

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERA- PEUTICAL, PATHOLOGICAL, ETC.

THE TREATMENT OF CARBUNCLE.

UNDER the above head Mr. Maberley draws attention in the *BRITISH MEDICAL JOURNAL* of February 15th to the fact that carbuncles heal better, more quickly, and are subject to less sloughing when they are uncut, and speaks of pressure as being a valuable adjunct. The great disadvantage, however, is difficulty in application, and I may add pain. I have had several very severe cases in asylum and private practice, and though in positions not allowing of pressure by bandage, I have effected the same purpose by free, judicious, and frequent painting all over and beyond the inflamed area by collodion (not flexile), painting in graduated thickness towards the centre, and securing outlets for pus and thorough disinfection by boring into the centre from several points by a pointed, charred piece of wood, usually a lucifer match, soaked in pure carbolic acid on two or three occasions each day. The result has been immediate lessening or relief of pain, limitation of spreading edge, liquefaction of contents, which are forced out of the openings made by the contracting collodion, and rapid healing with little scarring—indeed, none except where the holes are bored. The worst case, on the back of the neck from mastoid to mastoid and 5 inches across vertically, presented so little scar that it did not show through the short-cropped hair of a male patient at about a couple of yards' distance, there being no depression. I may add I have experienced this upon myself also, and relief of pain is great. For boils it is still more efficacious.

Leyton, E.

HARDING H. TOMKINS, M.R.C.S.

SPONTANEOUS CURE OF MENINGOCELE.

ON April 6th, 1895, Mrs. B. gave birth to a male child, the subject of hernia of the membranes of the brain. In all other respects the baby was normal and vigorous. The tumour occupied the neighbourhood of the left occipito-parietal suture, and was in bulk equal to the half of a medium-sized orange. By pressing moderately firmly with the finger around its base, it was easily discoverable that the tumour issued from an irregularly lozenge-shaped deficiency in the skull measuring about $1\frac{1}{2}$ inch in diameter, and presenting at three of its angles well-marked projecting points of bone. For several weeks I watched it carefully, but up to the time of my ceasing attendance no perceptible change was observable.

About May 14th, however, the parents noticed the tumour gradually subsiding, and by May 25th, when my attention was again called to it, it had entirely disappeared. Within the area marked by the three prominent points of bone referred to, the position of the orifice could be noted, being somewhat depressed, but moderately resistant. Within a few weeks the depression filled up, the bony prominences became absorbed, and both sides of the skull presented a symmetrical appearance. The child has all along thriven well and enjoyed vigorous health.

I have not been able to discover any statistics bearing on the relative frequency of the spontaneous cure of such conditions, but it is acknowledged to be "a most rare occurrence." As a rule the disease is speedily fatal. Of 79 cases inquired into by Laurence, only in 6 instances did the subjects reach adult age, all the others having been stillborn or died in early life.

Rothesay.

D. MITCHELL, M.D.

AN INTERESTING CASE OF APHONIA.

I. J., aged 20 years, a female factory operative, while employed at her usual duties, was frightened by a mouse, and from that moment found she could not speak a word, not even whisper. There was nothing unusual in her appearance or manner. She had suffered about six months earlier from anæmia and neurasthenia. The family history was good. Her intellect did not appear to be in any way impaired, as she was able to communicate her thoughts in writing, and copied in a good hand a short paragraph from a newspaper.

She readily understood what was said to her. On laughing or coughing she made no sound; the special senses were normal. She never had fits, paresis, or inco-ordination; the movements of eyes, lips, and tongue were natural; there was no dysphagia. The knee-jerks were natural, perhaps the right slightly exaggerated. Ophthalmoscopic examination showed nothing unusual. Upon examining the larynx I did not find the cords separated, as I expected, leaving a wide glottic chink; beyond a slightly anæmic condition of the mucosa nothing further could be noted.

I was inclined to look upon the case as one of "hysterical aphonia," but finding that the laryngoscope did not reveal that state of the cords which is almost constantly associated with hysterical aphonia I was obliged to seek some other cause. The fact that there was no mental degradation led me to think it was not a cortical lesion, and the absence of signs of glosso-labial paralysis excluded a bulbar lesion. I therefore concluded that it might be due to suspension of function of the outgoing fibres between the third frontal convolution and the nuclei of origin of the nerves employed in speech giving rise to complete aphemia, but here again we have some difficulty in deglutition, which, strange to say, did not exist. It was perhaps the condition described by Charcot as hysterical mutism, but unfortunately I did not ascertain if there was anæsthesia of the palate.

I intended to apply the faradic current to the larynx, but the girl objected to it. However, after the lapse of six weeks she recovered speech as quickly as she lost it, and appears now to be in good health.

Nelson, Lancs.

ROBERT MORRIS, L.R.C.P. and S. Ed.

PARALDEHYDE IN ASTHMA.

IN the *BRITISH MEDICAL JOURNAL* of February 29th Dr. Aitken speaks of the value of paraldehyde as a hypnotic and sedative. I wish to draw attention to a less generally recognised action of the drug—namely, as an antispasmodic in that most distressing malady—asthma.

Dr. W. Mackie has a note on this action in the *BRITISH MEDICAL JOURNAL* of January 14th, 1893, in twelve cases of spasmodic asthma. Since that date I have exhibited the drug, with good effect, in about thirty cases of asthma, including ordinary spasmodic asthma, asthma with epilepsy, with morbus cordis, with renal disease, with chronic bronchitis, and in two cases of asthma with pneumonia.

In the majority of the cases relief was rapid and complete, and in the remainder the distress was lessened. The dose employed was 45 to 60 minims, one dose being usually sufficient, a few cases needing a further dose of 30 to 45 minims an hour or so later. The hypnotic action of the drug, also, is of great service, as in so many cases of asthma the attack comes on in the evening or during the night.

Using the above doses, I have never observed any untoward action of the drug, but, on the contrary, the breathing has gradually become easy and normal, the pulse steadied and strengthened, the patient falling into comfortable sleep.

A disagreeable feature of the drug is that it scents the breath strongly for about twenty-four hours. A point in dispensing is that the addition of a few drops of alcohol renders paraldehyde perfectly miscible with water; any flavouring tincture can be used for this purpose.

FREDERICK P. HEARDER, M.B., C.M. Edin.,
Assistant Medical Officer, West Riding Asylum, Wakefield.

A CASE OF LUPUS CURED WITH THYROID GLAND EXTRACT.

ON July 28th, W.B., aged 20, was sent to me suffering from lupus affecting the nose and upper lip. The history of the case was that it had commenced as a small area four months before, and had spread gradually. As the diagnosis in the early stage was doubtful, he had been treated with iodide of potassium.

