

amni, and how much nutrition it would get out of a fluid containing only 1.9 proteid matter in 1,000 parts,¹⁴ is another question.

In adults a form of acid dyspepsia, chronic gastritis with hypersecretion of gastric juice and spasm of the pylorus, has been described, and is often called Reichmann's disease. Opinions, however, differ as to whether the pyloric obstruction is spasmodic and nervous in origin, or whether after all it is not purely mechanical. But even if the first alternative be true, the congenital condition with which we are now concerned does not appear to be exactly analogous to it, for Fenwick, in one of his cases, found the amount of HCl in the gastric juice normal, and Gran, in one of his cases, found that it was diminished.

REFERENCES.

¹ *Edinburgh Hospital Reports*, vol. iv (two cases); *Scottish Medical and Surgical Journal*, June, 1897 (one case). ² *Jahrb. f. Kinderheilk.*, Bd. xliii, s. 105, 1896. ³ *Archiv f. Kinderheilk.*, Bd. xlii, s. 32, 1897. ⁴ *Jahrb. f. Kinderheilk.*, Bd. xliii, s. 118. ⁵ *New York Medical Journal*, vol. lxiv, p. 674, vol. lxvi, p. 756. ⁶ *Glasgow Medical Journal*, June, 1889, p. 416. ⁷ *Trans. Path. Soc. London*, vol. xliii, p. 63, 1892. ⁸ Quoted in *EPITOME, BRITISH MEDICAL JOURNAL*, 1897, vol. i, par. 103. ⁹ *Disorders of Digestion in Infancy and Childhood*, 1897, p. 375. ¹⁰ *Virchow's Archiv*, Bd. 102, s. 413. ¹¹ *Edinburgh Hospital Reports*, vol. iv. ¹² *New York Medical Journal*, vol. lxvi, p. 756. ¹³ *Scottish Medical and Surgical Journal*, June, 1897. ¹⁴ Halliburton, *Textbook of Chemical Physiology and Pathology*, 1891, p. 355.

MEMORANDA:

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

URÆMIC ECLAMPSIA: COMA: RECOVERY.

ON March 8th I was called to see a primipara, aged 24, and arrived about 3 P.M. The patient was cold and collapsed, pulse weak and rapid (about 140 per minute); she had a death-like pallor, as though she had suffered from severe hæmorrhage; her face and legs were very oedematous, and she was quite unconscious. The mother stated that the patient had, about an hour before my arrival, been delivered of a stillborn child, and had been attended by a midwife. She did not expect to be confined for about another two months, and the appearance of the child bore out this statement. About 10.30 A.M. she had a violent "fit," which lasted for about ten minutes, and this was followed in an hour by a second one. She was confined at 2 P.M., had a third convulsion about two hours later, and continued to have them at intervals of from one to two hours until 2 A.M. (that is, twelve hours after confinement). Since then she had been free from an attack. She had ten fits in all, two before confinement and eight after.

The patient then lapsed into a state of coma, and was totally unconscious for about thirty-six hours, after which she rallied sufficiently to take some milk and brandy.

She then remained in a state of semi-consciousness until March 13th (four days after confinement), taking no notice of anyone, but took medicine and nourishment when put to her lips.

On my arrival I injected pilocarpin gr. i, after which she perspired freely. On the third day, the following powder was given: Calomel gr. iij, jalapine gr. liij, and her bowels were well opened. After this I gave her a diuretic mixture. Since then all the oedema has disappeared, and her legs have assumed their normal shape. The urine had been very scanty for thirteen weeks, and was found on examination to be highly albuminous.

Now (March 23rd) there is only a slight trace of albumen. She is passing about a normal quantity of urine, and is convalescent.

Kingswinford.

ARNOLD J. THOMSON,

M.R.C.S. Eng., L.R.C.P. Lond.

A CASE OF STRAMONIUM POISONING.

ON January 9th at noon Mrs. H., aged 53, took a teaspoonful of an antiasthmatical powder in mistake for liquorice powder. At 12.45 P.M., when sitting down to dinner, she could not understand a dry feeling in her mouth, which sipping water did not affect in the least; at the same time her sight became blurred, and she experienced a peculiar sensation of swelling in her eyes; lifting the glass to moisten her lips she exclaimed at the weight of it, and feeling herself getting

worse she told her husband to go for the doctor, and from this time remembered nothing till about 6 or 7 P.M. When I saw her at 2 P.M. her condition bore a remarkable resemblance to a case of delirium tremens; her face, however, which was markedly pale, was not expressive of suspicion or anxiety, nor was there any clammy perspiration, the skin being perfectly dry. Her eyes were bright and staring, the pupils dilated but not excessively, and absolutely insensible to light. The flow of ideas was very rapid, and her speech so fast that only at times could any sense be made of what she said. Mirthful delirium and hallucinations were very prominent, but illusions and delusions were markedly absent. Although she often attempted to rise she seemed unable to do so from inco-ordination of the lower extremities. Sensation, however, was perfect. The power of swallowing at first seemed absent, but if she was prevented from returning what was placed in her mouth she swallowed it. Breathing was quiet, but the pulse was very rapid, thready, and compressible. After using the stomach pump freely nitrite of amyl and digitalin (hypodermic) was administered, and shortly afterwards pilocarpin ($\frac{1}{3}$ gr.). Recovery after the use of the latter was remarkably rapid.

B. HENRY SHAW, M.B., B.Ch., B.A.O. (R.U.I.).
Cradley Heath, Staffordshire.

DISLOCATION OF UNGUAL PHALANX.

A CASE of this form of dislocation came under my care a few weeks ago. A negro female was struck with a stick, and in trying to ward off the blow her left hand came in contact with the stick, the unguinal phalanx of the middle finger being dislocated forwards. I saw the case a few minutes after the occurrence; reduction was easily effected.

J. HUNTLY-PECK, L.R.C.P.E., etc.

Linstead, Jamaica, W.I.

ULCERATIVE ENDOCARDITIS TREATED WITH ANTISTREPTOCOCCUS SERUM.

ON December 28th, 1896, I was asked to see Mrs. B., aged 42, who had been invalided some time, with the following history. She had suffered from rheumatic fever the previous May, when she was laid up for eleven weeks. She had influenza previously with frequent relapses. After rheumatic fever she went to Ramsgate for three months, when she improved, but relapsed again on returning home. She was well nourished but flabby. The temperature was 98°, the pulse 112, and the respirations 20. Catamenia were irregular. The urine was normal. She was quite sensible, and intelligently described her own feelings. Her temperature varied almost each hour, and generally went up to over 101° at night, dropped towards morning, becoming normal about midday. There was a loud systolic murmur at the apex, and the pulse ranged from 100 to 120.

She had frequent attacks, beginning with chills, followed by a hot and sweating stage. There was diarrhoea at times, and vomiting was frequent. A few days later her legs were covered with a rash resembling purpura. There was a tendency to syncope if she sat upright for any time, and thirst was constant. I inclined to the diagnosis of ulcerative endocarditis.

