

limate, carbolic acid, etc. He points out the importance of the duration of the influence of the disinfectant upon the motions. He recommends sulphuric or hydrochloric acid diluted with double the quantity of water, mixed in equal bulk with the faeces, and allowed to stand in the case of the former acid two hours, of the latter twelve hours. Foote² comes to the following conclusions: that the best disinfectants to use are corrosive sublimate with hydrochloric acid, corrosive sublimate with potassium permanganate and the chloride of lime. He further states that solutions of chloride of lime should be kept tightly corked, and should not be used after they are a week old. Gilman Thompson³ recommends 1 in 500 perchloride, 1 in 10 crude carbolic and chlorinated lime. He states that the mass must be thoroughly mixed and allowed to stand two hours. These workers recommend mineral acids, corrosive sublimate, crude carbolic, and chlorinated lime. It will be seen from the table that we have found corrosive sublimate and crude carbolic good disinfectants. The mineral acids we have not tested, as there are many and obvious objections to their use. Chlorinated lime we find with our time limit of half an hour to be useless. It may be said the preparations were old, but we submit that such an objection necessarily puts the substance out of court. Any of the six disinfectants on our select list may be regarded as absolutely certain in their results when thoroughly mixed with the stool and allowed to stand for half an hour. There are, however, objections to the use of some of them.

Corrosive sublimate is a scheduled poison, acts upon the metal work of the drainage system, and, moreover, gives a red coloration with stercobilin. This latter point is of importance, inasmuch as it may mask the presence of blood in a typhoid stool; again, albumen is coagulated by mercuric chloride, and thereby protects organisms enclosed in the centre of the coagulum. Crude carbolic acid is cheap and efficient, but does not mix over well with the faeces; it stains linen, and is poisonous. Formol and creolin are good, but are rather costly. The remaining substance, chinosol, is, in our opinion, the best. It is reliable, an excellent deodorant, and mixes well with the faeces. It is dearer than crude carbolic, but its cost is more than counterbalanced by its portability. It is put on the market in tablet form. The tablets are readily soluble, and may be obtained in such strength that one of them in a pint of water makes a solution of effective strength.

We may sum up our paper with the following conclusions:—

1. It is absolutely necessary to mix the faeces thoroughly with the disinfectant.
2. The mixture should stand at least half an hour.
3. Carbolic acid, crude carbolic acid, formol, creolin, chinosol, and corrosive sublimate in the strengths given in the short list are all effective, but chinosol seems the most convenient.

REFERENCES.

1 Uffelmann: Die Desinfektion infektiöser Darmentleerungen, *Berl. klin. Woch.*, 1889, No. 25. 2 Foote: The Sterilisation of Faeces. *Intern. Jour. Med. Sciences*, Oct., 1891. 3 Gilman Thompson; *Albany Med. Annals*, March and April, 1897.

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

CASE OF PLUMBIC EPILEPSY: PROLONGED STATUS EPILEPTICUS: RECOVERY.

I RECEIVED a police call on the evening of February 10th to see a lad, aged 14, who had been brought to the station in a fit. I found him sitting supported in a chair in a state of unconsciousness. The history given by the father, who was present, was that about half an hour previously the lad, while returning home from work, complained of feeling giddy, suddenly screamed out and fell, and was brought to the station by his father with the help of a constable. I found the muscles rigid, the teeth firmly clenched, the eyelids closed, the left more firmly than the right; the eyeballs were turned up, the pupils equal and of medium size. The pulse was

regular and of fair tension. There was pallor of the cheeks and lips, and along the edge of the gums in both jaws a well-marked blue line. The lad's clothing smelt strongly of paint. He had been assisting his father, a painter, for the past six months; he had been very energetic at the work, and had once or twice suffered from colic, for which his mother had given him salts. He had never suffered from "tremblings" or paralysis. I directed the patient to be laid down, and noticing him turn on his side and curl himself up, I concluded that the fit was passing off, and ordered him to be taken home in a cab. Later on in the evening I saw him at his home. He had passed urine and faeces under him in the interval; he was still unconscious and rigid, but seemed inclined to sleep, curling himself up in the bed. Temperature 99.4°; pulse 88.

Next morning the patient was quiet, but still comatose and rigid. He had passed a restless night, screaming, grinding his teeth, and throwing himself about, so that he was with difficulty kept in the bed. The temperature was 100°, the pulse 92. I prescribed potassium bromide gr. xv in water every four hours, but administration by the mouth was extremely difficult, owing to the rigidity. In the afternoon, as the coma and rigidity continued, and the temperature was going up, I called Dr. Price in consultation. We were agreed as to the serious nature of the case, and gave a guarded prognosis to the parents. Potassium bromide 3 ss with syrup of chloral 3 ij in water 3 j was injected *per rectum*. Chloroform was administered until the muscular spasm was relieved. The patient was ordered to be fed by nutrient suppositories, and the services of the district nurse were secured. At 10 P.M. I repeated the bromide and chloral injection, and again administered chloroform until the muscles were completely relaxed. I placed calomel gr. ij on the back of the tongue. A specimen of the urine drawn off by the catheter was found to be free from albumen. The temperature was 101.4°, the pulse 100.

Next morning (February 12th) the patient was still comatose, but the muscles were less rigid. He had again passed a restless night. The nurse succeeded in giving 2 ounces of milk and a dose of the bromide mixture by the mouth. The temperature was 101°, and the pulse 112.

About 8 A.M. on February 13th he opened his eyes for the first time. Thus he had been in the status epilepticus close upon sixty hours. All day long he lay quiet and dozed, taking no notice of anything, but took his nourishment and medicine when offered to him. In the evening the temperature had fallen to 99.6°. He spoke for the first time on the morning of February 14th. Convalescence was now established, and he made an uninterrupted recovery.

He went out for the first time on February 21st, having been on a course of potassium iodide four days previously. An examination of the fundus oculi showed no optic neuritis, and there was no impairment of vision.

The above symptoms were undoubtedly due to lead poisoning. There was no family history of epilepsy. The mother said that the boy had been a great help to his father in the painting, and had done as much work as a man, keeping long hours, and had been careless in the matter of keeping his person and clothes free from the paint. He will not return to the painting business.

The case is of some interest on account of the complete recovery. It is well recognised that cases of acute saturnine encephalopathy are of extremely grave prognosis.

WALTER J. ROWLAND, M.B.

MAGNESIUM SULPHATE IN TROPICAL DYSENTERY. With reference to the article on this subject by Dr. Wyatt-Smith in the BRITISH MEDICAL JOURNAL of January 29th, I should like to point out my experience in the treatment of dysentery with magnesium sulphate for the last six years. Since 1891 I came to the same conclusion as Dr. Wyatt-Smith, that the treatment of tropical dysentery (or acute dysentery of any kind) with ipecacuanha is not the radix dysenterica that it is said to be, so I tried at first Glauber's salt in small doses; this I shortly rejected as the results were not encouraging, and at the end of 1891 I began treatment with magnesium sulphate in small doses, since which time I have had excellent results. Patients may come in passing fifteen stools a day containing blood and slime, but with the follow-

ing treatment the average duration of the dysentery is about two or three days, and this includes treatment of dysentery on field service, a disease formerly the scourge of armies in the field.

Treatment.—The patient is at once put on purely milk diet, and is given 3 ij of magnesium sulphate every four hours combined with aromatic sulphuric acid m.v (to counteract any severe griping the magnesium sulphate may produce) till the flow of bile is well established, as seen in the stools; then the mixture is stopped, and a quarter to a half of a pure gall nut triturated well with water is given every four hours. By the second or third day the dysentery has gone, and the patient starts his duties again on soft food for a day or so.

About three or four years ago I recollect seeing an article in the BRITISH MEDICAL JOURNAL on a very similar line of treatment by a medical officer of the Army Medical Service, I think, and concluded this treatment was more used now than it appears to be. The magnesium sulphate in this form appears to me from its physiological action to be the drug *par excellence* for counteracting the pathology of dysentery, given even that the *origo mali* be the amœba of dysentery, as the free flow of bile is the best intestinal disinfectant, and this, aided by the other mild purgative and depletive action on the intestines and portal system (which these small doses have), gives the necessary antiseptic and antiputrefactive flushing for the polluted track. If necessary, local applications in the form of counter-irritants or fomentations over the large bowel can be also given, but I have never yet had cause to use this plan. This treatment does not apply to cases of chronic dysentery.

CHAS. A. JOHNSTON, M.B., D.P.H.,
Surgeon-Captain, I.M.S.

THE CAUSATION OF INFANTILE UMBILICAL HERNIA.

