

informs me, tests the vision of all those engaged in the locomotive department by making them count dots at a certain distance and match and name coloured wools; but though he failed at this sight test, and could not correctly count the dots, he was allowed to go on driving.

In June, 1896, he passed as a regular driver, being examined about his engine, but his sight was not tested then. His vision I found was $\frac{1}{2}$ (one letter) with the right eye, and one letter of $\frac{1}{2}$ with the left; in other words, this man, engaged in a dangerous occupation demanding perfect visual acuity, had just a fraction more than one-third of normal sight in the right eye, whilst with the other, he had decidedly less than even that.

His colour vision was normal. The ophthalmoscope at once revealed the cause of his defective vision, his refraction being mixed astigmatism in each eye; whilst, in addition, a nebula was discovered in the left cornea. He was told, of course, he must give up railway engine driving, and any occupation on the line requiring good sight.

Fortunately he is a young man, and unmarried, but much disappointment to himself, and risk to the lives of others and to the property of the company, might have been prevented if his sight had been tested by a competent person when he first went into the company's service. I should not call a chief clerk a competent person from this point of view, and the fact that, in this case, the man was allowed in a happy-go-lucky-sort of way to go on driving his engine when his sight had been found very defective seems to me to call either for no comment or a good deal.

Nearly four years ago the guard of a ballast train came to me suffering from failure of vision. Without glasses his vision

was R. $\frac{5}{60}$ but with $\frac{5}{18}$ D sph. it was improved to $\frac{5}{18}$ (3 letters)

L. $\frac{5}{18}$ improved to $\frac{5}{18}$ (3 letters) by $\frac{5}{18}$ D cyl.; in other words,

he had myopia with considerable astigmatism in his right eye, and a high degree of myopic astigmatism in his left, and never, of course, should have been allowed to follow any responsible occupation on a railway.

This man had tobacco amblyopia besides his error of refraction, and was, I am glad to say, promptly pensioned off by the company when I told him he must give up his occupation; he was 50 years of age. Had he been 15 or 20 years younger, and not able to claim a pension, the case would have been a good deal harder from his point of view.

Straws show which way the wind is blowing, so these isolated facts may, possibly, do some good by once more drawing attention to two points well known to all ophthalmic surgeons: (1) The necessity for testing the vision and examining efficiently the refraction of all those joining the army of railway employees; and (2) of renewing the test from time to time, so as to detect the onset of disease, tobacco and other amblyopias, etc., where central colour blindness is a prominent symptom.

VILLOUS TUMOUR OF RECTUM.*

By N. E. MACKAY, M.D., M.R.C.S.

Miss E. L., aged 45, consulted me in November, 1884, for what she took to be piles, from which she said she had been suffering for a number of years. She was a pale, thin woman, and had a careworn and anxious countenance. For four or five years she had suffered from a profuse discharge from the bowels of glairy mucus, which resembled the white of an unboiled egg. Lately the discharge ran away from her, and she had no control over its escape. For the last five or six months, when at the closet, a large tumour often came down, which bled freely till returned, when the bleeding ceased. Latterly the tumour protruded occasionally in walking. She was a very modest country maid, and it was hard to get her to talk about herself, or to get any accurate data of her ailment at first. Although she had been suffering for four or five years, she had never consulted a doctor before. Her friends could not persuade her to do so. She had little or no pain about

the rectum. What she complained of most was the discomfort arising from the protrusion of the growth and the constant discharge. She had some backache, and strained a good deal at the closet, which caused copious bleeding. The free bleeding and copious discharge of mucus seriously impaired her health, and she was losing strength rapidly.

Examination disclosed an atrophied and greatly relaxed sphincter. Indeed, so wasted was it that it could hardly be detected. A large, soft, and spongy growth was found in the posterior wall of the rectum, about an inch up, occupying half its circumference. The mass had a cauliflower appearance; its surface was studded with hypertrophied villi resembling the growth by the same name found in the bladder. These villi bled very freely on the slightest irritation. The tumour was about the size of a man's fist, and it was soft and spongy throughout its entire substance. It grew from the mucous and submucous tissue. It had no pedicle. By its weight it dragged down the rectal wall which was sagged. Its attachment, which was circular, was from 2 to $2\frac{1}{2}$ inches in diameter. When the growth was well outside, a number of large vessels—the size of a goose quill—were seen traversing its base.

Assisted by Dr. Johnson, sen., Charlottetown, P. E. I., I removed the tumour with silk ligatures. The growth was brought well outside, and a double-threaded needle passed through its base close to the rectal wall. Great care was exercised not to wound the muscular coat, which was sagged by the weight of the growth. On tying the segments the haemorrhage was tremendous at the point of separation. Perchloride of iron solution or the thermo-cautery had little or no power over it. I had considerable difficulty in arresting the bleeding, and not till I had tied the whole growth off in a series of small sections did I succeed. For a while I felt very anxious about the termination of the case. The tumour was left protruding from the anus. It gave her very little inconvenience. The decomposing mass was kept sweet by frequent irrigations with carbolic acid solution (1 to 50), and was dressed with lint soaked in carbolised oil (1 to 30). The dressing was changed often. In these days very little iodiform was used in surgical dressing. The strangulated mass sloughed away gradually without any bleeding, and it left a large granulating sore, which healed in course of time without any complications. There was no recurrence of the growth. The patient lived in the enjoyment of fairly good health until two years ago, when she had an attack of pneumonia, of which she died. On October 13th 1897, I wrote to Dr. Matheson (who attended her in her last illness) for particulars of her death. I received the following answer:

Harrington, P. E. Island,

December 9th, 1897.

Dear Dr.—I may state that your operation was a complete success. I examined her carefully and fully several times, and was unable to make out anything abnormal. She died of pneumonia according to my notes.

Yours sincerely,

C. S. MATHESON.

Messrs. Allingham, in the latest edition of their work on *Diseases of the Rectum*, say that only 30 cases of this disease had been reported up to 1896.

MEMORANDA:

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

IMMUNISATION BY DIPHTHERIA ANTITOXIN.

The following facts may be of interest in addition to those published by Dr. W. C. Aylward and Dr. Constance Long: In an institution containing 150 children, ranging from 7 to 16 years of age, an outbreak of diphtheria occurred lately. It was certainly mild in its character, but none the less fraught with grave possibilities, as a similar outbreak commenced only a little over a year ago. Some dozen cases were under treatment, most of them having been injected with 1,500 units of antitoxin at the earliest opportunity. I then decided to attempt to immunise 22 of the youngest, from 7 to 10 years old. These were injected with 200 units each, and though a few had some headache and general malaise for a day or two, none of them had diphtheria. One child had a definite rash, but very limited, and exactly like the rashes which occurred in two

* Read at a meeting of the Halifax, Nova Scotia, Branch.

decided cases injected with 1,500 units; in no instance was there any trouble at the point at which the injection was made. A bacteriological examination of the whole school had not been carried out at that time, but subsequently several cases were found with the diphtheria bacilli, but showing no definite throat lesion; none of the 22 were among them.

Wallington, Surrey. WALTER GRIPPER, M.B.Camb., etc.

INTERMENSTRUAL PAIN (MITTELSCHMERZ).

À propos of the interesting discussion at the meeting of the Obstetrical Society on this subject, I think the following case is of interest:

J. K., aged 23, married, has never been pregnant. Menstruation began apparently normally at the age of 13, and has continued so, the period being seven days, and the interval twenty-one days. Three years ago she began to have an intermediary period, which occurs exactly between the ordinary monthly periods, and lasts from twenty-four to forty-eight hours, which it never exceeds. The discharge in each case is apparently similar. A little pain, especially in the ovarian regions, is felt at this as well as at the normal menstrual period. The mother of this patient had a similar intermediary menstruation for twelve months, when she was 20 years of age.

Shephard, Loughborough.

G. CARDNO STILL, M.B.

RHEUMATIC HYPERPYREXIA.

I WAS greatly struck on reading Dr. Lindsay's memorandum on the above in the BRITISH MEDICAL JOURNAL of March 5th by the remarkable similarity to a case of my own, which began on February 7th. In my case the patient was a woman of 41 with rheumatic pains in the joints. I treated her with salicylate of sodium every four hours, and Dover's powder night and morning. On the 9th endocarditis with mitral murmur appeared. The temperature kept about 102° for four days, when it suddenly rose to 105°. I then gave antipyrin in frequent doses. The temperature ranged between 105° and 104.2° for twenty-four hours, and then rose rapidly all the afternoon of the 15th, till at 10.15 P.M. it was 110.5°, and at 11.15 she died. The pains in the joints had almost disappeared before the temperature rose to 105°.

These two cases seem to me to support the theory that where one side of a disease such as fever is developed excessively, the other side—namely, the articular pains, diminishes, or is in abeyance.

Farnham.

S. G. SLOMAN.

GRANULAR KIDNEY.

DR. SAMUEL West's paper on Granular Kidney in the BRITISH MEDICAL JOURNAL of March 5th, 1898, p. 624, vividly recalls my experience of such cases as he describes, and I do not think they can be very common. I have only seen two which I have recognised, and they both ended fatally and unexpectedly.