On January 4th, 1897, Dr. Seymour Taylor kindly saw the patient with me, and confirmed this diagnosis, suggesting at the same time the injection of antistreptococcus serum. The following day 10 c.cm. were injected into the subcutaneous tissue of the right thigh at 3 P.M.; the temperature went up to 102° at 8 P.M., but dropped steadily to subnormal during the night, and reached 97° at 2 P.M. On January 8th 10 c.cm. were further injected into the right loin; the temperature did not rise beyond 101° the same night, the pulse still keeping 120.

Previous to this the patient had for some days assumed a heavy lethargic appearance. She was more helpless, and only answered when pressed for a reply. The injections did not seem to influence this condition one way or the other. Her pulse kept up to 120. She continued in this drowsy semicomatose state, doubtless due to septic trouble, with suffused heavy look, and now took her nourishment badly.

On January 15th I was called to see her at 6 A.M., and found her in an unconscious state dying, death being due to cerebral

embolism as far as could be judged. No necropsy was allowed.

REMARKS.—The case came into my hands as one of intermittent fever, for which large doses of quinine had been given. She had been ailing for months since her rheumatic attack. Her symptoms pointed strongly to ague, and Bristowe says of ulcerative endocarditis that "its resemblance to ague is occasionally very remarkable." He gives the best account of it that I have been able to find.

Mill Hill Park, W.

R. POLLOCK, L.R.C.P.I.

PASSAGE OF APPARENT CASTS OF THE GALL BLADDER.

I AM indebted to the courtesy of Dr. Brittin, whom I met in consultation, for permission to publish this case.

A. B., aged 29, has had nine attacks of biliary colic in the last fourteen months, accompanied by more or less severe jaundice. During the first two attacks he passed on each occasion a fairly large faceted gall stone. The fæces had not been examined during the later illnesses, but from his severe pain and symptoms exactly resembling his earlier attacks he feels sure that he has passed a stone on each occasion.

Fourteen days ago he had a severe colic, necessitating the use of morphine, and next day passed a large "piece of flesh," which was examined by his doctor, who describes it as an oblong sac with moderately thick walls, stained green, about 2 inches long and 1 inch broad, resembling the gall bladder in shape. Ten days later he was again seized with severe pain, similar to that experienced in all the former illnesses, and after some hours of agony he was relieved, and next day passed another cast, which I examined. It is 2 inches long, $1\frac{1}{2}$ inch in breadth, its walls are $\frac{1}{16}$ inch thick, it is a closed sac with a distinct neck, and is stained bright green in parts, especially towards the neck. When laid out it appears to resemble a gall bladder. The accompanying fæces were clay coloured, and had been so for a long period of time. There was no microscopic appearance of hydatid structure, and I do not think that it was an intestinal cast. We came to the conclusion that both these casts were derived from the gall bladder, as the patient had suffered from typical biliary colic many times before, and described the pain experienced before the passage of the casts as exactly similar to that he had felt before he passed the gall stones.

It does not seem improbable that the presence of the stones has set up a chronic inflammation in the bladder, which has resulted in the formation of a false membrane, which has itself been expelled after the last stone had been passed.

P. CLENNELL FENWICK, M.B.Lond.

Christchurch, New Zealand.

SUPRAPUBIC CYSTOTOMY WITHOUT THE RECTAL BAG.

As most textbooks insist on the necessity of the rectal bag in operating by the suprapubic method in well-nourished adults, the following case may be of interest to surgeons who are called upon to operate without the luxuries of the well-appointed hospitals to which one is accustomed at home.

The patient, a rifleman of the 4th Goorkhas, aged 36, had suffered from symptoms of stone for a year. On December 2nd last I crushed one stone with the lithotrite; but, although a second calculus could be detected at the time, I thought it better to postpone further surgical treatment on account of the irregularity of the patient's breathing after he had been under chloroform for an hour. Accordingly the fragments were washed out in the usual way, and the patient was kept in hospital for a week. At the end of that time he still complained of bladder discomfort, but was able to do duty until the beginning of February, when he was again placed on the sick list. On February 14th, kindly assisted by Surgeon-Captain Orr, I decided to open the bladder above the pubes. As the man was inclined to be stout, we anticipated some difficulty in the absence of the rectal bag, but, in spite of the presence of a considerable thickness of adipose tissue, the fluid injected into the bladder brought the organ well up to the parietes, and the stone was removed without difficulty.

The patient has progressed satisfactorily, and the operation wound is all but closed (February 27th).

Chitral.

V. E. H. LINDSAY, M.B.(Vict.),
Surgeon-Lieutenant I.M.S.

A CASE OF OPIUM POISONING TREATED BY PERMANGANATE OF POTASSIUM.

I WAS recently called to Mrs. S., aged 64 years. She had swallowed by mistake half an ounce of laudanum 50 minutes previous to my seeing her. On my arrival at 8.45 A.M. she had just vomited from the effects of a mustard and water draught. I found her collapsed, and very drowsy; her skin was cold; pulse very weak and thready; and both pupils contracted to the size of pin heads. I gave her at once a hypodermic injection of one-twentieth of a grain of hydrochlorate of strychnine, this had the immediate effect of strengthening the pulse. I then made a solution of potassium permanganate by breaking up three 2-gr. pills in three pints of water. From my previous knowledge of the patient I knew it would be useless to try to pass a tube into the stomach unless she was unconscious, a stage I did not wish her to arrive at. Accordingly I had to employ this method of lavage of the stomach. I made her swallow half a pint of the solution (1 gr. in 10 ounces) every five minutes, and between the doses induced vomiting by irritating the fauces. At the end of 20 minutes I made her swallow a pint of the solution and retain it in the stomach. She then felt better, and the drowsiness was not so great. Two hours after the accident the pupils were normal and the pulse strong, but great sleepiness still remained. At 12 noon she took 4 grains of permanganate of potassium dissolved in half a pint of water, and the same again at 2 P.M. I gave instructions that she was to be kept awake till 6 P.M., and milk and water in equal parts to be given at frequent intervals. Next day the patient fell quite well, but complained of dryness of the throat and mouth from the parching effect of the permanganate solution; she ate well, and felt no other inconvenience from her unfortunate mistake.

Edgware Road, W.

WM. WALTON DON, M.D.

REPORTS

ON

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

GENERAL HOSPITAL, BIRMINGHAM.

A CASE OF THROMBOSIS OF THE INFERIOR VENA CAVA.

(Under the care of Dr. SAUNDBY.)

[Reported by J. GANNER, M.B.Lond., House-Physician, and C. POWELL WHITE, M.B.Cantab., F.R.C.S., Pathologist.]

MRS. C., aged 47, was admitted on March 29th, 1897, complaining of swelling of the legs and shortness of breath; duration three months.

HISTORY.

With the exception of scarlatina and measles, which she had when a child, she has never had any serious illness, and had always been strong until about 13 years ago, when she began to have epileptic fits, which have continued at irregular intervals until five months before admission. Just before Christmas, 1894, she began to suffer from shortness of breath and cough, and in a few weeks her legs began to swell; these symptoms becoming more marked she came to this hospital, and was admitted on May 10th, 1895.

