledget of cotton saturated with a solution of adrenalin chloride inserted. This treatment proved no avail, for on the following day I was again asked to see him on account of frequent severe recurrences of the bleeding. The cauterization and application of adrenalin were repeated over a wider area of the septum. During this operation the patient had a convulsive attack, and was so weak as to be unable to stand alone. He was assisted to bed, but no sooner did he lie down than the haemorrhage recurred more profusely than ever. This continued at intervals during the next twelve hours, when, on account of the seriousness of his condition, it was considered advisable to remove him to the Eye, Ear, and Throat Infirmary. For twenty-four hours following his admission trial was made of various local remedies, but with the same absence of success.

On the morning of the 3rd, he was put under chloroform, and with a nasal spoon and curette the whole of the mucous membrane was stripped off the septum. Very profuse haemorrhage followed this operation, but it soon ceased of its own accord. On the evening of January 5th—thirty-six hours after the stripping-off operation—there was a moderate bleeding, and on the morning of the 4th an extremely slight one. I was fortunate to be present on the latter occasion, and on examining the patient I found slight bleeding from the septum, but the middle turbinate area was clear of blood. The operation was performed under chloroform, and the patient was pulled through without any further interference. No recurrence of pain has taken place, and the patient is now enjoying excellent health.
was for many years President of the Dutch Entomological Society, and was the author of a number of pamphlets on medical military subjects, most of which have been translated into German.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Josef Bergson, formerly Privat-docent of internal medicine at the University of Berlin, and a most zealous writer on ritual circumcision, anthrax, general necrosis, and brachial neuralgia, aged nearly 90; Dr. P. Delacour, Director of the Medical School of Rennes, in which he was formerly Professor of Clinical Medicine, aged 76; Dr. Blant of Paris, Honorary General Secretary of the French Medical Association, and author of numerous works on hygiene, overpension in schools, physical exercise, etc.; and Dr. E. Teinturier of Paris, a well-known alienist and a brilliant medical journalist, who was for many years a constant contributor to the Progrès Medical, aged 63.

**ROYAL NAVY AND ARMY MEDICAL SERVICES.**

The fees (not exceeding £25) of the naval medical officers who undergo a three-months' course of study at metropolitan hospitals are now paid by the Admiralty, in addition to traveling expenses, with lodging and provision allowances according to scale.

**ROYAL NAVY MEDICAL SERVICE.**

Fleet-Surgeon R. S. Leckie, R.N., is the medical charge of Royal Dockyard and Royal Naval Gunnery School at Sheerness. He has been appointed to this important position on the basis of his merit and ability.

The following appointments have been made at the Admiralty:—ALBERT X. LAVINSTE, Surgeon to the Lion, September 19th; EDWARD S. MILLER, M.B., Surgeon to the Imperieuse, September 16th; RARYER M. RICHARDS, Surgeon to the Flyd, September 7th; SHIRLEY R. BIRT, Surgeon to the Duke of Wellington, for September 1st; Surgeon and Agent S. M. MOWAN to the Glennis, September 15th. FREDERICK FEDER, M.B., Staff-Surgeon to the Intrepid, on commissioning, October 7th; HENRY J. HADDON, R.A., M.B., Staff-Surgeon, and T. B. SHAW, M.B., Surgeon to the Empress of India, September 16th; JOSEPH H. WHELAN, M.D., Surgeon to the Sceptre, September 19th; JOHN FORRESTER, M.B., Surgeon to the Resolution, September 16th; WILLIAM E. RUTTLE, Surgeon to the Grasshopper, September 16th; WILLIAM M. LONI, Fleet-Surgeon, to the Undiv, September 3rd; ROBERT BARNIE, M.B., Staff-Surgeon, to the President, for three months' course of hospital study, October 1st; J. F. LEVINGE, M.B., Surgeon, to the Sappho, for September 16th; WARREN G. WESTCOTT, Surgeon, to the Northampton, for the Chelmsford, September 16th.

To be Surgeons and Agents: E. B. ECKERT, M.D., to Hob Hole and Frieston, September 16th; H. W. Gough, M.R.C.S., to Torbay and Dartmouth, September 16th; R. F. L. WILCOX, M.B., to Wartrow and Lulworth, October 1st; MALCHIE C. B. ANDERSON, at Whitehaven, October 1st.

