

moist, and he took nourishment freely. Urine still faintly alkaline. The ill effects of this second change were, however, quite unmistakable, and constitute the strongest argument in favour of perineal drainage. In the night the patient became restless, complaining of pain about the wound; and next morning there was the highest temperature reached—103.6° F.—with headache, pain in the wound, drowsiness, absolutely dry tongue, and almost complete suppression of urine. The patient died in the evening (tenth day). The feeble granulation tissue was evidently unable to resist the absorption of poisonous matter from the septic urine.

Shortly after this I removed a mass of six phosphatic calculi, weighing nearly 4 ounces when dry, by this method, with the perineal puncture, from a man about 40 years of age. The smaller of these calculi were deeply embedded in the prostate and neighbouring part of the trigone, and the pits left could not be perfectly drained. The urine coming down from the renal pelvis was very foul, and was slow in becoming sweet. Thus there was a high temperature for five days, but the large wound being kept perfectly clean rapidly contracted, and the patient did well.

Shortly after this again I performed suprapubic lithotomy on a man 55 to 60 years old. Though the urine was stinking, specific gravity 1007, average 44 ounces daily, the stone was little more than one ounce in weight, and had but a thin coating of phosphates upon it, and was very easily and quickly removed. Thinking this such a favourable case as not to need special drainage, it was simply treated in the ordinary way by frequent washing out from above and no perineal opening. But the wound became sloughy, and after a week collapse with hiccough and a falling temperature gradually set in, and the man died on the eleventh day with a temperature of 96° F. After death a small retropubic abscess was found shut off from the sloughy wound, and the kidneys extensively sacculated.

I feel certain that perineal drainage would have saved this patient, and am persuaded that the two chief causes of death after suprapubic cystotomies, suppurative nephritis, and retropubic abscess, as illustrated in these cases, should be generally eliminated by this measure properly carried out. These are the only "high operations" I have done in adults with foul alkaline urine and disorganised kidneys. In children special drainage is perhaps never needed, and in adults the probable state of the kidneys, as far as can be judged from the urine, the size and character of the stone, and from general conditions, seems to be the main consideration in its employment, though it is quite questionable whether it might not prove an advantage in all cases where the urine is stinking and alkaline.

## A SIMPLE METHOD OF DRESSING OPERATION WOUNDS.

By HUBERT HIGGINS, M.R.C.S., L.R.C.P.,  
House-Surgeon to Addenbrooke's Hospital, Cambridge.

HAVING, with the concurrence of the surgical staff of Addenbrooke's Hospital, employed the following plan of dressing wounds during the last eighteen months, I now venture to make it public on account of its efficiency, economy, and simplicity.

When practicable the patient is given a bath, and after the part to be operated on has been shaved, it is thoroughly scrubbed with soft soap; the soap is then carefully washed off with clean water, and the surface sponged with a strong solution of corrosive sublimate. A piece of towelling soaked in sublimate solution is then bandaged on to the prepared surface, and not removed until immediately before the operation. I first used soft soap about two years ago, after having heard of some exhaustive experiments made in Germany with the object of testing its properties. These appeared to prove satisfactorily that it was remarkably effective for cleansing the skin, and simply invaluable for cleaning instruments.

Constant use has more than confirmed the claims made for it. If it is thoroughly and carefully used, it is more reliable than either ether or turpentine; the dark green semi-transparent variety is the best.

I believe many surgeons think that, provided an operation

has been carefully performed with perfect antiseptic precautions, it is desirable to place next to the wound a soft unirritating aseptic material unimpregnated with antiseptics. With that object I have prepared such a material by keeping soft unmedicated gauze (costing 1d. a yard for 1,000 yards) in covered earthenware jars containing a solution of 1 in 500 of corrosive sublimate. A gallon jar holds about 100 yards, and, provided the solution is changed once a fortnight, the gauze will keep for an indefinite period, becoming, if anything, softer and whiter with time. A sufficient quantity of this gauze is cut off immediately before it is required and wrung as dry as possible. It is then put into a sterilised basin containing either boiling water or water that has been boiled. It is taken out by the operator and again wrung dry, shaken out loosely, and placed on the wound. The gauze is kept in the solution in order that it may be absolutely aseptic, and wrung out after soaking in boiling water to remove the corrosive sublimate, which might cause irritation of the healing surfaces. I believe it to be an essential and important detail to wring out the gauze as dry as possible, as mere excess of moisture is often as irritating as corrosive sublimate itself.

It then becomes necessary to cause all air that has access to the wound to undergo filtration through a medium such as cotton wool. If wool is used it should be put on in thin uniform layers and in large quantities. When a large quantity is used it secures the double advantage of absorbing and drying up the discharge and of maintaining a uniform elastic pressure. The wool should be unirritating and aseptic. Salicylic wool best fulfils these requirements, but Mr. Hankin suggested that the most efficient material would be absorbent cotton wool sterilised by superheated steam, and kept in stoppered glass bottles, to be opened only by sterilised hands at the time of operation.

The practice of Addenbrooke's Hospital is, as far as possible, not to use drainage tubes in operation wounds, and to apply firm pressure with the bandage. I have used this method in all the out-patient practice of the hospital, and it is rarely that we find a wound suppurate.

It will be obvious that such a mode of dressing as I have described would very considerably diminish the expenditure of a hospital. The gauze is of a good width and the cheapest that can be obtained; the corrosive sublimate has an almost nominal cost, and provided sterilised cotton wool be used, I feel sure that there can hardly be a more economical method for general use.

## MEMORANDA:

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

### EPITHELIOMA OF THE LIP IN WOMEN.

EPITHELIOMA of the lip is undoubtedly rare in the female compared with that affection in the male, but cases of the former do occasionally come under observation, although possibly they are not recorded. There were three cases of such admitted into the Cancer Hospital, Brompton, during the last three years, compared with 65 cases of epithelioma of the male lip. But there is another point of interest, for whereas in the male the lip affected was the lower in every case, in two out of the three in the female it occurred in the upper lip. Epithelioma of the upper lip in a man is extremely rare; I have never seen a case. In face of these facts can it be doubted that cancer, in this situation at least, owes its origin to irritation, and that it results in the great majority of cases from smoking?

The following are the notes of the cases:

CASE I.—A woman, aged 64, married, with no family history of cancer. She noticed a little pimple on the upper lip four years ago. This broke and has since been continually discharging. The last six months there has been distinct hardness. Present state (June, 1889): Epitheliomatous ulcer of upper lip, which was excised by Mr. Elam.

CASE II.—A woman, aged 49, married, and has nine healthy children, with no family history of cancer. History: She thinks there has always been a hardness on the left side of the upper lip; about six months ago this was scratched, since which there has been a sore which does not heal but scabs over from time to time. It has increased in size the last two months. Present state (January, 1890): On the upper lip, towards the angle of the mouth on the left side there is a thickening of the lip with a

small ulcer on the outer part, there being another similar one on the inner surface opposite to the one outside. There is slight enlargement of the glands under the jaw to be felt. The growth was excised by Mr. Jessett.