She was found to have a serous effusion into the left pleural cavity, which was siphoned, and 350 of clear, highly albuminous fluid were removed. It was noted at this time that she had enlarged and varicose veins over the front of the chest and abdomen, and on both legs. She was much benefited by the removal of the fluid, and went out of hospital on June 7th, and remained fairly well until February, 1896, when she began to suffer in the same way again, and was again admitted as an in-patient on March 25th. She showed similar signs and symptoms to those she did nine months before, but the pleural effusion, which was again present on the left side, disappeared without tapping, and at the end of a month she

the Medical for five years. What justice or sense is there in these distinctions? Then these corps have long tours at home, the Medical very little, and it is yearly becoming less.

. It seems absurd that different rules should exist for different branches of the service in these foreign tours. If any distinction is to be drawn, surely it should be in favour of the Medical, whose duties are far more risky and trying than those of the other corps named.

SURGEON-MAJOR-GENERALS.

OUR contemporary the *Morning Post* recently declared that "there is no more reason to fear that a medical Major-General should attempt to exercise a genuine military command over a combatant force than there is reason to fear that a medical Colonel should make the same attempt on finding himself in the presence of two line regiments in each case under the command of a Lieutenant-Colonel. And if there is any occasion for such a fear under existing regulations, it is the easiest thing in the world to draft a new regulation which shall meet the case."

. That is common sense, and effectually disposes of the command objection in giving the rank of Major-General in a new medical corps.

UNIVERSITIES AND COLLEGES.

ST. ANDREWS UNIVERSITY AND UNIVERSITY COLLEGE, DUNDEE. At a meeting of the University College, Dundee, last week gratification was expressed at the prospect of harmonious co-operation with St. Andrews University. Arrangements for the completion of the School of Medicine at Dundee were under consideration, and the principal reported that the University Court had now expressed its willingness to take all the necessary steps to give effect to the ordinances as soon as the funds became available. He submitted a scheme of apportionment which had been adopted by the University Court. The scheme provided for the annual expenditure of £3,000 on the Medical School at Dundee. The Court had further agreed to erect out of the accumulated arrears of the Government grant an adequate building suitably equipped for the purposes of the school. The chairs in the medical faculty at present established in Dundee University College are those of Physics, Chemistry, Botany, Zoology, Anatomy, and Physiology. The new chairs contemplated are those of Pathology, Materia Medica and Therapeutics, Obstetrics, Surgery, and Medicine, together with a lectureship in Medical Jurisprudence and Public Health. The appointments are vested in the University Court, and arrangements are in progress with the Dundee Royal Infirmary for practical instruction.

UNIVERSITY OF EDINBURGH.

SECOND PROFESSIONAL EXAMINATION FOR THE DEGREES OF M.B., CH.B.—The following candidates have passed this examination in the subjects indicated:

Anatomy and Physiology.—B. H. S. Aylward, A. J. Baird, J. C. Gilchrist, N. Glegg, R. Hamilton, F. Hardie, C. G. Hey, J. G. S. Jamieson, M. A., F. K. Kerr, J. G. Mackenna, R. A. M. McLeod, E. Macrory, J. B. Primer, and F. C. Rayner.

SECOND PROFESSIONAL EXAMINATION FOR THE DEGREES OF M.B., C.M. (OLD REGULATIONS).—The following candidates have passed this examination:

A. L. Bennett, C. A. Bentley, J. B. Boyd, P. C. Camparole, J. T. Hurst, J. G. Forsyth, H. G. Hobson, P. W. Shepherd, W. H. Winstanley, and C. G. Wotherspoon, M.A.

SECOND PROFESSIONAL EXAMINATION (OLD REGULATIONS).—The following candidates have passed this examination in the subjects indicated:

Anatomy and Physiology.—A. J. Hughes, J. B. Milne, J. T. Rentoul, S. R. Sibbald, C. P. Strong, G. Wright, G. A. Davidson, E. Ewart, C. B. Paul, and D. J. Roberts.

SECOND PROFESSIONAL EXAMINATION FOR THE DEGREES OF M.B., CH.B. (NEW REGULATIONS).—The following candidates have passed this examination:

J. M. Benson, M. Campbell, M. A., G. S. Carmichael (with distinction), H. E. Coghlan, W. P. Cornack, J. A. Davies, S. L. E. Gribben, P. S. Haldane, G. H. Hanna, N. E. J. Harding, H. Harris, W. E. Herbert, D. Heron, H. J. Hoile, E. B. Jamieson, L. Laurie, R. G. Leach, A. C. N. M. Hattie, A. J. Mackenzie, D. S. Macknight, H. J. McLean, J. M. C. A. Macmillan, M. A., A. M. Nab, G. W. P. Maitland, A. A. Martin, H. Mason, F. C. Matthew, M. A., M. M. F. Meikle, E. I. Melhuish, E. G. D. Menzies, S. H. Morris, J. C. Munro, H. C. Nixon, N. Patterson, J. Pender (with distinction), L. C. P. Ritchie, D. Robertson, J. K. A. Robertson, G. A. P. Ross, R. A. Ross (with distinction), W. C. Ross, R. A. Savage, W. S. Scott, J. F. Selkirk, H. D. Shepherd, I. S. Shepherd, F. D. Simpson, G. W. Smith, J. A. Smith, C. B. Snow, C. E. Southor, G. B. A. Spiers, C. S. Stevenson, T. G. Stewart, M. A. Swan, J. H. Thornley, A. Trotter, A. G. Watson, N. S. Wells, G. D. Whyte, F. M. Wigg, A. W. Wilson, M. R. Wilson, T. J. G. Wilson, F. Young, M. A. A. (with distinction), J. C. Zuidweert, J. A. Black, C. S. Clark, V. A. P. Coghill, S. L. Dawkins, D. J. Fergusson, D. C. L. Fitzwilliams, K. W. Hogg, E. A. Loch, S. L. M. Elderry, A. G. Martin, J. A. S. Mount, T. B. H. Scott, E. T. Selkirk, E. R. Sproull, F. T. Thomson, A. Tweedie, C. S. Varton, A. Whyte, W. G. Williams, T. H. W. Alexander, J. D. Anderson, H. E. Arbuckle, S. A. Ballantyne, J. W. Barrack, M. C. Beatty, H. Bishop, A. B. Black, J. S. Bostock, O. C. Bradley, L. P. Brassey, J. M. L. Brown, M. A., Adam Brydon, G. F. Buist (Kirkland Chapel), J. Craig, W. J. Dunn, W. Eadie, J. S. Euslin, A. Fleming, A. Frew, W. E. Frost (with distinction), J. S. Geikie, W. Girdwood, T. Graham, and A. M. Wood (with distinction).

UNIVERSITY OF DURHAM.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE (OLD REGULATIONS).—The following candidates have satisfied the Examiners in the subjects indicated:

Chemistry with Chemical Physics, and Botany with Medical Botany.—W. P.