The first was that of a young Baptist minister, who called upon me complaining of being bilious. I found that he had traces of effusion of blood into the conjunctivæ and slight dimness of vision, but he did not think seriously of his symptoms, and was at work as usual. I asked him to collect his urine for twenty-four hours, let me know its quantity, and bring me a specimen. He did not call again for about a week, and did not send me his urine. On his second visit he told me he had got blind in the pulpit for a short time, and that his sight had been worse since. I then examined his urine, and found it markedly albuminous, directed him to go to bed, and prescribed skim milk as diet. That same day I was sent for hurriedly, and found him dying of haemorrhage from the lungs. I confess that although I took a very serious view of his case, on the second visit I was struck with horror at his sudden death, so that it made a deep impression upon my mind.

I had been resident physician in the clinical wards of the Edinburgh Royal Infirmary for nine months, and several years in practice, and had never met with such a case to my knowledge.

The next case I saw in the Edinburgh Royal Infirmary some years afterwards. I was sitting beside a former teacher while he was examining a new case. The patient had come

from Newcastle. As the examination proceeded I became aware that it was a case almost identical as to symptoms with that which had made such an impression upon my mind, and I was not a little astonished at the favourable prognosis given. I ventured to relate my experience in such a case to my teacher, and to express the hope that his prognosis might be verified. I felt such anxiety to watch the case that I called upon the resident physician next morning to inquire for the patient. I was informed that he had begun to have haemorrhage, and he died in a day or two.

I cannot agree with Dr. West that the state of the kidney is "the prime cause of the disease," but am inclined to believe with Dr. Robert Maguire that it is "only a consequence of the disease." What the real cause may be is a puzzle, but to me it looks more like an infective disease somewhat akin to ulcerating endocarditis than anything with which I have met.

JOHN HADDON, M.D.

NEPHRECTOMY AND PREGNANCY.

I HAVE read with interest the paper by Mr. G. E. Twynam, on Nephrectomy and its Relation to Pregnancy, which appeared in the BRITISH MEDICAL JOURNAL of February 12th.

I am enabled to add one to the small number of recorded cases.

The patient, aged 27, was confined of her first child on July 10th, 1897. She had had her left kidney successfully removed for pyonephrosis by my colleague, Mr. Bennett May, eighteen months previously. During the pregnancy a cloud of albumen was constantly present in the urine, and she suffered occasionally from headaches. I regret that no quantitative estimation of urea was made. The confinement was uneventful, and both mother and child did well, and are now in good health.

I do not think that the occurrence of pregnancy after nephrectomy is an indication for the induction of abortion.

C. E. PURSLOW, M.D.Lond., M.R.C.P.Lond.
Birmingham.

A CASE ILLUSTRATING THE STRAIN WHICH RECENT FIBROUS UNION OF A FRACTURED PATELLA WILL STAND.

F. B., aged 29, an agricultural labourer, was brought to me last summer, having fallen from his bicycle and alighted on his left knee.

I examined him along with Dr. Fraser, of Hessle, and we found a transverse fracture of the patella. We were fortunate in seeing him before much effusion had taken place, and as we found that the fragments could be got into very good position we put him up in the classical manner on a back splint resting on an inclined plane, the two halves of the patella being approximated by means of elastic tension applied by sticking plaster and rubber tubing.

He was treated at home for three or four days, at the end of which time, on account of the lack of nursing facilities, he was removed to the Hull Royal Infirmary, where the same treatment was carried out. He was discharged at the end of a few weeks and wore a light plaster case for about three months. Union, although fibrous, was excellent, the band joining the fragments being only about one-eighth of an inch in length.

He started work again exactly six months after his accident with a perfectly good knee joint. The day after he restarted work, whilst crossing the floor of a cowshed, he slipped backwards, and on making a strong effort to regain the upright position, he felt something give way in his knee and fell to the ground. He was taken home, and sent for me.

On getting the history of the accident, I was under the impression that the fibrous band had given way, but examination revealed a very different state of things. The patella was intact. The fibrous band, so far as I could judge, had not stretched in the slightest, but the ligamentum patellæ had been torn completely away from its upper attachment to the lower border of the patella.

Many surgeons advise operation in every case of transverse fracture of the patella; but is a case like this not a strong inducement for us (in those cases in which fair apposition of the fragments can be got and maintained) to stick to the old method? Short fibrous union, which at the end of six

months will stand such a strain as this was subjected to, must, I think, be considered as practically useful as any result we should get by operation.

Hessle, East Yorks.

W. MURRAY, M.D.

DISLOCATION OF THE UNGUAL PHALANX.
THIS occurred in the person of the writer when quite a young man. In attempting to catch a ball at a cricket match hit above his head the ball caught him on the extremity of the little finger of the right hand, dislocating the unguial phalanx backwards. There was comparatively little pain, and he reduced it without difficulty and continued the game.

Tooting Common, S.W.

ALFRED COLEMAN, F.R.C.S.

REPORTS

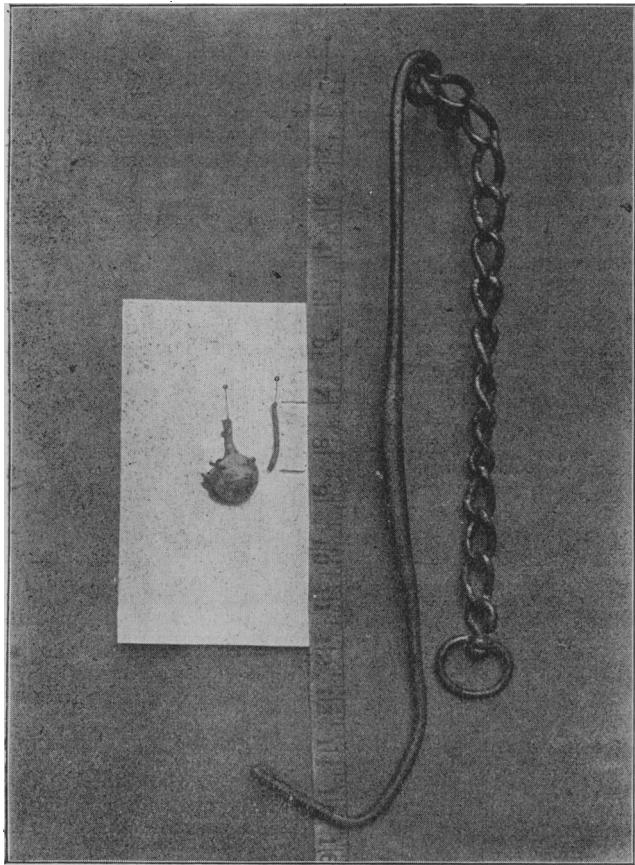
ON
MEDICAL & SURGICAL PRACTICE IN THE HOSPITALS
AND ASYLUMS OF THE BRITISH EMPIRE.

LINCOLN COUNTY HOSPITAL.

EVULSION OF EYEBALL BY A BLUNT HOOK.

(By L. B. Todd, F.R.C.S. Edin., House-Surgeon.)

S.C., a groom, aged 24, was admitted here on December 16th. He was stepping out of a dogcart when he slipped and was caught by a blunt hook hanging from the ceiling of the coach-house. The eyeball was completely torn from its socket, unruptured. It lay on the patient's cheek attached by a little connective tissue about a quarter of an inch thick. All the muscles and optic nerve were torn away close to the globe.



The piece of optic nerve shown in the photograph, 1 1/2 inch long, was lying loose between the lids, and was torn out from its sheath, which is seen attached to the globe and remained as a distinct tube.

Except for a slight abrasion of the upper lid, there was no injury to the adjacent parts. The remaining connective tissue was snipped through with scissors, and the orbital cavity was washed out. The patient recovered without any further disturbance.

I am indebted to my colleague, Mr. Daman, for the above photograph.

ROYAL INFIRMARY, PERTH.

A CASE OF GASTRIC ULCER WITH PERFORATION IN TWO PLACES.

(Reported by Dr. LYELL, House Doctor.)

A GIRL, aged 19, dressmaker, was admitted on January 28th. She had been ill for a fortnight, and had had haematemesis five days before admission. She had been suffering from symptoms of anaemia for some time, and was found to be the subject of slight dry pleurisy on the right side, with a temperature of 102.8°. She complained of severe pain about one hour after food, with vomiting, and the abdomen was found very tender, without any definitely-localised tender spot.

About five hours after admission, she was heard to give a slight groan, and was found quite dead about three minutes after, death having apparently been quite instantaneous.

Post-mortem Examination.—On the stomach being exposed, a clean-cut round perforation, about $\frac{1}{4}$ inch in diameter, was disclosed, surrounding which, for about 1 inch, was an adhesion of peritoneum which had been torn off in manipulation. On removal of stomach, another larger perforation was found on the posterior aspect, with no adhesions, and attached to the opening a small tag of tissue, apparently the remains of the outer coat of the stomach, and giving the impression of a recent rupture. The two perforations were exactly opposite one another, and situated towards the lesser curvature and slightly nearer the pylorus. The perforations were funnel-shaped, being of greater diameter on inner wall. There was no evidence of inflammation in the neighbourhood of the ulcers, but the mucous membrane of the stomach was somewhat congested towards the cardiac end. There was a considerable quantity of greenish faecal fluid in the cavity of the abdomen.

