

fixation after operation would give a greater improvement. In this connection I would refer briefly to the double Thomas's splint recommended by Messrs. Tubby and Jones. That this instrument needs careful management is evidenced by the extensive scars frequently seen in patients who have



Fig. 2.—E. S., aged 2 years and 9 months, sketched sitting up wearing a Chance's splint three months after forcible reduction of angular deformity.

used them without proper supervision. Mr. Tubby mentioned two or three years as the period during which the patient would be likely to be required to remain in this instrument. This, to my mind, would be a very serious bar to the method. I have lately had brought to me a little girl, aged 5, who had lain for four years on a double Thomas's splint for high dorsal caries. Although the splint was well-constructed and carefully watched, a dorsal abscess had formed and opened, and left a sinus. The general condition of the patient was unsatisfactory: she was extremely wasted, the lower limbs especially. Since the double Thomas's splint has been replaced by an apparatus similar to that shown in Fig. 2, the child has gained strength rapidly.

The outcome of my experience leads me to await the final results of operations already done by other surgeons before applying the treatment to other cases of my own. I believe that, by the subsequent use of Chance's splint, three months of complete fixation by a double Thomas's splint, or other means, would on an average be sufficient, as in the case I have related above. I have to thank Mr. Eldon Scott, late senior resident medical officer of the North-West London Hospital, for his valuable help during the progress of the case.

I may add that since this note was written the patient has left the hospital and is being treated as an out-patient. There is no pain or tenderness in the back, and the improvement in position is well maintained.

NOTE.

Photographs which were shown at the meeting of the Clinical Society on November 26th, 1897, showed a diminution of about 6°.

NEGRO LETHARGY.—A bacillus has been found by Cagigal and Lepierre of Coimbra in the blood of a young negro who had suffered for three years from that curious disease—negro lethargy or sleeping sickness—which is endemic on the West Coast of Africa. Cultivations of the bacillus when inoculated into rabbits cause depression, paresis of the hind limbs, wasting and death in from twenty-five to fifty days. Should these observations be confirmed the disease will afford a most remarkable example of the latency of a pathogenic organism, for the symptoms in some cases do not develop until years after the patient has left the endemic area.

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

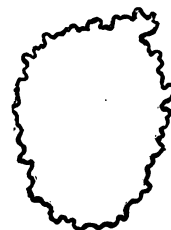
REMOVAL OF FOREIGN BODY FROM THE NOSE AFTER TWENTY-THREE YEARS.

Mrs. C., aged 30, somewhat anæmic, thin and rather small-chested, came to me on November 13th, 1897, saying that there was something in her right nostril, and requesting me to remove it.

When 7 years old she was pushed down, falling partially on some other girls, but with her face, she thinks, on the ground. She had nothing in her mouth at the time; when she rose she felt there was "a stone in her nose," but she could give no particulars as to how it got in. She tried to get it out, without success, and her parents were sceptical as to the presence of the foreign body.

From that time she suffered more or less trouble with her nose. At the age of 11 a polypus was removed at the Victoria Hospital for Children; and again at the age of 13 she was operated upon at that institution. Of the nature of the operation she could tell nothing, save that they "unstopped her nose," and that it was not under chloroform.

The symptoms continued; she had the feeling of something in the nose, and of its occasionally shifting its position somewhat. She never dared blow her nose strongly for fear of pain. Epistaxis occurred from that nostril; and also hæmoptysis occasionally, which the patient herself attributed to blood trickling down from the back of the nose. There was a free discharge of thin muco-pus which was at times markedly fetid. No further operative treatment was adopted until three years ago, when a medical man "removed ten small polypi." At this time she had lotions to syringe the nostril, and from the time of the operation till she came to me there had been no further hæmorrhage or discharge. The sensation of an object in the nostril and the inability to blow the nose forcibly remained.



Profile view of Stone: $\times 2$ (linear).

She had been stooping a good deal at her work, and on blowing her nose gently she felt as if the obstruction had shifted to an unusual extent. There was only very slight indication of nasal obstruction in the timbre of her voice, less than with a moderate cold. Inspection with a Fraenkel's speculum showed, about three-quarters of an inch from the opening, in an upward and backward direction, a small rough white body. Seizing this with a pair of Lister's forceps, it did not move, and on cautiously using the forceps as a probe a large rough body was felt. After one unsuccessful attempt it was firmly grasped in the forceps, and without much trouble extracted. The hæmorrhage was trifling, and within five minutes the patient remarked on the great relief she experienced. A lotion of hamamelis and carbolic acid was given her to use with a syringe, and the progress has been absolutely uneventful.

The whole stone was covered with a layer of blood-stained incrustation about as thick as a sheet of paper, and thickly studded over this were many rough projections, of which one or two groups were specially prominent. On drying, the incrustation became friable, and did not remain in sufficiently good condition to photograph; but the profile given indicates pretty well the form and size of the projections.

REMARKS.—The length of time—twenty-three years—during which the foreign body remained in the nose has been exceeded, as in Dr. Handford's case¹ (twenty-seven years) and

¹ BRITISH MEDICAL JOURNAL, 1893, II, 117.

n Dr. Heberton's case² (forty years). In my case, unlike Dr. Handford's, it had caused symptoms all the time, and the patient had been thrice operated on without its presence being detected. Apparently the child's attempts to get it out resulted in its being pushed above the inferior turbinate, and hence escaping detection. This position would also account for the voice being almost unaltered. It is of some importance to notice that during this long period the incrustation had not gone on to such an extent as to cause doubt about the nature of the object. This is opposed to the supposition that rhinoliths are often formed around a foreign body, which they completely hide.

Norwood, S.E.

S. W. CARRUTHERS, M.B., C.M.

ERYTHROL TETRANITRATE IN ANGINA.

The following note on the use of erythrol tetranitrate may be of interest:

A weaver, aged 29, came to me in February, 1897, complaining of pains in the precordium and down the left arm. The pain seemed to have been precipitated by an attack of influenza. It was severe during the night or on slight exertion, and caused him great anxiety. He looked his years, was somewhat anæmic, had decided arcus senilis, an intermittent pulse, but no noticeable rigidity of radial arteries. The heart was not enlarged, but there was a soft systolic murmur at base and down the sternum. Sodium salicylate and liquor ammoniæ acetatis, ammonium bromide, potassium iodide, amyl nitrite, and nitro-glycerine, were all tried without effect. He was then given erythrol tablets, $\frac{1}{2}$ gr., thrice daily, and got prompt relief. He continued them a fortnight, and has not required them since, though he has still some pain on walking up hill. This is the only case in which I have felt called on to try the remedy.

Hamilton, N.B.

JAMES ADAM, M.A., M.B.

DISLOCATION OF UNGUAL PHALANX.

A FURTHER instance of the above dislocation may prove of interest. The accident occurred under similar circumstances to three of those recorded in the BRITISH MEDICAL JOURNAL. The patient while keeping wicket was struck by the ball on the extremity of the extended ring finger of the right hand, the unguis phalanx being dislocated forwards and remaining in the same position as in Dr. Richmond's case. Being one of the team I saw it immediately, and reduced it without the slightest difficulty. The patient resumed his place in the field, and felt no further discomfort.

RICHARD A. COLES, M.B., C.M. Aberd.

Barham, near Canterbury.

ROENTGEN RAYS AND LOCALISATION.

FOLLOWING the idea of Dr. Davidson's article in the BRITISH MEDICAL JOURNAL of January 1st, I have devised the following apparatus, which is, I think, rather simpler than his: The stand of my focus tube is 7 in. wide and about 18 in. long, and I fix the tube so that its centre is 7 in. above the

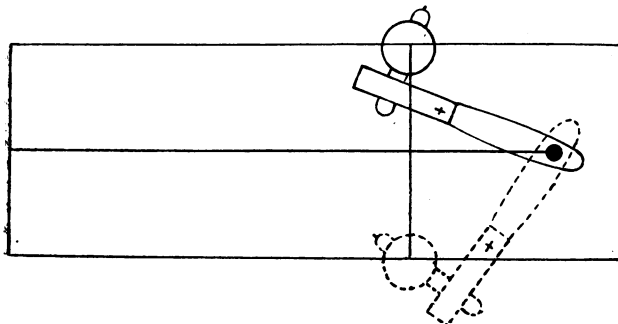


Fig. 1.—Showing the positions of the focus tube.

board. The tube can be moved to either side, and a point is marked on the extreme edge of the board on each side, directly under its centre. These points are joined by a straight line, and a line is drawn at right angles through the centre of the first line. The sensitive plate should be so

² *Pulse Quart.*, Cincinnati, 1891, ii, 31.

placed that its centre coincides with this point. A photograph is taken with the tube over each of the lateral points in succession on the same plate, and the distances of the images of the foreign body from the sides of the board must be accurately measured.

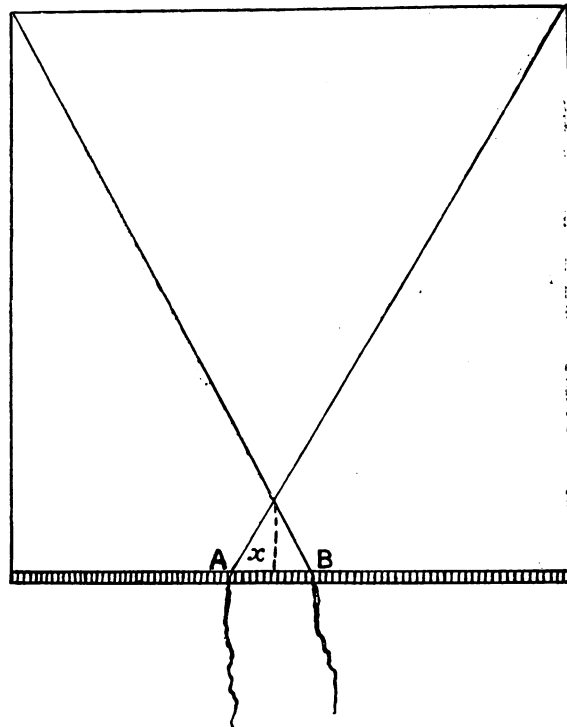


Fig. 2.—A B being the distance between the two images, x will be the height of the object above the plate.

