

gland forms, decidua cells, placental residua, etc. Naturally this procedure, which has been tested by us only in gynaecological practice—diagnosis of uterine and vaginal, ovarian and tubal disease—would seem equally suitable for use in other fields where a quick anatomico-pathological diagnosis is required, and we hope that its wider use will confirm this view.

I am indebted to Dr. B. L. Eastman for rendering this note into English.

## MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

### CONCURRENT MEASLES AND SCARLET FEVER.—

NOTE ON THE INCUBATION STAGE OF MEASLES. A. S., aged 9 years, was taken ill on June 25th, 1896, with vomiting and purging, and some feverishness. I saw her next day, when the temperature was  $102^{\circ}$ , and she complained of sore throat, and looked ill. Next day, June 27th, the temperature was  $102.5^{\circ}$ , and the throat worse, with a scarlatinal rash, which was well marked next day.

The temperature kept up for a few days, and then gradually subsided, as did also the rash and other symptoms, so that by July 5th the child was feeling fairly well, and able to sit up a little in the bedroom, and desquamation had commenced.

On July 9th the child was not so well—complained of being cold and shivering, and was sick again on the next day, July 10th, when the temperature was  $101^{\circ}$ , and a measles rash came out over the face, which by the next day had extended over her body. At this time she was desquamating freely.

In three or four days the measles rash gradually died away, and the child began to feel well again, and went on well, and finished peeling in six and a half weeks from the commencement of the illness.

In this case the measles developed just fourteen days after the scarlet fever, so that if she contracted the two diseases at the same time, the incubation stage of the measles was fourteen days. I find that most authorities give the incubation stage as seven to ten days, although Fagge says that the disease rarely manifests itself before the tenth or after the thirteenth day.

The child was nursed by her mother only, who never left the house after the child was taken ill.

Stourbridge.

G. J. DUDLEY, L.R.C.P., M.R.C.S.

### BELLADONNA AND THE BRONCHIAL FLUX OF PILOCARPIN.

I HAVE witnessed in a few cases where pilocarpin had been administered to produce diaphoresis, in various acute conditions, evidence of the heart giving out, owing to the exhaustion induced by frequent coughing and expectoration absolutely necessary to avoid being suffocated with the excessive bronchial secretion excited by the drug. In such cases "atropine"—the physiological antidote to pilocarpin—will frequently save life by checking the excessive bronchial secretion, and enabling rest and sleep to be obtained.

Ilkley.

AUGUSTUS H. BAMPTON, M.D.

### OPERATION FOR FLUID CATARACT.

IN my *Clinical Lectures on Certain Diseases of the Eye*, page 33, I say regarding the Morgagnian cataract :

The cortical or outer layers of the lens become fluid, having a consistency of milk, and enclose a small hard central nucleus. Once seen you can easily recognise it when you see it again. The change or liquefaction of the cortical substance may commence just as the lens is undergoing maturation, or it may supervene after its complete maturation. It may be limited to superficial layers, or it may involve a very considerable portion of the substance, or the fluid portion may become absorbed altogether, leaving an opaque capsule enclosing a small nucleus. Occasionally the whole substance becomes fluid, without leaving any nucleus at all. This latter occurrence takes place more frequently in young persons than in old ones; it goes then by the name of the fluid cataract.

Although I have said that fluid cataract is frequently found in the young, I have not met with fluid cataract in an adult until I came across the following case, which was of a man aged 40 years. On November 17th, 1896, I operated on this patient thinking it to be a Morgagnian cataract. An incision

was made in the right cornea downwards, and while carrying the knife towards the opposite side to make the counter-puncture I lacerated the capsule, pierced the cornea, and proceeded to complete the section; the whole of the fluid escaped and left a clear pupil. I paused to see if there was any nucleus, and having made certain that none existed, I withdrew the knife without completing the section. I made a gentle massage with closed lids to bring in the field any hard portion that might be in the aqueous chamber; the pupil remained clear, and the case made a good recovery.

As accidents often take the initiative of discoveries, I mention this case with a view to suggest whether in operating for Morgagnian cataract it would not be advisable to allow the white fluid to escape before the entire section is completed, and if there be no nucleus avoid opening the cornea entirely, and thereby not incur unnecessarily a greater risk.

Bombay.

ACCACIO DA GAMA.

### COCAINE IN GUNSHOT WOUNDS.

I HAVE had two cases this winter in which I have syringed a 10 per cent. solution of cocaine into wounds made by shot.

CASE I.—F. N., male, labourer, whilst eating his dinner under a hedge, was well peppered by a shooting party. I extracted six shots from various places, the worst being above the orbit under the supraorbital ridge, and  $\frac{3}{4}$  inch depth from the eyelid. I injected the cocaine with a small dental syringe along the course of the shot, and was able to remove the shot with very little pain, only having to enlarge the wound in two situations, one by the side of the left inner condyle of humerus, and one between the metacarpal bones.

CASE II.—J. S., a beater, received four shot in the face and neck, which (the sportsman explained) were glance shot from a pheasant. I used cocaine to extract two, and within ten minutes the man collapsed with a very thin slow pulse, appearing to faint, and I removed the other two without cocaine whilst he was lying on the floor. This was an alcoholic case, and he had taken two wineglasses of brandy before being brought to my surgery; he was a great coward, and would not let me probe either of the wounds until I used a little cocaine.

I should like to know if others have seen bad effects produced by cocaine in alcoholic cases. I should add that in the first case I did not use more than 3 ss of the 10 per cent. solution in all six situations, and my patient enjoyed watching the operations.

In none of the situations was cocaine injected hypodermically, but produced sufficient local anaesthesia by absorption along the course taken by the shot.

Broadway, Worcestershire.

CHARLES STANDRING.