A VERY interesting note on this point was contributed by Mr. Robert Turner in the BRITISH MEDICAL JOURNAL of March 12th, in wh'ch he suggested that a short umbilical cord, and traction thereon within the uterus, might be a condition which predisposes to infantile umbilical hernia. In order, however, to establish this as a direct predisposing cause of such a form of hernia, the following facts must be made certain of:

1. That there is a pull on the umbilical cord during intra-uterine life.
2. That such traction does tend to produce a pouch of peritoneum.
3. That other undoubted causes of infantile hernia are not in strong evidence.

With regard to the first point, it is by no means allowed by authorities on the subject that there is any traction whatever on the cord while the foetus is *in utero*; in fact, it is difficult to see how such could come about, and if it was in truth a fact, how it could occur without very grave results upon the child. A comparatively short cord, such as Mr. Turner alludes to, is not a very uncommon circumstance, but any untoward effect attributable to it must be equally rare.

Again, traction upon the cord, or rather the stump of the cord, after birth in the dead subject does not tend to cause a finger-like pouch of peritoneum. In fact, peritoneum will not stretch or become displaced at all easily by an outward pull, nor to any extent by a single internal push; for to produce a hernial pouch it is necessary that a long series of repeated acts of straining should occur.

Now this is exactly what takes place in an infant from crying, etc., and in addition the intra-abdominal pressure is usually greatly increased by the distension of the intestines with gas, the outcome of improper food in the majority of cases.

It may be argued that in by far the larger number of instances of infantile umbilical hernia the causes are not far to seek, and that they are: (1) A weak spot—the umbilical cicatrix. (2) Repeated straining efforts. (3) Continued increased intra-abdominal pressure.

It is well worth while to remember in the treatment of such cases in the early months of life that attention to the proper feeding of the patient, particularly in hand-fed infants, is of the utmost importance, and will often lead to a cure when such has been much delayed.

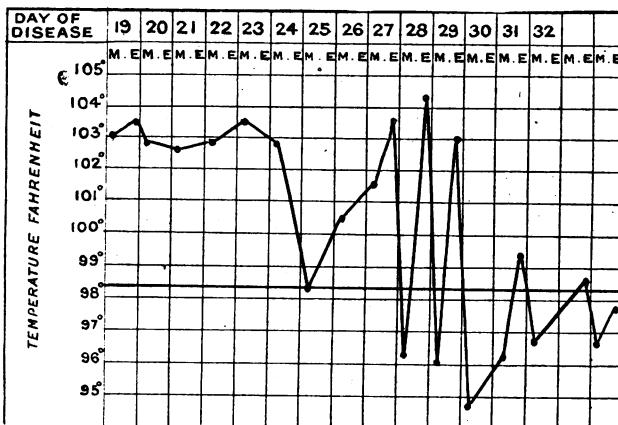
It is very rare to see in an adult an instance of umbilical

hernia which has persisted from early life, so that in most cases infantile umbilical hernia become cured, either spontaneously or with treatment.

W. MCADAM ECCLES, M.S.Lond., F.R.C.S.Eng.
Harley Street, W.

REMARKABLE FLUCTUATIONS OF TEMPERATURE IN TYPHOID FEVER.

I THINK the accompanying chart of a case of typhoid fever is one of sufficient interest to record :



E. A. G., a girl aged 16, a millworker, residing with her parents in rather an unhealthy neighbourhood, suffered from typhoid fever of a severe type, though everything went well till the end of the third week, when the temperature suddenly dropped from 103° to normal. There were no signs of a haemorrhage nor of a perforation.

Next morning the temperature had risen again to 100.4°, and on the following morning to 101.4°, and on the evening of that day it was 103.4°. There were a few fine crepitations at both bases, but no dulness was discovered, and the breathing was not rapid. A soft systolic murmur was heard at the apex, but it was only temporary. On the twenty-eighth day there was again a drop in the temperature to 96.4°, followed by a rise in the evening to 104.2°.

The following morning the temperature had again fallen to 96°, only to rise in the evening to 103°. She went on in this state for some days, and, except that the pulse was very rapid, nothing unusual was observed to account for such variations in the temperature.

The case is of interest because of the apparent crisis at the end of three weeks, but more especially because of the extraordinary variations between the morning and evening temperatures subsequently, there being a difference of 7 degrees one day and 8 degrees on two subsequent days, with no apparent complication to explain them. It could scarcely have been a true relapse, as the case was convalescent so soon afterwards. There were no abdominal symptoms during these remissions, except some tenderness in the right iliac fossa. During the seventh week of illness there was another rise of temperature to 103°, with a return of pain in the right iliac fossa. But this subsided in a few days, and she went on to an uninterrupted recovery, and is now in very good health.

On finding such variations between morning and evening temperatures, I naturally verified them by repeated trials, and the nurse in attendance corroborated these observations of the temperature.

ARTHUR DICKSON, M.B., C.M.Edin.
Visiting Surgeon to Stockport Infirmary.

VILLOUS TUMOUR OF RECTUM.

QUITE recently I removed from an elderly lady a villous tumour of rectum answering in almost every particular to the description given by Dr. Mackay in the BRITISH MEDICAL JOURNAL for March 26th, p. 816. My patient assured me she had suffered for sixteen years. She was very anaemic, having lost a considerable amount of blood each time the

bowels acted, so I was compelled to operate without anaesthesia.

The bowels acted two days afterwards, naturally, without pain, and she is now up and about, having only kept her bed one week.

As I see by a footnote to Dr. Mackay's description that only thirty cases of this disease have been reported by the Messrs. Allingham up to 1896, I thought it well to record an additional one.

Cheltenham,

ALEXANDER DUKE, M.D.

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

DERBYSHIRE ROYAL INFIRMARY.

HYDATID OF LIVER AND PELVIS: OBSTRUCTION OF URETERS: CARDIAC HYPERSTROPHY: URÆMIA: NECROPSY.

(Under the care of Dr. VAUDREY.)

[By H. M. TICKELL, M.A., M.D. Cantab., House-Physician.] W. T., aged 36, a painter, was admitted on February 20th. He stated that he began to feel weak and ill twelve months earlier, and had frequent "bilious attacks." For the last two weeks he had vomited several times a day. Some swelling of the feet had been noticed for about the same period, and swelling round the eyes for ten days. The quantity of urine passed during the last week had been less than usual.

Condition on Admission.—The patient was in a heavy lethargic condition. A considerable amount of puffy swelling was observed round both eyes with injection of eyelids and conjunctive. The odour of the breath was strongly urinous; the gums were soft, spongy, and bleeding; the lungs appeared to be normal; the apex beat of the heart was in the fifth space in the nipple line; the impulse was heaving and visible. A soft systolic murmur was heard at the second left space, and was conducted down the left side of the sternum. The abdominal walls were thick; the edges of the liver and spleen could not be felt. Rising up above the pubes distinctly to the left of the middle line was felt a rounded tumour, which extended to about half way between the level of the pubes and umbilicus, and felt firm to the touch. Its limits were well defined, and it was not tender on palpation. On percussion there was some resonance over the tumour due to the presence of intestines. Almost constant bleeding from the rectum had been noticed for the last two weeks. On rectal examination no piles were found. A firm tense swelling was felt above the sphincter anteriorly, and pressure here was communicated to the tumour above the pubes. The mucous membrane of the rectum appeared normal. On drawing off the urine no alteration was observed in the abdominal tumour. Urine contained one sixth albumen but no pus or blood.

After-History.—The condition of the patient underwent no improvement from treatment, and he died on the sixth day with twitchings of limbs and well-marked uremic symptoms; the temperature was subnormal throughout. At times he was able to pass urine naturally but occasionally it had to be drawn off, and on the last occasion it was found to contain both pus and blood, but the total quantity excreted was little below the normal.

The Question of Diagnosis.—From this brief description of the case as observed during life, it will be seen that there were considerable difficulties in arriving at an accurate diagnosis of the pathological conditions and the primary cause of death. The following queries arose for solution, and could not all be answered with certainty: (1) Was the cause of death simple chronic nephritis? (2) Was the tumour capable of producing all the symptoms observed? (3) What connections had the tumour with abdominal organs? (4) What was the nature and origin of the tumour—innocent or malignant? It was suggested that all the symptoms were due to the pressure of the tumour on both the ureters, but the nature and connections of the former seemed obscure, for no connection could be made out with either the bladder or

the bowel. Difficult as these problems appeared to be during life, the solution of them, as shown by the *post-mortem* examination, was comparatively simple, and satisfactory answers were attainable.