I now draw on a board a square of 7 in. and divide one side into a scale. On this scale I mark the distances of the images of the object from the sides of the board with two pins. I also fasten two pins at the two opposite corners of the board. Two threads are now fastened to these pins and passed round the pins on the scale. Their point of intersection will show the position of the object.

Ealing.

GEORGE HARRISON.

ON THE USE OF NITROUS OXIDE GAS FOR PROLONGED OPERATIONS.

FOLLOWING the memorandum of Dr. Paterson on this subject in the BRITISH MEDICAL JOURNAL of January 22nd, p. 211, it may interest him and other of your readers if I give short notes of a case which, I believe, was the first in which a prolonged operation was performed under gas alone.

Seventeen years ago (January 13th, 1881) I performed ovariectomy on a patient, aged 34; the gas was administered by Mr. Tom Bird, and the operation lasted twenty minutes. The patient was admitted into the Hospital for Women, February, 1878, with a tumour in the abdomen, reaching above the umbilicus. For various treatment (uterine) she was at times placed under different anaesthetics, when it was found that every one of them induced violent vomiting, lasting several days. On December 31st, 1880, the fluid tumour was aspirated, and a fluid rich in albumen and cholesterolin was drawn off. In consequence of the patient's intolerance of the ordinary anaesthetics, I asked Mr. Bird, then anaesthetist to the hospital, if he could give gas for a sufficient length of time to enable me to operate. He promised me 90 seconds to begin with, and after that he would do what he could. The patient was placed under nitrous oxide gas at 2.8 P.M. on January 13th, and at 2.10 I rapidly made a free incision. One tumour was tapped, and its fluid contents drawn off, the main tumour being a dermoid; a further cyst, the one tapped on December 31st, was found growing from the main tumour. Both were

brought out of the wound; the pedicle, a broad one, trans-
fixed and tied with China twist, the tumours (of the left
ovary) cut away, and the wound closed with eight silkworm-
gut sutures. Though the operation lasted twenty minutes
two or three minutes should be subtracted, as the patient
retched just after the tumour was cut away. Mr. Bird kept
up the anaesthesia by interrupted inhalations; the patient,
well under its effect, apparently only feeling (? reflex) when
the pedicle was dragged upon, and when one of the stitches
was being introduced. There was no subsequent sickness,
and the patient did well.

Harley Street, W.

HEYWOOD SMITH, M.A., M.D.

REPORTS

ON

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

ST. MARY'S HOSPITAL FOR CHILDREN, PLAISTOW, E.

ANGIOMA OF THE QUADRICEPS EXTENSOR OF THE THIGH.

(By ERNEST A. T. STEELE, M.R.C.S., L.R.C.P., Honorary
Surgeon to the Hospital.)

A BOY, aged 4 years, was admitted on November 16th, 1897,
for a tumour on the left thigh, which had been noticed since
birth, but which during the last six months had increased in
size and begun to cause lameness. On examination a soft
indefinitely lobulated tumour of a flattened oval shape was
found on the lower and outer part of the left thigh; it
measured about 3 inches in its greatest diameter. In the
relaxed state of the extensor of the thigh the growth was
movable, but became fixed when the muscle was put on the
stretch.

A vertical incision having been made the tumour was
found to be composed of blood vessels and fibrous tissue and
embedded in the vastus externus and crureus. Owing to the
absence of any capsule or definite limitation between the
growth and the muscular tissue its removal was somewhat
tedious. The hæmorrhage was not excessive, and was checked
by forcipressure. The wound in the muscle was closed by
buried silk sutures, and the skin incision by continuous
suture. Healing took place by first intention, but a small
portion of the upper end of the cicatrix broke down again
and discharged for a few days before finally closing. Macro-
scopic and microscopic section of the tumour showed it to
be made up of thin-walled blood vessels with much inter-
stitial fibrous tissue.

REMARKS.—The preponderance of fibrous tissue may be
accounted for by the late rapid increase in the size of the
tumour. In Pepper's *Surgical Pathology* it is stated concern-
ing these tumours: "When development is active the vessels
are small as compared with the width of the intervening
connective tissue trabeculae, but subsequently this disparity
is reversed." Angiomata occurring in muscle are not common
and have given rise to considerable difficulty in diagnosis.
In the recorded cases they have been taken for lipomata,
cysts, deep-seated chronic abscesses, bursitis, etc. In the
present instance a previous diagnosis of sarcoma had been
made and amputation proposed. The majority of these
tumours appear to be situated in the lower extremities, but
they have been described as occurring in various other posi-
tions, for example, supinator longus, deltoid, etc.

BACTERIOLOGY OF SEWAGE.—The systematic examination of
sewage and other waste waters, the need for which was
strongly insisted upon by Professor Boyce, of Liverpool,
during the recent discussion on typhoid fever at the Royal
Medical and Chirurgical Society, has been undertaken by the
Municipal Observatory at Montsouris, near Paris. The
drinking water is also examined as well as the river water,
but it is recognised to be important also to gain an acquaint-
ance with the flora of sewage and waste water which may in
one way or another find its way into the drinking water
supplies.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

W. H. DICKINSON, M.D., President, in the Chair.

Tuesday, February 8th, 1898.

ADJOURNED DISCUSSION ON MR. A. M. SHEILD'S PAPER ON IMMUNITY AND LATENCY AFTER OPERATIONS FOR REPUTED CARCINOMA OF THE BREAST.

SIR THOMAS SMITH, on resuming the debate, expressed his
high opinion of the author's paper, and especially of the im-
partiality which characterised it. So free from dogmatism
was the paper, that he had, until Mr. Butlin mentioned that
Mr. Sheild practised the "complete" operation, been under
the impression that he performed the so-called incomplete
operation and that the cases in the paper showed that its
results were satisfactory. It was high time for this subject
to be discussed; it was twenty-four years since the same sub-
ject had been under debate; then it was at the Pathological
Society, and naturally the points raised were in connection
with pathology. The author had not drawn a com-
parison between the old and the new operation, but
had been content to give examples of the vagaries of
mammary cancer. All the cases on the paper were presum-
ably operated upon by the old methods; it might be thought
by some that the results were too favourable, but he himself
thought that they were fairly representative. The terms "com-
plete" and "incomplete" as applied to the operations were rather
unfortunate, as "incomplete" implied some reproach; he
would use "new" and "old" instead. The tone of the
present discussion was much the same as that which pre-
vailed in the debate at the Pathological Society twenty-four
years ago, and no real progress had been made in our know-
ledge of the nature of the disease. In contrast to the tone of
Mr. Watson Cheyne's book and the author's paper were the dog-
matic assertions of some surgeons who performed the new
operation. Born in America, bred in Germany, the new
operation had perhaps been adopted too hastily; and while
surgeons who kept to the old operation had said little, those
who practised the new were rather too dogmatic. But the
time had now come for those practising the old operation to
state their opinion. The three ideas underlying the new
operation were (1) that cancer was a local disease; (2) that it
was curable by operation; and (3) that it should be regarded
as cured if the patient remained immune for over three years.
The local nature of cancer was discussed at the previous
debate at the Pathological Society. It might be a local dis-
ease, but if so he could not understand when it became
generalised. It required a robust belief in its local character
to justify removal of the upper extremity at the shoulder-
joint. It had probably ceased to be local when the intra-
clavicular glands were affected, but some surgeons thought
it was always local. He compared it to syphilis in
this respect. That disease became generalised so early
that removal of the hard sore did not prevent general infec-
tion. He admitted that breast cancer differed from syphilis,
for no one could say when the former became generalised.
But if a long interval occurred between the existence of
cancer as a microscopic object in the breast and the period at
which it became a tangible tumour there was abundant time
for constitutional infection. As to its being curable by opera-
tion this was true if the three years' limit was adopted, but
he was convinced that it recurred long after three years, and
quoted an example in which twenty-four years had intervened
between the primary operation and the recurrence. Gross in
his statistics estimated that recurrence took place in only 2
per cent. of cases which remained immune for three years,
but later statistics brought the percentage to 15 per cent. He
regretted the use of the word "cure;" it had a bad effect both
on the public and on the surgeons. It had come to this
that some surgeons were said to be able, and some were said
not to be able, to cure cancer. He had noticed some points
that were difficult of explanation on the local theory of
cancer. When there were small local recurrences a longer
lease of life was sometimes obtained than after the complete
operation, when death often occurred from visceral infection.
From his experience of cancer, which extended over nearly fifty
years, he was convinced that it was no good comparing opera-

Secretary to the Grande Chancellerie de la Légion d'Honneur; and M. Mézières, Member of the French Academy.

WE regret to have to record the death of Mr. JOHN HOLDEN, which took place suddenly at his residence in Preston on January 9th. Although for the past few months he had been in indifferent health, yet he had continued his busy life as usual, and had seen patients only the evening before his death. His family had been associated with Lancashire for generations, and his father, James Fawcett Holden, was in practice in Preston at the time of John Holden's birth. Mr. Holden, who received his medical education at the Manchester School of Medicine, obtained the diplomas of L.R.C.P. Edin., M.R.C.S.Eng., and L.S.A., and settled down in Preston as a general practitioner in 1867. He had previously been House-Surgeon to the Ardwick and Ancoats Dispensary, and Preston Dispensary. He was one of the Honorary Surgeons to the Preston and County of Lancaster Royal Infirmary, an ex-President and Secretary of the Preston Medical-Ethical Society, and a Vice-President of the Lancashire and Cheshire Branch of the British Medical Association. He took a very active interest in medico-political questions, and his voice was frequently heard in Preston and Manchester. In addition to an active professional life he was a very prominent figure in the social and municipal life of the borough. For the past twenty-one years he had been an active member of the Municipal Council. He held the office of Mayor in 1893-94, and was appointed Alderman at the termination of his year of office. In 1887 he was placed on the Commission of the Peace for the borough. As a man he was the soul of honour, as a friend he was genial and kindly, and in spite of his many-sided life was always glad to give helpful advice to others, and especially to the younger members of the profession in the town, who have lost by his untimely death a friend whom it will be impossible to replace. Among the poor he will always be remembered as a benefactor and a friend. On the day of his funeral flags half-mast and closed shutters bore silent testimony to the love and respect in which he was held by his fellow townsmen.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF CAMBRIDGE.