### COMMUNICATED FRACTURE OF RIB: EMPHYSEMA: RECOVERY.

On September 18th, 1896, J. P., a mariner, while riding a bicycle, came into collision with a cart, the shaft of which struck him in the chest. I saw him directly afterwards, when he was suffering a good deal from shock; he complained of a severe pain in his back and a crackling noise in his chest distinctly heard when breathing. Over the second rib on the left side there was a round bruised area of about  $2\frac{1}{2}$  to 3 inches in diameter, extending outwards from about the junction of the cartilage with the rib, the rib was broken here, as also at the outer limit of the area, and a piece corresponding to the area named was freely movable. This area became alternately concave and convex during inspiration and expiration, accompanied by the crackling sound before mentioned, which was very loud. On palpation this area felt like "the feel of healthy lung tissue." There was a good deal of pain on breathing, with irritable cough and dark bloody expectoration. As he was unable to retain a recumbent position, he was propped up in bed with a rest and pillows; a pad of lint was strapped over the injured area to prevent further prolapse, and he was given 10 minim doses of tr. opii every two hours. Next day the crackling noise during breathing had almost disappeared, the protrusion and retraction of the injured area was not so marked, the haemoptysis was less, but there had been an escape of air into the subcutaneous tissue, the emphysema extending up over the left clavicle and down to the nipple. Pain and cough were less urgent. A few moist sounds were heard all over the left

lung. The dose of tr. opii was reduced to 5 minims every four hours. The patient did well, and recovered without a bad symptom. The temperature never rose beyond  $100.2^{\circ}$ , which was reached on September 20th. I was unable to detect any sign of injury to the heart or pericardium. The injured area was over the second rib and the intercostal spaces above and below it, extending outwards from the junction of rib and cartilages for  $2\frac{1}{2}$  or 3 inches.

H. SPENCER COOPER, L.R.C.P., M.R.C.S., L.S.A.  
Brightlingsea, Essex.

#### BRONCHITIS WITH BRONCHIECTASIS TREATED WITH BELLADONNA.

Miss R., aged  $97\frac{1}{2}$ , for the last five winters has suffered from bronchial attacks, each successive one being much more severe and trying than the previous. In November, 1895, though the season was mild, she had an unusually severe attack. The secretion was enormous, and her prostration great. She was treated with stimulants and expectorants, terebene and benzoin compounds, all with very little effect on the reduction of the secretion, which I feared was going to asphyxiate her. After a tedious illness she recovered slowly, and in February she was fairly well.

Early in November, 1896, she again began to develop bronchial troubles, and I looked forward to a long and probably fatal illness. The secretions, as before, were copious to a degree, and the prostration after coughing was alarming. I again resorted to stimulants, etc., but the case was steadily going from bad to worse when I resolved to try, as recommended by Dr. Ringer, tinct. belladonnae (B.P.)  $\frac{1}{2}$  fl. oz. every sixth hour. Stimulants were still given. After the first three doses she complained of intense thirst, with dryness of the mouth and a tendency to nausea. There were no eye symptoms, as she is totally blind, the result of senile atrophy of both optic nerves. I reduced the dose to  $\frac{1}{2}$  fl. oz. every sixth hour, and gave that steadily for four days, and at the end of that period the improvement was most marked. The expectoration was diminished by fully one-half; by the end of a week its watery character had disappeared entirely. The dose was reduced to  $\frac{1}{2}$  fl. oz. thrice daily, and this was given for another week, with the result that on December 7th the expectoration, which was nummular, became almost *nil* and easily coughed up, and my patient convalescent. The belladonna certainly exceeded my expectations in this case, as not only did it have such a distinct effect in rapidly reducing the amount of secretion, which was a grave source of danger, but also it enabled my patient to sleep well at night, and at the same time acted as a gentle laxative.

St. Boswells, N.B.

WM. L. CULLEN.

## REPORTS

ON

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

##### BRADFORD INFIRMARY.

###### A CASE OF ACUTE ANEURYSM: EMBOLISM OF THE ILIAC ARTERIES: PARAPLEGIA.

(By WM. HORROCKS, M.B., F.R.C.S.)

A MAN, aged 58, was admitted on September 1st, 1896, and died three days later.

A few hours before admission, he was attempting to move a heavy plank of wood, when he suddenly complained of severe pain at the bottom of the back and numbness with a pricking sensation in both lower limbs. Shortly afterwards he found that he could not pass water. On admission both lower limbs were blue and cold; no pulsation could be detected in either femoral artery. Besides this there were signs of paraplegia, affecting both lower limbs. The patient could move the patellæ slightly, but with this exception there was complete loss of power over both lower extremities. The feet lay in a position of full extension. There was no sensibility to touch, pain, or heat in the lower limbs, except over the buttocks, where sensations were natural. The plantar and cremasteric reflexes were absent on each side. The bladder was much

distended. The urine, which was drawn off, contained albumen. The radial pulse was 84, and of high tension. The patient was very restless, constantly pulling himself up in bed, and turning from side to side. He complained frequently of much pain in the lower part of the back and across the abdomen.

Morphine, gr.  $\frac{1}{2}$ , was given frequently hypodermically to relieve pain. Two days later the paralysis of the lower limbs was complete, and the other symptoms still continued. The blueness and coldness of the surface had extended to the level of the umbilicus, and the loss of sensibility had extended to midway between the umbilicus and pubes. There was much tenderness on pressure over the lower part of the abdomen. The patient gradually passed into a drowsy condition, his body becoming colder, and he died on the third day after admission.

Dr. Gladstone, who examined the urine from time to time, noted the presence of haemoglobin. The urine was chocolate-coloured, with a brownish deposit consisting of granules and a few red corpuscles. A spectrum showed the absorption lines of the haemoglobin.

At the necropsy, the whole of the abdominal aorta and the iliac vessels showed advanced atheromatous disease of their inner coats, which were studded with calcareous plates. There was an aneurysm, about the size of a pigeon's egg, on the anterior wall of the aorta, near the origin of the cœliac axis. The aneurysm communicated with the aorta by a wide mouth, which was partly covered by a layer of fibrin, which covered the interior of the aorta at the same level. This layer of fibrin was broken below, where its attachment to the margin of the aneurysmal opening was imperfect. The interior of the aneurysm was partly filled with clot, which showed an irregular surface, as if part of the clot had been washed away. Both iliac arteries were occluded, but the right was more firmly plugged and the clot reached higher than on the left side. No clot was found in the aorta between its bifurcation and the aneurysm.