A. Hardwicke, College of Medicine, Newcastle-upon-Tyne.

Chemistry with Chemical Physics.—F. B. H. Caudwell, M.R.C.S., L.R.C.P., Charing Cross Hospital; H. W. Dudgeon, M.R.C.S., L.R.C.P., Guy's Hospital; R. D. Fisher, M.R.C.S., L.R.C.P., London Hospital.

Elementary Anatomy.—W. E. N. Smith, College of Medicine, Newcastle-upon-Tyne.

FIRST EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE (NEW REGULATIONS).—The following candidates have satisfied the Examiners in the subjects indicated:

Elementary Anatomy and Biology, Chemistry and Physics.—*H. Jessop, Mason College, Birmingham; Katharine Mary Helen Hawkins, London School of Medicine for Women; K. Manson, College of Medicine, Newcastle-upon-Tyne; L. M. Markham, College of Medicine, Newcastle-upon-Tyne; L. C. Newton, College of Medicine, Newcastle-upon-Tyne; R. W. Nevin, College of Medicine, Newcastle-upon-Tyne; F. C. Ramsbottom, College of Medicine, Newcastle-upon-Tyne.

Chemistry and Physics.—Alice Maud Dodd, London School of Medicine for Women; Ida Emilie Fox, London School of Medicine for Women; H. W. Furnivall, University College Hospital, London; J. A. Giles, College of Medicine, Newcastle-upon-Tyne; I. H. S. Hawes, St. George's Hospital; Florence Dyer Durrell Ledgard, London School of Medicine for Women; E. H. Milner-Moore, St. Mary's Hospital.

Elementary Anatomy and Biology.—T. E. Amyot, College of Medicine, Newcastle-upon-Tyne; A. B. Bradford, St. Thomas's Hospital; C. H. Cox, Mason College, Birmingham; M. Haver, College of Medicine, Newcastle-upon-Tyne; E. E. Norman, College of Medicine, Newcastle-upon-Tyne; E. Osborne, Mason College, Birmingham; T. E. Pemberton, Mason College, Birmingham; R. S. Renton, College of Medicine, Newcastle-upon-Tyne; G. W. Smith, Guy's Hospital; B. E. Spurgin, College of Medicine, Newcastle-upon-Tyne.

Elementary Anatomy, Chemistry, and Physics.—G. E. Froggatt, Middlesex Hospital; A. E. Gisburn, College of Medicine, Newcastle-upon-Tyne; P. A. Hendley, King's College, London; V. B. Nesfield, St. Mary's Hospital; G. De B. Turtle, King's College, London.

Elementary Anatomy.—C. R. Stewart, St. George's Hospital.

SECOND EXAMINATION FOR THE DEGREE OF BACHELOR IN MEDICINE.—The following candidates have satisfied the Examiners:

Anatomy, Physiology, Materia Medica.—*L. H. Walsh, M.R.C.S., L.R.C.P., King's College Hospital; *E. T. Born, College of Medicine, Newcastle-upon-Tyne; R. S. Brown, College of Medicine, Newcastle-upon-Tyne; G. B. Brown, College of Medicine, Newcastle-upon-Tyne; J. J. French, College of Medicine, Newcastle-upon-Tyne; K. D. Fisher, M.R.C.S., L.R.C.P., London Hospital; H. P. Fox, Cooke's School of Anatomy; C. H. Gibson, College of Medicine, Newcastle-upon-Tyne; H. W. Horan, College of Medicine, Newcastle-upon-Tyne; J. W. Heslop, College of Medicine, Newcastle-upon-Tyne; D. H. J. Kirtton, Mason College, Birmingham; J. R. Mitchell, College of Medicine, Newcastle-upon-Tyne; R. T. Vaux, College of Medicine, Newcastle-upon-Tyne; F. P. Wigfield, College of Medicine, Newcastle-upon-Tyne.

* Second Class Honours.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND.

At a stated meeting of the College held on Friday, April 15th, the following gentlemen were admitted:

Fellows.—J. Campbell, J. H. R. Glenn, W. L. Symes, T. H. Wilson.

Member.—W. R. Dawson.

CONJOINT BOARD IN IRELAND.

FIRST PROFESSIONAL EXAMINATION.—The following candidates have passed this examination:

Completed the Examination.—Honours—C. Foley. Pass (alphabetically)—

H. L. Becker, F. W. Brunker, F. J. Cahill, F. H. Cooke, P. Donnellon, Miss H. A. Diver, H. B. Evans, W. N. Eustace, T. E. Johnstone, G. Levis, M. E. Lynch, J. Nash, R. C. Nicholl, R. H. G. Oulton, C. R. Richardson, M. C. Sage, T. J. Wright.

In Anatomy.—C. D. Downing, J. F. Farrell, W. J. Greehy, T. A. M'Dougal, J. Stuart.

In Biology.—B. D. Gibson, W. J. Greehy, D. Kennedy, J. O. Doherty, E. O'Grady.

In Chemistry.—C. D. Downing, W. J. Greehy (and in Physics), T. A. M'Dougal.

In Pharmacy.—M. J. Dowling, J. Stuart.

PUBLIC HEALTH

AND

POOR-LAW MEDICAL SERVICES.

ENGLISH URBAN MORTALITY IN THE FIRST QUARTER OF 1898.

[SPECIALLY REPORTED FOR THE BRITISH MEDICAL JOURNAL.]

The vital statistics of the thirty-three large English towns dealt with by the Registrar-General in his weekly returns are summarised in the accompanying table. During the three months ending March last 87,536 births were registered in these thirty-three towns, equal to an annual rate of 31.3 per 1,000 of their aggregate population, estimated at 11,218,378 persons in the middle of this year. In the corresponding periods of the three preceding years the birth rates in these towns were 33.5, 30.4, and 31.7 per 1,000 respectively. In London the birth-rate last quarter was 30.8 per 1,000, while it averaged 31.6 in the thirty-two provincial towns, among which it ranged from 23.4 in Huddersfield, 23.9 in Oldham, 24.8 in Bradford, and 24.9 in Brighton to 35.4 in Birmingham and in Salford, 36.5 in Liverpool, 36.8 in Gateshead, and 38.7 in Wolverhampton.