When I saw him the lower half of the nose, including the alæ, was involved; there was also a small patch on the upper lip. The case was most typical. Having previously obtained markedly beneficial results in two cases of lupus treated with the thyroid extract, I decided to employ it in this case, giving him one 5-grain tabloid of the extract three times a day. As even this dose quickened the pulse, I never increased the amount.

In a fortnight's time the improvement, though slight, was decided. This continued, and at the end of seven weeks, although the nose looked hyperæmic, the lupus had quite healed; the redness had gradually disappeared, and has now (three months after) assumed a normal aspect. During the thyroid treatment I put him on cod-liver oil, and got him out in the fresh air as much as possible. I should add that there is a tuberculous history in the family.

HERBERT MARSON, M.D.Durh., F.R.C.S.Eng.

Stafford.

REPORTS

ON

MEDICAL & SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN, IRELAND, AND THE COLONIES.

SAVERNAKE HOSPITAL, WILTS.

CASE OF INTRACRANIAL ABSCESS, PROBABLY CEREBELLAR,
SECONDARY TO CHRONIC SUPPURATIVE OTITIS
MEDIA: RECOVERY.

(By T. H. HAYDON, B.A., M.B., B.C.Camb., M.R.C.S.,
L.R.C.P.)

W. M., aged 13, was first seen on November 16th, 1895. He was suffering from severe headache, drowsiness, earache, and sickness. He was removed to the Savernake Hospital that evening.

He was one of a family of eleven, of whom one suffered from tuberculous disease of the knee. He had been subject to "gatherings" in his ears since he was quite a child. The last attack was about two months earlier. On one occasion an abscess formed and broke behind the left ear. He had had no treatment.

On November 2nd, he had an attack of earache without any discharge; headache followed, and was almost continuous.

Since November 14th, he had been much worse, had complained of pain all over, had been sick after all food, and had been drowsy and only roused with difficulty. He complained of chilliness, but no rigors. He lay on the right side with the legs drawn up, the face slightly flushed and perspiring freely. The eyelids were half closed; the pupils were rather wide, but acted to light; there was no oculo-motor paralysis, no nystagmus nor deviation. Tongue thickly furred, breath offensive. Bowels regular.

There was acute tenderness over the left mastoid, and slight cedema extending to the tip of the process. There was a small scar just behind the ear on a level with the meatus. There was no discharge from the ear. The watch was not heard on the left side but hearing was good on the right. Through the speculum a little whitish thick discharge was seen, and when washed away pale granulations appeared. There was double optic neuritis, most marked in left. There was no paralysis or rigidity of limbs, and all reflexes were present. The muscles were all very flabby and thin. No abnormal signs in heart or lungs were detected. Pulse, 72; temperature, 99°. Urine did not contain albumen.

On November 17th, 11.30 A.M., chloroform was administered. The ordinary incision was made close behind the ear. On elevating the periosteum a little very offensive gas bubbled up. The gouge was applied a quarter of an inch behind the meatus and a quarter of an inch above the base line, and almost immediately a little very offensive green pus escaped, and on continuing a sudden gush of the same kind of pus came from the posterior part of the opening in the bone. Pulsation was communicated to it as it flowed out. About 1½ oz. escaped. The bone opening was enlarged, making a circular aperture about half an inch in diameter, the posterior part of which opened into the sulcus lateralis, the anterior part into the mastoid cells. These were further scraped out, and a quantity of gritty caseous substance removed; a drainage tube was inserted, and boracic fomentations applied.

After the operation the patient's condition improved. There was no more sickness till November 25th, nor was pain complained of. His position was chiefly on the right side,

and if moved on to the left he turned back again. The left conjunctiva became slightly injected; the pupils were wide, and on November 20th the left a trace wider than the right; both acted to light. The pulse 96, after the operation became slower, till on November 25th it was 52 and the temperature 97°. On that day the wound was explored again, more bone removed, and about 2 ozs. of horribly offensive pus evacuated by an opening 1¼ in. behind the meatus on the level of Reid's base line. The director passed inwards about 3 ins., and a drainage tube 2½ ins. long was inserted. The cavity in the mastoid was further scraped out till a channel was made to the external meatus; another drainage tube was inserted and the wound dressed. On November 26th the pulse was 92 and the temperature 98°; there had been no more sickness.

From this date the general condition steadily improved; the mental condition remained dull for some days longer. The tubes were removed ten days after the second operation, and the wound was healed by December 25th.

When the patient first began to sit up in bed he appeared to have no control over his balance, and would roll from one side to the other unless constantly supported, but not consistently to one side. He was up on December 20th, and some staggering in his gait was noticed for a day or two, but it afterwards passed off entirely. He was discharged in good health on December 28th. The hearing in the left ear was fair (watch at 10 ins.). There was a little discharge from the ear, which ceased after syringing with iodide of mercury solution—1 in 4,000.

Note on January 29th, 1896.—The boy is well and at work. The scar is firmly healed; reflexes normal; no inco-ordination; signs of previous optic neuritis more marked in left eye than right.

As to the position of the abscess it seems probable, but not certain, that it was in the cerebellum, for I could not be certain that the direction of the probe in passing inwards did not incline slightly upwards, in which case the abscess might possibly have been situated in the temporo-sphenoidal lobe.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

C. H. GOLDING-BIRD, M.B., F.R.C.S., Vice-President, in
the Chair.

Tuesday, March 17th, 1896.

CYSTIC AND ENCYSTED CARCINOMA OF THE BLADDER.

MR. J. H. TARGETT exhibited a series of specimens of the above, illustrated by lantern slides. (1) The first example was from a man, aged 63. On the right side of the bladder there was a large cyst, and between the two a carcinomatous growth. He did not regard the cyst as a sacculus, since it had no mucosa. The growth had probably led to perforation of the bladder, and this was followed by the escape of urine beneath the recto-vesical fascia, leading to the production of a circumscribed cavity or species of cyst. Hydatids might lead to the formation of cysts between the bladder and rectum, displacing back the same fascia and removing the vas deferens from the posterior surface of the bladder. (2) From a man who presented a considerable swelling in the mid-line communicating with the bladder, as shown by recurrent discharges of pus in the urine. At the fundus there was a large aperture and an accessory cavity, smoothly lined with mucous membrane; therefore, he thought, a sacculus. Arising from its wall was a carcinomatous growth, which overlapped the aperture of communication mentioned. (3) Carcinoma of the bladder, accompanied with extensive sloughing and the formation of a cavity of excavation, bounded by the recto-vesical fascia. The author cited, amongst other similar cases, one of simple papilloma in a sacculus.