REMARKS.—The points of interest in this case are: First, what was the cause of the paraplegia, which might have been of central or peripheral origin? In this case the absence of any spinal lesion, and the fact that the circulation through the lumbar arteries was not interfered with, contraindicate its spinal origin. The movement of the recti, which was present on admission, and continued rather longer on the left than the right side, is accounted for by the later plugging of the left iliac artery. The muscles during the latter days passed into a state similar to cadaveric rigidity. The recti stood out prominently under the skin. The skin showed livid patches and the limb was cold, showing greatly impaired nutrition. All these signs seemed to point to coagulation of the myosin and deficient oxygenation as the cause of the paraplegia. Sensation of pain in the limbs was absent. This is unusual, as in most recorded cases great pain is complained of. Possibly the entire cessation of the circulation so far damaged the sensory nerves that they were unable to convey afferent impulses. The condition of the urine is unexplained. The circulation in the renal vessels was not interfered with. The pulse showed markedly high tension, a point noted in similar cases by the late Dr. Bristow. The possibility of increased tension accounting for the presence of haemoglobin in the urine may be suggested. More probably the death of so large a portion of the body caused a great increase in the amount of broken-down tissues carried into the circulation, and part of this was excreted by the kidneys. In conclusion, I must thank Drs. Chapman and Gladstone for their careful notes and suggestions regarding this interesting case.

##### MACCLESFIELD INFIRMARY.

###### TUBERCULOUS PERITONITIS IN A CHILD: LAPAROTOMY: RECOVERY.

(Under the care of C. AVERILL, M.D., B.S., Honorary Surgeon to the Infirmary.)

M. C., aged 7, was admitted on October 1st, 1896. She was extremely emaciated with a greatly distended and tense abdomen. She lay on her back with her legs drawn up. Fluctuation was well marked all over the abdomen; no "matting" or enlarged glands could be felt. There was no diarrhoea. The temperature was hectic, rising to  $101^{\circ}$  in the

## ARMY (MEDICAL) NEWS, INDIA.

SURGEON-MAJOR BEATSON, I.M.S., the Secretary to the Principal Medical Officer, Her Majesty's forces at Simla, who has been at home on furlough, rejoins his appointment this month, when his *locum tenens*, Surgeon-Major Shearer, I.M.S., will take furlough home on relief. Brigade-Surgeon-Lieutenant-Colonel R. Exham, the Secretary to the Principal Officer for the Army Medical Staff, will return to England, his appointment being abolished under the new organisation of the Indian army.

The outbreak of soury among the Indian troops in Suakin, says *The Pioneer*, was very sudden; but the percentage of bad cases was not so large as has been stated. The disease in a mild form affected a considerable number of Sepoys and followers.

## ARMY MEDICAL STAFF AND INDIAN MEDICAL SERVICE.

IT has been decided that officers of the Army Medical Staff will be viewed as on separate lists for each of the four commands (Bengal, Punjab, Madras, and Bombay) in India; while officers of the Indian Medical Service will be viewed on separate lists for the Madras and Bombay commands, but collectively as on one list for the Bengal and Punjab commands. This virtually leaves matters as they were before for the Indian Service, except that they are interchangeable into Presidencies, that is, there is not now a Bengal Medical Service, Madras Medical Service, and Bombay Medical Service, with the officers of each claiming location in their own Presidency.

## MEDICO-LEGAL.

## A RESPECTABLE BABY FARMER.

AT North London Police-court on January 8th a widow pleaded guilty to receiving babies under one year of age without having properly registered her house for that purpose under the Infant Life Protection Act. It was shown (according to the report in the *Times*) that all the fourteen infants of whom she had had charge, and of whom only six remained alive, were sent to her by the Salvation Army Rescue Homes, and the authorities of these, as well as the clergyman who was on the Board of Guardians, testified to her respectability. It was also stated that the rate of mortality was not excessive, and the magistrate contented himself with binding the defendant over to go up for judgment if called upon.

## BEATTY v. CULLINGWORTH.

THE appeal in this case was heard on January 13th before the Master of the Rolls and Lords Justices Lopes and Chitty. The counsel for the appellant stated that the appeal was on the ground that evidence which ought to have been admitted was excluded, and that there was misdirection. The Court, without calling upon counsel for the defence, dismissed the appeal with costs.

## RECOVERY OF CHARGES IN EMERGENCY CASES.

IN 'THE BRITISH MEDICAL JOURNAL of November 14th, 1896, we published a statement of facts submitted by a correspondent on this subject, and gave our views thereon. We have since received a further communication from our correspondent, who states that since the above date he has had a good deal of correspondence with the accountant for the county, and also with the Chairman of Committee of the county council. At their request he stated the facts of the case, and they were unanimous in their opinion that it was a police case, and he believes that the police ought to have paid. However, our correspondent adds, he has been paid, and by the police. The case is referred to in the hope that it may serve a useful purpose in any future case of the kind.

## FOREIGN DEGREES.

AN IRISH M.D. inquires what is the legal status of a foreign M.D., say of America or Brussels, and whether, although not able to register or practise in the United Kingdom on any such qualification, the possessor has not the right to add M.D. after his name.

\* \* \* The question relative to the right of the holder of an (unregisterable) degree of M.D. Brux. was fully discussed in the Medico-Legal column of the BRITISH MEDICAL JOURNAL of August 15th, 1896, to which we would refer our correspondent.

## UNIVERSITIES AND COLLEGES.

## UNIVERSITY OF LONDON.

A MEETING of Convocation will be held on Monday next, January 8th, at 5 P.M. The agenda paper includes resolutions which, if adopted, will tend to render the library of the University more available for general use. A committee has inspected the rooms used as laboratories in the University building, and reports that a complete and radical reorganisation is needed in the equipment of the University before its laboratories can be regarded as adequate for even the restricted purposes of examination, to say nothing of those of teaching or research. Mr. Tyler will propose resolutions urging the appointment of different examiners at the different examinations in arts and science, and the appointment of moderators to see that the published regulations are strictly observed by the examiners, and that the questions are suitable, of fair average difficulty, and such as can be answered in the time allotted. Mr. W. T. Lynn will bring forward a resolution of the Council of the Royal Botanic Society offering a site, free of cost, for the erection of a students' observatory in connection with

the University, together with the use of a lecture room, and move that the cordial thanks of Convocation be conveyed to the Council for their kind and generous offer, and that the Senate of the University be requested to take the offer into early consideration.

Two recent vacancies have occurred in the Senate owing to the deaths of Sir G. Johnson, M.D., and the Rev. Hubert A. Holden, M.A., LL.D. These vacancies have yet to be filled up by appointments made by the Crown.