CASE III.—A woman, aged 70, with no family history of cancer. This commenced as a pimple two years ago; a scab formed with an ulcer beneath, and has gradually spread. It is not painful. Present state (June, 1891). There is an irregular-shaped ulcer with hard, thickened, indurated edges on the lower lip, to the left side. No glands are to be felt. Growth excised by Dr. Purcell.

In all the growth commenced as a small pimple without any previous injury that could be remembered, and was at first probably innocent, but became malignant, as was proved subsequently, through continued irritation. The cases did well after operation, and no recurrence that I know of occurred.

CECIL F. BEADLES,

Late House-Surgeon to the Cancer Hospital.

Colney Hatch Asylum.

#### TRAUMATIC SEPARATION OF THE EPIPHYSIS OF THE HEAD OF THE FEMUR.

MR. DAVIES-COLLEY showed, at the Clinical Society on February 26th, a case of traumatic separation of the epiphysis of the head of the femur. As the accident is a somewhat uncommon one, it may be of interest to record briefly the notes of a similar case which came under my care in the Victoria Infirmary.

A boy, aged 17, was admitted on November 15th, 1891. He had stumbled over a plank and fallen into a pit about 18 feet deep. He had no power to raise the left leg from the bed; the foot was everted and there was slight shortening. On measuring from the anterior superior spine of the ilium to the great trochanter, the distance on the left side was increased by 1 inch. The left trochanter was, in appearance, more prominent than the right, and was on a higher level. Passive movement of the limb caused a corresponding movement of the trochanter, accompanied with the sensation of "cartilaginous" crepitus at the seat of fracture. He suffered very little pain. After about two months' residence in the infirmary he left, with neither appreciable shortening of the limb nor impairment of its function.

Glasgow.

A. ERNEST MAYLARD, B.S.Lond.

#### CEREBRAL ABSCESS; SLIGHT SYMPTOMS; SUDDEN DEATH.

EARLY in the morning of January 30th I was summoned in great haste to the bedside of a girl. When I arrived she was dead. Her history was briefly told me by her mother.

G. R., aged 17, had been suffering for three months from a paroxysmal headache over the right eye. For about a month the sight in the right eye had been becoming dim. During the daytime she was, as a rule, free from pain, but at night it used to keep her awake for three or four hours at a time. As far as her mother knew, she was never feverish, though she used to drink water and tea very freely. A fortnight before she died she went to a hospital, and was there seen by the surgeon, who diagnosed the case as one of polypus of right ear, from which a slight discharge was oozing. She obtained great relief from the treatment, and her mother thought she was almost cured. The day before she died she performed her usual domestic duties at home, and went out to a neighbour's to tea. She was then apparently in good spirits and her usual health.

At 2.40 A.M. on January 30th she woke her mother, who was sleeping with her, and with a gurgling sound in the throat she fell backwards, after which she made no movement, respiratory or otherwise.

On opening the skull I found the inferior temporo-sphenoidal convolution ploughed up by a quantity of fetid pus. Attached to the posterior surface of the petrous bone was a fibrous sac about as large as a pigeon's egg. This was full of fetid pus, which was escaping through a rupture on its upper aspect. On opening the abscess cavity a probe passed easily through the carious roof of the tympanum and out by the external auditory meatus.

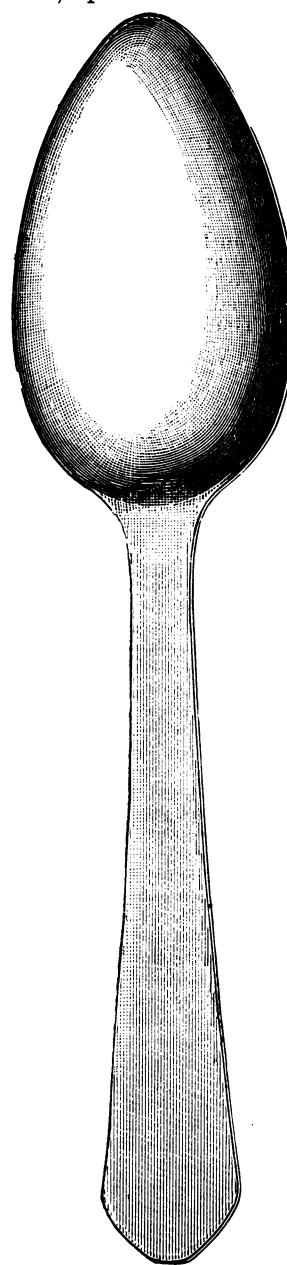
This case is of interest inasmuch as the only urgent symptom during life was neuralgia of the forehead, while the necropsy revealed the fact that an encapsuled tumour had been pressing on the brain for probably a couple of months.

Albany Street, N.W.

JAMES MAUGHAN.

#### LARGE FOREIGN BODY REMOVED FROM OESOPHAGUS.

T. L., a patient in the lunatic wards of the Rathdrum Union,



Spoon, actual size.

such patients committed to their care.

Rathdrum, co. Wicklow.

RICHARD R. LEEPER, F.R.C.S.I.

told the attendant on February 19th that he had on that morning swallowed a spoon. I was immediately sent for, and found upon my arrival that the patient had been put to bed. He was lying on his left side, there was no difficulty of breathing, liquids could be swallowed freely, and he seemed to be in no distress.

He first told me he had swallowed nothing, then that he had swallowed a spoon-head, and finally admitted he had swallowed the entire spoon.

Upon examination the neck muscles were abnormally tense, but no distinct tumour could be felt; exploration with the finger in the pharynx failed to reveal any foreign body. I was inclined to believe that there was no truth in the patient's statement, especially as the spoons in the ward were counted, and none were found missing, and the attendants gave no credit to his statement, as he had been for years in the ward, and had never before given any indication of his ostrich-like propensities.

I, however, carefully passed an ordinary oesophageal tube, and felt its point strike upon something pretty low down in the gullet. Upon passing a long, curved, throat forceps I heard a metallic click. I proceeded then to remove the foreign body, and succeeded in doing so after a great deal of trouble; the blades of the forceps frequently slipping off what afterwards proved to be the concavo-convex bend of an iron spoon which the patient had swallowed handle foremost.