DIVERTICULUM FROM A CARCINOMATOUS BLADDER.

MR. HURRY FENWICK recorded a case of diverticulum springing from the upper part of a male urinary bladder. This had, during life, projected suprapubically and had formed a tumour there the size of an ostrich egg. It had

FARQUHARSON, in supporting the Bill, expressed the hope that it would be extended to Scotland, but Sir GEORGE TREVELYAN objected that it would introduce a new principle, and expressed the opinion that its promoters should not commit themselves to the extension to Scotland before the wishes of that country had been made known.—After some further discussion, Mr. LOGAN withdrew his amendment, and the Bill as then read a second time and referred to the Standing Committee on w.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

EXAMINATION IN SANITARY SCIENCE.—The next examination in Sanitary Science will be held in April. Part I will commence on Tuesday, April 7th, and end on April 9th; Part II will commence on April 14th; and the examination will be concluded on April 16th. Further particulars can be obtained from Dr. Anningson, Walt-ham-sal, Barton Road, Cambridge.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following gentleman having previously passed the necessary examinations, and having conformed to the by-laws and regulations, was, at the ordinary meeting of the Council on March 12th, admitted a Fellow of the College:

W. Edgecombe, M.B.Lond., L.R.C.P.Lond., University College and Royal Infirmary, Liverpool. Member, February 9th, 1893.

The following gentleman was at the same meeting admitted a Member of the College:

J. B. Christopherson, of Cambridge University and St. Bartholomew's Hospital.

THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

BARKER ANATOMICAL PRIZES.—Two prizes of 25 guineas each are offered for dissections, and are open to any student whose name is on the anatomical class list of any school in the United Kingdom. Preparations must reach the Curator of the Museum before June 1st, 1896, and from him full particulars can be obtained. One prize will be allotted to a dissection showing the relations of the pleura, pericardium, and lungs to the anterior chest wall, the dissection to be planned with special reference to the operation of tapping or incising and draining the pericardium for pyocarditis. The other prize will be allotted to a dissection displaying the surgical relations of the lateral sinus, the mastoidal antrum, and the semicircular canals, as exhibited by a dissection through the bones from without; with the view of illustrating operations in the middle ear and lateral sinus.

OBITUARY.

A. B. BRABAZON, M.D.

WE regret to have to record the death of Dr. Brabazon, of Bath, after a short illness due to influenza. Dr. Brabazon was the son of the Rev. George Brabazon, Rector of Paignton, Co. Meath, Ireland, and was born in 1821. He was educated at the Richmond Hospital, Dublin, and obtained the diploma of L.R.C.S.I. in 1846. He for some time held the appointment of Lecturer on Anatomy and Physiology at the Carmichael School, Dublin, and was Senior Demonstrator of Anatomy at Trinity College, Dublin. During the Crimean War he was Civil Surgeon (First Class) in the Military Hospital at Scutari. In 1856 he took the degree of M.D. at Aberdeen, and in the same year became a Licentiate of the Society of Apothecaries. In 1861 he settled in Bath, and fourteen years later was appointed Physician to the Royal Mineral Water Hospital. In the following year he was elected Medical Officer of Health, and has since devoted a large amount of time and energy to the discharge of the important duties of that onerous office. He had served the office of President of the Bath and Bristol Branch of the British Medical Association, and had made several valuable contributions to our columns. At the time of his death he was Senior Physician to the Royal Mineral Water Hospital, and was the author of a history of the hospital which brought the facts down to 1889. Dr. Brabazon, who was a man of genial temperament and active mind, will be much missed not only in Bath, but in periodical assemblies of the profession. We publish in another column a paper, which he placed in our hands a few months ago, embodying his experience on certain points connected with rheumatoid arthritis.

PROFESSOR SAPPEY.

A FIGURE well known to all European students of anatomy has passed away. Marie Philibert Constant Sappey, whose death took place on March 14th, was born at Bourg in 1810,

graduated in Paris in 1843, and was elected to the chair of anatomy at his Alma Mater in 1868. His contributions to his subject were many and important, but he will always be remembered by his colossal *Traité d'Anatomie Descriptive*, and his *Anatomie, Physiologie, et Pathologie des Vaisseaux Lymphatiques*. The latter, a magnificent folio published in 1874, ranks with that of Mascagni as a great standard work of reference, and as a model of careful investigation, fulness of description, and beauty of illustration it is unlikely to be surpassed hereafter.

Sappey's *magnum opus*, however, was the Treatise on Descriptive Anatomy. Its issue, begun in 1847, was not completed until sixteen years later. It immediately took a place of its own in the anatomical literature of its time, rivalled only by the works of Cruveilhier and Henle, and has now run through four editions, expanding into four large octavo tomes, with nearly 4,000 pages and over 3,000 cuts. It bears all the marks of a scientific labour of love. For fullness and facility of diction it stands alone. Based upon a direct study of the parts described, we are indebted to its pages for innumerable additions of detail and corrections of time-honoured errors. Compared with the great textbook of Henle, it falls into a second place as a work of reference owing to the inequality visible in its different parts, and the relatively scanty references to the labours of others, but it is easier and more pleasant to read. It was moreover, an *édition de luxe*—perfect in type and paper and admirably illustrated. Like his great Belgian predecessor, Sappey had a high respect for the value of good pictures as an aid to anatomical teaching, and he secured in Levéillé the best anatomical artist living, and in Salle an engraver born for work of scientific delicacy. The drawings distributed in rich profusion through the pages of his text were both truthful and beautiful, and many of them have now become the property of the English student through the copies which have taken so large a part in the embellishment of our textbooks.