Post-mortem Examination.—Lungs: Nothing abnormal found. Heart: Considerable hypertrophy, chiefly of left ventricle; no valvular disease; atheroma of aorta, not advanced. Abdomen: Projecting from the pelvis was a large rounded tumour, tense and apparently containing fluid. It arose from near the middle of the pelvis, and inclined towards the left. It was adherent by fibrous tissue to the bladder, rectum, and surrounding tissues, and pushed the bladder towards the right. On removal the tumour was found to be an egg-shaped body measuring 7 inches in length by 4 in breadth. The sigmoid flexure of the colon was considerably dilated, the rectum having been subjected to pressure. On the right side of the bladder was another similar cyst-like body, the size of a chestnut, and connected only by fibrous tissue to the bladder. Both ureters were greatly dilated in their whole length, evidently compressed in the pelvis by the cyst. Both kidneys, soft to the touch and reduced in size, were in a condition of advanced hydronephrosis, and the kidney structure was considerably disorganised. Liver: Slightly enlarged: on section of posterior aspect of the left lobe, the liver substance was seen to be excavated, and the cavity filled by hydatid cysts with cheesy contents. The tumours removed from the pelvis, when opened, were seen to be crowded with numerous daughter cysts, and hooklets were found on examining their contents.

The problems suggested above are thus completely solved, and we learn from this case that obstruction to both ureters may cause not only uræmic symptoms, which we should expect, but also hypertrophy of the heart and oedema round the eyes. With regard to the heart, the point must be emphasised that the valves were healthy, and the slight degree of atheroma of the aorta was incapable of causing any obstruction to the blood current.

ROYAL INFIRMARY, BRADFORD.

CASES OF HERNIA.

(Under the care of Mr. HORROCKS.)

THE following cases of hernia seem worthy of record from their unusual nature:

CASE I. Inguinal Hernia Complicated by Mesenteric Tumour.—T. C., a waggoner, aged 22, was admitted on August 21st, 1895, in a very collapsed condition, suffering from an irreducible hernia. He had had a rupture for some years, but until the day of admission had always been able to reduce it readily. He had never worn a truss. At noon the rupture became much larger than usual, causing him to feel faint and sick. He was then quite unable to reduce the hernia. When seen at 2 P.M. he was covered with cold sweat, much collapsed, and the pulse was feeble and rapid (140). He had not vomited since the onset of the symptoms. The right side of the scrotum was distended by a resonant swelling, the continuity of which could be traced along the right inguinal canal. There was a distinct impulse on coughing.

He was given some brandy and hot water by the mouth; morphine $\frac{1}{4}$ grain was injected hypodermically, and the trunk surrounded with hot bottles. After a short time taxis was attempted without success. Ether was administered, and the reduction of the hernia again attempted. The bowel was apparently reduced with a slip and a gurgle, but the size of the tumour was not diminished. After continuing the attempt for several minutes ineffectually the sac was opened, and the coils of intestine turned out to examine the neck of the sac. The communication with the abdomen was wide, admitting the finger easily. The bowel was in good condition. In the mesentery was an oval tumour about the size of a bantam's egg, which acted like a plug in the inguinal canal. This allowed the intestine to escape into the scrotum, but prevented its complete reduction. It was impossible to reduce this tumour without considerably enlarging the opening into the abdomen. The tumour was apparently glandular in nature, and placed in the mesentery, near the intestinal attachment. The sac was dissected up, transfixed, and drawn inside the inguinal canal to act as a plug. The pillars of the ring were sutured with silkworm gut.

sick and wounded both under fire and in hospital. The hospital arrangements were generally excellent, but I consider that the field equipment is too heavy and elaborate for mountain warfare, and that it might be materially reduced without hardship to the patients. The conspicuous colour of the canvas with which the doolies are covered is very objectionable, as it attracts the enemy's fire."

Further on Sir William writes: "Surgeon-Major-General G. Thomson, C.B., Indian Medical Service, has been my Principal Medical Officer in the field, and I desire to express my indebtedness to him and to the other officers of the department, of which he has been in charge, for the high state of efficiency in which it has been maintained, often under very unfavourable conditions. The Principal Medical Officer of the Force speaks in high terms of his secretary, Surgeon-Major W. A. Morris, Army Medical Staff."

Among the honorary commissioned officers mentioned are: First Class Assistant-Surgeon D. F. O'Connor, Second Class Assistant-Surgeon W. C. M. Charters, and Third Class Assistant-Surgeon W. G. St. John Hussey.

A list of the casualties sustained by the force is appended, but this does not contain the name of any medical officer.

THE CHARGE OF A GENERAL HOSPITAL.

THE Government of India have accepted the Commander-in-Chief's recommendation that when, from the exigencies of the service a surgeon-lieutenant-colonel is appointed the principal medical officer of a general hospital of 500 beds, he shall be granted the temporary rank of brigadier-surgeon-lieutenant-colonel.

SECONDING I.M.S. OFFICERS.

THE Government of India have sanctioned the seconding of officers of the Indian Medical Service who hold appointments outside cadre of service for more than one year. This means the strengthening of the department by recruitment of one or more officers.

INDIAN ARMY REGULATIONS.

AN addition has been made to the Indian army regulations ruling that an officer entitled to gratuitous medical attendance is also entitled to gratuitous advice from a medical officer in the employment of Government called into consultation by the medical officer who is, in accordance with regulation, in charge of the case. Should the officer, however, decline the attendance of the medical officer provided by Government, and call in another medical officer to attend him in illness, the usual fees can be claimed by the latter.

ACTING ARMY SURGEONS.

LIABLE TO RECALL writes: The offer of acting appointments for six months in the army to young medical men nominated by the schools is a move which affects those especially who retired on a gratuity and are liable to recall. Has not an "emergency" arisen, and should we not be recalled? Some of us who are unable to find employment would be only too glad to assist the War Office if we got the chance.

** The offer of these "acting" appointments reminds us of Crimean days. It is of course pure nomination; but that right has never been foregone by the Secretary of State for War, and still exists in the regulations. Of course opinions may differ as to the expediency of the schools making nominations. Why, indeed, should not the War Office recall those of the retired officers as are willing to do duty temporarily? The answer is to be found, no doubt, in the extra cost.

UNIVERSITIES AND COLLEGES.

UNIVERSITY OF EDINBURGH.

THE VANS DUNLOP SCHOLARSHIP.—Mr. Campbell Brown, M.A., Edinburgh, has been awarded the Vans Dunlop Scholarship (£300) in the subjects of botany, zoology, and geology co-equal at Edinburgh University. He has also been awarded a grant from the William Dickson Travelling Fund for research, and receives the B.Sc. degree with distinction in two subjects. Mr. Campbell Brown is a former pupil of Daniel Stewart's College.

THIRD PROFESSIONAL EXAMINATION FOR THE DEGREES OF M.B., CH.B.—The following candidates have passed this examination:—

I. Aird, J. Anderson, H. Baird, W. J. Baird, C. A. J. A. Balck, W. J. Barclay (with distinction), E. F. Bashford, J. G. Bell, F. P. Bester, O. J. Bodington, G. A. Brodgen, W. J. D. Bromley, A. O. L. Brown, G. H. J. Brown, J. C. Caldwell, D. A. Callender, H. G. Carlisle, J. C. Carr, L. M. Chesney, B. J. Cowilney, W. Darling, H. B. Dodds, C. H. Durant, D. Ewart, W. Ewart, W. R. W. Eyton, R. R. Fasson, H. Faulkner, D. Fenton, D. Ferrier, E. G. Ford, A. S. Frank, J. Fullerton, J. J. Galbraith, H. A. H. Gilmer, J. H. Gordon, I. B. Gornall, F. J. Gray, A. H. Griffith, P. W. Hampton, F. J. Hathaway, G. G. Hay, A. C. Heath, J. K. M. Hermon, H. T. Holland, A. M. Holmes, J. Hustand, J. G. Jack (with distinction), W. T. James, R. F. Jardin, J. W. Kerr, D. B. King, M.A., G. D. Laing, L. S. Lessing, T. Livingstone, E. O. Loch, J. L. Louis, J. Luckhoff, B. G. Macdonald, M.A., O. H. Macdonald, P. N. M. Macdonald, W. R. Macdonald, H. Macfarlane, W. M. Mackay, M. Mackelvie, H. M. Mackenzie, T. C. Mackenzie, G. Mackie, R. C. M'Lachlan, P. A. W. Maclagan, G. C. M'Leavy, R. A. Macneill, W. Macniven, L. W. Macpherson, A. G. Martin, J. Masson, M.A., B.Sc.; D. B. Merry, F. N. Menzies, G. H. Menzie, M.A.; J. Miller, B.Sc. (with distinction); J. G. Mitchell, R. N. Mitchell, J. R. Munro, W. A. Murray, A. W. Nankervis, T. P. Oates, J. Orr, T. S. A. Orr, W. Park, A. S. Parker, A. S. M. Peebles, E. J. Peill, A. Preston (with distinction); R. N. Pringle, S. C. Prichard, W. Purves, H. J. O. Raeburn, F. G. Ralston, W. Reid, M.A.; A. C. Renwick, R. Ritchie, T. R. Robertson, T. Rogerson, R. M. Rowe, S. Simpson, B.Sc.; C. E. Smith, A. K. S. Shand, V. E. Sora-

pure, S. Southall, W. J. Stuart, M.A.; W. W. Thom, G. N. W. Thomas; J. A. Thompson, R. G. Thomson, R. B. Turnbull, N. D. Walker, C. H. Watson, C. H. J. Watson (with distinction), A. White, A. S. Whytock, H. D. Wilson, A. H. Wood, and G. M. Young.