I shall always in future regard a lunatic with feelings of credulity when he tells me he has swallowed anything, believing, as I now do, that unless the oesophagus be carefully explored in such cases, a very large foreign body may be lodged there without giving rise to any remarkable symptoms, and might very readily be overlooked by those who have

ST. ANDREW AMBULANCE ASSOCIATION.—At the close of a very successful course of ambulance lectures given in connection with the St. Andrew Ambulance Association in Stateford House, Stateford, the lecturer, Dr. Davidson, Edinburgh, was presented by the members of the class with a gold medallion of the Association, bearing a suitable inscription, as a memento of their appreciation of his services. The class was held with a view to strengthen the ranks of an ambulance corps which the lecturer had organised in the district. The corps has already done good and valued service in the adjoining quarries.

well illustrated in the above case, and, were it not that the principle of the Good Samaritan were involved therein, the subsequent ingratitude evinced by the paterfamilias would tend to excite a feeling of regret that the important subsidiary accommodation had not been withheld. Irrespective of the serious inconvenience which the unlooked-for obtrusion of a young gentleman—suffering from an infective disease, moreover—into a busy practitioner's household would unquestionably entail, we are induced to ask if it were of no moment to the family in question, not only to be relieved of the necessity for hurrying home to tend a member thereof, but also of the natural pressing anxiety in regard to the all-essential careful nursing by the knowledge that the youth was under the skilled and continuous personal supervision of a kindly, self-sacrificing doctor? Nevertheless, the reputed "wealthy squire" not only demurs to what we hold to be a distinctly moderate charge—especially under the exceptional circumstances and exacting nature of the attendance—but ventures to characterise it as exorbitant! Such sordid ingratitude needs no comment.

## MEDICO-PARLIAMENTARY.

### HOUSE OF COMMONS.—Thursday, March 24th.

*Belfast Corporation (Lunatic Asylums, etc.) Bill.*—On the motion of Mr. AKERS-DOUGLAS the following members were nominated the Select Committee on this Bill: Sir E. Harland, Mr. Knox, Mr. T. W. Russell, and Mr. Sexton, and three members to be added by the Committee of Selection.

### Friday, March 25th.

*Administrative Appointments in the Army Medical Staff.*—Sir WALTER FOSTER asked the Secretary of State for War if the non-seconding of Surgeon-Colonel Godwin on promotion would deprive some district of the services of an administrative officer of similar rank while Professor Godwin holds the Chair of Surgery at Netley, and eventually reduce the already limited number of administrative appointments for Surgeon-Colonels?—Mr. E. STANHOPE replied that the decision not to second Surgeon-Colonel Godwin was given while he was a Brigade-Surgeon. The circumstances were changed by his promotion, and he would consider whether the reasons for non-seconding still remained in force.

*Vaccination.*—Mr. RITCHIE stated, in answer to Mr. SUMMERS, that no absolute guarantee was ever given as to the purity of the lymph supplied from the national vaccine establishment, but every possible precaution was taken to secure its purity. In reply to a question from Mr. CHANNING, Mr. RITCHIE said he hoped the case of Daisy Westwood, who died on January 1st, and was vaccinated in the Buckingham Palace Road Workhouse when only 8 days old, would be investigated by the Royal Commission on Vaccination.

*Irish Dispensary Medical Officers.*—Sir W. FOSTER asked the Chief Secretary to the Lord-Lieutenant of Ireland whether he had received a request from the Chairman of the Parliamentary Bills Committee of the British Medical Association to receive a deputation on behalf of that body, in conjunction with the Irish Medical Association, the Irish Poor-law Union Medical Officers, and the Royal Colleges of Physicians and Surgeons of Ireland, on the subject of certain great grievances and hardships of the Irish Dispensary Medical Officers, and if he would explain why he had declined to receive such a deputation, and to take these grievances into consideration with a view to remedying them?—The CHIEF SECRETARY FOR IRELAND (Mr. JACKSON) replied as follows: I have not had time to communicate with Dublin, but my recollection is that a deputation waited upon the Vice-President of the Local Government Board in Ireland, and presented to him a draft Bill which they desired the Government would introduce. I received this with a communication from the Local Government Board, and as I saw there was no prospect of our proposing any such Bill to the House, it seemed to me only wasting time to ask the deputation to come and see me. Of course I shall be quite willing to consider carefully any suggestion submitted to me.—Sir W. FOSTER asked the right honourable gentleman if the deputation should desire to wait upon him, but not with any cut-and-dried scheme in the form of a Bill, would he be inclined to consider a favourable answer to their request?—Mr. JACKSON said he could not promise a favourable answer to the request voiced by the draft Bill, which contained clauses the Government could not accept. He should be glad to consider any recommendation made.

### Tuesday, March 29th.

*The Case of "Covering."*—Mr. MATTHEWS, replying to Mr. MADEN, said the coroner had, he understood, communicated with the Registrar-General as to the recent case of "covering," in order that he might take such legal action as he deemed advisable. He (Mr. Matthews) had received a letter from Mr. Dyte admitting that he had not personally seen the deceased, and expressing his deep regret for what has happened, but explaining that the child had been regularly attended by his assistant, who reported to him from time to time, and that he was only prevented from attending personally by severe injuries under which he was suffering at the time.

## UNIVERSITIES AND COLLEGES.

### UNIVERSITY OF OXFORD.

*EXAMINATIONS IN MEDICINE AND SURGERY, 1892.*—The Regius Professor of Medicine gives notice that the Final Examination for the Degree of Bachelor of Medicine will commence on Monday, June 6th, at 10 A.M., in the Examination Schools. The Examination for the Degree of Master in Surgery will take place on Thursday, June 16th. The First Examination for the Degree of Bachelor of Medicine will commence on Thursday, June 23rd, at 10 A.M. The Secretary to the Board of Faculties gives notice that he will be in attendance at his office, in the Clarendon Building, on Saturday, May 21st, from 9.30 to 10.30 A.M., and from 2 to 3 P.M., for the purpose of receiving names of candidates for the Second Examination for the Degree of M.B.; on Friday, May 27th, from 2 to 3 P.M., for the purpose of receiving names of candidates for the Examination for the Degree of M.Ch.; and on Friday, June 3rd, from 9.30 to 10.30 A.M., and from 2 to 3 P.M., for the purpose of receiving names of candidates for the First Examination for the Degree of M.B. Names, with the statutable certificates and fees, may be sent to him by letter at any time not later than the above-mentioned days respectively. No name can be entered for any of these Examinations unless the statutable certificates are exhibited, and the fees paid within the prescribed limit of time, namely, at least fourteen days before the first day of the week in which the Examination is to be held.