In the last few years the new anatomy, led by new surgical needs and guided by new methods of research, has thrown much of the older work into the background, and perhaps this in its turn will soon be supplanted by a newer and living anatomy to be revealed by the development of the "New Photography," or some allied process; but Sappey's works will always hold a place of honour on our shelves, and the memory of the author will keep green with that of Vesalius, Albinus, and many another of the great masters of anatomical science.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,677 births and 4,166 deaths were registered during the week ending Saturday, March 14th. The annual rate of mortality in these towns, which had increased from 19.3 to 20.7 per 1,000 in the four preceding weeks, declined again to 20.0 last week. The rates in the several towns ranged from 10.0 in Swansea, 12.4 in Croydon, and 14.7 in Brighton to 23.4 in Bolton, 24.0 in Liverpool, and 24.1 in Sunderland. In the thirty-two provincial towns the mean death-rate was 19.6 per 1,000, and was 1.0 below the rate recorded in London, which was 20.6 per 1,000. The zymotic death-rate in the thirty-three towns averaged 3.1 per 1,000; in London the rate was equal to 3.9, while it averaged 2.5 per 1,000 in the thirty-two provincial towns, and was highest in London, Salford, Birmingham, and Norwich. Measles caused a death-rate of 2.2 in Newcastle-upon-Tyne, 2.4 in Birkenhead, 2.5 in Burnley, 2.9 in Leicester, and 5.3 in Norwich; and whooping-cough of 1.5 in Birmingham, 1.7 in Salford, 1.8 in Leeds, and 2.2 in Bolton. The mortality from scarlet fever showed no marked excess in any of the large towns. The 91 deaths from diphtheria in the thirty-three towns included 45 in London, 10 in Birmingham, 9 in Liverpool, and 5 in Manchester. No fatal case of small-pox was registered in any of the thirty-three towns. There were 42 cases of small-pox under treatment in the Metropolitan Asylums Hospitals and in the Highgate Small-pox Hospital on Saturday, March 14th, against 58, 51, and 52 at the end of the three preceding weeks: 4 new cases were admitted during the week, against 5, 1, and 13 in the three preceding weeks. The number of scarlet fever patients in the Metropolitan Asylums Hospitals and in the London Fever Hospital, which had been 2,937, 2,933, and 2,857 at the end of the three preceding weeks, had further declined to 2,764 on Saturday last, March 14th; 217 new cases were admitted during the week, against 234, 244, and 244 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, March 14th, 948 births and 571 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 19.5 and 19.2 per 1,000 in the two preceding weeks, rose again to 19.6 last week, but was 0.4 per 1,000 below the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 12.8 in Paisley to 27.4 in Perth. The zymotic death-rate in these towns averaged 2.5 per 1,000, the highest rates being recorded in Greenock and Aberdeen. The 274 deaths registered in Glasgow included 23 from whooping-cough, 7 from measles, and 4 from "fever." Two fatal cases of diphtheria and 3 of scarlet fever were recorded in Edinburgh, and 7 of whooping-cough in Aberdeen.

RETURN CASES OF SCARLET FEVER.

ACTION AGAINST THE BIRMINGHAM CORPORATION.

IN the Birmingham County Court on March 13th, before his Honour Judge Whitehorn and a jury, an action was brought by Alfred Keegan, carpenter, Darnley Road, against the Mayor, Aldermen, and Corporation of Birmingham to recover £50 damages in respect of the alleged neglect of the authorities in discharging from the City Hospital a child who had not fully recovered from scarlet fever, and thereby causing another child to contract the disease, from which it died. Mr. A. O'Connor appeared for plaintiff, and Mr. Parfitt (instructed by the Town Clerk) for the defendants.

Mr. O'Connor said that plaintiff's child, Joseph Paul Keegan, was attacked by scarlet fever, and was removed to the hospital on August 24th of last year. The child continued at the hospital until October 6th, when the parents were notified that he was ready for removal. Accordingly the little patient was fetched away on that day by the parents, who noticed shortly after leaving the hospital that the child had a discharging sore behind his ear. In consequence of this they took him to Dr. Simpson, who certified that he was still suffering from scarlet fever. The child was isolated as far as possible at his father's house, but, notwithstanding these precautions, several of the other children were attacked by the fever, and one of them, aged 14 years, died.

Plaintiff said that his son Joseph was certified to be suffering from fever on August 24th, and after the case had been notified to the authorities the child was removed to the hospital. Witness received notification that the child was ready for removal from the hospital on October 6th, and, with his wife, he went to fetch him the following day. When they had got some little distance from the hospital on their way home Mrs. Keegan pointed out that there was a running sore behind the youngster's ear. The child seemed ill, and the next day he was taken to Dr. Simpson, who directed that he should be isolated. Three days later witness's wife showed symptoms of illness, and between that date and October 14th several of the children were attacked by fever, and one of them died on October 16th. None of the children had shown symptoms of illness before the return of the child Joseph from the hospital.

Dr. Simpson said that when he examined the child on October 7th, he came to the conclusion that he was in an infectious condition, and was suffering from scarlet fever. He did not consider it his duty to notify the fact to the authorities. He notified the other cases.

Dr. Richards, who was called for the defence said that during his professional career he had treated about 5,000 cases of scarlet fever. He remembered the admission of plaintiff's child to the hospital, and at that time the child had been suffering from scarlet fever for three or four days. Patients were detained in the hospital six weeks, that being the period accepted by the medical authorities. During the time the child was in the hospital there was an epidemic of scarlet fever, and there were about six hundred cases under witness's notice. The child in question was shown up four times, the last being on October 4th, the day before the patient was taken away. There was a little peeling of the feet at that time, but the child was in a safe condition to be discharged. When the child left the hospital it had no sore behind the ear. Peeling was no test that it was unsafe to discharge a child. The real tests were the condition of the throat, nose, ears, and possibly the kidneys. It was impossible to guarantee that a patient was absolutely cured when he left the hospital, and parents were given a printed notice to this effect, urging them to take all possible precautions. He would probably not have discharged a patient with a sore "such as that described by plaintiff," but each case had to be judged on its merits. He saw no sore when he examined the child. It was well known that eczema behind the ears tended to relapse, and it was quite possible that energetic scrubbing during bathing-out may have been responsible for the recurrence. He had known bathing-out restart desquamation. Return cases of scarlet fever occurred in every hospital. Glasgow had some 2½ per cent. of such cases, while a certain rural hospital had at one time as many as 15 per cent. His own results when last tabulated gave between 1 and 2 per cent.

Maria Alice Gray, nurse at the City Hospital, spoke to examining the child before he left the institution. She saw no evidence of a sore at the back of the child's ear.

Dr. Alfred Hill (M.O.H.) gave evidence as to the prevalence of fever in Keegan's neighbourhood. He fully agreed with the treatment of the case.

Dr. Millard, Medical Superintendent, City Hospital, Birmingham; Dr. Goodall, Medical Superintendent, Homerton; Dr. Line, Birmingham; and Dr. Boobyer, M.O.H. and Medical Superintendent, Fever Hospital, Nottingham, gave evidence that it was impossible to say when the period of infectiousness ceased, that late desquamation was not infectious, that it was impossible to say if any importance was to be attached to a "discharging sore," and that return cases were unavoidable in the present state of our knowledge.

His Honour having summed up, the jury, after a short retirement, gave a verdict for plaintiff for £50 and costs. The foreman said that he had been requested by the jury to say they did not cast any imputation on Dr. Richards, but considered at the time of the case his staff was too small for the work.

PROFESSOR LEYDEN of Berlin has had a patent of nobility conferred upon him.

MEDICAL NEWS.

The University of Würzburg has conferred the honorary degree of Doctor of Medicine on Professor Roentgen.