BALFOUR STUDENTSHIP.—Dr. Arthur Willey, the discoverer of the eggs of *Nautilus*, has been re-elected Balfour Student in Animal Morphology.

ADVANCED STUDENT.—Dr. G. Elliot Smith, M.D., Ch.M. Sydney, advanced student of St. John's College, has been approved for the Certificate of Research entitling him to the B.A. degree. His memoirs deal with original researches on the origin of the corpus callosum, and the relation of the fornix to the margin of the cerebral cortex, and have lately been published in the *Transactions of the Linnean Society and the Journal of Anatomy and Physiology*.

CONGRESS OF HYGIENE AND DEMOGRAPHY.—Mr. H. E. Durham, M.A., M.B., of King's College, has been appointed one of the delegates representing the University at the Madrid Congress to be held next April.

ELECTORS TO PROFESSORSHIPS.—The following appointments to the electoral Boards for various professorships are announced:

Chemistry: Sir E. Frankland, K.C.B., F.R.S.

Anatomy: Sir W. Turner, F.R.S.

Botany: Professor D. Oliver, F.R.S.

Zoology: Lord Walsingham, F.R.S.

Physics: Lord Kelvin, F.R.S.

Physiology: Professor Schäfer, F.R.S.

Surgery: Lord Lister, P.R.S.

Pathology: Dr. J. F. Payne.

UNIVERSITY OF LONDON.

INTERMEDIATE EXAMINATION IN MEDICINE.—The following candidates have satisfied the Examiners:

Entire Examination.—First Division: T. C. English, St. George's Hospital; L. Jones, St. George's Hospital; W. H. Lowman, King's College; H. Stuart, University College. Second Division: F. C. E. Atkinson, St. George's Hospital; P. G. A. Bott, St. Mary's Hospital; D. L. Davies, University College; F. W. W. Dawson, Westminster Hospital; L. E. Dickson, University College, Liverpool; H. A. Easton, St. Thomas's Hospital; Sarah Louise Fraser, London School of Medicine and Birkbeck Institute; G. H. J. Hooper, Charing Cross Hospital; F. M. Howell, St. Bartholomew's Hospital; J. Klein, St. Mary's Hospital; C. J. I. Krumbholz, University College; R. H. Paramore, St. Bartholomew's Hospital; Hilda Mallinson Rowntree, London School of Medicine and Royal Free Hospital; H. Scholefield, Owens College; C. D. Soutter, Mason College; W. L. Stuart, King's College; J. Tattersall, St. Mary's Hospital; H. Terry, Owens College; R. C. Turnbull, London Hospital; J. E. Utley, Owens College; Kathleen Olga Vaughan, London School of Medicine for Women; Blanche Elinor Walters, London School of Medicine for Women; S. R. Williams, Bristol Medical School.

Excluding Physiology.—Second Division: J. C. M. Bailey, St. Bartholomew's Hospital; A. Birch, St. Mary's Hospital; R. H. Birtwell, B.A., London Hospital; H. F. W. Boeddicker, Mason College; R. C. Bowden, St. Bartholomew's Hospital; A. B. Brown, St. Bartholomew's Hospital; W. C. Dawson, Mason College; Alice Debenham, London School of Medicine for Women; S. Hunt, St. Thomas's Hospital; E. T. Jensen, Guy's Hospital; A. H. John, St. Bartholomew's Hospital; D. T. C. Jones, University College; E. W. Jones, Mason College; J. T. M. McDougall, Guy's Hospital; Annie Mooney, London School of Medicine for Women; D. L. Morgan, Guy's Hospital; E. M. Niall, St. Bartholomew's Hospital; T. M. Pearce, St. Bartholomew's Hospital; A. Pearson, Guy's Hospital; Mary Elizabeth Phillips, University College, Cardiff; Mary Ariel Stuart, London School of Medicine for Women; F. G. Thompson, St. Mary's Hospital; W. A. Trumper, St. Mary's Hospital; E. Wethered, St. Bartholomew's Hospital; P. W. White, Bristol Medical School; Gisela Wilmersdoerfer, London School of Medicine and Birkbeck Institute.

Physiology only.—First Division: A. J. V. Betts, Westminster Hospital; J. E. Chapman, University College, Sheffield; L. Cook, Westminster Hospital; A. G. Ede, St. Bartholomew's Hospital; W. Ferris, St. Mary's Hospital; B. R. Lloyd, Cardiff Medical School; D. T. Price, Bristol Medical School; A. T. Pridham, St. Bartholomew's Hospital; T. P. H. Stedman, University College; C. W. Wirgman, University College. Second Division: Josephine Brown, London School of Medicine for Women; W. S. Danks, St. Bartholomew's Hospital; Margaret Bernard Dobson, London School of Medicine for Women; C. E. Etheridge, Middlesex Hospital; C. S. Frost, St. Bartholomew's Hospital; T. H. Gandy, St. Bartholomew's Hospital; A. Jones, London Hospital; P. T. Manson, Guy's Hospital; J. C. Marshall, St. Bartholomew's Hospital; M. F. Reaney, London Hospital; W. E. Rutledge, University College; Mary Ethel Scharlieb, B.A., London School of Medicine for Women; F. W. Sheppard, St. Bartholomew's Hospital; N. F. Stallard, University College; A. B. Vine, Middlesex Hospital.

PRELIMINARY SCIENTIFIC EXAMINATION.—The following candidates have satisfied the Examiners:

Entire Examination.—First Division: Beatrice Mary Kidd, Westfield College and Bedford College, London; H. C. C. Mann, Dulwich College and Guy's Hospital; H. V. Wenham, St. Bartholomew's Hospital. Second Division: W. Ball, University College, Liverpool, and Alwyne Institute; F. M. Bishop, St. Bartholomew's Hospital; Margaret Lucy Augusta Bollean, University College and University Tutorial College; J. H. Burgess, Royal College of Surgeons, Edinburgh, and University Tutorial College; R. E. French, Dulwich College; A. A. R. Green, Mason College; H. A. Haig, Birkbeck Institute and private study; O. Ievers, St. Mary's Hospital; G. E. J. A. Robinson, Dublin University and University College; J. L. Rushon, private study and University Tutorial College; E. W. Strange, Epsom College and Guy's Hospital; L. A. W. Thomson, St. Mary's Hospital; H. Tipping, Guy's Hospital.

Chemistry and Experimental Physics.—Mary Cecilia Bell, Ladies' College, Cheltenham and University Tutorial College; A. C. Brown, St. Bartholomew's Hospital; H. S. Brown, University College and Guy's Hospital; G. L. Bunting, Westminster Hospital; H. Catling, St. Thomas's Hospital; P. G. Easton, St. Mary's Hospital; V. Hetherington, St. George's Hospital; C. H. M. Hughes, Westminster Hospital; A. G. Jackson, University College, Liverpool; F. S. Langmead, St. Mary's Hospital; R. Larkin, St. Olave's Grammar School, Southwark; L. Llewelyn, University College, Cardiff; L. H. Moiser, private study; F. Paine, University Tutorial College; A. E. Pinniger, Middlesex Hospital; W. P. Price, St. Bartholomew's Hospital; E. G. Pringle, St. Bartholomew's Hospital; C. M. Roberts, St. Paul's School; E. S. Routly, St. Mary's Hospital and Plymouth Technical Schools; H. B. Simpson, University College and University Tutorial College; D. Smith, private tuition and Middlesex Hospital; E. B. Smith, St. Bartholomew's Hospital; R. W. Sprague, St. Paul's School; J. B. V. Watts, University College, Bristol; Hilda Kate Whittingham, private study and University Tutorial College; H. T. Wilson, Bedford Grammar School.

Biology.—J. Acomb, Yorkshire College; J. E. Adams, St. Thomas's Hospital; H. R. Allingham, King's College; K. Anderson, Guy's Hospital; C. S. Archer, Yorkshire College and University College, Nottingham; C. H. F. Bailey, Westminster Hospital; A. J. Beadel, Guy's Hospital; A. Beeley, Yorkshire College; G. E. Bellamy, University Tutorial College; W. B. Blackburn, Yorkshire College; T. E. Blunt, London Hospital; G. A. Bosson, Epsom and University Tutorial Colleges; J. Braithwaite, Guy's Hospital; H. J. Brewer, Epsom College; G. H. Brown, Owens College and private study; H. W. Burman, Mason College and private tuition; P. C. Bushnell, University Tutorial College; Rose Lillian Humphrey Davy, University Tutorial College; H. De Vine, Merchant Venturers' Technical College, Bristol; R. A. Eastmond, London Hospital; Mary Gertrude Edis, University College and private study; M. Feldman, London Hospital; J. W. Fox, University College, Sheffield; C. J. Galbraith, King's College; D. Gray, Charing Cross Hospital; R. A. Greeves, Queen's College, Belfast; W. C. F. Harland, St. Bartholomew's Hospital; A. W. Iredell, Guy's Hospital; S. Johnson, Wyggeston School and St. Mary's Hospital; W. K. Legassick, University College and University Tutorial College; A. Lewthwaite, University College and University Tutorial College; C. J. A. N. Mercer, Charing Cross Hospital; R. H. Miller, St. Mary's Hospital; O. Mills, St. Thomas's Hospital; R. V. G. Monckton, St. Bartholomew's Hospital; A. C. Motta, St. Mary's Hospital; L. G. Nash, Guy's Hospital; Agnes Agatha Parson, Ladies' College, Cheltenham; Enid Marian Smith, Ladies' College, Cheltenham; Mary Marguerite Louise Taylor, University Tutorial College and private tuition; Mary Campbell Train, University Tutorial College; G. Wale, private study; Ada Miles Whitlock, University Tutorial College; Henrietta Leila D. Williams, King's College and University College, Cardiff; F. R. E. Wright, St. Thomas's Hospital.

* These candidates have now completed the examination.