**LIFE ASSURANCE FEES.**

B.S. asks whether it would be contrary to the meaning of Paragraph 1007 of the King's Regulations and Admiralty Instructions for a medical officer R.N. to accept a fee for examining a brother officer and filling in a medical report for a life assurance company?

"If the fee will be paid by the life assurance office we are of opinion that there is no reason why the medical officer should not accept it. If, however, the fee was to come out of the pocket of the brother officer we are of opinion that no fee should be accepted."

**ROYAL ARMY MEDICAL CORPS.**

As the limit of candidates for commissions in the Royal Army Medical Corps have been officially reported to have taken place during the last month : From. To. India ... Bengal. From. To. England ... India. From. To. India ... Bengal.

Major R. H. Firth ... E. O. White ... Madras ... Devonport.

Reserv. J. C. P. Heaton ... Devonport.

J. M. Irwin, M.B. ... South Africa ... Curragh.

From. To. India ... Bengal. Major R. S. Leckie ... E. O. White ... Madras ... Devonport.

J. M. Irwin, M.B. ... South Africa ... Curragh.

From. To. India ... Bengal. From. To. England ... India. From. To. India ... Bengal.

Colonel H. E. P. Fulke ... B. Ryan ... London ... Ashford.

From. To. Germany ... Frankfurt. From. To. India ... Bengal.

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general public would think more kindly of the Act, and feel they are not being coerced. The Imperial Vaccination League would do well to consider this point.

CHOICE OF SITE FOR CEMETERY.

M. O. H. writes: In this district the Burial Board is about to procure a site for a cemetery. That is the best up to work to consult, with reference more especially to the land required, taking into consideration the rapid increase in the population, etc.

A good deal of condensed information on the subject, with useful references, will be found in Dr. Hine's Practical Guide to the Public Health Acts, 2nd edition, 1901, p. 649 (Barillére, Tindall and Cox). Our correspondent also consult a report (No. 40) made to the London County Council on Cemeteries, by Dr. C. W. F. Young. This, which may be had of King and Son, 2 and 4, Great Smith Street, Westminster, on quoting number and enclosing 2d. in stamps, deals chiefly with the sanitary condition of the burial grounds in London.

PROGRESS IN THE LURGAN URBAN SANITARY DISTRICT.

Dr. Samuel Angus (Medical Superintendent of Health, Lurgan) writes: In the Journal of September 29th your special correspondent has exhibited a slight lapse from his usual logical acumen in his reference to my last annual report. He says, "Deaths due to zymotic disease were 16, but only 30 cases were notified; this surely is a very heavy mortality or very inefficient notification." Your correspondent has evidently overlooked the fact that the term "zymotic" is not synonymous with "zymotic," the latter term being of much wider significance. We are, however, glad to state that the returns for zymotic disease during the year 1901, and of these 16 were attributable to the non-notifiable zymotic diseases—namely, to whooping-cough, and to diarrhoea and dysentery, whilst the remaining 2 were due to diphtheria. The figures, therefore, show neither a heavy mortality, nor do they indicate very inefficient notification. I do not believe there is a town in the United Kingdom where the Infectious Disease (Notification) Act is so efficiently carried out as in Lurgan. the place of its first adoption in Ireland, and the hospital and the sanitary establishment have important results in connexion with the prevention of infectious disease are principally due to the cordial relations which exist between the other members of the profession practising here and myself.

HOSPITAL AND DISPENSARY MANAGEMENT.

HOSPITAL FURNITURE.

We have received from Messrs. Maple and Co., Tottenham Court Road, an illustrated catalogue of furniture, beds, etc., and other articles suitable for hospitals and asylums. The beds and some of the other appliances appear to be of good design, and the catalogue may be useful to those who may have to choose furniture for wards, and other administrative offices.

MEDICAL NEWS.

Mr. Francis Danford Thomas has recently been appointed Deputy-Coroner for the City of London.

The annual smoking concert given by the medical staff of the Bromley Hospital for Consumption and Diseases of the Chest, Brompton, will take place on Friday evening, October 3rd, at 9 o'clock.