The lectures given on alternate Wednesdays by Dr. Gowers, F.R.S., and Dr. Beevor, will be discontinued from March 18th until after the Easter holidays.

The report presented to the thirty-eighth annual meeting of the Dental Hospital of London stated that during the year 1895 59,819 cases had been treated. This was an increase of 40,564 cases on the number treated in 1874, when the hospital was removed from Soho Square to its present site in Leicester Square. Owing to this enormous increase, however, the hospital buildings were inadequate, and strenuous efforts were being made to raise a sufficient sum of money to defray the cost of erecting a new and better constructed building on an adjacent site.

NEW WATER SUPPLY FOR DUNBAR.—At a cost of £3,000, Dunbar has now provided itself with a new supply of water which comes from sources beyond the reach of contamination and above suspicion. The inauguration of this new supply took place on March 14th. There was a procession, speeches, "a cake and wine" banquet, toasts and more speeches. There were many congratulations that the late troublous times had been got over, and that the typhoid epidemic was now a thing of the past. The new supply comes from the "Cauld" burn on the north side of the Halls Farm, a distance of five miles from Dunbar.

THE EDINBURGH ROYAL MEDICAL SOCIETY.—At the annual dinner of the Edinburgh Royal Medical Society last week Mr. Watson Cheyne was the guest of the evening. Mr. Cheyne's health was proposed by Dr. J. E. Bowes, the senior president. Mr. Cheyne, after acknowledging the compliment, proposed the toast of "The Royal Medical Society," which was received enthusiastically. It was acknowledged by Dr. Macrae Taylor who said that the Society continued to make satisfactory progress. The Society has recently presented a silver bowl to Mr. James Robertson Young in acknowledgment of his services as honorary treasurer of the Society for a long series of years.

At a meeting of the Scottish division of the Medico-Psychological Association, held in the Hall of the Faculty of Physicians and Surgeons of Glasgow on March 12th, under the chairmanship of Dr. T. W. McDowall, of the Northumberland County Asylum, a paper on certain conditions of the circulatory system in the insane was read by Dr. Edgerley, of Melrose Asylum, and a case of mental stupor with recovery after six years was related by Dr. Hotchkiss, Gartnavel Asylum. Dr. Urquhart, of Murray Asylum, showed form for case-taking and for other asylum records; and Dr. Carswell, of Glasgow, read a paper on dangerous lunatics and the legal provisions for dealing with them. The papers led to a considerable discussion.

MEDICAL VACANCIES.

The following vacancies are announced:

ANCOATS HOSPITAL, Manchester.—Resident Junior House-Surgeon. Salary, £50, with board and washing. Applications to Alex. Forrest, Honorary Secretary, by March 31st.

BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.—Resident Medical Officer and Resident Surgical Officer. Salaries, £70 and £50 respectively, with board, washing, and attendance. Applications to the Secretary, Children's Hospital, Steelhouse Lane, Birmingham, by April 9th.

BOROUGH OF SUNDERLAND.—Medical Officer of Health for the Borough and Port and Public Analyst. Salary in all, £525 per annum. Will be debarred from private practice, and be required to devote his whole time to the duties. Must be qualified to practise medicine, surgery, and midwifery. Applications, endorsed "Applications for appointment of Medical Officer of Health and Public Analyst," to F. M. Bowey, Town Clerk, Town Hall, Sunderland, by March 31st.

BRADFORD INFIRMARY.—Dispensary Surgeon and also Junior House-Surgeon. Salary for the former, £100 per annum, with board and residence; and for the latter £50, with board and residence. Candidates must be unmarried, and doubly qualified. Applications, endorsed "Dispensary Surgeon" and "Junior House-Surgeon," to Wm. Maw, Secretary, by March 30th.

BRIGHTON THROAT AND EAR HOSPITAL, 23, Queen's Road, Brighton.—Non-resident House-Surgeon. Salary at the rate of £52 per annum. Applications to the Secretary by March 31st.

CHARING CROSS HOSPITAL.—Assistant Surgeon; must be F.R.C.S. Eng. Applications to Arthur E. Reade, Secretary, by March 25th.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Assistant Physician; must be F. or M.R.C.P.Lond. Applications to the Secretary by April 9th.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Pathologist. Salary, 100 guineas per annum. Applications to the Secretary, at the Hospital, by April 9th.

COUNTIES ASYLUM, Garlands, Carlisle.—Junior Medical Assistant. Salary, £80 a year, with board. Applications to Dr. Campbell, Garlands, Carlisle, by March 28th.

DUNDEE ROYAL LUNATIC ASYLUM.—Assistant Medical Officer. Salary, £100 per annum, with board, lodging, etc. Applications to Dr. Rorie at the Asylum by April 4th.

EAST LONDON HOSPITAL FOR CHILDREN, Glamis Road, Shadwell, E.—House-Surgeon. Board, lodging, etc., provided, but no salary. Applications to the Secretary by April 4th.

EVANGELICAL PROTESTANT DEACONESSES' INSTITUTION AND TRAINING HOSPITAL, Tottenham.—Resident Medical Officer. Salary, £60 per annum. Applications to the Director, the Training Hospital, The Green, Tottenham, by March 23rd.

GENERAL HOSPITAL, Birmingham.—Two Assistant House-Surgeons; must possess surgical qualifications. No salary, but residence, board, and washing provided. Applications to Howard J. Collins, House-Governor, by March 28th.

GROSVENOR HOSPITAL FOR WOMEN AND CHILDREN, Vincent Square, Westminster.—Anaesthetist. Applications to the Secretary by March 25th.

HOSPITAL FOR WOMEN AND CHILDREN AT LEEDS.—Non-resident House-Surgeon. Must reside close to the hospital. Appointment for not less than twelve months. Salary, £90 per annum. Applications to the Secretary of the Faculty.

HULL ROYAL INFIRMARY.—Junior Assistant House-Surgeon. Salary, £40 per annum, with board and lodging. Applications to Chairman, House Committee, by March 23rd.

LIVERPOOL STANLEY HOSPITAL.—Honorary Assistant Physician. Applications to J. E. Bennett, Honorary Secretary, by April 7th.

LONDON COUNTY ASYLUM, Banstead, near Sutton, Surrey.—Fifth Assistant Medical Officer and Pathologist; unmarried, doubly qualified, and not more than 30 years of age. Applications, on forms provided, to be sent to R. W. Partridge, Clerk to the Asylum Committee, London Asylums Committee Office, 21, Whitehall Place, London, by March 26th.

LONDON LOCK HOSPITAL, Harrow Road, W.—House-Surgeon at the Male Hospital for twelve months. Salary, £50, with board, lodging, and washing. Assistant House-Surgeon at the Female Hospital. Board, lodging, and washing. Applications to the Secretary by March 31st.