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following are the arrangements for the usual courses of lectures for 1898. The lectures in each case are given at 5 P.M.:

The Arris and Gale Lectures: Dr. T. G. Brodie, on February 14th, 16th, and 18th, on the Place of Formation and Chemical Properties of the Antitoxins.

The Erasmus Wilson Lectures: Mr. H. J. Waring, F.R.C.S., on February 21st, 23rd, and 25th, on the Pathology and Treatment of those Diseases of the Liver which are amenable to Direct Surgical Interference.

Mr. F. G. Parsons, F.R.C.S., on February 28th, March 2nd, and 4th, on the Muscles of Mammals, with special relation to Human Myology.

Professor C. Stewart, F.R.S., on March 7th, 9th, 11th, 14th, 16th, and 18th, on the Vertebral Column, and some additions to the Museum.

Mr. Henry Morris, F.R.C.S., on March 21st, 23rd, and 25th, on the Surgery of the Kidney.

CONJOINT BOARD IN SCOTLAND.

THE quarterly examinations of this Board resulted as follows:

First Examination, Four Years' Course.—Of 8 candidates entered, the following 4 passed the examination: Lieutenant-Colonel L. A. Clutterbuck, C. V. Craster, J. D. Saner, and J. Malone; and 1 passed in Chemistry.

First Examination, Five Years' Course.—Of 17 candidates entered, the following 6 passed the examination: R. P. Parker, P. Carroll, W. D. Sutherland, E. T. Evans, J. Skelley, and R. P. H. Blackstock; and 5 passed in the division of Biology and 3 in Chemistry.

Second Examination, Four Years' Course.—Of 24 candidates entered, the following 14 passed the examination: F. E. Dowling (with distinction), W. O'Farrell, H. R. Loverock, G. J. Stones, T. G. Davies, W. M. M. Jackson, J. A. Angus, W. R. Jones, B. Connolly, J. W. Lax, H. V. Craster, W. J. Baty, J. G. Gray, M.A., and W. L. Norwood; and 1 passed in the division of Anatomy and 1 in the division of Physiology.

Second Examination, Five Years' Course.—Of 22 candidates entered, the following 12 passed the examination: T. S. Logan, G. H. F. Graves, Evelyn J. Evatt, A. W. Gibson, A. Scouler, H. M. Newton, Mary J. D'Vaz, W. A. Dawson, R. E. Moorhead, W. O. Prichard, J. Bygott, and T. M. O'Driscoll; and 3 passed in the division of Anatomy and 8 in Physiology.

Third Examination, Five Years' Course.—Of 16 candidates entered the following 10 passed the examination: Annie M. Watson (with distinction), D. Campbell, F. P. Walsh, J. N. Meade, D. Coffey, G. Potts, R. J. Love, R. W. Jubb, D. M. Macgregor and W. A. Pitt; and 2 passed in the division of Anatomy, 1 in the division of Pathology, and 3 in the division of Materia Medica.

Final Examination.—Of 91 candidates entered the following 35 passed in the examination, and were admitted L.R.C.P.E., L.K.C.S.E., and L.F.P.S.G.: T. K. Greenfield, G. G. Wilson, G. Hall, G. J. Goldie, L.D.S.Edin.; R. J. Isaac, J. M. Murphy, J. K. Calder, E. Ryan, A. H. H. Barclay, D. L. Thomas, J. Johnson, Lillian M. Blong, M.D.; R. E. Roberts, H. N. Barnett, C. K. Darnell, P. J. H. Mulholland, F. Carter, W. L. Cribbes, J. M. Donovan, F. Fulton, F. W. Whyte, G. J. Chipperfield, M.D., C.M.; J. Davies, W. R. Graham, J. Reidy, Helen W. Stanley, C. R. White, W. W. Forbes, C. Simpson, H. E. Denny, T. P. Flynn, W. S. Fraser, R. Brodie, J. J. Binny and R. Owen; and 9 passed in the division of Medicine, 1 in Surgery, 13 in Midwifery, and 16 in Medical Jurisprudence.

THE APOTHECARIES HALL OF IRELAND.

THE following candidates have passed at the January Examinations and completed their first Professional:

J. Thomson, Francis G. Aday-Curran, L. Farrell.

W. P. Harding (Second Professional), passed in Materia Medica and Physiology.

HOSPITAL AND DISPENSARY MANAGEMENT.

THE DEVON AND EXETER HOSPITAL: THE MEDICAL STAFF AND THE EXECUTIVE COMMITTEE.

WE have received an interesting account of the general meeting of governors of the Devon and Exeter Hospital held on January 28th to discuss a report from a committee appointed to consider the financial position of the hospital, which is in difficulties for the very simple reason that its expenditure exceeds its income on an average by £1,400 a year. These difficulties have been met hitherto by the unlimited use of legacies as income, but it has lately been felt that such a course was hardly advisable, and an inquiry was commenced into the affairs of the hospital generally: (1) How far it is possible either to reduce the expenditure or to increase the ordinary income; (2) How to deal with this question of the application of legacies; and (3) whether any other improvements could be made in the management of the hospital likely to increase public confidence and so attract increased support.

On the first head the report is not final, but nothing has as yet been done to reduce expenditure. A new wing has been built, which is expected, in some way not here explained, to save £600 a year in the maintenance expenses, but as it will cost £13,000, which is at present paying 4 per cent., it will save little or nothing, even if the estimated decrease in the annual expenses is actually realised, which is of course as yet quite doubtful. The second question with regard to the application of legacies was so far settled that it was decided to use as income only half the sum realised; but it is really of little importance. If the money is wanted it must be had, and whether it is taken out of the legacies just received or out of the invested funds is of no consequence, unless the thought that some part of their legacies will in any case go to increase the endowment fund may render people more willing to bequeath. The most important is the third question, whether the management can be so improved as to attract increased public support. The improvement suggested, which most interests us as medical men, and which we are glad to see was car-

ried, though not without considerable opposition, is to make the medical staff *ex-officio* members of the executive committee. The need for this change could not possibly be put in a clearer light than in the following remarks of Mr. Roper, one of the surgeons, and Dr. Davy, the senior physician.

Mr. Roper said he did not think the result of excluding the staff of the hospital from the committee was fully understood. The Devon and Exeter Hospital was the only medical charity in Exeter which excluded its medical officers from its committee. From his experience he ventured to say that the hospital was the one in which it was the least pleasant for the medical staff to work, because there was not that free exchange of opinions between the medical officers and the committee that there should be. Nine-tenths of the work of the hospital was done by the honorary medical officers. He would point out to the governors that they were doing an act of injustice in excluding the medical staff from an institution in which they had a greater interest than the committee itself.

Dr. Davy said that the committee of the Devon and Exeter Hospital had in all probability caused more friction and managed affairs worse than the committee of any other hospital in England. He would refer to the time when the nursing of the hospital was carried out by old women, who came into the hospital to look after the patients by night. The medical staff opposed their coming into the hospital half asleep, uneducated, and untrained. There were no members of the staff on the committee, and the latter allowed this state of affairs to go on until a nurse allowed a patient to bleed until the blood trickled into the passage. It was only by his saying that he would bring the matter before the governors that they were able to alter the nursing. They knew that the nursing had been a disgrace to the hospital and to the committee. There was a wide distrust among the general public at the way in which the hospital was managed by the committee. Unless they were prepared to consult with the staff, they would still carry on the business in a way which would be unsatisfactory, and would never get the public to support them in any way.

Holding as we do most strongly the opinion that no hospital can work satisfactorily in which the medical staff do not take a constant and a large share in the management, we congratulate the Exeter Hospital on this wise decision, and hope it will be the commencement of an era of renewed prosperity.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,483 births and 4,133 deaths were registered during the week ending Saturday last, February 5th. The annual rate of mortality in these towns, which had been 20.6 and 18.7 per 1,000 in the two preceding weeks, rose again to 19.2 last week. The rates in the several towns ranged from 11.1 in Bolton, 13.4 in Derby, 13.6 in West Ham, and 14.1 in Bradford, to 20.4 in Oldham, 21.4 in Birmingham, 21.5 in London and in Portsmouth, and 23.7 in Plymouth. In the thirty-two provincial towns the mean death-rate was 17.6 per 1,000, and was 3.9 below the rate recorded in London, which was 21.5 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.1 per 1,000; in London the rate was equal to 2.6 per 1,000, while it averaged 1.8 in the thirty-two provincial towns, among which the highest rates were 2.8 in Birkenhead, 3.2 in Oldham, 3.3 in Leeds, and 3.5 in Cardiff. Measles caused a death-rate of 1.1 in Halifax and Sunderland, 1.2 in Bristol, 1.5 in Leicester, and 2.1 in Brighton; and whooping-cough of 1.2 in Sheffield, 1.4 in Oldham and in Leeds, and 1.5 in Gateshead. The mortality from scarlet fever and from "fever" showed no marked excess in any of the large towns. The 79 deaths from diphtheria in the thirty-three towns included 42 in London, 7 in Cardiff, 6 in West Ham, 6 in Leeds, and 5 in Liverpool. No fatal case of small-pox was recorded last week either in London or in any of the thirty-two large provincial towns, and no small-pox patients were under treatment in any of the Metropolitan Asylum Hospitals. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had declined from 3,318 to 3,061 at the end of the ten preceding weeks, had further fallen to 2,964 on Saturday last, February 5th; 209 new cases were admitted during the week, against 215, 248, and 244 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday, February 5th, 909 births and 543 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had declined from 24.3 to 17.4 per 1,000 in the four preceding weeks, rose to 18.0 last week, but was 1.2 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 15.0 in Leith and 15.3 in Greenock to 18.6 in Paisley and 18.7 in Glasgow. The zymotic death-rate in these towns averaged 2.2 per 1,000, the highest rates being recorded in Dundee and Glasgow. The 260 deaths registered in Glasgow included 7 from measles, 4 from scarlet fever, 5 from diphtheria, 15 from whooping-cough, and 2 from "fever." Two fatal cases of diphtheria were recorded in Edinburgh, and 3 of whooping-cough in Paisley.

DIPHTHERIA IN LONDON.