1.9 per 1,000; in London the rate was equal to 2.8, while it averaged 2.3 per 1,000 in the thirty-two provincial towns, among which the highest zymotic death-rates were 3.0 in Wolverhampton, in Leeds, and in Gateshead, 3.1 in Halifax, 3.5 in Cardiff, and 4.2 in Leicester. Measles caused a death-rate of 1.7 in Brighton, 1.8 in Wolverhampton, 2.0 in Bristol, 2.7 in Halifax, and 3.0 in Leicester; scarlet fever of 1.0 in Derby; and whooping-cough of 1.0 in Gateshead and 1.2 in Newcastle-upon-Tyne. The mortality from "fever" showed no marked excess in any of the large towns. The 70 deaths from diphtheria in the thirty-three towns included 34 in London, 7 in Cardiff, 4 in West Ham, 3 in Croydon, and 3 in Birmingham. One fatal case of small-pox was registered in Newcastle-upon-Tyne, but not one in London or in any other of the thirty-three large towns; and no small-pox patients were under treatment last week 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 2,371, 2,377, and 2,421 at the end of the three preceding weeks, had declined to 2,384 on Saturday last, April 16th; 217 new cases were admitted during the week, against 191, 239, and 234 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, April 16th, 1,011 births and 680 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 24.2 and 24.1 per 1,000 in the two preceding weeks, further declined to 22.5 last week, but was 3.0 per 1,000 above the mean rate during the same period in the thirty-three large English towns. Among these Scotch towns the death-rates ranged from 17.0 in Leith and 19.6 in Greenock to 23.8 in Perth and 30.3 in Dundee. The zymotic death-rate in these towns averaged 2.6 per 1,000, the highest rates being recorded in Dundee and Paisley. The 306 deaths registered in Glasgow included 13 from measles, 7 from scarlet fever, 13 from whooping-cough, and 7 from diarrhoea. Five fatal cases of whooping-cough and 2 of diphtheria were recorded in Edinburgh, and 3 of "fever" in Dundee.

DIPHTHERIA IN LONDON.

THE mortality from diphtheria in London showed an increase last week. The fatal cases of this disease, which had been 53, 45, and 29 in the three preceding weeks, rose again to 34 during the week ending Saturday last, April 16th. Of these 34 deaths, 5 were of persons belonging to Hackney and 4 to Islington sanitary areas. The notifications of diphtheria in London, which had declined from 231 to 180 in the four preceding weeks, rose again to 205 during the week ending Saturday last, the 16th inst. Compared with the preceding week, there was a slight decline in the prevalence of the disease in East London, but in each of the other groups of sanitary areas there was an increase, which was most marked in North London. The increase in the number of new cases in West London was confined to Chelsea, Paddington, and St. George Hanover Square sanitary areas. Among the various sanitary areas of North London there was a considerable further increase in the prevalence of diphtheria in Islington, 20 new cases being notified, against 8 and 11 in the two preceding weeks; and in Hackney 16 new cases were reported, against 7 in the preceding week. In the sanitary areas of East London there was little change in the prevalence of the disease, except in Mile End Old Town, where 7 new cases were notified, against 3 and 2 in the two preceding weeks; while in Poplar the new cases, which had been 10 in the previous week, declined to 2 last week. Although in South London the prevalence of diphtheria showed a slight decline last week in several of the sanitary areas, there was a marked increase, notably in Newington, where the new cases rose to 11, against but 2 in the preceding week; and in Camberwell, where 17 new cases were notified, against 10 in the previous week. On the other hand, in Battersea, Greenwich, and Lee there was a marked decline in the prevalence of the disease. The admissions of diphtheria patients into the Metropolitan Asylums Hospitals during last week were 108, against 133, 121, and 120 in the three preceding weeks; and 960 cases remained under treatment in these hospitals on Saturday last, April 16th.

THE M.O.H. ON DEPUTATION.

A CORRESPONDENT, M.O.H. in small urban district, is requested to go with surveyor, clerk, and two members of his Board to discuss new by-laws at Whitehall. The clerk informs him that he is not entitled to a fee.

. As his whole time is not given to his Board our correspondent is at least entitled to out-of-pocket expenses, which if he is in private practice might include the payment of a *locum tenens*. We advise him to represent this view to the chairman of his district council. Visits to London are presumably not part of the work he undertakes to do for a small salary by accepting his appointment.

MEDICO-LEGAL.

PROSECUTION UNDER THE MEDICAL ACT.

At Worship Street Police-court on April 14th Leopold Liebster was, according to a report in the *Morning Advertiser*, summoned for having wilfully and falsely taken and used the name and title of doctor of medicine, he not being a registered practitioner within the meaning of the Act of 1858, and for having, not being a registered medical practitioner, taken and used the name, title, and description as medical officer to the National Medical Aid Society. The informations were laid by the Medical Defence Union, and the case arose out of an inquest briefly reported in the *BRITISH MEDICAL JOURNAL* of March 5th, page 667. The defence on the first summons was based on the fact that the defendant was duly qualified in Vienna, and the case was adjourned.

MEDICAL TITLES.

We have received several letters with reference to the case briefly reported under the above heading in the *BRITISH MEDICAL JOURNAL* of April 16th, page 1051. Our correspondents protest against the action of the General Medical Council and the interpretation of the law which found

favour with the bench. As, however, the case will be appealed, and as the appeal may possibly be heard before many weeks are over, we are disposed to think that it is undesirable to discuss the matter in this preliminary stage.

FEES TO MEDICAL WITNESSES IN CRIMINAL CASES.

C. B. B.—In all cases of felony and in most cases of misdemeanour the justices are empowered to grant a certificate for the payment to a medical witness for the prosecution, for attending to give evidence, of a fee not exceeding 10s. 6d. when the witness resides at the place, and in addition a sum of 3d. per mile each way when he resides at a distance. We do not know the nature of the charge for which our correspondent was required by the police to attend, and accordingly attended to give evidence before the magistrate. The clerk to the magistrates might be asked to define the grounds on which payment of the fee was refused; that is, whether in consequence of not having been formally subpoenaed, or not having actually obtained the certificate of the magistrate, or by reason of the case not coming within the meaning of a statutory misdemeanour, or on what other ground.

MEDICAL NEWS.

MR. T. VINCENT JACKSON has been appointed Consulting Surgeon to the Orphan Asylum, Wolverhampton.

THE annual dinner of the old students of King's College, London, will be held at the Holborn Restaurant on June 13th. The chair will be taken by the Bishop of London.

THE Princess of Wales has consented to open the new laboratories of the London School of Medicine for Women in Handel Street, Brunswick Square, next July. The Princess will be accompanied by the Prince of Wales.

WE are authorised to state that the report which found circulation recently to the effect that the United States Government had invited the medical staffs of the London hospitals "to assist them in securing the services of competent surgeons" to proceed to America in the event of their being required to attend the wounded in war is entirely unfounded.

A SANITARIUM IN THE KHYBER PASS.—General Sir William Lockhart's recent visit to Lundi Kotal was, it is understood, made with a view to inspect a site for a sanitarium suitable for quarters for British troops. An officer of the Political Service, Colonel Warburton, has pointed out an extremely suitable spot. Surgeon-Colonel Thomson accompanied Sir William Lockhart to Lundi Kotal. There is a probability that if the site inspected be finally approved, the Khyber will be permanently occupied by the British.

M. FELIX FAURE, President of the French Republic, recently paid an unofficial visit to the Paris Ecole de Médecine. This is said to be the first time that the head of the State in France has done such a thing. It may be remembered that the late Emperor of Brazil was fond of such informal visits, and used to take his place among the audience at a lecture, asking innumerable questions afterwards. In the same spirit the President attended a lecture on Medicine by M. Hutinel; afterwards he was present at a lecture on Hygiene.