The Congress of the Italian Ophthalmological Association will meet this year at Florence from October 15th to 16th. All communications should be addressed to the Organizing Committee, at the Ophthalmological Clinic, via Bonifacio Luppi, Florence.

The Co-operative Wholesale Society (representing over one million British co-operators) at a recent meeting in Manchester decided to grant the sum of £3,000 towards the endowment of the Consumption Sanatorium which is being built by Mr. W. J. Cranmer, in Delph, Derbyshire. The Borough Council of Lambeth, at their meeting on September 18th, unanimously voted a honariorum of 100 guineas to the medical officer of health, Dr. Joseph Priestley, in recognition of the energy and skill displayed by him in dealing with the recent epidemic of small-pox.

A MEDICAL SOCIETY IN THE ANDAMANS.—According to the Indian Medical Gazette, a Medical Society has been formed at Port Blair in the Andamans. There are about 15 medical men in the settlement, namely—2 I.M.S. officers, 3 military assistant surgeons, 3 civil assistant surgeons (Calcutta M.B. & B.S.), and 7 hospital assistants. With the addition of over 12,000 convicts, the sick list is naturally large and the opportunity for pathological observation is unique, as all fatal cases are examined post mortem.

LIFE ASSURANCE CONGRESS.—The International Congress of medical officers of life assurance companies will hold its third meeting in Paris in May, 1903. The Organizing Committee is constituted as follows: President, Professor Brouderel; Vice-Presidents, Professor Landouzy, Drs. Peyrot and Lereboullet, and Dr. M. B. of Paris, and Dr. Poels of Brussels; General Secretary, Dr. Armand Sireyde. All communications should be addressed to Dr. Sireyde, 84, Rue Taitbout, Paris.

A MEMORIAL TO THE MEMORY OF DR. D. RAMSEY, who died from blood-poisoning in January last, after operating on a patient at Kingshead, was unveiled by Dr. Milligan, of Northwood and Baunds Church Road, on September 20th. It consists of a red granite obelisk bearing the inscription: "In memory of David Ramsey, M.B., who died January 6th, 1902, aged 53 years. This monument is erected by the voluntary members of the police and the medical profession, at Stanwick, in testimony of the genial and sympathetic manner in which he, for 13 years, skilfully discharged the duties of his calling, and as a memento of their regret at his untimely death in the midst of life we are in death."

INFECTIOUS HOSPITAL FOR NICE.—We are informed by Dr. G. H. Brandt that the municipality of Nice has bought the old monastery of Saint Pons for an infectious disease hospital. The monastery is admirably situated on a high facing south, and the new establishment occupies the west wing of the convent, from which it is completely isolated. The rooms to be used for the sick are lofty; some contain 13, others 6 and 4 beds respectively; while there are also separate small-pox and typhoid cases. The hospital is unique through being fitted for: nursery rooms, house physician's apartments; and is ready for immediate use. We must congratulate the municipality of Nice on having taken this very necessary step, and remembering that the population of the city is also, must express our astonishment that an infectious disease hospital has not hitherto been provided.

THE MEDICAL SERVICE OF THE UNITED STATES NAVY.—Surgeon-General Rixey is considering plans for the building of a new naval hospital on the site of the Old Observatory at Washington. He is also said to be contemplating the opening of a medical school in the Museum building, where assistant surgeons will receive a special course of training for several months before entering on active medical service. It has been found that surgeons on entering the service are ignorant as regards several important features of the medical service of the Navy, for instance, military training, the keeping of medical journals and papers pertaining to the sick, and bacteriological and laboratory work. It is proposed to open the school during the coming winter. The plan of the hospital will be submitted to Congress at the coming session.