NORFOLK AND NORWICH HOSPITAL, Norwich.—Resident Assistant to the House-Surgeon. Board, lodging, etc. Applications to the House-Surgeon.

OLDHAM INFIRMARY.—Junior House-Surgeon; doubly qualified. Salary, £50 per annum, with board and residence. Applications to the Rev. Philip Lancashire, Honorary Secretary, by March 24th.

PHILLACK URBAN SANITARY DISTRICT.—Medical Officer of Health for one year from March 25th, 1896. Salary, £30. Applications to W. G. Kempthorne, Clerk to the Urban District Council of Phillack, by March 23rd.

ROYAL ALBERT EDWARD INFIRMARY, Wigan.—Junior House-Surgeon; doubly qualified. Appointment for twelve months. Salary, £80 per year, with rations and apartments (exclusive of wines, spirits, and washing). Applications to Will Taberner, General Superintendent and Secretary, by March 25th.

ROYAL ALEXANDRA HOSPITAL FOR SICK CHILDREN, Dyke Road, Brighton.—Surgeon for the Orthopaedic Department; doubly qualified. Applications to be sent under cover to the Chairman of the Medical Committee by March 23rd.

ROTHERHAM HOSPITAL AND DISPENSARY.—Assistant House-Surgeon. Appointment for six months. No salary, but board, lodging, and washing provided. Applications to the House-Surgeon by April 3rd.

ROYAL COLLEGE OF PHYSICIANS.—Milroy Lecturer. Applications to the Registrar, Royal College of Physicians, Pall Mall East, by April 9th.

SUNDERLAND INFIRMARY.—House-Surgeon; doubly qualified. Salary, £80, rising £10 annually to £100, with board and residence. Applications to the Chairman of the Medical Board by April 2nd.

UNIVERSITY COLLEGE, Bristol, Faculty of Medicine.—Medical Tutor. Salary, £125. Applications to the Dean by March 31st.

WEST LONDON HOSPITAL, Hammersmith Road, W.—House-Physician and House-Surgeon. Appointments for six months. Board and lodging provided. Applications to R. J. Gilbert, Secretary-Superintendent, by March 25th.

WESTON-SUPER-MARE HOSPITAL.—House-Surgeon; married and doubly qualified. Salary, £60 per annum, with board and residence in the Hospital. Applications to the Honorary Secretary by March 24th.

WEST SUSSEX ASYLUM.—Medical Superintendent. Salary, £450 a year with unfurnished house (the Committee paying rates and taxes), light, washing, coals, and vegetables. Applications endorsed "Medical Superintendent" to Ernest H. Blaker, Clerk to the Committee, West Pallant, Chichester, Sussex, by March 25th.

WORCESTER GENERAL INFIRMARY.—Assistant House-Surgeon and Dispenser; unmarried. Salary, £70 per annum, with board, residence, and washing. Appointment tenable for not more than two years. Applications to the Secretary by March 30th.

WROTHAM URBAN DISTRICT COUNCIL.—Medical Officer of Health. Salary, £20 per annum. Applications, marked "Medical Officer," to be sent to George F. Carnell, Clerk, by March 21st.

YORK DISPENSARY.—Resident Medical Officer; unmarried. Salary, £150 a year, with furnished apartments, coal, and gas. Applications to Mr. W. Draper, De Grey House, York, by March 31st.

MEDICAL APPOINTMENTS.

BATTEN, W. S., M.R.C.S.Eng., L.S.A., appointed Medical Officer for the Second District of the Calne Union.

BATTLE, Ed. Wharmby, M.R.C.S.Eng., L.R.C.P.Lond., appointed Junior House-Surgeon to the Warrington Infirmary.

BEESEY, R. W., M.B., C.M.M.Edin., appointed Junior House-Surgeon to the Bolton Infirmary and Dispensary.

BEVAN, Richard, L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer of Health for the Ashford Urban District.

BLACKER, G. F., M.D., B.S., M.R.C.P., F.R.C.S., appointed Obstetric Physician to Out-patients, Great Northern Central Hospital.

BOWMAN, R. O., M.D.Lond., L.R.C.P., M.R.C.S., appointed Medical Officer for the Ulverston District of the Ulverston Union.

BULLOCH, William, M.D., appointed Director of the Curative Serum Department of the British Institute of Preventive Medicine.

BURTON, R. G., M.D.Edin., L.R.C.S., reappointed Medical Officer of Health for the Hanwell Urban District.

COLLINS, A. W., M.B.Vict., L.R.C.P.Lond., appointed Medical Officer for the Workhouse of the Ulverston Union.

CREASE, J. R., jun., L.R.C.P., L.R.C.S.Edin., appointed House-Surgeon to the Sunderland and North Durham Eye Infirmary.

DE STEIGER, Adèle Isabella, M.B.Lond., appointed Third Assistant Medical Officer to the Essex County Lunatic Asylum, Brentwood.

DUNCAN, John D., M.B., C.M.Edin., Assistant Medical Officer Garland Asylum, appointed Junior House-Surgeon to the Infirmary, Carlisle.

DUNLOP, L. M., L.R.C.P., L.R.C.S.Edin., appointed Medical Officer to the Casual Wards of the Bow Workhouse.

EASTON, George F., M.D., L.R.C.S.Edin., reappointed Medical Officer of Health to the Alnwick District Council.

EDGAR, John, M.A., B.Sc., M.B., C.M., appointed Professor of Midwifery at Anderson's College Medical School, Glasgow, *vice* W. L. Reid, M.D.Glasg., resigned.

GRAHAM, C. W., F.F.P.S.Glasg., L.R.C.P.I., appointed Honorary Surgeon to the Carlisle Dispensary, *vice* P. A. Sullivan, M.D.Aberd. deceased.

HAMILTON, John, M.D.Durh., F.R.C.S.Edin., reappointed Medical Officer of Health for the Swadlincote Urban District.

HART, George S., M.B., B.Ch.R.U.I., reappointed Medical Officer of Health for the Ashby-de-la-Zouch Rural District.

JOLLY, Samuel A., L.R.C.P., L.R.C.S.Edin., appointed Medical Officer for the Acton District of the Brentford Union, *vice* Thomas Francis, L.R.C.P.Edin., M.R.C.S.Eng.

KING, H. Dove, M.D., M.A., B.Sc.Edin., appointed Certifying Factory Surgeon for Sudbury, *vice* J. C. Lynch.

LUCAS, Charles, M.R.C.S.Eng., L.S.A., reappointed Medical Officer for the Fourth District of the Newmarket Union.