SURBITON COTTAGE HOSPITAL.

A MESENTERIC CYST CAUSING INTESTINAL OBSTRUCTION : ABDOMINAL SECTION.

(By FRANK E. A. COLBY, F.R.C.S. Eng.)

L. T., aged 7 years, was admitted on February 17th, 1898, with faecal vomiting. The clinical history of the case (for which I am indebted to my colleague, Dr. A. J. Collis) is as follows:

On February 8th the patient was seized with sudden pain in the abdomen, which was severe and lasted three hours. On February 9th he had a similar attack. On February 11th some calomel was given, but was vomited. On February 12th two olive oil injections were given, with no result. On the evening of the same day a castor-oil and glycerine enema was given, and produced only a few hard lumps. This injection was repeated on February 13th.

On February 16th vomiting set in. The vomiting was faecal. When admitted into the hospital at 5 P.M. on February 16th he had the facial appearance of abdominal trouble, with a quick pulse and a dirty but moist tongue. The abdomen was flaccid and not distended. Peristaltic intestinal movements were everywhere visible. *Per rectum* a swelling was detected, projecting into the bowel. This swelling so much resembled an intussusception that water was injected by means of a siphon; this injection was followed by the disappearance of the rectal swelling. The patient was seen again at 10 P.M., when the rectal lump had returned, so the boy was taken into the theatre and put under an anaesthetic; it was now more obvious that the swelling felt in the rectum was outside the bowel. Consequently, the abdomen was opened in the middle line below the umbilicus, Dr. Taylor, F.R.C.S., assisting. On inserting the fingers into the pelvis through the opening thus made an elastic swelling of the size of a small cocoa nut was brought out of the wound. This proved to be a cyst in the mesentery of the small gut. The cyst had compressed a loop of small intestine, which was closely united to the cyst wall and flattened out against it. An attempt was made to dissect out the cyst, but for fear of

the trumpeters of the battery sounded the "Last Post"—the soldier's nightly retreat—over the grave.

This was a fitting termination to the career of one whose watchwords were "Honour and duty."

A. J. T. ALLAN, M.B., C.M. EDIN.

WE regret to record the death on March 3rd of A. J. T. Allan, M.B., C.M., one of the most popular students of recent years at the University of Edinburgh. Struck down in what seemed good health at the very opening of his manhood and career, his death is particularly sad. He died of an acute tuberculous affection.

Dr. Allan, or "Jack," as he was generally called by his friends, was a great figure in the sphere of sport, and last year won the blue ribbon of the amateur golfing world, the amateur golf championship. In other spheres of sport, too, he was much at home, and was extremely popular with everybody. He was quite delighted to have a round at golf with the merest tiro as with the more expert golfer. Nor did he neglect his medical studies thereby, for he was by no means a mediocre student, and in the practice of medicine might, and almost certainly would, have won many laurels. The large funeral, the many wreaths, testified to his exceeding popularity and the great and genuine regret at his early departure.

CHARLES TODD QUINTARD, D.D., LL.D., Bishop of the Episcopal Diocese of Tennessee, U.S.A., who died recently, was originally a member of the medical profession. He was born in 1824, and took the degree of M.D. at the University of the City of New York in 1847. After practising for some time at Athens, Ga., he was appointed in 1851 Professor of Physiology and Pathological Anatomy in the Medical College at Memphis, Tenn. He was for some time co-editor with Dr. Ayres P. Merrill of the *Memphis Medical Recorder*. In 1855 he took Orders, and ten years later was appointed Bishop of Tennessee. He received the degree of Doctor of Divinity from Columbia in 1866, and that of Doctor of Laws from the University of Cambridge (England) in 1867.

WE regret to announce the death of Dr. HENRY ALDRED, which took place at Heaton Moor on March 6th. Dr. Aldred was 63 years of age, and he was a well-known figure and much esteemed personality in the populous district of Ancoats. Dr. Aldred studied at the Royal School of Medicine in Manchester, and took the diploma of M.R.C.S. Eng. in 1857, and that of L.S.A. in 1861. Dr. Aldred took an active interest in all the affairs of the community in which he lived, and for nine years he represented New Cross Ward in the City Council. He was also a Justice of the Peace. Dr. Aldred was an active member of the Medico-Ethical Society, and acted as President of the Ancoats Healthy Homes Society. At his funeral there was a large and representative gathering at the grave-side.

THE death is announced of Mr. EDWARD POPE, of Tring. He was the eldest son of Mr. William Pope, of Frome, Somersetshire, and was born in 1811. After qualifying as M.R.C.S. Eng. and L.S.A. in 1834, he started practice in Tring in 1837. Mr. Pope was for more than half a century medical officer for the Tring district of the Berkhamsted Union, and was for a long period medical officer for the Aston Clinton District of the Aylesbury Union. He took a great interest in the Volunteer movement, and was the holder of the silver medal for long services. Mr. Pope was married in 1839, and he leaves issue one son, Dr. Campbell Pope, of Shepherd's Bush. The deceased was well known and highly esteemed in and about Tring.

DEPUTY-SURGEON-GENERAL EDMUND MACGRATH, who died at Upper Norwood on March 5th, passed the greater portion of his service with the 8th Hussars and the Royal Artillery. He was specially thanked for his services during the cholera epidemic in the Punjab in 1862, when the Inspector-General wrote that he desired to express "the high sense of approbation entertained both by His Royal Highness the Duke of Cambridge and his Excellency the Commander-in-Chief in this country of the unwearied attention, skill, and devotion which you exhibited in the performance of your arduous

duties during that trying period." During the Egyptian campaign he was principal medical officer at Alexandria, and was again thanked for his services, and received the medal, Khedive star, and the Third Class of Medjidieh. Deputy-Surgeon-General MacGrath leaves a widow, and a son who is in practice at Reigate.

THE death of Mr. MORRES JAMES MOLYNEUX, of Wimbledon, took place on March 8th. He had been failing in health for about eighteen months, but had only been compelled to take to his bed two weeks before his death. The deceased, who was only 47 years of age, obtained the diploma of L.A.H. Dubl. in 1880, and that of L.F.P.S. Glasg. in 1882. He settled at Wimbledon about seventeen years ago, when he was almost immediately appointed Medical Officer for the Lower Wimbledon District of the Kingston Union. Mr. Molyneux leaves a widow and two children. The funeral took place at the local cemetery on March 12th.

FLEET-SURGEON CHRISTOPHER KNOX ORD, M.D., died at Lewisham on March 13th at the age of 72. He was appointed Surgeon, October 27th, 1847; Staff-Surgeon, August 9th, 1856; and Fleet-Surgeon, February 21st, 1869, retiring from the service January 18th, 1873. He was educated at the University of Edinburgh, where he graduated M.D. with honours in 1847, and obtained also the qualification of L.R.C.S. Edin. He served with the Baltic expedition of 1854 on board the *Boscawen*, receiving the Baltic medal. From 1864 to 1866 he was Surgeon of the Royal Marine battalion sent out for service in Japan, and was present at the bombardment of the batteries at the Straits of Shimonoseki and the capture of the batteries, stockade, magazines, etc., from September 5th to September 8th, 1864. He was at different times Senior Medical Officer at Woolwich and Principal Medical Officer of Greenwich Hospital and School. Among his published works are special reports on a fatal epidemic of dysentery among the marines at Yokohama in 1864, and *London Considered as a Source of Boys for the Royal Navy*.

THE death is reported of Mr. JOHN THIMBLEBY, of Spilsby, where he had resided for the last sixty years. He was qualified as M.R.C.S. Eng. in 1840, L.S.A. in 1841, L.R.C.P. Edin. in 1859, and took the F.R.C.S. Eng. in 1861. Mr. Thimbleby celebrated his 80th birthday last month. He was one of the oldest and most respected inhabitants of the town of Spilsby. The funeral, which took place on March 10th, was attended by a large number of friends.

WE regret to have to record the death of Dr. ARTHUR JEFFERIES BARLOW, which took place suddenly at his residence, 179, Hither Green, Lewisham, on March 11th. He was the eldest and only surviving son of the late Frederick Archer Barlow, solicitor, of 14, North Great George Street, Dublin. He studied medicine at Trinity College, Dublin, and graduated L.R.C.S.I. and L.R.C.P. in 1883. He was articled pupil to Sir George Porter, Bart., and, after qualifying, held the position of House-Surgeon at Donegal Infirmary. He came to England in 1892, and started a practice at Hither Green, where he was most successful and highly esteemed. He had been ailing for some weeks, but was making rapid progress towards recovery when cerebral haemorrhage occurred, and he was cut off in the prime of manhood at the age of 37. He leaves a young widow to mourn his loss.