SECOND PROFESSIONAL EXAMINATION FOR THE DEGREES OF M.B. AND C.M.—The following candidates have passed this Examination:—H. O. Hobson, P. W. Shepherd, W. H. Winstanley, C. H. Wotherspoon, M.A.

THIRD PROFESSIONAL EXAMINATION FOR THE DEGREES OF M.B., CH.B.—The following candidates have passed this Examination in the subject indicated:—

Pathology.—C. S. Clark, J. D. Comrie, M.A., B.Sc.; Y. A. Djorjizim.

UNIVERSITY OF GLASGOW.

DR. JOHN GLAISTER was on April 4th duly admitted to the office of Professor of Forensic Medicine in the University of Glasgow.

Among those who received the honorary degree of LL.D. at the graduation ceremony on April 12th were Mr. Alexander Duncan, B.A., Secretary and Librarian to the Faculty of Physicians and Surgeons, Glasgow, and Mr. John Millar Thompson, F.R.S., Professor of Chemistry in King's College, London.

CONJOINT BOARD IN ENGLAND.

THE following gentlemen have passed the Second Examination of the Board in the subjects indicated:

Anatomy and Physiology.—C. J. Brierley, Yorkshire College, Leeds; T. B. Fawley, Yorkshire College, Leeds, and Mr. Cooke's School of Anatomy and Physiology; F. A. W. Drinkwater and W. T. Shields, Victoria University College, Liverpool; G. R. Roberts, St. Thomas's Hospital; J. F. Morrisson, Queen's College, Belfast; E. G. Wales, Cambridge University; S. L. Prall and S. Hodgson, Guy's Hospital; B. J. Ward, C. Birch, and A. J. Arch, Mason College, Birmingham; E. F. Fisher, R. H. N. Smith, London Hospital; J. N. H. Munro, University College, Bristol; W. R. Read, St. Bartholomew's Hospital; G. E. Waugh, Cambridge University and University College, London; C. S. Parker, University College, London; C. H. D. Robbs, B. S. O. Maunsell and H. R. Humby, St. Bartholomew's Hospital; W. T. Haydon and W. Fawsett, St. Thomas's Hospital; C. E. Blackstone and J. S. Goodall, Middlesex Hospital; L. E. Stamm, J. Evans, and L. Pern, Guy's Hospital; A. McCabe-Dallas, Bombay University and Guy's Hospital; J. E. Collins, London and Guy's Hospitals; L. L. Shoosmith and S. Donaldson, St. Mary's Hospital; W. Payne and H. D. Brice, Westminster Hospital; W. R. Kirkness, King's College, London; L. D. Saunders and R. T. Harrison, St. George's Hospital; H. E. Ridwood and A. B. Waller, London Hospital; P. N. Gleig, Charing Cross Hospital; H. G. Rashleigh, A. C. Osbairn, E. F. Reeve, A. D. E. Kennard, and K. W. Goadby, Guy's Hospital; G. J. Humphreys, J. C. Sale, and A. H. John, St. Bartholomew's Hospital; L. F. Hanbury, R. L. Beane, and O. B. Gauntlett, St. Thomas's Hospital; A. R. Wellington, St. Mary's Hospital; H. E. Crawley, Oxford University and St. Mary's Hospital; E. F. Ackery, Charing Cross Hospital; C. H. F. Bailey and E. R. Carling, Westminster Hospital; E. W. F. Dolman, King's College, London; R. J. L. Sladen, C. E. Ham, and G. Sowden, London Hospital; B. Yule, University College, London; A. Caddy, St. George's Hospital; T. Sanders, Cambridge University; W. S. Lewis, Owens College, Manchester, and Mason College, Birmingham; A. T. Marshall, King's College, London; J. P. Jones, University College of South Wales, Cardiff; C. M. N. May and O. J. S. Damian, St. George's Hospital; D. S. Skelton, T. W. Morcom, London Hospital; S. J. Ormond, T. A. Matthews, C. Tessier, A. C. H. Gray, M. A. Collins, B. Muir, H. K. Lacey, Guy's Hospital; C. de Z. Marshall, A. F. Miskin, C. A. Palmer, H. Upcott, and H. H. Kiddie, St. Thomas's Hospital; W. J. Morrish and C. W. Bond, St. Mary's Hospital; A. E. Thomas, A. H. Bostock, and C. S. Hawes, St. Bartholomew's Hospital; G. V. H. Fairhall, Westminster Hospital; W. S. Rooke, University College, London; P. P. Tobit, King's College, London; R. S. Roper, G. T. Willan, J. E. L. Bates, G. S. C. Hayes, Guy's Hospital; F. E. Wilson, Guy's Hospital and University College, London; D. W. Bishop and G. M. Soper, St. Mary's Hospital; H. G. Clitherow, H. R. Jeremy, and E. S. Scott, London Hospital; T. E. C. Cole, St. Bartholomew's Hospital; P. A. Hayne, St. George's Hospital; F. E. Anley, Charing Cross Hospital.

Anatomy only.—A. N. Leathem, Charing Cross Hospital; and W. R. Elliott, Cambridge University and Mr. Cooke's School of Anatomy and Physiology.

Physiology only.—D. T. Jones, Middlesex Hospital and Mr. Cooke's School of Anatomy and Physiology; A. A. Vernon, Long Island College, New York, and Mr. Cooke's School of Anatomy and Physiology; and E. Green, Cambridge University and King's College, London.

Seventy-one gentlemen were referred in both subjects; 4 in Anatomy and 7 in Physiology for three months.

CONJOINT BOARD IN IRELAND.

THE DIPLOMA IN STATE MEDICINE.—A correspondent informs us that he has received a letter from the Secretary of the Conjoint Board in Ireland (Royal Colleges of Physicians and Surgeons) pointing out that the colleges have stated that they see no objection to their Diplomates in State Medicine signing themselves D.P.H.

SOCIETY OF APOTHECARIES OF LONDON.

PRIMARY EXAMINATION, PART II.—The following candidates passed in:

Anatomy.—W. Alcock, Sheffield; H. F. Bellamy, Charing Cross Hospital; R. P. N. Blewett, Glasgow and St. Mary's Hospital; E. Court-auld, Royal Free Hospital; C. L. Driscoll, Charing Cross Hospital; D. R. Griffiths, Guy's Hospital; W. T. Harris, St. Thomas's Hospital; E. H. Kenny, Manchester; A. M. Marval, Royal Free Hospital; D. W. Purkis, St. Bartholomew's Hospital; H. Richardson,

Leeds; C. S. Scott, St. Bartholomew's Hospital; F. A. Segreda, Guy's Hospital; F. E. Shean, London Hospital; H. H. Sloane, St. Bartholomew's Hospital; W. S. Snell, Edinburgh and St. Mary's Hospital; W. Sykes, Manchester; J. A. West, St. Bartholomew's Hospital.

Physiology.—J. C. M. Bailey, St. Bartholomew's Hospital; H. F. Bellamy, Charing Cross Hospital; R. P. N. Bluett, Glasgow and St. Mary's Hospital; R. V. Cowley, Edinburgh; A. W. H. Grant, Charing Cross Hospital; W. T. Harris, St. Thomas's Hospital; E. H. Kenny, Manchester; A. M. Marval, Royal Free Hospital; D. W. Purkis, St. Bartholomew's Hospital; H. Richardson, Leeds; C. S. Scott, St. Bartholomew's Hospital; F. A. Segreda, Guy's Hospital; H. H. Sloane, St. Bartholomew's Hospital; W. S. Snell, Edinburgh and St. Mary's Hospital; A. C. Stark, Westminster Hospital; W. Sykes, Manchester; J. A. West, St. Bartholomew's Hospital.

PRIMARY EXAMINATION, PART I.—The following candidates passed in:

Biology.—T. J. M. Clapperton, King's College Hospital; A. J. Simmons, Birmingham.

Chemistry.—R. P. N. Bluett, Glasgow and St. Mary's Hospital; W. E. Cuthbertson, Bristol and Glasgow; T. D. Hemans, St. Thomas's Hospital; S. F. Hickman, Royal Free Hospital; J. E. Howroyd, Leeds; A. Kellgren, Royal Free Hospital; H. O. Sutcliffe, Cambridge.