## HOSPITAL AND DISPENSARY MANAGEMENT.

### ROYAL LUNATIC ASYLUM, ABERDEEN.

A SERIOUS difference of opinion has arisen between the managers of this asylum and the District Lunacy Board with regard to the cost of maintenance of the patients. The managers propose to raise the cost per patient per annum from £26 to £32. This proposal the District Board objected to, and offered £30, which was refused by the managers; and now it seems a question whether, after having further considered the matter, the District Board will agree to any advance at all. A subcommittee having been formed and the matter inquired into, certain statements have been requested from the managers as to the position of the finances of the institution, but the managers refer the matter for argument before the Board of Lunacy at headquarters. From what we can gather of the subject from the press, it would appear that the maintenance rate has from time to time been increased to pay for alterations and additions to the buildings, so that the expense of them has indirectly been borne by the ratepayers through the poor rates, and that now certain proposals to add additional buildings at a cost of £60,000 is the cause of the further increase of the cost of maintenance above mentioned. The idea, however, seems to be gaining ground that the parochial boards in Scotland should build lunatic asylums of their own, and that they should be entitled to take in and provide for all their pauper lunatics.

### CORK DISTRICT LUNATIC ASYLUM: ANNUAL REPORT.

DURING last year 1,305 patients were under treatment in the asylum; of these 100 were discharged recovered, 45 improved, 27 not improved, 69 died, 1 escaped, and 1,063 remained in the institution at the termination of the year. The patients admitted during 1891 amounted to 274, a number in excess of the average. Forty-six patients were admitted from workhouses, and as, according to the last report of the inspectors of lunatic asylums, there were 541 lunatics and idiots in the various workhouses. Dr. Woods, resident medical superintendent, expresses the hope that the guardians will approve of the recommendations of the inspectors, and provide better accommodation for harmless lunatics pending legislative provision. The deaths (69) were equal to a rate of 6.5 of the average number resident, and is the lowest of any year on the records of the asylum, notwithstanding that there were several severe cases of typhus and typhoid. One of the deaths was due to a patient swallowing a stone, which became impacted in the oesophagus, and though it was removed and he lived ten days, he succumbed from exhaustion.

### HOSPITAL FOR EPILEPSY AND PARALYSIS: PAYMENTS BY PATIENTS.

MR. E. BOULNOIS, M.P., presiding at the annual meeting of the Hospital for Epilepsy and Paralysis, Regent's Park, and quoting from statistics for 1890, said he found that the London hospitals supplied 8,094 beds, of which 6,143 were in daily occupation, and 7,800 in- and 1,158,000 out-patients had been treated at a cost of £2608,000. Yet the receipts of the hospitals had only reached £522,000. He was struck with the fact that the amount contributed by the patients to the general hospitals was only 2.26 per cent., while the amount thus received by the special hospitals was 7.68 per cent., and by the provincial hospitals 11.29 per cent. The contributions of the artisan class in the country much exceeded those of this class in London. He highly commended the principle of payment according to means which prevailed at the hospital he was now pleading for, and he failed to see why such a system, so general in America, Sweden, and almost all other countries, should not be generally adopted in England. Mr. Pearce Gould said that a new building sooner or later was an absolute necessity, and that no time should be lost in raising the £20,000 required.

### A MATERNITY HOSPITAL FOR DUNDEE.

At a meeting of the Forfarshire Medical Association on March 25th, it was proposed by Dr. J. W. Miller, seconded by Dr. Wemyss, and unanimously agreed to, that in the opinion of the Association no form of medical charity was so necessary for Dundee at the present time as a maternity hospital, and that the memorial from the Council be transmitted to the trustees with the cordial approval of the Association. It was arranged to hold a public meeting, and to take other necessary steps for forwarding the objects of the scheme.

## MEDICAL NEWS.

WE may remind our readers that the twenty-sixth festival of the Epsom College will be held in the Whitehall Rooms of the Hôtel Métropole, London, on Tuesday next, April 5th, at 6.30. The Lord Mayor will preside. The London office of the College is at 37, Soho Square.

THE meeting of the members of the General Practitioners' Alliance, to consider the draft charter of the Royal British Nurses' Association, will be held at Exeter Hall on Tuesday, April 5th, at 4 P.M.—not on April 12th as previously announced.

CONVALESCENT HOME FOR WOMEN.—Mr. J. C. Davies writes to us to say that a Home for Convalescent Women, of 20 beds, now exists, in connection with the Chelsea Hospital for Women, at St. Leonard's-on-Sea. It was opened in June, 1891, and it is found to be of very great use.

RESULTS OF INOCULATION.—A telegram from Salvador reports that a quack doctor in the village of Cimarron, pretending to be able to prevent the spread of small-pox, inoculated twenty children with the virus of the disease. On the following morning sixteen of them died, and there is small hope of the recovery of the remainder. The inhabitants of the village are greatly excited, and threaten vengeance on the man.

AMERICAN INTERNATIONAL HEALTH ASSOCIATION.—The American International Health Association will meet in the city of Mexico in November, 1892. The Association at present includes Canada and Mexico, as well as the United States, and it is hoped that the Central American Republic may also join at the next meeting. Dr. Watson, Secretary of the Association, while travelling in Mexico, succeeded in inducing the health authorities of that Republic to enter into a plan of international and interstate notification of the outbreak of contagious and infectious diseases, such as already exists between the United States and Canada. The plan is that every state, province and town is immediately advised of the outbreak of disease in any locality, of its nature, the number of cases, etc.

ANTIVACCINATORS AT LARGE.—Dr. E. J. Edwardes did good service in attending the debate this week at the Memorial Hall, to oppose the silly resolution brought forward with much parade, that "it is desirable that all inoculation of disease be made a penal offence." Dr. Edwardes quoted, with a thorough knowledge of the subject, statistics proving the decrease in small-pox due to effective vaccination, and the great mortality of the unvaccinated; and in this he was supported by Dr. Drysdale. In a meeting of this sort, convoked by the members of a variety of conjoined fanatic societies, it was, of course, a foregone conclusion that his views would not meet with general acceptance; and the usual nonsense about the increase in cancer, syphilis, and nervous diseases being due to vaccination was paraded. It is an unwelcome and unpleasant task for an educated medical man to meet these gentlemen on their own platform; but it is a very useful function on such occasions to make the voice of reason heard; and Dr. Edwardes deserves thanks for undertaking a disagreeable task for the public good.

### MEDICAL VACANCIES.

The following vacancies are announced:

- BOURNEMOUTH FRIENDLY SOCIETIES' MEDICAL ASSOCIATION.—Junior Medical Officer. Applications to the Secretary, 59, Old Christchurch Road, Bournemouth.
- BUCKINGHAM GENERAL INFIRMARY, Aylesbury.—Resident Surgeon and Apothecary; doubly qualified. Salary, £80 per annum, rising £10 yearly to £100, with board and lodging, washing, coals, and candles, in furnished apartments. Applications to Mr. George Fell, Solicitor, Aylesbury, by April 5th.
- CHARING CROSS HOSPITAL.—Pathologist and Curator. Salary, £100 per annum. Applications to the Chairman of the Medical Committee, by April 4th.
- CLAYTON HOSPITAL AND WAKEFIELD DISPENSARY, Wakefield.—Senior House-Surgeon, doubly qualified, unmarried. Salary, £90 per annum, with board, lodging, and washing. Applications to the Honorary Secretary by April 6th.
- COLLEGE OF STATE MEDICINE.—Research Scholarship, tenable for one year. Salary, £100. Applications to Surgeon-General Cornish,

College of State Medicine, 101, Great Russell Street, W.C., by April 18th.