## SOCIETY OF APOTHECARIES OF LONDON.

PRIMARY EXAMINATION, PART II.—The following candidates passed in: *Anatomy and Physiology*.—A. G. C. Davies, Guy's Hospital; F. J. Featherstone, Guy's Hospital; C. S. Hawes, St. Bartholomew's Hospital; J. E. Howroyd, Leeds; E. Hudson, St. Thomas's Hospital; A. M. Macintosh, St. Mary's Hospital; C. B. Sells, Guy's Hospital; G. M. Smith, St. Thomas's Hospital; N. Walmisley, St. Bartholomew's Hospital; A. J. Watson, St. Mary's Hospital; T. R. Wilshaw, Birmingham.

*Anatomy*.—S. K. Cama, Bombay; S. F. Cheesman, Charing Cross Hospital; A. Croneen, Guy's Hospital; G. A. Crowe, London; G. R. Lucas, Edinborough and St. Bartholomew's Hospital; T. Morgan, Guy's Hospital; G. Steel, Cambridge; D. L. Thomas, Birmingham; H. C. Woodward, Cambridge.

*Physiology*.—W. Alcock, Sheffield; E. C. W. Beasley, St. Mary's Hospital; J. C. S. Dunn, St. Bartholomew's Hospital; F. J. F. Jones, Guy's Hospital; S. Page, Birmingham; T. M. Talbot, St. Bartholomew's Hospital.

PRIMARY EXAMINATION, PART I.—The following candidates passed in: *Biology*.—A. E. Brown, Royal Free Hospital; R. Burnham, Charing Cross Hospital; T. M. Burton, Royal Free Hospital; A. M. Dodd, Royal Free Hospital; E. A. Dunn, Royal Free Hospital; A. E. Gilford, Royal Free Hospital; K. Heanley, Royal Free Hospital; H. M. O. Jones, Royal Free Hospital; D. E. Lockwood, Royal Free Hospital; L. S. Molony, Royal Free Hospital; F. M. Payne, Royal Free Hospital; C. E. Sholl, Royal Free Hospital; A. Turner, City School of Chemistry.

*Materia Medica and Pharmacy*.—A. L. Bartram, Cambridge and Westminster; R. S. Elvins, Birmingham; T. B. Haig, St. Bartholomew's Hospital; H. Towers, Leeds; M. E. Unwin, Royal Free Hospital.

## PUBLIC HEALTH

AND  
POOR-LAW MEDICAL SERVICES.

## NOTES ON WORKHOUSES.

## CHESTER UNION: THE MEDICAL OFFICER ASKS FOR TRAINED NURSES.

THE Chester Board of Guardians comes again before the public in an unenviable light. The medical officer, Dr. Archer, states that at his recent visit to the hospital "he saw a pauper inmate assisting in handling a case of broken leg in such a way as to endanger the position of the leg"; and then he proceeds to ask for two trained nurses for night duty. Dr. Archer says nothing about the sufferings of the unhappy patient whose broken limb is in the hands of a pauper "nurse." Doubtless by this time he has learnt that it would be useless. As it is, the clerk (Mr. Turncock) throws himself into the fray, and states that in his opinion trained night nurses are not wanted; "he had always told Dr. Archer that he differed from him." We fail to see where the clerk comes in on this occasion, or why he was not shown his proper place by the chairman; but we are much surprised to read that a lady guardian thinks "the pauper inmate nurses are very kind to the patients, and that they prefer being dealt with by those they know." No one is questioning their kindness; but if the clerk or Mrs. Keith Douglas had a broken leg we very much doubt if a sense of kind feeling on the part of a clumsy nurse would make them dead to the torture of the fragments being twisted out of line, or cause them any sense of gratification when they rose from their beds with a badly united fracture. Really such people have no right to sit on a Board until they have graduated in the school of common sense.

ENGLISH URBAN MORTALITY IN THE FOURTH QUARTER OF 1896. THE vital statistics of the thirty-three large English towns dealt with by the Registrar-General in his weekly returns are summarised in the accompanying table. During the three months ending December last, 91,177 births were registered in these thirty-three towns, equal to an annual rate of 31.3 per 1,000 of their aggregate population, estimated at 10,846,971 persons. In the corresponding periods of the three preceding years the birth-rates in these towns were 30.7, 30.7, and 29.3 per 1,000 respectively. In London the birth-rate last quarter was 30.7 per 1,000, while it averaged 31.7 in the thirty-two provincial towns, among which it ranged from 22.6 in Huddersfield, 24.4 in Halifax, 24.6 in Brighton, 25.7 in Bradford, and 25.8 in Croydon to 34.7 in Sunderland, 35.2 in Liverpool, 35.5 in Cardiff, 35.9 in Salford, 36.2 in Wolverhampton, and 36.5 in Gateshead.

During the quarter under notice 54,867 deaths were registered in these thirty-three towns, corresponding to an annual rate of 18.8 per 1,000, against 22.6, 17.7, and 10.4 in the fourth quarters of the three preceding years, 1893-4-5. In London the rate of mortality was equal to 18.1 per 1,000, while it averaged 19.4 in the thirty-two provincial towns, among which it ranged from 14.6 in Croydon, 14.9 in Leicester, 15.4 in Derby, 15.5 in West Ham, and 15.6 in Portsmouth to 21.7 in Wolverhampton, 21.9 in Manchester, 22.6 in Preston, 22.9 in Plymouth, and 23.1 in Liverpool. The 54,867 deaths registered in the thirty-three towns last quarter included 5,079, which were referred to the principal zymotic diseases, equal to an

and in the London Fever Hospital, which had declined from 4,164 to 3,707 at the end of the eleven preceding weeks, had further fallen to 3,597 on Saturday last; 230 new cases were admitted during the week, against 291, 219, and 271 in the three preceding weeks.

#### HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, January 9th, 1,165 births and 680 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had increased from 20.3 to 22.4 per 1,000 in the six preceding weeks, further rose to 22.8 last week, and exceeded by 3.0 per 1,000 the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 18.4 in Aberdeen to 32.4 in Perth. The zymotic death-rate in these towns averaged 3.4 per 1,000, the highest rates being recorded in Dundee and Glasgow. The 356 deaths registered in Glasgow included 41 from measles, 14 from whooping-cough, 9 from diarrhoea, 5 from scarlet fever, 2 from diphtheria, and 2 from "fever."