SOCIETY FOR THE STUDY OF INEBRIETY.—The annual meeting was held at 11, Chandos Street, on the 14th inst., the President, Dr. Norman Kerr, in the chair. Lady Elizabeth Biddulph, who had just returned from Egypt, stated that the battle of Atbara had been fought without alcohol. Dr. R. W. Branthwaite read a paper on Some Points in the Treatment of Inebriety, commending the combined use of potassium bromide and chloral hydrate to prevent delirium tremens. Surgeon-Lieutenant-Colonel Pringle, Surgeon-Major Poole, Drs. Longhurst, Hazell, James Stewart, A. Smith, and Mr. Riley took part in the discussion.

GOVERNMENT DAIRIES.—In view of the prevalence of enteric fever at Mhow, the Government of India have placed the necessary funds at the disposal of the Bombay military authorities for the establishment of a cantonment dairy at that station, to be managed by a dairyman trained at Umbala. This, however, is merely a temporary arrangement, as the whole question of the supply of pure milk and butter to British troops is under the consideration of Government; and in the event of the model dairy started as an experiment at Umbala, under Veterinary-Major Kemp, proving a success, Government dairies worked on similar lines will be opened

at other principal military stations. Much interesting information on dairy farms is to be found in *Blackwood's Magazine* for February.

Mr. D. M. FORBES was on April 18th entertained at dinner at the Inns of Court Hotel by the Infirmary Medical Superintendents' Society on the occasion of his retirement from the office of medical superintendent of the Shoreditch Infirmary, an office which he has held for thirty years. The chairman, Mr. W. S. Burney, in proposing the health of the guest as well as Messrs. Hopkins, Lunn, Gordon, and Dr. Toogood, who also spoke, paid a high tribute to the good work which Mr. Forbes had done in the interests of the sick poor, and pointed out that he was a pioneer in the establishment of separated infirmaries under medical control. Mr. Hopkins added that Mr. Forbes had been one of the first to draw attention to the great mortality among lead workers in London, and that his advocacy of preventive measures had contributed materially to legislation which had been the means of saving many hundreds of lives. Mr. Forbes returned thanks in appropriate terms.

SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—A quarterly court of the directors of the Society was held on April 13th, at 11, Chandos Street, Dr. Pollock, Vice-President, in the chair. Four new members were elected and the deaths of two reported. Applications for grants were received from 50 widows, 12 orphans, and 6 recipients from the Copeland fund, and it was resolved that £1,241 should be distributed among them at the next court. The expenses of the quarter were £50 15s. 6d. The Treasurer was empowered to purchase stock to the amount of £500. The Secretary was instructed to forward to Miss Quain a letter of sympathy and condolence on the great loss she had sustained through the death of Sir Richard Quain. The following gentlemen were nominated for election at the annual general meeting to fill the vacancies in the list of officers: Mr. Warrington Haward as Treasurer in place of the late Sir R. Quain, Mr. C. F. Keele, Dr. Bate, Sir A. Garrod, Mr. Hazel, Mr. Lynch, and Dr. Cullingworth as directors in the place of the six senior who retire. The annual general meeting of the Society will be held on Friday, May 20th, at 5 P.M., at 11, Chandos Street, W.

MEDICAL VACANCIES.

The following vacancies are announced:

- 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: ADDENBROOKE'S HOSPITAL.**—Resident Assistant House-Surgeon. Board, lodging, and washing provided, but no salary. Applications by June 14th.
- CITY OF LONDON FREEMEN'S ORPHAN SCHOOL AND THE LONDON AND ROGERS'S ALMSHOUSES,** Ferndale Road, Brixton.—Medical Officer. Salary, £125 per annum. Applications, on forms provided, to the Town Clerk, Guildhall, E.C., by April 30th.
- CLAYTON HOSPITAL AND WAKEFIELD DISPENSARY.**—Assistant House-Surgeon. Salary, £60 per annum, with board, lodging, and washing. Applications to the Honorary Secretary by May 3rd.
- 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.
- DUDLEY: GUEST HOSPITAL.**—Resident Assistant House-Surgeon. Appointment for six months. Salary at the rate of £20 per annum, with board, lodging, and washing. Applications by May 15th.
- 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.
- GLOUCESTER: THE GENERAL INFIRMARY AT GLOUCESTER AND THE GLOUCESTER EYE INSTITUTION.**—Assistant Surgeon. Applications by May 11th.
- GROCCERS' 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.

HOSPITAL OF ST. FRANCIS, New Kent Road, S.E.—Honorary Assistant Surgeon, Two Honorary Assistant Physicians, and Anæsthetist. Applications to the Secretary by May 1st.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, Bloomsbury.—House-Physician; unmarried. Appointment for six months. Salary, £20, with board and residence. Also House-Surgeon to Out-patients; non-resident. Appointment for six months. Salary, 25 guineas. Applications, on forms provided, to be sent to the Secretary.

KILBURN, MAIDA VALE, AND ST. JOHN'S WOOD GENERAL DISPENSARY.—Two vacancies on the Honorary Medical Staff. Applications to the Secretary, 13, Kilburn Park Road, N.W., by May 7th.

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

LONDON THROAT HOSPITAL, 204, Great Portland Street, W.—House-Surgeon; non-resident. Appointment for six months. Salary, £25. Applications to the Honorary Secretary of the Medical Committee.

MIDDLESBROUGH: BOROUGH OF.—Medical Officer of Health. Salary, £350 per annum. Applications to George Bainbridge, Town Clerk, by May 2nd.

NEWARK-UPON-TRENT HOSPITAL AND DISPENSARY.—House-Surgeon; unmarried. Salary, £30 per annum, with board and lodging. Will be required to do the dispensing for the Hospital and Free and Provident Dispensaries, for which a further salary of £40 is paid. Applications, on forms provided, by May 2nd.

NORTH-WEST LONDON HOSPITAL, Kentish Town Road.—Resident Medical Officer and Assistant Resident Medical Officer. Appointments for six months. Salary at the rate of £50 is attached to the senior post. Applications to the Secretary by May 2nd.

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

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.

ST. ALBANS RURAL DISTRICT COUNCIL.—Medical Officer of Health. Salary, £100 per annum. Applications to the Clerk by May 2nd.

ST. MARY'S HOSPITAL, Paddington, W.—Radiographer. Applications to the Secretary by April 29th.

SEAMEN'S HOSPITAL (DREADNOUGHT), Greenwich, S.E.—House-Surgeon for the Dreadnought Hospital, Greenwich. Junior House-Surgeon for Branch Hospital, Royal Albert Dock. Salaries, £50 per annum, with board and residence. Applications to the Secretary by May 3rd.

SUFFOLK COUNTY ASYLUM, Melton.—Second Assistant Medical Officer; under 30 years of age. Salary, £100 per annum, with board, lodging, washing, and attendance. Applications to the Medical Superintendent, County Asylum, Melton, Suffolk, by May 10th.

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

VENTNOR, ISLE OF WIGHT: ROYAL HOSPITAL FOR CONSUMPTION.—Resident Medical Officer. Salary, £100 per annum, with board and lodging in the Hospital; unmarried. Applications to the Board of Management, 34, Craven Street, Charing Cross, London, by May 6th.