- DERBYSHIRE ROYAL INFIRMARY.—Resident Assistant House-Surgeon. Appointment for six months, but eligible for an additional six months. Salary, £10 for first six months, £25 for second six months, with separate apartments, board, and washing provided. Applications to the House-Surgeon by April 5th.
- GENERAL HOSPITAL, Nottingham.—Assistant House-Physician. Board, lodging, and washing provided. Applications to the Secretary by April 2nd.
- HAVERSTOCK HILL AND MALDEN ROAD PROVIDENT DISPENSARY, 132, Malden Road, N.W. Medical Officer. Applications to the Honorary Secretary, G. G. Browne, Esq., by April 26th.
- HULME DISPENSARY, Manchester.—House-Surgeon; doubly qualified. Salary, £140 per annum, with apartments, attendance, coal, and gas. Applications to F. H. Collins, M.D., Secretary Medical Committee, by April 6th.
- LONDONDERRY LUNATIC ASYLUM.—Assistant Medical Officer. Salary, £100 per annum, with furnished apartments, rations, fuel, light, washing, and attendance. Applicants must be unmarried, and not more than 30 years of age. Apply with copies of testimonials to Dr. Hetherington. Election on April 14th.
- MANCHESTER ROYAL INFIRMARY, DISPENSARY, AND LUNATIC HOSPITAL OR ASYLUM.—Honorary Assistant-Physician. Application to the Chairman of the Board by April 20th.
- MANCHESTER SOUTHERN AND MATERNITY HOSPITAL.—Resident House-Surgeon; must reside near the Hospital. Applications to G. W. Fox, Honorary Secretary, 53, Princess Street, Manchester.
- MANCHESTER SOUTHERN AND MATERNITY HOSPITAL.—House-Surgeon. Honorarium at the rate of £75 per annum. Applications to Geo. Wm. Fox, Honorary Secretary, 53, Princess Street, Manchester, by April 9th.
- METROPOLITAN HOSPITAL, Kingsland Road, N.E.—House-Physician; must be M.R.C.S. Eng. Appointment for six months. Salary, at the rate of £80 per annum, and board and laundry expenses. Applications to Charles H. Byers, Secretary, by April 11th.
- METROPOLITAN HOSPITAL, Kingsland Road, N.E.—House-Surgeon; must be M.R.C.S. Eng. Appointment for six months. Salary, at the rate of £10 per annum, with board and laundry expenses. Applications to Charles H. Byers, Secretary, by April 11th.
- METROPOLITAN HOSPITAL, Kingsland Road, N.E.—Assistant House-Surgeon; must be M.R.C.S. Eng. Board and laundry expenses provided. Applications to Charles H. Byers, Secretary, by April 11th.
- NOTTINGHAM BOROUGH ASYLUM, Mapperley Hill, Nottingham.—Assistant Medical Officer, unmarried. Salary, £125 per annum, with apartments, board, and washing. Applications to the Medical Superintendent by April 18th.
- PADDINGTON GREEN CHILDREN'S HOSPITAL, W.—House-Surgeon. Appointment for six months. Salary, at the rate of £35 8s. per annum, with board and residence. Applications to the Secretary by April 23rd.
- PARISH OF GLENELG, Inverness-shire, N.B.—Medical Officer for the Southern Division. Salary, from Parochial Board, £50 a year, free house and garden, and additional fixed salary of £100 from other sources. Applications to Chairman of the Parochial Board, Inverie, Isle Oransay, N.B.
- PAROCHIAL BOARD OF UIG, LEWIS.—Medical Officer. Salary, £180. Gaelic indispensable. Applications to the Chairman, Parochial Board of Uig, by Stornoway, before April 15th.
- ROYAL FREE HOSPITAL, Gray's Inn Road.—Senior Resident Medical Officer, doubly qualified. Salary, £100 per annum, with board and residence. Applications to the Secretary by April 11th.
- ROYAL FREE HOSPITAL, Gray's Inn Road.—Junior Resident Medical Officer. Board, residence, and washing. Applications to the Secretary by April 11th.
- ROYAL PIMLICO DISPENSARY, 104, Buckingham Palace Road, S.W.—Resident Medical Officer and Assistant Secretary. Salary, £100 per annum, with percentage of payments of members, unfurnished house free of rates and taxes, with gas and two-thirds of coal. Applications to the Secretary by April 5th.
- SOUTHAL-NORWOOD LOCAL BOARD.—Analyst. Applications marked "Applications for Analyst" to the Board Officer, High Street, Southall, Middlesex, by April 12th.
- SOUTH DEVON AND EAST CORNWALL HOSPITAL, Plymouth.—Honorary Assistant House-Surgeon. Applications to J. W. Wilson, Honorary Secretary, by April 5th.
- TAUNTON AND SOMERSET HOSPITAL, 13, Hammet Street, Taunton.—House-Surgeon. Salary, £100 per annum, with board, lodging, and washing. Applications to J. H. Biddulph Pinchard by April 2nd.
- VICTORIA HOSPITAL FOR CHILDREN, Queen's Road, Chelsea.—Honorary Medical Officer to New Convalescent Branch at Broadstairs to be opened in May. Applications to the Secretary, Captain Blount, R.N., by April 18th.
- WANDSWORTH AND CLAPHAM UNION.—Assistant Medical Officer at the Infirmary; doubly qualified, unmarried, and between 24 and 28 years of age. Salary, £120 per annum, with apartments, board, and washing. Applications, on forms to be obtained at the Clerk's office, to A. N. Henderson, Clerk, Union Offices, New Wandsworth, by April 6th.

### MEDICAL APPOINTMENTS.

- ALLAN, T. S., L.R.C.P. & S. Ed., L.F.P. & S. Glas., appointed Medical Officer for the Capel District of the Tonbridge Union, vice W. Malden, M.B., resigned.

ANDREW, A., L.R.C.P., L.M.Irel., appointed Medical Officer for the Glossop Sanitary District.

BINGLEY, Ernest Horsford, L.S.A.Lond., appointed House-Surgeon to the Chichester Infirmary, *vice* S. B. De Butts, resigned.

BURTON, William Edward, M.R.C.S.Eng., L.R.C.P.Lond., L.S.A.Lond., appointed Medical Officer and Public Vaccinator to the Frodsham District of the Runcorn Union, Cheshire.

CHARNLEY, Wm., M.D.Camb., M.R.C.S., appointed Honorary Oculist to the South Shropshire Infirmary.