Materia Medica and Pharmacy.—W. P. Allen, Birmingham; R. P. N. Bluett, Glasgow and St. Mary's Hospital; E. Coulthard, Royal Free Hospital; W. E. Cuthbertson, Bristol and Glasgow; A. G. C. Davies, Guy's Hospital; S. R. Dudley, St. Bartholomew's Hospital; A. J. Kennedy, Edinburgh; P. W. Robinson, Edinburgh; L. L. G. Thorpe, University College Hospital; A. Wolpe, Würzburg.

PUBLIC HEALTH AND POOR-LAW MEDICAL SERVICES.

HEALTH OF ENGLISH TOWNS.

IN thirty-three of the largest English towns, including London, 6,197 births and 4,352 deaths were registered during the week ending Saturday last, April 9th. The annual rate of mortality in these towns, which had been 20.2 and 21.5 per 1,000 in the two preceding weeks, declined again to 20.2 last week. The rates in the several towns ranged from 12.6 in Portsmouth, 14.1 in Oldham, 14.7 in West Ham, and 15.3 in Cardiff to 23.5 in Leeds, 23.7 in Plymouth, 25.6 in Salford, and 27.7 in Liverpool. In the thirty-two provincial towns the mean death-rate was 20.7 per 1,000, and was 1.1 above the rate recorded in London, which was 19.6 per 1,000. The zymotic death-rate in the thirty-three towns averaged 2.4 per 1,000; in London the rate was equal to 2.8 per 1,000, while it averaged 2.1 in the thirty-two provincial towns, among which the highest zymotic death-rates were 3.2 in Sheffield, 3.4 in Brighton, 4.1 in Swansea, and 5.5 in Leicester. Measles caused a death-rate of 2.2 in Halifax, 2.6 in Brighton, 3.1 in Swansea, and 4.2 in Leicester; whooping-cough of 1.3 in West Ham and in Bolton, and 1.7 in Salford; and "fever" of 1.4 in Burnley. The mortality from scarlet fever showed no marked excess in any of the large towns. The 57 deaths from diphtheria in the thirty-three towns included 29 in London, 3 in Cardiff, 3 in Bristol, 3 in Birmingham, and 3 in Leicester. One fatal case of small-pox was registered in Leeds and 1 in Gateshead, but not one in any other of the thirty-three large towns; and no small-pox patients were under treatment in any of the Metropolitan Asylums Hospitals. The number of scarlet fever patients in these hospitals and in the London Fever Hospital, which had been 2,419, 2,371, and 2,377 at the end of the three preceding weeks, had further increased to 2,421 on Saturday last, April 9th; 234 new cases were admitted during the week, against 255, 191, and 239 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

IN eight of the principal Scotch towns 970 births and 728 deaths were registered during the week ending Saturday last, April 9th. The annual rate of mortality in these towns, which had been 22.9 and 24.2 per 1,000 in the two preceding weeks, was 24.1 last week, and exceeded by 3.9 per 1,000 the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the rates ranged from 17.0 in Perth and 17.6 in Edinburgh, to 26.3 in Glasgow and 31.9 in Dundee. The zymotic death-rate in these towns averaged 3.5 per 1,000, the highest rates being recorded in Paisley and Glasgow. The 367 deaths registered in Glasgow included 31 from whooping-cough, 21 from measles, 3 from scarlet fever, 2 from diphtheria, and 2 from "fever." Three fatal cases of whooping-cough, 2 of measles, and 2 of "fever" were recorded in Edinburgh; 2 deaths from diphtheria occurred in Aberdeen, and 2 in Greenock.

THE WORKSHOPS IN LAMBETH PARISH.

IN a special report presented to the Lambeth Vestry on March 17th, Dr. Priestley, the medical officer of health, detailed the work which has recently been done in the parish in connection with workshops. It appears that up to the present time there have been inspected in Lambeth 500 workshops, containing 863 workrooms, in which were working, at the time of inspection, 3,020 persons, 1,331 males and 1,689 females (females alone being employed in 187 workshops). From a list given, setting forth the nature of the trade or business carried on in the 500 workshops, it may be seen that "dressmaking" has the pride of place with 92 workshops; tailors and clothiers and laundries with 40 and 38 respectively, stand next in order, and milliners and bootmakers are fourth and fifth on the list. In the miscellaneous assortment of trades which follows surgical instrument makers, sculptors, sign writers, organ builders, clog makers, scenic artists, and many others find a place.

As regards the insanitary conditions met with at the time of inspection, it is noted that in 22 per cent. of the workshops the ventilation was ul-

satisfactory; in 25.2 per cent. the rooms needed cleansing; in 20.8 per cent. drains were found defective; in 25 per cent. sanitary fittings and appliances were faulty; in 6.2 per cent. separate closet accommodation for the sexes was wanting; in 3.8 per cent. conditions of dampness obtained; and in 4.2 per cent. overcrowding existed.

Dr. Priestley suggests the desirability of employing a female sanitary inspector in connection with workshop inspection. He points out that 55 per cent. of the workers employed are women, and states that it was chiefly in the 187 workshops in which females alone are employed that overcrowding was found to exist. The experience of other metropolitan districts, and of several of the largest provincial towns, leaves, says Dr. Priestley, little doubt that the appointment of a female inspector would prove of advantage to Lambeth.

FEES FOR EXAMINING ALLEGED LUNATIC.

ATROPOS writes: A medical officer to an union district is requested by the relieving officer to see a man in his district (6 miles from home) said to be insane. He visits the man with a J.P. (the man is not a pauper), and pronounces him to be a sane man, and not insane. Can the medical officer claim a fee, under the circumstances, from the guardians by order of the magistrate in attendance or otherwise?

** In this case, if the provisions of Section XIII, Subsection 2, of the Lunacy Act of 1890 have been complied with, the magistrate acting in the case has power to order the guardians to pay a suitable fee for the medical report made to him after the examination of the patient by the doctor. "Atropos" does not appear to have had an order in writing to visit and report on the case; we question, therefore, whether he has a legal claim on anyone for a fee.

MEDICO-LEGAL.

A FREE ELECTRICAL HOSPITAL.

MR. LUXMOORE DREW, coroner for West London, held an inquiry on March 12th, touching the death of John Salter, aged 71. According to the report in the *Daily Telegraph*, the evidence of a brother showed that the deceased had left his home in the Midlands to undergo treatment by electricity. The landlady of the house in which he died stated that the deceased complained of shortness of breath and lameness, and attended the Notting Hill Gate Free Hospital at 30, Silver Street, Kensington. On Good Friday, she found him sitting in his chair dead. She sent to the professor at the hospital, who replied that he did not attend patients outside. The coroner's officer stated that he saw "the Professor" at the hospital, who said that he had treated the deceased for rheumatism, and that he had a weak heart. Annie Bridge, who said that she was engaged at the "Electrical Hospital," but had had no previous training, gave evidence. She said that there was a staff of six nurses; that Dr. Walton, of Swanage, the consulting physician, never saw patients, but that Professor D'Odjardi did. Deceased was given electricity by direction of the professor. The institution was kept going by the professor, and not by voluntary contributions. There was a Board of Management, and witness was paid by the Committee. Mr. Edmund Savaly D'Odjardi, who is reported to have laboured under great excitement, described himself as a medical electrician. He had not a medical training or qualification. His advice and instruments had been accepted by the Dean of the Medical Faculty of Belgium. He used them to affect the physical forces of the human body, and had benefited the voices of clergy, barristers, and singers. He founded the hospital with Judge Pennington and Lady Forsyth, and there was a loss of £2,000. General MacLaughlin was chairman of the Board. Witness was the main mover, and received no salary. He always acted under a person's physician, but did not follow that rule in the case of the deceased. After Mr. Salter had paid £2, he said he could not afford more, and was then treated for nothing. Witness's opinion was that he had catarrh of the stomach. After some further evidence Dr. Barratt said that the *post-mortem* examination showed that there was no catarrh in the stomach, and that death was due to syncope from heart disease. The application of a battery would be a serious thing to a person in that condition. The coroner said that the professor was absolutely unqualified to diagnose a disease. In this case he had not diagnosed the disease, and the catarrh he suggested was absent. Had the deceased died while the battery was being applied a charge of manslaughter would have followed. The jury returned a verdict in accordance with the medical evidence, and added a rider that the professor should not apply electricity except under a doctor's order and advice, and that only trained nurses should be engaged. The Coroner agreed, and said he could not understand why people would go to such a place instead of to a proper hospital where they would be sure to get the best advice. Addressing "Professor" D'Odjardi, the Coroner cautioned him that the proceedings had placed him in a serious position. Should a person die after the application of electricity without the supervision of a doctor and without a diagnosis that he was a fit subject he (Mr. D'Odjardi) would be held responsible. He advised him for his own sake never to attempt to diagnose an internal complaint.