THERE was a further increase last week in the mortality from diphtheria in London. The deaths referred to this disease, which had been 33 and 36 in the two preceding weeks, further rose to 42 during the week ending Saturday last, February 5th. Of these 42 fatal cases 5 were of persons belonging to Hackney, 3 to Fulham, 3 to Mile End Old Town, and 3 to Poplar sanitary areas. The notifications of diphtheria in London, which had been 194, 205, and 287 in the three preceding weeks, declined to 246

during the week ending Saturday last, February 5th. Compared with the preceding week there was an increase in the prevalence of the disease in North London, but in each of the other groups of sanitary areas there was a decline. Among the sanitary areas of West London the decline in the prevalence of diphtheria was most marked in Fulham and Chelsea; while in Hammersmith and in Westminster the new cases notified exceeded those recorded in any recent week. The rise in the prevalence of the disease in North London was due to the marked further increase of new cases in Islington and in Hackney; in the former sanitary areas the new cases rose to 19, against 10 and 13 in the two preceding weeks; and in Hackney 25 new cases were notified, against 16, 17, and 19 in the three preceding weeks. In East London the prevalence of diphtheria showed a marked decline, especially in Bethnal Green and in Limehouse. In most of the sanitary areas of South London there was also a decline in the prevalence of the disease, especially in St. George Southwark, Battersea, and Greenwich; in Newington, however, 13 new cases were notified, against 2 and 7 in the two preceding weeks. There was also a slight further increase in the number of new cases in Wandsworth. The admissions of diphtheria patients into the Metropolitan Asylum Hospitals during last week were 153, against 111, 123, and 161 in the three preceding weeks; and 1,046 cases remained under treatment in these hospitals on Saturday last, February 5th.

THE MAIDSTONE INQUIRY.

THIS inquiry was resumed on February 3rd. Many of the now well-known details were elicited in the course of the examination and cross-examination. From a map and diagrams put in by Mr. Bunting, the borough surveyor, it appeared that the distribution of the sewers showed that sewage from several infected districts drained into sewers which passed through the portions of the town that had not been affected by fever. It was estimated that about half the house drains in the town were trapped and ventilated on approved methods, plans and drawings of which were produced. Mr. Sidney Stallard, surveyor, and inspector of nuisances to the Rural Sanitary District, considered that privies in hoppers' houses were quite useless, and when provided were a greater nuisance than if there were none.

On February 8th, Mr. W. Jackling, sanitary inspector for the borough, said that he did not consider the state of the drainage was in any way contributory to the cause or spread of the recent epidemic.

The taking of evidence was concluded on February 9th, and Mr. Dickens, Q.C., addressed the Inspectors on behalf of the Water Company, protesting against it being taken as proved that the epidemic was water-borne. The inquiry was adjourned.

STATUTORY ISOLATION HOSPITAL.

DR. E. J. SLADE-KING (Medical Officer of Health, Ilfracombe) asks for opinions on the following points:

A. If an urban district council have power to make rules for the internal discipline and regulation of their hospital generally?

B. If the urban district council have power to prevent a convalescent patient who has of his own free will entered the hospital from discharging himself before he is pronounced by the medical officer to be in a proper condition to be so discharged?

C. Also if a district council have power to prevent a married man insisting on an entry into the hospital to visit his wife or children during the time of his wife's or children's voluntary detention therein?

D. Also what power a district council have to prevent the postage of letters and parcels from infectious patients while in hospital?

*A. The power to make rules and regulations for the conduct and management of their hospital is conferred upon a "hospital committee" formed under the Isolation Hospitals Act, 1893, by Section XIII of that Act. An urban district council may provide a hospital for reception of sick under the Public Health Act, 1875, Section CXXXI. The Act is silent as to management.

B. Infectious Disease (Preventive) Act, 1890 (Section XII) where adopted, enables any Justice, acting in and for the district, upon proper cause shown, to order the detention within an infectious hospital of any inmate of such hospital suffering from any infectious disease, who would not on leaving "be provided with proper lodging or accommodation, in which proper precautions could be taken to prevent the spreading of the disorder by such person."

C. They can lock their own doors. It is generally advisable, however, to endeavour to satisfy the reasonable desire of relations to know their friends are well done by. Strict measures of disinfection for visitors have a wholesome effect in limiting the number of their visits. Absolute refusal to admit appears tyrannical.

D. Not only letters and parcels exposed to infection, but probably also the wearing apparel of visitors, could be disinfected under the Infectious Diseases Prevention Act, Section VI. The Act and Section are adoptive.

NOTIFICATION FEES IN SCOTLAND.

ENQUIRER (Scotland).—1. As district medical officer of health our correspondent is entitled to the usual fee of 2s. 6d. for each case of infectious disease in his private practice which he notifies to the County Council, and to a fee of 1s. for each case occurring in his parochial practice.

2. A medical man is only required to notify, and entitled to a fee, when "attending or called in to visit" a patient suffering from infectious disease.

3. When called in by the School Board to advise, our correspondent is entitled to recover a fee. The coming into operation of the Infectious Disease (Notification) Act does not relieve the School Board of their indebtedness to him in such a case.

MEDICAL NEWS.

SUCCESSFUL VACCINATION.—Dr. R. Nesbitt, of Sutton-in-Ashfield, Notts., has been awarded for the third time in succession the grant for efficient vaccination.

A memorial tablet erected by friends to the memory of the late Mr. Walter Charles Rand, Special Plague Commissioner at Poona, who was assassinated in that city when returning from the Governor's reception on the day of the Diamond Jubilee of Queen Victoria, was unveiled at St. Peter's Church, Dulwich Common, by Mr. H. M. Birdwood, on Saturday, January 29th. Mr. Rand, who belonged to the Indian Civil Service, was the son of Mr. John Rand, F.R.C.S.

The Austrian Government has held out the olive branch to the University students on strike. The lectures are to be suspended for the remainder of the term, but the term is to be allowed to count. At the commencement of the next term, on March 21st, all students will be required to renew their undertaking conscientiously to observe the academic regulations, and render obedience to those in authority.

THE SICK AND WOUNDED FROM THE FRONTIER WAR.—Since the Tirah expedition commenced no fewer than 1,756 soldiers, sick and wounded, passed through the British field hospital at Khushalgarh. In one week alone 78 wounded arrived from Kohat and were sent on to Rawal Pindi. The native field hospital has treated 1,400 sepoys and over 1,700 followers who were either wounded or invalided through fever or dysentery. Sick convoys pass on the sick and wounded, except those cases too serious to be moved.

At the annual meeting of the South Devon and East Cornwall Hospital it was reported that Mr. Paul Swain had recently resigned the office of honorary surgeon. The committee of the hospital expressed their sense that by this resignation the institution had not only lost a valued friend but a most able professional adviser, and expressed sincere pleasure in nominating him consulting surgeon to the hospital, by which means the institution would continue in some measure to have the benefit of his experience and advice.

CATHODE AND X RAYS.—In his lecture at the Royal Institution last week Mr. Campbell Swinton added some experimental data to the already vast number recorded in connection with cathodal and x radiations. One of his experiments was particularly striking. The rays from two concave electrodes were focussed on a piece of lime, when it was raised to brilliant incandescence. The glass wall of a tube exposed to a similar influence was found to be eroded as if etched by a sand blast. Such experiments go far to show that the cathode stream is molecular, an explanation first suggested by Tesla. Admitting this explanation, what are the x rays? How do they differ in nature from the cathode rays? Possibly the difference is of the nature of polarisation.

LEGISLATION FOR INEBRIATES.—The terms of a resolution passed on February 1st, on the motion of Mr. Herbert Phillips, J.P., seconded by William Carr, at a meeting of the Macclesfield Board of Guardians, may be strongly recommended to other Boards and public bodies throughout the kingdom. The resolution was as follows: "That in the opinion of this Board it is of the greatest importance that further provision should be made by legislative enactment for the care and treatment of habitual drunkards; and that the Home Secretary be and is hereby respectfully urged not to let another session of Parliament pass without introducing a Bill for this purpose." The clerk was instructed to forward a copy of the resolution to the Home Secretary. It is hoped that other Boards may respond to the appeal of the Association Inebriates Legislation Committee, by adopting and forwarding to the Prime Minister, Lord Chancellor, Chancellor of the Exchequer, and the Home Secretary, a resolution couched in somewhat similar language. The motion to the same effect, carried by the Justices of Manchester, early in January, was communicated to the mayors of eighty boroughs. Many answers have been received, engaging that the matter shall be dealt with by the justices of the various boroughs at an early date.

THE CHAIR OF PUBLIC HEALTH IN OWENS COLLEGE.—When Dr. Paget resigned the Lectureship in Hygiene and Public Health in Owens College, the Council of the College approached the Manchester Corporation with a view to secure the services of Dr. Niven, medical officer of health, for this important post. The City Council have resolved: "That, with a view of granting the application of Owens College, the Council be advised to assign to the medical officer of health the additional duties of Lecturer on Public Health at the College for a period of one year."

MANCHESTER ROYAL INFIRMARY.—At a meeting of the Manchester City Council on Wednesday, Sir John Harwood, Chairman of the Special Committee appointed to report on the infirmary site scheme already referred to in the *BRITISH MEDICAL JOURNAL*, made a statement in the course of which he said that the infirmary Board would relinquish their rights with regard to the esplanade, and make a clear open space, selling land to the Corporation for the widening of Piccadilly at a reasonable rate. He explained the advantages to the city of acquiring land the property of the infirmary, and appealed to the Council not to neglect the opportunity. In view of the importance of the question, one which is vital to the interests of the community at large, the discussion of the report of the Special Committee was by a general understanding adjourned for a fortnight.

CALF VACCINE LYMPH.—We published a note, in the *BRITISH MEDICAL JOURNAL* of January 29th, p. 307, on the results of an examination of samples of vaccine lymph sent us for that purpose from the Birmingham Calf Vaccine Establishment. Of the terms of that notice the director now complains, and encloses a cutting from a local paper, in which General Phelps, the well-known antivaccinator, endeavours to make capital out of our description. As a matter of fact, General Phelps's letter is by no means justified by the facts of the case, for the lymph, as compared with other trade supplies in use at the present time, is a good one, the number of organisms being comparatively small. We must, however, adhere to our statement that the claim as to its being aseptic cannot, in the case of the specimen examined, be maintained, seeing that although no streptococci were present all the colonies which developed on agar plates inoculated and incubated in the usual manner, consisted of two different forms of staphylococci, both of which have on occasions been described as associated with suppurative processes. The absence of moulds, hay-bacillus, etc., shows that the lymph is produced with due precaution as to cleanliness.