CRAIG, James Forsyth, M.A., M.B., C.M.Aberd., appointed Surgeon to the "D" Division of the Birmingham City Police.

DICKSON, Thomas Hugh, M.A., M.B., B.C.Cantab., M.R.C.S.Eng., L.R.C.P.Lond., appointed Medical Inspector H.M. Customs, *vice* Walter Dickson, M.D., R.N., retired by seniority.

GRANT, Dundas, M.A., M.D., F.R.C.S.Eng., appointed Surgeon for the Throat and Ear to the West End Hospital for Nervous Diseases.

HERN, George, M.R.C.S., L.R.C.P., L.D.S.Eng., appointed Demonstrator to the Dental Hospital of London, Leicester Square.

HEYWOOD, Charles Christopher, M.A., M.B.Cantab., M.R.C.S., appointed House Surgeon to the Salford Royal Hospital, *vice* R. E. Lord, M.D.Lond., resigned.

HICKS, Charles, L.R.C.P., L.R.C.S.Eng., L.F.P.S.Glas., appointed Medical Officer for the Sharnbrook Sanitary District of the Bedford Union, *vice* L. P. Banks, L.R.C.P.I., L.F.P.S.Glas., resigned.

HIGGINSON, J. W., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer to the Aldborough Sanitary District of the Erpingham Union, *vice* W. G. Heasman, L.R.C.P.Lond., M.R.C.S.Eng., resigned.

HOCKRIDGE, T. G., M.D., C.M.McGill Montreal, M.C.P.S.Ont., M.R.C.S.Eng., reappointed Medical Officer for No. 6 District of the Holborn Union.

HOLLINGS, C. E., L.R.C.P., L.R.C.S.Eng., L.F.P.S.Glas., reappointed Medical Officer of Health for Calverley.

HOUNSELL, F. C. W., B.A.Camb., M.R.C.S., appointed Medical Officer for the Chudleigh Sanitary District of the Newton Abbott Union, *vice* C. H. Wade, M.A., *hon.*, L.R.C.P., M.R.C.S., resigned.

HUDSON, A. R. Locke, L.R.C.P., L.R.C.S.I., Springfield, Widnes, District Medical Officer to Wesleyan and General Assurance Co.

JAMESON, G. B., M.B., C.M.Edin., appointed House-Surgeon to the Central London Ophthalmic Hospital, Gray's Inn Road, W.C.

KNIGHT, Frederick, M.D.Lond., appointed Physician to the Swansea Hospital, *vice* D. A. Davies, M.B.Lond., resigned.

LANDSDOWN, F. P., M.R.C.S., reappointed Senior Surgeon to the Bristol General Hospital.

LITTLE, John Fletcher, M.B.Camb., M.R.C.P.Lond., appointed Assistant Physician to the London Temperance Hospital.

MACINTOSH, Angus, M.D., L.F.P.S.Glas., reappointed Medical Officer for the Dronfield and Clay Lane Urban Sanitary Districts.

MACINTOSH, Archibald, M.B.Edin.&C.M., appointed House-Physician to the Leith Hospital.

MELLER, Charles Booth, L.R.C.P., M.R.C.S., L.S.A., L.M., reappointed Medical Officer of Health for the Cowbridge District of the Bridgend and Cowbridge Rural Sanitary Authority for three years, and District Medical Officer and Public Vaccinator for the Bonvilstone District of the Cardiff Union.

MILLS, Y. Hubert, F.R.C.S., M.B., appointed Surgical Registrar to the London Hospital, Whitechapel, *vice* H. P. Dean, F.R.C.S., appointed Assistant-Surgeon.

MORRIS, D. W., L.R.C.P.Irel., M.R.C.S., appointed Medical Officer for the Mailwyd Sanitary District of the Dolgelly Union.

MORRISON, Alexander Thomson, M.B., B.Ch., B.A.O. (R.U.I.), appointed Medical Officer and Public Vaccinator for Waddesdon District of the Aylesbury Union.

MORRISON, J. T. J., M.A., B.C.Cantab., F.R.C.S.Eng., appointed Central Divisional Surgeon to the Birmingham Police Force and Fire Brigade.

MORTLOCK, R. H., M.B., C.M.Edin., appointed Medical Officer for the Calbeck Sanitary District of the Wigton Union.

NEWBY, Gervase E., M.R.C.S.Eng., L.R.C.P.Lond., appointed Junior House Surgeon to the Salford Royal Hospital, *vice* C. C. Heywood, appointed House-Surgeon.

PATTERSON, W., L.R.C.P., L.R.C.S.Eng., appointed Medical Officer of the No. 7 District of the Oldham Union, *vice* Dr. Leech, resigned.

RICHARDSON, Benjamin Ward, M.A., M.D.St.And., F.R.C.P.Lond., F.R.S., appointed Physician to the London Temperance Hospital, *vice* James Edmunds, M.D., resigned.

SHIVES, J., M.D., reappointed Medical Officer of Health for Liversedge Urban Sanitary Authority.

SIMPSON, Alexander, M.A., M.B., C.M.Aberd., appointed Second Assistant Medical Officer to the Lancashire County Asylum, Whittingham, Preston.

SMART, David, M.B., C.M.Edin., B.Sc. Pub. Health, appointed Visiting Medical Officer to the Toxteth Board of Guardians.

SMITH, G., M.B., C.M.Edin., reappointed Medical Officer for the Gray's Sanitary District of the Henley Union.

SPENCER, T. E., M.R.C.S., L.R.C.P., appointed House Surgeon to the Weston-super-Mare Hospital.

SPROTT, A., M.B., C.M.Glas., appointed Medical Officer for the Potterdale Sanitary District of the West Ward Union.

SYMPSON, E. Mansel, M.D., B.C.Cantab., appointed Surgeon to the Lincoln County Hospital.

TOMPSETT, R. H., L.R.C.P.Lond., M.R.C.S., appointed Second Assistant Medical Officer for the Fulham Road Workhouse and the Infirmary, St. George's Union.

WESTCOTT, Wm. Wynn, M.B.Lond., M.R.C.S.Eng., appointed *pro tem.* Medical Officer of Health for the Parish of St. Mary, Islington, *vice* C. Meymott Tidy, M.B., C.M.Aberd., deceased.

WILLIAMS, Henry W., M.D., appointed a Consulting Physician to the Dalrymple Home for the Treatment of Inebriety, *vice* Dr. Alfred Carpenter, deceased.

WILLOUGHBY, W. G., M.D.Lond., L.R.C.P., M.R.C.S., appointed Medical Officer of Health for the Plympton St. Mary Rural Sanitary District, *vice* G. Adkins, L.R.C.P.Lond., M.R.C.S.Eng.