DEATHS IN THE PROFESSION ABROAD.—Among the members of the medical profession in foreign countries who have recently died are Dr. Rudolf Schneider, Professor of Surgery in the University of Königsberg, aged 61, and Dr. John P. Maynard, of Dedham, Mass., said to be the introducer of collodion into the practice of surgery, aged 72.

M. AUDIFFRED, Member of the French Chamber of Deputies for the Loire Department, has asked the French Government to create French medical stations in China, on the ground that this would be an excellent means of increasing French influence.

NAVAL AND MILITARY MEDICAL SERVICES.

ARMY MEDICAL STAFF EXCHANGE.

The charge for inserting notices respecting Exchanges in the Army Medical Department is 8s. 6d., which should be forwarded in stamps or post office order with the notice, not later than Wednesday morning, in order to ensure insertion in the current issue.

▲ SURGEON-CAPTAIN, Madras Presidency, due home trooping season 1899-1900, wishes to exchange with an officer due home commencement of trooping season 1898-1899.—Address, Madras, c/o Cook and Sons, Bombay.

THE NAVY.

STAFF-SURGEON ALEX. L. CHRISTIE has been promoted to be Fleet-Surgeon, February 20th. He was appointed Surgeon, March 31st, 1877, and Staff-Surgeon twelve years later. He was Staff-Surgeon of the *Cossack*, and served with the Naval Brigade landed under the command of Vice-Admiral Hon. Sir E. R. Freemantle for the punitive expedition against the Sultan of Vitu in East Africa, in October, 1890 (mentioned in despatches, medal with clasp).

Fleet-Surgeon BERNARD RENSHAW has been placed on the retired list of his rank, March 4th. He entered the Royal Navy as Surgeon, August 17th, 1869, became Staff-Surgeon March 23rd, 1883; and Fleet-Surgeon, April 9th, 1890. He was Fleet-Surgeon of the *St. George*, the flagship of Rear-Admiral Rawson, and was present on the occasion of the bombardment and capture of the Sultan of Zanzibar's palace on August 27th, 1890.

The following appointments have been made at the Admiralty: ROBERT H. MOREMENT, Surgeon, to the *Blake*, March 16th; ALFRED J. PICKTHORN, Staff-Surgeon, to the *Alexandra*, additional, temporary; JAMES G. FOWLER, Surgeon, to the *Powerful*, March 19th; JOHN C. J. REED, Surgeon, to the *Centurion*, March 18th; PERCY H. BOYDAN, Surgeon, to the *Cambridge*, March 29th; FREDERICK F. MAHON, Surgeon, to the Portsmouth Division Royal Marines, March 24th; CHARLES STRICKLAND, Surgeon, to the *Defence*, March 13th; FRANCIS BOLSTER, B.A., M.B., DAVID W. HEWITT, M.B., and WILLIAM H. POPE, Surgeons, to the *Victory*, additional, for disposal; WILLIAM J. CODRINGTON, M.B., Surgeon, to the *Excellent*, March 23rd; PERCIVAL K. NIX, Surgeon, to the *Rodney*, March 21st; CHARLES R. SHEWARD, M.D., Surgeon, to the *Sharpshooter*, March 21st; HORATIO W. A. COWAN, M.B., and JAMES H. FERGUSSON, Surgeons, to the *Victory*, additional, for disposal, April 12th; KENNETH H. JONES, M.B., Surgeon, to the *St. Vincent*, additional, for disposal, April 12th; REGINALD WATERFIELD, Surgeon, to the *Vernon*, additional, for disposal, April 12th; HENRY W. W. TOWNSEND, B.A., ERIC D. MACNAMARA, B.A., and GEORGE E. MACLEOD, Surgeon, to the *Vivid*, additional, for disposal, April 12th; JOHN W. BIRD, Surgeon, to the *Alexandra*, for disposal, April 12th; HERBERT NEWSOME, M.B., and SAMUEL H. FACEY, Surgeons, to the *Wildfire*, for disposal, April 12th; GODFREY TAYLOR, Surgeon, to the *Cambridge*, for disposal, April 12th; WILLIAM HACKETT, M.D., Surgeon, to the *Vivid*, additional, for disposal, March 16th; ARCHIBALD W. CAMPBELL, M.B., and ALFRED WOOLLCOMBE, Surgeon, to the *Vivid*, additional, March 23rd.

ARMY MEDICAL STAFF.

SURGEON-CAPTAIN JAMES J. O'DONNELL, B.A., M.B., who entered the service as Surgeon, January 30th, 1886, is promoted to be Surgeon-Major from March 23rd.

Surgeon-Captain JAMES P. MYLES retires from the service with a gratuity, March 23rd. His commission dated from February 2nd, 1884. He was with the Nile expedition in 1882-85 (medal with clasp and Khedive's bronze star), and in the operations in the Soudan in 1891, including the capture of Tokar (bronze star with clasp, and 4th class of the order of the Osmanieh).

It is announced that no steps are to be taken to submit a general list of rewards for the recent operations on the Indian frontier pending the arrival of Sir George White in England, when the whole question will be gone into with the view of an early *Gazette* being published, giving the names of those selected for recognition.

ARMY MEDICAL RESERVE.

SURGEON-MAJOR CHARLES KNOTT has resigned his commission, March 23rd.

INDIAN MEDICAL SERVICE.

SURGEON-MAJOR-GENERAL C. E. MCIVITIE, Madras Establishment, is appointed Honorary Physician to the Queen, vice Surgeon-General Sir W. J. MOORE, K.C.I.E., retired list, deceased, March 23rd. Surgeon-Major-General McVittie served in the Afghan War in 1879-80 (medal) and with the Burmese Expedition in 1886-88 (mentioned in despatches, medal with two clasps).

Surgeon-Colonel B. FRANKLIN, C.I.E., Bengal Establishment, is also appointed Honorary Physician to the Queen, vice Surgeon-General W. R. CORNISH, C.I.E., retired list, deceased, March 23rd. Surgeon-Colonel Franklin has been Surgeon to the Governor-General of India since January, 1894, but has no war record.

Surgeon JAMES DAVENPORT, M.D., late of the Indian Medical Service, died at Norfolk Lodge, Guernsey, on March 16th, at the advanced age of 91.

THE VOLUNTEERS.

MR. CHARLES H. D. MORLAND, M.B., is appointed Surgeon-Lieutenant in the 2nd Glamorganshire Artillery, March 23rd.

Surgeon-Lieutenant R. J. A. BERRY, M.D., Forth Division Submarine Miners, has resigned his commission, March 23rd.

Surgeon-Lieutenant-Colonel A. R. MACKENZIE, M.D., 1st (Ross Highland) Volunteer Battalion Seaforth Highlanders, has resigned his commission, retaining his rank and uniform, March 23rd.

VOLUNTEER MEDICAL STAFF CORPS.

SURGEON-CAPTAIN V. MATTHEWS, the London Companies, is promoted to be Surgeon-Major, March 23rd.

THE FRONTIER RISING IN INDIA.

A FURTHER despatch has been published from Sir Bindon Blood, commanding the Buner Field Force, reporting the operations of the force and the capture of the Tanga Pass in January last. Sir Bindon, among other officers, selects for special mention the services of Surgeon-Colonel J. C. G. Carmichael, of the Bengal Establishment, Principal Medical Officer, and subsequently adds:—"I have also the honour to bring the following medical officers to his Excellency's notice on account of the very satisfactory manner in which they carried out their duties, namely, Surgeon-Major C. W. Johnson, Army Medical Staff, and Surgeon-Major W. A. Sykes, D.S.O., Indian Medical Service."

THE HEALTH OF CADETS.

THE report for 1897 of the Board of Visitors has been issued. The health of the cadets of the Woolwich Academy is stated to have been very good. The average daily sick had been 1.71 out of an average strength of 178. The sanitary condition of the academy is reported to be satisfactory; but the Board was unable to ascertain whether the thorough testing of the drains by water and smoke is periodically carried out. They recommended that this should be done, and that the water should be tested chemically and bacteriologically during each vacation. At Sandhurst the daily average sick had been 3.59 out of an average strength of 365. The medical officer reports the sanitary state of the buildings as satisfactory, but the Board of Visitors doubt whether the smoke and water tests are applied periodically, and recommend the procedure. The risks of contamination of drinking water from encamping troops at Barossa, near the Whish Stream, is brought to the notice of the authorities. Allusion is made to the inferior physique of some cadets, who will scarcely ever be fit to undergo the severe fatigues of the tropics or warfare in mountainous country; but for this the average physique of the cadets would have been better.

STAFF OF ENGINEER SERVICES.

SPES writes: In reply to your query, the Engineer Staff in the *Army List* in front of the Medical Staff, are not commissioned officers, and never appear in the *London Gazette*.

* * This staff seems to be the only purely civil department in the *Army List*. It is true the persons comprising it are said to rank as lieutenants, captains, etc.; but on turning to Article 320 of the Pay Warrant that status is defined as for "precedence, travelling, and passages only."

AMALGAMATION OF THE HOME AND INDIAN MEDICAL SERVICES.