MASKELL, John William, M.R.C.S., L.R.C.P.Lond., appointed Junior House-Surgeon to the Bootle Borough Hospital.

MESSITER, A. F., M.R.C.S., L.R.C.P., appointed Medical Officer for the Belton District of the Thorne Union.

MILLARD, C. Killick, M.B., B.Sc.Edin., appointed Medical Superintendent of the City Hospital, Birmingham.

MILLER, J. T. Roger, L.S.A., reappointed Medical Officer for the Leavening District of the Malton Union.

MUNRO, A. Campbell, M.D., D.Sc., appointed Medical Officer of Health for the Burgh of Port Glasgow.

POOLER, H. W., L.R.C.P., M.R.C.S., L.S.A., appointed Medical Officer and Public Vaccinator to the No. 4 District of Aston (Birmingham) Parish.

REES, Rhys B., L.S.A., appointed Medical Officer to the Malden Road and Haverstock Hill Provident Dispensary, *vice* Rainsford F. Gill, M.D.Lond., resigned.

SANDERS, Charles, M.B.Lond., M.R.C.S.Eng., appointed Medical Officer, for the West Ham District, to the London and India Docks Joint Committee.

SKINNER, Stephen, M.B.Aberd., reappointed Medical Officer of Health for the Clevedon Urban District.

SYMMERS, W. St. Clair, M.B., appointed Assistant Bacteriologist in the British Institute of Preventive Medicine, *vice* W. Bulloch, M.D.

THOMAS, J. T., L.R.C.P.Lond., M.R.C.S.Eng., appointed Medical Officer of Health for the Camborne Urban District.

THOMAS, T. W., M.R.C.S.Eng., L.S.A., appointed Medical Officer for the Rudry District of the Rudry Union.

WEIR, Archibald M., L.R.C.P., L.R.C.S.Edin., reappointed Medical Officer of Health to the Malvern Link Local Board.

WIGHTMAN, C. Frank, F.R.C.S.Eng., appointed Senior House-Surgeon to the Bolton Infirmary.

DIARY FOR NEXT WEEK.

MONDAY.

LONDON POST-GRADUATE COURSE, Royal London Ophthalmic Hospital, Moorfields, 1 P.M.—Mr. R. Marcus Gunn: Cataract. London Throat Hospital, Great Portland Street, W., 8 P.M.—Dr. Edward Law: Demonstration of Cases.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor J. A. Coultis: On Infantile Syphilis. Lecture I.

MEDICAL SOCIETY OF LONDON, 8.30 P.M.—Mr. Alban Doran: Four cases of Early Extrauterine Gestation. Mr. Harrison Cripps: Ten cases of Extrauterine Pregnancy.

TUESDAY.

LONDON POST-GRADUATE COURSE, Bethlehem Royal Hospital, 2 P.M.—Dr. Craig: Moral and Impulsive Insanities and Lunacy Law. Parkes Museum, Margaret Street, W., 4.30 P.M.—Professor A. Wynter Blyth: Lecture VIII. Disinfection and Disinfectants.

ROYAL COLLEGE OF PHYSICIANS, 5 P.M.—Sir Dyce Duckworth: On the Sequels of Disease (Luncheon Lecture II).

ROYAL MEDICAL AND CHIRURGICAL SOCIETY, 20, Hanover Square, W., 8.30 P.M.—Mr. R. J. Godlee: On the Effects produced by the Retention of Foreign Bodies for Lengthened Periods in the Bronchial Tubes. Dr. John A. Hayward and Mr. C. A. Buttar: Antiseptics in Infantile Diarrhoea.

THE CLINICAL MUSEUM, 211, Great Portland Street.—Open at 2 P.M., Lecture at 4.

WEDNESDAY.

LONDON POST-GRADUATE COURSE, Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Payne: On Selected Cases. Royal London Ophthalmic Hospital, Moorfields, 8 P.M.—Mr. E. Treacher Collins: Orbital and Ocular Tumours.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor J. A. Coult's: On Infantile Syphilis. Lecture II.

HOSPITAL FOR CONSUMPTION, Brompton, 4 P.M.—Dr. Wethered: Deformities of the Thorax and their Results.

HUNTERIAN SOCIETY, 8.30 P.M.—Clinical Evening. Living cases: Dr. Arnold Chaplin: Bronchiectasis treated by Creasote Inhalations. Mr. H. P. Dean: Injury to Elbow in a Child. Cases have been promised by several other Fellows.

WEST LONDON HOSPITAL, Hammersmith, W., 5 P.M.—Mr. Bidwell: The Application of the Plaster-of-Paris Splints (West London Post-Graduate Course).

DERMATOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND, 20, Hanover Square, 5 P.M.—Dr. Eddowes: Warts of Feet. Dr. Savill: Morphea Nigra. Cases will be shown by Drs. Abraham, Eddowes, and others.

THURSDAY.

LONDON POST-GRADUATE COURSE, British Institute of Preventive Medicine, Great Russell Street, W.C., 3.30 P.M.—Dr. Allan Macfadyen and Mr. A. G. Foulerton: Detection of Drugs in Urine (Ehrlich's Reaction, etc.). Central London Sick Asylum, Cleveland Street, W., 5.30 P.M.—Mr. John Hopkins: Clinical Lecture.

ROYAL COLLEGE OF PHYSICIANS, 5 P.M.—Sir Dyce Duckworth: On the Sequels of Disease (Luncheon Lecture III).

FRIDAY.

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, 3 P.M.—Professor Crookshank: Tetanus, Rabies, and Cholera. 4 to 5 P.M.—Examination of Comma Bacilli, Chemical and other Tests.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 5 P.M.—Professor J. A. Coult's: On Infantile Syphilis. Lecture III.

CLINICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.—Dr. F. J. Smith and Mr. Bidwell: A case of Tuberculous Kidney. Mr. Mayo Robson: A series of cases of Enterectomy, with Remarks on the Various Methods employed in Securing Union of the Divided Edges of the Hollow Viscera. Mr. L. A. Dunn: A case of Successful Suture of a Duodenal Ulcer. Mr. R. J. Godlee: Two cases of Acute Abscess of the Liver.

CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL, Gray's Inn Road, W.C., 4 P.M.—Mr. Carmalt Jones: On Turbinotomy, as practised at this Hospital, illustrated by Cases and Microscopical Preparations.

BIRTHS, MARRIAGES, AND DEATHS.

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

BIRTHS.

FEATHERSTONE.—On March 5th, at The Grove, Erdington, the wife of W. B. Featherstone, M.D., of a son.

MURDOCH.—On March 11th, at the Oaks, Hythe, Kent, the wife of Alan Murdoch, M.R.C.S., L.R.C.P., prematurely, of a daughter.