MEDICAL TITLES.

PROCEEDINGS were taken at the instance of the General Medical Council before the Caxton Petty Sessions, Cambridgeshire, on April 6th, against Mr. Herbert Kingsley Hunter, a medical man practising at Gillingay, a licentiate of the Society of Apothecaries duly qualified to practise medicine, surgery, and midwifery, for styling himself "physician and surgeon."

Mr. Muir Mackenzie, instructed by the Solicitor of the General Medical Council, appeared for the prosecution, and Mr. Horace Condy for the defence.

The facts were not disputed. It appeared that the defendant has an American degree (M.D. Philadelphia), which he discontinued to use after

being warned by the General Medical Council. He inquired of the Council if he could not style himself "physician and surgeon," but the Council replied that they could not advise him.

For the prosecution Mr. Muir Mackenzie quoted the case decided by the justices of Aston, Birmingham, in 1891, which was confirmed on appeal, but Mr. Condy contended that the points were dissimilar, and submitted that the diploma of the Society of Apothecaries which he put in entitled the defendant to practise medicine, surgery, and midwifery, and to use such titles as "physician and surgeon," so long as he did not assume the titles conferred by any other licensing body or university.

The Bench decided to convict the defendant of using the title of physician, and imposed a fine of £5 and costs, and Mr. Mackenzie stated that he did not wish to proceed with the second information, namely, as to the use of the title of surgeon. Counsel for the defendant consented to state a case for the decision of the High Court.

We understand that the Society of Apothecaries are taking active steps to get the question decided by the High Court, it having been arranged before the case was heard before the magistrates that in the event of a conviction they should be required to state a case.

As the questions involved in this case are of great importance, we shall await the decision of the High Court before making any comment on the subject.

ADVERTISING BY CIRCULARS OR CARDS.

MODESTINUS.—It is difficult to give specific replies to the questions raised by our correspondent without being misleading. The General Medical Council have from time to time expressed opinions on the subject of advertising which leave no doubt as to their views, and advertising by means of circulars or cards stating hours of consultation and fees would be clearly contrary to such views, and might, if persisted in, lead to serious results if the matter were brought before the General Medical Council for inquiry.

THE TITLE OF "DR."

L. A. W.—We do not think that we can usefully add anything to what has already appeared in the BRITISH MEDICAL JOURNAL on many occasions with reference to the prefix of the title of "Dr." and we would refer our correspondent to the reply in the Medico-Legal Column of the JOURNAL of November 14th, 1896, in which some general views are expressed. The medical practitioner referred to would certainly have no greater right than our correspondent himself to prefix the title of "Dr."

A QUESTION OF COVERING.

T. R. J.—The question raised by our correspondent is of too general a character to enable us to express any definite opinion. All we can say is, that every case brought before the General Medical Council would be strictly investigated, and decided on its merits.

MEDICAL NEWS.

A POCKET SYNOPSIS of the *British Pharmacopœia* (1898) with concise notes on the changes, particulars of new preparations, tables of doses, strengths, etc., compiled by Mr. H. Wippell Gadd, Associate of the Pharmaceutical Society, will shortly be published by Messrs. Evans, Gadd, and Co., of Bristol and Exeter.

NATIONAL VACCINE ESTABLISHMENT.—We are asked to state that the National Vaccine Establishment, which is now located at the Local Government Board offices at Whitehall, will on April 27th be removed to Room 140, St. Stephen's House, Cannon Row, Westminster. Supplies of lymph will be furnished to medical practitioners on personal application at the new premises between the hours of 12 and 2, or by letter addressed to the Secretary, Local Government Board (National Vaccine Establishment), St. Stephen's House, Cannon Row, Westminster, London, S.W.

THE POISONING AT HILSEA BARRACKS.—Respecting the poisoning by arsenic of a number of Royal Artillery men, women, and children at Hilsea Barracks through some vinegar issued at the canteen, alluded to in the BRITISH MEDICAL JOURNAL of March 12th, we are informed that a reward of £100 is now offered to any person giving information concerning the placing of arsenic, or any preparation of that poison, into a cask of vinegar at the canteen early in February. The reward is being offered through a firm of solicitors, who, we understand, represent the firm which supplied the canteen with the vinegar alleged to have caused the symptoms of poisoning.

THE PREVENTION OF TUBERCULOSIS IN PARIS.—The Paris Assistance Publique is taking steps to check the spread of tuberculosis among the population. It has already scattered broadcast a leaflet pointing out that the disease is preventable and also curable, and that it is propagated mostly by the sputa of consumptive persons. Stress is therefore laid

upon the importance of minimising as far as possible this source of infection. It is urged that tuberculous patients at home should expectorate only into a special receptacle containing fluid, and when out of doors only into a handkerchief. The disgusting habit of spitting on pavements, in omnibuses, and railway carriages, is properly pronounced to be dangerous as well as disgusting. The spittoon should be cleansed every day by steeping in cold water which has been boiled for five minutes, and handkerchiefs and other things which have been used to spit in should be steeped for five minutes in boiling water, or handed over to the sanitary authorities for disinfection.

IRON IN ORGANIC BODIES.—Dastre and Floresco have recently published some valuable observations on the iron-secreting properties of the liver of crustacea and molluscs. The iron is distinctly eliminated for purposes of oxidation. The proportion of iron in the liver of the lobster, cuttlefish, oyster, and snail is independent of the richness in iron of the animal's surroundings. It is also independent of fasting or healthy diet and of terrestrial, marine, or freshwater life, but certainly plays a part in the maintenance of the shell. More important is the fact that the hepatic secretion of land molluscs during hibernation is rich in iron. The metal is here needed for oxidation; it keeps the snail or slug going during the winter. The common cuttlefish and other cephalopods possess a liver rich in iron. In their monograph, "La Fonction Martiale du Foie," in the January number of the *Archives de Physiologie* they note that the cuttlefish's liver is better specialised as a worker in iron salts than is the same organ in the higher vertebrates. For in the former no other gland or structure and no fluid exists charged with iron. The metal in its blood is copper.

DEBT AND HYGIENE IN MADAGASCAR.—Major Legrand-Girarole has published some remarkable notes on the primitive municipal government of Antananarivo before the French conquest. The most elementary principles of sanitation were ignored. Neither sewers nor cesspools existed. After the occupation of the capital great trouble was experienced in attempting the removal of sewage. This was imperative, as the garrison began to suffer from fever. At length the authorities enforced the duty on native prisoners, in durance not for rebellion or treason but for civil and criminal offences against their own countrymen. This regulation had the desired effect. Formerly the meanest labourer could not be made to carry sewage, whilst debtors bore imprisonment in irons for months in a Madagascar Fleet prison. These debtors, when forced to perform sanitary duties, at once found the means to pay their creditors. Now, the gallant Major informs us, the natives are far more careful not to contract debts, and at the same time Antananarivo is becoming a healthy city.

PROPOSED NATIONAL SOCIETY FOR THE STUDY OF EPILEPSY IN AMERICA.—The Medical Superintendent of the Craig Colony, Dr. William P. Spratling, proposes to form a national society for the study of epilepsy and the care and treatment of epileptics. He indicates the scope of his work as follows: (1) The scientific study of epilepsy; (2) the rational treatment of the disease; the best methods of caring for dependent epileptics, including (a) the construction of proper homes based upon a study of the epileptic's needs as to classification and environment; (b) the study of the utilisation of the epileptic's labour for economic, scientific, and ethical reasons; (c) the study of the best educational methods to be employed, including manual, industrial, intellectual, and moral forms and forces. With a view to ascertaining in a measure the desirability of the organisation of such a society, thirty-five circular letters have been sent to physicians and others who might be interested in the matter. To these thirty replies have been received as follows—for, twenty-three; against, four; neutral, three.