RETIRED OFFICERS advocate this, and say now is a fitting opportunity to effect such an amalgamation. It could be effected in the same way that officers of the Royal Engineers are placed on the Indian Establishment.

* * It is not the first time such a scheme has been mooted. But, apart from any mere desirability of such amalgamation, there are obstacles of a practical kind. For instance, for the Army Medical Service the officers must be of pure European descent; for the Indian they may also be natives of that country.

REGENERATION OF THE ARMY MEDICAL SERVICE.

SURGEON-MAJOR, RETIRED, inquires, Why are the impending reforms delayed? Do they present greater difficulties than is generally supposed?

We have to thank "Administrative Medical Officer, Retired," for an able summary of this question. But pending the issue of important reforms, which may confidently be expected shortly, we retain his letter for future use and reference if necessary.

We have received a large number of press notices from every part of the country. Their general tenor is that the time must soon come when the nation will demand that the "prejudices of professed militarism must not be allowed to override the dictates of reason and fair play" in dealing with the Army Medical Service. That a repetition of Crimean disasters must not be permitted in mere deference to military prejudices; nor must reforms be unnecessarily delayed. "During recent years this country has developed quite a genius for being too late." Let that folly be avoided in this instance.

* * It is needless to say that in an organic reform of the Army Medical Services the difficulties in detail must be considerable. We would rather see delay than the hasty issue of a crude scheme. Let the one in hand present some finality; it may even appear sooner than many anticipate.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF EDINBURGH.

THE classes in the Medical Faculty, as well as those in the Extra-academical School, rose for the spring recess on March 18th. They resume on May 3rd, on which day also begin the examinations in Clinical Medicine for the Finals.

The First Professional Examination began on March 19th, and were continued on the 21st and following days.

The Second Professional began on May 25th, and

The Third Professional Examination will begin on April 2nd.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE following gentleman, having previously passed the necessary examinations, and having now attained the legal age of 25 years, has been admitted a Fellow of the College, namely:

F. C. Madden, M.B. Melb., L.R.C.P.Lond., Melbourne University and St. Mary's Hospital.

CONJOINT BOARD IN IRELAND.

PRELIMINARY EXAMINATION.—Candidates have passed this examination as undernoted:

Honours Division (in order of merit).—C. Pelissier, W. J. Mooney, J. J. Ryan.

Pass Division (alphabetically).—G. H. Barr, W. H. Bournes, J. Carr, W. E. Crosbie, K. F. Fleury, J. Gerety, J. Hayes, R. P. Hosford, T. Keogh, J. P. Maher, J. M. Mangan, R. Martin, P. McDermott, W. J. O'Sullivan, J. W. Peatt, D. J. Rankin, J. H. Roberts, E. Walsh, T. J. Young, J. P. Zier vogel.

SOCIETY OF APOTHECARIES OF LONDON.

PASS LIST, March, 1898.—The following candidates passed in:

Surgery.—F. Atthill (Section 1), Charing Cross Hospital; A. L. Bartram, Cambridge, and Westminster Hospital; W. A. Clement, Bonnus; F. Golding-Bird, Guy's Hospital; S. R. Hallam, St. Thomas's Hospital; H. L. Heath (Section 1), Toronto and Cambridge; J. H. Jones, Edinburgh; W. Lloyd, London Hospital; S. H. Longhurst, Guy's Hospital.

Medicine.—T. H. Bailey, King's College Hospital; H. W. Graham, Guy's Hospital; H. L. Heath (Section 1), Toronto and Cambridge; B. Hogan, London Hospital; W. J. Schuller (Section 1), London Hospital.

Forensic Medicine.—F. G. Aldrich, Charing Cross Hospital; H. W. Graham, Guy's Hospital; H. L. Heath, Toronto and Cambridge; B. Hogan, London Hospital; W. J. Schuller, London Hospital.

Midwifery.—A. L. Bartram, Cambridge, and Westminster Hospital; W. H. I. Bathurst, London Hospital; G. F. M. Clarke, Charing Cross Hospital; H. W. Graham, Guy's Hospital; H. L. Heath, Toronto and Cambridge; A. R. Henchley, Middlesex Hospital; B. Lewitt, St. Mary's Hospital; S. H. Longhurst, Guy's Hospital; P. C. Maitland, Middlesex Hospital; E. Morris, St. Bartholomew's Hospital; H. Munro, Guy's Hospital; W. J. Schuller, London Hospital.

The diploma of the Society was granted to the following candidates: Messrs. T. H. Bailey, A. L. Bartram, H. W. Graham, J. H. Jones, W. Lloyd, P. C. Maitland, and H. Munro.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

NORTHALLERTON AND ITS MEDICAL OFFICER.

IN his report for the year 1897, Mr. Charles Tweedy recommends the Northallerton District Council (1) to enforce the construction of disconnecting chambers and the provision of ventilating shafts in every house drain; (2) to abolish privy midden in crowded yards, or where they have to be emptied into the main street; (3) to adopt compulsory notification. He enlarges somewhat upon the disgusting nature of the filth receptacles in which excreta are "hoarded up as if of great value." He adds: "Having put these matters forcibly before you the responsibility is off my shoulders. Should any serious epidemic occur or any deaths result thereby which can be traced to these pestilential centres, the onus will now rest upon this council." The council, however, as we gather from the report of their meeting in the *Darlington and Stockton Times*, do not regard them selves as responsible unless actual specific cases of nuisances are reported to them by the health officer which they refuse to remedy. Certainly there is something in this contention. At the same time, it is clearly the duty of the medical officer to draw the attention of the council to general conditions affecting the health of the community. We do not altogether admire the sentence we have quoted; it is somewhat rhetorical and not absolutely necessary. Unfortunately it caused considerable irritation—more, certainly, than was warranted—and seems to have largely influenced the council in their somewhat hasty determination to discard their active and successful medical officer, and select from those answering their advertisement some prophecies of smooth things.

Unless a medical officer brings strongly before his council the evils of the cause they are pursuing how are they to profit by his advice? As to the statement that they have remedied every nuisance brought before them, it must be remembered that neither the medical officer nor the sanitary inspector are likely to report individual nuisances of this kind until they have reasonable ground to suppose their recommendations will be carried out. The principle of action should be settled beforehand. Had the council, when this matter was before them in previous reports, instructed their inspector to report all privy-middens in crowded courts, the case of each might have been temporally considered. The efficiency or otherwise of the sewage works is an important factor in the question, and we hope that at another meeting we shall find that the council have taken broader views, and that they and their excellent officer will set themselves diligently to abate the nuisances he has so emphatically brought to their notice. We trust the Council will remember the dictum of the younger Colman that

"When ill indeed
Even dismissing the doctor don't always succeed."

SMALL-POX AT MIDDLESBROUGH.

THIS epidemic, which commenced in Middlesbrough last November, has resulted in no fewer than 672 cases. Since the end of February the daily average number of cases notified has been upwards of 20, so that the

aggregate number of attacks has considerably exceeded 800, while the deaths have reached 70. The latest returns are more reassuring, and it is believed that the climax is passed. There are various accounts as to how the disease first gained a footing; one theory is that it was brought from Spain, another that it was introduced with a wild beast show. Dr. Reece has investigated the epidemic on behalf of the Local Government Board, and the post of health officer has been temporarily filled by Dr. Dingle, of Newcastle-on-Tyne.

HEALTH LABORATORIES AND BACTERIOLOGICAL DIAGNOSIS.

THE County Council of Glamorgan have resolved to set up a county health laboratory. For this purpose, as we learn from the *Western Mail*, they are fitting up a house belonging to the College authorities in the Parade, Cardiff. It is expected that the laboratory will be in working order by June. So far, we are not aware that the Borough has any share in the enterprise, but doubtless arrangements will be made for extending its usefulness to the town itself.