#### CERTIFICATION OF PAUPER LUNATIC.

J. N. M. writes: A. B. is a district medical officer. C. D. is a private practitioner who has a patient fit for the county asylum, and he informs the relieving officer to that effect. The latter then takes the patient to A. B., who ignores a message sent to him by C. D., and certifies for the removal to the asylum. Our correspondent asks: "Is this conduct in accordance with the ethics of the profession?"

\*.\* When C. D. communicated with the relieving officer, that official took up the case as a pauper case, and in the ordinary course he would consult the district medical officer; if he did so, it appears that he (A. B.) was then at liberty to carry the case through without any conference with C. D. It is quite possible that if A. B. had declined to act he might have incurred the displeasure of his Board of Guardians by so doing.

#### FEE FOR CERTIFICATION OF A PAUPER LUNATIC.

ENQUIRER writes to say that he informed the relieving officer of the condition of a patient whose removal to a county appeared necessary; that he was then requested to appear before a magistrate to give evidence on oath, and to certify to mental condition. For this duty the guardians allowed him half a guinea. He asks, Can I demand more; and, if so, how much?

\*.\* We cannot understand for what reason evidence on oath was required, and we doubt whether any fee can be claimed for this. A guinea is a proper fee for certification only, and if our correspondent had any serious distance to travel it should be more than this. The magistrate who acted in the case has full power to order a guinea fee, or even more, to be paid by the guardians if he thinks fit to do so.

#### CLAIM FOR NOTIFICATION FEES.

C. H. S. asks whether a doctor has to apply to the local medical officer of health for notification fees, and when that officer is supposed to pay them.

\*.\* The notification certificates are in themselves sufficient demand for payment, but it is usual, we believe, for medical practitioners to send in an account for the total amount of fees due at the close of each year, addressing the claim to the clerk to the local council, who has to pay the fees. The medical officer of health only certifies the amounts due.

## INDIA AND THE COLONIES.

#### INDIA.

THE LIEUTENANT GOVERNOR OF BENGAL AND THE CALCUTTA MUNICIPALITY.—It would appear from accounts received from private sources that Sir Alexander Mackenzie's censures of the municipality were not only well timed, but well deserved, notwithstanding the stormy proceedings which characterised the Calcutta meetings of the Municipal Council to discuss the Lieutenant Governor's speech. A correspondent of great experience, writing of the state of affairs, says: "Five hundred people were found living in one house, and 20 tons of ordure beneath. You can form no idea of what the back streets are like, even those close upon the best parts. If the plague gets to Calcutta it will have a nice hotbed to work on."

MEDICAL EDUCATION IN MADRAS.—The Madras Government seems at length inclined to grapple seriously with the question of bacteriology in Southern India. Ultimately, no doubt, a bacteriological laboratory will be started at Ootacamund or Yercaud, but the first step will be to free the present Professor of Hygiene at the Medical College, Madras, Surgeon-Captain A. E. Grant, from his duties as Second Physician at the General Hospital, in order that he may have the time to do regular laboratory work. The Hygiene Laboratory at that College has, we believe, a very complete equipment. In addition, the building of a Museum of Hygiene for local and imported exhibits is said to have been decided upon. We only hope this is true, for of the extreme usefulness of such an institution there can be no two opinions. A scheme for the reorganisation of the Medical College and General Hospital has been before Government for a long time, but nothing has been definitely settled as yet. Meanwhile Calcutta is going ahead, and Madras, which for years had the best equipped medical school in India, is gradually falling behind both Calcutta and Bombay. Pathological, physiological, and pharmaceutical laboratories are badly needed, and teachers who can give the proper

amount of time to teaching and working at these subjects. It is very desirable that the whole question be taken in hand and settled without further delay.

#### NEW SOUTH WALES.

UNIVERSITY OF SYDNEY.—The Hon. Henry N. MacLaurin, M.A., M.D., LL.D., Vice-Chancellor of the University of Sydney, has been elected to the office of Chancellor in the room of Sir William Windeyer, M.A., LL.D., resigned.

INSANITY.—The report for 1895 of the Inspector-General of the Insane for New South Wales, which was recently presented to the Colonial Parliament, states that on December 31st, 1895, there were 3,720 insane persons under official cognisance in the Colony as against 3,587 at the end of 1894. The increase during 1895 was therefore 13, which is above the average for the last twenty years, though somewhat below that for 1894. The proportion of insane to population from 1872 to 1891 was nearly stationary at 2.69 per 1,000, whereas during the last four years it has slowly risen, and now stands at 2.91 per 1,000. The chief moral causes of insanity during 1895, as far as can be ascertained with accuracy, were: (1) Mental anxiety, worry, and overwork; (2) domestic trouble; (3) adverse circumstances, including pecuniary difficulties. The chief physical cause was intemperance in drink. The chief cause of death was general paralysis. The cost to the State for each patient in the hospitals for the insane during 1895 was £24 6s. 4d., or 9s. 4d. per week.

## OBITUARY.

DR. LUIGI CALORI, late Professor of Anatomy in the University of Bologna, died on December 19th, 1896. He was born at San Pietro, near Bologna, in 1807, and took his degree at Bologna in 1829. In the following year he was appointed additional Professor of Anatomy at his University. In 1835 he was elected to the chair of descriptive anatomy, and nine years later to that of human anatomy, which he held till a few years ago. He was also for many years President of the Academy of Sciences of Bologna, and had been several times elected Dean of the Faculty of Medicine. He was the author of many important works on human anatomy, zootomy, and anthropology, besides several volumes on general literature.

WE have to record the death of Mr. THOMAS COLLYNS BLANCHARD, M.R.C.S., L.S.A. He was educated at St. Bartholomew's Hospital, and qualified in 1849. He went to Spain in 1865, partly on account of his health—he was subject to asthma—and partly because cholera was raging in Andalusia, and the available medical assistance was unsatisfactory to the English residents, many of whom died of cholera that year. He became medical officer to several English mining companies in the province of Jaen, and resided at Linares, where he died on January 6th at the age of 74. He wrote a work in Spanish on cholera and its treatment. He was of a kindly generous disposition, an able surgeon, a good shot, an expert horseman, and took a great interest in gardening. He was married to a Spanish lady, and was left a widower two years ago. He leaves no family.