WEST DERBY UNION.—Resident Assistant Medical Officer at Mill Road Infirmary. Salary, £100 per annum, with rations. Applications to H. P. Cleaver, Clerk to the Guardians, Brougham Terrace, Liverpool, by May 3rd.

WOLVERHAMPTON AND STAFFORDSHIRE GENERAL HOSPITAL.—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 per annum, with furnished apartments, coals, and gas. Applications to W. Draper, De Grey House, York.

MEDICAL APPOINTMENTS.

- ARMSTRONG, W. G., M.B., Ch.M.** Sydney, D.P.H. Camb., appointed Medical Officer of Health for the Combined Metropolitan Districts of Sydney.
- CARRUTHERS, Dr.,** appointed Medical Officer and Public Vaccinator for the Fourth District of the Bath Union.
- CRAWFORD, Douglas, M.B., F.R.C.S.,** appointed Honorary Surgeon to the Stanley Hospital, Liverpool, *vice* G. P. Newbolt, F.R.C.S.
- DAVIS, W. J. E., L.R.C.P. Lond., M.R.C.S. Eng.,** appointed Resident Medical Officer at the Chelsea Infirmary.
- JOHNSTONE, Thomas, M.D. Edin., M.R.C.P. Lond.,** reappointed Medical Officer of Health to the Ilkley Urban District Council.
- MACKAY, Dr. H.,** appointed Medical Officer for the South-East District of the Sheffield Union.
- MILWARD, F. V., M.B., B.C. Cantab., M.R.C.S. Eng., L.R.C.P. Lond.,** appointed Resident Surgical Officer to the General Hospital, Birmingham.
- MORRISON, A. Thomson, M.B., B.Ch. R.U.I.,** reappointed Medical Officer of Health to the Aylesbury Rural District Council.
- PAXTON, John, M.B., C.M. Glasg.,** appointed Medical Officer and Public Vaccinator for the Hamsterley District of the Auckland Union, *vice* Maurice Kestlitz, L.R.C.P., L.S.A., resigned.
- ROBINSON, E. Stanley, M.R.C.S., L.R.C.P.,** reappointed Medical Officer of Health to the Stourport Urban District Council.
- RODGERS, R. C., M.R.C.S., L.R.C.P.,** appointed District Medical Officer to the Burnley Union, *vice* Dr. Sutcliffe, resigned.
- ROWLAND, David R., M.B., C.M. Edin., D.P.H. Lond.,** appointed House-Physician to the Swansea Hospital.
- WILLIAMS, Howell, M.D. St. And.,** reappointed Medical Officer of Health to the Richmond Rural District Council.

DIARY FOR NEXT WEEK.

MONDAY.

Medical Society of London. 6.30 P.M.—Mr. Battle: Unusual Cases of Renal Calculus. Mr. W. Armstrong

(Buxton): The Therapeutic Value of Central Galvanisation in Cardiac and other Neuroses.

TUESDAY.

Royal Medical and Chirurgical Society. 8.30 P.M.—Dr. T. R. Bradshaw: A case of Albuminuria in which the Albumose was spontaneously precipi-

tated. (Communicated by Dr. Lauder Brunton.) Dr. Samuel West: Intra-plalear Tension.

WEDNESDAY.

Hunterian Society. 8.30 P.M.—Dr. Fortescue Fox: Observations on Cruris. Mr. A. H. Tubby: Coxa Vara.

Drugs and Mineral Waters on the Secretion and Composition of Human Bile—an experimental investigation. Dr. Edmund Hobbhouse (Brighton): Gout and Rheumatism in relation to the Seashore and Salt-water Baths.

British Bacteriological and Climatological Society. 20, Hanover Square, W., 8.30 P.M.—Dr. Wm. Bain (Harrogate): The Action of certain

THURSDAY.

Harveian Society of London. 8.30 P.M.—Mr. F. J. Freyer: My latest series of 100 Operations for Stone in the Bladder, with practical remarks thereon.

and Lantern Demonstration to Senior Students: Heart Disease.

London Temperance Hospital. 2 P.M.—Dr. Soltan Fenwick: Clinical

Dermatological Society of Great Britain and Ireland. 20, Hanover Square, W., 5 P.M.—Exhibition of Cases.

FRIDAY.

Clinical Society of London. 8.30 P.M. Clinical events of the following cases will be shown. The patients will be in attendance at 8 P.M. Mr. F. Eve: Cases of Transplantation of Tendon for Infantile Paralysis. Dr. W. Pastoor: Case of Graves's Disease in which Bradycardia has supervened. Dr. A. E. Garrod: Cases illustrating the association of Congenital Heart Disease with the Mongol type of Idiocy. Mr. Walter Spencer: Case of Acute Gangrenous

Appendicitis in a boy; removal of appendix twenty-six hours after the onset; with specimen. Dr. C. E. Beevor: Case of Amyotrophic Lateral Sclerosis with Jaw Clonus. Dr. H. D. Rolleston: (1) Hemiplegia after Typhoid Fever; (2) Osteitis Deformans in a woman. And other cases.

British Laryngological, Rhinological, and Otolological Association. 11, Chandos Street, Cavendish Square, 8 P.M.—Laryngological Section.

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.

BIRTH.

JONES.—On March 29th, at Poona, India, the wife of Surgeon-Major J. M. Jones, A.M.S., of a son.

MARRIAGES.

BLACKER-HARVEY.—On April 13th, at St. Paul's Church, Clifton, by the Rev. W. H. P. Harvey, M.A., Vicar of St. John's Church, Chipping Sodbury, brother of the bride, assisted by the Ven. A. C. Ainslie, LL.D., Archdeacon of Taunton, and the Rev. Canon Mather, M.A., Vicar of St. Paul's, Ernest Blaker, M.D., M.R.C.S., L.R.C.P., of Southampton, son of the late Dr. Blaker, of Midsomer Norton, to Edith Emilie, youngest daughter of the late Rev. George Ludford Harvey, M.A., Rector of Yale, Gloucestershire, and granddaughter of the late Sir Ludford Harvey, many years Senior Surgeon of St. Bartholomew's Hospital, London.

BROWN-WOOD.—On April 13th, at St. Mary Abbott's, Kensington, London, by the Rev. S. de Messonier, Arthur L. Brown, of 4, Hillfield Parade, Gloucester, to Edith Isabel, elder daughter of Horatio Wood, M.R.C.S. Eng., of the Priory, Balsall Heath, Birmingham. Australian papers please copy.

COTTON-ILES.—On Thursday, April 14th, at the Parish Church, Watford, Herts, by the Rev. R. Lee Thomas, Vicar, Henry Hugh Powell Cotton, Esq., of Westerham, Kent, son of the late C. C. Cotton, Esq., of Cleveland, Hampton Wick, and York House, Chertsey, to Isobel Wilson, eldest daughter of the late F. H. Wilson Iles, Esq., M.D., of Watford.

DUKE-RAE.—On April 14th, at All Saints Church, Cheltenham, by the Rev. George Gardner, assisted by the Rev. Elade Penoyne, Allen Forrester Duke, M.R.C.S., L.R.C.P., eldest son of Allen A. Duke, M.D., of Worthing, and grandson of the late Allen Duke, M.D. of Chichester, to Helen Edith, fourth daughter of the late Henry Maples Rae, of Cheltenham.