We are requested to state that the Council of the Polyclinic has arranged for courses of systematic lectures in medicine and surgery, in which different lecturers will each take a subject to which he has given special attention. To these lectures lady practitioners, and possibly fifth-year students, will be admitted by special ticket. The lectures are to be expository of present knowledge, rather than attempts to expound original views, and under certain conditions question in writing will be allowed to be put at the close of each. The first course will begin on October 7th, and the fee for this series of twenty-two lectures has been fixed at £1 1s. tickets for it will admit also to certain other courses. Members of the College will be admitted free. The lectures will be given in the afternoon at 5.30. There will during the next three months be a lecture at this hour every afternoon except Thursday. The lecture on Thursday will belong to the systematic course, in which Sir William Gowers will take the Pulse: Dr. Seymour Taylor, Enteric Fever; Mr. Hutchinson, Syphillis; Dr. Manson, Dysentery and Strychnine; Mr. Cantile, Plague; Mr. Keeley, Coxa Varia; Dr. Judson, Peripheral Neuromyelitis; Mr. C. R. Durand, Pulmonary Tuberculosis; Dr. Colec, Fox, Lupus; and Dr. James Taylor, Tabes.
MEDICAL VACANCIES.

The following vacancies are announced:

ABERGAVENNY: MONMOUTHSHIRE ASYLUM.—Junior Assistant Medical Officer. Salary, £150 per annum, with board, lodging, and washing. Applications to the Secretary by October 4th.

BATH: ROYAL MINERAL WATER HOSPITAL.—Resident Medical Officer, £600 per annum, with board, lodging, and washing. Applications to the Secretary by September 30th.

BIRMINGHAM: BOROUGH HOSPITAL.—Junior Male House-Surgeon. Salary, £60 per annum, with board and washing. Applications to the Chairman of the Weekly Board by September 26th.

BIRMINGHAM: ROYAL UNION.—Resident Medical Officer, £500 per annum, with board and washing. Applications to the Chairman of the Weekly Board by October 4th.

BLACKBURN AND LANCASTER INFIRMARY.—Junior House-Surgeon. Salary, £650 per annum, with board, washing, etc. Applications to the Secretary by September 15th.

CORK HOSPITAL, Falmouth Road.—Pathologist. Salary, £250 per annum. Applications to the Secretary by September 30th.

CARDIFF INFIRMARY.—Resident Medical Officer, £100 per annum, with board and washing. Applications to the Secretary by September 30th.

CANTERBURY: LONDON OPERATIONAL HOSPITAL, Gray’s Inn Road, W.C.—House-Surgeon. Applications to the Secretary by September 30th.

CHELSEA INFIRMARY: LONDON.—Junior House-Surgeon: unmarried. Salary, £450 per annum, with board, lodging, and washing. Applications to the Hon. Secretary by September 26th.

CHISNESTER COUNTY ASYLUM.—Third Assistant Medical Officer; unmarried, and not more than 25 years of age. Salary, £600 per annum, with board, washing, and lodging. Applications to Dr. Lawrence, at the Asylum, by October 1st.

CROYDON UNION.—Resident Assistant Medical Superintendent and Dispenser at the Highfield Asylum, Salary £125, with furnished apartments, and board. Applications, on forms provided, to be sent to the Clerk of the Union, Highfields, by October 1st.

DEBBYSHIRE ROYAL INFIRMARY.—Honorary Physician. Applications to the Secretary by September 30th.

DOWNPATRICK: DOWN DISTRICT ASYLUM.—Male Junior Assistant Medical Officer; unmarried, not more than 25 years of age. Salary, £450 per annum, with furnished apartments, board, washing, etc. Applications to the Secretary by September 30th.

EASTERN DISPENSARY: Leman Street, Whitechapel, E.—Physician. Honorary, £50 per annum. Applications to the Secretary by October 4th.

GLOUCESTER: GENERAL INFIRMARY AND GLOUCESTERSHIRE EYE INSTITUTION.—Medical Superintendent; unmarried, not more than 30 years of age. Salary, £450 per annum, with board, washing, and lodging. Applications to the Secretary by October 1st.

GREAT NORTHERN CENTRAL HOSPITAL, Holloway.—Pathologist and Curator of the Museum. Salary, £600 per annum, with board and washing. Applications to the Secretary by October 3rd.

GUILDFORD: ROYAL BURLINGTON HOSPITAL.—Resident Medical Officer, £450 per annum, with board, residence, and laundry. Applications to the Secretary by September 30th.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton.—(1) Assistant Medical Officer. Salary, £300 per annum, with board and residence. (2) Assistant Resident Physician. Appointment for six months. Honorary Physician, £50 per annum. Applications to the Secretary by September 30th.