The Willesden District Council at a recent meeting referred to their Sanitary Committee the further consideration of a motion by Dr. W. Wordley Stocker that morbid materials from doubtful cases of diphtheria and typhoid should be sent, at the expense of the Council, for examination at the laboratory of the British Institute of Preventive Medicine. The discussion, according to the *Willesden Chronicle*, was, on the whole, not unfriendly to the motion; but one witty member suggested that their medical officer of health (Dr. Skinner) should go by himself into the next century, and leave the Council to follow at their leisure. When provincial counties are establishing laboratories of their own, it will be strange if district councils in the metropolitan area will not avail themselves of the less expensive method provided for them by the British Institute of Preventive Medicine. We hope, however, that following the lead of Esher and the Dittons, they will.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,722 births and 4,693 deaths were registered during the week ending Saturday last, March 19th. The annual rate of mortality in these towns, which had been 20.7 and 21.1 per 1,000 in the two preceding weeks, further rose to 21.8 last week. The rates in the several towns ranged from 13.8 in Croydon, 15.2 in Burnley, 15.6 in Portsmouth and in Gateshead, and 16.3 in Plymouth, to 25.6 in Hull, 25.7 in Liverpool and in Norwich, 27.1 in Swansea, and 30.9 in Oldham. In the thirty-two provincial towns the mean death-rate was 21.0 per 1,000, and slightly exceeded the rate recorded in London, which was 21.6 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.6 per 1,000; in London the rate was equal to 3.0 per 1,000, while it averaged 2.3 in the thirty-two provincial towns, among which the highest zymotic death-rates were 3.5 in Sheffield, 4.1 in Huddersfield, 4.5 in Liverpool, and 5.3 in Oldham. Measles caused a death-rate of 1.6 in London, 2.6 in Bristol and in Swansea, 3.1 in Huddersfield, 3.2 in Oldham, 3.4 in Brighton, and 4.0 in Leicester; whooping-cough of 1.2 in Sheffield and in Newcastle-upon-Tyne, 1.3 in Bolton, 1.5 in Birmingham, and 2.1 in Oldham; and "fever" of 1.3 in Preston. The mortality from scarlet fever showed no marked excess in any of the large towns. The 60 deaths from diphtheria in the thirty-three towns included 36 in London, 5 in Birmingham, and 4 in Cardiff. No fatal case of small-pox was recorded last week, either in London or in any of the thirty-two large provincial towns; and only one small-pox patient was under treatment in the Metropolitan Asylums Hospitals on Saturday last, the 19th inst. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had declined from 3,818 to 2,445 at the end of the sixteen preceding weeks, had further fallen to 2,419 on Saturday last; 255 new cases were admitted during the week, against 199, 175, and 197 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, March 19th, 926 births and 727 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had increased from 17.4 to 25.0 per 1,000 in the seven preceding weeks, declined to 24.1 last week, but exceeded by 2.3 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 13.6 in Perth and 17.6 in Aberdeen to 26.4 in Glasgow and in Greenock and 26.9 in Paisley. The zymotic death-rate in these towns averaged 2.5 per 1,000, the highest rates being recorded in Greenock and Glasgow. The 368 deaths registered in Glasgow included 16 from measles, 2 from scarlet fever, 3 from diphtheria, 19 from whooping-cough, 3 from "fever," and 9 from diarrhoea. Three fatal cases of scarlet fever were recorded in Edinburgh, 3 in Aberdeen, and 2 in Dundee.

DIPHTHERIA IN LONDON.

THERE was an increase last week in the mortality from diphtheria in London. The deaths referred to this disease, which had been 16, 38, and 33 in the three preceding weeks, rose again to 36 during the week ending Saturday last, March 19th. Of these 36 fatal cases, 5 were of persons belonging to Shoreditch and 5 to Poplar sanitary areas. The notifications of diphtheria in London, which had been 212, 215, and 183 in the three preceding weeks, rose again to 232 during the week ending Saturday last, March 19th. Compared with the preceding week there was a slight further decline in the prevalence of diphtheria in Central London, but an increase in each of the other groups of sanitary areas, which was most marked in West London, where the 40 new cases notified were more than double those recorded in the preceding week. In Kensington, Paddington, Hammersmith, Fulham, and Chelsea the new cases considerably exceeded those recorded in any recent week. Among the sanitary areas of North London the increase in the prevalence of the disease was most marked in St. Pancras and in Islington; in the latter sanitary area 19 new cases were notified, against 8 in the preceding week. The increase in East London last week was mainly due to a fresh outbreak in Poplar sanitary area, where 14 new cases of diphtheria were notified, against 6

MEDICAL NEWS.

THE Skinners Company have given £1,000 towards defraying the cost of opening wards in the City Orthopaedic Hospital which are at present closed.

THE Middlesex Hospital has received a further sum of £500 on account of the sixth share of the residuary estate of the late Mr. William Brandon.

DR. CATHARINE VAN TUSSEN BROECK, of the Hague, has been appointed by royal decree a member of the Dutch Medical Examining Commission. This is the first time, we believe, that a woman has held such a position on the Continent.

DR. L'ANSON (Whitehaven) and Dr. Thomson (Penrith) have been deputed to represent the Border Counties Branch of the British Medical Association on the Cumberland Nursing Association.

THE Public Health Committee of the Edinburgh Town Council has submitted draft regulations as to the duties of the sanitary inspector, and has recommended that the salary be fixed at £400 per annum.

SIR JOHN HOLDER announced at the annual meeting of the General Hospital, Birmingham, on March 16th, that the Queen had consented to become a patron of the hospital. At the same time Sir John Holder presented a bust of Her Majesty to the hospital.

MEDICAL STUDENTS IN NEW YORK.—The recently issued annual report of the Board of Regents of the State of New York shows that there are 4,025 students of medicine in the State, being an increase of 150 over last year, and of 605 within three years.

PRESENTATION.—Dr. John Cunningham, Chairman of the School Board, Stewarton, was presented on March 17th with a silver tray, together with an afternoon tea service in silver, by the members of the Ladies' Ambulance and Sick Nursing Class, for the manner in which he had discharged the duties as lecturer.

THE London Hospital has received in response to the special appeal in aid of the Maintenance Fund, £1,000 from Edward L. Raphael, £100 from Lord Strathcona and Mount Royal, £100 from Mr. Frederick Flood, £52 10s. from Mr. Lawrence J. Baker, and £50 from Mr. Philip S. Walker; and a subscription of £100 from Mr. John Cross.

ROYAL NATIONAL PENSION FUND FOR NURSES.—The report for the past year of the work of this institution, which was unanimously adopted at the annual meeting held on March 17th, states that not only are the financial affairs in a prosperous condition, but that last year there was an increase of forty-two policies under which annuities were being paid.

THE report presented to the annual meeting of the governors of the Dental Hospital of London, held last week, stated that various unforeseen circumstances had delayed the progress of the new buildings. Among the difficulties mentioned were obstruction by various public bodies, and a somewhat serious falling off in the annual subscriptions.

IT is announced in the Comptes Rendus of the Council of the University of Paris that the proposal for the creation of a special degree of "Doctor of the University" (as distinct from doctor of a particular faculty) has been approved by the Superior Council of Public Instruction and will shortly be carried into effect.

THE OBSTETRICAL SOCIETY OF FRANCE.—The Obstetrical Society of France will hold its sixth annual meeting in Paris on April 14th and two following days. The following are the questions on the programme: (1) Application of Forceps to the Upper Brim in Flattened Pelvis with the head in the transverse position; (2) Treatment of Placenta Praevia.

M. NAVARRE, the new President of the Municipal Council of Paris, is a member of the medical profession. He was born in 1845, took his doctor's degree in the Paris Faculty in 1876, and served for some time as a medical officer in the French Army. It is a curious coincidence that Paris and London should almost simultaneously have had a doctor as their chief municipal officer.

PASS AND PLUCK IN PARIS.—During the academic year 1896-97 the average percentage of plucks at all the examinations for the doctor's degree in the Medical Faculty of Paris was 16 per cent. This does not include the thesis on which candidates are hardly ever rejected. At the first examination the proportion of plucks was 40.57 per cent.

BY direction of the Prussian Cultusminister, Professor Kuhnt, Director of the University Ophthalmic Clinic of Königsberg, has gone to Egypt and Palestine for the purpose of studying contagious diseases of the eye in these countries. The mission has reference to the increasing prevalence of such diseases, particularly trachoma, in East Prussia.

MEDICAL PRACTICE AT KLONDYKE.—British doctors who are thinking of Klondyke as presenting a likely opening for medical practice, should take note of the fact, announced in some American papers, that they will not be permitted to practise unless they have passed an examination before the Board of Medical Examiners of the North-West Territory at Calgary, of which Dr. Brett, of Banff, North-West Territory, is Registrar.

ABUSE OF MEDICAL CHARITIES IN NEW YORK.—The Senate Committee on Public Health has reported favourably on the Dispensary Bill for New York City, which is designed to prevent the abuse of charity at such institutions. The Bill, to which reference was made in the BRITISH MEDICAL JOURNAL of February 19th, was introduced into the Legislature on the initiative of the Medical Society of the County of New York, and other medical associations.

THE HUNGARIAN BALNEOLOGICAL CONGRESS.—The Hungarian Balneological Congress will hold its eighth annual meeting on March 27th and 28th, in Buda-Pesth, under the presidency of Dr. Wilhelm Tauffer. Among the papers to be read are: The Treatment of Consumptive Patients in Sanatoria and Climatic Health Resorts, by Professor Adolf Onodi; The Balneotherapy of Heart Disease, by Dr. Franz Tausyk; and Hungarian Health Resorts, from the balneological point of view, by Dr. Josef Sümegi.

SMALL-POX IN EDINBURGH.—It was reported to the Edinburgh Town Council on March 22nd that two cases of small-pox had occurred in the city during last week. The patients were brother and sister, children of a sailor who had come to Edinburgh on February 27th from a supposed infected area, and had stayed at his home till February 29th. All precautionary measures were being taken, and thus far no further case had been notified. Of the two cases, one is extremely mild, while the other is confluent.

THE Parliamentary Bills Committee of the Manchester Medico-Ethical Association have presented a petition to the Lord President of the Council praying that the vacancy among the Crown nominees on the General Medical Council should be filled up by a person who is on the register of duly qualified dentists. The ground given is that the dentists whose registration and course of education are under the control of the General Medical Council are at present without representation on the Council.