MEDICAL VACANCIES.

The following vacancies are announced:

- BIRMINGHAM GENERAL HOSPITAL.**—Two Assistant House-Physicians. Appointment for six months. No salary; residence, board, and washing provided.—Applications to Howard J. Collins, House Governor, by February 26th.
- BRIGHTON: SUSSEX COUNTY HOSPITAL.**—Fourth Resident Medical Officer; doubly qualified; unmarried; and, when elected, under 30 years of age. Salary not exceeding £30 per annum, with board, washing, and residence in the hospital. Applications to the Secretary by February 23rd.
- BRISTOL HOSPITAL FOR SICK WOMEN AND CHILDREN.**—House-Surgeon; doubly qualified. Salary, £100 per annum, with rooms and attendance (not board).—Applications, endorsed "House-Surgeon," to H. Lawford Jones, Secretary, by February 26th.
- CARMARTHEN: JOINT COUNTIES ASYLUM.**—Resident Clinical Assistant. Appointment tenable for six months. Board, etc., and honorarium. Applications to Dr. Goodall, Medical Superintendent.
- CHARING CROSS HOSPITAL.**—Resident Medical Officer. Salary, £100 a-year, with board and residence. Applications to Arthur E. Reade, Secretary, by February 14th.
- EAST LONDON HOSPITAL FOR CHILDREN AND DISPENSARY FOR WOMEN,** Glamis Road, Shadwell, E.—House-Surgeon. Appointment for six months. Board and residence provided, with honorarium of £15 15s. at the expiration of term.—Applications to Thomas Hayes, Secretary, by March 12th.
- FLINTSHIRE DISPENSARY.**—Resident House-Surgeon. Salary, £120 a year, with furnished house, rent, and taxes free; also coal, light, water, and cleaning, or in lieu thereof £20 per annum. Knowledge of Welsh desirable. Applications to Thomas Thomas, Secretary, by February 21st.
- FROME UNION.**—Medical Officer for the Coleford Medical District. Salary, £30; midwifery 10s. per case; certifying lunatics 10s. per case. Must reside within the district. Applications to George W. Bradbury, Clerk, Public Offices, Frome, by February 21st.

GLOUCESTER: GENERAL INFIRMARY AND THE GLOUCESTER-SHIRE EYE INSTITUTION.—Surgeon. Applications, to be sent under cover, to the Secretary by March 19th.

GREAT NORTHERN CENTRAL HOSPITAL, Holloway Road, N.—Anaesthetist.—Applications to Lewis H. Glenton-Kerr, Secretary, by February 16th.

LANCASTER: ROYAL LANCASTER INFIRMARY.—House-Surgeon; unmarried, and doubly qualified. Salary, £80 per annum, with residence, board, attendance, and washing. Applications, on forms provided, to be sent to the Secretary by February 17th.

LEICESTER INFIRMARY.—Assistant House-Surgeon. Appointment for twelve months, but eligible for re-election. Honorarium of £42, with board, washing, and residence at the infirmary. Applications to the Secretary, at his office, 24, Friar Lane, Leicester, by February 14th.

LINCOLN COUNTY HOSPITAL, Bank Street, Lincoln.—Assistant House-Surgeon. Appointment for six months, but eligible for re-election. Honorarium of £10 for each period of six months, with board, residence, and washing. Applications to the Secretary by February 19th.

LIVERPOOL, CITY OF: INFECTIOUS DISEASES HOSPITAL, Parkhill.—Resident Medical Officer; doubly qualified, unmarried, and must not exceed 30 years of age. Salary, £120 per annum, increasing £10 per annum to £140.—Applications, endorsed "Resident Medical Officer," to the Chairman of the Port, Sanitary, and Hospitals Committee, under cover, to the Town Clerk, Municipal Offices, by February 21st.

LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.—Assistant Resident Medical Officer; doubly qualified. Appointment for six months. No salary, but residence, board, and washing provided, and an honorarium on satisfactory completion of term. Applications to A. W. Bodger, Secretary, by February 21st.

METROPOLITAN ASYLUMS BOARD.—Assistant Medical Officer for the North-Western Fever Hospital, Haverstock Hill, N.W.; doubly qualified, unmarried, and must not exceed 35 years of age. Salary, £160 during the first year, £180 the second, and £200 during the third and subsequent years of service, with board, lodging, attendance, and washing. Applications on forms to be obtained of T. Duncombe Mann, Clerk to the Board, Chief Office of the Board, 1, Norfolk House, Norfolk Street, Strand, W.C., to be sent in by February 17th.

METROPOLITAN ASYLUMS BOARD.—Assistant Medical Officer at the South-Eastern Fever Hospital, Hatfield Street, New Cross Road, S.E.; unmarried, doubly qualified, and age not to exceed 35 years.—Applications on forms to be obtained at the Chief Office of the Board, Norfolk House, Norfolk Street, Strand, W.C., where they must be received by 10 A.M. on February 12th.

NEW HOSPITAL FOR WOMEN, 144, Euston Road, N.W.—Clinical Assistant (Female) for Out-patient Department.—Appointment for one year.—Applications to M. M. Bagster, Secretary, by February 23rd.

NORWICH UNION.—Medical Officer for the Sixth District; doubly qualified. Candidate appointed will also be appointed Medical Officer of the Girls' Home in St. Augustine's. Salary as District Medical Officer, £100 per annum, with the usual fees for midwifery cases and visits to lunatics and orphans. Salary as Medical Officer of the Girls' Home, £5 per annum, with an allowance of 30s. per annum for drugs.—Applications to John Cross, Clerk, 4, Surrey Street, Norwich, by February 15th.

POPLAR HOSPITAL FOR ACCIDENTS, East India Road, Poplar, E.—Assistant House-Surgeon. Salary £65 per annum, with board and residence.—Applications to the House Governor by February 14th.

ST. MARY'S CHILDREN'S HOSPITAL, Plaistow, E.—Junior House-Surgeon, to assist Senior House-Surgeon. Appointment for six months. Salary at the rate of £40 per annum, with board, lodging, and laundry.—Applications to L. K. Given-Wilson, B.Sc., Secretary, by February 19th.

SALFORD UNION.—Assistant Resident Medical Officer at the Union Infirmary, Hope, near Eccles. Salary, £130 per annum, with furnished apartments and attendance (but not rations) in the infirmary. Appointment for twelve months. Must be doubly qualified. Applications, endorsed "Assistant Medical Officer," to F. Townson, Clerk to the Guardians, Union Offices, Eccles New Road, Salford, by February 15th.

SHEFFIELD UNION.—Medical Officer for the South-East District. Salary, £75 per annum, to include all extra fees (except for visiting lunatics).—Applications to Albert Edward Booker, Clerk to the Guardians, Union Offices, Westbar, Sheffield, by February 15th.

SHEFFIELD: THE ROYAL INFIRMARY.—Junior House-Surgeon; doubly qualified. Salary, £50 per annum, with board, lodging, and washing. Appointment for three years, but eligible for re-election. Also the offices of House-Surgeon, salary, £120; House-Physician, at £80; and Senior Assistant House-Surgeon, at £60 per annum, are vacant, but the present resident officers are candidates for these appointments. Applications, to be addressed to the "Medical Staff of the Sheffield General Infirmary," to the care of the Secretary, by February 17th.

STOCKPORT INFIRMARY.—Assistant House and Visiting Surgeon; doubly qualified. Salary, £70 a year, with board, washing, and residence.—Applications to Major C. Tyler, Secretary, by February 23rd.

SUNDERLAND BOROUGH ASYLUM.—Medical Superintendent; must give his whole time to the duties; doubly qualified. Salary, £350 a year, with furnished house, board for self and wife (if married), washing, coals, light, two servants, and use of garden.—Applications, endorsed, "Medical Superintendent," on forms to be obtained of Frs. M. Bowey, Clerk to the Visiting Committee, Town Hall, Sunderland, to whom they must be sent by February 21st.

VICTORIA HOSPITAL FOR SICK CHILDREN, Queen's Road, Chelsea, S.W.—House-Physician; doubly qualified. Appointment for twelve months. Honorarium, £50, with board and lodging in the hospital. Applications to the Secretary at the Hospital by February 19th.

WALLASEY DISPENSARY.—House-Surgeon; must give whole time to the duties. Salary, £150 per annum, with furnished house, coal, and gas.—Applications to Mr. William Heap, Elm Mount, Penkett Road, Liscard, Cheshire, by February 22nd.

WEST RIDING ASYLUM. Wadley, near Sheffield.—Fifth Assistant Medical Officer. Salary, £100 per annum, rising £10 yearly up to £150, with board, etc. Applications to the Medical Superintendent by February 19th.

WISBECH UNION.—Medical Officer and Public Vaccinator for the First, Second (a), and Eighth Districts of the Union. Salary for First District, £70 per annum, Second (a) District, £10, and Eighth District, £15 per annum, with extra fees.—Applications to G. Carrick, Clerk, Union Offices, Wisbech, by March 2nd.

MEDICAL APPOINTMENTS.

BEATTY, W. J., L.R.C.P. Edin., L.M., L.F.P.S. Glasg., J.P., appointed Certifying Factory Surgeon for the Stockton District, *vice* Dr. Dale, J.P.

CARROLL, Joseph, M.B., C.M. Glasg., D.P.H. Camb., appointed Lecturer on Hygiene and Public Health to the Anderson's College School of Medicine, Glasgow, *vice* Dr. J. Pearson Munro, deceased.

DENING, Edwin, L.R.C.P. Edin., M.R.C.S. Eng., reappointed Medical Officer of Health to the Stow-on-the-Wold Urban District Council.