MARRIAGE.

MORTIS.—WRIGHT.—On March 11th, at the Parish Church, Markfield, Leicester, Harold Edward Mortis, L.R.C.P. Lond., L.S.A., of Dovaston House, Kinnerley, Oswestry, younger son of William John Mortis, of Eltham, to Amy Florence, third daughter of Mrs. Wright and the late John Wright, M.R.C.S., L.S.A., of Markfield.

DEATHS.

GUNNING.—On March 17th, at Enniskillen, Co. Fermanagh, John St. Claire Gunning, L.R.C.S.I., L.R.C.P., aged 46 years. Deeply regretted.

WATKINS.—On March 5th, 1896, at Stone-Leigh, Newton-le-Willows, Lancashire, Harriett Bromhead, aged 63 years, the wife of John W. Watkins.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). *Attendances*—Daily, 2. *Operations*—Tu. F. S., 2.
CENTRAL LONDON OPHTHALMIC. *Operations*—Daily, 2.
CHAMBER CROSS. *Attendances*—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. *Operations*—W. Th. F., 3.
CHELSEA HOSPITAL FOR WOMEN. *Attendances*—Daily, 1.30. *Operations*—M. F., 2.
CITY ORTHOPEDIC. *Attendances*—M. Tu. Th. F., 2. *Operations*—M., 4.
EAST LONDON HOSPITAL FOR CHILDREN. *Operations*—F., 2.
GREAT NORTHERN CENTRAL. *Attendances*—Medical and Surgical, M. Tu. W. Th. F., 2.30; Obstetric, W., 2.30; Eye, M. Th., 2.30; Throat and Ear, Tu. F., 2.30; Skin, W., 2.30; Dental, W., 2. *Operations*—W., 2.
GUYS. *Attendances*—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. *Operations*—(Ophthalmic) M. Th., 1.30; Tu. F., 1.30.
HOSPITAL FOR WOMEN, Soho. *Attendances*—Daily, 10. *Operations*—M. Th., 2.
KING'S COLLEGE. *Attendances*—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, daily, 1.30; o.p., Tu. W. F., 1.30; Eye, M. Tu., 1.30; Ophthalmic Department, W., 2; Ear, Th., 2; Skin, F., 1.30; Throat, F., 1.30; Dental, Tu. Th., 9.30. *Operations*—M. F. S., 2.
LONDON. *Attendances*—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. *Operations*—M. Tu. W. Th. S., 2.
LONDON TEMPERANCE. *Attendances*—Medical, M. Tu. F., 2; Surgical, M. Th., 2. *Operations*—M., Tu., 4.30.
METROPOLITAN. *Attendances*—Medical and Surgical, daily, 9; Obstetric, W., 2. *Operations*—F., 9.
MIDDLESEX. *Attendances*—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 1.30; o.p., M. F., 9; Eye, Tu. F., 9; Ear and Throat, Tu., 9; Skin, Tu., 4; Th., 9.30; Dental, M. W. F., 9.30. *Operations*—W., 1.30; S., 2; (Obstetric), Th., 2.
NATIONAL ORTHOPEDIC. *Attendances*—M. Tu. Th. F., 2. *Operations*—W., 10.
NEW HOSPITAL FOR WOMEN. *Attendances*—Daily, 2; Ophthalmic, W. S., 9.30. *Operations*—Tu. F., 9.
NORTH-WEST LONDON. *Attendances*—Medical and Surgical, daily, 2; Obstetric, W., 2; Eye, W., 9; Skin, F., 2; Dental, F., 9. *Operations*—Th., 2.30.
ROYAL EYE, Southwark. *Attendances*—Daily, 2. *Operations*—Daily.
ROYAL FREE. *Attendances*—Medical and Surgical, daily, 2; Diseases of Women, Tu. S., 9; Eye, M. F., 9; Dental, Th., 9. *Operations*—W. S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
ROYAL LONDON OPHTHALMIC. *Attendances*—Daily, 9. *Operations*—Daily, 0.
ROYAL ORTHOPEDIC. *Attendances*—Daily, 1. *Operations*—M., 2.
ROYAL WESTMINSTER OPHTHALMIC. *Attendances*—Daily, 1. *Operations*—Daily.
ST. BARTHOLOMEW'S. *Attendances*—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, M., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 9. *Operations*—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Tu., 2.
ST. GEORGE'S. *Attendances*—Medical and Surgical, M. Tu. F. S., 12; Obstetric, M. Th., 2; o.p., Eve, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, Th., 2; Orthopaedic, W., 2; Dental, Tu. S., 9. *Operations*—Th., 1; (Ophthalmic), F., 1.15.
ST. MARK'S. *Attendances*—Fistula and Diseases of the Rectum, males S., 3; females, W., 3.45. *Operations*—M., 2; Tu., 2.30.
ST. MARY'S. *Attendances*—Medical and Surgical, daily, 1.45; o.p., 1.30; Obstetric, Tu. F., 1.45; Eye, Tu. F. S., 9; Ear, M. Th., 2; Orthopaedic, 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. *Operations*—Tu., 1.30; (Orthopaedic), W., 11; (Ophthalmic), F., 9.
ST. PETER'S. *Attendances*—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. *Operations*—W. F., 2.
ST. THOMAS'S. *Attendances*—Medical and Surgical, M. Tu. Th. F., 2; o.p., daily, 1.30; Obstetric, Tu. F., 2; o.p., W. S., 1.30; Eye, Tu. F., 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; Electro-therapeutics, o.p., Th., 2; Mental Diseases, o.p., Th., 10; Dental, Tu. F., 10. *Operations*—M. W. Th. S., 2; Tu. Th. S., 3.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.
SAMARITAN FREE FOR WOMEN AND CHILDREN. *Attendances*—Daily, 1.30. *Operations*—W., 2.30.
THROAT, Golden Square. *Attendances*—Daily, 1.30; Tu. F., 6.30. *Operations*—Th., 2.
UNIVERSITY COLLEGE. *Attendances*—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. *Operations*—Tu. W. Th., 2.
WEST LONDON. *Attendances*—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th. S., 2; Ear, Tu., 10; Orthopaedic, W., 2; Diseases of Women, W. S., 2; Electric, Tu., 10; F., 4; Skin, F., 2; Throat and Nose, S., 10. *Operations*—Tu. F., 2.30.
WESTMINSTER. *Attendances*—Medical and Surgical, daily, 1; Obstetric, Tu. F., 1; Eye, Tu. F., 9.30; Ear, M., 9; Skin, W., 1; Dental, W. S., 9.15. *Operations*—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.

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.

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.

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.