## DIARY FOR NEXT WEEK.

### MONDAY.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN, 8 P.M.—Mr. C. S. Tomes: Studies on the Growth of the Jaws. Casual communications by Mr. S. J. Hutchinson, Mr. M. Y. Woolf, and Mr. A. W. Barrett.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. J. Knowsley Thornton: Further cases illustrative of Hepatic Surgery.

### TUESDAY.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 5 P.M.—Dr. Pye-Smith: The Lumleian Lectures on Certain Points in the Etiology of Disease. Lecture II.

PATHOLOGICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. F. C. Abbott: Series of Congenital Dislocations of the Radius (four generations). Mr. J. J. Clarke: (1) Litter of Kittens affected with Talipes and other Congenital Malformations. (2) Human Monster. Dr. J. Adams: Ileo-colic Intussusception from Inverted Meckel's Diverticulum. Mr. C. B. Lockwood: Polypus of Small Intestine associated with Intussusception. Dr. G. Barling: Acute Double Tuberculous Disease of Testes. Dr. P. H. Pye-Smith: Unusual Distribution of Secondary Cancer. Mr. E. W. Willett: Aneurysm of the Aorta in a Child. Dr. W. Edmunds: Cystic Disease of Kidney. Mr. E. Willett: Diphtheritic Membrane in Stomach of a Child.

### WEDNESDAY.

OBSTETRICAL SOCIETY OF LONDON, 8 P.M.—Specimens will be shown by Dr. Leith Napier. Adjourned discussion on Cæsarean Section. Dr. Lewers: Six cases of Craniotomy, with Remarks on the Relative Position of Craniotomy and Cæsarean Section.

### THURSDAY.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, 5 P.M.—Dr. Pye-Smith: The Lumleian Lectures on Certain Points in the Etiology of Disease. Lecture III.

HARVEIAN SOCIETY, 8.30 P.M.—Mr. F. W. Parsons: Notes of a case of Chronic Tuberculous Phthisis. Dr. J. Edward Squire: Pulmonary Affections which may lead to Phthisis.

### FRIDAY.

CLINICAL SOCIETY OF LONDON, 8.30 P.M.—Dr. Washbourn and Mr. Arbuthnot Lane: Floating Kidney; new mode of Nephrorrhaphy. Mr. Littlewood: Traumatic Cyst of the Pancreas successfully treated by Stitching Cyst Wall to Abdominal Parietes and Drainage, with an Analysis of the Pancreatic Fluid subsequently collected. Dr. Hector Mackenzie: Hydatid of Lung, which proved fatal by Rupture into a Bronchus nine hours after treatment by Aspiration. Mr. Stephen Paget: Abdominal Section followed by Parotitis; Recovery.

## BIRTHS, MARRIAGES, AND DEATHS.

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

### BIRTHS.

DARROLL.—On March 28th, at Leintwardine, Herefordshire, the wife of W. Burwell Darroll, L.R.C.P.Lond., M.R.C.S.Eng., of a daughter.

MONTEITH.—On February 4th, at Geraldton, Western Australia, the wife of James Monteith, M.B., C.M.Edin. (formerly of Poole, Dorset), of a daughter.

WALKER.—At Sandakan, British North Borneo, on February 19th, the wife of James H. Walker, A.M., M.D., of a daughter.

### MARRIAGES.

BAIRD—BROWN.—March 23rd, at St. John's Church, Devonport, by Rev. R. Mildren, Andrew Baird, M.B., F.R.C.S.E., Surgeon-Captain Medical Staff, to Florence Anna, widow of the late Charles J. Brown, of Brentwood, Essex, and daughter of T. H. Gill, solicitor, Devonport.

HINGSTON—SMITH.—At Grampound Church, March 23rd, by the Rev. R. Blackmore, Vicar of Merther, and the Rev. C. H. Vivian, Rector of Creed, Richard Hingston, M.R.C.S.Eng., L.R.C.P.Lond., only son of Andrew Hingston, Surgeon, Liskeard, to Sarah Elizabeth (Bessie), elder daughter of Mr. G. W. Smith, Ventonwyn, Grampound.

### DEATHS.

DEVIS.—On February 5th, at Charters Towers, Queensland, Charles James Devis, M.R.C.S.Eng., L.S.A., late House-Surgeon to the Hereford General Infirmary, aged 39 years.

TOMKINS.—On March 27th, at West Leigh, Leicester, after influenza and pneumonia, Henry Tomkins, M.D. No cards.



## HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

- CANCER, Brompton (Free).** *Hours of Attendance.*—Daily, 2. *Operation Days.*—Tu. S., 2.
- CENTRAL LONDON OPHTHALMIC.** *Operation Days.*—Daily, 2.
- CHARING CROSS.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M., 1.30; Dental, M. W. F., 9; Throat and Ear, F., 9.30. *Operation Days.*—W. Th. F., 3.
- CHELSEA HOSPITAL FOR WOMEN.** *Hours of Attendance.*—Daily, 1.30. *Operation Days.*—M. Th., 2.30.
- EAST LONDON HOSPITAL FOR CHILDREN.** *Operation Day.*—F., 2.
- GREAT NORTHERN CENTRAL.** *Hours of Attendance.*—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, Tu. Th., 2.30; Ear, M. F., 2.30; Diseases of the Skin, W., 2.30; Diseases of the Throat, Th., 2.30; Dental Cases, W., 2. *Operation Day.*—W., 2.
- GUY'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 1. *Operation Days.*—(Ophthalmic), M. Th., 1.30; Tu. F., 1.30.
- HOSPITAL FOR WOMEN, Soho.** *Hours of Attendance.*—Daily, 10. *Operation Days.*—M. Th., 2.
- KING'S COLLEGE.** *Hours of Attendance.*—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., Tu. W. F. S., 1.30; Eye, M. Th., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. *Operation Days.*—Tu. F. S., 2.
- LONDON.** *Hours of Attendance.*—Medical, daily, exc. S., 2; Surgical, daily, 1.30 and 2; Obstetric, M. Th., 1.30; o.p., W. S., 1.30; Eye, Tu. S., 9; Ear, S., 9.30; Skin, Th., 9; Dental, Tu., 9. *Operation Days.*—M. Tu. W. Th. S., 2.
- LONDON TEMPERANCE HOSPITAL.** *Hours of Attendance.*—Medical, M. Tu. F., 2; Surgical, M. Th., 2. *Operation Days.*—M. Th., 4.30.
- METROPOLITAN.** *Hours of Attendance.*—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operation Day.*—F., 9.
- MIDDLESEX.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p., M. F., 9, W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4, Th., 9.30; Dental, M. W. F., 9.30. *Operation Days.*—W., 1.30, S., 2; (Obstetric), Th., 2.
- NATIONAL ORTHOPÆDIC.** *Hours of Attendance.*—M. Tu. Th. F., 2. *Operation Day.*—W., 10.
- NORTH-WEST LONDON.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, Tu., 2; Dental, F., 9. *Operation Day.*—Th., 2.30.
- ROYAL FREE.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th., 9. *Operation Days.*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
- ROYAL LONDON OPHTHALMIC.** *Hours of Attendance.*—Daily, 9. *Operation Days.*—Daily, 10.
- ROYAL ORTHOPÆDIC.** *Hours of Attendance.*—Daily, 1. *Operation Day.*—M., 2.
- ROYAL WESTMINSTER OPHTHALMIC.** *Hours of Attendance.*—Daily, 1. *Operation Days.*—Daily.
- ST. BARTHOLOMEW'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th. S., 2; o.p., W. S., 9; Eye, W. Th. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopædic, M., 2.30; Dental, Tu. F., 9. *Operation Days.*—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.
- ST. GEORGE'S.** *Hours of Attendance.*—Medical and Surgical, M. Tu. F. S., 12; Obstetric, Th., 2; o.p., Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopædic, W., 2; Dental, Tu. S., 9. *Operation Days.*—Th., 1; (Ophthalmic), F., 1.15.
- ST. MARK'S.** *Hours of Attendance.*—Fistula and Diseases of the Rectum, males, W., 8.45; females, Th., 8.45. *Operation Day.*—Tu., 2.
- ST. MARY'S.** *Hours of Attendance.*—Medical and Surgical, daily, 1.45; o.p., 1.30; Obstetric, Tu. F., 1.45; Eye, Tu. F. S., 9; Ear, M. Th., 3; Orthopædic, W., 10; Throat, Tu. F., 1.30; Skin, M. Th., 9.30; Electro-therapeutics, Tu. F., 2; Dental, W. S., 9.30; Consultations, M., 2.30. *Operation Days.*—Tu., 1.30; (Orthopædic), W., 11; (Ophthalmic), F., 9.
- ST. PETER'S.** *Hours of Attendance.*—M., 2 and 5, Tu., 2, W., 2.30 and 5, Th., 2, F. (Women and Children), 2, S., 3.30. *Operation Day.*—W., 2.
- ST. THOMAS'S.** *Hours of Attendance.*—Medical and Surgical, daily, exc. W. and S., 2; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tr., 2; o.p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30; Dental, Tu. F., 10. *Operation Days.*—W. S., 1.30; (Ophthalmic), Tu., 4, F., 2; (Gynaecological), Th., 2.
- SAMARITAN FREE FOR WOMEN AND CHILDREN.** *Hours of Attendance.*—Daily, 1.30. *Operation Day.*—W., 2.30.
- THROAT, Golden Square.** *Hours of Attendance.*—Daily, 1.30; Tu. and F., 6.30; *Operation Day.*—Th., 2.
- UNIVERSITY COLLEGE.** *Hours of Attendance.*—Medical and Surgical, daily, 1.30; Obstetrics, M. W. F., 1.30; Eye, M. Th., 2; Ear, M. Th., 9; Skin, W., 1.45, S., 9.15; Throat, M. Th., 9; Dental, W., 9.30; *Operation Days.*—W. Th., 1.30; S., 2.
- WEST LONDON.** *Hours of Attendance.*—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopædic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10, F., 4; Skin, F., 2; Throat and Nose, S., 10. *Operation Days.*—Tu. F., 2.30.
- WESTMINSTER.** *Hours of Attendance.*—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, M. Th., 2.30; Ear, M., 9; Skin, W., 1; Dental, W. S., 9.15. *Operation Days.*—Tu. W., 2.

## LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY POST ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 429, Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL, etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

In order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not to his private house.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate beforehand with the Manager, 429, Strand, W.C.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with duplicate copies.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted, will be found under their respective headings.

### QUERIES.

OBSTETRIC asks to be recommended a midwifery register for recording cases, and where it may be had.

#### HOSPITAL CARDS.

HOSPITAL PHYSICIAN asks: What is the best arrangement for holding hospital patients' bed cards—I mean the papers on which the prescriptions, diets, etc., are written; and also where they can be obtained?

#### MEDICINE CASE.

A COUNTRY DOCTOR would like to know the most convenient and useful medicine case for a country practice; with its size, shape, and number and size of bottles; its price, and where it can be purchased?

#### ECZEMA IN INFANTS.

C. E. R. asks for advice in the treatment of eczema in an infant aged about 12 months, very slow in teething. The eczema is present all over the face and on other parts of the body; it refuses to yield to treatment of any sort. The irritability of the skin, especially at night, is very distressing.

#### LOSS OF HAIR.

PILEX asks for advice in the treatment of the following case: A healthy girl, aged 18, has for the last three years been subject to her hair falling off, and to such an extent that she is now threatened with total baldness. The scalp is healthy and free from dandruff, but the hair is always in a greasy condition although no grease ever is used. I have tried stimulating remedies without effect.

#### GERMAN SANITARY PERIODICALS.

F. H. R. asks: What is the best sanitary or hygienic journal published in Germany? I mean something corresponding to our *Sanitary Record*, and which bears on and keeps one abreast of sanitary matters in their entirety in Germany. In replying, would you kindly tell me where it is published, whether weekly, monthly, etc.?

\**Deutsches Wochenblatt für Gesundheitspflege u. Rettungsweisen*, 70, Lindenstrasse, Berlin, fortnightly, 25 pf., a 4to newspaper, perhaps corresponds more nearly to the *Sanitary Record* than any other. It aims at instructing the public without foregoing its scientific tone. The *Deutsche Vierteljahrsschrift für öffentliche Gesundheitspflege*, F. Wieweg u. Sohn, Brunswick, quarterly, subscription about £1 or 18s., an 8vo vol. like the *Contemporary or Nineteenth Century*, of 200 pages, stands alone in the high scientific and practical value of its contents, namely, some half-dozen original and signed articles on every branch of public health, frequently giving the results of original researches, a number of highly judicious reviews and notices of books in various languages, mostly signed, and short reports of legal decisions, analyses of foods, reports of municipal sanitary authorities, of congresses and exhibitions, etc. Subscribers receive also as a supplement Uffelmann's *Yearbook of the Progress of Public Health and its Literature*.

#### WOUNDS PRODUCED BY SALOON PISTOLS.

E. B. T. asks: Supposing a man is shot with a saloon rifled pistol, the barrel of which is 16 inches long, is it possible if the weapon is held at right angles, and touching the centre of the forehead, for the wound not to bear any marks of gunpowder staining or of charring?

\*It is not possible, provided the pistol alluded to were a No. 3 or No. 2 saloon pistol, as these are charged with ordinary black powder. If the muzzle of one of these pistols when fired were touching the skin of the forehead, the edges of the wounded part would be blackened by the exploded powder, would be scorched by the flame, and some grains of