FITZGERALD, James, B.A., M.B., C.M., appointed House-Surgeon to the Edinburgh Royal Maternity and Simpson Memorial Hospital.

HARLAND, G. R., L.R.C.P., L.R.C.S. Edin., appointed Assistant Medical Officer of the Workhouse of the Gateshead Union.

HORROCKS, Herbert, appointed Assistant Pathologist and Bacteriologist at the Public Hospital, Perth, West Australia.

MACINTOSH, Dr., reappointed Medical Officer of Health to the Clay Cross Urban District Council.

MATHEW, C. P., L.R.C.P. Lond., M.R.C.S. Eng., appointed Medical Officer for the Hatherleigh District of the Okehampton Union.

MAUNSELL, R. Charles B., M.B., B.Ch. Dub., appointed Surgeon to the Mercers' Hospital, Dublin, *vice* Montgomery Ward, deceased.

MILLER, G. Victor, M.B., C.M. Edin., appointed Ophthalmic Surgeon to the Northallerton Hospital.

OWEN, Arthur Dunley, B.Sc., M.R.C.S., L.R.C.P. Lond., appointed Government Surgeon at Enkeldoorn, Rhodesia, South Africa.

FORBETT, Ernest E., M.B., C.M., appointed House-Surgeon to the Edinburgh Royal Maternity and Simpson Memorial Hospital.

PRATT, John Wyatt, L.R.C.P. Edin., L.M., M.R.C.S. Eng., reappointed Medical Officer of Health to the Wiveliscombe Urban Council.

RACE, John Percy, L.S.A. Lond., appointed Junior House-Surgeon to the Ancoats Hospital, Manchester.

SLADE-KING, Edwyn John, M.D. Edin., L.R.C.P. Lond., reappointed Medical Officer of Health to the Dulverton Rural District Council.

SMITH, T. Wilson, M.D. Lond., appointed Honorary Physician to the Royal United Hospital, Bath, *vice* Dr. Cole, resigned.

SUTHERLAND, G. A., M.A., M.D., M.R.C.P., appointed Assistant Physician to the North-West London Hospital.

TANNER, Charles Edwd., M.D. Durh., F.R.C.S. Eng., reappointed Medical Officer for the North and Seal District of the Farnham Union.

THEOBALDS, A. J. A., M.B., C.M. Aber., appointed Medical Officer for the Wargrave District of the Wokingham Union.

TODD, J., M.R.C.S. Eng., L.S.A., appointed Medical Officer of the Workhouse of the Gateshead Union.

WILKINSON, Dr., appointed Medical Officer of Health for the Borough of Oldham, *vice* Chas. Hermann Tattersall, L.R.C.P. Lond., M.R.C.S. Eng., resigned.

WOUNG, F. C., B.A. Camb., M.B., B.C., reappointed Medical Officer for the Twyford District of the Wokingham Union.

DIARY FOR NEXT WEEK.

MONDAY.

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, W., 8.30 P.M.—Clinical evening. Dr. Seymour Taylor: Case of Innominate Aneurysm. Mr. Stanley Boyd: Case of Removal of the Frontal Bone for Tuberculosis. Mr. Maurice Ling: Case of Empyema after Operation. Dr. Morgan Dockrell: Case of Angioma Serpiginosum. Mr. W. H. Evans: Case of Unusual Ricketty Deformity of the Knee. Dr. Robert Maguire: A Demonstration of Palpation and Auscultatory Percussion. Mr. W. H. Battle: (1) A patient after the Operation for Removal of the Appendix Vermiformis; (2) Plastic Operation after Removal of Extensive Rodent Ulcer of the Face; (3) Partial Intrauterine Amputation of Leg.

LONDON POST-GRADUATE COURSE, London Throat Hospital, 204, Great Portland Street, W., 8 P.M.—Dr. Herbert Tilley: Examination of the Ear, Throat, and Nose.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 4 P.M.—Dr. T. G. Brodie: The Place of Formation and Chemical Properties of the Antitoxins. Lecture I.

TUESDAY.

PATHOLOGICAL SOCIETY OF LONDON, 20, Hanover Square, W., 8.30 P.M.—Dr. Harry Littlewood: Sarcoma of the Tongue. Mr. Percy Furnival: An Unusual Cyst of the Tongue. Dr. C. H. Bond: A Case of *Post-mortem* Emphysema of the Liver. Dr. Arthur Voelcker: Ulceration of a Caseous Gland into a Bronchus—Death from Asphyxia. Dr. Cyril Ogle: Ulceration of a Caseous Gland into the Trachea with a Rapidly

Fatal Result. Dr. L. Freyberger: Double Hydronephrosis with Calculi in the Right Kidney. Mr. Littlewood will show several card specimens.

LONDON POST-GRADUATE COURSE, Bethlehem Royal Hospital for Lunatics, 2 P.M.—Dr. Craig: Mania—Acute Hysterical, Acute Delirious. Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Phineas Abraham: Acne and Rosacea.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C., 3.30 P.M.—Dr. Tooth: Cranial Nerves.

WEST END HOSPITAL FOR DISEASES OF THE NERVOUS SYSTEM, 73, Welbeck Street, W., 4.30 P.M.—Dr. Harry Campbell: On Peripheral Neuritis; with cases.

CITY ORTHOPÆDIC HOSPITAL, 5.30 P.M.—Mr. J. Jackson Clarke: The Principles of Instrumental Treatment of Deformities.

WEDNESDAY.

NORTH-WEST LONDON CLINICAL SOCIETY, North-West London Hospital, Kentish Town Road, 8.30 P.M.—A discussion will be opened by Dr. Harry Campbell on the Beneficial Effect of One Disease upon Another. Drs. James Taylor, Sidney Phillips, Morison, Sibley, Sutherland, and Messrs. Mansell-Moullin, C. B. Lockwood, Templeton, and others are expected to take part.

LONDON POST-GRADUATE COURSE, Parkes Museum, 74A, Margaret Street, W., 4.30 P.M.—Professor Wynter Blyth: Refuse Removal and Disposal, etc.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 4 P.M.—Dr. T. G. Brodie: The Place of Formation and Chemical Properties of the Antitoxins. Lecture II.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, 4 P.M.—Dr. Wethered: Cavities in Pulmonary Tuberculosis.

WEST LONDON POST-GRADUATE COURSE, West London Hospital, W., 5 P.M.—Mr. G. L. Cheate: Treatment of Infection in Surgical Cases.

ROYAL MICROSCOPICAL SOCIETY, 20, Hanover Square, W., 8 P.M.

ROYAL METEOROLOGICAL SOCIETY, 25, Great George Street, Westminster, S.W., 7.30 P.M.

THURSDAY.

HARVEIAN SOCIETY OF LONDON, Stafford Rooms, Tichborne Street, Edgware Road, W., 8.30 P.M.—Dr. Samuel West: Granular Kidney and the Causes why it is often Overlooked.

LONDON POST-GRADUATE COURSE, Central London Sick Asylum, 5.30 P.M.—Dr. James Cantlie: Treatment of Hepatitis.

SOCIETY OF ANÆSTHETISTS, 20, Hanover Square, W., 8.30 P.M.—Dr. Waller: Dosage of Anæsthetics.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C., 4 P.M.—Dr. Barlow: Clinical Lecture or Demonstration of Recent Specimens.

LONDON TEMPERANCE HOSPITAL, 2 P.M.—Dr. Soltau Fenwick: Clinical and Pathological Demonstration to Senior Students—Cardiac Disease.

CHARING CROSS HOSPITAL, Post-Graduate Class, 4 P.M.—Mr. J. Astley Bloxam: Selected Surgical Cases in the Wards.

FRIDAY.

LONDON POST-GRADUATE COURSE, Bacteriological Laboratory, King's College, W.C., 3 to 5 P.M.—Professor Crookshank: The Microscope and Methods of Cultivation, etc.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, 4 P.M.—Dr. T. G. Brodie: The Place of Formation and Chemical Properties of the Antitoxins. Lecture III.

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 insure insertion in the current issue.

BIRTHS.

COWEN.—At Gosport, Hants, on February 1st, the wife of Surgeon-Major W. A. Cowen, Army Medical Staff, of a daughter.

DODD.—On January 31st, at 14, Goldstone Villas, West Brighton, the wife of Arthur Herbert Dodd, L.R.C.P. Lond., M.R.C.S. Eng., L.S.A., of a son.

GILLESPIE.—At 23, Walker Street, Edinburgh, on February 8th, the wife of A. Lockhart Gillespie, M.D., F.R.C.P.E., of a daughter.

HARCOURT.—On February 6th, at the residence of her father, John Ellison, C.C., Stoneleigh, Oakfield, Liverpool, the wife of R. Eugene Harcourt, M.D., M.Ch., late of Las Conchillas, Uruguay, of a son.

MARRIAGE.

HUMPHREIS—HESKETH.—On February 26th, at the Church of the Resurrection, Brussels, by the Rev. N. S. Hodson, Chaplain, assisted by the Rev. Dr. Kerr Gray, Incumbent of St. George's Chapel, Albemarle Street, London, and the Rev. J. Thompson, F. Howard Humphris, M.D., M.R.C.P., eldest son of F. H. Humphris, J.P., Ilkley, to Ethel Marion, eldest daughter of Colonel Hesketh, I.S.C.

DEATHS.

CARMALT-JONES.—On February 2nd, at his residence, 6, Westbourne Street, Hyde Park, T. W. Carmalt Jones, F.R.C.S. Edin., late Surgeon of the Central Hospital for Diseases of the Throat and Ear, and late of Abchurch House, E.C., in his 51st year, eldest son of the late Thomas Jones, Q.C.

HOLDEN.—On January 6th, at Cromwell Terrace, Garstang Road, Preston, Lancs., John Holden, youngest son of the late Dr. James Fawcett Holden, aged 55.