GRIFFITH-TALBOT.—On Tuesday, April 12th, at Mill Hill Chapel, Leeds, by the Rev. Charles Hargrave, M.A., and the Rev. J. E. Carpenter, M.A., Thomas Wardrop Griffith, M.D., Park Square, Leeds, to Louisa Talbot, younger daughter of Grosvenor Talbot, Burley, Leeds.

LIGHTBODY-MEYLER.—On April 14th, at Shepperton Church, by the Rev. C. F. Chorley, Vicar of Moseley, assisted by the Rev. C. E. Littledale, Rector of Shepperton, John Henry Lightbody, M.D., of Wybunbury, Cheshire, eldest son of the late John Lightbody, of Liverpool, to Constance Helen, second daughter of the late T. H. Meyler, of Taunton, Somerset.

SAVORY-LEIGH-BENNETT.—On April 13th, at Thrybergh, by the Rev. Gray Granville, Rector of Ilam, uncle of the bride, assisted by the Rev. Canon Bartlett, Horace Savory, M.A., M.B., of Haileybury College, to Mary Ellinor Leigh, second daughter of the Rev. Canon Leigh-Bennett.

SHEN-INGLEDEW.—On April 14th, at St. John's Church, Cardiff, by the Rev. Canon Thompson, D.D., Vicar, assisted by the Rev. F. J. Beck, M.A., Vicar of St. Margaret's, Cardiff, Alfred William Sheen, M.D., M.S.Lond., F.R.C.S. Eng., to Christine, second daughter of John P. Ingledew, Esq., Angleham, Cardiff.

HOURS OF ATTENDANCE AND OPERATION DAYS AT THE LONDON HOSPITALS.

CANCER, Brompton (Free). Attendances.—Daily, 2. Operations.—Tu. F. S., 2.
CENTRAL LONDON OPHTHALMIC. Attendances.—Daily, 1. Operations.—Daily.
CENTRAL LONDON THROAT, NOSE, AND EAR. Attendances.—M. W. Th. S., 2; Tu. F., 5. Operations.—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., 2.
GUY'S. Attendances.—Medical, daily, 2; Surgical, daily, 1.30; Obstetric, M. Tu. F., 1.30; Eye, M. Tu. Th. F., 1.30; Ear, Tu., 1; Skin, Tu., 1; Dental, daily, 9; Throat, F., 2. Operations.—Tu. F., 1.30; (Ophthalmic) M., 1.30; Th., 2.
HOSPITAL FOR WOMEN, SOHO. Attendances.—Daily, 10. Operations.—M. Th., 2.
KING'S COLLEGE. Attendances.—Medical and Surgical, daily, 2; Obstetric, daily, 2; o. p., daily, 1.30; Eye, M. W. Th., 1.30; Ear, Th., 2.30; Throat, M., 1.30; F., 2; Dental, M. Th., 10; Skin, W., 1.30. Operations.—W. Th. F., 2.
LONDON. Attendances.—Medical, daily, 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. C., 9; Eye, W., 2; Throat and Ear, Th., 2; Dental, Tu. Th. S., 9. Operations.—Tu. W., 2.30; Th., 4.
MIDDLESEX. Attendances.—Medical and Surgical, daily, 1.30; Obstetric, Tu. Th., 1.30; o. p., M., 9; W., 1.30; Eye, Tu. F., 9; Ear and Throat, Tu. F., 9; Skin, Tu., 4; Th., 9.30; Dental, M. F., 9.30; W., 9. Operations.—Daily, 1.30.
NATIONAL 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; (Ophthalmic), M. F., 10.30; (Diseases of Women), S., 9.
ROYAL LONDON OPHTHALMIC. Attendances.—Daily, 9. Operations.—Daily, 10.
ROYAL 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; Orthopedic, M., 2.30; Dental, Tu. F., 9.30. Operations.—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; Orthopedic, F., 12; Dental, M. Tu. F., 12. Operations.—Daily, 1; Ophthalmic, M., 1; Dental, Th., 9.
ST. MARK'S. Attendances.—Fistula and Diseases of the Rectum, males S., 2; females, W., 9.30. Operations.—M., 9; Tu., 2.30.
ST. MARY'S. Attendances.—Medical and Surgical, daily, 1.45; o. p., 12.45; Obstetric, Tu. F., 1.45; o. p., M. Th., 1.0; Eye, Tu. F., 9; Ear, M. Th., 9; Throat, Tu. F., 3; Skin, M. Th., 9; Dental, W. S., 9; Electro-therapeutics, M. Th., 2.30; Children's Medical, Tu. F., 9. Operations.—M., 2.30; Tu. W. F., 2; Th., 2.30; S., 10; (Ophthalmic), F., 10.
ST. PETER'S. Attendances.—M., 2 and 5; Tu., 2; W., 5; Th., 2; F. (Women and Children), 2; S., 4. Operations.—W. F., 2.
ST. THOMAS'S. Attendances.—Medical and Surgical, M. Tu. Th. F., 2; o. p., daily, 1.30; Obstetric, Tu. F., 2; o. p., W. S., 1.30; Eye, Tu. F., 2; o. p., daily, exc. S., 1.30; Ear, M., 1.30; Skin, F., 1.30; Throat, Tu. F., 1.30; Children, S., 1.30. Electro-therapeutics, o. p., Th., 2; Mental Diseases, o. p., Th., 10; Dental, Tu. F., 10. Operations.—M. W. Th. S., 2; Tu. F., 3.30; (Ophthalmic), Th., 2; (Gynecological), Th., 2.
SAMARITAN FREE FOR WOMEN AND CHILDREN. Attendances.—Daily, 1.30. Operations.—Gynecological, 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. Th., 2; Ear, Tu., 2; S., 10; Orthopedic, 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., 2.15. Operations.—M. Tu. W., 2.

LETTERS, NOTES, AND ANSWERS TO CORRESPONDENTS.

COMMUNICATIONS FOR THE CURRENT WEEK'S JOURNAL SHOULD REACH THE OFFICE NOT LATER THAN MIDDAY POST ON WEDNESDAY. TELEGRAMS CAN BE RECEIVED ON THURSDAY MORNING.

COMMUNICATIONS respecting Editorial matters should be addressed to the Editor, 429 Strand, W.C., London; those concerning business matters, non-delivery of the JOURNAL etc., should be addressed to the Manager, at the Office, 429, Strand, W.C., London.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate beforehand with the Manager, 429, Strand, W.C.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

MANUSCRIPTS FORWARDED TO THE OFFICE OF THIS JOURNAL CANNOT UNDER ANY CIRCUMSTANCES BE RETURNED.

In order to avoid delay, it is particularly requested that all letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL, and not to his private house.

PUBLIC HEALTH DEPARTMENT.—We shall be much obliged to Medical Officers of Health if they will, on forwarding their Annual and other Reports, favour us with duplicate copies.

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