THE FOLK LORE OF THE NOSE.—Dr. Noland Mackenzie contributes a paper to the January number of the *Johns Hopkins Hospital Bulletin*, upon the Physiological and Pathological Relations between the Nose and the Sexual Apparatus of Man, which might well be a chapter from the Anatomy of Melancholy by Democritus Junior. Dr. Mackenzie says that

Aristotle clearly defines the changes in the voice at puberty, and the effect of castration on its qualities. Its harsh, irregular, and discordant character during the maturation of the sexual functions was furthermore affirmed to be more conspicuous in those who attempted the early gratification of the sexual appetite. The supposed influence of sexual excitement upon the external throat is apparent from the ancient nuptial ceremonial. Before the virgin retired on the wedding night it was customary to measure her neck with a tape, and again on the following morning. If the neck showed an increase in size it was taken as a certain indication of defloration, whilst if the two measurements were equal she was supposed to have retained her virginity. Catullus, too, has pointed out that this curious test was used to establish the fact of adultery. The nose has long played a notable part in sexual folk lore. Passing by the *nasuti* who formed the Court of the Emperor Heliogabalus and of Johanna Queen of Naples, it is well known that amputation of the nose was a common punishment for adulterers and for adulteresses detected in the act. The astrologers believed that there was an intimate relationship between the genital organs and the nose. Dr. Mackenzie thinks that the relationship, like most popular superstitions, has a slight basis of truth. The inferior turbinate bone, the under surface of the middle turbinate, and the posterior ends of the middle and superior turbinates, together with a portion of the septum nasi, is covered with a structure which is essentially the anatomical analogue of the erectile tissue of the penis. It is believed to be especially concerned in the evolution of the many curious "reflex" phenomena which are thought to occur in connection with nasal affections.

MEDICAL VACANCIES.

The following vacancies are announced :

BIRKENHEAD UNION.—Assistant Medical Officer. Salary, £80 per annum, with board, washing, and apartments. Applications, endorsed "Assistant Medical Officer," to the Clerk by April 21st.

BIRMINGHAM 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: GENERAL HOSPITAL.—House-Surgeon and Assistant House-Physician. Appointments for six months. No salary, but residence, board, and washing provided. Applications to Howard J. Collins, House-Governor, by April 30th.

CAMBRIDGE: ADDENBROKE'S HOSPITAL.—Resident Assistant House-Surgeon. Board, lodging, and washing provided, but no salary. Applications by June 14th.

CHESTER GENERAL INFIRMARY.—Assistant House-Surgeon. Salary, £40 per annum, with residence and maintenance in the house. Applications to the Chairman of the Board of Management by April 23rd.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—Resident Medical Officer. Salary, £100 per annum, with board, etc. Applications by April 18th.

CLEVELAND, YORKSHIRE: MIDDLESBROUGH COUNTY BOROUGH ASYLUM.—Assistant Medical Officer, age not to exceed 30, single. Salary, £100 per annum, with furnished quarters, board, washing, and attendance. Applications to the Medical Superintendent by April 26th.

DEVONPORT: ROYAL ALBERT HOSPITAL.—Resident Medical Officer, under 30 years of age, unmarried. Appointment for two years. Salary, £100 per annum, with board and lodgings. Applications, on forms provided, to the Chairman of the Selection Committee by April 25th.

DURHAM COUNTY HOSPITAL.—House-Surgeon. Salary, £100 per annum, with board and lodging. Applications by April 29th.

FAREHAM: HANTS COUNTY ASYLUM.—Third Assistant Medical Officer, unmarried, and not to exceed 30 years of age. Salary, £100 per annum, increasing to £125 after twelve months' service, with furnished apartments, board, washing, and attendance. Applications to the Committee of Visitors by April 26th.

FLINTSHIRE DISPENSARY.—Resident House-Surgeon. Salary, £120 per annum, 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 by April 20th.

GATESHEAD DISPENSARY.—Assistant Medical Officer. Salary, £120 per annum, increasing £10 annually to £150, without board or lodging. Applications to W. Swinsburne, Hon. Secretary, Town Hall, Gateshead, by April 20th.

GLoucester: THE GENERAL INFIRMARY AT GLOUCESTER AND THE GLOUCESTER EYE INSTITUTION.—Assistant Surgeon. Applications by May 11th.

GROCERS' COMPANY.—Three Medical Research Scholarships, value £250. Applications to the Clerk of the Company, Grocers' Hall, Princes Street, E.C., before the end of April.

HARTSHILL, STOKE-UPON-TRENT: NORTH STAFFORDSHIRE INFIRMARY.—Assistant House-Surgeon. Board, apartments, and washing provided. Applications by April 25th.

KING'S COLLEGE, LONDON.—Sambrook Medical Registrarship. Applications by April 25th.

LEEDS HOSPITAL FOR WOMEN AND CHILDREN.—Non-resident House-Surgeon. Salary, £90 per annum. Applications by April 22nd.

METROPOLITAN ASYLUMS BOARD.—Assistant Medical Officer at the Fountain Fever Hospital, Lower Tooting.—Salary, £160 first year, £180 second year, and £200 during third and subsequent years, with board, lodging, attendance, and washing. Applications, on forms provided, to be sent to Norfolk House, Norfolk Street, Strand, W.C., by May 20th.

NOTTINGHAM GENERAL HOSPITAL.—House-Surgeon. Salary, £100 per annum, rising £10 a year to £120. Applications by April 26th.

PLYMOUTH ROYAL EYE INFIRMARY.—Honorary Physician. Applications by April 20th.

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.—House-Physician. Appointment for six months. No salary, but board, etc., provided. Applications by April 25th.

ROYAL ORTHOPÆDIC HOSPITAL, 207, Oxford Street, and 15, Hanover Square, W.—House-Surgeon and Anæsthetist, unmarried. Salary, £100 per annum, with board and residence. Applications by April 20th.

ST. PAUL'S HOSPITAL FOR SKIN AND GENITO-URINARY DISEASES, London.—Honorary Surgeon and Honorary Assistant-Surgeon. Applications to the Honorary Solicitor, 60, Moorgate Street, E.C., by April 23rd.

STAFFORDSHIRE GENERAL INFIRMARY, Stafford.—Assistant House-Surgeon. Salary, £30 per annum, with board, lodging, and washing. Applications to the House-Surgeon by April 21st.

STRATHERRICK PORTION OF THE PARISH OF BOLESKINE AND ABERTARFF.—Medical Officer. Salaries from various sources over £100 per annum. Applications to Andrew Urquhart, Inspector of Poor, Gorthick, by April 20th.

TRURO: ROYAL CORNWALL INFIRMARY.—Ophthalmic Surgeon. Applications before April 30th.

WEST HAM HOSPITAL, Stratford, E.—Junior House-Surgeon. Salary, £50 per annum, with board, residence, etc. Applications by April 21st.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—Surgeon, to take over duties of House-Surgeon who is ill, for about two months. Salary, 3 guineas a week, with board, lodging, washing, and travelling expenses. Applications to the Honorary Secretary. Also Two Honorary Assistant Physicians. Applications to Chairman of Medical Committee by April 18th. Also House-Surgeon and House-Physician. Salaries, £100 a year, with board, lodging, and washing. Applications to the Chairman of the Medical Committee by May 6th.

YORK DISPENSARY.—Resident Medical Officer, unmarried. Salary, £150 a year, with furnished apartments, coals, and gas. Applications to W. Draper, Esq., De Grey House, York, by April 21st.

MEDICAL APPOINTMENTS.

ALEXANDER, J. W., M.R.C.P., L.R.C.S. Edin., appointed Medical Officer for the Armley District and the Workhouse of the Bramley Union.

BAYLEY, Percival, L.R.C.P., L.M.Edin., appointed Second Assistant Medical Officer of the City of London Asylum, near Dartford.

BOVY, Thos. W. W., M.R.C.S. Eng., L.R.C.P. Lond., appointed House-Physician to the Norfolk and Norwich Hospital, Norwich.

BOWIE, J. C., M.B., C.M.Aberd., appointed Medical Officer and Public Vaccinator to the Parishes of Sandsting and Aithsting, Shetland.

BURTON, H., L.R.C.P.I., M.R.C.S. Eng., appointed Medical Officer of Health to the Marple Urban District Council.

DIXSON, Charles, M.D.Dunelm, M.R.C.S. Eng., appointed Honorary Anæsthetist to Brentford Cottage Hospital and Dispensary.

DU CANE, Edgar, B.A., M.B., B.Ch., appointed Resident Medical Officer, Christ College, Brecon.

FAIRBANKS, William, M.D.Edin., appointed Medical Officer of the Workhouse of the Wells Union.

FORBES, A. D., M.B.Aberd., appointed Medical Officer for the No. 7 (Horsmonden) District of the Tonbridge Union.

HATFIELD, J. R., L.R.C.P., L.R.C.S. Edin., L.F.P.S.Glasc., appointed Medical Officer for the Worthen District of the Forder Union.

HERBERT, B. H., M.R.C.S. Eng., L.S.A., reappointed Medical Officer of Health to the Uttoxeter Urban District Council.

HICKMAN, J. E., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer for the Coleford District of the Frome Union.

MASON, F. W., L.R.C.P., L.R.C.S., appointed Medical Officer for the No. 4 District of the Flaxton Union.

MORRIS, S. G., M.D., appointed Medical Officer for the Western District of the Llandiloafawr Union.

NELL, R. F., M.R.C.S. Eng., L.S.A., reappointed Medical Officer of Health to the Penarth District Council.