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.	
CENTRAL LONDON THROAT, NOSE, AND EAR.—Attendances.—M. W. Th. S., 2; Tu. F., 5. Operations.—1-p. Tu., 2.30; o-p. F., 2.	
CHARING CROSS. Attendances.—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.31; Skin, M. Th., 1.45; Dental, M., 9; Throat and Ear, F., 9.30. Operations.—Tu. F., S., 3.	
CHELSEA HOSPITAL FOR WOMEN. Attendances.—Daily, 1.30. Operations.—M. Th. F., 2.	
CITY ORTHOPÆDIC. Attendances.—M. Tu. Th. F., 2. Operations.—M., 4.	
EAST LONDON HOSPITAL FOR CHILDREN. Operations.—M. W. Th. 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.—M. W. Th. F., 2.	
GUY'S. Attendances.—Medical, daily, 2; 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., 2. Operations.—Tu. F., 1.30; (Ophthalmic) M., 1.30; Th., 2.	
HOSPITAL FOR WOMEN, Soho. Attendances.—Daily, 10. Operations.—M. Th., 2.	
KING'S COLLEGE. Attendances.—Medical and Surgical, daily, 2; Obstetric, daily, 2; o-p., daily, 1.30; Eye, M. W. Th., 1.30; Ear, Th., 2.30; Throat, M., 1.30, F., 2; Dental, M. Th., 10; Skin, W., 1.30. Operations.—W. Th. F., 2.	
LONDON. Attendances.—Medical, daily, 1-p., 2 o-p., 1.30; Surgical, daily, 1.30 and 2; Obstetric, M. Tu. Th. F., 2; o-p., W. S., 1.30; Eye, Tu. S., 9; Ear, W., 9; Skin, Th., 9; Dental, Tu., 9. Operations.—Daily, 2.	
LONDON TEMPERANCE. Attendances.—Medical, M. Tu. W. Th. F., 1.30; Surgical, M. Th., 1.30. Operations.—M. Th., 4.30.	
METROPOLITAN. Attendances.—Medical and Surgical, daily, 2; S., 9; Obstetric, W., 2; Eye, W., 2; Throat and Ear, Th., 2; Dental, Tu. Th. S., 9. Operations.—Tu. W., 2.30; Th., 4.	
MIDDLESEX. Attendances.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., 1.30; o-p., M., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu. F., 9; Skin, Tu., 4; Th., 9.30; Dental, M. F., 9.30; W., 9. Operations.—Daily, 1.30.	
NATIONAL ORTHOPÆDIC. 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, daily, exc. S., 2, S., 10; Surgical, daily, exc., W., 2, W., 10; 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; Skin, Th., 9; Throat, Nose, and Ear, W., 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 ORTHOPÆDIC. Attendances.—Daily, 2. Operations.—M., 2.	
ROYAL WESTMINSTER OPHTHALMIC. Attendances.—Daily, 1. Operations.—Daily, 2.	
ST. BARTHOLOMEW'S. Attendances.—Medical and Surgical, daily, 1.30; Obstetric, M. W. F., 2; o-p., W. S., 9; Eye, M. Tu. W. Th. S., 2; o-p., M. Th., 9; W. S., 2.30; Ear, Tu. F., 2; Skin, Tu., 9; Larynx, Tu. F., 2.30; Orthopædic, M., 2.30; Dental, Tu. F., 9. Electrical, M. Tu. Th. F., 1.30. Operations.—Daily, 1.30; (Ophthalmic), Tu. F., 2; Abdominal Section for Ovariectomy, F., 2.	
ST. GEORGE'S. Attendances.—Medical and Surgical, daily, 1-p., 1; o-p., 12; Obstetric, 1-p., Tu. F., 1.45; o-p., M. Th., 2.30; Eye, W. S., 1.30; Ear, Tu., 2; Skin, W., 2.45; Throat, F., 2; Orthopædic, F., 12; Dental, M. Tu. F., S., 12. Operations.—Daily, 1; Ophthalmic, M., 1; Dental, Th., 9.	
ST. MARK'S. Attendances.—Fistula and Diseases of the Rectum, males S., 2; females, W., 9.30. Operations.—M., 9; Tu., 2.30.	
ST. MARY'S. Attendances.—Medical and Surgical, daily, 1.45; o-p., 12.45; Obstetric, Tu. F., 1.45; o-p., M. Th., 10; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 3; Skin, M. Th., 9; Dental, W. S., 9; Electro-therapeutics, M. Th., 2.30; Children's Medical, Tu. F., 9. 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, 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. F., 2.30; (Ophthalmic), Th., 2; (Gynaecological), Th., 2.	
SAMARITAN FREE FOR WOMEN AND CHILDREN. Attendances.—Daily, 1.30. Operations.—Gynaecological, M., 2; W., 2.30.	
THROAT, Golden Square. Attendances.—Daily, 1.30; Tu. F., 6.30. Operations.—Daily, exc. M., 10.	
UNIVERSITY COLLEGE. Attendances.—Medical and Surgical, daily, 1.30; Obstetrics, M. F., 1.30; Eye, M. W., 1.30; Ear, M. Th. F., 2; Throat, M. Th., 9; Dental, Tu. F., 9.30. Operations.—Tu. W. Th., 2.	
WEST LONDON. Attendances.—Medical and Surgical, daily, 2; Dental, Tu. F., 9.30; Eye, Tu. Th., 2; Ear, Tu., 2; S., 10; Orthopædic, W., 2; Diseases of Women, W. S., 2; Electric, M. Th., 2; Skin, M. F., 2; Throat and Nose, Tu., 2; S., 10. Operations.—Daily, about 2.30; F., 10.	
WESTMINSTER. Attendances.—Medical and Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, Tu. F., 9.30; Ear, Tu., 1.30; Skin, W., 1.30; Dental, W. S., 9.15. Operations.—M. 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.

TELEGRAPHIC ADDRESS.—The telegraphic address of the EDITOR of the BRITISH MEDICAL JOURNAL is *Articulate, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.

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

QUERIES.

VIDIAN asks where a good model of the brain could be obtained.

M.D. desires to hear of the experience of any member with Tallerman's bath in conditions other than rheumatoid arthritis.

BETA asks for the name of an asylum within fifteen or twenty miles of Birmingham where a female patient, whose parents are poor, would be admitted at one guinea a week.

FATTY DEGENERATION OF PLACENTA.

A. W. asks for information as to the results of treatment in any case parallel to the following: Premature delivery of a dead child in 1896 and 1897 at 5½ and 6 months respectively. The patient is now pregnant for the third time (about the third month). No definite history of syphilis.

TREATMENT OF RODENT ULCER.

J. L. H. asks for suggestions for a simple non-irritating dressing for a very chronic rodent ulcer on the side of an old lady's nose. For some time it has been dressed with an antiseptic zinc ointment on lint, kept in position by gutta-percha tissue fixed with collodion. This suits very well, only the collodion causes much smarting. A less irritating fixing agent is desired.

SHORTHAND.

LEARNER writes: Mr. Semple, in the BRITISH MEDICAL JOURNAL of September 14th, 1889, recommends the use of "Cursive" shorthand, by Hugh Callender, as easier to learn, and quicker to read and write, than Pitman's; while Dr. Herschell, in the JOURNAL of June 20th, 1889, claims the same advantages for the "Script" system, for which he states Pitman's has been abandoned by many teachers. Has eight years' experience of these systems confirmed these views?

WORKS APPOINTMENTS.

L.R.C.P., L.R.C.S. EDIN.—A correspondent writes that he was last year re-elected surgeon to a large quarry by an overwhelming majority—only eleven and three voting for his opponents, Drs. A. and B., respectively; that a fortnight ago he was surprised to hear that Drs. A. and B. had offered their services to the men who had voted for them, and that they had accepted their services. Our correspondent asks for an opinion on these facts?

***If the facts are correctly stated the conduct of Drs. A. and B. would appear to have been reprehensible.

NORDRACH.

E. A. L. asks if any readers have any personal knowledge of or have seen any cases which have undergone the "cure" for phthisis as practised by Dr. Otto Walcher at his sanatorium at Nordrach in the Black Forest.

***We may refer our correspondent to an article in the BRITISH MEDICAL JOURNAL for August 7th, 1897, page 362, and to a further note in the JOURNAL of October 23rd, 1897, page 1190.

PHARMACY AND MEDICINE.

M.D. (Dulwich).—A correspondent asks if any action could be taken under the following circumstances: The friends of a patient going to a local chemist are asked questions by the latter as to the condition of the patient, and whether he is being treated satisfactorily by his doctor. Finally the chemist brings to their notice the name of a local doctor. Could anything be done if such conduct were of frequent repetition?

***Any arrangement of the nature suggested between a chemist and a medical practitioner would be unprofessional, but it would be very difficult to prove that such an arrangement existed. If it could be proved the matter might be brought to the notice of the General Medical Council.

A CASE FOR DIAGNOSIS.

N.Y.L. writes: On January 21st I was called to see a child, aged 9 weeks, who was supposed to have had a convulsion, although no one had seen any muscular twitchings; previous to this it had been perfectly strong and healthy. On arrival I found the child in a state of collapse; pulse rapid and very feeble, respiration frequent and shallow, reflexes absent, pupils contracted; there was slight blueness of the fingers and toes, but otherwise no cyanosis. The child was at once placed in a hot bath, and afterwards in blankets, with hot cloths over the heart and spine. As no improvement took place, a subcutaneous injection of ether was administered, and artificial respiration resorted to. After this had been continued for an hour and a-half the child commenced to cry; small quantities of warm brandy and water were then administered, and it had soon apparently completely recovered. Ten minutes later it died quite suddenly of syncope.

DURATION OF LACTATION.

DR. L. CHARLES FITZGERALD (Hanley, Staffs) writes: I have during the past fortnight met with two cases of prolonged lactation in multiparous women. One of them states she has nursed her child at the breast for three years because it was delicate, and the other for two years and seven months, in order, as the mother declared to me, to prevent a future pregnancy, and she would have continued to nurse it were it not that the child got measles, and refused the breast. I should be glad to hear from any of your readers if such cases are usual.

***We believe that instances of prolonged lactation, such as our correspondent relates, are far from uncommon. The limits within which infants are suckled at the breast differ a good deal in different races. Comby (*Traité des Maladies de l'Enfance*, T. i, p. 23) recommends French mothers to suckle their infants for fifteen or twenty months at least, unless they suffer from some distinct disease, from