WE regret to have to record the death of Mr. THOMAS B. ANSTIE, of Devizes. Mr. Anstie was a student of St. Thomas's Hospital, and obtained the diploma of M.R.C.S. Eng. in 1841, and of L.S.A. in 1842. He settled in Devizes in 1844, so that he had practised in that town for over fifty years. He was highly esteemed as a conscientious practitioner, who kept himself abreast of professional progress. He was reticent, unassuming, devoted to professional work, sympathetic with those in distress, while his opinion on social and domestic questions was highly valued. He was a Liberal in politics, and took a deep interest in the religious work of the Baptist community. Mr. Anstie, who was in his 79th year, leaves a widow and family, with whom much sympathy in their bereavement is expressed by all classes.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Plucker, Professor of Dermatology in the University of Liège, aged 45; Dr. D. Doijer, Professor of Ophthalmology and Otology in the Medical Faculty of Leyden; Dr. J. Monteiro Caminhoa, Emeritus Professor of Medical Botany and Zoology in the Medical Faculty of Rio de Janeiro; Dr. Theodore Lickfett, director of the Bacteriological Institute of Danzig, aged 48; Dr. Icaza Arosemena, of Panama, a leading physician and public man of the Republic of Colombia; and Dr. Franz Bartsch, a well-known gynaecologist of Vienna, son of Dr. Bartsch, formerly Professor of Obstetrics in the University of Vienna, aged 61.

## MEDICAL NEWS.

AN anonymous donor has given £4,000 to the Hospital for Women and Children at Leeds.

THE Alexandra Hospital for Children with Hip Disease has received a donation of £300 from "C. W.," and one of £100 from "A. B." in aid of its funds.

THE Victoria Jubilee Hospital Fund at Belfast now amounts to £47,000. The Lady Mayoress has convened a meeting of women to aid the collection of the necessary £100,000.

JAMES HENRY ALDRIDGE, described as a herbalist, has, according to the report in the *Daily News*, been committed for trial at Halifax on the charge of murder in connection with the death of a young woman upon whom he is alleged to have performed an illegal operation.

MORTALITY AMONG FRENCH TROOPS IN MADAGASCAR.—The medical returns of the French expedition to Madagascar show that among 22,850 troops there were 7,498 deaths. The sappers suffered most. Two-thirds of them died, and this high mortality is due, no doubt, to the effects of malaria whilst they were engaged in making roads and bridges over the low-lying lands near the coast. Next comes a battalion of chasseurs, with a loss of over 62 per cent. This occurred after the forced march to Tsaratasra. The coloured auxiliaries, whether Sakalava, or Senegalesi, or Kabyles, all suffered severely. Out of 7,000 men 3,000 died.

THE PROPOSED NEW HOSPITAL FOR CONSUMPTION AT LIVERPOOL.—A number of plans for rebuilding the Hospital for Consumption have been considered by the Committee of that institution, and it has finally been resolved—first, to take in hand the building of a branch hospital in the country, with 20 beds, and subsequently to pull down the present houses in Mount Pleasant, and build a hospital to receive forty patients. So far the committee has received generous promises of support, and already about £23,000 has been promised. About £50,000 will be required to complete the scheme, but there is little doubt that before long the amount will be forthcoming.

BIRMINGHAM SCHOOL OF DERMATOLOGY.—Arrangements have been made to permit medical practitioners and advanced students to attend the practice of the Birmingham and Midland Hospital for Skin and Urinary Diseases (formerly the Skin and Lock Hospital). Many students have in the past attended the practice of the hospital, but the new arrangements will lead to a more systematic use of the valuable clinical material at the hospital, to the advantage of students in Birmingham, who will thus have an opportunity of gaining a more extended acquaintance with the diagnosis and treatment of disorders of the skin.

## MEDICAL VACANCIES.

The following vacancies are announced:

ASTON UNION.—Resident Assistant Medical Officer at the Workhouse, Erdington, near Birmingham. Salary, £100 per annum, with furnished apartments, rations, washing, etc. Doubly qualified. Applications to John North, Clerk to the Guardians, Union Offices, Vauxhall Road, Birmingham, by January 23rd.

BIRMINGHAM GENERAL DISPENSARY.—Resident Surgeon. Salary, £150 per annum (with an allowance of £30 per annum for cab hire), and furnished rooms, fire, light, and attendance. Applications to E. W. Forrest, Secretary, by January 18th, 1897.

BIRMINGHAM AND MIDLAND HOSPITAL FOR SKIN AND URINARY DISEASES.—Clinical Assistant. Post is non-resident and for three months. Honorarium, £13 13s. Applications to J. E. Hartley, Honorary Secretary, 13, St. Paul's Square, Birmingham.

CENTRAL LONDON THROAT AND EAR HOSPITAL, Gray's Inn Road, W.C.—Clinical Assistants; must guarantee to give six months' attendance. Applications to Richard Kershaw, Secretary.

CITY OF LONDON LYING-IN HOSPITAL, City Road, E.C.—District Surgeon. Applications to R. A. Owtwhaite, Secretary, by January 19th.

CORK STREET FEVER HOSPITAL AND HOUSE OF RECOVERY, Dublin.—Assistant Registrar and Resident Medical Officer. Salary, £45 per annum, with board, furnished apartments, coal, attendance, and gas. Applications to the Chairman by January 27th, and candidates must appear personally on the Thursday morning, January 28th, at 10 o'clock.

COUNTY ASYLUM, Rainhill, near Liverpool.—Assistant Medical Officer; unmarried, and not more than 30 years of age. Salary to commence at £100 per annum, with prospect of increase to £250, with furnished apartments, board, attendance and washing. Applications to the Medical Superintendent.

COUNTY LUNATIC ASYLUM, Lancaster.—Assistant Medical Officer; unmarried. Salary commencing at £100 per annum, with board, apartments, attendance, and washing. Applications to the Medical Superintendent by January 31st.

FLINTSHIRE DISPENSARY, Holywell, North Wales.—Resident House-Surgeon. Salary, £120 per annum, with furnished house, rent and taxes free, also coal, light, water, cleaning, or in lieu thereof the sum of £20 per annum. Knowledge of Welsh desirable. Applications to the Secretary by January 25th.