RENSHAW, C. J., M.D. St. And., M.R.C.S. Eng., reappointed Medical Officer of Health to the Ashton-upon-Mersey Urban District Council.

ROBERTS, G. W., M.D. St. And., L.R.C.P. Edin., reappointed Medical Officer of Health for the Borough of Denbigh.

ROBINSON, A. S., B.A., M.B., B.C.Cantab., F.R.C.P. Lond., appointed Medical Officer and Public Vaccinator to the Kirkleatham District of the Guisborough Union.

SCOTT, F. G., M.R.C.S., L.R.C.P. Lond., appointed Medical Officer for the Gillingham District of the Medway Union.

SMITH, J. W., M.D., appointed Medical Officer of Health to the Ryton Urban District Council.

SOUTHEY, A. J., M.R.C.S., L.S.A., reappointed Medical Officer of Health to the Eton District Council.

STABBE, Arthur F., M.B., B.C.Cantab., M.R.C.P., appointed Assistant Obstetric Physician to St George's Hospital.

WARD, James Philip Stephens, M.R.C.S., L.R.C.P., appointed Physician's Assistant to the Plymouth Public Dispensary.

DIARY FOR NEXT WEEK.

TUESDAY.

Pathological Society of London., 8.30 P.M.—Dr. C. P. White: (1) Intestinal Obstruction due to a Gastric Tumour of the Small Intestine; (2) Columnar-celled Carcinoma of the Esophagus. Mr. d'Este Emery: Secondary Growths from a case of Carcinoma of the Breast. Mr. G. Bertram Hunt: Extreme Contraction of the Stomach, with some remarks on the Pathology of the condition. Dr. Lee Dickinson: An Aneurysm of the Thoracic Aorta which ruptured externally. Dr. Parker Weber: Liver showing an early interlobular type of Cirrhosis from a case of pyl-

phlebitis. Dr. Rose Bradford: Haemato-ma in a hydronephrotic kidney. Dr. Gartside: Case of Carcinoma of the Oesophagus perforating the aorta. Dr. L. Freyberger: (1) A Brain with three subsequent hemorrhages, and a Heart from the same case showing a well-developed Musculus Papillaris on the mitral valve; (2) the Minute Structure of an Anemic Infarct of the Lung. Dr. C. D. Green: (1) A Stomach with two Perforating Ulcers and a fistulous communication with the colon; (2) a Lobulated Fibroma of the Nipple (card specimen).

WEDNESDAY.

Evelina Hospital., S.E., 4.30 P.M.—Mr. Sydney Stephenson: Ophthalmia in newly-born Children.

North-West London Clinical Society., North-West London Hospital, Kentish Town Road, N.W., 8.30 P.M.

THURSDAY.

Society of Anæsthetists., 20, Hanover Square, W., 8.30 P.M.—Clinical Cases: Mr. Horace T. Pechell: On the Use of Ormsby's Ether Inhaler in General and

FRIDAY.

Clinical Society of London., 8.30 P.M.—Dr. Frederick Taylor and Mr. A. D. Fripp: A case in which a Renal Calculus was detected by the Urographon Ray and successfully removed. Dr. J. Rose Bradford: A case of Thrombosis of the Superior Mesenteric Vein causing intestinal obstruction. Mr. Raymond

Dental Surgery, with remarks on Etherisation and on Dilute Solutions of Chloroform.

Johnson: A case of Tuberculous Peritonitis in which symptoms of intestinal obstruction resulted, probably from thrombosis of the superior mesenteric vein. Dr. Lee Dickinson and Mr. W. A. Hubert: Baynard's Gangrene in connection with Parturition.

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.

JERVIS-PEREIRA.—On Sunday, March 27th, 1898, at Lisbon (Portugal), the wife of Dr. A. A. Jervis-Pereira, Surgeon-in-Chief to the Delagoa Bay Railway (Lourenço Marques), of a son.

TAYLOR.—On April 9th, at 163, Cemetery Road, Sheffield, the wife of E. Edmund Taylor, M.D., M.R.C.S., of a son.

MARRIAGES.

BIGGS—WILSON.—At St. Andrew's Church, Cardiff, on the 9th instant, by the Rev. Dr. Horatio Langersle Nicholson, John James Egerton Biggs, M.R.C.S., L.R.C.P., of 147, Newport Road, Cardiff, eldest son of John Biggs, Esq., Oldwell, Penylan, Cardiff, to Louisa Frances Maude, second daughter of the late John Heron Wilson, Esq., of 37, Park Place, Cardiff.

LINTON—RITCHIE.—At the Roxburgh Hotel, Edinburgh, on the 7th inst., by the Rev. John Sanderson, B.A., Dundas U.P. Church, Grangemouth, and the Rev. S. W. Biddick, M.A., West Free Church, Grangemouth, Simon Linton, M.B. (Edin. Univ.), Grangemouth, third son of the late James Linton, Corusnan, Fort William, to Maggie Simpson, only daughter of the late Robert Ritchie, Grangemouth. At home first and third Wednesdays after May 15th.

MACVICAR—SAMUEL.—At the Church, Blantyre, British Central Africa, on the 19th February, by the Rev. Henry E. Scott, Domasi, Neil Macvicar, M.B., C.M., Medical Officer to the Blantyre Mission of the Church of Scotland, to Jessie Samuel, Matron of the Mission Hospital.

PARRY—LORIMER.—At Queen's Park U.P. Church, Glasgow, on the 24th ult., by the Rev. Fergus Ferguson, D.D., assisted by the Rev. J. H. Oswald, M.A., of Morton Parish Church, Thornhill, Robert Henry Parry, Surgeon, Victoria Hospital, Glasgow, to Margaret Whigham, second daughter of William Lorimer, Kirkintilloch, Lanarkshire.

PORTER—DEWAR.—At Allan Park Church, Stirling, on the 13th instant, by Rev. J. T. Gowranlock, Charles Allen Porter, M.D., etc., Boston, U.S.A., to Margaret Cochran, M.B., C.M., etc., eldest daughter of Mr. and Mrs. J. Lewthwaite Dewar, Kandy, Ceylon.

DEATHS.

GROSVENOR.—On Tuesday, March 29th, 1898, at his residence, Greville Lodge, Churchdown, Gloucestershire, rather suddenly, William Grosvenor, L.R.C.P., L.R.C.S., late of 9, Greville Place, Maida Vale, London, third son of the late William Grosvenor, of Alsager, Cheshire, aged 66 years.

MURTAGH.—On March 29th, at West Brighton, Thomas Murtagh, Surgeon-Lieutenant-Colonel (retired).

RAWLINS.—On March 28th, at 189, Sutherland Avenue, W., Henry Armstrong Rawlins, M.R.C.S., etc., aged 81.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCEB, Brompton (Free). *Attendances*—Daily, 2. *Operations*—Tu. F. S., 2. *Central London Ophthalmic*. *Attendances*—Daily, 1. *Operations*—Daily, 5. *Operations*—L.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., 9. *Chelsea Hospital for Women*. *Attendances*—Daily, 1.30. *Operations*—M. Th. F., 2. *City Orthopaedic*. *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, 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., 1.30; 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. Th. S., 1.30; Eye, Tu. S., 9; Ear, W., 9; Skin, Th., 9; Dental, Tu. Th., 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. F., 1.30; Ear and Throat, Tu. F., 9; Skin, Tu., 4; Th., 9.30; Dental, M. F., 9.30; W., 9. *Operations*—Daily, 1.30. *National Orthopaedic*. *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 Orthopaedic*. *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, Tu., Th., 2; o.p., M. Th., 9; W. S., 2.30; Ear, Th., 2; Skin, Tu. F., 2.30; Orthopaedic, M., 2.30; Dental, Tu. F., 2; Electrical, M. Tu. F., 2.30. *Operations*—Daily, 1.30; (Ophthalmic), Tu. F.; 2; Abdominal Section for Ovariectomy, F., 2. *St. George's*. *Attendances*—Medical and Surgical, daily, i.p., o.p., 12; Obstetric, Tu. F., 2; Eye, W., 2; 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., 3. *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., 9; Skin, M. Th., 9; Dental, W., 9; Eye, W., 9; Electro-therapeutic, 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. and 2; 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 2. *Operations*—W. F., 2. *Thomas's*. *Attendances*—Medical and Surgical, daily, 1.45; o.p., 12.45; Obstetric, M. Tu. F., 2; Eye, W., 2; o.p., W. S., 1.30; Eye, Tu., F., 3; 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, M. 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., 1.30; Ear, M. 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., F., 2; Skin, M. F., 2; Throat and Nose, Tu., 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., 3.15. *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 communicate 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 *Atticott, London*. The telegraphic address of the MANAGER of the BRITISH MEDICAL JOURNAL is *Articulate, London*.