THE Bengal Government has expressed by a special notice in the *Calcutta Gazette* its high appreciation of the services of Sir George King, M.B., K.C.I.E., F.R.S., who has just retired from the Indian Medical Service after holding the office of Superintendent of the Royal Botanic Gardens, Calcutta, and Director of the Botanical Survey and Government Quinologist for a long period. The resolution states that the Bengal Government by the retirement of Sir George King loses "one of its most distinguished and valued servants."

INFANTILE SYPHILIS.—The Belgian Royal Society of Public Medicine will discuss at its next annual meeting the subject of infantile syphilis. An interrogatory on the subject has been sent out by the General Secretary, Dr. Maroy, Rue Royale 90, Brussels, including questions as to the frequency with which the affection is met with by practitioners; as to the severity of the lesions, the age of the patient, the result of the disease, the source of it, its prevalence in particular localities; whether offspring of syphilitic women are frequently met with who show no characteristic lesion during

the first years of life; and whether observations have been made on the placenta of women suffering from syphilis, or who have been cured of that disease.

PREVENTION OF TUBERCULOSIS IN FRANCE.—On March 14th the Chamber of Deputies passed a vote to the following effect: “In case of seizure of meat on account of tuberculosis, indemnities shall be paid to the owners who shall have conformed to the requirements of the law and to the regulations of the sanitary police. The total amount of the indemnity shall be equal to half the value of the meat seized in case of generalised tuberculosis, to three-fourths of that value in cases of localised tuberculosis, and to the total value if it is proved that the animal was not the subject of tuberculosis.”

PROFESSOR BENHAM.—Dr. W. B. Benham, who has so long and so ably assisted Professor E. Ray Lankester in the department of Comparative Anatomy at Oxford, was entertained at dinner on March 11th at Magdalen College on the occasion of his leaving this country to undertake the duties of Professor of Biology in the University of Otago, N.Z. Professor Vines occupied the chair, and a numerous company, including the Regius Professor and most of the teachers of science and medicine, were present. There were many expressions of regret at losing so agreeable a colleague, but at the same time it was felt that Dunedin was to be congratulated on having secured the services of so capable a teacher. On March 16th Professor Benham was presented with a handsome piece of plate by his past and present pupils. The good wishes of all Oxford men go with him.

NEW YORK SKIN AND CANCER HOSPITAL.—On March 5th the new building of the New York Skin and Cancer Hospital was opened in the presence of a large number of representative citizens. Dr. L. Duncan Bulkley, in reviewing the work of the hospital during the fifteen years of its existence, said that the old city of New York had grown at the rate of 50,000 inhabitants a year for the past ten years, and hospital accommodation had not kept pace with this increase. Beginning in a small way with no endowment or assured support, the hospital had received 375,000 dollars since its foundation, of which 75,000 dollars had come from the board of in-patients and the sale of drugs to out-patients. The number of patients treated during the fifteen years had been 25,031, of whom 22,159 were out-patients. The new building, which contains sixty beds, has a pathological laboratory and a complete set of baths.

THE PSYCHOLOGICAL LABORATORY AT UNIVERSITY COLLEGE, LONDON.—The Psychological Laboratory, the history of which has already appeared in the BRITISH MEDICAL JOURNAL for 1897 (i, page 1305; ii, p. 73) has been at work since January 17th. The Committee have sent out a notice that Dr. W. H. R. Rivers, of Cambridge, who has undertaken the direction of the work for the present session, is now meeting a class of seven students on Monday and Thursday afternoons. Pecuniarily the laboratory has also made a fair start, the contributions amounting to about £162 in donations, including £70 from a former lady student of the College, while annual subscriptions to the extent of £19 have been promised for three years and more. The continuance of the enterprise will of course require further pecuniary help, and subscriptions for this purpose are invited to be sent to Mr. J. M. Horsburgh, the Secretary of the College.

MEDICAL VACANCIES.

The following vacancies are announced:

BETHLEEM ROYAL HOSPITAL.—Two Resident Clinical Assistants. Appointments for six months. Applications before March 28th.

IRMINHAM GENERAL DISPENSARY.—Resident Surgeon. Salary, £150 per annum (with allowance of £30 per annum for cab hire), and unfurnished rooms, fire, lights, and attendance. Applications by April 18th.

BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN.—A Resident Medical Officer and a Resident Surgical Officer. Salaries, £70 and £50 per annum respectively, with board, washing, and attendance. Applications by April 12th.

CHELSEA HOSPITAL FOR WOMEN. Fulham Road, S.W.—Dental Surgeon. Applications to H. H. Jennings, Secretary, by March 31st.

DARENTH ASYLUM FOR ADULT IMBECILES. near Dartford, Kent.—Medical Superintendent. Salary, £600 per annum, with unfurnished house, coals, gas, washing, milk, and vegetables. Must not exceed 45 years of age. Applications to be sent to the office of the Metro-

politan Asylums Board, Norfolk House, Norfolk Street, Strand, W.C., by March 28th.

DERBY COUNTY ASYLUM.—Second Assistant Medical Officer, unmarried. Salary, £100 per annum, rising to £120, with board, lodging, and washing. Applications to Mr. B. Scott Currey, St. Michael's Churchyard, Derby, by April 6th.

EAST LONDON HOSPITAL FOR CHILDREN. Glamis Road, Shadwell, E.—Resident Medical Officer. Salary, £80 per annum, with board, residence, and laundry. Applications by April 12th.

FOLKESTONE: VICTORIA HOSPITAL.—House-Surgeon. Salary, £60 per annum, rising to £100, with board, residence, and washing. Applications by April 11th.

GLASGOW: ST. MUNGO'S COLLEGE.—Professorship of Forensic Medicine and Lectureship on Hygiene. Applications by April 7th.

GOSFORTH, NEWCASTLE-ON-TYNE, CITY ASYLUM.—Assistant Medical Officer, unmarried, and under 30 years of age. Salary, £130 a year, with furnished apartments, board, etc., and rising £10 per annum up to £150. Applications before April 6th.

GOVAN DISTRICT ASYLUM. near Paisley, N.B.—Senior Assistant Medical Officer. Salary, £150 a year, with board. Applications by April 7th.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, BROMPTON.—Resident House-Physicians. Applications by March 30th.

KING'S COLLEGE, LONDON.—Sambrook Surgical Registrarship. Applications by April 4th.

LIVERPOOL STANLEY HOSPITAL.—Honorary Surgeon. Applications by March 31st.

METROPOLITAN HOSPITAL. Kingsland Road, N.E.—House-Physician. Salary, £40 a year, with board and residence. Applications by April 9th.

NORTH LONDON HOSPITAL FOR CONSUMPTION, MOUNT VERNON, HAMPSTEAD, AND FITZROY SQUARE, W.—Physician and Assistant Physician. Applications to the Acting Secretary, 41, Fitzroy Square, W., by March 31st.

PLYMOUTH PUBLIC DISPENSARY.—Physician's Assistant. Salary, £70 per annum. Applications by April 5th.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL. Marylebone Road, N.W.—Assistant Resident Medical Officer. Appointment for four months. Salary at the rate of £50 per annum, with board, residence, and washing. Applications by April 12th.

POPLAR HOSPITAL FOR ACCIDENTS. East India Road, E.—Assistant House-Surgeon. Salary, £65 per annum, with board and attendance. Applications by March 30th.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, CITY ROAD, E.C.—Resident Medical Officer. Appointment for six months, when re-election is required. Salary at the rate of £100 per annum, with furnished apartments, board and washing. House-Physician. Appointment for six months. Salary at the rate of £40 per annum, with board, lodging, and washing. Applications by March 30th.

ST. BARTHOLOMEW'S HOSPITAL.—Surgeon; must be F.R.C.S. Eng. Applications by March 31st.

ST. PANCRAS AND NORTHERN DISPENSARY. 126, Euston Road.—Honorary Physician. Application to Honorary Secretary, 23, Gordon Street, W.C., by April 2nd.

SHEFFIELD UNION WORKHOUSE INFIRMARY.—Junior Assistant Medical Officer. Appointment for six months. Furnished apartments, board, and washing provided, and honorarium of £12. Applications by March 26th.

THREE COUNTIES ASYLUM, NEAR HITCHIN.—Second Assistant Medical Officer. Salary, commencing £100 a year, with board, apartments, washing, and attendance. Under 30 years of age.

TRURO: ROYAL CORNWALL INFIRMARY.—House-Surgeon. Salary first year, £120, increasing by £10 a year to £150, with furnished apartments, fire, light, and attendance. Applications before March 31st.

WEST LONDON HOSPITAL, HAMMERSMITH ROAD, W.—House-Physician and House-Surgeon. Applications by March 28th.

WESTMINSTER GENERAL DISPENSARY, 9, GERRARD STREET, SOHO, W.—Third Honorary Physician. Salary, £60 per annum, and Dispenser. Applications by March 28th.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—Two Honorary Assistant Physicians. Applications to Chairman of Medical Committee by April 18th.

WORCESTER GENERAL INFIRMARY.—Surgeon. Applications by April 9th.