JAFFRAY SUBURBAN BRANCH OF THE GENERAL HOSPITAL, Gravelly Hill, near Birmingham.—Resident Medical and Surgical Officer; doubly qualified. Salary, £150 per annum, with board, residence, and washing. Applications to the House Governor, General Hospital, Birmingham, by January 30th.

LIVERPOOL DISPENSARIES.—Assistant Surgeon. Salary, £80, to be increased to £90 per annum after the first year's service, with apartments, board, and attendance. Must be unmarried. Applications to R. R. Greene, Secretary, 34, Moorfields, Liverpool, by January 25th.

LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.—Assistant Resident Medical Officer. Appointment for six months; doubly qualified. No salary, but board, washing, and residence in the hospital provided. Applications to A. W. Bodger, Secretary, by January 25th.

MIDDLESBROUGH NEW ASYLUM.—Medical Superintendent. House (unfurnished, with rates and taxes free), coals, gas, water, and washing will be allowed. Applications, stating salary required, to George Bainbridge, Town Clerk, Middlesbrough, by January 23rd.

MILLER HOSPITAL AND ROYAL KENT DISPENSARY, Greenwich Road, S.E.—Resident Medical Officer. Salary, £30 per annum, with board, attendance, and washing. Post tenable for six months, with prospect of re-election as Senior. Applications to the Honorary Secretary.

NORTH STAFFORDSHIRE INFIRMARY AND EYE HOSPITAL, Hartshill, Stoke-on-Trent.—Assistant House-Surgeon. Board, apartments, and washing as equivalent for services rendered. Applications to Ralph Hoadley, Secretary, by January 25th.

PLOMSEGUET UNION.—Medical Officer for the Saxmundham District. Salary, £75 per annum, and usual fees. Must reside within the district. Applications to T. Waller Read, Clerk to the Guardians, Board Room, Wickham Market, by January 23rd.

QUEEN'S HOSPITAL, Birmingham.—Third Casualty Surgeon, or Surgeon to Out-patients; must be F. or M.R.C.S. Second Physician for Out-patients. Appointments tenable for three years. Honorarium in each case £50 per annum. Applications to the Secretary by January 20th.

ROYAL ALBERT HOSPITAL, Devonport.—Assistant House-Surgeon for six months from February 1st. Board, Lodging, and washing provided. No salary. Applications to "Chairman of Medical Committee" by January 20th.

ROYAL HANTS COUNTY HOSPITAL, Winchester.—Assistant House-Surgeon, doubly qualified. Salary at the rate of £20 per annum, with board and lodging. Applications to the Secretary by January 22nd.

ST. GEORGE'S HOSPITAL, S.W.—Physician and Assistant Physician; must be F. or M.R.C.P.Lond. Applications to the Secretary by January 22nd.

SUFFOLK COUNTY LUNATIC ASYLUM, Melton, near Woodbridge.—Medical Officer; must not exceed 40 years of age. Salary, £600 per annum, with furnished house (excluding plate and linen), including all rates. Applications to A. Townsend Cobbold, Clerk to the Visiting Committee, County Hall, Ipswich, by February 1st.

SUSSEX COUNTY HOSPITAL, Brighton.—House-Surgeon; doubly qualified, unmarried, and under 30 years of age. Salary, £120, rising to £140 per annum at the discretion of the Committee of Management, with board, residence in the hospital, and washing. Applications to the Secretary by February 10th.

## MEDICAL APPOINTMENTS.

BOYD, Robert, M.B., C.M.Glasg., appointed Senior House-Surgeon to the Huddersfield Infirmary, vice G. W. K. Crosland, M.R.C.S., resigned.

BROOK, Henry D., L.R.C.P.Lond., M.R.C.S.Edin., appointed Medical Officer for the Second District and of the Workhouse of the Fareham Union.

BURGESS, R., M.B., C.M.AberJ., appointed Third House-Surgeon to Huddersfield Infirmary, vice R. C. James, M.B., C.M., resigned.

EASTON, Dr. John, appointed Medical Officer of Health to the Weardale Rural District Council.

EMANUEL, J. G., M.R.C.S., L.R.C.P.Lond., B.Sc.Lond., appointed House-Physician to the City of London Hospital for Diseases of the Chest, Victoria Park, E.

HENRY, John P., B.A., M.D., B.Ch.Dub., L.M.R.C.P.I., appointed Divisional Surgeon to the Lewisham Police, vice J. Hammersley, M.R.C.S., L.S.A., deceased.

HUGHES, Dr. T. H., appointed Medical Officer of Health to the Connah's Quay Urban Council.

JAMES, M. B., M.B., Ch.B.Vict., appointed Second House-Surgeon to Huddersfield Infirmary, vice R. Boyd, M.B., C.M.

MARSH, J. H., M.R.C.S., L.R.C.P., appointed Medical Officer and Ambulance Lecturer to the Macclesfield School Board.

SHEARER, R. P., M.B., C.M.Glasg., reappointed Medical Officer for the Gotham District of the Basford Union.

SHORT, Edward W., L.R.C.P., L.R.C.S.Edin., appointed Medical Officer for the No. 2 District of the Alston with Garrigill Parish.

SMITH, G. Francis, M.R.C.S., L.R.C.P., appointed Honorary Medical Officer to the Watford District Cottage Hospital.

STEVENSON, Dr., appointed Assistant Medical Officer to the Glasgow Parish Council.

WALKER, Francis John, M.D., appointed Medical Officer of the Workhouse and Spilsby West District, and Public Vaccinator, Spilsby Union, *vice* J. West Walker, M.B. Lond., resigned.

WATKINS, Gregory, M.A., M.B., B.C.Cantab., appointed Public Vaccinator for the City of Lincoln, *vice* C. Harrison, M.D., resigned.

WEST, G. F., L.R.C.P., L.R.C.S. Edin., appointed Resident Medical Superintendent to the Kilkenny District Asylum.

WYLLYS, Henry J. M., L.R.C.P., L.R.C.S. Edin., appointed Junior House Surgeon to the Norfolk and Norwich Hospital.

## DIARY FOR NEXT WEEK.

## TUESDAY.

CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL. Gray's Inn Road, W.C., 4 P.M.—Dr. Dundas Grant on the Investigation of Ear Disease.

PATHOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.—Mr. B. Pitts and Mr. S. G. Shattock: Noncalcifying Plastic Osteitis. Dr. A. A. Kanthack and Mr. T. Strangways Pigg: Sarcoma and Carcinoma of Testis; re-examination of a specimen described by Sir James Paget fifty years ago. Mr. J. W. W. Stephens and Mr. Parfitt: Three Cases of Haemorrhagic Diphtheria. Card Specimens by Mr. E. P. Paton.

ROYAL STATISTICAL SOCIETY, Royal United Service Institution, Whitehall, S.W., 5.30 P.M.—Mr. T. A. Welton: Local Death-rates in England and Wales in the ten years 1881-90.

## WEDNESDAY.

THE CLINICAL MUSEUM, 21, Great Portland Street, 4 P.M.—Demonstration by Mr. Jonathan Hutchinson.

WEST LONDON POST-GRADUATE COURSE, West London Hospital, W., 5 P.M.—Mr. McAdam Eccles: Cases of Hernia.

ROYAL METEOROLOGICAL SOCIETY, 25, Great George Street, Westminster, 7.45 P.M.—Annual General Meeting.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, 4 P.M.—Dr. Green: Clinical Demonstration in the Wards.

ROYAL MICROSCOPICAL SOCIETY, 20, Hanover Square, W., 8 P.M.—Annual Meeting. President's Address.

## THURSDAY.

SOCIETY OF ANÆSTHETISTS, 20, Hanover Square, W., 8.30 P.M.—Dr. A. E. Bridger: Disorders Favoured or Produced by Anæsthesia, with Clinical Cases.

## FRIDAY.

ClinICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.—Mr. Howard Marsh: Two Cases of Coins Impacted in the Oesophagus. Mr. H. G. Croly: Case of Successful Ligation of the Left Subclavian Artery in the second part for Aneurysm. Mr. George Stoker: Case of Chronic Ulcer, and Case of Lupus treated by Oxygen; and other Cases.

## 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.

ANDERSON.—On January 8th, at 5, Rue de Bois de Boulogne, Paris, the wife of D. E. Anderson, M.D., of a son.

CAMERON.—On January 5th, at 9, Elms Road, Clapham Common, S.W., the wife of Albert Cameron, M.B., C.M. Edin., of a daughter.

Cox.—On January 2nd, at Duffield House, Watford, the wife of Alfred E. Cox, M.R.C.S., L.R.C.P., of a daughter.

DAVIES.—On January 5th, at 23, Finsbury Square, the wife of Arthur Temple Davies, M.D.Cantab., F.R.C.P., of a daughter.

D'Erf Wheeler.—On December 20th, 1896, at Jerusalem, the wife of Percy D'Erf Wheeler, M.D., F.R.C.S.E., F.R.G.S., of a son.

HEATH.—On January 6th, at 3, Cavendish Place, Cavendish Square, W., the wife of Charles J. Heath, F.R.C.S., of a daughter.

NORTH.—On January 10th, at Abbey Street, Armagh, Ireland, the wife of Thomas North, M.D., of a son.

PATON.—On January 10th, at Hendham House, Harpurhey, Manchester, the wife of R. A. Paton, M.B.Glasg., of a son.

## DEATHS.

CONYERS.—On December 20th, 1896, in his 56th year, at the residence of his nephew, Dr. J. E. Godfrey, "Littledale" Friendship, Demerara, British Guiana, Brigade-Surgeon James Saltus Conyers, M.D., on the retired list of the Army Medical Staff (formerly of the 8th King's), third son of the late Charles and Susan Butterfield Conyers, of British Guiana.

LEITCH.—On December 22nd, 1896, at Monimail, Silloth, Cumberland, John Leitch, M.B., C.M. Edin., aged 47 years. Was interred at Maryport Cemetery on December 26th, 1896.

STARK.—On January 3rd, at his residence, Abbey Road, Barrow-in-Furness, Lancashire, Peter Wood Stark, M.D., aged 67 years.

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

CANCER, Brompton (Free). Attendances—Daily, 2. Operations—Tu. F. S., 2.

CENTRAL LONDON OPHTHALMIC. Attendances—Daily, 1. Operations—Daily.

EAST LONDON THROAT, NOSE, AND EAR. Attendances—M. W. Th. S., 2; Tu. F., 5. Operations—Daily.

CHARING 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. Th. F., 2.

CITY OPHTHALMIC. 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. F., 2.30; Throat and Ear, Tu. F., 2.30; Skin, W., 2.30; Dental, W., 2.30. Operations—M. W. Th. F., 2.

GUY'S. Attendances—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Th. F., 1.30; Ear, M., 1.30; Skin, Tu. F., 1.30; Dental, daily, 9; Throat, F., 1.30. Operations—(Ophthalmic) M. Tu. F., 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. 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. 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., 1.30; Skin, Th., 9; Dental, Tu., 9. Operations—M. Tu. Th. S., 2.

LONDON TEMPERANCE. Attendances—Medical, M. Tu. F., 2; Surgical, M. Th., 2. Operations—M. Th., 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; W., 1.30; 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 OPHTHALMIC. 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—Tu., 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; Skin, Th., 9; Throat, Ear, S., 3; Dental, Tu., 9. Operations—W., S., 2; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.

ROYAL LONDON OPHTHALMIC. Attendances—Daily, 9. Operations—Daily, 10.

ROYAL OPHTHALMIC. 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. Tu. S., 2.30; Ear, Tu. F., 2; Skin, F., 1.30; Larynx, F., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 9. Operations—M. Tu. W. S., 1.30; (Ophthalmic), Tu. Th., 2.

ST. GEORGE'S. Attendances—Medical and Surgical, daily, 1.30; Obstetric, M. Th., 2; o.p. Eye, W. S., 2; Ear, Tu., 2; Skin, W., 2; Throat, F., 2; Orthopaedic, W., 2; Dental, Tu. S., 9. Operations—M. Tu. F. S., 1.

ST. MARK'S. Attendances—Fistula and Diseases of the Rectum, males S., 3; females W., 9.45. 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; o.p. Tu., 1.30; Eye, Tu. F., 9; Ear, M. Th., 3; Orthopaedic, W., 10; Throat, Tu. F., 3.30; Skin, M. Th., 9.30; Electro-therapeutics, M. Th., 2.30; Dental, W. S., 9.30; Children's Medical, Tu. F., 9.15; Children's Surgical, S., 9.15. Operations—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.

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, 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. F., 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. Tu., 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*.