LEITH HOSPITAL: Medical Registrar. Applications to the Secretary, Mr. G. V. Masson, at 50, North Bridge Street, Leith, and washing.

LONDON: SUSSEX NEW LUNATIC ASYLUM.—Medical Superintendent; unmarried, not more than 30 years of age, with unimpaired health and practice. Salary, £450 per annum, with board, walking, and lodging. Applications to the Secretary by September 30th.

LOWESTOFT: WEST NORFOLK HOSPITAL.—Physician, £500 per annum. Applications to the Secretary by October 1st.

METROPOLITAN ASYLUMS BOARD.—Male Assistant Medical Officers at the Fever and Dispensary Asylum, Hackney, Salary £300 per annum for five years preceding in three years of age. Salary, £300 per annum, rising to £400, with board, lodging, attendance, and washing. Applications, on forms provided, to be sent to the Clerk, Metropolitan Asylum Board, by October 4th.

NOTTINGHAM: CHILDREN’S HOSPITAL.—House-Surgeon, unmarried. Appointment for six months. Salary at the rate of £200 per annum, with board and residence. Assistant Surgeon to the Rev. Mr. A. F. Kirby, St. Peter’s Church Yard, Nottingham, by September 30th.

PLATE, LOUTH: MARY’S HOSPITAL FOR SICK CHILDREN.—(1) Orthopaedic Surgeon. (2) Honorary Medical Officer. Applications to the Secretary by October 4th.

RAVENEL, near LIVERPOOL: COUNTY ASYLUM.—Assistant Medical Officer to act from November 1st to April 30th next, with furnished apartments and board. Applications to the Medical Superintendent.

RICHMOND INFIRMARY.—Physician for the Richmond District, not more than 30 years of age. Salary, £250 per annum and fees. Application to the Secretary by October 1st.

ROtherham Hospital and Dispensary.—Assistant House-Surgeon. Salary, £300 per annum. Applications to the Secretary, Mr. E. S. Rose, 3, Monger Street, Rotherham, by September 26th.

ROtherham General Dispensary, 77, Welbeck Street, W.—Honorary Surgeon; must be F.R.C.S.Eng. Applications to the Secretary by October 1st.

SALTLEY: WEST MIDLAND GENERAL DISPENSARY.—Assistant Medical Officer; unmarried, not more than 30 years of age. Salary, £250 per annum. Application to the Secretary by September 30th.

STOCKPORT INFIRMARY.—Junior Assistant House-Surgeon. Appointment for six months. Salary, £250 per annum, with board, washing, and residence. Applications to the Secretary.

WINCHESTER: ROYAL HANTS COUNTY HOSPITAL.—House-Physician; unmarried. Salary, £600 per annum, with board, lodging, and attendance. Applications to the Secretary by October 4th.

WINCHESTER: ROYAL HANTS COUNTY HOSPITAL.—Resident Medical Officer: unmarried. Salary, £100 per annum, with board, lodging, and attendance. Applications to W. Draper, Esq., De Grey House, York, by October 2nd.

WINCHESTER: ROYAL HANTS COUNTY HOSPITAL.—Assistant Medical Officer. Salary, £250 per annum. Applications to the Secretary by October 1st.

YORK DISPENSARY.—Resident Medical Officer; unmarried. Salary, £100 per annum, with board, lodging, and attendance. Applications to W. Draper, Esq., De Grey House, York, by October 26th.

MEDICAL APPOINTMENTS.

BECKETT, W. E. L., M.R.C.S., appointed Assistant Medical Officer to the West Ham and East End Hospital, Monday, to the Rev. Mr. J. Binney, M.R.C.S., appointed Assistant Medical Officer to the West Ham and East End Hospital, Monday.

BOYCE, J. H., R.C.S., appointed Medical Officer to the Shire of Bulka Victoria, to the Rev. Mr. J. Binney, M.R.C.S., to the Rev. Mr. J. Binney, M.R.C.S., appointed Assistant Medical Officer to the Shire of Bulka Victoria.

BOYCE, J. H., R.C.S., appointed Medical Officer to the West Ham and East End Hospital, Monday.

BRITISH MEDICAL ASSOCIATION.—Joint Secretary, 3, Craven Street, Northumberland. The British Medical Journal.