MEDICAL APPOINTMENTS.

ADAMS, EDWARD WILLIAM, M.B.LOND. appointed Resident House-Physician to the Sheffield Royal Hospital.

BARKER, PERCY D., M.R.C.S., L.R.C.P. appointed Junior House-Surgeon to the Chesterfield and North Derbyshire Hospital and Dispensary.

BROWN, H. R., M.B., C.M.EDIN. appointed Medical Officer of Health to the Maldon Urban Sanitary District, vice E. P. Gutteridge, M.R.C.S. Eng., resigned.

BURWOOD, J. W., L.F.P.S.G., L.M., L.S.A.LOND., F.R.I.P.H., Mem. San. Inst. reappointed Medical Officer of Health for the Bourne Rural District.

CHURCH, WM. SELBY, M.D.oxon, F.R.C.P.LOND. appointed a Consulting Physician to the Royal General Dispensary, Bartholomew Close.

CLOWES, ERNEST F., L.R.C.P.LOND., M.R.C.S.Eng. has been appointed House-Physician to the Royal Hants County Hospital, Winchester.

DUCKWORTH, SIR DYCE, M.D.EDIN., F.R.C.P.LOND. appointed a Consulting Physician to the Royal General Dispensary, Bartholomew Close.

FAIRWEATHER, W. E., M.R.C.S.Eng., L.R.C.P.Lond., appointed Assistant House-Surgeon to the Rotherham Hospital.

GROVES, Dr., appointed Medical Officer for the Chewton Mendip District of the Wells Union.

HAWTHORN, Frank, M.B., B.S., M.R.C.S., L.R.C.P., appointed Teacher and Examiner of Vaccination at Newcastle-on-Tyne Educational Vaccination Station, *vice* John Hawthorn, M.R.C.S., L.S.A., deceased.

JELLY, G. Aubrey, M.R.C.S., L.R.C.P., L.S.A., appointed House-Surgeon to the Sunderland and North Durham Eye Infirmary.

JONES, John Arnall, L.R.C.P.Lond., M.R.C.S.Eng., reappointed Medical Officer of Health to the Aberavon Town Council.

LAWSON, T. C., M.R.C.S.Eng., L.S.A., appointed Medical Officer for the Fourth District of the Devizes Union.

MULOCK-BENTLEY, Thomas, L&L.M.R.C.P., L&L.M.R.C.S.I., appointed by His Honour the President of the Free State Government District Surgeon for the District of Vrede, *vice* Dr. F. N. Blood, resigned.

PENNINGTON, E., M.R.C.S., L.R.C.P., appointed Medical Officer of Health for the No. 8 (Preston Candover) District of the Basingstoke Union, *vice* J. H. Peet, L.R.C.P., L.R.C.S.Eng., resigned.

PORTER, Joseph F., B.A.Dub., M.D., M.R.C.S., appointed Medical Officer for the combined District of Helmsley and Oswaldkirk of the Helmsley Rural District Council.

RISDON, Geo. Owen, L.R.C.P.Lond., M.R.C.S., reappointed Medical Officer for the No. 2 District of the Wells Union.

SHERA, J. E. P., L.R.C.S.I., L.R.C.P.I., L.M.Rotunda, appointed House-Surgeon to the Teignmouth Hospital, South Devon.

SMITH, Sir Thomas, Bart., F.R.C.S.Eng., appointed Consulting Surgeon to the Royal General Dispensary, Bartholomew Close.

SMYTH, E. J., M.D.Lond., B.S., appointed Medical Officer for the No. 4 District of the Buckingham Palace Workhouse of the St. George's Union.

WAY, Montague H., M.R.C.S.Eng., L.R.C.P.Lond., appointed House-Surgeon to Guy's Hospital.

WOODS, H. Hunter, M.R.C.S.Eng., L.R.C.P.Lond., D.P.H.Cantab., appointed Medical Officer of the Milton District of Lymington Union, *vice* H. W. Hartford, L.R.C.P.I., L.R.C.S.I., resigned.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Society of London., 8.30 **London Post-Graduate Course.**, P.M.—Dr. E. Kingscote: The Vagus Origin of Asthma and its Treatment. **London Post-Graduate Course.**, 8.30 **London Post-Graduate Course.**, P.M.—Dr. Herbert Tilley: Demonstration of Selected Cases (Ear, Throat, and Nose). **London Post-Graduate Course.**, 8.30 **London Post-Graduate Course.**, 5 P.M.—Dr. W. H. Battle: Unusual Cases of Renal Calculus.

TUESDAY.

London Post-Graduate Course., Royal College of Physicians, 5 P.M.—Bethlem Royal Hospital for Lunatics, 2 P.M.—Dr. Craig: Puerperal, Lactational, and Climacteric Insanities. Hospital for Diseases of the Skin, Blackfriars, 4.30 P.M.—Dr. Abraham: Eczema.

Royal College of Physicians., 5 P.M.—Sir R. Douglas Powell: On the Principles which govern Treatment in Diseases and Disorders of the Heart. Lumleian Lecture II.

WEDNESDAY.

Evelina Hospital., S.E. 4.30 P.M.—Dr. Hospital for Consumption and Treatment of Diarrhoea in Children. Post-Graduate Lecture.

THURSDAY.

London Post-Graduate Course., Harveian Society of London, 8.30 Central London Sick Asylum, 5.30 P.M.—Mr. Watson Cheyne: Clinical Lecture. **Royal College of Physicians.**, 5 P.M.—Sir R. Douglas Powell: On the Principles which govern Treatment in Diseases and Disorders of the Heart. Lumleian Lecture III.

FRIDAY.

London Post-Graduate Course., West Kent Medico-Chirurgical Society, Royal Kent Dispensary, S.15 P.M.—Mr. Ernest Clarke: The Use and Abuse of Mydriatics. Dr. F. S. Toogood: The Use of Morphine in Cardiac Disease. Dr. Morgan Dockrell: The Use of Cooley's Fluid in Sarcomata.

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.

MARRIAGE.

MURRAY-BRAY.—On March 16th, 1898, at St. Paul's Church, Princes Park, Liverpool, by the Rev. J. H. M. Barrow, M.A., J. J. Goodlatt Murray, F.R.C.S.E., of "Ebiana," Liscard Road, Egremont, Cheshire, to Isabel, fourth daughter of the late Samuel Bray, Esq., of Alsagar.

DEATHS.

ALGIE.—On the 17th inst., at Carlton House, Portpatrick, Dr. Wm. A. Algie, aged 40 years.

KAY.—On the 15th inst., at Clay Cross, Derbyshire, Thomas V. Kay, Physician and Surgeon, aged 51 years.

WOOD.—On March 22nd, at Ripley, Derby, Frederick John, the only darling child of Frederick and Margaret Wood, aged 9 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, 5. **Operations**—I.p. Tu, 2.30; o.p. F., 2. **CHARING CROSS.** **Attendances**—Medical and Surgical, daily, 1.30; Obstetric, Tu. F., 1.30; Skin, M. Th., 1.45; Dental, M., 9; Throat and Ear, F., 9.30. **Operations**—Th. F. S., 3. **CHELSEA HOSPITAL FOR WOMEN.** **Attendances**—Daily, 1.30. **Operations**—M. Th. F., 2. **CITY ORTHOPEDIC.** **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. **GUY'S.** **Attendances**—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 2. **Operations**—Tu. F., 1.30 (Ophthalmic) M., 1.30; Tu., 2. **HOSPITAL FOR WOMEN, SOHO.** **Attendances**—Daily, 10. **Operations**—M. Th., 2. **KING'S COLLEGE.** **Attendances**—Medical and Surgical, daily, 2; Obstetric, daily, 2; **Operations**—W. Th. F., 2. **LONDON.** **Attendances**—Medical, daily, i.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; Eye, M. W. Th., 1.30; Ear, Th., 2.30; Throat, M., 1.30, F., 2; Dental, M., 9.30; Dental, M. F., 9.30; W., 9. **Operations**—Daily, 1.30. **NATIONAL ORTHOPEDIC.** **Attendances**—M. Tu. Th. F., 2. **Operations**—W., 10. **NEW HOSPITAL FOR WOMEN.** **Attendances**—Daily, 2; Ophthalmic, W. S., 9.30 **Operations**—Tu. F., 9. **NORTH-WEST LONDON.** **Attendances**—Medical, 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; (Diseases of Women), S., 9. **ROYAL LONDON OPHTHALMIC.** **Attendances**—Daily, 9. **Operations**—Daily, 10. **ROYAL LONDON ORTHOPEDIC.** **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; Orthopaedic, 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, i.p., 1; o.p., 12; Obstetric, i.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; Orthopaedic, 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 3, 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., 1.0; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 3; Skin, M. Th., 9; Dental, W. S., 9; Electro-therapeutic, M. Th., 2.30; Children's Medical, Tu. F., 9. **Operations**—M., 2.30; Tu. W. F., 2; Tu., 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-therapeutic, 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**—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. Th., 9; Skin, Tu. 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; Orthopaedic, 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., London.

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 *Artiology, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.